Minnesota Council for HIV/AIDS Care and Prevention
Assessment of the Part A Administrative Mechanism - FY2016
August 2017

Outcome	Measurement Objective	Part A Grantee Response	Met	Unmet	Member Comments*
A. The awards to service providers were completed in a timely manner	**1. Implementation of a process which utilizes the Planning Council's priority and allocation decisions as a basis for securing services; 75% of newly awarded funds are initially obligated within 90 days of the notice of grant award, and 100% of such funds are initially obligated within 120 days of the notice of grant award.**	Reference dates for measures: August 11, 2015 – MN HIV Services Planning Council (Council) FY2016 application allocations plan approved January 26, 2016 - Partial Part A grant award notice issued March 1, 2016 – Part A fiscal year began May 5, 2016 - Full Part A grant award notice issued June 14, 2016 – MN Council for HIV/AIDS Care and Prevention post-award allocations approved August 8, 2016 – Council approves carryover allocations October 18, 2016 - Part A grant award notice issued to add unspent funds carried over (from FY2015 into FY2016.) ❖ *Initial contract execution*. All initial Part A service contracts based on the Council's FY2016 application allocations plan were completed by March 16, 2016; within 15 days of the start of the fiscal year and within 50 days of the initial partial Part A grant award notice. ❖ *Post-award contract adjustments and new contract execution.* Five contract ministerial adjustments and two new contracts were needed following receipt of the full notice of award on May 5 since the funding for FY2016 increased by 2% over FY2015 and the Council increased allocations for Early Intervention Services (EIS), Food Bank/Home Delivered Meals, Health Education/Risk Reduction, Home and Community-based Health Services and Outpatient Healthcare Services. Four of the five ministerial adjustments (80%) were completed within 88 days of the Council's approval of the post-award allocations plan following receipt of the full grant award and all were completed within 118 days of Council approval of the post-award allocations plan. The two new contracts for Early Intervention Services were completed 140 days following the Council's approval of the post-award allocations plan. These new contracts need to be approved by the Hennepin County Board of Commissioners which extends the contract approval process by up to six weeks. ❖ *Carryover contract adjustments*. Two contract ministerial adjustments were needed to increase funding for Food Bank/Home Delivered Meals, Medical Case Management and Outpatient Healthcare Services according to the Council's carryover allocations plan. One ministerial adjustment was completed 20 days prior to the carryover grant award notice and the other was completed 44 days following the carryover award notice. Note: All contract completion dates are determined by the date the contract was signed by the Hennepin County Board of Commissioners or by the County Administrator if the contract action was through a "ministerial adjustment" which is allowable when only the service budget amount is changed.	**26**	**0**	• Somewhat slow process yet all my personal questions were answered as well as understood. Effective information helped move this along. • I have been a member for 6 months so I lack historical knowledge in reference to anything before February. • Reference dates etc are helpful. Thank you.

	2. Implementation of a process to monitor spending and reallocate funds which aims to limit the amount of unspent Part A funds to no more than 10% at the end of the fiscal year.	The Part A grantee assessed FY2016 spending through expenditure reports that were presented to the Council on: November 8, 2016 – 1st and 2nd quarter spending February 14, 2017 – 3rd quarter spending July 11, 2017 - 4th quarter spending (final FY16) All Hennepin County Ryan White funded provider contracts include a reallocation policy that allows the grantee to reduce program budget amounts through contract adjustments if the provider has spent 40% or less of program funds by the end of the first half of the fiscal year (August 31). ❖ Based on an assessment of spending and client utilization of services through the first half of the year and anticipated client needs through the end of the fiscal year, the Council approved reallocation of Part A funds at their September 14 and November 8, 2016 meetings. The Council reallocated a total of $80,300 to increase funding for Food Bank/Home Delivered Meals by $32,300 and Substance Abuse Services-Outpatient by $48,000 due to underspending on Mental Health Services. By August 31, 2016, utilization of these services had exceeded expectations. ❖ 95% of the FY2016 Part A grant award, (93% including carryover from FY2015), was expended by the close of the fiscal year. A total of $178,663 in formula funds were unspent. The grantee will submit a request to carryover these funds into FY2017 by August 27, 2017.	**24**	**2**	• Implemented process used to monitor provider spending is not consistent from one provider to the next. Reduction or increase of program budget amounts must follow an impartial process. Unwarranted reductions not only affect a provider's ability to successfully offer a service to the community of PLWHA but ultimately affect said community's health and wellness. • Additional information is essential to better monitor spending in a more effective way. Timeframes are unclear in Part A response. • Which FY were 1st & 2nd quarter spending referring to during the November 8, 2016 presentation? What FY were 3rd quarter spending referring to during February 14, 2017 presentation? • Providers who were surveyed by this council member reported they did not receive the same level of funding they were awarded according to the initial contract in

