

**Assessment of the Efficiency of the Administrative Mechanism  
Minnesota Council for HIV/AIDS Care and Prevention Evaluation of Part A – FY 2022  
August 2023**

The council is responsible for evaluating how rapidly Ryan White HIV/AIDS Program Part A funds are allocated and made available for care. The Needs Assessment and Evaluation Committee selected the following objectives to be evaluated by each council member. Review each objective and measurement and use the data in the subrecipient response and recipient response columns to determine if the objective was met. For any objective that you indicate strongly disagree or somewhat disagree, you should also include comments, addressing any strengths, weaknesses, and specific recommendations for improvement. The Needs Assessment and Evaluation Committee encourages members to collaborate to fill out this assessment (i.e., mentors and mentees, subrecipient members and unaligned consumer members).

**Glossary**

<b>Part A</b>	<b>A federal grant awarded under the Ryan White HIV/AIDS Program legislation to hard hit metro areas. Hennepin County Ryan White Program is the grant recipient for the 13-county metro area</b>
<b>Part A funds</b>	<b>Federal funds awarded to Hennepin County Ryan White Program to spend in the 13-county metro area ≈\$6 million</b>
<b>Subrecipient</b>	<b>An agency, provider, or nonprofit organization that receives financial assistance from Hennepin County Ryan White Program to carry out a program</b>
<b>Recipient</b>	<b>Hennepin County Ryan White Program</b>
<b>Request for Proposal (RFP)</b>	<b>An open and competitive process for selecting providers of services</b>
<b>HRSA/HAB</b>	<b>Health Resources and Services Administration/HIV-AIDS Bureau of the U.S. Department of Health and Human Services</b>
<b>FY (fiscal year)</b>	<b>A fiscal year (FY) is a 12-month period that an organization uses to report its finances. We are reviewing the Part A fiscal year from March 1, 2022 – February 28, 2023</b>

1.	Objective	Measurement	Subrecipient Response	Recipient Response	This Objective was Met:				Council Member Comments
					Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	
	Part A funds are contracted quickly to subrecipients.	Hennepin County signs Part A contracts with subrecipients within 45 days of the start of the Part A fiscal year (by April 15, 2022).	Strongly agree (5), Somewhat agree (2)	<p>Hennepin County signed Part A contracts with 13 of the 13 subrecipients within 45 days of the start of the Part A fiscal year. Most contracts (11 of 13) were signed before the start of the fiscal year; one contract was signed on the first day of the fiscal year; one contract was signed two weeks after the start of the fiscal year.</p> <p>Summary statistics of days from <u>March 1, 2022 to date of contract execution</u> (signed by provider and Hennepin County) are as follows:</p> <ul style="list-style-type: none"> <li>• Number of contracts = 13</li> <li>• Average days from start of fiscal year to contract execution = -12</li> <li>• Minimum number of days from the start of the fiscal year = -33</li> <li>• Maximum number of days from the start of the fiscal year = 14</li> </ul>	20	2	1	0	1 council member somewhat disagreed because “The information provided for this question was not sufficient to accurately answer the question about how quickly funds were distributed. Rather could ask if contracts for funds were allocated quickly.”

