# Boston EMA Ryan White Part A HIV Health Services Planning Council

# ASSESSMENT OF ADMINISTRATIVE MECHANISM

2018-2019

June 2019



Planning Council Support
1010 Massachusetts Avenue, 6th Floor
Boston, MA 02118
www.bostonplanningcouncil.org

## **Table of Contents**

I.	Background	3
II.	Methodology	3
III.	Summary of Findings	3
	A. Introductory Questions	3
	B. Procurement	4
	C. Disbursement of Funds	18
IV.	Recommendations	28

### **Assessment of Administrative Mechanism**

### I. Background

The Health Resources and Services Administration (HRSA) requires that all Ryan White Part A Planning Councils conduct an annual assessment of the administrative mechanism (AAM) to evaluate how efficiently and rapidly grantees disburse funding to the areas of greatest need within the eligible metropolitan area (EMA). The purpose of the survey is to evaluate the degree to which providers were satisfied with BPHC's administration of Ryan White Part A funding. The Boston EMA Ryan White Planning Council's role was to review the survey results and provide recommendations to BPHC in areas where improvements were necessary.

This council year, SPEC decided to divide the AAM into two parts: Procurement and Distribution of Funds for a more in-depth response and better insight into the agencies' perspectives. The first half focused on the request for proposals (RFP), competitive bidding process and internal/external grant proposal reviews while the second on the creation of contracts, purchasing orders, receipts of monthly invoices and 30 day turnaround for reimbursements. Part I was sent out in March and analyzed in April, while Part II was sent out in April and analyzed in May. The final results and recommendations were presented to Planning Council on May 9<sup>th</sup> and voted on by the council on June 6<sup>th</sup>.

## II. Methodology

Planning Council Support (PCS) staff distributed both surveys, Part I-Procurement and Part II-Distribution of Funds, online through Survey Monkey. On March 11<sup>th</sup>, 2019, PCS staff emailed the Part I survey link to all 33 Part A service providers who were given a 3-week completion deadline (April 2<sup>nd</sup>). Part II was subsequently sent out on April 4<sup>th</sup> with a deadline of May 1<sup>st</sup>. The surveys each included 15 multiple choice and open-ended questions, with Part I focused on evaluating procurement and Part II assessing disbursement and the contract monitoring processes administered by BPHC during FY18. For the first survey, 20 agencies (63%) responded while 22 providers (69%) completed the second. During the 2018-2019 term, the Services, Priorities, and Evaluation Committee (SPEC) analyzed the results and created specific recommendations for each section, as shown in this report (see Appendix A for survey results).

### **III.** Summary of Findings

### A. Introductory Questions

This section comprised of three questions: Question 1 asked for agency name, Question 2 asked which service categories were funded by Part A for their respective agencies and Question 3 asked whether or not they had responded to an AAM survey in the past three years. The top three Boston EMA Part A service categories that were funded for in FY2018 amongst the agencies

who responded to the survey were Medical Case Management (52%-Part I, 50%-Part II), Medical Transportation (48%-Part I, 46%-Part II) and Psychosocial Support (38%-Part I, 27%-Part II). Non-Medical Case Management, however, was tied for third place in the Part II survey (27%). Twelve agencies (57%-Part I) reported that they have responded to the AAM survey in the past three years while the main reason given for not responding to the AAM survey was not receiving the survey in previous years.

#### B. Procurement

Distribution of Survey to All Part A Funded Agencies: March 11<sup>th</sup>, 2019 Final Collection and Analysis of Results: April 2<sup>nd</sup>, 2019

**Total Responses: 21** 

Complete: 16 Partial: 5

20 out of 32 (63%) confirmed agencies responded, with 1 duplicate agency.

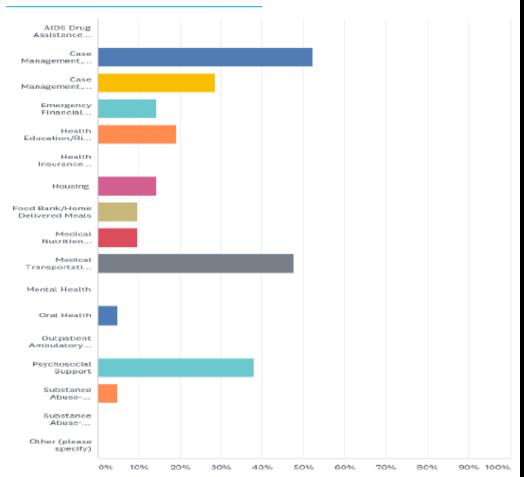
### Overall Consensus Per Part I (Procurement) Responses

- ❖ The Bidders Conference was "disorganized", "chaotic" and created more questions than it answered.
- ❖ The RFP is clear, however, with straightforward expectations and content.
- ❖ Experienced and familiar facilitators should lead future conferences in order to effectively deliver content and answer questions.
- An online bidding process would be very helpful, as would a webinar and postconference call.

