

# Newark EMA HIV Health Services Planning Council



ASSESSMENT OF RYAN WHITE PART-A  
ADMINISTRATION IN THE NEWARK  
EMA

PROVIDER SURVEY (2008)

August 2008

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## INTRODUCTION

### PURPOSE

The purpose of Newark EMA Assessment of the Part A Administrative Mechanism - 2008 is to fulfill the federal mandate of the Ryan White Part A program. This mandate was initially set forth in the Ryan White CARE Act, as amended, and has been incorporated into the Ryan White HIV/AIDS Treatment Modernization Act (RWTMA) of 2006. This requirement was summarized in the HRSA/HAB Ryan White CARE Act Title I Manual:

**“Assessment of the Administrative Mechanism and Effectiveness of Services**  
2602(b)(4)(E) requires planning councils to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.”<sup>1</sup>

Planning councils are required to complete the assessment annually. The Newark EMA HIV Health Services Planning Council completed a full assessment in 2005 and provided two annual updates in 2006 and 2007. This document is a full assessment for 2008.

### METHODOLOGY

The assessment was completed by the Planning Council through its Research and Evaluation Committee. The committee reviewed the previous assessment tool used in 2005, updated the questions to reflect the RWTMA and current agency responsibilities, prepared a final draft, and submitted it for review and approval by all Committee and Council members. The assessment tool was designed to be fillable by computer.

The Council advised Part A providers that they would be required to complete the assessment during the summer of 2008. On **Friday August 15, 2008**, the assessment tool was sent to all **44** Part A providers by electronic mail. It was to be completed anonymously and returned by e-mail, fax or hard copy **by August 22, 2008**. As in all prior years, anonymity of responses was ensured by the following language on the survey. This enabled candid responses without concern about the effect on the agency’s Ryan White funding.

**“Note: This survey is anonymous!** No completed survey can be linked to the person who filled it out. Completed surveys will be collected and analyzed by Planning Council staff. Completed surveys will be the property of the Planning Council and shredded within six months after responses are analyzed. All reports and findings will be based on aggregate data. The findings will be presented not only to the Planning Council but also the City of Newark and HRSA (Health Resources Services Administration, the branch of the federal government that allocates and monitors Ryan White Part-A funds across the United States). More importantly, your responses will be used to improve the administration of Ryan White Part-A funds locally. Thank you for taking the time to complete this questionnaire. Your assistance and honesty is appreciated.”

As of August 30, 2008 results were received from 26 providers for a return rate of 62% of Part A providers or 58% of 45 contracted agencies.<sup>2</sup> Results were tabulated and are shown below. The Council reviewed the results and has made recommendations to the grantee.

<sup>1</sup> Health Resources and Services Administration. HIV/AIDS Bureau. Ryan White CARE Act Title I Manual. Section VI: Planning Council Operations. Chapter 1: Planning Council Duties. P.4. 2003.

<sup>2</sup> For FY 2008 a total of 42 Ryan White providers are on a Provider List used for mailing, but there are actually contracts with 45 agencies for provision of Ryan White services.

## PROVIDER SURVEY (2008)

### FINDINGS

The findings are presented by survey topic and by the questions within that topic.

#### WITH WHICH AGENCY IS YOUR CONTRACT?

**1. With which agency (or agencies) is your Ryan White Part-A contract?**

Of the 26 respondents, 23 had contracts with the City of Newark (88%) and three had contracts with Union County (12%). No agency had contracts with both Newark and Union County. By county/region, the response rate was 74% of the 31 agencies who contracted with Newark and 14% of the 14 agencies who contracted with Union County.

#### RFP PROCESS AND SELECTION OF PROVIDERS

**2. How did your agency learn that the Ryan White Part-A Request for Proposals (RFP) was available?**

Nearly 1/3 of providers received notice of the FY 2008 RFP by legal notice published in the *Star Ledger* newspaper. Another 20% were notified by their Ryan White Monitor, and 15% found out by word of mouth (both methods were subsequently confirmed by the legal notices). The remaining providers learned by e-mail, Planning Council, and telephone or postal mail. One provider commented that “there has to be a better way.”

**Table 1: How Agency Learned that Ryan White RFP was Available**

Method	# Providers	% Dist.
Newspaper (Legal Notice)	8	31%
Notified by monitor	5	19%
Word of mouth (another Ryan White provider)	4	15%
E-mail	3	12%
Planning Council	3	12%
Phoned Ryan White Unit	1	4%
Mail (postal)	1	4%
Blank	1	4%
<b>Total</b>	<b>26</b>	<b>100%</b>

**3. Clarity of application document. Did the RFP ...**

**3.1 Clearly describe application requirements?** 92% (24) said yes and 8% (2) said no.

**3.2 Clearly describe eligibility requirements?** 88% (23) said yes, 8% (2) said no and 4% (1) left the question blank.

**3.3 Describe the purpose and objectives of the entire Part-A program?** 88% (23) said yes, 8% (2) said no and 4% (1) left the question blank.

**3.4 Describe the criteria and procedures for reviewing proposals?** 69% (18) said yes, 27% (7) said no, and 4% (1) left the question blank.

**What comments do you have on this year's RFP document (e.g., strengths and weaknesses, particularly in comparison to previous years' documents or other organizations' RFPs) and RFP process?**

Nearly half (42% or 11) did not provide comments. One provider (4%) said "Not applicable" and another comment (4%) was neutral, "It seems that the documents are very similar from year to year, just the dates change." Comments from eight (31%) providers were positive.

"The RFP process was self-explanatory and there was little difficulty in understanding what was requested."

"Good."

"Provided ample time to prepare application."

"The RFP document was helpful and clear."

"I think the RFP is very clear and straightforward. "

"08-09 was better than 07-08" (two providers)

"In general, I believe that the RFP Process by the Newark EMA is done very well. "

Comments from the five (19%) remaining providers were negative.

"The process is made more complicated than it really is. The instructions are never clear, the formulas, etc. Only a seasoned professional that has worked with the process can decipher the process. A new entity/agency will suffer if they don't have the resources/expertise/funds to hire such a person."

"Compared to other organizations RFP is lengthy and redundant in some areas."

"Aspects of the RFP are vague, specifically those for medication priority (and how Newark treats this different). Eligibility for core provider status seems capricious. Even if your ability to provide all needed services is well established, there is no guarantee of funding, and no feedback why funding was not awarded. This information should be transparent to all providers."

"Last year was a nightmare. We had to submit signature pages at least 3 times. Newark lost documents and we had to re-submit and get new seals. It was a tedious process."

"Some of the questions within the RFP are repetitive. Additionally, some of the documents requested for the RFP are also needed for the final contract negotiations."

**4. How would you rate the Technical Assistance meeting (November 28, 2007) in clarifying proposal requirements and any other questions you had about the RFP or your proposal?**

Most providers rated the TA session good (58%) or average (15%). 23% rated it as fair or poor.

**Table 2: Rating of RFP Technical Assistance Session**

Rating of TA Session	# Providers	% Distn
Excellent	0	0%
Good	15	58%
Average	4	15%
Fair	5	19%
Poor	1	4%
Blank	1	4%
Total	26	100%

**Comments on the RFP Technical Assistance session.**

Over half (61% or 16) did not provide comments. Comments from two providers (8%) were positive.

“The Newark area Ryan White unit staff and fiscal are helpful and open to questions.”

“Relevant information was addressed and questions answered.”

Comments from four providers (12%) were partly positive and partly negative or were neutral.

“The Technical Assistance (TA) meeting was comprehensive and provided appropriate information needed to complete the RFP. However, it was not beneficial to present TA on the contract process. This topic should have been presented closer to the beginning of the contract period.”

“Although it seems clear at the meeting, when the time comes to submit the documents, Newark seems to change the requirement or the necessary documents.”

“As very little changes from year to year, I find this TA meeting more of a formality than a help. It is probably good for new applicants.”

“Not applicable. I personally did not attend. However, another representative from the agency attended.”

Comments from four providers (15%) were negative.

“The legal explanation is absolutely bogus. The individual completely makes this process that much more difficult with all the legal jargon, particularly regarding the certificate of insurance.”

“The meeting was too long and much of it was spent on completion of contract documents. The portion on review of the RFP then seemed rushed. It would have been helpful if a separate section/meeting could have been held for review of completion of contract documents for those agencies that needed it.”

“Last year there was a large emphasis on the legal documents. They were submitted as requested then the entire legal team was changed and the requirements changed (after the submission of the RFP...during the grant funding period).”

“Big confusion as to what instruction applied to Union County grantees.”

**5. Last year the RFP was available starting on November 21, 2007 and the proposals were due on December 20, 2007. Was one month enough time to prepare and submit your proposal?**

More than half (15 or 58%) said that one month was not enough time to prepare and to the application,

and the remaining (11 or 42%) said that it was sufficient time.