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					FY2016, which was a 4 year grant per later Part A responses in this document. Some received less some received more funding without any prior notice. FY 2017 funds were reduced before the first half of the fiscal year analysis was completed (August 31). • If 93% was applied by end of close of fiscal year that is good.
B. The awards to service providers were determined according to established criteria.	Description of RFP processes conducted in the last fiscal year, if any.	Hennepin County's Ryan White Program issues Requests For Proposals every four years. All providers funded to deliver Part A funded services in FY2016, except for one, were selected through an RFP process conducted September - November 2015. Providers of the following services funded in FY2016 were selected through the 2015 RFP process: o Early Intervention Services o Food Bank/Home Delivered Meals o Health Education Risk Reduction o Home and Community-based Health Services o Housing Services o Legal Services o Medical Case Management o Medical Nutritional Therapy o Medical Transportation o Mental Health Services o Outpatient Healthcare Services o Outreach Service o Psychosocial Support Services o Substance Abuse Services- Outpatient The provider of the following services funded in 2016 was selected through the 2011 RFP process: o Emergency Financial Assistance o Health Insurance Premium Cost-share Assistance	**25**	**0**	• Presentations were well done and helped to drive data to a better understanding. • Unknown if awards to service providers were determined according to established criteria – what is the criteria for each service area and the associated RFP process?

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		Linguistic services are administered by Hennepin County's Office of Multicultural Services and procured through an RFP that is issued every five years. The most recent RFP for interpretation and translation services was conducted in 2015. 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 and DHS HIV program staff. None of the proposal reviewers were members of the Minnesota HIV Services Planning Council and all must declare any conflicts of interest.			

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C. Appropriate justification was made for service areas/activities sole source contracts for services not included in a Request for Proposal (RFP) process	**1. Considerations to determine Non-Competitive Funding Activity** A. Provider selected through past RFP process B. Record of quality Ryan White service delivery C. Demonstrated HIV competency D. Established infrastructure E. Cost effective F. Continuity of client care	No Part A funded services were procured through sole source contracts in 2016.	**23**	**2**	• While no Part A funded services were procured through sole source contracts in 2016, the information here provided does not indicate whether **Considerations to determine Non-Competitive Funding Activity *were conducted*** by the HCRWHAP grantee office. If considerations were not made, then the objective is not met. If considerations were made, then the Grantee Response must include the process and rationale as to why **no** Part A funded service was procured through sole source contracts in 2016. • More data is essential to determine this objective. Need more to answer better. • Appears this was met based on Part A response. It would be helpful to have information the council could substantiate.

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	2. Considerations to determine redistribution of funds A. Provider demonstrated ability to utilize redistributed funds B. Capacity of agencies involved to deliver service in the future C. Impact on unmet need D. Sustainability of service after redistribution E. Council Directives	The Part A grant administrators redistributed $93,000 among five Medical Case Management (MCM) programs due to underspending of funds on Treatment Adherence services that are included in the Council's MCM service area allocation. The two providers that received increases in MCM funding had greater than expected utilization by mid-year that warranted an increase in resources to meet client demand for MCM through their programs. Medical Case Management plays a significant role in supporting retention in care which can significantly reduce unmet need for HIV medical care. One of these programs receives MAI funding and provides culturally appropriate services to Latinos. Both programs have delivered MCM services for over a decade and demonstrate high rates (>90%) of retention in medical care among their clients.	**26**	**0**	• It seems that when we need to redistribute funding, we get more information.

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<td>D. The grantee secured sufficient providers for all service areas receiving allocations.</td>
<td>1. Per service area/activity, sufficient number of providers is based on:
• number of contracts that can be administered,
• amount of funding allocated for each prioritized service area/activity
• allocation requirements for populations with special needs
• availability of qualified providers</td>
<td>Overall there were 14 Part A funded providers in 2016 (not including Linguistic Services) with 9 receiving funding for multiple services. The number of Part A providers funded in FY 2016 was based on the amount of funding allocated to the Council prioritized service areas, the number of providers responding to the 2015 and 2011 RFPs and the results of the RFP provider selection process noted in Outcome B.