## Q1. Agency Name

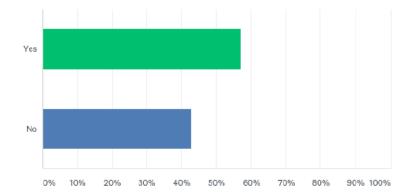
Q2:WHICH BOSTON EMA PART A SERVICE CATEGORIES WERE YOU FUNDED FOR IN FY 2019? (CHECK ALL THAT APPLY)

- Answered: 21
- Skipped: 0



ANSWER CHOICES	RESPONSES	
AIDS Drug Assistance Program (ADAP)	0.00%	0
Case Management, Medical	52.38%	11
Case Management, Non-Medical	28.57%	6
Emergency Financial Assistance (EFA)	14.29%	3
Health Education/Risk Reduction	19.05%	4
Health Insurance Premium & Cost Sharing Assistance	0.00%	O
Housing	14.29%	3
Food Bank/Home Delivered Meals	9.52%	2
Medical Nutrition Therapy	9.52%	2
Medical Transportation Services	47.62%	10
Mental Health	0.00%	0
Oral Health	4.76%	1
Outpatient Ambulatory Medical Care	0.00%	0
Psychosocial Support	38.10%	8
Substance Abuse- Residential	4.76%	1
Substance Abuse- Outpatient	0.00%	0
Other (please specify)	0.00%	٥
Total Respondents: 21		

# Q3: DID YOU RESPOND TO THE AAM SURVEY IN THE PAST THREE YEARS? IF NOT, WHY?



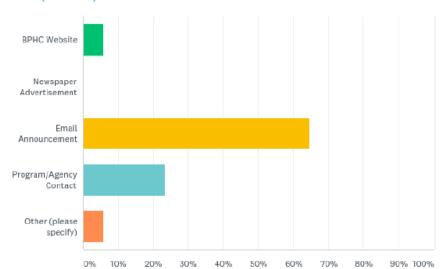
Answered: 21

ANSWER CHOICES	RESPONSES	
Yes	57.14%	12
No	42.86%	9
TOTAL		21

#	IF NOT, WHY?	DATE
1	I did not receive a survey	4/1/2019 12:42 PM
2	the survey was never sent to me	4/1/2019 9:11 AM
3	Unsure if previously completed	3/29/2019 9:53 PM
4	Did not have Ryan White Funding	3/25/2019 11:07 AM
5	new employee	3/21/2019 11:43 AM
6	I don't recall if I did.	3/18/2019 3:02 PM
7	Not sure if we received a survey	3/14/2019 11:18 AM
8	I believe so	3/12/2019 11:36 AM
9	didn't get asked	3/11/2019 6:03 PM
10	Did not receive it to my recollection	3/11/2019 2:46 PM

## Q4: HOW DID YOUR AGENCY LEARN THAT THE LAST BOSTON PUBLIC HEALTH COMMISSION (BPHC) RYAN WHITE PART A RFP WAS AVAILABLE?

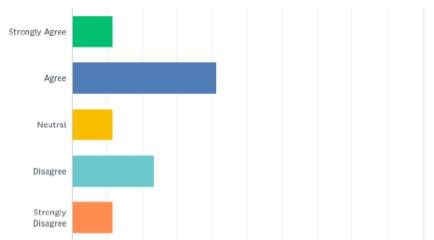




ANSWER CHOICES	RESPONSES	
BPHC Website	5.88%	1
Newspaper Advertisement	0.00%	0
Email Announcement	64.71%	11
Program/Agency Contact	23.53%	4
Other (please specify)	5.88%	1
TOTAL		17

#	OTHER (PLEASE SPECIFY)	DATE
1	We have been a subrecipient for several years	3/22/2019 9:45 AM

# Q5: PLEASE SELECT THE RESPONSE THAT BEST REFLECTS YOUR THOUGHTS ON THE FOLLOWING STATEMENTS: BPHC PROVIDES BIDDERS WITH ADEQUATE INFORMATION ON APPLYING FOR FUNDING.



40%

50%

60%

70%

80%

90% 100%

- Answered: 17
- Skipped: 4

10%

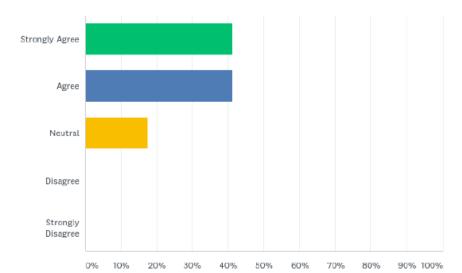
20%

30%

ANSWER CHOICES	RESPONSES	
Strongly Agree	11.76%	2
Agree	41.18%	7
Neutral	11.76%	2
Disagree	23.53%	4
Strongly Disagree	11.76%	2
TOTAL		17

