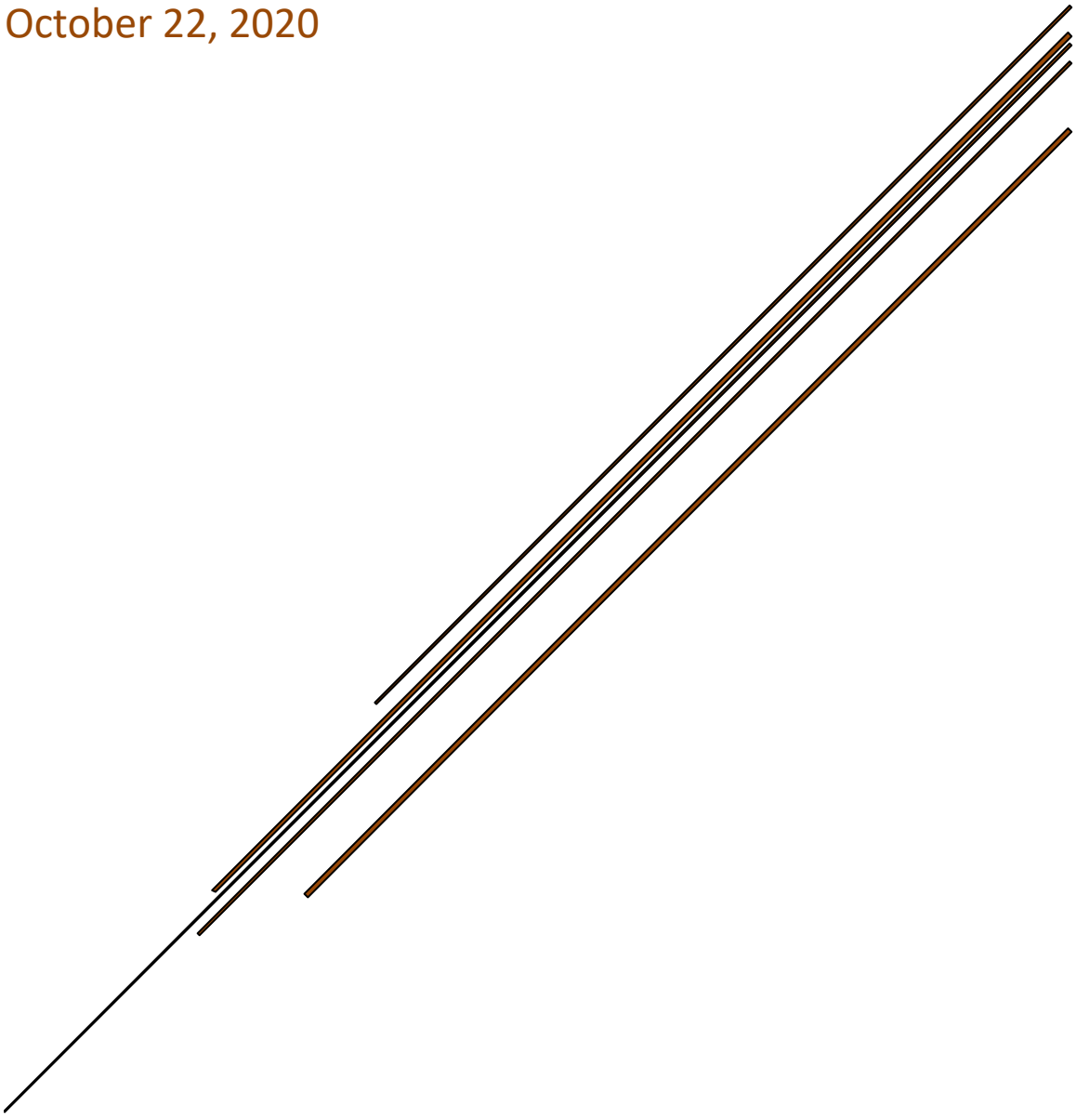
NASSAU-SUFFOLK EMA REPORT OF ADMINISTRATIVE MECHANISM FOR RYAN WHITE PART A/MAI FOR FY19

October 22, 2020



Nassau/Suffolk HIV Health Services Planning Council
Report of the FY2019 Administrative Mechanism

Introduction to Administrative Mechanism
It is the role of the recipient to establish a mechanism to administer funds for the timely delivery of essential services to PLWHA throughout the EMA. Recipients use this mechanism to allocate funds according to the Planning Council's priorities and awards funds through its own local procurement system. The assessment of the administrative mechanism is done annually and is a roadmap for what was done well and to identify areas for improvement.