2.	Subrecipients of Part A funds are selected through an open process.	Hennepin County implements an open, public process to contract for services through a competitive RFP process.	Strongly agree (4), Somewhat agree (3)	<p>Hennepin County’s Ryan White Program issues Requests for Proposals (RFP) to provide Part A and MAI funded HIV services every four to five years. All providers funded to deliver Part A funded services from fiscal years 2020-2023, except for one, was selected through an RFP process conducted August – October 2019. The RFP is a competitive process open to all qualified agencies. The RFP announcement was sent to all current and past Ryan White HIV/AIDS funded providers and is posted on the Hennepin County Supplier Portal which more broadly reaches community-based and clinic providers in the Twin Cities metro area. The RFP announcement is also sent to DHS’ HIV Supports staff and MDH’s STD/HIV/TB program staff for distribution to their provider networks. One provider that was not selected through the 2019 RFP process began receiving Part A funding in 2021 to provide Medical Case Management Services, as part of Hennepin County’s response to the HIV outbreak among people who inject drugs, to engage outbreak cases that were experiencing unsheltered homelessness in HIV medical care. The provider selected receives the HRSA/Bureau of Primary Care grant that funds healthcare services to residents of Hennepin County who experience homelessness.</p> <p>Providers of the following FY 2022 Part A funded services prioritized by the MN Council for HIV/AIDS Care and Prevention were selected through the 2019 RFP process:</p> <p><u>Core Medical Services</u> (in order of council priority for FY 2021 and 2022)</p> <ol style="list-style-type: none"> <li>1. Medical Case Management</li> <li>3. Outpatient Ambulatory Healthcare Services</li> <li>4. Early Intervention Services</li> <li>5. Mental Health Services</li> <li>6. Substance Abuse Services/Outpatient</li> <li>9. Home and Community-Based Health Services</li> <li>10. Medical Nutritional Therapy</li> </ol> <p><u>Support Services</u> (in order of council priority for FY 2021 and 2022)</p> <ol style="list-style-type: none"> <li>1. Housing Services</li> <li>3. Food Bank/Home Delivered Meals</li> <li>6. Psychosocial Support Services</li> <li>7. Health Education/Risk Reduction</li> <li>8. Other Professional Services (Legal Services)</li> </ol>	<table border="1"> <thead> <tr> <th data-bbox="1803 123 1929 191">Strongly Agree</th> <th data-bbox="1929 123 2085 191">Somewhat Agree</th> <th data-bbox="2085 123 2241 191">Somewhat Disagree</th> <th data-bbox="2241 123 2368 191">Strongly Disagree</th> </tr> </thead> <tbody> <tr> <td data-bbox="1803 191 1929 228">17</td> <td data-bbox="1929 191 2085 228">5</td> <td data-bbox="2085 191 2241 228">1</td> <td></td> </tr> </tbody> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	17	5	1		1 council member somewhat disagreed because “A definition for the term open access is needed. Clarity is needed surrounding council member’s ability to discuss individual subrecipients and how they may provide feedback to the subject matter experts (subrecipients).”
Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree											
17	5	1												

