COLLABORATIVE RESEARCH

Phoenix Eligible Metropolitan Area (EMA)

2015 Assessment of the Administrative Mechanism Results

Phoenix EMA Ryan White Planning Council Executive Committee

What is the Assessment of the Administrative Mechanism?

- 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.
- Provide a narrative that describes the results of the Planning Council's assessment of the administrative mechanism in terms of:
  1. Assessment of grantee activities to ensure timely allocation/contracting of funds and payments to contractors; and
  2. 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

- Part A funds were expended in a timely manner (net 45)*
- Part A contracts with service providers were signed in a timely manner
- During FY 2015, the EMA had less than 5% carryover in Part A funds.
- Part A resources were reallocated in a timely manner to ensure the needs of the community are met.
- Part A Programs funded in FY 2015 matched the service categories and percentages identified during the Council's Priority Setting and Resource Allocation process
- Planning Council Directives were reflected in Part A programs funded in FY 2015

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	18 days	11	21 days
2	17 days	12	3 days
3	20 days	13	20 days
4	27 days	14	30 days
5	7 days	15	18 days
6	7 days	16	9 days
7	13 days	17	7 days
8	8 days	Overall Average	18 days
9	4 days		
10	28 days		

Q2: Part A Sub-recipient Contracts were issued and signed in 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	02/18/15	02/27/15	9	03/16/15	05/28/15	06/09/15	11	06/30/15
Contractor B	02/18/15	02/27/15	9	03/16/15	05/28/15	06/09/15	11	06/30/15
Contractor C			0		07/01/15	08/20/15	49	
Contractor D					09/04/15	11/04/15	60	
Contractor E					09/04/15	11/04/15	60	
Contractor F					09/04/15	11/04/15	60	
Food Bank/Meals	02/18/15	02/26/15	8		05/28/15	06/03/15	5	
Health Education/Risk Reduction					05/28/15	06/10/15	12	
Health Insurance Premium & Cost Sharing Assistsance								
Contractor A	02/18/15	02/26/15	8	03/16/15	05/28/15	06/02/15	4	06/30/15
Contractor B	02/18/15	02/26/15	8	03/16/15	05/28/15	06/02/15	4	06/30/15
Housing	02/18/15	02/26/15	8		05/28/15	06/02/15	4	
Medical Case Management								
Contractor A	02/18/15	02/26/15	8	03/16/15	05/28/15	06/02/15	4	06/30/15
Contractor B	02/18/15	02/26/15	8	03/16/15	05/28/15	06/02/15	4	06/30/15
Contractor C	02/18/15	02/26/15	8	03/16/15		NA		
Contractor D	02/18/15	02/26/15	8	03/16/15	05/28/15	06/02/15	4	06/30/15
Contractor E	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
Medical Nutrition	02/18/15	02/26/15	8		05/28/15	06/02/15	4	06/30/15
Medical Transportation	02/18/15	02/26/15	8		05/28/15	06/03/15	5	06/30/15

NA *= No Change in task order once full award was received*

*******Contractor did not begin services until August although contract was issued in July, task order was held until contractor was ready to begin services.*

********Contractor did not begin services until November although contract was issued in September, task order was held until contractor was ready to begin services*

Q2: Part A Sub-recipient Contracts were issued and signed in 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
Mental Health								
§ Contractor A	02/18/15	02/26/15	8	03/16/15		NA		
§ Contractor B	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor C	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
Non-Medical Case Management								
§ Contractor A	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor B	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor C	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor D	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor E	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
Oral Health								
§ Contractor A	02/18/15	02/26/15	8	03/16/15		NA		
§ Contractor B	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor C	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
Outpatient Ambulatory								
§ Contractor A	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor B	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor C	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
Psychosocial								
§ Contractor A	02/18/15	02/27/15	9	03/16/15	05/28/15	06/03/15	5	06/30/15
§ Contractor B	02/18/15	03/13/15	25		05/28/15	06/03/15	5	06/30/15
Substance Abuse								
§ Contractor A	02/18/15	02/26/15	8	03/16/15		NA		
§ Contractor B	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15
Treatment Adherence	02/18/15	02/26/15	8	03/16/15	05/28/15	06/03/15	5	06/30/15

NA *= No Change in task order once full award was received*

Q3: During FY 2015, the EMA had less than 5% carryover in Part A funds.