#	ADDITIONAL COMMENTS OR FEEDBACK:	DATE
1	I strongly disagree; for the past two bidders conference that I have attended, the majority of questions asked, BPHC did not have an answer at the time of the meeting. In addition, some of the questions were the same as the last bidder's conference and yet they still could not answer the questions. Therefore, for those waiting for answers could not move forward with the RFP until we received the information requested.	4/1/2019 1:02 PM
2	The bidders conference seemed somewhat disorganized	3/29/2019 9:54 PM
3	There was some conflicting information in the RFP regarding the application process (dates, tracks, etc). It also seemed like the front desk wasn't prepared to time and date stamp submitted proposals, which was indicated in the proposal as a requirement.	3/18/2019 1:35 PM
4	historically, yes. This last RFP process was painful and the bidder's conference was awful. Dr. Jaeger was unable to answer any specific questions regarding service categories, especially those that had been re-categorized. We also never really got clear responses on many of the emailed questions that we were told to submit after the conference. In many areas we had to "wing it" and hope it met with HRSA quidelines	3/13/2019 10:53 AM
5	This year was a bit different given the new categories of funding as well as being required to designate MAI services during RFP process.	3/11/2019 4:34 PM
3	Because of recent staff turnover, Bidder's Conference was confusing and Dr. Yeager did not have any experience with previous RFPs so she was not up to speed on all qualification for the proposal. It was a bit chaotic as a result	3/11/2019 2:25 PM

# Q6: BPHC CONDUCTS AN OPEN AND COMPETITIVE PROCUREMENT PROCESS, WITH STANDARDIZED PROCEDURES AND REQUIREMENTS FOR FUNDING.

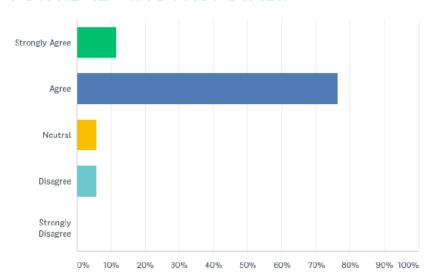


Answered: 17

ANSWER CHOICES	RESPONSES	
Strongly Agree	41.18%	7
Agree	41.18%	7
Neutral	17.65%	3
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		17

#	ADDITIONAL COMMENTS OR FEEDBACK:	DATE
1	The procurement process last fall was chaotic and confusing to many providers. Questions asked at the bidder's conference were not adequately answered.	3/19/2019 8:40 AM

## Q7:THE RFP CLEARLY DESCRIBED THE CRITERIA AND PROCEDURES FOR REVIEWING PROPOSALS.

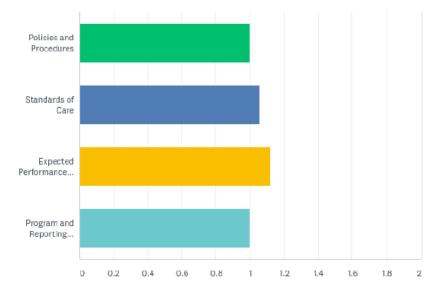


Answered: I	7
Allawel ed. 1	•

ANSWER CHOICES	RESPONSES	
Strongly Agree	11.76%	2
Agree	76.47%	13
Neutral	5.88%	1
Disagree	5.88%	1
Strongly Disagree	0.00%	0
TOTAL		17

#	ADDITIONAL COMMENTS OR FEEDBACK:	DATE
1	The RFP describes the criteria and procedures for reviewing proposals, however, the RFP as a whole had a tremendous amount of errors, which was pointed out at the bidder's conference. When you review the RFP, it looks as if it was not thoroughly evaluated/edited	4/1/2019 1:02 PM
2	I am clear on how the proposals are reviewed but not how they are awarded.	3/11/2019 2:19 PM

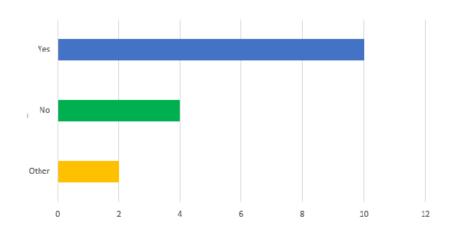
# Q8:THE RFP CLEARLY STATED EXPECTATIONS, INCLUDING FEDERAL HRSA/HAB POLICIES AND PROCEDURES, STANDARDS OF CARE THAT MUST BE MET, EXPECTED PERFORMANCE MEASURES, AND PROGRAM AND REPORTING REQUIREMENTS.