				<p>In 2022, Hennepin County issued an RFP for housing services to meet the needs of unhoused people who inject drugs and American Indian and Alaska Native HIV positive individuals, as directed by the MN Council for HIV/AIDS Care and Prevention.</p> <p>Providers selected through the RFP process must meet Hennepin County contract requirements for delivery of health and human services. Provider selection is based on recommendations made by panels of objective reviewers selected by Part A administrative staff. Proposal reviewers include public health and social service subject matter experts, consumers of HIV services and MDH STD/HIV/TB and DHS HIV Supports program staff. None of the proposal reviewers can be members of the Minnesota Council for HIV/AIDS Care and Prevention, per the Ryan White HIV/AIDS Program legislation, and all reviewers must declare conflicts of interest they have.</p>																																					
3.	The recipient secured sufficient subrecipients for all service areas receiving allocations.	<p>Per service area, sufficient number of subrecipients is based on:</p> <ul style="list-style-type: none"> <li>• Number of contracts that can be administered</li> <li>• Amount of funding allocated for each prioritized service area</li> <li>• Allocation requirements for populations with special needs</li> <li>• Availability of qualified subrecipients</li> </ul>	Strongly agree (3), Somewhat agree (4)	<p>Overall, there were <u>13 Part A funded service providers in 2022</u> with 10 receiving Part A funding for multiple services. The number of Part A providers funded in FY 2022 was based on the following factors:</p> <ul style="list-style-type: none"> <li>• Amount of funding allocated to the each of the council prioritized service areas</li> <li>• Number of providers responding to the 2019 and 2022 RFPs</li> <li>• Number of Ryan White Program contracts the County has the capacity to administer within the Ryan White Program’s administration budget cap (10%)</li> <li>• Results of the RFP proposal objective review process</li> </ul> <p>The number of providers contracted to deliver the services that received Part A funding in 2022 were as follows:</p> <table border="1" data-bbox="903 1101 1787 1518"> <thead> <tr> <th><i>Service Area</i></th> <th><i># Part A Providers</i></th> <th><i>2022 Part A<sup>†</sup> Allocation</i></th> </tr> </thead> <tbody> <tr> <td>Early Intervention Services</td> <td>2</td> <td>\$ 391,250</td> </tr> <tr> <td>Food Bank / Home Delivered Meals</td> <td>2</td> <td>962,064</td> </tr> <tr> <td>Health Education Risk Reduction</td> <td>2</td> <td>53,900</td> </tr> <tr> <td>Home and Community-Based Health Services</td> <td>1</td> <td>125,000</td> </tr> <tr> <td>Housing Services</td> <td>1</td> <td>449,200</td> </tr> <tr> <td>Legal Services (Other Professional Services)</td> <td>1</td> <td>96,800</td> </tr> <tr> <td>Medical Case Management**</td> <td>8</td> <td>2,286,559</td> </tr> <tr> <td>Medical Nutritional Therapy</td> <td>1</td> <td>73,000</td> </tr> </tbody> </table>	<i>Service Area</i>	<i># Part A Providers</i>	<i>2022 Part A<sup>†</sup> Allocation</i>	Early Intervention Services	2	\$ 391,250	Food Bank / Home Delivered Meals	2	962,064	Health Education Risk Reduction	2	53,900	Home and Community-Based Health Services	1	125,000	Housing Services	1	449,200	Legal Services (Other Professional Services)	1	96,800	Medical Case Management**	8	2,286,559	Medical Nutritional Therapy	1	73,000	<table border="1" data-bbox="1803 634 2365 743"> <tr> <td>Strongly Agree</td> <td>Somewhat Agree</td> <td>Somewhat Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td>12</td> <td>9</td> <td>2</td> <td></td> </tr> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	12	9	2		1 council member somewhat disagreed because “There is concern about potential overlap with the number of subrecipients providing Medical Case Management services.”
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4.	Subrecipients are paid in a timely manner by Hennepin County.	Invoices were paid by Hennepin County within the timetable indicated in contracts.	Strongly agree (6), Somewhat agree (1)	<p><u>HC RWHAP Contract Language Pertinent to Payment of Invoices:</u>  “County will make payment within thirty-five (35) days from receipt of the invoice. If the invoice is incorrect, defective, or otherwise improper, COUNTY will notify PROVIDER within ten (10) days of receiving the incorrect invoice. Upon receiving the corrected invoice from PROVIDER, COUNTY will make payment within thirty-five (35) days. In the event that COUNTY withholds payment for failure to provide service or failure to comply with any of the provisions of this Agreement, then no interest penalty shall accrue against COUNTY. If claims are made by PROVIDER that COUNTY did not act in good faith in withholding payments as provided above, then such claims shall be handled as a dispute by the Contract Manager (pursuant to the Dispute Clause of this Agreement.). If an audit is required by COUNTY before an invoice is accepted for payment, then the standard payment period of thirty-five (35) days shall not commence until the audit is completed by COUNTY.”</p>	<table border="1"> <tr> <td>Strongly Agree</td> <td>Somewhat Agree</td> <td>Somewhat Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td>21</td> <td>2</td> <td></td> <td></td> </tr> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	21	2			No “somewhat disagree” or “strongly disagree” answers were provided by council members though the options were available in the survey. As a result, no further comments were received on objective fulfillment.							