Background
The Clinical Quality Management Committee of the Planning Council is responsible for conducting an annual assessment of the Nassau-Suffolk EMA's administrative mechanism. This involves evaluating the efficiency of the process used by the Recipient (Nassau County) and the Technical Support Agency (United Way of Long Island) to rapidly allocate funds to priority areas in terms of timeliness and effectiveness and in carrying out or overseeing the contracting process, including the requests for proposals (RFP) process, awarding grants/contracts to providers, and the disbursement of funds. This survey reviews the previous year planning process and the resulting priorities that are funded in the current fiscal year. If the administrative mechanism is not working well, the Planning Council is responsible for making formal recommendations to the CEO of the EMA, in order to continue the timeliness and effectiveness of the contracting process.

In early September of 2020, Planning Council members and Part A providers completed separate Administrative Mechanism surveys. The survey questions were reviewed and updated by the CQM committee in August for clarity and efficacy. The survey that was developed for Planning Council members consisted of questions specific to the Planning Council such as its mission, trainings and the PSRA process. The survey for providers focused on questions in the areas of procurement, distribution of funds in FY19-20, contract monitoring, and knowledge of the PSRA process.
The survey evaluates the effectiveness of planning and distribution of funds for the previous year. There were thirty-five respondents including 21 Planning Council members and 14 Part A provider agencies. The number of respondents were comparable to that of the previous year. This is worthy of note due to the difficult and unusual times in which we find ourselves during this pandemic.

Below is a summary of results from each survey. PSRA questions were asked on both the Planning Council and provider surveys and is presented first.

<u>Priority Setting and Reallocation Process (Planning Council and Provider Responses)</u>

Overview of the PSRA Process

The Planning Council conducts a Priority Setting and Resource Allocation (PSRA) process on an annual basis to determine priority areas for funding in the N-S EMA and recommend funding allocations for services in the region. The Strategic Assessment and Planning (SAP) Committee reviews various data sources and utilizes this information to select and rank regional priorities. A separate Finance Subcommittee, whose members are primarily non-aligned consumers, reviews the findings of the SAP Committee as well as other information including utilization data and a review of other funding sources to make funding recommendations. Providers of Ryan White Part A/MAI funding are encouraged to participate in PSRA but may not vote in the resource allocation process. Pursuant to the Council's Bylaws, the Finance Subcommittee reports its recommendations back to the SAP Committee for a final recommendation to the Planning Council. The Recipient (Nassau County) utilizes results of the PSRA process to issue Requests for Funding Proposals (RFPs). Continuing priority areas are competitively rebid on a rotating three-year cycle. United Way of Long Island is responsible for negotiating the terms and agreements of provider contracts, ensuring that contract amounts by service category or sub-category are consistent with Planning Council allocations and directives and oversees the monitoring of programs and outcomes.

100% of Planning Council members reported familiarity with the PSRA process, as compared to 88% in the previous year's survey. An overwhelming majority (94%) of Council members indicated that they participated in the PSRA process in 2019 through attendance at the various Council and committee meetings. When asked if they believed that the PSRA process was data driven, 100% of Council members responded yes with 39% strongly agreeing. However, among providers only 79% agreed that it is a data-driven process (with 21% strongly agreeing). A little over one fifth of providers (21%) replied that they did not know if the process is data driven. Recent staff changes at provider agencies and the addition of a newly funded program since the last Administration Mechanism survey, may provide a partial explanation for the lower percentage. The results also indicate a need to continue to engage funded providers in the PSRA process.