	Direct Services	AA/QM/PC	Total
Part A Initial Grant Award	6,965,934.00	1,263,444.00	8,229,378.00
MAI Initial Grant Award	493,584.00		493,584.00
Part A Carryover	546,036		546,036
Total Award	8,005,554	1,263,444.00	9,268,998.00
Direct Expenditures	7,592,675.00		7,592,675.00
Admin		821,029.00	821,029.00
QM		354,298.00	354,298.00
Total Expenditures	7,592,675.00	1,175,327.00	8,768,002.00
Remaining Unobligated Balance	$412,879.00	88,117.00	500,996.00
5% Formula for Carryover to 2016	$278,082.00		278,082.00
Carryover for MAI to 2016	$105,334.00		105,334.00
Return to HRSA	$29,463.00	88,117.00	117,580.00

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

In November, 2015, the Planning Council authorized the AA to reallocate up to $100,000 in December to meet the needs in several service categories that needed additional funds to continue services. The AA completed the following decreases and increases in allocations, based on data provided by the sub-recipients. The list of decreases and increases in Allocations is below—

Decreases	
Service Category	**Amount**
Substance Abuse Services	-$9,000
Early Intervention Services (Part A)	-$20,000
Health Education/Risk Reduction	-$40,000
Treatment Adherence	-$31,000
TOTAL	**-$100,000**

Increases	
Service Category	**Amount**
Medical Nutrition	$28,565
Early Intervention Services (Part A)	$20,000
Health Education/Risk Reduction	$20,000
Treatment Adherence	$10,000
TOTAL	**-$78,565**

All reallocations that were completed in December were core-to-core or support-to-support reallocations. The remaining $21,435 in funding authorized for reallocation is support services funding, and was reallocated as part of rapid reallocations approved by the Planning Council as part of grant year closeout

Q5: Part A Programs funded in FY 2015 matched the service categories and percentages identified during the Council's Priority Setting and Resource Allocation process

Service Category	PSRA Allocation 6/11/2015	Carryover 10/28/1015	Total Allocated	Other Reallocations	Final Allocations	Total Expended	Over/Under PSRA Allocation	%
01 - Outpatient Primary Medical	$1,252,000.00	$234,860.00	$1,486,860.00	-$44,814.32	$1,442,045.68	$1,335,787.00	-$83,787.00	-6.69%
02 - Medical Case Management	$1,405,827.00	$0.00	$1,516,738.00	$101,974.82	$1,618,712.82	$1,481,895.00	-$76,068.00	-5.41%
05 - Oral Health	$1,926,000.00	$27,611.00	$1,953,611.00	$202,220.27	$2,155,831.27	$2,154,756.00	-$228,756.00	-11.88%
06 - Early Intervention	$337,230.00	$182,686.00	$539,700.00	-$105,279.09	$434,420.91	$347,485.00	-$10,255.00	-3.04%
07 - Mental Health	$137,000.00	$0.00	$137,462.00	-$12,156.79	$125,305.21	$115,900.00	$21,100.00	15.40%
08 - Health Insurance/Cost Sharing	$240,000.00	$0.00	$253,338.00	$52,744.73	$306,082.73	$302,745.00	-$62,745.00	-26.14%
09 - Substance Abuse	$22,000.00	$0.00	$22,000.00	-$9,000.00	$13,000.00	$5,813.00	$16,187.00	73.58%
10 - Medical Nutrition	$350,000.00	$86,435.00	$436,435.00	$28,565.00	$465,000.00	$433,278.00	-$83,278.00	-23.79%
11 - Non Medical Case Management	$1,002,640.00	$0.00	$980,640.00	-$78,198.18	$902,441.82	$907,572.00	$95,068.00	9.48%
12 - Medical Transportation	$200,000.00	$0.00	$200,000.00	$20,000.00	$220,000.00	$211,020.00	-$11,020.00	-5.51%
13 - Psychosocial	$72,280.00	$0.00	$72,280.00	$0.00	$72,280.00	$43,725.00	$28,555.00	39.51%
14 - Food Bank	$105,600.00	$4,000.00	$132,046.00	$23,830.00	$155,876.00	$133,430.00	-$27,830.00	-26.35%
15 - Housing	$60,000.00	$0.00	$60,000.00	$6,480.28	$66,480.28	$66,480.00	-$6,480.00	-10.80%
16 - Treatment Adherence	$72,000.00	$0.00	$72,000.00	-$46,483.48	$25,516.52	$25,517.00	$46,483.00	64.56%
17 - Health Education/RR	$87,000.00	$10,444.00	$97,444.00	-$70,172.38	$27,271.62	$27,272.00	$59,728.00	68.65%
Total	$7,269,577.00	$546,036.00	$7,960,554.00	$69,710.86	$8,030,264.86	$7,592,675.00	-$323,098.00	-4.44%