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				<p><u>Analysis of Time from Invoice Receipt to Payment:</u> Hennepin County randomly sampled 40 subrecipient/provider FY 2022 Part A invoices. The average time from receipt of invoice to payment was 9.75 days with the maximum time between invoice receipt and payment being 34 days.</p>																																																										
5.	Part A funds are used to pay only services that were identified as priorities by the council.	Award per service area matches the council's <a href="#">2020 service area prioritization ranking for fiscal years 2021 and 2022</a> .	N/A	<p>The following table presents the MN Council for HIV/AIDS Care and Prevention's FY 2021-2022 service priorities in rank order along with the Part A FY 2022 recipient's contract allocations to each of the prioritized services.</p> <table border="1"> <thead> <tr> <th>Council Priority</th> <th>Service Category</th> <th>Total Part A Contract Allocations</th> </tr> </thead> <tbody> <tr> <td>CM 2</td> <td>AIDS Drug Assistance Program (ADAP)</td> <td>Part B Rebate Funds Only</td> </tr> <tr> <td>CM 5</td> <td>Mental Health Services</td> <td>\$140,000</td> </tr> <tr> <td>CM 1</td> <td>Medical Case Management Services</td> <td>\$2,286,559</td> </tr> <tr> <td>CM 4</td> <td>Early Intervention Services</td> <td>\$391,250</td> </tr> <tr> <td>CM 6</td> <td>Substance Abuse Services – Outpatient</td> <td>\$139,900</td> </tr> <tr> <td>CM 8</td> <td>Oral Health Care</td> <td>Part B Rebate Funds Only</td> </tr> <tr> <td>CM 3</td> <td>Outpatient/Ambulatory Health Services</td> <td>\$845,200</td> </tr> <tr> <td>CM 7</td> <td>Health Insurance Premium &amp; Cost Sharing Assistance</td> <td>Did not receive Part A or B funding in FY 2022</td> </tr> <tr> <td>CM 9</td> <td>Home and Community Based Health Services</td> <td>\$125,000</td> </tr> <tr> <td>CM 10</td> <td>Medical Nutrition Therapy</td> <td>\$73,000</td> </tr> <tr> <td>CM 11</td> <td>Home Health Care</td> <td>Did not receive Part A or B funding in FY 2022</td> </tr> <tr> <td>CM 12</td> <td>Hospice Services</td> <td>Did not receive Part A or B funding in FY 2022</td> </tr> <tr> <td>SS 1</td> <td>Housing Services</td> <td>\$449,200</td> </tr> <tr> <td>SS 2</td> <td>Emergency Financial Services</td> <td>Part B Rebate Funds Only</td> </tr> <tr> <td>SS 5</td> <td>Case Management (Non-Medical) Services</td> <td>Part B Rebate Funds Only</td> </tr> </tbody> </table>	Council Priority	Service Category	Total Part A Contract Allocations	CM 2	AIDS Drug Assistance Program (ADAP)	Part B Rebate Funds Only	CM 5	Mental Health Services	\$140,000	CM 1	Medical Case Management Services	\$2,286,559	CM 4	Early Intervention Services	\$391,250	CM 6	Substance Abuse Services – Outpatient	\$139,900	CM 8	Oral Health Care	Part B Rebate Funds Only	CM 3	Outpatient/Ambulatory Health Services	\$845,200	CM 7	Health Insurance Premium & Cost Sharing Assistance	Did not receive Part A or B funding in FY 2022	CM 9	Home and Community Based Health Services	\$125,000	CM 10	Medical Nutrition Therapy	\$73,000	CM 11	Home Health Care	Did not receive Part A or B funding in FY 2022	CM 12	Hospice Services	Did not receive Part A or B funding in FY 2022	SS 1	Housing Services	\$449,200	SS 2	Emergency Financial Services	Part B Rebate Funds Only	SS 5	Case Management (Non-Medical) Services	Part B Rebate Funds Only	<table border="1"> <tr> <td>Strongly Agree</td> <td>Somewhat Agree</td> <td>Somewhat Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td>15</td> <td>6</td> <td>1</td> <td>1</td> </tr> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	15	6	1	1	2 council member disagreed because "Funding should be distributed in correlation to the priority ranking of the service by the council. Funding currently lacks correlation to priority ranking" and "There is contradiction in providing funding for specific services by some subrecipients when compared to amounts spent on allocated funds (ex: Emergency Financial Services, Legal Services). Funding and availability should be prioritized based on member's ability to access those services (offering additional services options, evening or weekend services)."
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6.	The amounts contracted for each service category are the same as the council’s allocations.	Award per service area match the council’s allocation plan completed in August 2021 and subsequent adjustments done through the post-award, carryover, and reallocation plans.	N/A	<p>Please refer to the tables under Objectives 3 and 5 above. See the FY 2022 Part A Timeline below for the council allocations timeline.</p> <ol style="list-style-type: none"> <li>MCHACP approved FY 2022 Pre-Award Allocations on 8/10/21.</li> <li>MCHACP approved FY 2022 Post-Award Allocations on 7/12/22.</li> <li>MCHACP approved FY 2021 Part A and MAI Carryover Allocations for FY 2022 on 8/9/22. This proposal allocated \$15,563 in unspent Part A MAI funds to medical case management and \$180,430 in unspent Part A formula funds to food bank/home delivered meals.</li> </ol>	<table border="1"> <tr> <td>Strongly Agree</td> <td>Somewhat Agree</td> <td>Somewhat Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td>14</td> <td>8</td> <td>1</td> <td></td> </tr> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	14	8	1		1 council member somewhat disagreed because “Medical Case Management has received most of the funding while the council voted to prioritize Housing, Food																															
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			4. Part A Spending Quarterly Report by Service Area was presented to the MCHACP reflecting FY 2022 Quarters 1-2 spending, on 11/8/22.		bank/home delivered meals and Case Management.”
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## FY 2022 Part A Timeline