Questions concerning adequate consumer, public, and provider input regarding the PSRA process revealed that 83.33% of respondents reported that the PSRA process was publicized through committee meetings, email distributions, and the grant e-mailing; this was a slight increase from the previous year. The majority of the Planning Council members and provider respondents agreed that there was adequate input regarding the three groups previously mentioned. No one disagreed that there was not adequate input in any of the three groups.

A closer examination shows that in most cases, the responses for Planning Council members and Providers were similar. A combined percentage of 78% of Planning Council members responded that there was adequate consumer input. (56% agree; 22% strongly agree). 86% of providers responded that there was adequate consumer input. (64% agree: 22% strongly agree), 22% of Planning Council members and 28.57% providers responded that they did not know if there was adequate consumer input. While many participants openly identify as consumers or PLWHA, this is not mandatory. 89% of Planning Council members agreed that there was adequate public input, as compared to 71% of providers. (64% agree: 7% strongly agree). A small percentage of Planning Council members 11% and a larger percentage of providers (29%) responded that they did not know if there was adequate public input. Finally, regarding provider input, 94.45% of Planning Council members agreed that there was adequate input, (89% agree; 6% strongly agree), as

compared to 86% of providers (57% agreed; 29% strongly agreed) that there was adequate provider input. 6% of Planning Council members and 14% of providers answered that they did not know.

With regards to the special populations that the Planning Council had identified and listed in the survey: African-American, Hispanic, Women of Color, MSM, IDU, Age 45+, and those Out of Care, respondents were asked if the *needs of these groups had been considered in the planning process* and the majority responded "yes, needs were considered". None of the providers responded that the needs of the special populations were not considered, albeit a small percentage was unsure.

Comparing the percentages with the previous year, there was a significant increase from Planning Council members regarding whether the needs of special populations were considered, which corresponds to a decrease in the number of not sure responses. There was a slight decrease in provider responses regarding the first five special populations. IDU had a significant increase of 21% with a corresponding decrease in not sure response. The percentage of 45+ remained the same from the previous year. Noteworthy is the Transgender, non-binary special population which was added last year. As compared with last year's report, there was a significance increase by both members (+18%) and providers (7 %) regarding the needs of Transgender non-binary population.

Breakdown is as follows:

Special Population	Planning Council	Providers
African Americans	88.89% (yes) ; 11.11% (not sure)	92.86%(yes);7.14%(not sure)
Hispanic	88.89% (yes) ; 11.11% (not sure)	92.86%(yes);7.14%(not sure)
MSM	88.89% (yes); 11.11%(not sure)	92.86%(yes);7.14%(not sure)
Women of Color	83.33% (yes); 16.67% (not sure)	92.86%(yes);7.14%(not sure)
Out of Care	94.44% (yes)l 5.66% (not sure)	85.71% (yes): 14.29% (not sure)
IDU	77.78% (yes); 22.29% (not sure)	92.86%(yes);7.14%(not sure)
45+	88.89% (yes); 11.11% (not sure)	92.86%(yes);7.14%(not sure)
Transgender non-binary	88.89% (yes); 11.11% (not sure)	92.86% (yes); 7.14% (not sure)

Planning Council Administrative Mechanism Survey Responses

Participation/Engagement

The majority of Planning Council members have been members of the Council for more than two years at (76.19%) this is an increase of more than 30% than that of the previous year. 14.29% of individuals have been members for 1-2 years which is less than half of the previous percentage. Membership of up to 6 months and 6 months to a year were both recorded at 4.76%

Attendance at Planning Council meetings and committees also markedly improved. The majority of Planning Council members reported attending meetings 4-6 times a year (90.48%) with (9.52%) attending 2-3 times a year. Meetings are bimonthly. Attendance at 4-6 meetings means attendance at all meetings or only one missed meeting. Last year, when asked about Planning Council meeting attendance, 8% of Planning Council member respondents reported attending a meeting only once during the year. This year, no one replied to that answer. The 90.48% for 4-6 meetings is an increase of 10.48%. Attendance of 2-3 meetings at 9.52% is at a decrease of 2.48%, it can be inferred that the decrease is due to the members attending more meetings. Respondents were also asked if they actively participate in any Planning Council committees. Active participation is

defined as attending committee meetings 3x a year. The overwhelming majority of these percentages increased, which once again validates the commitment and dedication of the committee members.