The number of providers contracted to deliver the services that received Part A funding in 2016 were as follows:
<table>
<tr><th>Service Area</th><th># Part A Providers</th><th>2016 Part A‡ Allocation</th></tr>
<tr><td>Early Intervention Services</td><td>3</td><td>$ 158,400</td></tr>
<tr><td>Emergency Financial Assistance</td><td>1</td><td>98,100</td></tr>
<tr><td>Food Bank / Home Delivered Meals</td><td>3</td><td>644,361</td></tr>
<tr><td>Health Education Risk Reduction</td><td>3</td><td>80,800</td></tr>
<tr><td>Health Ins. Premium/ Cost Sharing Asst.</td><td>1</td><td>7,300</td></tr>
<tr><td>Home and Community-Based Health Services</td><td>1</td><td>177,600</td></tr>
<tr><td>Housing Services</td><td>1</td><td>80,800</td></tr>
<tr><td>Legal Services</td><td>1</td><td>96,800</td></tr>
<tr><td>Linguistic Services*</td><td>9</td><td>2,800</td></tr>
<tr><td>Medical Case Management**</td><td>7</td><td>2,317,900</td></tr>
<tr><td>Medical Nutritional Therapy</td><td>2</td><td>44,000</td></tr>
<tr><td>Medical Transportation Services</td><td>1</td><td>24,000</td></tr>
<tr><td>Mental Health Services</td><td>3</td><td>128,000</td></tr>
<tr><td>Outpatient Healthcare Services**</td><td>3</td><td>897,900</td></tr>
<tr><td>Outreach Services</td><td>2</td><td>158,800</td></tr>
<tr><td>Psychosocial Support</td><td>4</td><td>88,400</td></tr>
<tr><td>Substance Abuse Services/Outpatient</td><td>2</td><td>$ 187,900</td></tr>
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*Service provider contracts administered by Hennepin County Office of Multicultural Services
**MAI funded services
‡Final allocation included carryover, reallocation and redistribution of funds

Note: Part B, state and rebate dollars also fund some of these services, so the number of Part A funded providers does not fully reflect the total number of HIV service providers serving the TGA. Part B funds most of the Medical Transportation providers (9 out of 10 metro area) and Part B, state and rebate dollars fund 7 additional Medical Case Management providers (4 of which are located in the TGA).</td>
<td>22</td>
<td>2</td>
<td>• Attention must be placed in ensuring qualified providers per service area so that the service does not suffer and we are able to achieve a stronger impact in ending the epidemic. Stronger impact will yield stronger statistics from a macro perspective – which will help Minnesota meet the goals as outlined by the National HIV/AIDS Strategy.
Likewise, process for addressing needs for disproportionately affected communities, namely, POCLWHA – here refered to as populations with special needs – must be better met so as to yield significant progress for POCLWHA.
Moreover, amount of funding allocated to the prioritized service area of Outreach Services seems to be not adequately spent which alerts to the distribution process. Outcome and performance data does not support or justify the distribution.
• There must be more information presented</td>
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Outcome	Measurement Objective	Part A Grantee Response	Met	Unmet	Member Comments*
					here to acutally measure if there is sufficient providers. More information must be available to see this. • Is the # Part A providers those who were funded or who applied?
E. The awarding of funds matched the service areas/ activities established in the allocation completed by the Planning Council in August of 2015.	**1. Award per service area/activity complies with Planning Council prioritization and allocation amounts set by Planning Council in August 2015 and subsequent allocations/ reallocations.**	FY 2016 initial provider contract amount totals for each of the service areas corresponded to the allocations approved by the Planning Council August 11, 2015 for the 2016 Part A grant application. Subsequent adjustments to contract program budget amounts through ministerial adjustments corresponded with: the Council's carryover plan approved by HRSA/HAB on October 18, 2016; and the reallocation plan based on mid-year expenditures approved by the Council on September 14 and November 8, 2016. According to the final FY 2016 expenditure report presented to the Council on July 11, 2016, no Part A expenditures on any service area exceeded the Council's final allocation (including carryover and reallocation) to each of its service priorities. Overall, 93% of Part A funds allocated to services (including carryover) were spent with 9 of the 17 Part A funded service area allocations 95%-100% spent. Allocations to 8 of the services were underspent by between 7 and 37%.	**23**	**1**	• Award per service area complied in part with Planning Council prioritization and allocation set by the Council in August 2015. Allocation process was rushed and therefore Council efforts for better, more targeted allocations were thwarted. • Well delivered both in data and final awards in general.

* For any objectives that you indicate as unmet, you should also include comments, addressing any strengths, weaknesses and specific recommendations for improvement.

Reference Documents:

2011 Hennepin County Ryan White Program Request for Proposals
2015 Hennepin County Ryan White Program Request for Proposals
2016 Part A Subrecipient Contracts
2016 Q2 Expenditures
2016 Q3 Expenditures
2016 Q4 Expenditures
2016 Application Allocations
2016 Post-Award Allocations
2016 Reallocation Plans
2016 Redistribution Plan
2016 Carryover Plan

Minnesota HIV Services Planning Council FY2015 meeting minutes
Minnesota Council for HIV/AIDS Care and Prevention FY2016 meeting minutes
HRSA/HAB FY2016 Part A Notices of Grant (H89HA00050) Award