**Suggestions/comments on the length of time to complete RFP.** Nearly all providers (22 or 85%) gave comments on the length of time to complete the RFP.

Four providers (15%) felt that one month was sufficient, but added caveats.

“A month is very adequate - but not less.”

“Please avoid due dates in early January. It's very inconvenient to have to do this over the holidays. The above dates are optimal.”

“A month is enough time to get most of the information together. However, getting the letters of agreement sometimes takes longer.”

“It comes right smack dab in the midst of the Thanksgiving Holiday. It also overlaps with the HOPWA grant.”

Three providers (12%) just gave comments on the timeline.

“This short time frame is especially difficult due to the holidays.”

“It's a push, especially over the holidays.”

“Obtaining letters of support is the RFP component that at least controllable. Our agency is able to meet the deadlines, but I could imagine it might be difficult for other organizations.”

Two providers (8%) just said the timeline was too short.

“More time to prepare.”

“Need more time for each year the RFP requires much more information and data.”

Two providers (8%) reported problems related to large organizations and internal approval processes.

“It would be beneficial to have five weeks for completion. Our organization has an extensive approval process before a proposal can be submitted. Often, this internal process takes up to two weeks allowing only ten business days to complete a proposal.”

“For the larger organizations, one month is not enough time due to policy and procedures within the organization. For example, legal management and the CEO must have enough time to review and make suggestions for corrections within the organization before it is presented.”

Five providers (19%) recommended one and one half months or six weeks. As one provider put it, “A period of six weeks will be more reasonable to put all the proposal package together.”

Three providers recommended longer periods – two (8%) suggested two months and one (4%) recommended 90 days.

Three providers (12%) offered general comments.

“The RFP application should be available earlier. Program Monitor should begin working with agency providers individually early in the year to prepare and develop RFP packets.”

“As it takes so long to award the grants, maybe the whole process should start earlier in the year.”

“However, the continuous signing of the signature pages was uncalled for.”

**6. Were the RFP page limitations appropriate?**

Nearly all providers (23 or 88%) said that the RFP page limitations were appropriate. One provider (4%) said they were not and two (8%) left the question blank.

**Comments on RFP page limitations.** Most providers (23 or 88%) provided no comments. However, three (12%) gave specific recommendations.

“There are no clear guidelines on the amount of pages and font, paper type that is should be used. I believe that in today’s eco-environment consciousness, we should consider electronic submission or at least, that most of the document be printed on double-side and on recycled paper (the feds do it).”

“I would not request documents requested on prior applications.”

“The section containing the purpose/goal/objectives of the project were too short. Thus, not allowing for appropriate elaboration that is needed for grant funding consideration.”

**7. Was your agency provided with feedback on reasons for selection/non-selection or the amount of funding awarded?**

Half (13) of the providers said they did receive feedback on the reasons for selection/non-selection and or the amount of funding awarded, and the remaining half (13) said they said they did not receive feedback.

**Comments on feedback regarding selection and grant award.** Eighteen (69%) of providers did not comment. Eight (31%) offered the following comments about receiving feedback versus no feedback.

“Program Monitor gave adequate feedback of strengths, weaknesses, needed areas of Ryan White Program improvements. She also gave reasons for funding cuts and gave recommendations that would help position us to advocate for future funding.”

“The answer is more "somewhat". Our program monitor discussed our award allocation with us but without much details about how our application was rated. It would be helpful to receive grant scores and summary of scores similar to what is done for federal grant applications.”

“At the meeting with the Site Monitor, these reasons were explained.”

“This was the first time we received feedback.”

“Upon inquiring about not receiving funding for certain initiatives we were notified the reasons. Written feedback listing the strengths and weaknesses of the proposal would be beneficial to the organizations.”

“We did not find out about the reduction of funding until after the grant period (one month into the grant period). The reason was based on information from the last grant which was not shared until after the last grant had ended.”

“An explanation regarding what was not funded would be helpful.”

“I think feedback is essential to assure all providers of the fairness of the process. Current approach is not transparent at all.”

**PLACEMENT OF CONTRACTS**

**8. For the current fiscal year, (which started on March 1, 2008) when were you notified that you would be receiving Ryan White Part-A funding?**

Sixteen agencies (62%) provided the dates that they were notified. Seven (27%) provided an estimate of the date of the notification and three (12%) left the question blank.

**Table 3: Notification Date for Ryan White Part A Funding**

# Providers	Percent*	Date/Response
1	4%	2/22/2008
1	4%	3/4/2008
9	35%	3/6/2008
1	4%	3/11/2008
1	4%	3/12/2008
2	8%	3/16/2008
1	4%	4/3/2008
1	4%	About a week after the fiscal year began--late as usual.
1	4%	Pretty late...not until the contract started.
1	4%	At least 3-4 weeks after the grant period begun
1	4%	We believe that it was close to 30 days
1	4%	I believe it was April/May
1	4%	I received a copy of the final notification of the RW contract in the month of July, however this document was dated June 20th, 2008
1	4%	Don't remember
3	12%	Blank
<b>26</b>	<b>100%</b>	<b>Total</b>

\* May not add due to rounding

**How were you notified?**

Most providers (23 or 88%) were notified by Award Letter. Three providers (12%) had difficulties. An Award Letter was mailed to one provider, who never received it. Another said notification came through the Project Officer. A third said, "I kept calling."

**Comments on notification of award.** Most providers (22 or 85%) had no comments. However, four (15%) provided detailed remarks.

"Award was revised, subsequent award letter was received 04/15/2008."

"It's amazing to me that these cannot be awarded in time for planning council purposes. Ludicrous to get an award that permits a new program to get started, but unable to lay the groundwork on a timely basis because the award comes after the fact."

"Letter is dated a certain day and we don't receive it until several weeks later, to then find out we only have 2-3 days to return with some documents."

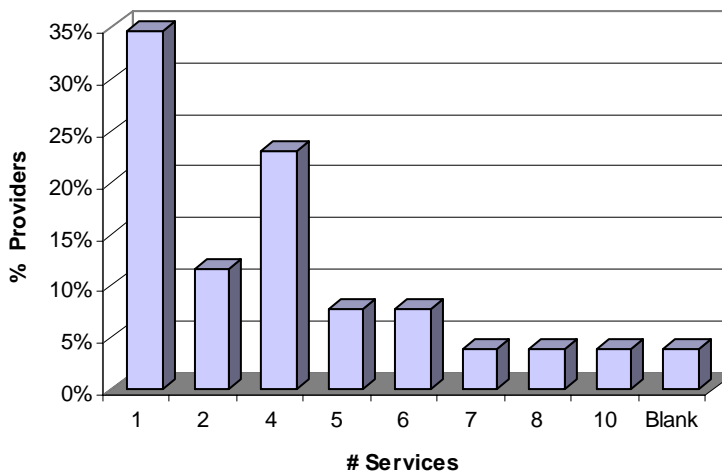
"Traditionally, Ryan White does not let you know prior to the beginning of the grant period March 1, 2008,"

9. How many service categories were you funded for in FY 2008?

The range of service categories funded is shown in the table and chart below.

Table 4: Number of Service Categories funded by Number of Providers in FY 2008

# Svcs	# Provs
1	9
2	3
4	6
5	2
6	2
7	1
8	1
10	1
Blank	1
<b>Total</b>	<b>26</b>



10. On approximately what date did you receive a fully executed contract from the City of Newark (or Union County) for the Ryan White Part-A services that your agency provides?

Most providers (24 or 92%) have received a fully executed contract. The dates and cumulative percentages are shown below. Two providers have not yet received fully executed contracts.

Table 5: Dates Fully Executed FY 2008 Contracts Were Received

# Providers	Percent*	Cumul. %	Date Received/Comments
1	4%	4%	4/29/2008
1	4%	8%	4/30/2008
1	4%	12%	5/6/2008
1	4%	15%	6/30/2008
2	8%	23%	7/7/2008
2	8%	31%	7/8/2008
3	12%	42%	7/10/2008
4	15%	58%	7/14/2008
1	4%	62%	7/17/2008
1	4%	65%	7/23/2008
1	4%	69%	7/30/2008
4	15%	85%	7/31/2008
1	4%	88%	8/8/2008
1	4%	92%	8/14/2008
1	4%		Still have not received as of August 14, 2008
1	4%		Not yet in receipt of hard copy
<b>26</b>	<b>100%</b>		<b>Total</b>

\* Total may not add due to rounding.

**11. Do you have any comments/suggestions on the City of Newark Ryan White Unit's (or Union County's) process of negotiating Ryan White Part-A contracts or any other aspect of the contract or contracting process?**

Fifteen (58%) providers reported that they had comments on the contracting process and the remaining 11 (42%) had no comments.