FY 2022 grant application allocations approved by MN Council for HIV/AIDS Care and Prevention – August 10, 2021



FY 2022 grant application submitted to HRSA/HAB – October 2, 2021



FY 2022 partial grant award issued by HRSA/HAB – January 12, 2022



Request for waiver of core medical services expenditure requirement for FY 2022 submitted to HRSA/HAB – February 3, 2022



FY 2022 full grant award issued by HRSA/HAB – May 23, 2022



FY 2022 post-award adjustment approved by MN Council for HIV/AIDS Care and Prevention – July 12, 2022



FY 2021 Federal Financial Report and Part A and MAI Expenditure Table submitted to HRSA/HAB – July 30, 2022



Carryover allocations approved by MN Council for HIV/AIDS Care and Prevention – August 9, 2022



Carryover plan submitted to HRSA/HAB – August 29, 2022



Carryover plan approved by HRSA/HAB – October 14, 2022



Reallocation plan approved by MN Council for HIV/AIDS Care and Prevention – November 8, 2022

## Reference Documents

MN Council for HIV/AIDS Care and Prevention FY 2021 and 2022 service priorities: [fy 2021 - 2022 service area prioritization ranking.pdf \(mnhivcouncil.org\)](#)

MN Council for HIV/AIDS Care and Prevention FY 2022 Post-Award Allocations Plan (page 3 for Part A allocations): [fy 2022 council post-award allocations plan.pdf \(mnhivcouncil.org\)](#)

Part A FY 2022 2<sup>nd</sup> quarter expenditure report (March 1 – August 31, 2022): [2022.10.21 council expenditure report fy2022 q1-q2-final.pdf \(mnhivcouncil.org\)](#)

MN Council for HIV/AIDS Care and Prevention August 10, 2021 meeting minutes: [2021.08.10 mchacp minutes 5 .pdf \(mnhivcouncil.org\)](#)

MN Council for HIV/AIDS Care and Prevention July 12, 2022 meeting minutes: [mnhivcouncil.org/uploads/3/4/7/5/34759483/2022.07.12\\_mchacp\\_minutes.pdf](#)

MN Council for HIV/AIDS Care and Prevention August 9, 2022 meeting minutes: [2022.08.09\\_mchacp\\_minutes.pdf \(mnhivcouncil.org\)](#)

MN Council for HIV/AIDS Care and Prevention November 8, 2022 meeting minutes: [MCHACP Minutes - MCHACP \(mnhivcouncil.org\)](#)