- Answered: 17
- Skipped: 4

#	ADDITIONAL COMMENTS OR FEEDBACK:	DATE
1	This question should have yes, no, and or partial met, because the RFP went over the list mentioned above but I would not say all listed was "clearly stated"	4/1/2019 1:02 PM
2	Standards of care were not up to date. Performance measures were not adequately outlined.	3/19/2019 8:40 AM

## Q9: WAS SUFFICIENT TIME ALLOTTED TO THE RFP PROCESS? IF NOT, PLEASE EXPLAIN.



- Answered: 16
- Skipped: 5

#	RESPONSES	DATE
1	Yes	4/1/2019 1:02 PM
2	yes	4/1/2019 9:15 AM
3	IT was a tight timeline given that medical providers need to be involved in writing the grant while continuing to provide care	3/25/2019 11:11 AM
4	I think more time should have been given to the process.	3/22/2019 1:27 PM
5	yes	3/22/2019 9:45 AM
6	Yes, but additional time would allow us to better plan projected outcomes and service improvements in response to any new expectations outlined in the RFR.	3/20/2019 3:37 PM
7	No. It was the shortest time frame for any RFP that I have responded to and there were many questions and uncertainties.	3/19/2019 8:40 AM
8	Yes	3/18/2019 1:35 PM
9	No, all information was not available until close to submission deadline.	3/14/2019 11:27 AM
10	yes	3/13/2019 10:53 AM
11	Yes	3/12/2019 11:37 AM
12	It was a very quick turnaround	3/12/2019 8:37 AM
13	It would have been useful to have 6 weeks to respond given all the changes with the service categories and updates post HRSA site visit.	3/11/2019 4:34 PM
14	Yes.	3/11/2019 2:25 PM
15	Yes	3/11/2019 2:25 PM
16	yes	3/11/2019 2:19 PM

# Q10:WHAT THREE SUGGESTIONS WOULD YOU OFFER TO IMPROVE THE RFP DOCUMENT AND PROCESS?

Answered: 15 Skipped: 6

#	RESPONSES	DATE
1	1. The ability to submit the RFP application online like HRSA, instead of all those paper copies 2. RFP that has clear and precise directions/expectations with minimal errors 3. The Bidders conference should be within a week of the RFP announcement, and the majority of questions asked someone should be able to answer during the conference and not have to wait for an email that can take days/weeks	4/1/2019 1:02 PM
2	online webinar hotline for question and support	4/1/2019 9:15 AM
3	<ol> <li>Eliminate redundancy 2. Notify all agencies providing HIV/AIDS services of RFP as well as upcoming RFPs 3. More clarity at bidder's conference</li> </ol>	3/25/2019 11:11 AM
4	Give more time, have at least two sessions. Send a friendlier MS word document for the RFP.	3/22/2019 1:27 PM
5	Provide blank, sample of complete application documents Webinar for the conference Staff could be more prepared for the conference; follow up could be improved with answers to questions provided via email to all conference attendees	3/22/2019 9:45 AM
6	<ol> <li>Provide more time for providers to submit questions.</li> <li>Provide more notice between the release of the RFR and the bidder's conference to account for scheduling.</li> </ol>	3/20/2019 3:37 PM
7	Make sure all information is accurate in the RFP prior to release - this was not the case in this document. Be prepared to answer questions at the Bidder's conference - too much confusion and uncertainty. Create a tighter RPF so there are fewer questions that are submitted during the weeks leading up to the deadline. This application process had the most questions and concerns than any other I have experienced.	3/19/2019 8:40 AM
8	I suggest having an intern or staff member who is not directly involved with the design of the RFP, review the RFP through the lens of an applicant. I think this would catch any final issues and address conflicting information in the RFP.	3/18/2019 1:35 PM
9	<ol> <li>BPHC staff who are familiar with the document and submission process.</li> <li>Proof read document and make sure it contains correct information.</li> <li>Response time for questions was appalling.</li> </ol>	3/14/2019 11:27 AM
10	have staff available at the bidder's conference that actually understand the programs and expectations so that those could be communicated to the group have staff answering email questions that actually understand the RFP and can respond appropriately	3/13/2019 10:53 AM
11	Better understanding of upper limits of award rather than only what was suggested	3/12/2019 11:37 AM
12	1-Be more organized during the Bidder's conference 2- Give us more time to write the grant 3- Shorter turnaround	3/12/2019 8:37 AM
13	There is still room for more consistency in terms of deadlines and other RFP errors.	3/11/2019 4:34 PM
14	Most experienced program staff, with intimate knowledge of the RFP should run the meeting	3/11/2019 2:25 PM
15	How are they scored? Bidder's conference was horrific, how much are you looking to fund in each category	3/11/2019 2:19 PM

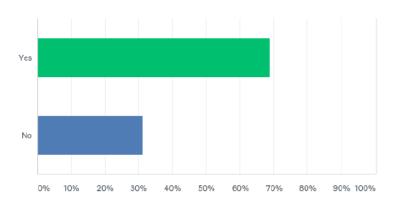
## Q11: IF TRANSLATIONS SERVICES WERE PROVIDED, WHICH LANGUAGES WOULD BE USEFUL TO COMPLETE THE RFP?