**Comments on Contracting Process.** Only 13 (50%) of the 15 providers actually submitted written comments, which are shown below. Most focus on unnecessary steps, unforeseen changes in requirements by Newark, and the overall slow process.

"Had to redo documents that were already completed, unnecessary steps."

"The list of requested documents for the contract negotiation changed THREE times, thus adding to the delay of receiving funds."

"Why so many reissuing of forms such as the signature pages? Had to submit them over 3 times."

"City of Newark-Ryan White Unit should be clearer about required legal forms needed to complete the contract process. On several occasions, our organization was asked to re-submit contract forms that were correctly completed. Our legal department became a bit frustrated with what the legal department of City of Newark was requesting. After talking with other agencies, they were subject to a similar process."

"This was another bad year on the execution of the grants by the City of Newark. I had to submit several of the same forms and paperwork on several different occasions due to either the City changing legal counsel's names on forms or "losing" paperwork. E.g., I had to submit a total of 36 signature pages (instead of the required 6)."

"Most of the documents that are required to be submitted never change, therefore, the only requirement that we should submit is the certificate of insurance annually."

"Contracts are a timely process, many documents are submitted each year and do not change like 501(c)(3), articles of incorporation. Use of electronic formats may facilitate the process and decrease redundancies."

"We continued to provide services based on the award letter until the contract arrived. The Newark staff needs training to understand the difference between real concerns and administrative nitpicking."

"Please speed it up!"

"Transparency and timeliness."

"Needs to be streamlined."

"During the negotiation with the City of Newark Ryan White unit should take into consideration the Education clause in the contract and allow the grantees to have a line for education designated for the enhancement of the employees education/certification courses and professional renewal."

"More relevance on quality of service; not just quantitative results."

"Contract negotiations should take place prior to award letters being received."

**12. Last year (FY 2007) was your contract augmented/amended during the year?**

Twelve (46%) of providers reported that their contracts were augmented/amended during FY 2007. Another twelve (46%) did not have contractual changes, and two did not have contracts in FY 2007.

**12.1. If you responded "yes", do you have comments on how this was handled?** Eight of the 12 providers with amended contracts provided comments.

"We are grateful for the Supplemental Funding we received last year to help us meet the needs of residents who have no source of funding."

"Transfer of funding from one category to another."

"We were running out of time over in spending and services and sent a letter requesting additional dollars. The funder got back to us with some additional dollars."

"It actually went very smoothly."

"Interview with Project Officer in person."

"Required repeated contacts with grant manager and others in Newark to remind them of our issues."

"We appreciate the support to our program. However, the amended contract was not received until 1 month before the grant ended."

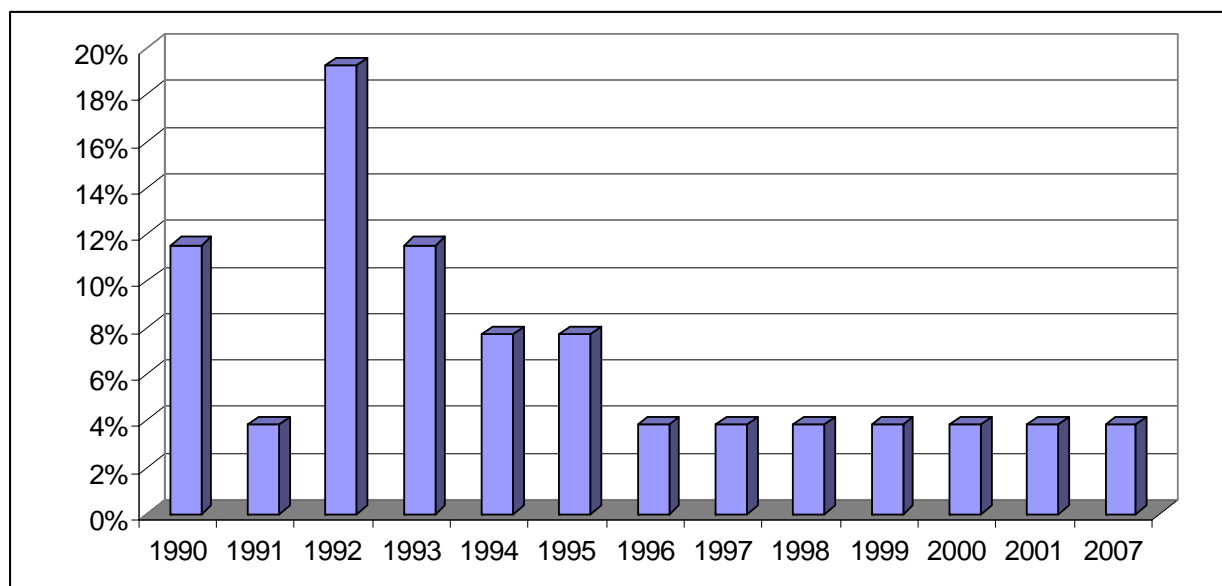
"We were informed that there were supplemental funds from MAI services. However the grant period was from August 2007 through July 2008. We did not even hear about the possibility of obtaining funds until March 2008. By the time the application was finalized it left only a small amount of time to implement the service. Consequently we were only able to spend about 30% of the award."

### **SERVICE PROVIDER REIMBURSEMENT**

**13. In which year did you become a Ryan White Part-A provider?**

Most (23 or 88%) providers gave the year in which they became a Ryan White Part A provider. It is noteworthy that 81% (18) of those agencies have been providing Ryan White services for over 10 years. Yet, new providers are entering the continuum of care. In 2007, there was one new Ryan White provider. Three (12%) left this question blank.

**Figure A: Distribution of Year Agencies Became Part A Providers**



**14. Over the past year, what was the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of reimbursement check?**

All providers answered this question. The question was not applicable for one provider (4%) because they were not funded last year. The remaining providers gave a range of responses. Seven (27%) said reimbursement took one month or less. Four (15%) said it took one to three months, and even longer at the start of the contract year. Nine (35%) said it took three or more months. Four (15%) did not give a timeframe or gave generalities, e.g., "months." Another did not give a timeframe but voiced complaints.

Comments on the length of time between submission of an accurate invoice and receipt of a reimbursement check are as follows.

***Reimbursement within a month.***

"2 weeks."

"3-4 weeks"

"Less than a month" or "About a month." (2 providers)

"30 days" (2 providers)

"It usually takes 3 to 4 weeks after the report is submitted."

***Reimbursement within 1 to 3 months.***

"4 to 6 weeks."

"One and half months."

"Initially it took 6 months while contracts were being formalized and then 2-3 months."

"6 months prior to contract being signed and approximately 1 to 2 months after contract was executed."

***Reimbursement 3 months or longer.***

"An average of three months."

"Three to four months of monthly reports before an invoice is prepared and then another 30-45 days before we receive an actual check."

"3-4 months."

"4-6 months."

"It varied but on average it was between four and six months."

"At least four months for the initial payment after the contract is executed. Once the contract is executed payment was received within 60-75 days of invoice submission."

"The approximate time for a submission of an end-of-month report is always the 15th of the following month. Only one month out the FY07 were we late with a report. However, receipt of reimbursement checks is anywhere from 2 months to 5 months."

"6 to 8 months."

"Submission of invoices each month by the 15th of the following month. No reimbursement received in 2008-2009 until August 12, 2008."

***Reimbursement time not given.***

"Sometime the payment is received quickly other times it can take a few months especially in the beginning of the grant period."

"Months."

"Long time."

"Not sure for accountant deals with that and presently we have a new accountant who is not sure. The check however is a 3-month check."

"The current system is appalling. I am constantly being asked to go down to the Ryan White unit and sign for things. Only this week (August 14, 2008) I was informed that they had lost the original, signed monthly reports for March, April and May (all of which were submitted in a timely manner) and they only had copies. In order to complete the reimbursement process I had to go downtown and re-sign those reports. When I got to the office I had to wait for the reports to be generated again, as they had lost the ones waiting for signature. When they were printed I checked the reports before signing and they were a totally different agency in Union County!! I spent 30 minutes waiting to sign. The next day I received a call to say that they had found the original folder and there were some other papers to sign and could I go down ASAP and sign those. This is totally unacceptable and time consuming. It also leads me to believe that there are gross inefficiencies either within the RW Unit or with the City of Newark."

**15. Have your reimbursement checks been accurate?**

Once the checks were received, however, most were accurate, as reported by 21 providers or 81% of the total. Three providers (11%) said that the checks were not accurate and two (8%) left the question blank. One provider noted, "No problems have been identified to my knowledge. Checks are directly forwarded to the fiscal department."

