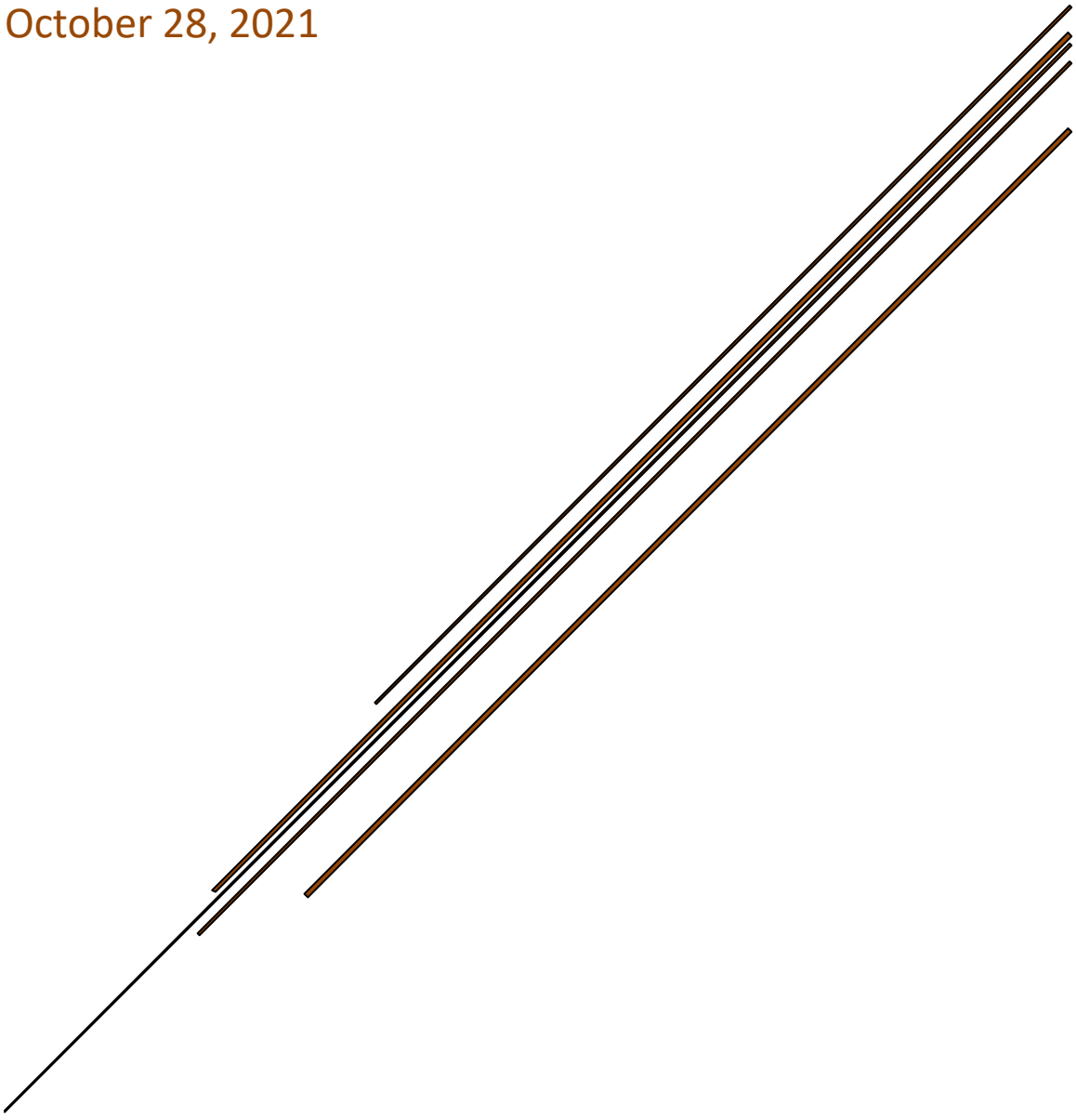
NASSAU-SUFFOLK EMA REPORT OF ADMINISTRATIVE MECHANISM FOR RYAN WHITE PART A/MAI FOR FY21

October 28, 2021



Nassau/Suffolk HIV Health Services Planning Council
Report of the FY2020-21 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 PLWH 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 August of 2021, Planning Council members and Part A providers completed separate Administrative Mechanism surveys. The survey questions were reviewed and updated by the CQM committee in June 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 distribution of funds in FY20-21, contract monitoring, and knowledge of the PSRA process. In order to get a better sense of the providers responding to the survey, a question was added about the Ryan White Part A/MAI role the respondent has at the agency. Breakdown is as follows, *Program* (47.06%); *Admin* (25.76%), and *Fiscal* (11.765). There were no responses for *data* or *other.*