Answered: 8 Skipped: 13

#	RESPONSES	DATE
1	Spanish	4/1/2019 1:02 PM
2	cerole	4/1/2019 9:15 AM
3	N/A	3/22/2019 1:27 PM
4	no	3/22/2019 9:45 AM
5	Spanish	3/19/2019 8:40 AM
6	n/a	3/14/2019 11:27 AM
7	NA .	3/12/2019 11:37 AM
8	spanish	3/11/2019 2:25 PM

## Q12:WOULD AN ONLINE PRESENCE MAKE BIDING FOR SERVICES EASIER AND MORE INCLUSIVE AND IF SO IN WHAT WAYS?

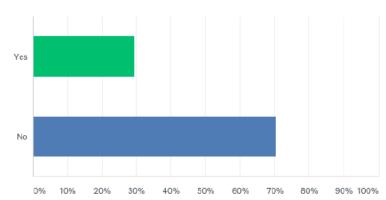




ANSWER CHOICES	RESPONSES	
Yes	68.75%	11
No	31.25%	5
TOTAL		16

#	OTHER (PLEASE SPECIFY)	DATE
1	Additional sources for information about the bidding process would help clarify bid rules and expectations, and provide greater awareness of deadlines.	3/20/2019 3:37 PM
2	Unsure what this question is asking	3/19/2019 8:40 AM
3	The volume of paper for this submittal was very significant. If the agency could move to an online system this would make the submission process easier and more environmentally friendly.	3/18/2019 1:35 PM
4	Maybe, please explain	3/14/2019 11:27 AM
5	Webinar would be a very useful format for the conf	3/11/2019 2:25 PM

# Q13: IF YOU ATTENDED THE BIDDERS CONFERENCE, WERE YOUR QUESTIONS ANSWERED?

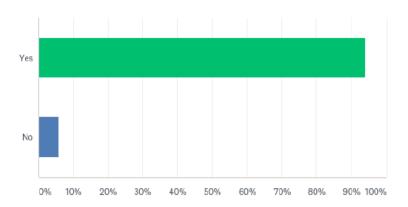


Answered: 17

ANSWER CHOICES	RESPONSES	
Yes	29.41%	5
No	70.59%	12
TOTAL		17

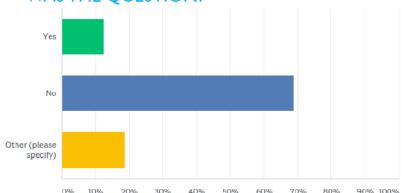
## Q14:WOULD A WEBINAR AND CONFERENCE CALL BE HELPFUL AFTER BIDDER'S CONFERENCE?





ANSWER CHOICES	RESPONSES	
Yes	94.12%	16
No	5.88%	1
TOTAL		17

# Q15: ARE THERE LASTING QUESTIONS OR CONCERNS THAT WERE NOT ADDRESSED IN A TIMELY MANNER BEFORE THE DEADLINE? IF SO, WHAT WAS THE QUESTION?



Answered: 16

Skipped: 5

ANSWER CHOICES	RESPONSES	
Yes	12.50%	2
No	68.75%	11
Other (please specify)	18.75%	3
TOTAL		16

#	OTHER (PLEASE SPECIFY)	DATE
1	General questions overall. Whole process was short and very confusing.	3/19/2019 8:40 AM
2	Funding categories	3/14/2019 11:27 AM
3	lots of loose ends regarding tables, as well as big questions about MCM vs NMCM	3/13/2019 10:53 AM

### C. Distribution of Funds

Distribution of Survey to All Part A Funded Agencies: April 4th, 2019

Final Collection and Analysis of Results: May 1st, 2019

**Total Responses: 29** 

Complete: 21 Partial: 8

22 out of 32 (69%) confirmed agencies responded, with 6 duplicate agencies and 1 who omitted their agency affiliation.

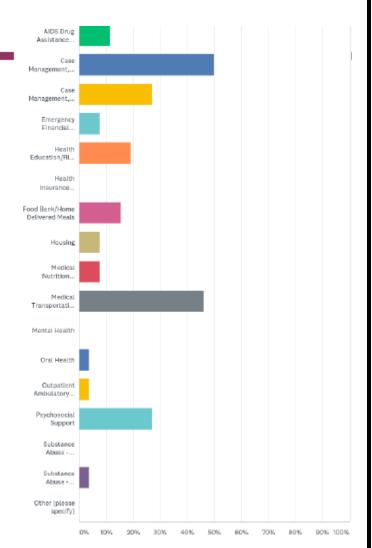
## Overall Consensus Per Part II (Distribution of Funds) Responses

- ❖ Webinars as opposed to coming to Boston for the Bidders Conference, which creates an "undue burden on organizations"
- ❖ Mandatory attendance for the conference was deemed "unreasonable and not a good use of resources" (i.e. office staff availability and financial burden)
- ❖ Conference calls with updates post-Bidders Conference were endorsed
- ❖ "Significant turnover" at BPHC a concern
- \* "Too much detail required for billing and budget revisions", "Time and effort for signature requirements are not reasonable"
- \* "BPHC should go to bat for their providers"

