

Phoenix Eligible Metropolitan Area (EMA)

2014 Assessment of the Administrative Mechanism
Results

Wednesday, August 12th, 2015

Phoenix EMA Ryan White Planning Council Executive Committee

What is the Assessment of the Administrative Mechanism and why do we do it?

- ▶ 1) D. Administrative Assessment
- ▶ The Ryan White HIV/AIDS Program mandates that the EMA/TGA Planning Council must assess the efficiency of the administrative mechanism to rapidly allocate funds to the areas of greatest need within the EMA/TGA.
- ▶ (1) Provide a narrative that describes the results of the Planning Council's assessment of the administrative mechanism in terms of:
 - ▶ (a) Assessment of grantee activities to ensure timely allocation/contracting of funds and payments to contractors; and
 - ▶ (b) If any deficiencies were identified by the PC, what were the deficiencies, what was the grantee's response to those deficiencies, and what is the current status of the grantee's corrective actions?

Sample Assessment Questions

1. Part A funds were expended in a timely manner (net 45)*
2. Part A contracts with service providers were signed in a timely manner
3. During FY 2014, the EMA had less than 5% carryover in Part A funds.
4. Part A resources were reallocated in a timely manner to ensure the needs of the community are met.
5. Part A Programs funded in FY 2014 matched the service categories and percentages identified during the Council's Priority Setting and Resource Allocation process
6. Planning Council Directives were reflected in Part A programs funded in FY 2014

**Net 45 means that buyer will pay seller in full on or before the 45th calendar day (including weekends and holidays) of when the Goods were dispatched by the Seller or the Services were fully provided*

Q1: Part A funds were expended in a timely manner (net 45)*

Agency	Average Payment	Agency	Average Payment
1	25 days	11	31 days
2	21 days	12	22 days
3	26 days	13	16 days
4	31 days	Overall Average	25 days
5	14 days		
6	14 days		
7	23 days		
8	5 days		
9	27 days		
10	23 days		

Q2: Part A contracts with service providers were signed in a timely manner

Contracts	Date of HRSA NGA (Partial Award)	Initial Task Order Sent	# of Days	Received from Provider	Date of HRSA NGA (Full Award)	Reallocation Task Order	# of Days	Received from Provider
Early Intervention Services								
Contractor A	01/23/14	03/07/14	44	04/28/14	05/21/14	06/13/14	22	06/18/14
Contractor B	01/23/14	03/07/14	44	03/27/14	05/21/14	06/13/14	22	06/24/14
Food Bank/Meals						10/29/14	19	11/17/14
Health Ins Premiums	01/23/14	03/04/14	41	04/08/14	05/21/14	06/16/14	25	06/24/14
Health Insurance Cost Sharing								
Contractor A					05/21/14	06/13/14	22	06/27/14
Contractor B					05/21/14	06/16/14	25	07/03/14
Housing Services						08/15/14	24	09/09/14
Medical Case Management								
Contractor A	01/23/14	03/04/14	41	04/08/14	05/21/14	06/13/14	22	06/18/14
Contractor B	01/23/14	03/04/14	41	03/24/14	05/21/14	06/13/14	22	06/18/14
Contractor C	01/23/14	03/04/14	41	04/01/14	05/21/14	06/13/14	22	06/18/14
Contractor D	01/23/14	03/04/14	41	03/21/14	05/21/14	06/13/14	22	06/23/14
Contractor E	01/23/14	03/04/14	41	03/11/14	05/21/14	06/13/14	22	06/18/14
Contractor F	01/23/14	03/04/14	41	03/12/14	05/21/14	06/13/14	22	06/18/14
Medical Nutrition	01/23/14	03/04/14	41	03/11/14	05/21/14	06/13/14	22	06/18/14
Medical Transportation	01/23/14	03/04/14	41	03/20/14	05/21/14	06/13/14	22	06/24/14
Mental Health								
Contractor A	01/23/14	03/04/14	41	03/24/14	05/21/14	06/13/14	22	06/18/14
Contractor B	01/23/14	03/07/14	44	03/21/14	05/21/14	06/13/14	22	06/19/14
Contractor C	01/23/14	03/04/14	41	03/11/14	05/21/14	06/13/14	22	06/18/14