A breakout of committee attendance on table 1.1 shows the percentage reported by Planning Council members and the change in percentage from the previous year.

Planning Council Committee Attendance in FY19-20

Committee	% reported attendance by Planning Council Members	% change
Strategic Assessment & Planning Committee (SAP)	**70%**	**+ 11.66%**
Clinical Quality Assurance (CQM)	**45%**	**+ 5%**
Consumer Involvement Subcommittee (CIC)	**41.18%**	**+ 7.85%**
Executive Committee	**44.44%**	**- 5.56%**
Finance Subcommittee	**44.44%**	**+ 15.57**

Note: The Finance Subcommittee is comprised of mainly unaligned consumers, however providers and non-funded agencies are encouraged to attend. Those who work or are affiliated with any agency that is a recipient of Ryan White funds do not vote on the priority allocations. The increased percentage shows that a larger number of providers attended the finance meeting to participate and learn more about the PSRA process.

Communication

Information about the Council's activities and meetings are shared through email and are included on the Planning Council's webpage. Members indicated that they were familiar with the website, commenting that it was interesting and informative. When asked if anything should be added to the website, suggestions included: A FAQ section with often used acronyms, adding the agencies next to the Planning Council member representatives, and updates on the current epidemic in terms of its impact on consumers. There was a comment about the meeting minutes not being current however, only the previous meeting minutes which have been reviewed, approved and voted appear on the website. Since each committee meets every other month, approved minutes are uploaded every two months. So for example, the September Planning Council meeting minutes will not be approved and finalized until the November Planning meeting. Until that happens, the most current meeting minutes will be from July. Therefore, while it may appear that the meeting minutes are not current, that is not truly the case.

Eighty six percent (86%) of planning council respondents receive the HIV/AIDS Grants Management emailing, commenting it helps to keep them current. Some noted that the amount of information can seem a bit overwhelming but the resources are useful and appreciated. Not all Planning Council members represent an agency that provides direct HIV services, which may explain why some do not receive it.

Training

The mission of the Planning Council is to provide effective planning and promote development of HIV/AIDS services, personnel and facilities which meet identified health needs of uninsured and underinsured HIV infected individuals. All respondents agreed that the Planning Council meets

the mission statement. (73% agree; 27% strongly agree). This represents a 14% increase from the previous year. The majority of Council members (71%) reported attending the annual orientation meeting on January 8, 2019. The meeting enables new members to learn and under their roles and responsibilities and serves as a refresher for current members. 5% of Planning Council survey respondents noted that they were not yet appointed at the time of the annual member orientation. When asked if the Planning Council was reflective of the epidemic, 89% agreed (an increase of 3%), no one disagreed, and 11.11% did not know.

Ninety four percent (94%) of Council members responded that the Planning Council provides enough information on the current trends in health care and their impact on the HIV community. When asked what trends or topics should be presented at Planning Council meetings, concerns were raised about the impact of the epidemic. More trends in care need to be evaluated for this year and current funding opportunities due to changes in COVID-19 and organizational adaptability during this climate as well as HIV and Aging were suggested.

A list of the Planning Council trainings/presentations were provided and members were asked to check all that that they attended. The range was from 58.82%-88.24%, which are higher percentages than the previous year. The largest attendance was for Nassau & Suffolk ETE Presentations, RW Part A Regional Data Presentation (88.24%) and PSRA Process review (82.35%) Additional trainings suggested include, HIV and aging, Health homes and the role of care coordinators, overview of the epidemic in the N-S EMA, more peer trainings and job offers, and a review of EPI data and contract tracing in regards to COVID and patient to care.