**Comments on the problems and resolution.** Two providers gave comments.

"Reconciliation of overall units provided (year total) does not happen on a quarterly basis, occurs after the grant period. If more than the contracted units are provided they are not reimbursed, and then when less than contracted units, we receive less than our full contracted amount."

"Errors in formatting of CHAMP unit costs required repeated calls from us to correct so that we would be reimbursed properly."

**CITY OF NEWARK RYAN WHITE UNIT – SITE VISIT AND TECHNICAL ASSISTANCE**

**16. How would you rate the City of Newark Ryan White Unit (or Union County) in responding to questions and requests for information over the past year?**

All providers answered this question. Five (19%) reported that a response was excellent, and 13 (50%) felt that the response was good. Four (15%) felt the response was average, one (4%) said the response was fair, and three (12%) said the response was poor. All Union County providers said that the response was excellent.

**Comments on response.** Six comments were provided, related to the City of Newark Ryan White Unit.

"Our program monitor is very responsive with any programmatic questions. It is often not easy to get fiscal information from the city, particularly when asking questions about when payments will be received."

"Information provided to the planning council is excellent, call back and communication with the program officers and other staff is inconsistent and untimely. Voice mail boxes are full and do not accept messages. E-mails are sometimes not answered."

“The response is usually good, but there has been significant turnover and that has made communication a little difficult at times.”

“Ketlen is always very informative and accessible. It's very difficult to get specific answers from anyone else. We hate to circumvent our monitor. However, emails and calls often end up at a dead end with that approach.”

“Poor, with the exception of our current program monitor who has been very helpful.”

“They are very unorganized. They delay in providing communication. For example, we had a site visit in October 2007, did not receive feedback until February 2008. Lack of involvement by supervisory staff.”

**17. Please rate the timeliness of their responses.**

All providers answered this question, and responses were similar to Question 16. Five (19%) reported that timeliness of responses was excellent, and 13 (50%) felt that timeliness of responses was good. Three (12%) felt the response was average, three (12%) said the response was fair, and two (8%) said the response was poor. All Union County providers said that the timeliness of response was excellent.

**Comments on timeliness of response.** Only five agencies responded. Two referred to comments made in Question 16. Of the comments from the other three, two were positive and one not so good.

“Program Monitor maintains communication with program providers and is always available to provide TA support.”

“So far, so good.”

“Many phone calls un-returned and e-mails not replied to in a timely manner.”

**18. In your experience over the past twelve months, how would you rate the communication between your agency and the Ryan White Unit (or Union County)?**

All providers answered this question, and responses were similar to Questions 16 and 17. Seven (29%) reported that communication was excellent, and 13 (50%) felt that communication was good. The remaining six responses were evenly divided: two (8%) felt the communication was average, two (8%) said it was fair, and two (8%) said it was poor. All Union County providers said that communication was excellent.

**Comments on communication with the RWU.** Eight providers answered this question. Most comments were positive, but there were a few criticisms as well.

“Our program monitor is always available to answer questions. When presented with issues, she will work with us to identify appropriate solutions.”

“Mrs. Alsbrook is always helpful and responsive to our questions and needs.”

“Again, this is an unfair question, since we honestly are satisfied with our program monitor. The rest of the unit????”

“Contact with our monitor has increased in frequency over the past year - monthly interaction by the monitor, who has been very good about sharing information/program. The Ryan White unit however, has made a number of redundant requests to submit signature pages (I think 3 times).”

“Our direct communication with our program monitor has been very good. One difficulty is the sudden requests for data/information/reports. Often, a call/email is received in the morning with

that a fact sheet needs to be completed by 3 that afternoon. I understand that the city may get last minute requests for information themselves but it is unfair to agencies to have to respond to, sometimes, complicated questions with little prep time.”

“Constantly asking for the SAME documents and the same questions. The monitor does not seem to guide you through the grant period.”

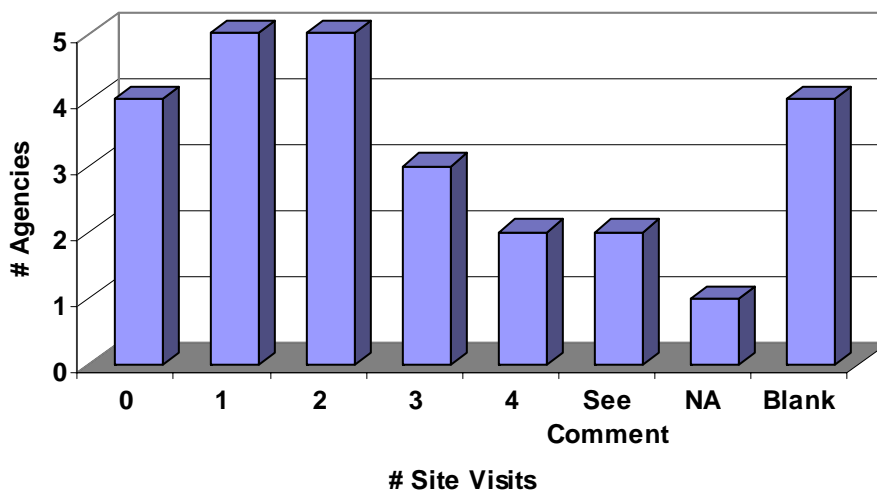
“The staff lack training, experience and knowledge of the providers. They have no history with Ryan White and don't particularly listen to those of us who do and could actually help them.”

**19. How many site visits from the Ryan White Unit (or Union County) for the purposes of monitoring Part-A funds did your agency have in the past 12 months? Note: (Please include all scheduled site visits, unscheduled visits and special technical assistance visits; do NOT include visits from CHAMP staff.)**

Responses were received from 19 providers (73%). The number of site visits ranged from zero to four. Four providers (15%) reported no site visits, five providers (19%) reported one site visit, five providers (19%) reported two site visits, three providers (12%) reported three site visits, and two providers reported four site visits (8%). Two providers (8%) reported comments about site visits but not the actual number that were conducted, and one provider was new this year and did not have any visits in the previous 12 months (“NA” or not applicable). Four providers (15%) left this question blank.

With respect to comments, one agency said that the RWU monitor has not done a total quality assessment. Another said that, “Site visits were scheduled and then cancelled.”

**Figure B: Distribution of Site Visits by Number of Agencies**



**19.1) How many programmatic site visits?**

Nearly all (25 or 96%) answered this question. Three providers (12%) reported receiving no programmatic site visits, eight providers (31%) reported one programmatic site visit, seven (27%) reported two visits, four providers (15%) reported three visits, and two providers (8%) reported receiving four programmatic site visits. One provider (4%) reported they were “still trying to set one up” and another (4%) left this question blank.

**19.2) How many fiscal site visits?**

Most (23 or 88%) providers answered this question. Ten providers (38%) reported that they had received no fiscal site visit in the past year, another ten (38%) reported one visit, and three providers (12%) reported three fiscal site visits. Three providers (12%) left this question blank.

The table below shows the number of programmatic and fiscal site visits by number of providers. It does not equal the distribution of providers in the above figure because some agencies left the first part of Question 19 blank.

**Table 6: Number of Programmatic and Fiscal Site Visits within the Past Year as Reported by Providers**

Programmatic Site Visits			Fiscal Site Visits		
# Visits	# Providers	% Providers	# Visits	# Providers	% Providers
0 Visits	3	12%	0 Visits	10	38%
1 Visit	8	31%	1 Visit	10	38%
2 Visits	7	27%	2 Visits	3	12%
3 Visits	4	15%	3 Visits	0	0%
4 Visits	2	8%	4 Visits	0	0%
Comment	1	4%	Comment	0	0%
Blank	1	4%	Blank	3	12%
<b>Total</b>	<b>26</b>	<b>100%</b>	<b>Total</b>	<b>26</b>	<b>100%</b>

**20. How would you rate the recommendations proposed by the Ryan White Unit (or Union County) monitor(s)?**

All providers answered this question. The majority (18 or 69%) rated the recommendations of the Ryan White monitors either excellent or good. Another four (15%) rated them average, and three (12%) rated the recommendations below average.

**Table 7: Rating of Recommendations Proposed by Ryan White Monitors**

Rating	# Providers	Percent
Excellent	4	15%
Good	14	54%
Average	4	15%
Fair	1	4%
Poor	2	8%
Not Applicable, No Site Visit in Past 12 Mos.	1	4%
<b>Total</b>	<b>26</b>	<b>100%</b>

With respect to comments regarding the monitoring recommendations, five providers (19%) offered the following.

“Our program monitor is thorough and works with our program to identify ways in which the program can provide excellent standard of care.”

“The comments are fair and objective and helpful.”

“Program Monitor’s feedback is always insightful and useful in improving our Ryan White program.”

“They don’t know enough to make recommendations.”