Q2: Part A contracts with service providers were signed in a timely manner

Contracts	Date of HRSA NGA (Partial Award)	Initial Task Order Sent	# of Days	Received from Provider	Date of HRSA NGA (Full Award)	Reallocation Task Order	# of Days	Received from Provider
Non-Medical Case Management								
Contractor A	01/23/14	03/04/14	41	03/20/14	05/21/14	06/13/14	22	06/24/14
Contractor B	01/23/14	03/04/14	41	03/20/14	05/21/14	06/13/14	22	06/24/14
Contractor C	01/23/14	03/04/14	41	03/24/14	05/21/14	06/13/14	22	06/18/14
Contractor D	01/23/14	03/04/14	41	03/21/14	05/21/14	06/13/14	22	06/25/14
Contractor E	01/23/14	03/04/14	41	03/21/14	05/21/14	06/13/14	22	06/24/14
Oral Health								
Contractor A	01/23/14	03/04/14	41	03/24/14	05/21/14	06/13/14	22	06/23/14
Contractor B	01/23/14	03/04/14	41	03/21/14	05/21/14	06/13/14	22	06/19/14
Contractor C	01/23/14	03/06/14	43	03/18/14	05/21/14	06/13/14	22	06/18/14
Outpatient Ambulatory								
Contractor A	01/23/14	03/04/14	41	03/21/14	05/21/14	06/13/14	22	06/19/14
Contractor B	01/23/14	03/04/14	41	03/20/14	05/21/14	06/13/14	22	06/24/14
Contractor C	01/23/14	03/04/14	41	03/18/14	05/21/14	06/13/14	22	06/18/14
Substance Abuse								
Contractor A	01/23/14	03/07/14	44	03/24/14	05/21/14	06/13/14	22	06/18/14
Contractor B	01/23/14	03/04/14	41	03/21/14	05/21/14	06/13/14	22	06/19/14
Treatment Adherence						11/18/2014		12/17/14

Q3: During FY 2014, the EMA had less than 5% carryover in Part A funds.

- ▶ The RWPA Program has requested carryover of \$443,933, which is less than 5% of the 2014 Formula Award. Unobligated Supplemental Funds were returned to HRSA in the amount of \$1,281,339.

Grant Year 2014 Closeout

Part A & MAI Summary	Direct Services	AA/QM/PC	Total
Part A Initial Grant Award	\$ 7,042,205.00	\$ 1,242,742	\$ 8,284,947
MAI Initial Grant Award	\$ 407,012.00	\$ 71,826	\$ 478,838
Part A Carryover	\$ 443,933.00	\$ -	\$ 443,933
Total Award	\$ 7,893,150	\$ 1,314,568	\$ 9,207,718
Projected Direct Expenditures	\$ 6,263,204		\$6,263,204
Admin		\$ 734,113	\$ 734,113
QM		\$ 383,025	\$ 383,025
Total Projected Expenditures	\$ 6,263,204	\$ 1,117,138	\$ 7,380,342
Remaining Unobligated Balance	\$ 1,629,946	\$ 197,430	\$ 1,827,376
5% Formula for Carryover to 2015	\$ 276,176	\$ -	\$ 276,176
Remaining for MAI Carryover to 2015	\$ 198,035	\$ 71,826	\$ 269,861
Return to HRSA	\$ 1,155,735	\$ 125,604	\$ 1,281,339

Q4: Part A resources were reallocated in a timely manner to ensure the needs of the community are met.

Grant Year 2014 Reallocation History	Date of PC Decision	Date of AA Action
Decrease Outpatient Ambulatory Medical Care by \$85,000 Increase Medical Case Management by \$46,875 Increase Non-Medical Case Management by \$38,125	3/14/2014	3/14/2014
Decrease Outpatient Ambulatory Medical Care by \$31,500 Increase Treatment Adherence by \$31,500	8/14/2014	11/18/2014
Decrease The Health Insurance Premiums and Cost Sharing Assistance (HIPCSA) by \$659,175 Increase Oral Health by \$450,300 and reallocate all carryover funds to Oral Health (\$443,934) Increase EIS by \$49,606 to support Health Literacy program from Sep, 2014-Feb, 2015 Increase Non-Medical Case Management by \$71,541 to improve retention in care Increase Medical Case Management by \$30,656 to provide additional case management for homeless Initiate Housing task order in the amount of \$12,000 Increase Medical Nutrition by \$121,554 (\$55,000 in Food Box/Meals and \$66,554 in Medical Nutrition) Decrease Outpatient Ambulatory Medical Care by \$76,482	8/14/2014	8/15/2014
Decrease Outpatient Ambulatory Medical Care by \$7,000 Increase Treatment Adherence by \$7,000	11/13/2014	11/18/2014