## Q1. Agency Name

# Q2:WHICH BOSTON EMA PART A SERVICE CATEGORIES WERE YOU FUNDED FOR IN FY 2019? (CHECK ALL THAT APPLY)

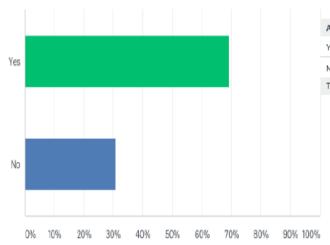
Answered: 26 Skipped: 3



ANSWER CHOICES	RESPONSES	
AIDS Drug Assistance Program (ADAP)	11.54%	3
Case Management, Medical	50.00%	13
Case Management, Non-Medical	26.92%	7
Emergency Financial Assistance (EFA)	7.69%	2
Health Education/Risk Reduction	19.23%	5
Health Insurance Premium & Cost Sharing Assistance	0.00%	0
Food Bank/Home Delivered Meals	15.38%	4
Housing	7.69%	2
Medical Nutrition Therapy	7.69%	2
Medical Transportation Services	46.15%	12
Mental Health	0.00%	0
Oral Health	3.85%	1
Outpatient Ambulatory Medical Care	3.85%	1
Psychosocial Support	26.92%	7
Substance Abuse - Outpatient	0.00%	0
Substance Abuse - Residential	3.85%	1
Other (please specify)	0.00%	0
Total Respondents: 26		

# Q3: DID YOU RESPOND TO THE AAM SURVEY IN THE PAST THREE YEARS?

## Answered: 26 Skipped: 3

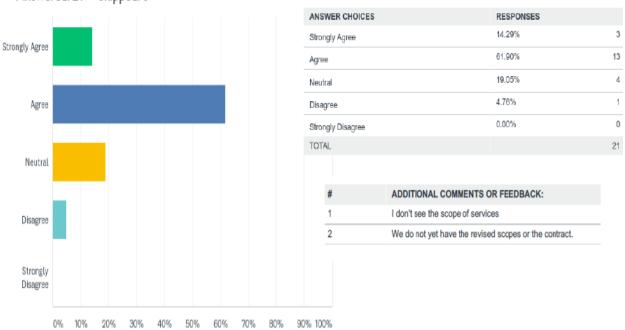


ANSWER CHOICES	RESPONSES
Yes	69.23%
No	30.77%
TOTAL	

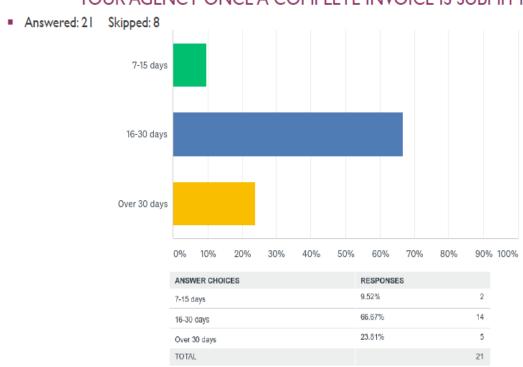
#	IF NOT, WHY?
1	Did not receive survey request for AAM funds
2	I am new with this Agency
3	did not receive
4	May have but cannot recall
5	Unsure if we responded
6	Do not recall receiving the survey in the past

## Q4: BPHC PROVIDES A CLEAR SCOPE OF SERVICE FOR EACH CONTRACT.





## Q5:WHAT IS THE AVERAGE TURNAROUND TIME FOR BPHC TO REIMBURSE YOUR AGENCY ONCE A COMPLETE INVOICE IS SUBMITTED?



#	IF OVER 30 DAYS, PLEASE PROVIDE A BRIEF EXPLANATION AS TO WHY:
1	There were a few invoices that were paid a little over 2 months between the months of December-February.
2	I don't know why BPHC takes more than 30 days to pay. We have no control over when they pay and the stated policy of their accounts payable department is to pay 30 days after an invoice is submitted. There are several months over the past year when I have had to call BPHC fiscal manager to ask when we would be getting paid. Only after placing the call did we get our reimbursement.
3	More often this problem is because the contracting process takes so long, and the fact that there are two contracts each year because of the partial award process and then a budget revision is necessary when ever there is a staff change. All in all this really delays the contracting process.
4	Sometimes it takes one month. Sometimes two months. I am not sure as to why. In the past it has taken up to 9 months at one point.
5	I don't know why. We submit every month by the 15th as required,
6	If over it's internal AP policy

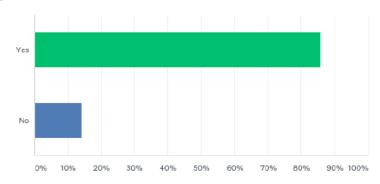
# Q6:WHAT THREE SUGGESTIONS WOULD YOU OFFER TO IMPROVE THE DISBURSEMENT PROCESS?