Q6: Planning Council Directives were reflected in Part A programs funded in FY 2015

- **DIRECTIVE 05.15.15**

  The Planning Council approved Dental co-pays to be reimbursed as part of the EMA's Health Insurance Premium and Cost Sharing Program (HIPSCA). This approval would be retroactive to March 1, 2015. It is not anticipated that this addition to the HIPSCA program will require any increase in allocations to the HIPSCA line item in 2015. (***Directive implemented, no documentation necessary***)

- **DIRECTIVE 06.15.15**

  The Planning Council approved the Final 2015 Allocations (***see attached Proposed Allocations for 2015 Final Grant Award excel document***)

- **DIRECTIVE 07.14.15**

  The Planning Council approved the final 2015 Allocations including a decrease to EIS and an increase to NMCM and a change in the carryover amount. Please see the attached chart. (***see attached Final Allocations by Service excel document***)

  The Council confirmed by vote that the FPL for Bus Passes is 200%, and this approval is retrospective to March 1, 2015. (***Directive implemented, no documentation necessary***)

  The Council will form a workgroup to review the issues outlined by the Administrative Agent in the Outreach Services Update. (**The Planning Council determined that no funds would be allocated to Outreach Services in 2016 during the July 2015 PSRA. Workgroup was not needed following that decision)**

Q6: Planning Council Directives were reflected in Part A programs funded in FY 2015

- **DIRECTIVE 11.13.15**

  Providing the AA authority to reallocate up to $100,000 to service categories that need additional funds to continue services until the next Planning Council meeting (anticipated to be January 14). Funds would be reallocated from core to core, or support to support categories, in order to maintain the requirement of 75%core/25% support allocations. The AA would bring detailed report of any reallocations to the next Planning Council meeting, along with any additional recommendations for reallocations identified in January, 2016. **(*see attached Ryan White Part A Allocations Report*)**

  The AA is directed to contract with a consultant to conduct a Leadership Academy which will be open for participation by RWPA, RWPB, RWPC, RWPD, HIV Prevention staff and providers, and the RWPA Planning Council, Statewide Advisory Group and RWPD Community Advisory members and alternates. This Leadership Academy is designed to provide leadership development to leaders in our community and strengthen the Arizona Statewide Integrated Planning process. **(See attached Task Order #A-2015-PC-KCA-001 and Scope of Work)**

  The AA is directed to contract with a consultant to review the current Phoenix EMA's RWPA Planning Council Bylaws to provide recommendations to the Planning Council Rules Committee on the following: Clarification of language and any recommended changes in the Bylaws to comply with HRSA Planning Council Bylaws requirements. **(See attached Task Order #A-2015-PC-CR-003 and Scope of Work)**

Q6: Planning Council Directives were reflected in Part A programs funded in FY 2015

- **DIRECTIVE 1.14.16**

  Perform rapid reallocation of funds up to a maximum of 10% of any service category's funds in order to complete year end reconciliation of funding needs. Let's look at the task orders to see if we can identify the final reallocations. **(See attached 2015-2016 Allocation Changes)**

  Approve the Estimated Unobligated Balance and Carryover report. The PC concurred with allocating carryover funds from 2015 Part A carryover to Outpatient Ambulatory Care in the amount of $278,802, and 2015 MAI carryover in the amount of 73,087 to Psychosocial Services. **(*see attached Ryan White Part A Allocations Report*)**

  Change the current deductible amount of $3,000/year should be changed to $4,000/year, effective Jan. 1, 2016. **Completed effective Jan. 1, 2016**

  Direct the AA to submit a request for TA to HRSA to determine if durable medical equipment copays and deductibles could be an allowable expense billed under the Home and Community-Based Health Services. ***(see HRSA TA Request for Home and Community Based Health Care)***

  Approve additional funding to have the data stratified from the Statewide Needs Assessment**. (see attached Task Order #A-2015-PC-CR-004)**

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