Q5: Part A Programs funded in FY 2014 matched the service categories and percentages identified during the Council's Priority Setting and Resource Allocation process

GY 2014 PSRA Revisions - Approved by Planning Council 6.12.14-Compared to GY 2014 Final Expenditures									
Service Category		GY 2014 PSRA Allocation as of 6/12/2014	GY 2013 Carryover approved by Planning Council	Total GY 2014 PSRA Allocation	Percent of Total Allocations	Final GY 2014 Expenditures	Percent of Total Expenditures	\$ Variance Expenditures to Allocation	% variance Expenditures to Allocation
Outpatient/ Ambulatory Medical Care	=	\$1,598,838		\$1,598,838	20.26%	\$1,054,916	16.84%	-\$543,922	-34.02%
Medical Case Management (including treatment adherence services)	=	\$1,272,203		\$1,272,203	16.12%	\$1,260,093	20.12%	-\$12,110	-0.95%
Oral Health Care	=	\$1,718,250	\$263,430	\$1,981,680	25.11%	\$1,943,724	31.03%	-\$37,956	-1.92%
Early Intervention Services	=	\$246,230		\$246,230	3.12%	\$282,458	4.51%	\$36,228	14.71%
Mental Health Services	=	\$168,702		\$168,702	2.14%	\$124,538	1.99%	-\$44,164	-26.18%
Health Insurance Premium and Cost Sharing Assistance	=	\$910,889		\$910,889	11.54%	\$231,001	3.69%	-\$679,888	-74.64%
Substance Abuse Services Outpatient	=	\$65,520		\$65,520	0.83%	\$9,973	0.16%	-\$55,547	-84.78%
Medical Nutrition Therapy	=	\$255,150		\$255,150	3.23%	\$317,544	5.07%	\$62,394	24.45%
Case Management Services - Non-Medical	=	\$932,898	\$180,503	\$1,113,401	14.1%	\$793,983	12.7%	-\$319,418	-28.69%
Medical Transportation Services	=	\$240,856		\$240,856	3.1%	\$172,230	2.7%	-\$68,626	-28.49%
Food Bank/ Home Delivered Meals	=	\$0		\$0	0.0%	\$39,553	0.6%	\$39,553	
Psychosocial Support Services	=	\$39,681		\$39,681	0.5%	\$0	0.0%	-\$39,681	-100.00%
Housing Services	=	\$0		\$0	0.0%	\$9,109	0.1%	\$9,109	
Treatment Adherence Counseling	=	\$0		\$0	0.0%	\$24,082	0.4%	\$24,082	
Total		\$7,449,217	\$443,933	\$7,893,150	100.0%	\$6,263,204	100.0%	-\$1,629,946	-20.65%

Q6: Planning Council Directives were reflected in Part A programs funded in FY 2014

- ▶ **DIRECTIVE 3.14.14** – Please accept this letter as notification that the Planning Council approved the following reallocations at their March 13, 2014 meeting –
 - ▶ Decrease Outpatient Ambulatory Medical Care partial allocation by \$85,000
 - ▶ Increase Medical Case Management partial allocation by \$46,876
 - ▶ Increase Non-Medical Case Management partial allocation by \$38,125
 - ▶ Approve \$6,250 of these case management funds to be used as capacity building by the EMA's new Case Management Agency to begin services May 1. **(Note: Capacity building funds were built into the initial \$17,000 allocation and documentation is reflected in billing.)**
- ▶ **DIRECTIVE 4.10.14** –
 - ▶ Change the menu of services for Health Insurance Premium Assistance to include: Service Category: Health Insurance Premium and Cost Sharing Assistance Types of Activities: Health Insurance premiums and related medical copays and deductibles, including COBRA, Federal Marketplace Insurance Plans and limited Medicare Part B premiums. FPL changed to up to 400%. Limited to clients not eligible for ADAP Assist health Insurance and Cost Sharing Assistance. Service Restrictions: Health Insurance Premium assistance is limited to a maximum of \$350/month. Cost Sharing Assistance is limited to medical copays up to a maximum of \$3000/year for medical copays and deductibles. Premium and cost sharing assistance is subject to the restrictions identified in the Section 2 of the RWPA Policies and Procedures. **(Note: See attached 08272014_Menu of Service document)**
 - ▶ Identify a contractor to perform the 2014 Assessment of the Administrative Agency. **(Note: See attached task order for Collaborative Research)**
- ▶ **DIRECTIVE 6.12.14** –
 - ▶ Please accept this letter as notification that the Planning Council approved the GY 2014 PSRA Mini allocations at their June 12, 2014 meeting **(Note: See attached FY14 Approved Allocations and Task Orders Issued document)**
 - ▶ The Council approved the expansion of bus pass distribution to those up to 150 percent of the Federal Poverty Level from the previously approved 100 percent. Additionally, the Planning Council is directing that the Administrative Agent request 50 percent of approved carryover funds for Oral Health Services, and 50 percent of the approved funds for the Health Insurance Premiums and Cost Sharing. **(Note: See attached 08272014_Menu of Service document and the FY14 Approved Allocations, Note 2: Health Insurance Premiums/Cost Sharing Assistance was subsequently decreased any no carryover was needed in this category. Carryover funds were changed in August to the Oral Health service category See attached 2013 Carryover Request.)**

