Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, November 19, 2014, 12:30 p.m.
Location: Governmental Center Annex Room A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 11/19/14 Agenda and 10/15/14 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS:**
   a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1) (Handout A)
4. **UNFINISHED BUSINESS:**
   a. 18 Month Work Plans (Handout B)
   ACTION ITEM: Continue the discussion about extending the PSRA process so the committee can better absorb and analyze data and make decisions. Make changes to work plan due dates as necessary.
   b. Ad-Hoc MAI Medical Case Management Committee
   ACTION ITEM: Discuss the ad-Hoc committee's progress and if the committee should be redirected to the PSRA committee.
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
PSRA Process Survey Results (Handout C)	ACTION ITEM: Review results of the assessment survey and determine at least 3 courses of action that can be taken to ensure better education and understanding of the PSRA process.
Reallocations ("Sweeps") (WP Item 2.2) (Handout D)	ACTION ITEM: Recommend any necessary reallocations to ensure sufficient core funding.
Assessment of the Administrative Mechanism (WP Item 3.1, 3.2) (Handouts E1-E4)	ACTION ITEM: Review the purpose of the administrative mechanism assessment and the activities that are required to be assessed. Make at least 2 recommendations regarding the assessment methodology or activities to be assessed.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** December 17, 2014,12:30 p.m. **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
PSRA Accomplishments and Challenges (WP Item 5.1)	ACTION ITEM: Review at least 3 PSRA accomplishments and challenges. Determine a course of action to address challenges.
Annual Evaluation (WP Item 5.2)	ACTION ITEM: Conduct annual evaluation to assess past year and recommend improvements. Identify at least 3 areas of improvement for upcoming year and actions to be taken.

9. **ANNOUNCEMENTS**
   a. Attendance Policy Reminder
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care
MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, October 15, 12:30 p.m. **Location:** Governmental Center Room A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	DeSantis, M.	**X**			Runkle, D.
2	Gammell, B.		**A**		
3	Grant, C.	**X**			**Grantee Staff**
4	Hayes, M.	**X**			Jones, L.
5	Katz, H. B.	**X**			Copa , R.
6	Reed, Y.		**A**		
7	Schickowski, K.	**X**			**HIVPC Staff**
8	Proulx, D.	**X**			Sandler, C.
9	Siclari, R., *Vice Chair*	**X**			Bente, A.
10	Taylor-Bennett, C., *Chair*	**X**			
	Quorum = 6	**8**			

1. CALL TO ORDER:

The Chair called the meeting to order at 12:45 p.m.

The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. MOMENT OF SILENCE

Members observed a moment of silence.

3. APPROVALS:

Motion #1: To approve today's meeting agenda.
Proposed by: Katz, H.B. **Seconded by:** DeSantis, M.
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 6/18/14.
Proposed by: Katz, H.B. **Seconded by:** Schickowski, K.
Action: Passed Unanimously

4. UNFINISHED BUSINES

a. Support Groups (Handouts A-1, A-2, & A-3):

The Chair reviewed the need for support groups. Staff explained that recommendation for support groups that came from the *Voices* study and focus groups. Staff discussed the support groups that are available throughout the county. Staff stated that an email was sent to Community Empowerment Committee (CEC) members inquiring about support groups that are not advertised. Staff explained that they only received one response about a support group that is administered via conference calls. A guest stated that The Pride Center administers another support group that was not listed on the

handout. A member stated that Broward Health has Haitian and Hispanic support groups. The Chair asked that with the information we have regarding support groups, do we need more support groups in the community?

Grantee staff stated that the issue may be in the awareness of support groups available in the community. Grantee staff explained that support groups may also include open forums for PLWHA looking for a safe place where they do not feel ashamed or stigmatized. Grantee staff stated that more support group research needs to be completed and a mechanism for researching the need for support groups may be conducted through the needs assessment. Grantee staff also stated that inclusion of mental health programs for PLWHA may be another method to address this need. The Chair stated that she is not convinced that support groups need to be funded because those who are dealing with shame and stigma may be less likely to attend a support group. The Chair also stated that inclusion of mental health groups may increase support among PLWHA. A member asked if the groups included on the handout were well attended. A guest stated there is a great need for those who are newly diagnosed to find comfort to deal with shame and stigma. A member stated that providing support groups over the phone or online may be better venues for PLWHA dealing with shame and stigma.