## Answered: 12 Skipped: 17

#	RESPONSES
1	No
2	Offering delayed submission of invoices possibly? Organizations could have the ability can submit invoices from the 15th to the end of each month and process these invoices 30 days from submission. This could ease any financial constraints that cause delaying payment.
3	can't think of anything
4	none - it seems to be working well
5	n/a
6	1. Pay as soon as the Ryan White fiscal manager has reviewed the billing for completeness 2. Since BPHC gets its funding from HRSA in advance, there is no reason to make providers wait 30 days to get paid, which is BPHC's accounts payable department's official policy 3. Federal guidelines require sub-recipients to paid within 3 days of drawing down the funds from the federal government. Is BPHC in compliance with this regulation? Given that they make us wait 30 days to get paid, if they are in compliance, it means that they are not drawing funds down in a timely manner. If they already have drawn down the funds, then they should be paying us within 3 days of the draw down.
7	Works fine for us. Line item budget revisions are too detailed and take too long to process.
8	None
9	Not at this time
10	Be flexible in processing and accepting invoices.
11	better communication from BPHC if there is an issue earlier issue of POs at the beginning of the FY
12	None

## Q7:WOULD A CHECKLIST BE HELPFUL TO STANDARDIZE THE BUDGET REVISION?

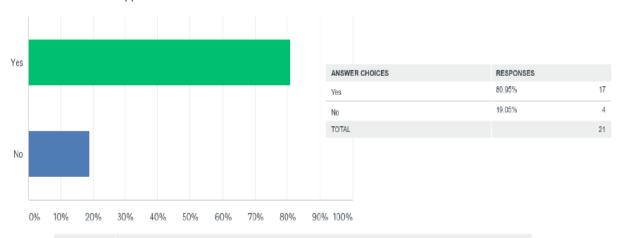
### Answered: 21 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	85.71%	18
No	14.29%	3
TOTAL		21

## Q8: DO YOU FEEL PROPERLY TRAINED TO DO A BUDGET REVISION?

## Answered: 21 Skipped: 8



#	IF NOT, WHY?
1	seems to change depending on who the program coordinator is.
2	Overtrained.
3	I don't do them regularly enough to feel competent in completing them.
4	I know how to submit it but I think there are other things we could be billing for, like occupancy, but we don't know how

## Q9:WHEN WERE YOU LAST TRAINED TO DO A BUDGET REVISION?

## Answered: 18 Skipped: 11

#	RESPONSES
1	I was not trained
2	04/2018
3	I am consistently reviewing and revising budgets to ensure proper spend down of each contract in place.
4 .	every year for the past 5+ years
5	2015
6	Last week
7	Last year
8	Probably a few years back
9	CY2018
10	Last year at the annual training session
11	Trained annually and that is more than enough.
12	N/A - other staff have been trained.
13	I believe it was a year ago
14	Last time I did a budget revision several months back
15	Every year. We have clear written instructions.
16	I can't remember the last time I was trained.
17	a long time ago
18	Our fiscal staff assist me

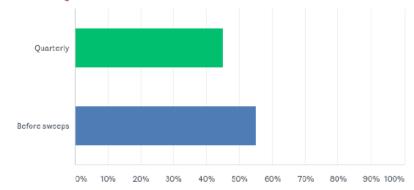
# Q10:WHAT TIME FRAME IS BEST TO BE TRAINED IN BUDGET REVISION, BEFORE "SWEEPS"?

## Answered: 14 Skipped: 15

#	RESPONSES
1	10am - 11am
2	Each quarter of the fiscal year.
3	training should only be done when new or something has changed, it is not necessary to retrain annually if process is unchanged
4	at least 3 months prior to end of FY
5	3 months
6	two month ahead of time
7	Yes
8	2-3 prior to 'sweeps'
9	Sure. The difficulties with budget revisions are with the ridiculous amount of detail required for billing. There should be one line item for cooks, for example, and the billing based on actual costs incurred.
10	Same time as the provider meeting or via a webinar
11	at regular intervals
12	Yes before sweeps.
13	beginning of FY
14	yes

## Q11: SHOULD WE RE-VISIT TRAININGS RELATED TO BUDGET REVISIONS QUARTERLY OR BEFORE SWEEPS?

Answered: 20 Skipped: 9



ANSWER CHOICES	RESPONSES	
Quarterly	45.00%	9
Before sweeps	55.00%	11
TOTAL		20

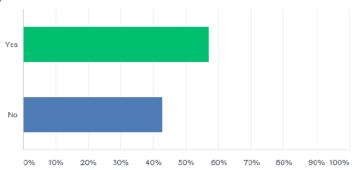
# Q12:WHICH SCENARIOS COULD TRIGGER A BUDGET REVISION AND CHECKLIST THAT WOULD BE HELPFUL?