Q6: Planning Council Directives were reflected in Part A programs funded in FY 2014

- ▶ **DIRECTIVE 8.14.14** – Planning Council Consideration for 2014 Reallocations and Additions to Services for RWPA
- ▶ The Administrative Agent recommends that the Planning Council vote to provide Treatment Adherence Services and allocate \$31,500 to this service category to provide treatment Adherence Services to the EMA’s clients beginning as soon as a contract can be executed and to provide these services until Feb. 28, 2015. The AA recommends that the Planning Council decrease Outpatient Ambulatory Medical Care Services by \$31,500 in order to fund Treatment Adherence for the remainder of the grant year. (**Note: See Task Order Issued document**)
- ▶ The Administrative Agent recommends that the Planning Council approve Maricopa County to release a RFP for Early Intervention Services to obtain additional providers and EIS services. This RFP would be released in Sept.; the earliest contracts could be awarded would be Jan.1, 2015 (**Note: See RFP Release Page document**)
- ▶ The Administrative Agent recommends that the Planning Council direct the Community Strategies and Planning Committee to convene a workgroup to determine if food should be funded for clients in the EMA. The workgroup would recommend to the Planning Council the guidelines for food services, including whether food would be a core services attached to Medical Nutrition (requires a prescription from a Registered Dietician and order from MD), or a support service to be available to clients within a certain level of the Federal Poverty Limit. If the Planning Council agrees to fund food services in either of these categories, the AA will develop a plan to award contracts or sub-contracts for food distribution. It is expected that the earliest food could be provided in either category will be November, 2014. (**Note: See attached Food Workgroup agenda and minutes**)
- ▶ The Administrative Agent recommends that the Planning Council decide during the PSRA session Aug. 16 if any other service categories will be added to the EMA’s Menu of Services for 2015. The AA will then begin the process of developing RFPs for any approved services, with the intent of funding these services in grant year 2015. (**Note: See Task Order Issued document for funding provided for Housing, Treatment Adherence, Food in 2014 and Psychosocial in 2015**)
- ▶ **DIRECTIVE 11.13.2014** –
- ▶ In August, 2014 the Planning Council approved an allocation of \$31,500 for Treatment Adherence Counseling Services. At that time, the RWPD Program had a request in for supplemental funds that would provide additional treatment adherence services for RWPD clients. RWPD has received the supplemental funding award, and the award was less than requested. In order to provide additional services to RWPD clients that are also RWPA eligible, the AA is recommending that the Planning Council decrease Outpatient Ambulatory Medical Care by \$7,000 and reallocate an additional \$7,000 to Treatment Adherence Services. (**Note: see attached Task Order Issued document**)

Q6: Planning Council Directives were reflected in Part A programs funded in FY 2014

- ▶ **DIRECTIVE 2.12.15 –**
- ▶ Increase the FPL for all medical services to 400% FPL. This would include Primary Medical Care, Mental Health, Substance Abuse and Oral Health. **(Note: see 03252015_Menu of Services document)**
- ▶ Increase the FPL for taxi authorization to 400% for all core and support services for clients that meet the criteria for taxi services. Criteria are identified in the transportation Standards of Care. **(Note: see 03252015_Menu of Services document and DRAFT Transportation Standards of Care.)**
- ▶ Recommend that the Standards Committee review the criteria to include authorization for taxi for clients that have to travel long distance (possibly 20 miles) on public transportation, or who have to travel for an excessive time (possibly more than 1 hour) on public transportation to reach an appointment. **(Note: See the attached DRAFT Transportation Standards of Care.)**
- ▶ Allocate \$200,000 for the EIS jail testing program in the new grant year due to a cut from the state prevention program that had previously funded this amount. **(Note: This amount was changed at final allocation to \$64,000; see attached task order)**