“The current monitor seems not to be very organized or informed.”

**What improvements, if any, should be made to the monitoring process?** Nine providers (35%) gave the following suggestions on improvements that could be made to the monitoring process.

“I believe monitors should be given the opportunity to monitor a program when is fully operational, such as ours, since most of our patients/consumers/clients are served in the evenings and weekends and during home visits.”

“Monitors will learn more about services/issues through conversation than by document review.”

“Cut down on Administrative reports, etc, and have Ryan White unit devise ways to compile the aggregated information themselves instead of asking providers to supply the same information on multiple reports.”

“Spend more time with the agency.”

“If a reporting request is made outside the normal monthly program reporting process, it would be helpful to have more lead-time.”

“Accessibility by email with prompt response is essential.”

“No monthly reports, maybe 2-3 months?”

“It would be helpful to limit changes in Project Officers because it takes time for the PO to become familiar with the program and vice versa.”

**22. How would you rate the Ryan White Unit (or Union County) in providing your agency with programmatic and/or fiscal technical assistance (TA) or training over the past twelve months (this may include recommendations from the site visit or a special technical assistance session/training)?**

All 26 providers answered this question. A total of 15 (58%) providers reported receiving programmatic and/or fiscal technical assistance (TA) or training over the past 12 months. Of these, nine providers, 35% of total rated the TA excellent or good, and the remaining six (23%) reported average or fair. The remaining 11 (42%) reported the question not applicable for various reasons. See the table below.

**Table 8: Rating of Technical Assistance Provided by Ryan White program in Past 12 Months**

Rating/Response	# Providers	% Total
Excellent	4	15%
Good	5	19%
Average	4	15%
Fair	2	8%
Not Applicable, TA Not Needed in Past 12 Mos.	7	27%
Not Applicable, Requests for TA Not Met	2	8%
Not Applicable, No TA/Site Visits in Past 12 Mos	2	8%
<b>Total</b>	<b>26</b>	<b>100%</b>

**23. Did you attend or participate in any NEMA wide providers’ meetings?**

Nearly all (25 or 96%) providers answered this question. The majority (20 or 77%) attended or participated in NEMA-wide provider meetings and the remaining five (19%) did not.

**Were they useful?** Nearly half (12 or 46%) said that these meetings are useful. Six (23%) said they were not useful, and eight (31%) left the question blank.

**Comments on the usefulness of EMA-wide provider meetings.** Only five agencies (19%) provided comments on these meetings, which are shown below.

“Good forum--need more.”

“Marginally so.”

“I attended the Union County Provider meetings--they are useful.”

“We get funded for only one service category. Our contract is very straight forward so all these meetings don't always apply to us.”

“Occasionally a staff member attends.”

**Recommendations for EMA-wide provider meetings.** Only one provider made a recommendation for EMA-wide provider meetings, as follows: “All grantees should have a representative at these meetings.”

#### **24. Did you attend or participate in any NEMA wide teleconferences?**

Nearly all providers responded to this question. Two thirds (17) reported yes, they had participated in these teleconferences. Eight providers (31%) responded that they had not participated, and one provider (4%) the question blank.

**Were they useful?** Responses to this question were evenly distributed. One third of providers (8 or 31%) said they were useful, and other third of providers (nine or 35%) said they were not useful, and the remaining third (nine or 35%) left the question blank.

**Comments on usefulness of NEMA-wide teleconferences.** Five agencies responded to this question as follows.

“There have been a few mandatory teleconferences which I have participated in, but I'm not sure whether they were initiated by NEMA (Planning Council) or the City of Newark.”

“It was o.k.”

“Somewhat unorganized, no agenda presented in or before the teleconference.”

“Marginally so.”

“Complete waste of time.”

**Recommendations for NEMA-wide teleconferences.** Only two providers gave recommendations. One said, “You need better procedures for teleconferences.” And the second said it was a “Waste of time. After 1/2 hour or more on hold the message was, “Your check will be delayed.”

### **CHAMP (COMPREHENSIVE HIV/AIDS MANAGEMENT PROGRAM)**

#### **25. In general, how would you rate the CHAMP system?**

All providers answered this question. More than half (15 or 58%) responded that CHAMP was excellent

or good, another three providers (11%) responded that CHAMP was average. See the table below.

**Table 9: Rating of CHAMP System**

Rating	# Providers	%
Excellent	2	8%
Good	13	50%
Average	3	11%
Fair	4	15%
Poor	2	8%
Not Applicable, we do not have CHAMP	2	8%
<b>Total</b>	<b>26</b>	<b>100%</b>

**26. What comments do you have on CHAMP as a tool to record client-level information?**

Nineteen providers (73%) gave comments and seven (27%) left this question blank. The comments are categorized below.

***Good features.***

“Excellent. We have had some problems with CHAMP this year, but they were in the area of fiscal/service reports.”

“It’s a good system.”

“CHAMP staff is knowledgeable, helpful, has years of experience with providers and helps out in a hurry whenever they are asked to solve glitch.”

“Demographics, new client count, referral tracking, client look up and (GAF) global assessment of functioning.”

***Possible improvements requested.***

“We would love to see the CHAMP system have a place where we could document our home visits (mobile) and document our progress notes, since this would provide a “check and balance” with our billing.”

“Interface with EMR programs.”

“Allow the grantees to create different reports to assist us with our documentation, such as how many minorities utilized our primary care, medical case management, and substance abuse counseling services? What age groups utilized the individual services? What gender utilized individual services, etc.”

“Given the amount of information entered, it would be helpful for us, at the data entry side, to be able to run queries to answer clinical questions and help assess patient outcomes.”

***Technical issues.***

“Need better computers to put all required data into systems.”

“This is complicated by the multiple sourcing of information.”

“Not able to sort information easily “

“Because our program already uses a database to record client level information, it is often cumbersome to maintain both databases. However, the person responsible for maintaining the database does so efficiently.”

"CHAMP is inadequate to record and report on client-level information. It is not easy to get reports beyond basic service delivery and demographic information. The system is outdated. The system is also very slow."

"Not able to run specific reports. Not able to have clinical notes."

"Cumbersome and time consuming. Report functions that are not user friendly. Extremely difficult to get useful, program wide data."

"Problems do not get resolved right away. More personnel is needed for the CHAMP system. One person is not enough."

"The system is very slow. It consumes an overt amount of staff time waiting for the system to update the client lists."

"Very detailed and can sometimes be so slow that it can take hours to load information!"

"Very slow system."

**27. What comments do you have on CHAMP as a tool to develop fiscal/service reports?**

Fifteen providers (58%) gave comments on this question.

***Good features.***

"It is an excellent system."

"Good."

"Adequate."

"The fiscal reports have improved. There should be one report that generates all of the fiscal information with one-click."

"The CHAMP system is efficient in developing fiscal/service reports. Currently, this tool meets all fiscal/service needs."

"Decent but not great."

"It seems to work."

***Possible improvements requested.***

"We would also like to see a place that would allow us to enter actual expenditures (salary, rent, transportation, etc)."

"We do not use CHAMP for this purpose except to satisfy monthly Ryan White reporting requirements. For that purpose they are adequate."

"Report queries and staff training to obtain reports needs to be more accessible."

"Generally good, but we have had problems this year in getting our inputted data fully recognized by the system. When CHAMP fails to recognize valid service units as "billable" and sees them as "non-billable" then our facility cannot receive its full reimbursement. Jason at Future Bridge has been accessible and helpful in trying to fix these problems--problems that can only be addressed by Future Bridge."

**Technical issues.**

“Better computers.”

“The system is inadequate for developing fiscal/service reports---much more so than for client-level-data.”

“Need one on one constant communication between PO and agency.”

**28. How would you rate the on-going support that you/your staff received (over the past twelve months) in using CHAMP (please consider responses to any questions including assistance through the CHAMP 'helpdesk')?**

All providers answered this question. More than half (14 or 53%) rated CHAMP technical support excellent or good, and another five (19%) rated it average, for a total of 72%. The remaining providers rated the technical support a fair or poor or left the question blank. See table below.

**Table 10: Rating of CHAMP Technical Support**

Rating	# Providers	%
Excellent	4	15%
Good	10	39%
Average	5	19%
Fair	4	15%
Poor	1	4%
Blank	2	8%
<b>Total</b>	<b>26</b>	<b>100%</b>

**Comments on CHAMP support.** Six providers (23%) offered comments.

“CHAMP staff have always been helpful whenever problems have arisen.”

“Jason is very knowledgeable of the system.”

“Changes take a long time.”

“Jason often doesn't return calls in a timely manner. Now if we do not receive a call back within 2-3 days, we will call our program monitor. Once we call our program monitor we usually receive an immediate call back from Jason.”