Ryan White Part A/MAI Provider Administrative Mechanism Survey Responses

The Administrative Mechanism Survey for Providers was divided into four sections; PSRA, Procurement, Distribution of Funds, and Contract Monitoring. PSRA responses are discussed at the end of this report. A table of Part A 2019 funded services is below:

Responses by priority are as follows:

Priority Area	%
Medical Case Management (MCM)	46.67%
Mental Health Services (MH)	26.67%
Early Intervention Services (EIS)	20%
Oral Health Care (OHC)	13.37%
Emergency Financial Assistance (EFA)	33.33%
Outpatient Ambulatory Health Services (OAHS)	6.67%
Medical Transportation (MT)	13.33%
Medical Nutrition Therapy (MNT)	13.33%
Other Professional Services- OSP, Legal Services	6.67%
AIDS Drug Assistance Program (ADAP)	0%

Procurement

Nassau County utilizes results of the PSRA process to issue Requests for Funding Proposals (RFPs). Programs are recommended for funding by an objective review team that is selected by the Nassau and Suffolk County Departments of Health. When asked how agencies learned about

the 2019 Ryan White Part A RFP for Medical Case Management, Oral Health Care, and Early Intervention Services the majority responded that they received the information through a direct email from UW contracting staff, the HIV/AIDS grants mailing or through a program/agency contact. 93% responded that the agency was aware of RFP issue date and deadline with enough time to adequately prepare and submit proposal (with 36% strongly agreeing and 57% just agreeing). Seven percent (7 %) provided a neutral response.

If agencies applied for funding in FY19, they were instructed to complete the remaining questions in this section. If they did not complete and submit and RFP they were instructed to skip to Section 3 of the survey-Distribution of Funds. Agencies that responded to this section agreed that the Nassau-Suffolk EMA provides bidders with adequate information about 2019 RFP (58 % agreed; 42% strongly agreed). Similarly, all providers agreed that in 2019, the Nassau-Suffolk EMA conducted an open and competitive procurement process, with standardized procedures and requirements for funding (54% agree; 46% strongly agree). 62% agreed and 38% strongly agreed that the 2019 RFP clearly described the criteria and procedures for reviewing proposals and stated expectations, including federal HRSA/HAB policies and procedures, standards of care that must be met, expected performance measures, program and reporting requirements. All respondents (100%) affirmed that expected performance measures, Standards of Care, and Program and reporting expectations were met. When asked for ways to improve the process, it was suggested that supporting documentation or the entire RFP to be submitted electronically in order to save paper.

Distribution of Funds

United Way of Long Island is responsible for negotiating the terms and agreements of provider contracts, ensuring that Planning Council directives are met and for overall monitoring of programs and outcomes. The region must receive a notice of award from Health Resources and Services Administration before RFPs can be issued out and/or the contracting process can begin. All providers agreed that United Way of Long Island (UWLI) provides a clear scope of service for each contract. (64 % agreed and 36% strongly agree)

When asked, about timeliness of payments once contracted, 79% of providers responded yes and 36% responded no. Comments for those who indicated that vouchers were not paid timely included, that there were delays due to changes with the process, they were not contracted or receive funding until months after the grant starts, and vouchers are usually months behind. 64% indicated that the turnaround time for UWLI to reimburse their agency once a complete invoice is submitted was over 30 days. 39% responded that vouchers are processed within 7-15 days. Late submissions, incomplete or missing supporting documentation delay the turnaround process. However, when asked for suggestions to improve the disbursement process, none were offered.

Contract Monitoring

Under the oversight of Nassau County, UWLI uses a comprehensive approach to monitor program outcomes and the ability of subrecipients to appropriately expend Part A and MAI funds. Fiscal and programmatic compliance of subrecipients is monitored through program, fiscal, and quality management reviews and technical assistance (TA) is offered on an ongoing basis. All agencies reported receiving a comprehensive site visit in FY19-20. 42.86% of survey respondents also reported receiving a Clinical Quality Monitoring visit as well. All providers agreed that written

instructions were provided to advise providers what documentation will need to be available at site visits.