Grantee staff explained that social media and online groups are new outlets for PLWHA seeking support. The Chair stated that having a social media group would be difficult to fund under governmental laws such as sunshine and HIPAA. A member stated that having a local non-profit administer social media support groups may be helpful for PLWHA living in Broward County seeking support. A guest stated that there are many online support groups worldwide available to anyone. Grantee staff stated that Part A cannot fund these groups due to documentation and other federal requirements. A member stated that a list of support groups need to be distributed to HIV testing counselors to give to those who test HIV positive. Another member stated that these lists can become a liability issue. Grantee staff recommended redirecting this issue to the CEC to identify more groups available in the community, for the NAE committee to add questions about support groups to the needs assessment (whether it is through survey questions or focus groups), and for the QMC to consider support groups as part of its service category study. The Chair recommended including list of support groups on the BRHPC website for clients to access.

Action Items:

- Update and upload the list of available groups to the BRHPC website, with the disclaimer that the groups are not endorsed by the HIVPC.
- Three recommendations were made by the committee:
  - For the CEC to identify more groups available in the community,
  - For the NAE committee to add questions about support groups to the needs assessment (whether it is through survey questions or focus groups), and
  - For the QMC to consider support groups as part of its service category study.

5. MEETING ACTIVITIES / NEW BUSINESS

a. Review and Update Policies & Procedures (Handout B):
Staff explained the updated policies and procedures changes due to HIVPC By-Laws changes. The following motion was made:

Motion #3: To approve the PSRA Policies & Procedures **Proposed by:** Katz, H.B. **Seconded by:** Hayes, M. **Action**: Passed Unanimously

b. 18-month Work Plans (Handout C):
Staff reviewed the 18 month work plans with the committee. Staff explained that many activities

were moved to other committees to lessen the work load of the PSRA committee. The Grantee began discussion on making changes to the PSRA timeline; data review should happen in small increments over a period of time so that the PSRA process flows better and the committee does not need to absorb a large amount of data at one time. Prolonging the process should help make the decision making process easier on the committee. Continued discussion was tabled until the next PSRA meeting.

6. GRANTEE REPORTS

a) Part A: The Grantee's office is working with Florida's AIDS Drug Assistance Program (ADAP) to enroll as many clients as possible into Marketplace insurance plans. Florida's ADAP is expected to enroll clients between 139 to 250% Federal Poverty Level (FPL). These plans will include wrap around coverage to cover medication copayments. The Grantee's office expects to enroll clients between 250 to 400% FPL. The Grantee is currently calculating funding to determine coverage for those over 250% FPL. The Florida Department of Health (FLDOH) calculates that 900 clients between 139 to 250% FPL will transition onto plans and 256 clients over 250% FPL will transition. New ADAP clients will not be covered under Marketplace plans. The Grantee's office will be using peer navigators at different agencies to help clients transition onto plans. In the future, Provide Enterprise (PE) will have an alert for clients who are eligible to enroll in Marketplace plans.

b) Monthly Expenditure/Utilization Report by Category of Service:
Grantee staff explained the monthly expenditures and utilization sheet. Grantee staff noted that there will likely not be a lot of funding available to be reallocated. Funds for the Health Insurance Continuation Program (HICP) and Disease Case Management have not been used yet, due to the late notice of grant award. The Chair of the ad-Hoc Food Services Eligibility Committee stated that the committee has decided that food service eligibility will currently remain the same until a long term, sustainable approach can be determined. The Food Services Chair is hopeful that the eventual changes to eligibility will improve client nutritional and health outcomes.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING: **November 19, 2014, 12:30 p.m.** Venue: **A-337**

Goal/Work Plan Objective #:	*Accomplishments*
Reallocations ("Sweeps") (WP Item 2.2)	ACTION ITEM: Recommend any necessary reallocations to ensure sufficient core funding.
Assessment of the Administrative Mechanism (WP Item 3.1, 3.2)	ACTION ITEM: Review the purpose of the administrative mechanism assessment and the activities that are required to be assessed. Make at least 2 recommendations regarding the assessment methodology or activities to be assessed.