Answered: 10 Skipped: 19

1	Budget revision
2	Scenarios such as not being able to spend down on a cartain line item. A checklist containing information on how the revision can be made would be helpful.
3	long vacancies
4	change of personnel
5	A checklist for any process is always helpful. Staff turnover and/or forecasts not coming to fruition will trigger a budget revision
6	Too much detail is required. We have 15-16 staff members on the budget. There are cooks and drivers who have frequent turnover and mandated union wage adjustments and selary adjustments. Each of these requires a budget revision. We could revise the budget every month with the changes we have. The line items should be by type of work to reduce the revisions necessary.
7	If a staff member is hired to replace another why is a revision necessary? A case manager is a case manager, why is a revision even necessary?.
8	When there is a new staff or sweeps time.
9	changing FTEs due to staff change or pay increase
10	not enough funding

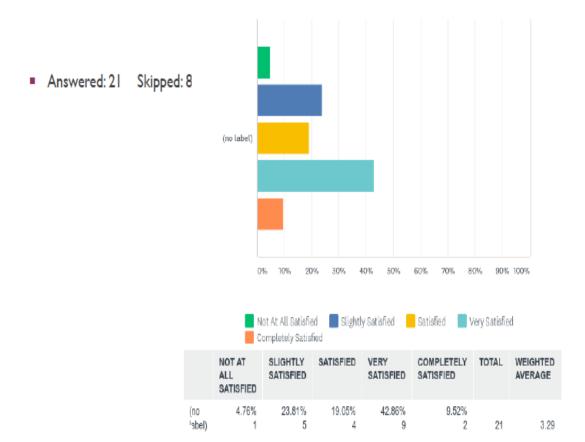
## Q13:WOULD A QUARTERLY CONFERENCE CALL OR WEBINAR BE USEFUL FOR BUDGET REVISIONS?

Answered: 21 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	57.14%	12
No	42.86%	9
TOTAL		21

# Q14: OVERALL, HOW SATISFIED ARE YOU WITH BPHC'S ADMINISTRATION OF RYAN WHITE PART A FUNDS?



# Q15: IS THERE ANYTHING ELSE THAT MAY BE HELPFUL IN ASSESSING THE ADMINISTRATIVE MECHANISM IN PLACE FOR THE BOSTON EMA?

Answered: 10 Skipped: 19

#	RESPONSES
1	Better guidelines
2	No
3	It's unfortunate that the choices were before sweeps or quarterly for budget revisions, there should have been a third choice of if anything changed. Also, it puts an undo burden on organizations to have in person trainings in Boston that could be easily conducted as a webinar or just an email. Organizations shouldn't have to reimburse admin staff \$95 for travel of a staff member who cannot charge the travel to the grant; it's unreasonable and not a good use of resources (time lost from being in the office as well as financial).
4	Webinars for the training would be extremely helpful as opposed to mandatory attendance in Boston.
5	n/a
6	We deliver more than the units specified in the scope of services. There is too much detail required for billing and budget revisions, given that the services are rendered as required by the contract. The time and effort signature requirements are not reasonable, given that our cooks do not know the HIV status of clients who receive each meal. To inform the cooks would be a violation of HIPAA rules. In addition, we were told BPHC did not allow vehicle expenses for a home-delivered meals program because transportation was an overhead expense when "delivery" is in the title of the service. If this is a problem with the Federal agency, BPHC should go to bat for their providers, perhaps with their EMA colleagues.
7	There has been such significant turnover in staff that it makes it very difficult to feel really confident in their management.
8	The ongoing conversations/arguments about administrative overhead allowances is very frustrating.
9	Conference calls for updates.
10	the past year or so has been terribly chaotic and I am not getting the support and assistance I need to feel confident that I am running my new program correctly.

## IV. Recommendations

### I. Procurement

- ❖ A panel of content experts ready to answer questions during the Bidders Conference including representatives from the Executive Office and Accounts Payable.
- ❖ A formal process for notetaking at the Bidders Conference
- ❖ Create an FAQ with answers to use from RFP to RFP (continuous questions)
- ❖ Offer a webinar after the Bidders Conference
- ❖ At the Bidders Conference, there should be someone who has content knowledge to

- answer questions, even if that means it's not the head of the Ryan White Services Division
- Several agencies stated that adequate time is not provided when bidding for an RFP.
- ❖ Bidders should be allowed the maximum amount of time, with no less than 6 weeks.
- ❖ Explore what would it take to implement an electronic system for RFP's to be submitted online. This has been asked years past and agencies are looking for ways to submit online.
- ❖ An RFP that has clear and precise directions/expectations with minimal errors. This stems from various comments made by agencies.

### **II.** Disbursement of Funds

- ❖ A Scope of Services should be available by the beginning of the contract year.
- ❖ 86% of respondents want more guidance on budget revisions with a checklist to help standardize the process
- More webinars
- Time Frame: 60 days *before sweeps* is the best time frame to be trained in budget revision
- ❖ What can BPHC do better to support their agencies during a tough year?