85.72% of providers agreed that the feedback provided at or after the site visit was helpful, (42.86% agreed and strongly agreed, 14.29% neutral). Of those respondents who needed technical assistance following the 2019-20 site visit, when asked how timely was the response 64% replied Excellent; 14% replied Good and 21% replied not applicable. Average and Poor were also choices, but with no responses,

The accessibility of contract administrators and was highly rated: Contract administrators were rated at 92.86% (+22.86%) for very accessible and 7.14%(-7.14%) for somewhat accessible. Similarly, the accessibility of fiscal staff was also highly rated at 85.71% (+5.71%) for very accessible and 14.29 % (-5.71%) for somewhat accessible.

In addition to Technical Assistance arising from a site visit, the breakdown of other technical assistance is found in the table below. Staff orientation was an added category to the survey this year.

Category of Technical Assistance Provided	% Received	% Increase/Decrease from previous year
Data	75%	-15.91%
Quality	66.67%	+12.12%
Budget/Workplan development	41.67%	+5.31%
Vouchering	36.36%	same
Staff Orientation	8.33%	New category

All providers agree that the Technical Assistance received in 2019-20 throughout the year was helpful (54% agree; 46 % strongly agree) and that feedback from meetings and written responses have helped to develop and improve program's delivery of services. Suggestions to improve the monitoring process included receipt of a final written monitoring report earlier than has been the case, perhaps within 4 weeks from site visit to assist agencies in improving and reviewing any changes that need to be made.

Conclusions

The results of the 2019 administrative mechanism illustrates how the Planning Council, PSRA process, and the administration of funds and technical assistance all work together to ensure that needs are being met, noting both areas of improvement, as well as identifying where more concentration of effort is needed. The survey results confirm that the EMA is effective at both allocating and reallocating funds to priorities that mirror the needs of the region and that are supported through needs assessments and data collection. Council members indicated a clear understanding of the PSRA process (a key component of the administrative mechanism) and agree that the process is both data driven and addresses the needs of special populations. UWLI is responsible for negotiating the terms and agreements of provider contracts, ensuring that contract amounts by service category are consistent with Council allocations and directives. All respondents agreed that the Nassau-Suffolk EMA provided bidders with adequate information about 2019 RFPs, and conducted an open and competitive procurement process with standardized

procedures and requirements for funding. 90% of providers replied that they were aware of RFP issue date and deadline, with enough time to adequately prepare and submit a proposal. The TSA also oversees the monitoring of programs and outcomes. All agencies were visited or monitored in the 2019-2020 contract year. All respondents agreed that contract managers and fiscal staff were accessible, and that technical assistance, when requested was reported as both timely and helpful.

Deficiencies identified by the Council. A deficiency identified by the Council is the need for the EMA to continue working on improving shortening the length of time for voucher processing. Several years ago, the recipient modified its contracting system with the TSA to allow initiation of a contract in absence of a full notice of grant award using a "presumptive" award amount based on the region's formula award from the last fiscal year as per HRSA recommendations. Subsequently, the TSA was able to change its provider contract language to facilitate expedited contracting which resulted in improvements to the process. The contracting process was further refined and contracts were able to be executed in a more timely manner allowing for vouchers to be processed earlier in the grant year.

While the percentage of providers who indicated it takes between 7-15 days to be reimbursed nearly doubled from that of last year, the number of respondents that indicated it takes over 30 days also increased slightly by 3% (from 64% to 67%). Although a few concerns were voiced over payment of vouchers, more than 75% of providers responded that vouchers were paid in a timely manner. A review of voucher submission and payment by the TSA showed that some vouchers are not submitted on time, back up documentation is incomplete or sometimes not submitted at all, and vouchers often contain errors, which warrant multiple requests to providers for corrected documentation. Ongoing communication with providers to get the matter resolved adds to the time delay and impacts the processing of subsequent vouchers. Ensuring that providers have a clear understanding about the vouchering process helps to improve processing of payments and timely closeout of the grant. To address these issues, United Way increased the number of fiscal technical assistance sessions for providers in FY19; especially those with new fiscal staff. United Way also migrated to a new fiscal accounting system in FY19-20 and modified provider vouchering forms which resulted in some of the delays. While FY 20-21 may present some challenges because of COVID-19, it is anticipated that, with increased provider trainings and the new fiscal accounting system, delays will be more significantly reduced in FY21-22.