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 2:43 p.m.

PRIORITY SETTING AND RESOURCE ALLOCATION - ATTENDANCE CY 2014

Member	1/15/14	2/19/14	3/19/14 - CX	4/16/14	5/23/14	6/18/14	10/15/14
Bennett-Taylor, C., *Chair*	1	1		1	1	1	1
DeSantis, M.	1	1		1	1	1	1
Gammell, B.	1	1		1	1	1	A
Grant, C.	A	1		1	1	1	1
Hayes, M.	1	1		A	1	1	1
Katz, H. B.	1	1		1	1	1	1
Proulx, D.	1	1		1	1	1	1
Reed, Y.	A	1		E	1	1	A
Schickowski, K.	1	1		1	1	1	1
Siclari, R., *Vice Chair*	1	1		1	A	1	1
Quorum=6	9	10		10	8	10	8

HANDOUT B

DRAFT - Broward County HIV Health Services Planning Council FY2014-16 **Priority Setting & Resource Allocation Committee** Work Plan

Objective 1. Priority Setting and Resource Allocation	Outcome	Annual Target	Start	Due	Progress
1.1 Develop PSRA timeline.	PSRA process	100%	3/15	3/15	
1.2 Review data relevant to the PSRA process (including recommendations from QM, SOC, & NAE and service category scorecards): a. Community input (through needs assessment, town hall meetings) b. Epidemiology (including co-morbidities) c. Unmet Need d. EIIHA e. Implementation Plan f. Cost data (utilization, expenditures, MAI, ACA, other funders) g. QM performance measures (HRSA & HAB) h. NHAS and HIV Care Continuum measures	Data driven PSRA process	80%	1/15	6/15	
1.3 Review How Best to Meet the Need language recommendations from SOC committee.	Data driven PSRA process	100%	5/15	5/15	
1.4 Review recommendations from SOC committee for scope of services and eligibility for each service category; update eligibility for at least 2 services.	Data driven PSRA process	50%	6/15	6/15	
1.5 Priority rank Part A & MAI service categories.	Ensure PSRA process	100%	5/15	5/15	
1.6 Allocate Part A & MAI funds by service category.	Ensure PSRA process	100%	6/15	6/15	
Objective 2. Execute Implementation Plan					
2.1 Monitor expenditures and allocations; identify at least 3 areas for "sweeps."	Appropriate service funding	66%	Monthly	Monthly	
2.2 Recommend reallocations ("Sweeps") to ensure sufficient core funding and the distribution of additional funds.	Appropriate service funding	100%	11/14	11/14	
Objective 3. Assess the Administrative Mechanism					
3.1 Assessment of Administrative Mechanism training. Review the purpose of the assessment and required components.	Ensure compliance	100%	11/14	11/14	
3.2 Make at least 2 recommendations for activities to include in the assessment of Administrative Mechanism.	Ensure compliance	50%	11/14	11/14	
Objective 4: Review Data and Make Recommendations for an Integrated System of Care					
4.1 Hold "mini retreat" with QM, SOC, & NAE to determine how committees sync and work together to complete tasks.	Data driven PSRA process	100%	12/14	12/14	
4.2 Discuss at least 2 possible new services identified through the PSRA process to address goals of the EMA.	Data driven PSRA process	50%	7/15	7/15	
Objective 5: Update Work Plan and Policies & Procedures					
5.1 Review at least 3 PSRA accomplishments and challenges.	Improved process	66%	12/14	12/14	
5.2 Conduct annual evaluation to assess past year and recommend improvements; identify at least 3 areas of improvement for upcoming year.	Improved process	66%	12/15	12/15	
5.3 Review and update Work Plan and Policies & Procedures.	Updated planning documents	100%	2/15	2/15	

