

Assessment of Administrative Mechanism
2021-2022



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Assessment of Administrative Mechanism

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 Part A Recipients disburse funding to the areas of greatest need within the Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA). The Boston EMA Planning Council's Services, Priorities, and Evaluations Committee (SPEC), along with the help of the Planning Council Staff (PCS), designed and approved two evaluation tools: 1.) A provider survey tool to distribute to Part A service providers, and 2.) a questionnaire to collect quantitative data from the Ryan White Services Division (RWSD). The purpose of the survey is to evaluate the degree to which providers are satisfied with RWSD's administration of Ryan White Part A funding. The Boston EMA Planning Council's role is to review the survey results and provide recommendations to RWSD in areas where improvements are necessary.

Methodology

RWSD Questionnaire

The questionnaire was sent out to members of RWSD's programmatic and fiscal teams and given a 7-week completion deadline. The questionnaire included five questions that asked RWSD to provide date ranges and training materials for invoicing, contracting, and budget revising (see Appendix A for RWSD Questionnaire).

Provider Survey

The provider survey tool was made available online through Survey Monkey. On March 15, 2022, the survey link and hard copy survey was emailed to 34 Part A service providers who were given a 3-week completion deadline. The survey included 10 multiple choice and open-ended questions that asked providers to evaluate the contracting, disbursement, and budget revisions processes during FY21. Thirty-two providers (94%) completed the survey anonymously. During the 2021-2022 term, SPEC analyzed the results and created recommendations, as shown at the end of this report (see Appendix B for survey results).

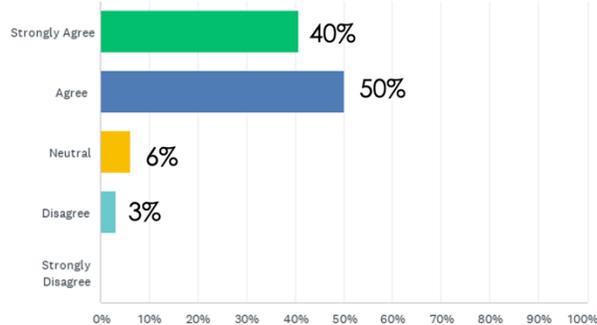
Summary of Findings

The summary of findings is broken down by the following sections: A.) Contracting; B.) Reimbursing; C.) Budget Revisions; D.) Additional Findings

A. Contracting

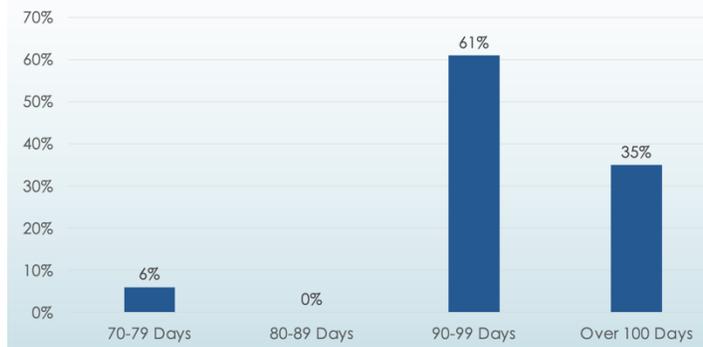
90% of subrecipients either agree or strongly agree that the RWSD provides a clear scope of service for each contract.

Multiple Choice: RWSD provides a clear scope of service for each contract



Out of 31 contracts, the total number of days for contracts to be fully executed fell between 77-154 days. 96% of contracts took over 90 days to be fully executed. Subrecipients took an average of 22 days to obtain their signatures and return the contract to RWSD. It took an average of 79 days for RWSD to obtain required signatures before the contract could be executed.

Length of time to finalize contracts

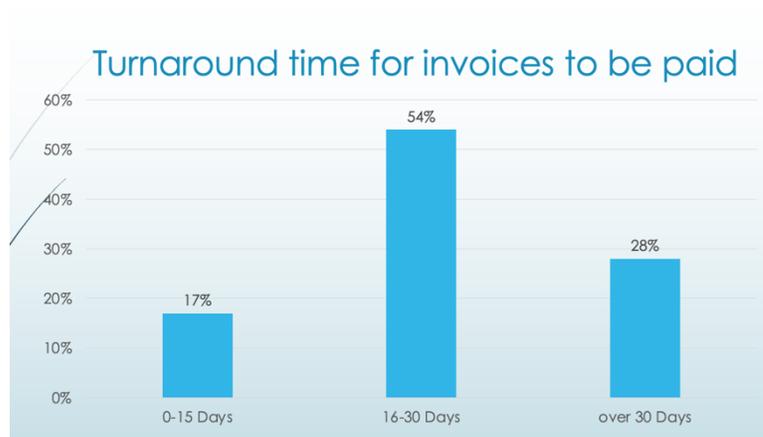


Among open-ended responses, five comments were made about the contracting process being too long (see comment #24,28,31,44,45). Two comments were made about wanting just one full award rather than receiving a partial award (see comment #17,34). One comment was made about getting the notice of award letter prior to the start of the fiscal year so that they know they have funds to spend (see comment #32).

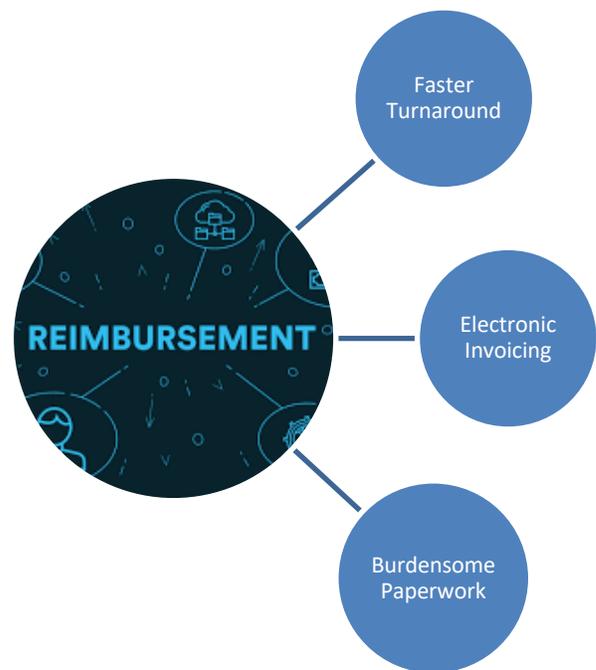


B. Reimbursing

Out of 711 invoices, it took between 1-148 days for subrecipients to receive their checks. 17% of reimbursements were paid within 15 days of when an invoice was submitted, 54% between 16-30 days, and 28% took over 30 days.



Among the open-ended responses, two comments were made about wanting a faster turnaround time for reimbursement (see comment #29,31). Two comments were made asking the RWSD to switch to an electronic invoicing system (see comment #33,58). One comment stated how the requirements for supplemental documentation that accompanies an invoice is redundant and burdensome (see comment #25).



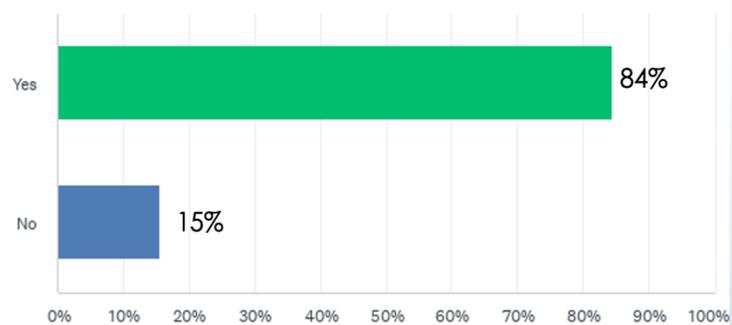
C. Budget Revisions

Out of 45 budget revisions, the amount of time to finalize the revision ranged from 0 to 140 days. 35% were finalized within 2 weeks, 44% between 15-30 days, and 21% took over 30 days.

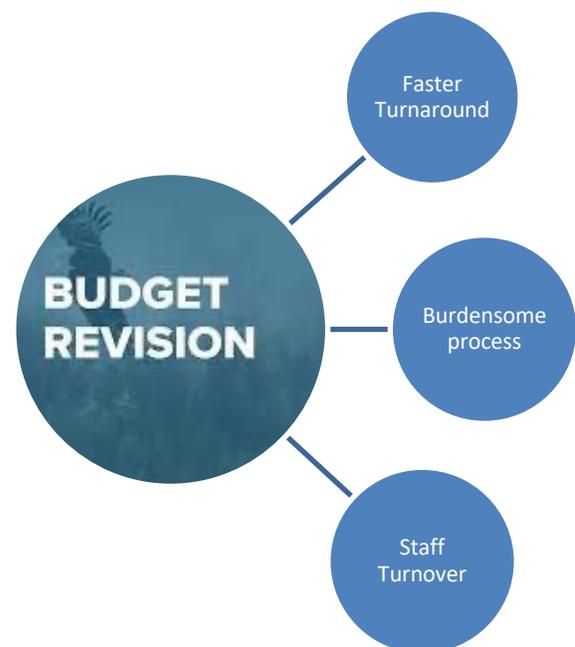


84% of subrecipients felt properly trained to do a budget revision.

Do you feel properly trained to do a budget revision?

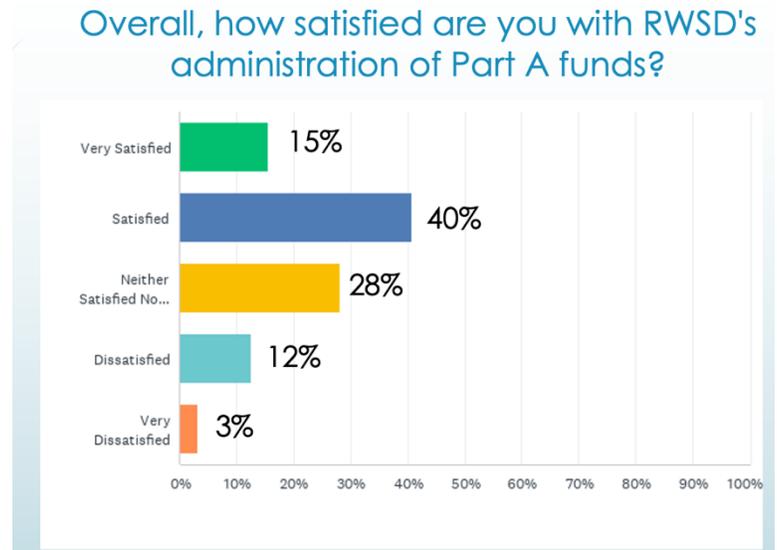


Among open ended responses, five comments were made about the slowness of the process and the need for a quicker turnaround time (see comment #21,26,32,39,44). Three comments were made about the process being burdensome, inefficient, or unclear (see comment #20,30,39). Two comments alluded to how staff turnover and new grant managers' lack of knowledge negatively impacted the budget revision process (see #26,57).



D. Additional Findings

When asked to rate the overall satisfaction of the RWSD, results greatly varied. 55% said they were either very satisfied or satisfied. The other 45% were neutral to very dissatisfied.



Among open-ended responses, nine comments discussed challenges with RWSD staff turnover and its adverse impact on relationship building, continuity of care, and disseminating correct information (see comment #37, 38, 41, 46, 48, 49,51,54,56). Five comments were made about dissatisfaction with communication between RWSD and subrecipients (See comment #27,36,40,48,53). Two comments discussed difficulty accessing documents such as the Service Standards, and Provider Manual (see #19,36).



Recommendations

Overall, SPEC determined that some of the turnaround times for reimbursements, contract executions and budget revisions was excessive. These delays in disbursing funds can have detrimental effects on the service system. The Boston EMA Planning Council approved recommendations that support a more rapid disbursement of funds and foster better communication between RWSD and subrecipients. The RWSD must improve their administrative process within the following areas:

1. Send out the notice of award letters before the beginning of the fiscal year so that subrecipients are aware that resources will be available to them.
2. Adopt benchmarks for reasonable turnaround times for contracts, invoices, and budget revisions.
3. Implement a tracking system that is utilized by RWSD and sub-recipients, that provides information about the status of invoice reimbursements, contract execution, and budget revision response. This system should also have an alert system to keep all parties accountable for timely submissions in order to meet the turnaround benchmarks.
4. Ensure that documents such as the Service Standards, Provider Handbook, allowable costs, RWSD contacts list, are available on e2boston prior to the start of the fiscal year, and explain to subrecipients where on the site to find them.
5. Identify steps in reducing RWSD staff turnover and develop onboarding materials for new RWSD staff that covers both RWHAP information and specific information about the sub-recipients that will be assigned to them.
6. Use an electronic invoicing system
7. Create a one pager describing the congressional process of appropriating Ryan White funds as a way to explain why the partial award cannot be eliminated. Put the document on the resources page within e2boston.
8. Conduct the provider training before contracts begin so that subrecipients are adequately trained prior to managing their programs.

Appendix A: RWSD Questionnaire

Section 1: Contracting		
Question	Indicator	Answer
How long did it take to finalize Part A contracts in FY21 once full award was received?	Notice of award date, date of fully executed contract	See Section 1 table a) for data that will help calculate the average length for contract execution.
How long did it take to finalize the most recent round of budget revisions in FY21?	Date of initial request, date of processed request	See Section 1 table b, c, d) for data that will help calculate the average length for budget revisions in FY21. Please note that FY21 budget revisions post contracts submission took a halt due to the following: <ol style="list-style-type: none"> 1- Staff capacity and turn over 2- The time it took for contracts to be processed (considering the quality of the packets that are returned from the subrecipients, the time it took for subs to returned them, and our own internal delays) 3- The multitudes of missing back-up documentation and errors in the revision requests which required follow-up from both program and/or fiscal staff. However, initial revisions at the start of FY21 were processed within about 1month from submission time to final processing.

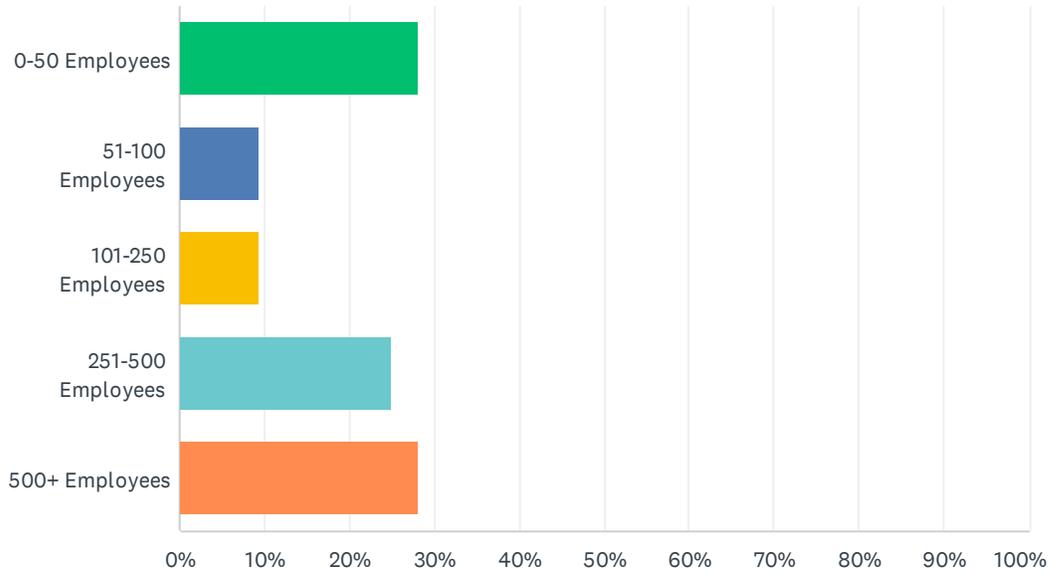
Section 2: Disbursement of Funds		
Question	Indicator	Answer
How quickly were invoices paid in FY21?	invoice submission date and date check is sent from fiscal	Invoices without issues are processed and paid within 30 days of submission.

Section 3: Trainings		
Question	Indicator	Answer
Did RWSD provide training to agencies on how to correctly fill out an invoice?	Date of training, participant list	Yes. Provider Orientation- 4/29/22. Program will have the participant list.
Did RWSD provide training to agencies on how to do a budget revision?	Date of training, participant list	Yes. Provider Orientation and Budget Revision specific training. 4/29/21 and 5/27/21. Program will have the participant list.

Appendix B: Provider Survey Results

Q2 What is the size of your agency?

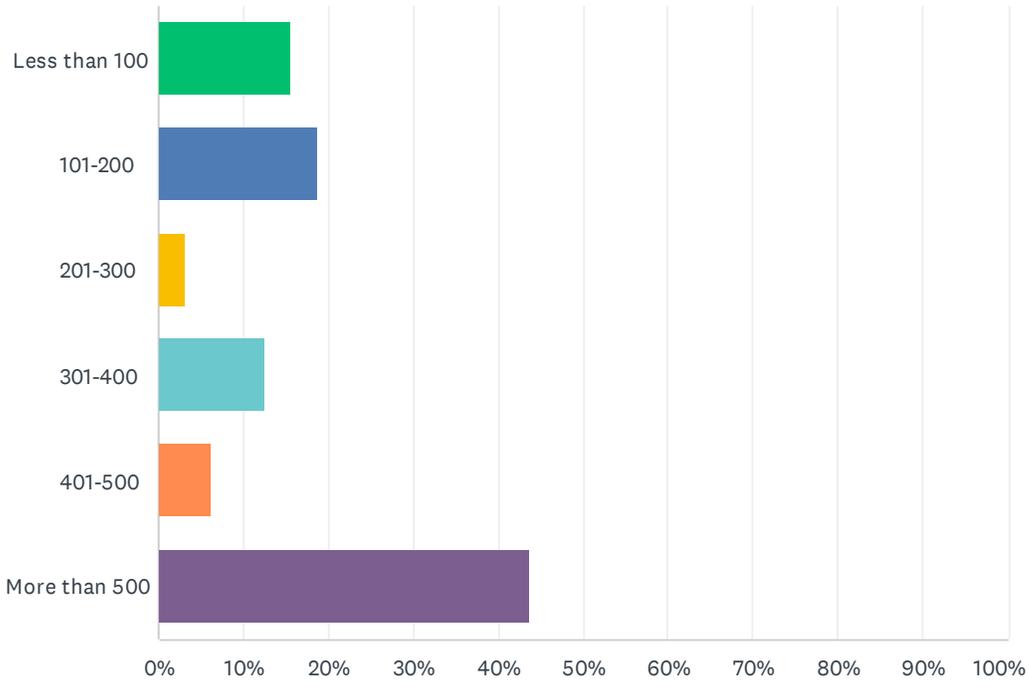
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
0-50 Employees	28.13%	9
51-100 Employees	9.38%	3
101-250 Employees	9.38%	3
251-500 Employees	25.00%	8
500+ Employees	28.13%	9
TOTAL		32

Q3 How many clients does your agency serve?

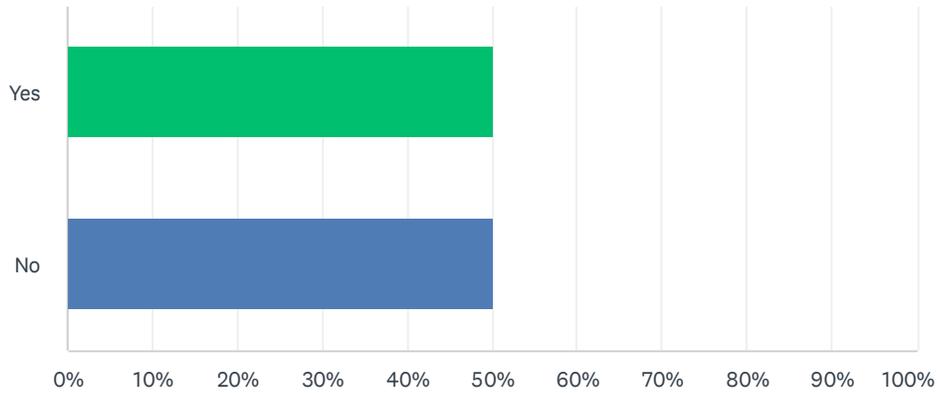
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Less than 100	15.63%	5
101-200	18.75%	6
201-300	3.13%	1
301-400	12.50%	4
401-500	6.25%	2
More than 500	43.75%	14
TOTAL		32

Q4 Are there gaps in funding at your agency, specifically with regard to Ryan White Part A services? If so, please explain.

Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	50.00%	16
No	50.00%	16
TOTAL		32

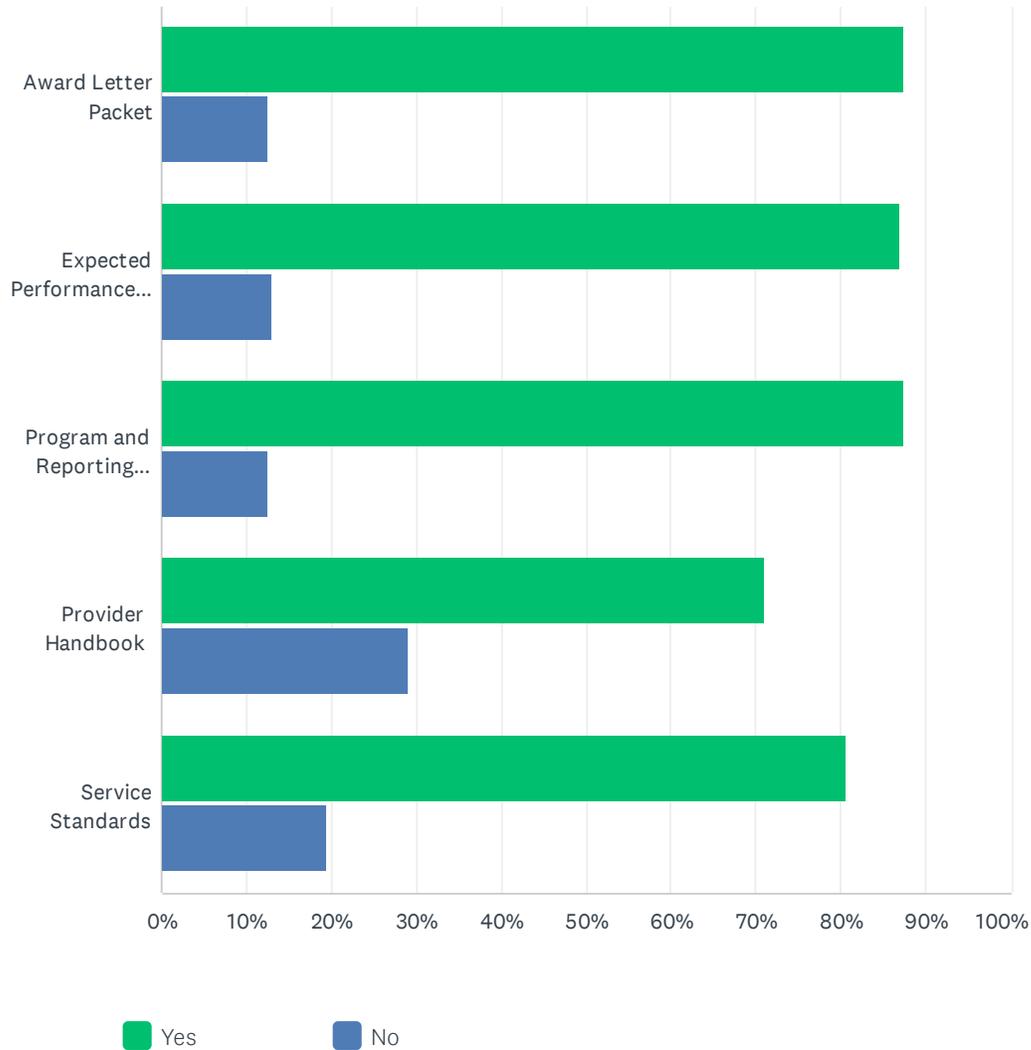
Q4: My Biggest Gaps Are...

Answered: 16

1. Additional funding for Medical Case Management & Psycho-social Support Services- level funding not covering current services Emergency Financial Assistance
2. The gaps are around annual raises and bonuses for employees. There is not enough funding to retain employees.
3. When operating shelter and housing programs, there are always gaps. Given the difficult hiring market, more staffing dollars would always be helpful. In addition if there was access to Ryan White flex funding to further assist participants with transportation or food expenses that would be helpful
4. Being able to support client in moving cost regarding rental trucks as well as security deposits.
5. Increase EFA budget line
6. Transportation
7. Housing specific, Substance Use especially targeting monolingual Spanish speaking, emergency funding (as was available through the EHE funds)
8. We continue to receive level funding but our program costs increase each year.
9. Occupancy, Admin, program leadership
10. Housing, child care, food insecurity, transportation
11. There is always a tremendous need for the Emergency Financial Assistance (EFA) funding support in addition to continued/stable funding for MAI Medical Case Management (MCM) services.
12. Would benefit from additional funds to provide higher level of Medical Nutrition Therapy. Many of our clients are over 60 and are experiencing more chronic illness which could be managed better with adequate nutrition care.
13. Insufficient funding to cover existing staff salaries that needed to be increased in order to attract and retain staff. Insufficient funding to cover the occupancy costs of our food bank.
14. Funds to support engagement/outreach for virtual services. When we were in-person having food was helpful but that is harder to do virtually. The additional funds from EHE this past year were incredibly helpful as we were able to provide gift cards for food assistance and that was a big draw for patients to re-engage.
15. We do not have enough funding to cover linguistic services, housing or medical nutritional therapy (we did during EHE funding, but that has since dried up).
16. Medical Transportation, there is more demand that funding available.

Q5 At the start of FY21, did you received each of the following documents?

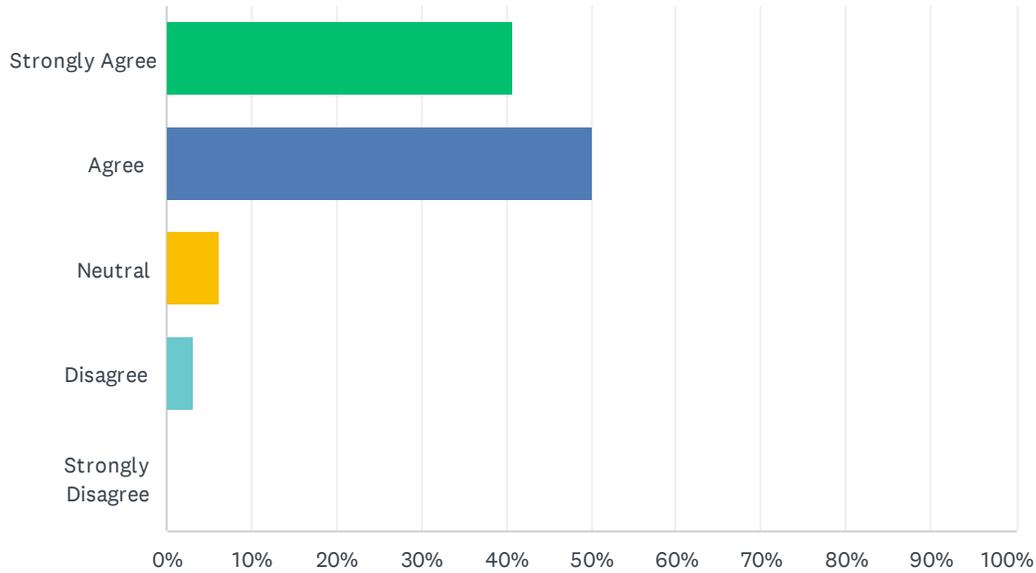
Answered: 32 Skipped: 0



	YES	NO	TOTAL	WEIGHTED AVERAGE
Award Letter Packet	87.50% 28	12.50% 4	32	1.13
Expected Performance Measures	87.10% 27	12.90% 4	31	1.13
Program and Reporting Requirements	87.50% 28	12.50% 4	32	1.13
Provider Handbook	70.97% 22	29.03% 9	31	1.29
Service Standards	80.65% 25	19.35% 6	31	1.19

Q6 BPHC provides a clear scope of service for each contract.

Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	40.63%	13
Agree	50.00%	16
Neutral	6.25%	2
Disagree	3.13%	1
Strongly Disagree	0.00%	0
TOTAL		32

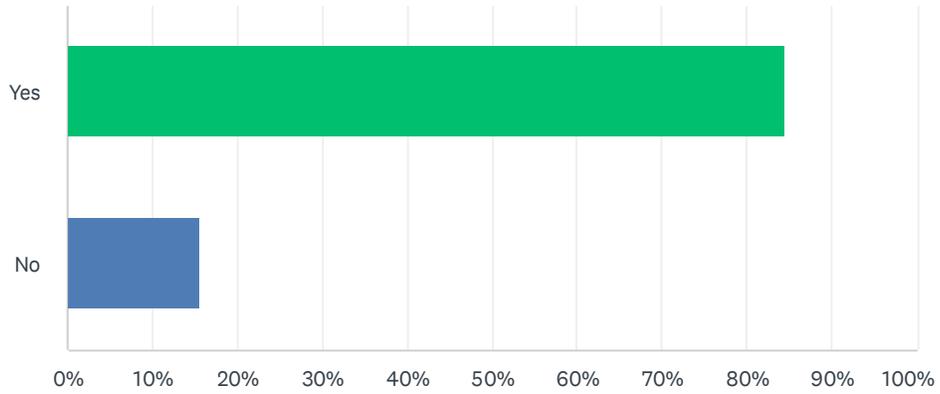
Q7: What suggestions would you offer to improve the disbursement of funds process?

Answered: 18

17. Better aligning fiscal year to when HRSA disburses full award
18. Maybe disbursing a full award instead of the partial award. Working on partial award has not been helpful.
19. Email Standardized reference list with links to Standards and Update Manual at start of period
20. The budget amendment process needs to be clearer and needs to have a quicker turn around.
21. There should be a better turnaround time with budget revisions
22. Ensure allowable costs are clear
23. Grace period at end of fiscal
24. Issue partial awards and contracts sooner.
25. The need to provide both invoice and canceled check is redundant and burdensome. We submitted 168 pages of back up for \$96K of reimbursement today.
26. Needs to be accurate, timely and have grant managers who understand how to do budget amendments so funds and be readjusted to accommodate the needs of the patients
27. Early (meaning at beginning of contract year) distribution of program-related doc's, as opposed to when complete contract is sent (due to delay in full awards). Also: better email communications.
28. Quicker turnaround on contract execution process - although we do appreciate the ability to invoice so long as the PO is in place, even if that timing is before we receive the fully executed contract back.
29. Overall, I would say that BPHC does a good job around disbursement of funds. Maybe if they could be more timely – say issue reimbursement within 30 days of receipt of our monthly invoice.
30. Redundant paperwork required for budgets when none of the signers have changed over the years and within a fiscal year. BPHC has historically created our budgets without our input, which results in several iterations of budget amendments, which is a drain on staff time, both at BPHC and our agency. With this most recent award, we were allowed to submit our budget as we saw fit, which should be the way it is done going forward.
31. The timeliness of getting contracts out and purchase order numbers sometimes slows down the billing in the beginning. Would be great if invoices were paid within 15 days of receipt.
32. more timely responses to budget revision requests and faster issue of awards at the beginning of the year, even if it is just the partial. It would be good to know PRIOR to March 1 that we have funds to spend.
33. Electronic rather than manual invoicing.
34. Having 100% of the funding release immediately so we don't end up with two awards

Q8 Do you feel properly trained to do a budget revision?

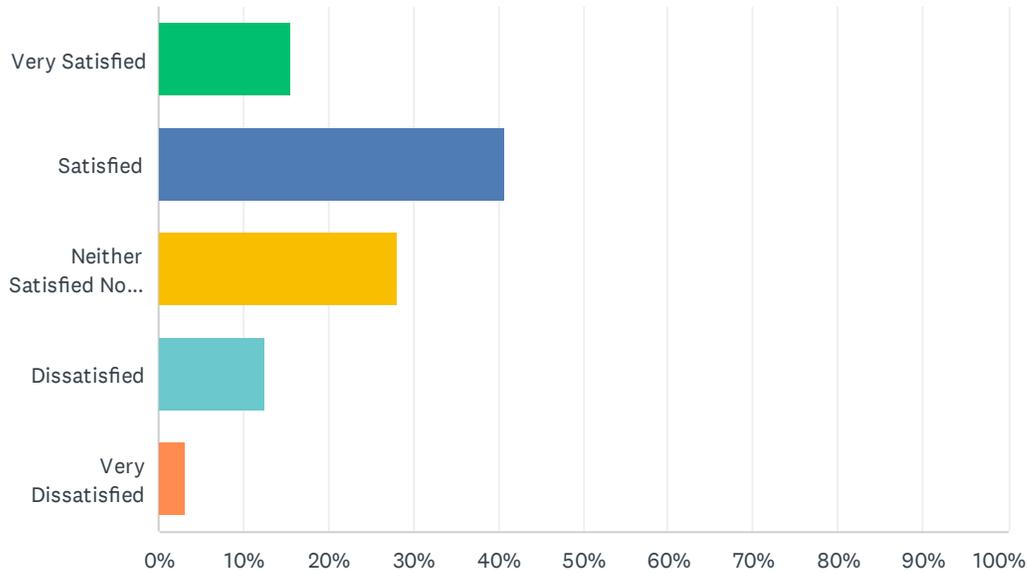
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	84.38%	27
No	15.63%	5
TOTAL		32

Q9 Overall, how satisfied are you with BPHC's administration of Part A funds?

Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Satisfied	15.63%	5
Satisfied	40.63%	13
Neither Satisfied Nor Dissatisfied	28.13%	9
Dissatisfied	12.50%	4
Very Dissatisfied	3.13%	1
TOTAL		32

Q9: Overall, how satisfied are you with BPHC's administration of Part A funds?

Answered: 14

35. We need additional funding to support current level of services.
36. Micromanagement in areas that does not need to be micromanaged, and no management and/or feedback in areas needed. In addition, BPHC website is not user friendly, when needing updated documents example and/or access to the provider manual. Some manuals are several years old and you cant find the most current updated provider manual.
37. The process takes longer then expected and sometimes we can loose funding due to waiting on the decision. We do understand that BPHC is under staffed just like other agencies but this is something that can hurt an agency.
38. inconsistant staff and a lot of turn over in past 2 years.
39. The budget revision review and approval process is slow, burdensome, and inefficient. We've waited months for a response to our submission to the point where our request becomes outdated due to changes in the interim. HRSA allows 25% budget revision without request for approval. DPH allows for changes directly in their invoicing system. BPHC has the most burdensome review process of all of our funders by far. Additionally, the supporting documentation required for staffing additions and changes is more than other grant funders.
40. It is SO frustrating. We have considered multiple times abandoning the funding. It is very limited. The never ending disagreements regarding occupancy and overhead are discouraging. The sweeps process is rarely clear. It does not feel like a partnership in the least.
41. BPHC staff turnover has caused delays in getting contracts, delays in getting responses, we have had new contract managers for just about every year that we've received funding. This inconsistency in staffing leads to our staff having to train BPHC staff on our programs, clients and needs each time we get a new program manager. We have had program managers come and go before they have even made a site visit.
42. The funding allows us to meet the needs, though we are not able to really help the communities we serve thrive in the way we envision.
43. program manager is great- fiscal not so much
44. Original contracts were not executed until August though the contract started in March. RWSD would not process budget revisions until after the contracts were executed. Contracts inclusive of sweeps funding were not executed until the end of the RWA fiscal year.
45. This year has been tough for the commission. All contracting has been very delayed.

Q10: Is there any other feedback you'd like to share about your experience working with BPHC's Ryan White Services Division?

Answered: 13

- | |
|--|
| 46. Overall, our experience is positive. However, the level of staff turnover at BPHC is concerning. This can significantly impact how funded programs are supported and hinder ability to develop relationship with contract managers. Would like to see underlying issues impacting staff turnover addressed so that BPHC can retain qualified staff. |
| 47. It will be helpful to have an updated spending spreadsheet when meeting with our contract manager. The spreadsheet is usually dated from two months prior when we meet. |
| 48. Turnover and changes are not being communicated as well as things could. Budgets are especially frustrating right now. |
| 49. I have had great and not so great experiences working with BPHC RWSD. With the constant turnover with staff and at times when a person is hired for the contract manager position, they have no experience and/or are not properly trained, and has given in- accurate HRSA policy information for instance and /or needed to be corrected regarding reporting (we receive direct funding from HRSA as well, therefore I'm familiar with HRSA policies). I have had the privilege of working with many great individuals at BPHC, who are kind, compassionate and dedicated to serving the underserved population. |
| 50. The Ryan White services division provides much needed assistance to our clients, the only thing that I would add is allowing additional funds to support clients especially during this pandemic, so many of our clients have fallen behind in their bills, rents, and food has gone up. |
| 51. Retention and better training of project officers would go a long way to limit disruption of communication and mixed messages. The fiscal process needs an overhaul. |
| 52. New staff are doing a great job learning on the job and communicating effectively with team about the necessary needs to fulfill grant/HRSA requirements. |
| 53. There is very little communication between BPHC and it's grantee's, information to help with applying for additional funds is non-existent, no guidance when questions or issues arise. |
| 54. We understand there have been some recent challenges, between staff turnover and COVID-19-related challenges. |
| 55. I am new to this role so will likely have better perspective next year! This said, I can tell you that this grant is incredibly important to our abilities to serve patients with HIV. Thank you for all that you do to make it happen. |
| 56. There is a lot of turnover, which makes continuity of care and working relationships challenging to maintain. |
| 57. There has been a lot of staff changes in a very short amount of time; which at time can impede how fast budget revisions are processed. |
| 58. Consider electronic submission of invoices and budget amendments. |