The survey evaluates the effectiveness of planning and distribution of funds for the previous year. There were thirty-five respondents including 22 Planning Council members and 13 Part A provider agencies. All but one provider completed the survey. The number of respondents was the same as the previous year. The responses is worthy of note due to the difficult and unusual times in which

we are living. Case in point, the following language was added to the description and purpose of the Administrative Mechanism Survey, *In FY 20-21, the Planning Council had to adjust the manner in which meetings and the PSRA process were conducted in response to the COVID-19 pandemic and subsequent shutdowns. As a result, all meetings were moved to a virtual platform. Please complete the following questions with these limitations in mind and the Council's ability to perform these expected tasks.*

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

Priority Setting and Reallocation Process (Planning Council and Provider Responses)

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, other information including utilization data and a review of other funding sources in order to make funding recommendations. Providers of Ryan White Part A/MAI funding are encouraged to participate in the PSRA process, 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. There were no RFPs issued for FY20-21.

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, the same as was reported in the previous year. An overwhelming majority (90.91%) of Council members indicated that they participated in the 2020 PSRA process through participation at the various Council and committee meetings, which is comparable to results of the previous Administrative Mechanism survey. When asked if they believed that the PSRA process was data driven, 100% of Council members responded yes with 36.36% strongly agreeing, while 86.67% of providers agreed that it is a data-driven process (with 46.67% strongly agreeing),which was a significant increase from the previous survey. The percentage of providers who replied that they did not know if the process is data driven dropped significantly to 13.33%. While agencies may not be directly involved, many are aware of the process. Previous survey results indicated a need to continue to engage funded providers in the PSRA process; those efforts appear to have resulted in the lower percentage.

Questions concerning adequate consumer, public, and provider input regarding the PSRA process revealed that 90.91% of Planning Council agree that the PSRA process was publicized through committee meetings, email distributions, and the grant e-mailings, 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. The percentages of Planning Council members and providers closely mirrored each other for consumer input (86.36%, 86.67% respectively). Unlike last year, some respondents from both groups disagreed about the level of input, citing the impact of COVID. One comment stated that Zoom stilts the involvement of consumers and providers because it does not provide a venue for healthy discourse and the exchange of ideas and limits parliamentary practices.

Special Population-

With regards to the special populations that the Planning Council had identified and listed in the survey, including Newly Diagnosed which was added this year: African-American, Hispanic, Women of Color, MSM, IDU, Age 45+, those Out of Care, and Newly Diagnosed, respondents when asked if the *needs of these groups had been considered in the planning process***,** the majority responded "yes, needs were considered".

Comparing the percentages with the previous year, there was a significant increase (6.5%) from Planning Council member responses regarding whether the needs of African-Americans and those Age 45+, were being met. There was a small decrease of under 2.5% in the other special populations of Women of Color and MSM, with a decrease of 7% for the Trans and Hispanic, and an 8% decrease for those Out of Care (OOC) when asked of needs were considered. The IDU percentage was about the same as in the previous survey. There were no comparative responses for Newly Diagnosed as it is a new category. The unsure percentages decreased 2% for Transgender/non-binary. Unsure percentages also decreased with a range of 4%-6.56%, for all specials populations except for Hispanic which showed an increase of 7%; OOC at 8%. Women of Color had a 1.5% decrease in unsure responses as to whether needs were considered. Also, 4.55% responded that the needs of MSM and IDU were not considered; 9.09 % responded that the needs of Transgender/non-binary were not considered. One comment stated that there should be more outreach to Hispanic/Latinx community. There were no other definitive comments regarding special populations.

Although the vast majority of providers agreed that the needs of special populations were considered in the planning process, when compared to Planning Council members, there were some differences. Most of the percentages decreased. Most notable were IDU, with substantial decreases of 15.94% and 28.57% for Age 45+. This is in stark contrast to the Planning Council survey results of .5% decrease in IDU and a 6.56% increase in 45+. MSM and Out of Care remained at 92.86% and 85.71%respectively, WOC and Hispanic both increased by .47%

Breakdown is as follows:

Special Population	**Planning Council**	**Providers**
African Americans	95.45% (yes); 4.55% (unsure)	86.67%(yes);13.33%(unsure)
Hispanic	81.82% (yes); 18.18% (unsure)	93.33%(yes); 6.67%(unsure)
MSM	86.36% (yes); 9.09%(unsure);4.55% (no)	92.86%(yes); 7.14%(unsure)
Women of Color	81.82% (yes); 18.18% (unsure)	93.33%(yes); 6.67%(unsure)
Out of Care	86.36% (yes); 13.64% (unsure)	85.71% (yes): 14.29% (unsure)
IDU	77.27% (yes); 18.18%(unsure); 4.55%(no)	76.92%(yes); 15.38%(unsure): 7.69% (no)
45+	88.89% (yes); 4.55% (unsure)	92.86%(yes);7.14%(unsure)

Transgender/non-binary	95.45% (yes); 9.09% (unsure); 9.09% (no)	92.86% (yes); 7.14% (unsure)
Newly Diagnosed	86.36% (yes); 13.54% (unsure)	85.71%(yes); 14.29% (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 (68.18%), 22.72% of individuals have been members for 1-2 years, 9.09% have been Planning Council members for 6 months-1 year, none of the respondents were members for less than six months.

Attendance at Planning Council meetings markedly improved. All members responded that they attended 4-6 meetings yearly, which is up from the previous results of 90.48%, Since meetings are bi-monthly, only one meeting was missed, if at all. Respondents were also asked if they actively participate in any Planning Council committees. Active participation is defined as attending committee meetings 3x a year. Following CDC guidelines regarding COVID-19, meetings were held virtually.

A breakout of committee attendance on table 1.1 shows the percentage reported by Planning Council members and the change in percentages from the previous year. As the table shows, there were slight fluctuations which may be attributed to the impact of the pandemic and members getting acclimated to new technology and virtual settings. However, the SAP committee which is responsible for establishing and reviewing statistical data to develop estimates of the HIV/AIDS population and their service needs in order to set priorities and approve funding amounts for the region, showed a significant increase in attendance and participation. This table illustrates the commitment and dedication of committee members.

Planning Council Committee Attendance in FY20-21

Committee	% reported attendance by Planning Council Members	% change
Strategic Assessment & Planning Committee (SAP)	**76.19%**	**+ 6.19%**
Clinical Quality Assurance (CQM)	**40%**	**- 5%**
Consumer Involvement Subcommittee (CIC)	**38.89%**	**-2.59%**
Executive Committee	**44.44%**	**Same %**
Finance Subcommittee	**36.84%**	**-7.6%**

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.

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: Visual thumbnails or a description of the documents that are hyperlinked on each page; some representation of the work/programming that

the Part-A funded orgs create/offer/operate (program descriptions, imagery, etc.). More stories on Planning Council members and perhaps some from UW staff as well was also suggested.
The percentage of Planning Council respondents who receive the HIV/AIDS Grants Management emailing, remained constant at 86%

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 an increase of more than 27% from the previous year.

The majority of Council members (68.18%) reported attending the annual orientation meeting in January 8, 2020. This meeting enables new members to learn and under their roles and responsibilities and serves as a refresher for current members. When asked if the Planning Council was reflective of the epidemic, 90.91% agreed (an increase of 1.91%), no one disagreed, and 9.09% did not know.
At an increase of 1.45%, 95.45% 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, topics included, social determinants of health, healthy living, cultural competency, limitations of RW funding, how agencies transitioned to online services and how to train clients on the use of electronics with new technology. Specifically mentioned were the current situation of immigration status of undocumented clients, limitations on RW funding, and the impact of COVID variant on all community levels. One respondent asked about the possibility of any trainings with CASAC hours certified.

A list of the Planning Council trainings/presentations was provided and members were asked to check all that that they attended. The range was from 55%-85%. The Update in Ryan White Service Delivery During COVID and Report on PSRA Process and Results for FY21-22 had the highest attendance at 85%. At 70% were the Annual Member Orientation, Update of COVID Resources and Funded Agencies and Administrative Mechanism Report. The meeting presenting NYS Peer Worker Certification Program and 2020 RW Virtual Conference Recap was attended by 55%

Ryan White Part A/MAI Provider Administrative Mechanism Survey Responses

The Administrative Mechanism Survey for Providers was divided into three sections; PSRA, Distribution of Funds, and Contract Monitoring. PSRA responses are discussed at the end of this report. A table of Part A 2020 funded services is below:

Responses by priority are as follows:

Priority Area	%
Medical Case Management (MCM)	52.94%
Mental Health Services (MH)	23.53%
Early Intervention Services (EIS)	17.65%
Oral Health Care (OHC)	11.76%
Emergency Financial Assistance (EFA)	35.29%

Outpatient Ambulatory Health Services (OAHS)	11.76%
Medical Transportation (MT)	11.76%
Medical Nutrition Therapy (MNT)	11.76%
Other Professional Services- OSP, Legal Services	11.76%
AIDS Drug Assistance Program (ADAP)	0%

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. The majority of providers agreed that United Way of Long Island (UWLI) provides a clear scope of service for each contract. (50% agreed; 42% strongly agree; 7.14% neutral).