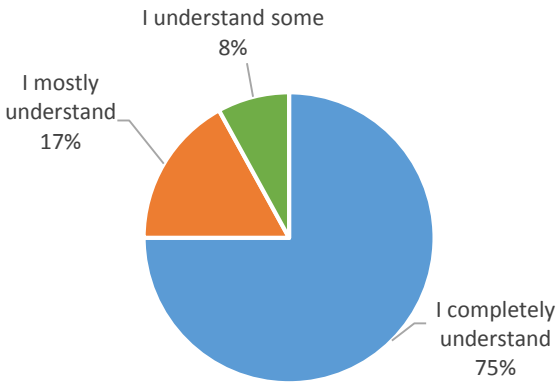
March	April	May	June	July	Aug
- Monitor expenditures & allocations - Review PSRA scorecards & relevant PSRA data - Develop PSRA timeline	- Monitor expenditures & allocations - Review PSRA scorecards & relevant PSRA data	- Monitor expenditures & allocations - Review PSRA scorecards & relevant PSRA data - Review language on HBTMTN - Priority rank service categories	- Monitor expenditures & allocations - Review PSRA scorecards & relevant PSRA data - Review scope of services & eligibility for service categories - Allocate Part A & MAI funds	- Monitor expenditures & allocations - Discuss new services identified through PSRA process	- Monitor expenditures & allocations
Sep	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
- Monitor expenditures & allocations	- Monitor expenditures & allocations	- Monitor expenditures & allocations - Assessment of the Administrative Mechanism training and recommendations - “Sweeps”	- Monitor expenditures & allocations - “Mini retreat” with QM, SOC, & NAE - Review accomplishments & challenges - Conduct annual evaluation	- Review PSRA scorecards & relevant PSRA data - Monitor expenditures & allocations - “Sweeps”	- Monitor expenditures & allocations - Review PSRA scorecards & relevant PSRA data - Review and update WP and P&Ps

HANDOUT C

2014 PSRA PROCESS SELF-ASSESSMENT SURVEY – SUMMARY REPORT

The PSRA Process Self-Assessment Survey was distributed to HIVPC and PSRA members in July 2014, following the completion of the PSRA process for FY 2015-16. The survey was comprised of 10 questions and asked for member understanding of the purpose, process, and data sources. Respondents reported that they understood the *purpose* of the PSRA process, however, not all respondents understood the details of the PSRA process or data sources. Half of respondents reported being an HIVPC or PSRA member for 5-10 years, and 92% of respondents reported their knowledge of the PSRA process had increased a lot since becoming a member.

Figure 1. How much knowledge do you have of the PSRA process?



Knowledge & Purpose of the PSRA process

Respondents overwhelmingly understood the *purpose* of the PSRA process (92%) **but only 75%** reported completely understanding the *process* (Figure 1).

	I completely understand	I mostly understand	I understand some
Needs Assessment	9	2	1
	75.0%	16.7%	8.3%
Service utilization	9	2	1
	75.0%	16.7%	8.3%
Cost data	7	3	1
	63.6%	27.3%	9.1%
Priority setting	10	1	1
	83.3%	8.3%	8.3%
Resource allocation	10	1	1
	83.3%	8.3%	8.3%
Conflict of Interest	8	2	1
	72.7%	18.2%	9.1%
Data used to create rankings	10	1	1
	83.3%	8.3%	8.3%

Figure 2. I have an understanding of the following

Ranking Services & Allocating Funds

A quarter of respondents **did not completely understand** how each service category was ranked, nor did they understand **why all of the service categories were ranked** this year. 75% of respondents said they **completely understood how allocations were made**, which is surprising given that only 64% of respondents indicated understanding cost data.

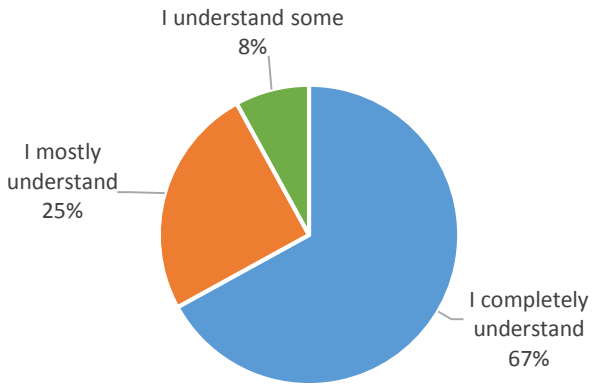
Data Sources

The survey asked if respondents understood data sources, including needs assessment data, service utilization data, and cost data (Figure 2). **Only 75% of respondents** reported completely understanding needs assessment and service utilization data. Cost data was the data source least understood by respondents, with **only 64% of respondents** completely understanding the data.