“Help desk does not return agency calls. Must call PO to get helpdesk at CHAMP office to call back.”

“Often very difficult to get timely responses. Phone calls may go unanswered. All RW personnel should have email addresses available to providers, and there should be a help line manned full time during working hours.”

**29. Please rate the timeliness of their responses:**

Nearly half (12 or 47%) of providers reported that timeliness of CHAMP response was excellent or good. Another 15% (4) reported average. Seven (27%) reported timeliness was fair or poor, and three (11%) left the question blank.

**Table 11: Rating on Timeliness of Responses from CHAMP**

Rating	# Providers	%
Excellent	2	8%
Good	10	39%
Average	4	15%
Fair	5	19%
Poor	2	8%
Blank	3	11%
<b>Total</b>	<b>26</b>	<b>100%</b>

**Comments on Timeliness of CHAMP response.** Only one agency responded to this question, saying that, "He needs more help. As with any computer system, there are going to be multiple problems."

**30. Did you receive any training on CHAMP during the past twelve months?**

Of the 23 providers (89%) who answered this question, 11 (42%) said that Yes, they had received CHAMP training and the remaining 12 (46%) said not. Three (12%) left the question blank.

**Comments on CHAMP training.** Six (23%) of providers provided the following comments.

"Several staff members attended a training and found it helpful." (2 providers)

"Our agency requested it."

"New employees and employees who have taken on a data-input responsibility in the last 12 months have received CHAMP training."

"Received training for new referral system."

"Since our case manager has been working at our agency (5 years) the person has never had CHAMP training even though it has been requested. Had to learn via trial and error."

**31. What other suggestions do you have on CHAMP? Feel free to comment on CHAMP's new functions (for example, the automated referrals, automated feeds, and required fields.). If you have any ideas for improving CHAMP, please feel free to include them here.**

Eight providers (31%) gave additional comments on CHAMP. They all reflect familiarity with and regular use of the CHAMP system.

***Training***

"Whenever a new CHAMP protocol is introduced, a training should be conducted before it is released in CHAMP."

***Automated Referrals***

"Automated referrals are awesome and is good way to keep track. It would be beneficial however, if we could inform the referring agency if the client failed to follow up on services."

"The referral system need to be improved."

"The referral system is not utilized by the agencies as it should. Not all users are on the system all day. A message could sit for a day or two."

**Drop down menus and entry options for fields**

“Fields that require a user to choose "Unavailable" only allows the user to choose it once. It would be helpful if the user was allowed to select "unavailable" more than once but only two or three times.”

“Some of entry options are not sufficient to describe the clinical situation thus undermining opportunity for reimbursement. For example, PPD and other tests should have options for patient refusal or not indicated.”

“Given the challenging population we deal with, the system needs to have the capacity to accommodate delays in laboratory testing/procedures due to patient nonadherence. Some of the issues that arise are out of the practices' control. For example, patients who refuse a pap smear, or fails to go for lab testing when ordered, etc.”

**General comments**

“Problems areas, some required fields cannot be completed if staff does not have the information.”

“A web-based system would be very helpful and much quicker.”

“We are funded to provide HIV services under the Ryan White Care Act through Part A, B, and D. Each RW Part requires a different data system. This tends to be very time consuming and confusing for service providers. One uniform system for all RW funded parts would be beneficial and less confusing. At the moment the staff has to input data in 12 different databases. This takes away the staff providing the direct care to the clients.”

**PLANNING COUNCIL**

**32. The Newark EMA HIV Health Services Planning Council (sometimes referred to as "NEMA" or the "Planning Council") is responsible for undertaking Needs Assessments and Health Plans and using this information, as well as other sources of data, to set the priorities for the Ryan White Part-A funds received by the Newark EMA. How familiar are you with this work?**

Ten (39%) providers were very familiar with the Planning Council's work. Eleven (42%) said they were somewhat familiar. Four (15%) had a vague understanding,” and one (4%) left the question blank.

**Comments on Planning Council's work.** No providers answered this question.

**33. In general, how would you rate the work of the Planning Council (over the past twelve months)?**

Twenty one (81%) providers answered this question, with 18 or 58% rating the Council's work either excellent or good.

**Table 12: Rating of Council's Work**

Rating	# Providers	%
Excellent	4	16%
Good	14	42%
Average	6	23%
Blank	5	19%
<b>Total</b>	<b>26</b>	<b>100%</b>

**Comments on the work of the Planning Council.** Only two providers answered this question – one comment was positive and the other was not.

“Good job eliciting public testimony, etc.”

“I think they rate very poorly in the oversight of the grant process in advocating for the agencies applying for grants, particularly those agencies who do not have a financial cushion. Many agencies and colleagues have told me that they have had to apply for bank loans to cover service costs as the grant process took so long.”

**34. Have you attended any Planning Council or Committee meetings over the past twelve months?**

Eleven (42%) providers reported that yes, they had attended Planning Council or Committee meetings over the past 12 months. Another 10 (39%) had not attended any of these meetings, and five (19%) left the question blank.

**35. Have you seen/read copies of the Planning Council's Needs Assessments or Health Plans?**

Over three quarters (20 or 77%) of providers reported that they had seen or read copies of the Planning Council's Needs Assessments or Health Plans. Only one (4%) responded no. Five (19%) left the question blank.

**36. What is your impression of the quality of their Needs Assessments and Health Plans?**

Nearly two thirds of providers (16 or 62%) rated the Needs Assessments and Health Plans to be of either very high quality or somewhat high quality. Six providers (23%) did not answer the question.

**Table 13: Quality of Needs Assessments and Health Plans**

Rating	# Providers	%
Very high quality	7	27%
Somewhat high quality	9	35%
Average quality	4	15%
Blank	6	23%
<b>Total</b>	<b>26</b>	<b>100%</b>

**Comments on quality of Needs Assessments and Health Plans.** Four (15%) providers offered comments. Two comments were positive.

“It’s a good write. I just do not think most providers are using it programmatically.”

“It is helpful in documenting the barriers to medical care and the unmet need, both of which are important when applying for funding.”

Two providers said, “It needs to be updated.” (Note from the Planning Council: The needs assessment was updated in 2008 as the 2008 Needs Assessment, and the Comprehensive Health Plan covers the years 2007 – 2009.)

**37. In the past year, how often did you use the Planning Council's Needs Assessments and Health Plans?**

Fifteen providers (58%) reported using the Planning Council's Needs Assessments and Health Plans at least two times in the past year.

**Table 14: How Often Used Needs Assessments and Health Plans**

Number of times	# Providers	%
Four times	1	4%
Three times	2	8%
Two times	6	23%
Comments on use (see below)	6	23%
Never	2	8%
Don't know	1	4%
Blank	8	31%
<b>Total</b>	<b>26</b>	<b>100%</b>

Agencies who did not list the number of times they used the documents provided the following comments on usage. The documents are used mostly for preparing the Ryan White program grant applications and preparing applications for other grants.

"For all of our health related projects that include HIV/AIDS, substance abuse, etc."

"Primarily for completion of the RW grant application."

"Every time when in staff meetings and when preparing grant application."

"Frequently, especially during the Ryan White proposal drafting process."

"Often, especially when preparing grants."

"When writing my application."

**38. What comments do you have on the Planning Council's priorities and/or priority setting process?**

Eleven providers (42%) gave comments on this process. One (4%) said they were not familiar enough with the process to comment. Two (8%) said that it seemed accurate.

**Comments on process**

"The process is fair and comprehensive."

"It works the way it should."

Very thorough and concise."

"I sit on the Priority Setting Committees. I am impressed by their process and by the quality of their recommendations."

"The process is o.k."

**Recommendations**

“Priority should be placed on HIV care, treatment and strategic planning to address the transmission of the disease with MSM population.”

“As stated above, it does a good job for the most part, but needs to be more attentive to specific recommendations from the local committees--for example, distinguishing that the need for transportation support may be quite different in rural regions vs. urban and trust the local recommendations.”

**39. How would you rate (in terms of its helpfulness in program development and proposal writing) the Planning Council's "FY 2008 Funding Allocation Priorities report" (a copy of which was included in the City of Newark's RFP supplement entitled "FY 2008 Required Forms and Reference Materials"), which sets forth the percentage of the Part A award allocated to each of 17 service categories?**

Two thirds of the providers rated the Planning Council's "FY 2008 Funding Allocation Priorities report" either excellent or good. One quarter rated it average.

**Table 15: Rating of Planning Council's Funding Allocations Priority Report**

<b>Rating</b>	<b># Providers</b>	<b>%</b>
Excellent	4	15%
Good	13	50%
Average	6	23%
I am not familiar enough with document to rate it	1	4%
Blank	2	8%
<b>Total</b>	<b>26</b>	<b>100%</b>

**Suggestions for improving the priority setting document.** Three providers offered the following suggestions.

“Clarify core service provider eligibility, and assure that the funders adhere to these requirements.”