Changes were implemented to make the contract process easier, 85.71% of providers agreed that the changes made it easier for the agency to get contracted, 14.29% did not. The percentages were the same when asked if, Once contracted, vouchers were paid in a timely manner, (an increase of 6.71%). Of those who responded no (14.29%), the percentage is less than the 21% previously reported. Half of the providers responded that the average time for UWLI to reimburse an agency once a complete contract had been submitted was over 30 days, which is a decrease of 11.54%; 35.71% responded the turnaround time as 16-30 days, the previous survey had 0.0% responses to that time range, while the remaining 14.29% reported 7-15 days, a decrease from the 38.16% reported on the previous survey.

Correspondingly, when asked if these changes simplified the vouchering process, the vast majority (78.57%) responded yes. Some providers responded that the implemented changes which simplified the process, including processing vouchers online, and an EXCEL voucher template, were helpful during this challenging time. Suggestions to improve the process included direct deposits, more frequent or expedient budget modification processes as in the instance of staff vacancies and a quicker process to verify documentation submitted with the voucher claim. One provider commented that overall, the process is good and efficient. Another provider commented that they didn't have any special suggestions or criticisms, UWLI is one of our faster and more transparent funding sources.

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 are monitored through program, fiscal, and quality management reviews and technical assistance, technical assistance (TA) is offered on a continuous basis. All agencies were monitored virtually for the 20-21 contract year. All providers reported receiving a comprehensive site visit, 33.33% reported receiving a Clinical Quality Monitoring visit All providers agreed that written instructions were provided to advise providers what documentation will need to be available at site visits.

All providers agreed that the feedback provided at or after the site visit was helpful, (26.33% agreed and 73.33% strongly agreed). Of those respondents who needed technical assistance

following the 2020-21 site visit, when asked how timely was the response 40% replied Excellent; 13.33% replied (19.33% increase Good and 21% replied not applicable. Average and Poor were also choices, but with no responses. All providers responded that contract administrators and fiscal staff were accessible. Contract administrators were reported as accessible at 86.67% (-6.19%) for very accessible and 13.43 % (+6.02%) for somewhat accessible. Similarly, the accessibility of fiscal staff was also highly rated at 93.33% (+7.62%) for very accessible and 6.67 % (-7.62%) 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	50%	-25%
Quality	57.14%	-9.53%
Budget/Workplan development	50%	+8.33%
Vouchering	35.71%	-.65%
Staff Orientation*	21.43%	+13.10%

*Staff orientation which was a new category last year, showed significant increase.

All providers agree that the Technical Assistance received in 2020-21 throughout the year was helpful (35.71% agree; 64.29% strongly agree)

Conclusions

The results of the 2020 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. It is especially noteworthy considering the impact of the pandemic, as flexibility and problem solving often came into play.

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. The TSA also oversees the monitoring of programs and outcomes. All agencies were visited or monitored in the 2020-2021 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. While the number of respondents indicated that the average time for UWLI to reimburse an agency once a complete contract had been submitted was over 30 days, improved at 50%, a decrease of 11.54%; the number who responded that the turnaround time as 16-30 days increased by 35.71%.

In the previous survey, only over 30 days and 7-15 days were chosen answers, no-one responded to the 16-30 day timeframe. The remaining 14.29% reported 7-15 days, a decrease from the 38.16% reported on the previous survey. Acknowledging steady progress towards reducing the length of time for voucher process as evidenced by the 85.71 % of providers who responded that vouchers were paid in a timely manner, a significant increase of 10.1%, there is room for improvement. Some suggestions made by providers to improve the process were direct deposits, more frequent or expedient budget modification processes as in the instance of staff vacancies and a quicker process to verify documentation submitted with the voucher claim. Continued clear communication to ensure that providers have a clear understanding about the vouchering process, including required correct documentation reviewed for any errors and the importance of submitting vouchers on time, is vital to improving process of payments and timely closeout of the grant.

The virtual monitoring process has proven to be challenging. While in person site visits were preferable and viewed as easier by some providers, it is not possible given the current health crisis. Mid-year or quarterly check-ins and meetings between contract administrators and providers besides the site visits were viewed as helpful.

While FY 21-22 may present some challenges because of COVID-19, it is anticipated that with clear communication and working together, the process will continue to improve in FY22-23.