Service Category Definitions

Only two-thirds of respondents reported completely understanding service category definitions (Figure 3); this means **a third of respondents** either mostly understood or only understood some of the service category definitions.

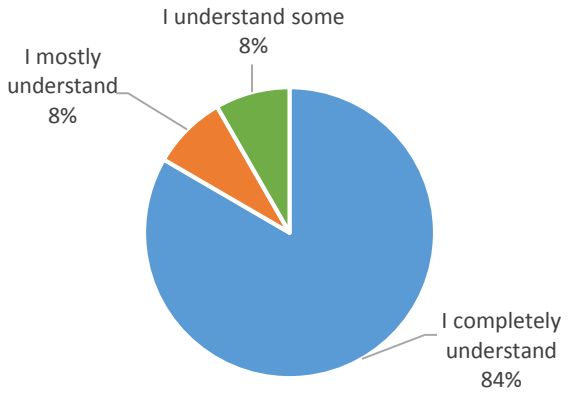
Figure 3. Do you understand the definitions for the Ryan White Part A service categories?



Role of the Grantee

The majority of respondents (83%) reported they completely understood the role of the Grantee in the PSRA process (Figure 4).

Figure 4. I understand the role of the Grantee during the PSRA process.



RED FLAGS

- Understanding of the PSRA Process
  - ✓ Action to be taken:
- Understanding of data sources
  - ✓ Action to be taken: Review pieces of data over a longer period of time so there is not information overload
- Understanding of service category definitions
  - ✓ Action to be taken:
- Understanding of allocating funds
  - ✓ Action to be taken: Monthly expenditure report from Grantee's office

PSRA Process Self-Assessment (SURVEY TOOL)

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1) How much knowledge do you have of the Priority Setting and Resource Allocation (PSRA) process?
   - I completely understand
   - I mostly understand
   - I understand some
   - I don't really understand
   - I don't understand at all

2) I understand the purpose of the PSRA process.
   - I understand completely
   - I mostly understand mostly
   - I understand some
   - I don't really understand
   - I don't understand at all

3) I have an understanding of the following:

	I completely understand	I mostly understand	I understand some	I don't really understand	I don't understand at all
Needs Assessment:					
Service Utilization:					
Cost data:					
Priority setting:					
Resource allocation:					
Conflict of Interest:					
Data used to create rankings:					

4) Do you understand the definitions for the Ryan White Part A service categories?
   - I completely understand
   - I mostly understand
   - I understand some
   - I don't really understand
   - I don't understand at all

5) Do you understand how each service category was ranked?
   - I completely understand
   - I mostly understand
   - I understand some
   - I don't really understand
   - I don't understand at all

6) Do you understand why all service categories were ranked this year?

- I completely understand
- I mostly understand
- I understand some
- I don't really understand
- I don't understand at all

7) Do you understand how allocations were made?

- I completely understand
- I mostly understand
- I understand some
- I don't really understand
- I don't understand at all

8) I understand the role of the Grantee during the PSRA process.

- I completely understand
- I mostly understand
- I understand some
- I don't really understand
- I don't understand at all

9) How long have you been an HIVPC/PSRA member?

- 0-1 year
- 1-3 years
- 3-5 years
- 5-10 years
- I don't know

10) How much has your knowledge increased as an HIVPC/PSRA member?