“I wish housing would be higher on the list.”

“It's as good as it can be considering HRSA dictates what we need to do.”

**40. Have you visited the Planning Council website?**

The majority of providers (21 or 81%) have visited the Planning Council website. Three (12%) have not visited the website, and two (8%) left the question blank.

**41. How would you rate Planning Council staff in responding to questions and requests for information (over the past twelve months)?**

Over one quarter of the providers rated the response of Planning Council has excellent and 23% rated the response good or average. Eleven (42%) providers have never called the Council offices with questions.

**Table 16: Rating of Planning Council Staff Response**

Rating	# Providers	%
Excellent	7	27%
Good	4	15%
Average	2	8%
I have never called Council offices with questions	11	42%
Blank	2	8%
<b>Total</b>	<b>26</b>	<b>100%</b>

**42. Please rate the timeliness of their responses.**

Of those providers who had contacted the Council offices, seven or 27% rated the timeliness of staff response as excellent and two (8%) rated it good or average. The remaining 17 (65%) left the question blank.

**Comments on responsiveness.** One provider said they received a response “almost immediately,” and the remaining three providers who answered this question said that the timeliness of response was “good.” The remaining 22 providers did not answer the question.

**43. What other comments do you have on the Planning Council's work (feel free to comment on the Council's outcomes and standards documents, opportunity for consumer/public input at meetings and in needs assessments/health plans, timing/location of meetings, or anything else relevant to the Planning Council's work)?**

Eight providers (31%) gave additional comments about the Planning Council's work as shown below.

**General comments**

“Great time!”

“Good work.”

“I think the NEMA staff is very dedicated and they do a great job.”

“Participation of consumers and public at the Planning Council Meetings is very important to control the quality of services provided by all Ryan White agencies.”

“It is helpful that they take input from personnel with direct contact with clients when developing/revising standards of care. In addition, meetings are open for clients to give input and provide feedback.”

**Suggestions**

“I would like to see the Planning Council staff more involved on a community level. Attending events such as the NLAAD<sup>3</sup> in October, visiting the different sites throughout the City, perhaps taking on the new agencies under its wing, etc.”

“More information about the Speaker's Bureau should be highlighted. Members of the Bureau should represent those who are infected/affected with HIV/AIDS by various ages, races, and ethnicity.”

<sup>3</sup> National Latino AIDS Awareness Day.

### **Concerns**

"The Planning Council seems to have no control or real oversight in the way the City of Newark carries out its business. Or advocating for the agencies who try to do business with the city. This year has been very frustrating."

### **AND FINALLY ...**

#### **44. What other comments do you have regarding the City of Newark Ryan White Unit's (or Union County's) or the Planning Council's administration of the Ryan White Part-A program?**

Half of the providers (14 or 54%) offered comments to this open-ended question.

#### ***Compliments on administration of Ryan White***

"Union County is terrific!"

"I feel the system has become more and more user friendly and our monitor (Mr. Jacob) has been very helpful and efficient. I see improvement."

"We have been quite pleased with the management of Ryan White-though the legal department seems slow and without consistent follow through at times to resolve issues/problems. There has been a much more collaborative/congenial atmosphere recently than in prior years."

"Very professional and informative; the goals and objectives of the Part A contract."

#### ***Concerns about administration of Ryan White***

"There are opportunities for improvement."

"The administration of the process has been for years an extremely difficult process that has caused and cost agencies throughout the NEMA many heartaches and has even led smaller agencies to financial crisis. The City must take ownership and responsibility of administering these funds timely so agencies are able to continue to provide quality services by keeping and paying quality level staff."

"Poorly run, not transparent or timely. Ketlen is a bright spot."

"Many last minute requirements are made on providers. We do our best to comply with all requests, but these requests have a real impact on our staff's ability to carry out their work with residents/clients."

"The end of the narrative report asks the same information which is located on the fiscal reports."

#### ***Concerns about contracting and payment***

"The City of Newark should be more organized with knowing contract needs before programs are asked to submit forms. It would alleviate confusion and the lack of productivity with getting the contract process completed."

"The paying process takes very long...agencies are "dying" in need of the support."

"There were considerable delays in the contract stages which caused great inconveniences with organizations, resulting delay of services and ineffective utilization of administration resources."

"If I could get funding to provide services for our clients from other sources, I would definitely not apply to the City of Newark for funding. The City of Newark was appalling in their oversight and execution of the grant process. I feel sorry for the personnel of the Ryan White Unit as their hands seem to be tied in the contracts negotiation process by the bureaucracy within the City of

Newark and City Hall staff. The RW unit staff have always been very supportive to our program and I appreciate that.”

***Suggestion***

“Grantees need to be notified of funding levels BEFORE March 1st. The operation of the program can be affected, such as cutting services or lay off of staff. Therefore, this information must be known in a timely fashion. If there is a delay in Ryan White being notified of the funding from the government, then the RFP should be requested at an earlier time. Some programs cannot afford to run on "faith" ...hoping to be re-funded.”

**45. What comments/suggestions do you have about this survey?**

Eleven providers (42%) offered comments and suggestions about this survey.

***Compliments***

“Good Survey!” (2 providers)

“Very good.” “Fine.” “Very nice!” (3 different providers)

“Excellent! Keep them coming, best way to analyze and to make improvements for our patients in NEMA.”

“Thanks for making it user friendly. We appreciate the opportunity to provide our comments.”

***Good, follow-up requested.***

“When was the last survey done? Will the summary be shared with the providers?”

“This survey was rather simple to complete. Can the results from this survey be available for providers?”

“The survey covered a lot of concerns. I trust that after reviewing them positive actions will be taken.”

“Useful, if suggestions are addressed.”

## CONCLUSIONS AND RECOMMENDATIONS

This section summarizes the findings and recommends action. Within each survey topic, information is presented as follows. First is the reason that this topic is important – and how it helps the Council fulfill its federal mandates. Second is the summary of findings with conclusions. Finally, there are recommendations for the grantee or actions to be taken to address the findings and conclusions. The two key recommendations requiring corrective action are the need to improve both the contracting process and reimbursement process.

### **RFP Process and Selection of Providers**

1. A clear Request for Proposals (RFP) process is the first step in ensuring that service providers can address the needs of PLWHA as reflected in needs assessments and the Council's service priorities and resource allocations.

In general, providers found that RFP was clear in terms of requirements, eligibility, purpose and objectives of the Part A program, but less so in describing the review process. Many providers preferred a longer time to complete their proposals, but did not want it over the December-New Year's holidays. Most felt that the last RFP technical assistance session (November 2007) was good in describing the proposal requirements, but not useful in the extensive discussion of contract documents.

#### ***Recommendation 1A***

The grantee should review the RFP, update it with current core service requirements, eliminate redundancies and clarify formatting and other requirements. The RFP should explain why documentation needed for contracting, e.g., 501(c)(3) status, incorporation documents, must be submitted with the proposal. The TA session should be structured to present proposal requirements first, and contracting requirements second, to the extent that this latter information is needed.

#### ***Recommendation 1B***

The timeline for completion of the RFP should be reviewed and adjusted if feasible to allow more time for providers to complete the proposal but not interfere with November-December holidays. At the same time it should allow sufficient time for grantee review, recommendation, decision, and allocation upon receipt of the City of Newark Part A grant award. If the timeline cannot be adjusted, the grantee should provide an explanation to providers.

#### ***Recommendation 1C***

Feedback regarding the strengths, weaknesses and reasons for amount of funding should be given to all providers to help improve future proposals and services. The grantee can determine the method of feedback, e.g., orally or in writing.

### **Placement of Contracts**

2. Timely placement of contracts (contract awards and execution) is the first step and necessary legal step in ensuring continuity of Part A services from year to year and no disruption in services.

Providers reported that they were notified of their grant awards in the first two to four weeks in March 2008 after the start of the Ryan White Part A Fiscal Year (FY) 2008. Notification was by Award letter or orally by the Ryan White Unit and confirmed by Award Letter.

Four providers (15%) received executed contracts before July. However, most providers (18 or 69%) did not receive an executed contract until sometime in July 2008, five months into FY 2008. Two additional providers (8%) received executed contracts in August 2008 and two (8%) had not received the executed contract as of submittal of the Provider Survey.

Half of the providers commented on the contracting process and most were negative. The chief complaint was the need to sign and resubmit contract documents three times before the contract was executed, and the long length of the contracting process was even though the same documents are submitted annually. All said that the contract process needs to be streamlined, transparent and timely. They pointed out that this was the second year that contracts were delayed. Pending receipt of an executed contract, providers began delivering services at the start on FY 2008 on the basis of the Award Letter. However, without an executed contract, the providers cannot be paid for services rendered even though there is a federal grant award covering all expenses. In FY 2008, some providers had to take out loans to cover salaries and other expenses in the interim. This adversely affects the provider infrastructure and caused some to stop providing Ryan White services.

In FY 2007 contracts of nearly half of the providers were augmented/amended for provision of additional services or clients. Most reported that this contracting process went smoothly.

***Recommendation 2A***

Although Award Letters are issued to providers only after receipt of the federal award by the City of Newark this often comes at the very end of the fiscal year or start of the new fiscal year. Thus, the grantee should investigate if there is some mechanism within public contracting law to alert providers of the estimated amount of their new award earlier. If this is not possible, then the grantee should explain this to providers, possibly at the TA session. The grantee should also issue Award Letters to all providers simultaneously.

***Recommendation 2B - Priority***

The contracting process must be revised within the City of Newark so that contracts are executed timely and as close as possible to the start of the fiscal year. This is a high priority. The grantee should designate one individual in the Ryan White Unit to process all contracts on a full time basis. Standard procedures and contracting templates/forms must be developed to handle the forty-plus Ryan White contracts in Newark legal department.

***Recommendation 2C***

The process to augment contracts – notification, revision and execution - should be standardized within the Ryan White Unit and follow revised procedures in #2B.

**Service Provider Reimbursement**

3. Timely reimbursement ensures that Part A monies are spent in accordance with Planning Council resource allocations.

Receipt of reimbursement checks by Ryan White providers following submittal of an accurate invoice can take from one month to six months. There appear to be delays in receipt of the initial payment at the start of the contract year, but thereafter, payments can be received within 2 to 3 months following invoice submittal. There appears to be no justification for the wide range in time frames of reimbursement, since all invoices are based on executed contracts with known amounts backed by the federally awarded Ryan White grant which has been legally accepted by the Newark Municipal Council. Several years ago, it used to be the policy of the Ryan White Unit that providers would be reimbursed within 30 days after submittal of a correct invoice.

Since most agencies (81%) have been providing Ryan White services for over 10 years, they are

knowledgeable about the reimbursement process. Thus, the problem does not appear to be the lack of education or training in reimbursement but in processing of invoices by the City.

The reimbursement checks were accurate for the most part when received (81% of providers). However, a few providers seem to have problems with accuracy based on comments.

***Recommendation 3A - Priority***

The Ryan White Unit, Fiscal Unit of the Department of Child and Family Well-Being, and City of Newark Finance Department must resolve the issue of timely reimbursement. Contractors should not have to wait for up to a half a year for payment for services rendered. Recommendations to the grantee to solve this problem include: (1) investigation of the reasons for delays of up to six months, (2) resolution of any processing problems internal to the city, and (3) development of standard operating procedures (SOPs) for providers for submittal of invoices, including instructions on what constitutes correct information (including correct CHAMP information), the standard time for reimbursement, and types of exceptions to these standard timeframes. All providers must be trained on these SOPs.

**City of Newark Ryan White Unit – Site Visit and Technical Assistance**

4. Comprehensive and regular programmatic and fiscal monitoring of providers by the grantee ensures that services are being delivered in accordance with the priorities, allocations and definitions in the Planning Council's annual Funding Allocations Priority Report.

In general, providers were satisfied with the response received from their Ryan White monitors, with 69% stating response was excellent or good. However, those who were not satisfied provided specific reasons and performance areas needing improvement.

Most respondents were aware of the programmatic and fiscal site visits performed by Ryan White monitors, but a number reported that they had not received visits during the previous year. This does not comport with requirements of the Ryan White Unit Monitoring Manual, and may be a misunderstanding.

Providers recommended improvements in the monitoring process including, spending more time with the agency, collecting administrative data for required reports from other sources, and more lead time for special information requests.

Many providers participated in EMA-wide provider meetings and teleconferences. Some found them useful and others did not.

***Recommendation 4A***

The grantee should develop standard expectations for Ryan White Unit monitors regarding responding to providers, should provide in-service training to all monitors, and periodically compare their performance to expectations. This will improve uniformity across all monitors and providers.

***Recommendation 4B***

With respect to programmatic and fiscal site visits conducted in the past year, the grantee should review its records on the number of actual visits for each provider and compare with provider responses. If there are differences and more visits were conducted, providers should be informed. If the provider responses are correct, then the grantee should review its monitoring practices and provide training to RWU monitors to ensure that they conform to requirements.

***Recommendation 4C***

The Grantee should review providers' suggestions for improving monitoring, make adjustments

where appropriate, and provide feedback and clarification to providers on the need for current requirements.

***Recommendation 4D***

It is recommended that EMA-wide provider meetings and teleconferences be more structured to improve outcomes. This means having a clear purpose, an agenda, and time limits.

**CHAMP (Comprehensive HIV/AIDS Management Program)**

5. A fully functioning, responsive CHAMP system is essential for capturing service delivery and expenditure data, so that the Planning Council can assess the effectiveness of the services offered in meeting the identified needs. CHAMP is the client level data (CLD) system for Part A and, starting in 2009, will upload data on Part A services delivered by NEMA providers directly to HRSA HAB per new Ryan White requirements.

More than half of providers (58%) rated CHAMP as excellent or good, particularly in capturing client level data. Key features include demographics, client look up, global assessment functioning, and automated referral. Recommendations include allowing providers to create more detailed, agency specific queries and reports and cross tabulations by client gender, age, race/ethnicity and services rendered, so that they can benchmark their own performance, and allowing collection of clinical notes. Other recommendations were “better computers” because they are “slow.”

CHAMP was also found to be a useful tool to develop fiscal reports. Some providers reported the need for more flexibility in information entered, and clarification of billable versus non-billable services.

Over half of providers rated CHAMP support and timeliness of response as excellent or good. However, other providers said that CHAMP needs more staff. Provider staff have received training on CHAMP and its new features, but one agency said its case manager has been waiting five years for training. Agencies appear to be pleased with new features, e.g., automated referrals.

There is variation in responses across all questions. It is uncertain how much this is due to not knowing CHAMP, not regularly using CHAMP, agency information technology (IT) networks which can slow data entry to the CHAMP system, versus factors related to the CHAMP vendor.

***Recommendation 5A***

The grantee should review the responses to this section with the CHAMP vendor for comment and development of responses and/or solutions. Solutions should improve utilization and effectiveness of CHAMP EMA-wide due to CHAMP's importance in accurate reporting Ryan White data and thus its role in future federal funding. Suggested topics include but are not limited to (1) current SOPs for technical assistance (help desk) request and response, (2) frequency of training on new features, new staff, update training, etc., (3) reason for slow computers, and (4) recommendations for system improvements, including feasibility of expanded front end report capability. Both should assess the feasibility of regular EMA-wide communication between CHAMP and providers, e.g., by teleconferences, meetings, etc.

***Recommendation 5B***

Address the need for additional CHAMP staff through funding and other mechanisms.

## **Planning Council**

6. The mission of the volunteer-driven Planning Council is to plan for the development, implementation and continual improvement of the health care and treatment services for PLWHA who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren. The most important role of the Planning Council is to serve as the voice of the consumer and to obtain consumer input.

The vast majority (81%) of providers were very familiar or somewhat familiar with the Council's work. More than half (58%) rated the Council's work excellent or good. Slightly less than half (42%) attend Council or committee meetings. Over three quarters have seen/read copies of the Council's Needs Assessments or Health Plans, and over half rate them of high quality. Many providers (58%) have used these documents two or more times in the past year for grant applications and as a resource for health related topics. Many providers (81%) have visited the Council's website. For those agencies who have asked the Council for information, the majority report that Council staff respond very well and timely.

Providers highlighted the opportunity for input from consumers – in general and developing standards – as a positive feature. Providers requested more information about the Speakers' Bureau and suggested that Council staff be more involved at the community level.

### ***Recommendation 6A***

The Council should seek to engage more providers in its work, and should continue to allow opportunities for consumers to participate in its activities. Within available time and resources, Council staff should spend additional time in the community.

## **And Finally...**

7. This open-ended question allowed providers to discuss any topic. Most complimented the Council on the content and comprehensiveness of this survey. Others reiterated concerns about the delays in contracting and length of reimbursement. Finally, providers hoped that positive actions would be taken as a result of the survey and asked if they would receive the results.

### ***Recommendation 7A***

The Council should follow up on all of the comments in this section, which are also discussed elsewhere throughout the "Findings." The results of this Provider Survey 2008 should be shared with all providers. The Council may want to provide a progress report within six months on implementation of the recommendations.

## APPENDIX A: PROVIDER SURVEY (2008) TOOL