



# Phoenix Eligible Metropolitan Area (EMA)

## 2013 Assessment of the Administrative Mechanism Results

Thursday, September 4<sup>th</sup>, 2014

Phoenix EMA Ryan White Planning Council Executive Committee

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

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

# Sample Assessment Questions

1. Part A funds were expended in a timely manner (net 45)\*
2. Part A contracts with service providers were signed in a timely manner
3. During FY 2013, the EMA had less than 5% carryover in Part A funds.
4. Part A resources were reallocated in a timely manner to ensure the needs of the community are met.
5. Part A Programs funded in FY 2013 matched the service categories and percentages identified during the Council's Priority Setting and Resource Allocation process
6. Planning Council Directives were reflected in Part A programs funded in FY 2013

*\*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	23 days	11	28 days
2	31 days	12	7 days
3	29 days	13	26 days
4	33 days	14	21 days
5	17 days	15	31 days
6	27 days	16	18 days
7	23 days	17	16 days
8	10 days	Overall Average	25 days
9	27 days		
10	9 days		

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

Contracts	Date of HRSA NGA (Partial Award)	Original Task Order Sent	Received from Provider	Date of HRSA NGA (Full Award)	Reallocation Task Order	Received from Provider
<b>Early Intervention Services</b>						
▪ Contractor A	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/17/2013
▪ Contractor B	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/19/2013
<b>FAP-Health Insurance Prem</b>	02/19/2013	03/01/2013	03/18/2013	06/18/2013	07/05/2013	07/16/2013
<b>Medical Case Management</b>						
▪ Contractor A	02/19/2013	03/01/2013	03/18/2013	06/18/2013	07/05/2013	07/16/2013
▪ Contractor B	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/30/2013
▪ Contractor C	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/30/2013
▪ Contractor D	02/19/2013	03/01/2013	03/05/2013	06/18/2013	07/05/2013	07/19/2013
<b>Medical Nutrition</b>	02/19/2013	03/01/2013	03/05/2013	06/18/2013	07/05/2013	07/30/2013
<b>Medical Transportation</b>	02/19/2013	03/01/2013	03/18/2013	06/18/2013	07/05/2013	07/16/2013
<b>Mental Health</b>						
▪ Contractor A	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/30/2013
▪ Contractor B	02/19/2013	03/01/2013	03/05/2013	06/18/2013	07/05/2013	07/30/2013
▪ Contractor C	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/19/2013
▪ Contractor D	02/19/2013	03/01/2013	03/05/2013	06/18/2013	07/05/2013	07/16/2013
▪ Contractor E	02/19/2013	03/01/2013	03/05/2013	06/18/2013	07/05/2013	07/30/2013
<b>Non-Medical Case Management</b>						
▪ Contractor A						
▪ Contractor B	02/19/2013	03/01/2013	03/18/2013	06/18/2013	07/05/2013	07/16/2013
	02/19/2013	03/01/2013	03/18/2013	06/18/2013	07/05/2013	07/16/2013
<b>Oral Health</b>						
▪ Contractor A	02/19/2013	03/01/2013	03/12/2013	06/18/2013	07/05/2013	07/30/2013
▪ Contractor B	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/19/2013
▪ Contractor C	02/19/2013	03/01/2013	03/05/2013	06/18/2013	07/05/2013	07/16/2013
<b>Outpatient Ambulatory</b>						
▪ Contractor A	02/19/2013	03/01/2013	03/11/2013	06/18/2013	06/21/2013	06/25/2013
▪ Contractor B	02/19/2013	03/01/2013	03/05/2013	06/18/2013	07/05/2013	07/19/2013
▪ Contractor C	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/22/2013
<b>Substance Abuse</b>						
▪ Contractor A	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/30/2013
▪ Contractor B	02/19/2013	03/01/2013	03/11/2013	06/18/2013	07/05/2013	07/19/2013
▪ Contractor C	02/19/2013	03/01/2013	03/05/2013	06/18/2013	06/21/2013	06/25/2013

# Q3: During FY 2013, the EMA had less than 5% carryover in Part A funds.

Source of Funds	Amount
Total GY 2013 Award	\$8,374,960.00
Expended 91.6% during GY 2013	\$7,672,927.03
Carryover 5.0% of Formula Funds	\$263,430.95
Carryover 41.3% of MAI Formula Funds	\$180,503.59
Total Carryover 5.3% of Total Award	\$443,934.54
Return 3.1% of Total Award to HRSA ( Supplemental Funds)	\$258,098.43

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

Planning Council Directive	Date of Directive	Date of AA Action
Decrease Outpatient Ambulatory Medical Care by \$40,000 Increase Substance Abuse by \$40,000	07/12/2013	06/21/2013
Decrease Medical Transportation Services by 55,000 Increase Medical Case Management by \$55,000	10/11/2013	10/31/2013
Decrease Medical Transportation Services by \$10,000 Increase FAP–Health Insurance Premiums by \$10,000 In addition, Rapid Reallocation approval of up to 10% core to core services.	12/13/2013	01/13/2014
Decrease Early Intervention Services by \$2,000 Decrease Administrative Agent by \$26,000 Increase Substance Abuse by \$12,000 Increase FAP–Health Insurance Premiums by \$10,000 Increase MAI Medical Case Management by \$6,000	01/09/2014	01/15/2014 XX 01/13/2014 01/13/2014 01/13/2014
Decrease Outpatient Ambulatory Medical Care by \$70,000 Increase FAP–Health Insurance Premiums by \$20,000 Increase Substance Abuse by \$15,000	02/14/2014	Included in Rapid Reallocations

# Q5: Part A Programs funded in FY 2013 matched the service categories and percentages identified during the Council's Priority Setting and Resource Allocation process

## GY 2013 PSRA Revisions - Approved by Planning Council 7.11.13-Compared to GY 2013 Final Expenditures

Core Vs Support Breakout		2013 Allocations			2013 Expenditures			
	Core minimum 75%		87%		87%			
	Supportive maximum 25%		13%		13%			
Service Category	GY 2013 PSRA Allocation as of 7/11/13	GY 2012 Carryover approved by Planning Council	Total GY 2013 PSRA Allocation	Percent of Total Allocations	Final GY 2013 Expenditures	Percent of Total Expenditures	\$ Variance Expenditures to Allocation	% variance Expenditures to Allocation
Centralized Eligibility	= \$253,249		\$253,249	3.5%	\$320,742	4.79%	\$67,494	1.26%
Outpatient/ Ambulatory Medical Care	= \$2,425,161	\$97,175	\$2,522,336	35.15%	\$2,144,357	32.01%	-\$377,979	-3.14%
Medical Case Management (including treatment adherence services)	= \$1,036,079		\$1,036,079	14.44%	\$1,100,431	16.43%	\$64,352	1.99%
Oral Health Care	= \$1,244,207	\$282,953	\$1,527,160	21.28%	\$1,432,488	21.38%	-\$94,672	0.10%
Early Intervention Services	= \$246,229		\$246,229	3.43%	\$234,272	3.50%	-\$11,957	0.07%
Mental Health Services	= \$272,616		\$272,616	3.80%	\$263,876	3.94%	-\$8,740	0.14%
Health Insurance Premium and Cost Sharing Assistance	= \$319,227		\$319,227	4.45%	\$340,958	5.09%	\$21,731	0.64%
Substance Abuse Services Outpatient	= \$111,280		\$111,280	1.55%	\$120,876	1.80%	\$9,596	0.25%
Medical Nutrition Therapy	= \$192,372		\$192,372	2.68%	\$206,601	3.08%	\$14,229	0.40%
Case Management Services - Non-Medical	= \$452,139		\$452,139	6.3%	\$366,039	5.46%	-\$86,100	-0.84%
Medical Transportation Services	= \$243,048		\$243,048	3.4%	\$168,637	2.52%	-\$74,411	-0.87%
	\$6,795,607	\$380,128	\$7,175,735	100.00%	\$6,699,277	100.00%	-\$476,458	0.00%



# Q6: Planning Council Directives were reflected in Part A programs funded in FY 2013

- ▶ DIRECTIVE 7.12.13 – Please accept this letter as notification that the Planning Council approved the attached new PSRA allocations table and the carryover allocations at their July 11, 2013 meeting. Additionally, the Council approved decreasing the Outpatient Ambulatory Medical Care allocation by \$40,000 due to PCIP enrollments in March through June that resulted in less than expected expenditures during the first quarter. This amount will be used to increase Substance Abuse due to increases utilization in the first quarter. **ACCEPTED AND IMPLEMENTED BY GRANTEE**
- ▶ DIRECTIVE 10.11.13 – Please accept this letter as notification that the Planning Council approved the attached reallocations at their October 10, 2013 meeting. **ACCEPTED AND IMPLEMENTED BY GRANTEE**
- ▶ DIRECTIVE 12.13.13 – Please accept this letter as notification that the Planning Council approved the Administrative Agent’s requested decrease to Transportation Services by \$10,000 and increase Health Insurance Premiums Financial Assistance Program by \$10,000 at their December 12, 2013 meeting. Additionally, the Council approved the Rapid Reallocation Authority for up to 10% of any service category's funds to cover funding needs for the remainder of the grant year. The AA will only reallocate core funds to core services under this rapid reallocation authority, and will bring any requests for core to support fund reallocations. **ACCEPTED AND IMPLEMENTED BY GRANTEE**
- ▶ DIRECTIVE 1.9.14 – Please accept this letter as notification that the Planning Council approved the following reallocations at their January 9, 2014 meeting to cover Substance Abuse Treatment Services, Health Insurance Premium Financial Assistance, and MAI Medical Case Management. The Council approved decreasing the Part A Early Intervention Services by \$2,000 and the Administrative Agency Administrative Services by \$26,000 and increasing Part A Substance Abuse by \$12,000, Health Insurance Premium Financial Assistance by \$10,000, and MAI Medical Case Management by \$6,000. **ACCEPTED AND IMPLEMENTED BY GRANTEE**
- ▶ DIRECTIVE 2.14.14 - Please accept this letter as notification that the Planning Council approved the attached reallocations at their February 13, 2014 meeting. **ACCEPTED AND IMPLEMENTED BY GRANTEE**



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