- It has increased a lot
- It has increased a little
- It has neither increased nor decreased
- It has decreased a little
- It has decreased a lot

ASSESSMENT OF THE ADMINISTRATIVE MECHANISM RESEARCH

EMA/TGA	METHODOLOGY	TOPIC AREAS	FREQUENCY
Broward	Provider Survey	Request for Proposals (RFPs), Contracts, Reimbursement, Grantee Communication, Technical Assistance (TA)/Training	Annual & Quarterly (or as needed)
	Grantee Survey	RFPs, Contracts, Reimbursement, Grantee Communication, Technical Assistance (TA)/Training, Procurement & Allocation	
	HIVPC Survey	Information & Reporting to the HIVPC	Annual
Dallas	Provider Survey	Planning Council Activities, RFPs, Subcontractor Award, Contracts, Reimbursements, Program Monitoring, Fiscal Compliance, Quality Management, TA, Administrative Effectiveness	Annual
	Grantee Survey	Planning, Grant Management	
	HIVPC Survey	Planning Council Activities, Administrative Reporting & Effectiveness	
Hartford	Provider Survey	Efficiency in Expending Emergency Funds, Contract Monitoring, Fiscal Monitoring, Quality Assurance, Grantee & Provider Interaction	Annual
Houston	Data & Outcomes Checklist reviewed by Quality Management Committee	RFPs, Procurement, Reimbursement, Contract Monitoring	Annual
Memphis	Provider Survey	Planning Process, RFP & Procurement, Distribution of Funds, Contract Monitoring, Communication & Assistance	Annual
	HIVPC Survey	Information & Reporting to the HIVPC	
Newark	Provider Survey	RFP, Contracts, Reimbursement, Site Visits & TA, Procurement & Allocations, HIVPC, Management Information System (MIS)	Every 3 Years
	Grantee Survey	RFP, Contracts, Reimbursement, Site Visits & TA, Procurement & Allocations, MAI, Conditions of Award, MIS	Annual
New Haven	Data & Outcomes Review	Distribution of Funds, Contracts, Carryover, Reallocations, PSRA Directives Followed by Grantee	Annual
Tampa	Provider Survey	Contracts, Reimbursement, Expenditures, TA, Communication with Grantee	Annual
	HIVPC Survey	Allocations & Reallocations, Expenditures, Communication with Grantee, Administrative Effectiveness	
	Provider Interviews	Contracts, Reimbursement, Expenditures, TA, Communication with Grantee	
	Grantee Interviews	Contracts, Reimbursement, Expenditures, TA, RFPs	
	HIVPC Member Interviews	Allocations & Reallocations, Expenditures, Communication with Grantee, Administrative Effectiveness	
	Data & Outcomes Review	HIVPC Approved Allocations & Reallocations, Provider Contracts & Contract Amendments, Provider Invoice & Reimbursement Records, Committee Meeting Minutes	

Provider Survey

Part I. Background Information

1. Please provide the following contact information:

   Name:

   Job Title:

   Agency:

   Phone Number:

   E-mail:

2. My agency is contracted to provide the following Ryan White Part A services:
   - ☐ Outpatient Ambulatory Medical Care (OAMC)
   - ☐ Minority AIDS Initiative (MAI) OAMC
   - ☐ Pharmacy
   - ☐ Oral Health Care
   - ☐ Health Insurance Continuation Program (HICP)
   - ☐ Disease Case Management
   - ☐ Mental Health
   - ☐ MAI Mental Health
   - ☐ MAI Substance Abuse
   - ☐ Substance Abuse
   - ☐ Centralized Intake and Eligibility Determination (CIED)
   - ☐ MAI CIED
   - ☐ Case Management
   - ☐ Food Services
   - ☐ Legal Services
   - ☐ MAI Medical Case Management

3. How long has your agency been a Ryan White Part A provider?
   - ☐ This is my agency's first year as a provider
   - ☐ 2-3 years
   - ☐ 4-9 years
   - ☐ 10-15 years
   - ☐ 16+ years

Part II. Request for Proposal (RFP) Process and Selection of Providers

4. How did your agency learn that the Ryan White Part A RFP was available?
   - ☐ Communication from the Ryan White Part A Grantee's Office
   - ☐ Communication from the Ryan White Part A HIV Planning Council
   - ☐ Other Ryan White Part A providers
   - ☐ My agency is a long time Ryan White Part A provider, and knows when to expect an RFP
   - ☐ Other (please explain)

5. Did the RFP clearly describe application requirements?
   - ☐ Yes

- ☐ No
- ☐ Somewhat

6. Did the RFP clearly describe eligibility requirements?
   - ☐ Yes
   - ☐ No
   - ☐ Somewhat

7. Did the RFP describe the purpose and objectives of the Part A service being applied for?
   - ☐ Yes
   - ☐ No
   - ☐ Somewhat

8. How would you rate the Proposal Workshop (held on September 27, 2013)?
   - ☐ Useful
   - ☐ Not Useful
   - ☐ Somewhat Useful
   - ☐ Comments:

9. Last year the RFP was available starting September 23, 2013 and the proposals were due on November 1, 2013. Was the amount of time allotted for the RFP enough time to prepare and submit your proposal?
   - ☐ Yes
   - ☐ No
   - ☐ Comments:

10. Was your agency provided with feedback on reasons for selection/non-selection and the amount of funding awarded?
    - ☐ Yes
    - ☐ No
    - ☐ Comments:

11. What additional comments do you have on this year's RFP documents (clarity, ease of reading, etc.)?

12. What additional comments do you have on this year's RFP process (strengths and weaknesses)?

<u>Part III. Contracts</u>

13. For the current fiscal year (beginning March 1, 2014), on approximately what date was your agency notified that you would be receiving Ryan White Part A funding?

14. How were you notified of your award? Please select all that apply.
    - ☐ Award Letter (hard copy)
    - ☐ Award Letter (electronic)
    - ☐ Email
    - ☐ Other (please explain)

15. On approximately what date did you receive a fully executed contract for the Ryan White Part A services that your agency provides? If you provide multiple services, please note the date the contract was received for each service.

16. What additional comments do you have about the Ryan White Part A contracting process?

Part IV. Service Provider Reimbursements

17. Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?
    - ☐ 0-7 days
    - ☐ 8-14 days
    - ☐ 15-21 days
    - ☐ 22-28 days
    - ☐ 29-35 days
    - ☐ 36-42 days
    - ☐ 42+ days

18. Have there ever been discrepancies in your reimbursement checks (checks were more or less than amount due)?
    - ☐ Yes
    - ☐ No

19. If so, how were those discrepancies resolved?

20. Over the past year, has the Grantee's office contacted your agency to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?)
    - ☐ Yes
    - ☐ No

21. If so, did the Grantee provide feedback or solutions to help your agency get back to target utilization and expenditures?
    - ☐ Yes
    - ☐ No
    - ☐ Comments:

22. What additional comments do you have about the reimbursement process?

Part V. Grantee Communication & Technical Assistance/Training

23. In your experience over the past 12 months, how would you rate the communication between your agency and the Grantee's Office?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor

24. How would you rate the Grantee's Office in responding to questions and requests for information over the past year?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor

25. Please rate the timeliness of the Grantee's Office in responding to questions or requests for information.
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor

26. How would you rate the Grantee's Office in providing your agency with programmatic and/or fiscal technical assistance or training over the past 12 months?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor

27. Do you have any additional comments about communication with the Grantee or technical assistance/training?

Grantee Survey

Part I. Request for Proposal (RFP) Process and Selection of Providers

1. In the last fiscal year, what work was undertaken by the Grantee to encourage new providers to apply for Ryan White Part A funds?

2. How many proposals were received for the current fiscal year?

3. Of those proposals, how many were awarded contracts for Ryan White Part A funds?

4. How did the Grantee's Office communicate that the Ryan White Part A RFPs were available?
   - ☐ Communication directly to the providers
   - ☐ Communication from the Ryan White Part A HIV Planning Council
   - ☐ Other Ryan White grantees
   - ☐ Other (please explain)

5. Please describe the process used to review proposals requesting FY 2014 Part A funds. Please describe the external review panel (including a demographic description of peer reviewers, the number of peer reviewers, professional background, and HIV status), criteria used to assess proposals, and how peer reviewer comments are considered in the final determinations.

6. Did the selection process this year identify new providers?
   - ☐ Yes
   - ☐ No
   - ☐ Comments:

7. Did the selection process address the needs of underserved or hard to reach communities? Please explain.
   - ☐ Yes
   - ☐ No
   - ☐ Comments:

8. Were applicant agencies provided with feedback on reasons for selection/non-selection and the amount of funding awarded?
   - ☐ Yes
   - ☐ No
   - ☐ Comments:

9. What additional comments do you have on this year's RFP documents (clarity, ease of reading, etc.)?

10. What additional comments do you have on this year's RFP process (strengths and weaknesses)?

Part II. Contracts

11. On what date did the Broward EMA receive its notice of grant award for FY 2014 funding?

12. On what date were award letters sent to funded agencies for FY 2014?

13. How were agencies notified of their award? Please select all that apply.
    - ☐ Award Letter (hard copy)
    - ☐ Award Letter (electronic)
    - ☐ Email
    - ☐ Other (please explain)

14. On what date were contracts with funded agencies fully executed? Please note multiple dates for different contracts.

15. List/describe any obstacles contributing to the delay in executing provider contracts.

Part III. Service Provider Reimbursements

16. What procedures, documents, and policies are used to guide the payment of invoices/reimbursements?

17. Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?
    - ☐ 0-7 days
    - ☐ 8-14 days
    - ☐ 15-21 days
    - ☐ 22-28 days
    - ☐ 29-35 days
    - ☐ 36-42 days
    - ☐ 42+ days

18. List/describe any obstacles contributing to the delay in reimbursement to providers.

19. Have there ever been discrepancies in reimbursement checks (checks were more or less than amount due)?
    - ☐ Yes
    - ☐ No

20. If so, how were those discrepancies resolved?

21. Over the past year, has the Grantee's office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?)
    - ☐ Yes
    - ☐ No

22. If so, did the Grantee provide feedback or solutions to help agencies get back to target utilization and expenditures?
    - ☐ Yes
    - ☐ No
    - ☐ Comments:

Part IV. Grantee Communication & Technical Assistance/Training

23. Over the past 12 months, how would you rate the communication between the Grantee's Office and funded agencies?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:

24. How would you rate the Grantee's Office in responding to questions and requests for information over the past year?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:

25. Please rate the timeliness of the Grantee's Office in responding to questions or requests for information.
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:

26. How would you rate the Grantee's Office in providing your agency with programmatic and/or fiscal technical assistance or training over the past 12 months?
    - ☐ Excellent
    - ☐ Good
    - ☐ Average
    - ☐ Poor
    - ☐ Very Poor
    - ☐ Comments:

Part V. Procurement and Allocation

27. What percent of the overall award for the last fiscal year was used for grantee support, planning council support, and quality management?

28. What percent of formula funds were unexpended at the end of FY 2013? Please explain.

29. What percent of supplemental funds were unexpended at the end of FY 2013? Please explain.

30. Please provide the following:
    - ☐ Final spending report for FY 2013
    - ☐ Final allocation report for FY 2014

- ☐ A list of all Part A-funded service providers in the Broward EMA for FY 2014 (including contact information), as well as the categories for which each provider is contracted

HIVPC Survey

1. How would you rate the Grantee's Office in following the HIVPC's service priorities, resource allocations, and reallocations ("sweeps").
   - ☐ Excellent
   - ☐ Good
   - ☐ Average
   - ☐ Poor
   - ☐ Very Poor
   - ☐ Comments:

2. How would you rate Grantee staff in providing utilization and expenditure reports to the HIVPC and appropriate committees on a regular basis?
   - ☐ Excellent
   - ☐ Good
   - ☐ Average
   - ☐ Poor
   - ☐ Very Poor
   - ☐ Comments:

3. How would you rate the Grantee's Office in responding to questions and requests for information about allocations, reallocations, and expenditures over the past year?
   - ☐ Excellent
   - ☐ Good
   - ☐ Average
   - ☐ Poor
   - ☐ Very Poor
   - ☐ Comments:

4. How would you rate Grantee staff in clearly communicating the reallocation process to the HIVPC and appropriate committees?
   - ☐ Excellent
   - ☐ Good
   - ☐ Average
   - ☐ Poor
   - ☐ Very Poor
   - ☐ Comments:

5. How would you rate the Grantee's Office in keeping the HIVPC and its committees well informed of HRSA policies, procedures, and updates that impact the Ryan White Program?
   - ☐ Excellent
   - ☐ Good
   - ☐ Average
   - ☐ Poor
   - ☐ Very Poor
   - ☐ Comments: