

San Antonio Area HIV/AIDS Health Services Planning Council

*2014-2015 Assessment of the Administrative
Mechanism*

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1. INTRODUCTION

1.a. Project Purpose

Ryan White Part A Planning Councils are tasked by law to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.” The Bexar County Department of Community Resources (DCR) serves as the Administrative Agency (AA) for administering the Ryan White Program.

The purpose of the Assessment is also to ensure that the service prioritization and allocation, contracting and reimbursement processes facilitate the access to primary medical care and other ancillary services by persons living with HIV/AIDS. The Executive Committee of the Planning Council develops the timeline and Scope of Work for the Assessment of the Administration Mechanism for the San Antonio Transitional Grant Area (SATGA). The final Assessment of the Administrative Mechanism report complies with the requirements of the RWHATEA and HRSA guidelines.

1.b. Project Consultants

The Planning Council elected to conduct the 2014-2015 Assessment of the Administrative Mechanism through a Bexar County sole-source contractual arrangement with PROVADO, The Group, Inc. (Provado). It is important to note that Provado was awarded this same contract for the 2007-2008, 2008-2009, 2009- 2010, 2010-2011, 2012-2013, and 2013-2014 Assessments of the Administrative Mechanism in the SATGA. This history exhibits the familiarity of the contractor with the history and evolving quality improvement of the Administrative Mechanism.

2. SCOPE OF WORK

The assessments launch activities included Provado meeting with the following groups to explain the process of the Assessment and to understand the expectations of the Planning Council:

- Planning Council Executive Committee; and
- Administrative Agency.

During the assessment, the Provado targeted the following groups for information and input on the AA's activities.

- Focus Group:
 - Planning Council Members
 - Executive Directors, fiscal staff, and programmatic staff of Ryan White Part A Providers

- Key Informant Interviews:
 - Aurora M. Sanchez, Executive Director
 - Charlene Doria-Ortiz, Community Health Program Manager
 - Laura Castro, Planning Council Liaison
 - April Marek, HIV Coordinator
 - Mary Kay Newman, Fiscal Monitor
 - Theresa Matamoros, Fiscal Monitor
 - Marissa Lira, Contract Analyst
 - Van Le-Vo, Auditor

Provado's intent was to analyze collected data, identify areas of success, administrative improvements, and potential process improvements, and present a comprehensive report to the SATGA's Planning Council.

3. METHODOLOGY

3.a. Data Collection Processes

Provado utilized the following process to complete the stated scope of work, divided into three components:

- i. Documentation Review/Analysis
- ii. Data Collection/Analysis
- iii. Production of Draft and Final Reports

3.a.i. Documentation Review/Analysis

The documentation review process scientifically mirrored a literature review. Similar to a literature review, Provado read, analyzed and critically reviewed a comprehensive array of key documents relevant to the administrative mechanism. The purpose of this detailed and in-depth review was to ensure the fullest comprehension and understanding of the administrative mechanism. The documents requested were recommended for review by the Sample Process and Form for Assessment of the Administrative Mechanism from the Ryan White CARE Act Title I Manual.

Additional documentation was requested for deeper analysis, as appropriate. The documents requested represented seven (7) key areas:

1. Policies & Procedures;
2. Allocation/Reallocation;
3. Grant Award Documentation;
4. The Planning Council;
5. Service Provider Invoices;
6. Fiscal Site Visit Reports; and
7. Administrative Agency's Updated Documentation for Monthly Monitoring of Service Provider Expenditures.

The list of documents reviewed exhibits the comprehensiveness of the analysis:

- Financial Document Approval Flowchart
- Financial Document Approval Procedure
- Complete Ryan White Policies Manual in Word format
- Sample contract and explanation for variation in contracts
- Tracking sheets for Ryan White Part A Providers for May and December
- Invoices for Ryan White Part A Providers for May and December
- Detailed Spreadsheets for Ryan White Part A Providers for the second quarter
- Monthly Agency Reviews for Ryan White Part A Providers for the second quarter
- Monthly expenditure reports for Ryan White Part A Providers for the second quarter
- 2014-2015 Planned Allocations
- 2014-2015 Final Allocations
- 2014-2015 Reallocation Itemization per service provider per category
- 2014-2015 Unallocated Funds Report

Note: Upon completion of the documentation review, it is important to note that there were no significant edits/changes identified in any of the procedural or supporting process documents since the 2013-2014 Assessment of the AA mechanism.

3.a.ii. Data Collection Review/Analysis

The data collection process was accomplished via the Health Resources and Services Administration (HRSA) recommended collection methods. The primary data collection method involved the utilization of Key Informant Interviewing (KI) and Focus Groups (FG). Provado also utilized verbal surveying methodology, in combination with Focus Group methodology with the Part A Providers.

All data collection tools were pre-approved by the Executive Committee of the Planning Council and the AA staff prior to implementation. *Note: See attachments 1-6 for master copies of all monitoring tools. Additionally, attachment 8 represents the summary analysis of the verbal surveys conducted with the Part A Providers.*

The following table represents the total number of individual participants, their respected affiliations, and the methodology used to gather data.

	<i># of Participants</i>	<i>KI / FG / Verbal Survey & FG</i>
<i>AA Staff (including PC Liaison)</i>	<i>7</i>	<i>KI</i>
<i>Auditor's Office Staff</i>	<i>3</i>	<i>KI</i>
<i>Part A Providers</i>	<i>4 Agencies</i>	<i>Verbal Survey & FG</i>
<i>Planning Council Members</i>	<i>13</i>	<i>FG</i>

Detailed breakdown of Part A Provider participation:

	<i># of Participants</i>
<i>Alamo Area Resource Center</i>	<i>3</i>
<i>Centro Med</i>	<i>5</i>
<i>San Antonio AIDS Foundation</i>	<i>2</i>
<i>UHS / FFACTS Clinic</i>	<i>6</i>

Note: KI and FG feedback/notes are incorporated throughout the content of Section 4 of this report.

3.a.iii. Limitations

The only limitation in the data is that all FG and KI data was gathered through a self-report methodology. The accuracy of the information gathered was not confirmed by Provado in any manner. There were no additional noted data limitations.

3.a.iv. Draft & Final Report

The first draft of the Assessment of the Administrative Mechanism Report was provided to Bexar County staff on Wednesday, May 13, 2015 for review. The final copy of the report was presented to the Executive Committee via teleconference on June 17, 2015, and a final presentation to the Planning Council was given at the June 2015 PC meeting.

4. REPORT FORMAT

The information presented in Sections 4.a., 4.b., 4.c., and 4.d. illustrate a consolidation of data/narrative gathered through the following methodologies: 1) KIs/FG; 2) verbal surveys; 3) a series of process questions Provado required a narrative response from the AA staff (*Note: See Attachment 7 for comprehensive responses*); and, 4) validations drawn from the documentation review (previously discussed in Section 3.a.i..

4.a. Priority Setting & Resource Allocation Process (PSRA)

The PSRA process was described by the AA staff as a process that provides evidence that the service priorities and allocations are data driven and supported by identified goals and objectives. When asked about the specific process, the AA stated that:

“The prioritization of service categories and the corresponding percentage allocation is conducted by the Planning Council in a specially set prioritization meeting. All funding decisions are data driven and include qualitative information on community need with consideration of consumer input. The Planning Council uses past needs assessments, the most recent quality improvement data, service utilization, trending statistics, and consumer input to link priorities to goals as outlined in the SATGA’s 2012-2015 Comprehensive Plan and aligns it with the SATGA’s Treatment Cascade with the goal of viral suppression. The Planning Council weighs each data source based on relevance to determine and approve service category priorities.

The Planning Council determines resource allocations based on the following four components: (1) PLWHA currently in the Ryan White Part A care system; (2) PLWHA that are newly diagnosed that will enter the Ryan White Part A program utilizing the SATGA’s Epidemiological data; (3) out of care individuals to bring into care based on the SATGA’s Unmet Need Framework/Estimate; and (4) unaware individuals who don’t know their HIV status, identifying them, testing them, and linking them to the appropriate medical care. The latter component will occur through the Early Intervention Services category. The Planning Council set a goal of bringing in 5% out of care PLWHA into care and allocated funds for each prioritized needed service for those out of care. Additionally, the Planning Council set a goal of identifying 7% of the HIV+ and unaware individuals and linking them to care and allocated funds for each prioritized needed service. Overall, resource allocation percentages were developed and approved by the Planning Council based on the total grant request. These percentages will be applied to the service dollars upon Notice of Grant Award. The SATGA’s service priorities and allocations continue to align with the National HIV/AIDS Strategy goals and objectives and the SATGA’s Treatment Cascade with the goal of viral suppression.”

When Provado asked the PC members to speak to the PSRA process, consumers described the process as “much improved”. This voice was unanimous across the FG. Many members spoke to the enhanced process that the AA implemented in the 2014-2015 year. The most significant enhancement was the hiring of a contract facilitator to lead the meeting. The consumers and members stated that the facilitator led the conversation through a progressive and interactive process. One member stated that they really appreciated the “planning and upfront work” that the facilitator did. Upfront analysis and familiarity with the data was described as “very beneficial” and complimented by many members. The enhancement of a facilitator clearly heightened the awareness of the process and minimized the complexity of data interpretation and analysis on the behalf of the members. There was a strong desire for the facilitation to continue in future years. The feedback regarding the PSRA process and the enhancement of the facilitator was also supported during the PC Liaison KI, where the liaison

stated that the process went very smoothly this past year. Members were described as “very engaged”, especially when compared to previous year’s involvement.

The process was also confirmed by Provado through the review of: 1) 2014-2015 Planned Allocations; and, 2) 2014-2015 Final Allocations.

The continuity of process and overall success of the PSRA was also credited to the continuity of staff that the AA has maintained through the PC Liaison position. The members described “there being lots of trust” with the liaison and how that trust translated into open communication with the PC.

Findings: None

Recommendations: The only recommendation that Provado has regarding the PSRA process is regarding the liaison position. In discussions with the PC members, there was an expressed interest in accountability to timelines and turnarounds between the PC and AA staff. While the topic came up in discussions on the PSRA, it should be noted that this topic was quickly applied broadly to “any major project” that the PC is responsible for completing.

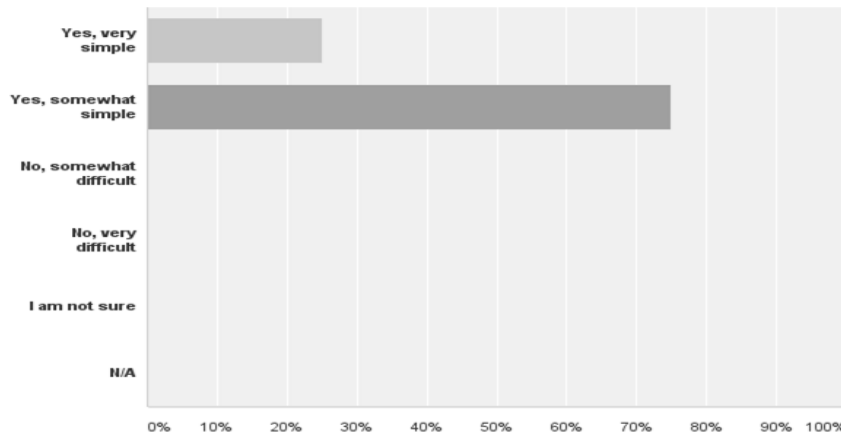
The recommendation is that the PC Liaison should consider the implementation and utilization of formal project tracking methodology when coordinating any major project for the PC. This should include detailed project plans, timelines, and/or the utilization of project management software (i.e. Microsoft Project or formal Gantt Charts). The benefit to the implementation of project management methodologies is two-fold: 1) transparency of agreed deliverables and timelines for all stakeholders; and, 2) accountability to those deliverables and timelines. Through a formal approach to project management, the PC Liaison will also be positioned to clearly communicate rationale and transparency of information, project progress, and required participation of all stakeholders/assigned task owners.

4.b. Reallocations

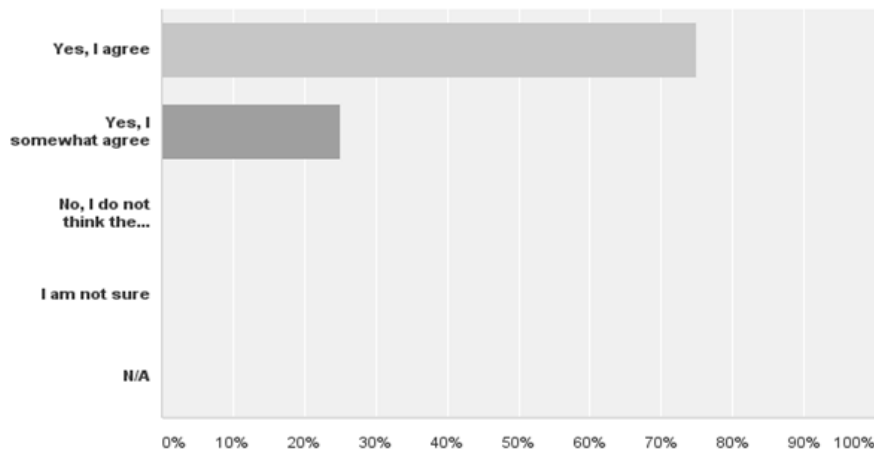
Provado reviewed the reallocation process from two facets: 1) the perceived simplicity of the process; and, 2) the perceived efficiency of the process.

Responses to the Provider Verbal Survey regarding the monthly monitoring agency review (redistribution) indicated positive support for the current process:

- Question: “Does the AA have a simple process to request a reallocation of funds?”



- Question: “Do you believe the process for reallocating funds ensures an efficient process?”



In addition to the above two charts, 100% of Part A Providers commented that the current reallocation process ensured an expedient process and reallocation of funds.

Provado notes that the only area of opportunity identified in the Provider comments was that the paperwork can be burdensome at times. “Trying to keep up with the changes” is what makes the process complex. Once you know the current requirements, the reallocation process is not hard. As referenced, paperwork changes are often times driven my HRSA changes that the AA is required to implement. This speaks to the ever evolving federal and state requirements for the Ryan White Program.

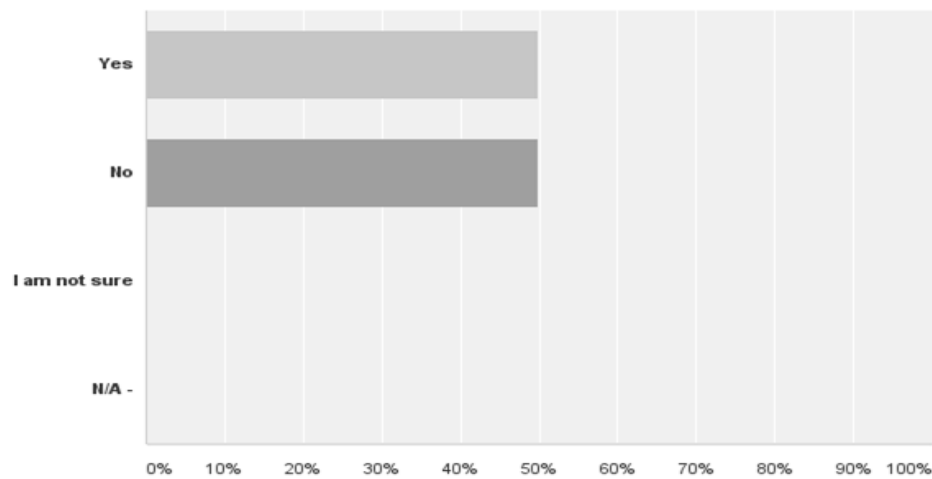
Findings: None

Recommendations: Provado recommends that when communicating program changes to the Providers, the AA should seek to be as transparent to the “why” behind the change. For example, if possible, cite the specific guidance or requirements and the source requiring the change. This will help manage perceptions with the providers and ensure transparent communication between the AA, the PC, and the Providers.

4.c. Notice of Award, Budgeting, and Contracts

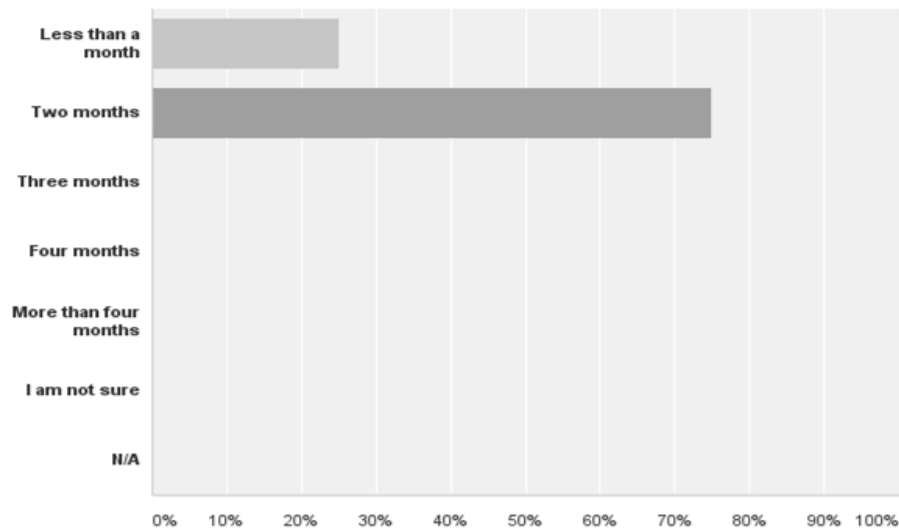
In order to facilitate the rapid distribution of funds, the process from Notice of Grant Award (NGA) to the execution of service provider contracts, and the timeliness of this process, is reviewed via FG, KI and survey. Upon completion of the documentation review, Provado found that there were no changes in the process used to notify Providers of Award. The timelines also represented were consistent with previous years. Service providers responded to the verbal survey questions as follows:

- Question: *“Was adequate time allotted for your agency to prepare the required budget after the initial contract was awarded?”*



When Provado considers the responses above, it is important to note that the two “yes” responses came from traditional AIDS Service Organizations (ASOs), while the two “no” responses came from larger complex nonprofits. This is important, because at the individual nonprofit level, the complexity of the nonprofit’s operating system plays a significant role in the perception of “adequate time” with regards to budget preparation.

- Question: “Once you submitted your budget, generally how long has it taken to finalize your agency's contract?”



Provado notes that this survey question does not differentiate between delays caused by the service provider, such as internal vetting and review of contracts, and delays from the AA that may have occurred. The data from the survey does reflect an improvement from the previous 2013-2014 AA Assessment. It should also be noted that the Providers consistently described a single action that could also impact the amount of time needed to receive the final contract – submission and approval of Commissioner’s Court. Providers stated that the timing of Commissioner’s Court agenda items was critical with regards to contract execution. Delays of a day or two could significantly impact the agenda item and approvals with Commissioner’s Court by more than a week or two.

In addition to the Provider feedback above, Provado also reviewed sample Part A Contracts, provided by the AA in its documentation review. The following areas were confirmed through the documentation review:

- The AA provided evidence that a standardized contract template is used, and tailored appropriately for Part A Providers.
- The AA provided evidence of a subcontracting grievance resolution process.
- The AA provided evidence that the DSHS “Payor of Last Resort” policy is being followed by subcontractors (i.e. Providers) through required contract language ensuring payor of last resort.

Findings: None

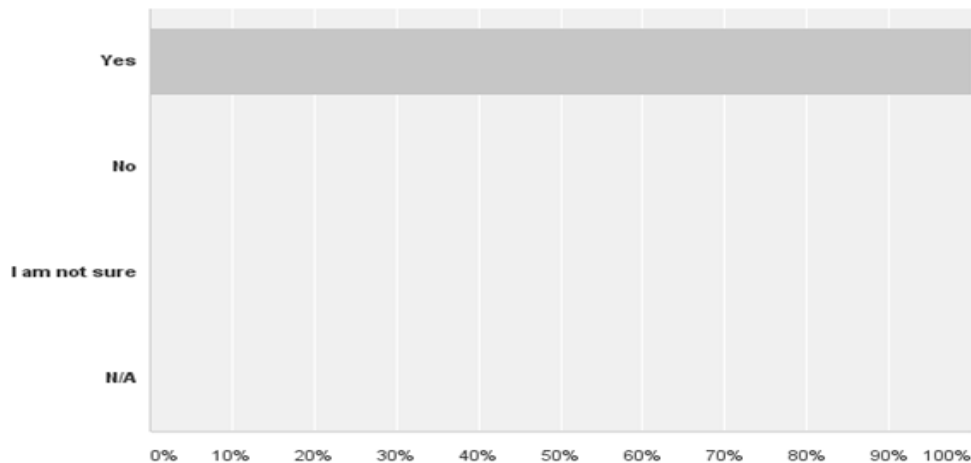
Recommendations: None

4.d. Billing & Reimbursement

Billing and Reimbursement covers those activities from the time a subcontractor submits a reimbursement (billing) request to the time funds are distributed by the county to the provider.

100% of Service providers responding to the verbal survey indicated that overall, the billing process is completed in a timely manner.

- Question: “Is your agency reimbursed for accurate billings in a timely manner?”



Further comments from service providers demonstrated an average of 16-60 days to receive reimbursement checks from the date of the initial billing submission. Provado extensively reviewed the amount of time that it takes for service providers to receive reimbursement. Provado has reviewed sample Ryan White contracts for Part A and notes that the maximum allowable time for handling an invoice at the AA is 21 business days. Further, the Auditor’s Office maximum allowable time for handling an invoice is 30 business days. At the maximum allowable time, a service provider could wait up to 51 business days (72 calendar days), which is 10 weeks.

Further, the AA described the process in detail through the following narrative:

Once a provider submits an invoice for reimbursement, AA fiscal staff has 14 business days to submit the invoice through ImageNow to the HIV Coordinator for review. During the 14 days, fiscal staff will determine whether or not there are any disallowable costs or mistakes in the invoice. The latter prompts the fiscal staff member to return the invoice to the provider for corrections or clarifications. When a fiscal staff member completes review and process of the invoice, it is submitted to the Auditor’s office through ImageNow. It is then reviewed and approved by the HIV Coordinator, who then forwards it to the Office Supervisor for final approval before it is submitted to the Auditor for final

review and payment. The Auditor's office then has 30 business days to review and process payment for the invoice.

Overwhelmingly, all facets of Provado's review demonstrated compliance with the suggested timelines and were confirmed qualitatively through the comments/feedback gathered during the service providers FGs.

Regarding areas of opportunity, the service providers gave the following feedback through verbal comments and elaboration during the FGs.

- Disallowance justification could be more detailed when given to the Providers
- Supporting paperwork requirements are too cumbersome to support billing and invoicing
- ARIES is not a billing system, yet used to support billing/invoicing
- Program Income documentation is a burden and obstacle on Providers. It can be a "humiliation" and "embarrassment" topic of discussion for Consumers. There appears to be minimal value add for this type of administrative burden.
- Staying "on top" of the most recent required fiscal documents can be a challenge"

Findings: None

Recommendations: The AA and the Auditor's Office should always be open to continuous quality improvement strategies that could decrease the amount of time from submission of invoices to receipt of payment for subcontractors. Keeping this turnaround time at a minimum supports an agency's liquidity, ensuring their ability to meet the needs of PLWH/A in the SATGA.

However, there is no evidence in the documentation provided that there is any systemic excess of turnaround time for subcontractor reimbursement. Overall, when Provado applies a themed analysis methodology to the comments provided by service providers, the following recommendations emerge:

- Concise and transparent communication with service providers regarding disallowable expenses is critical. Detailed explanations and upfront instructions could minimize billing errors on the part of service providers during initial billing submission.
- On-going reviews of required documentation against streamlined processes for efficiencies could also benefit all stakeholders, including service provider's perceptions regarding required supporting documentation.
- As previously recommended in the report, when communicating with service providers specific citations of changes, transparency of new requirements, etc. are all communication tools that can help manage perceptions and enhance trust between the AA and the service providers. The AA should be as transparent as possible with communicating to service providers the "why" regarding any changes in required billing processes

- Centralizing all required documents through a "provider Portal" allowing electronic access to all required fiscal forms and reporting requirements could improve access and availability to all current documents

5. CONCLUSION

Provado would like to congratulate the Bexar County Department of Community Resources for having no findings for the 2014-2015 Assessment of the Administration Mechanism. All noted "Recommendations" are directly linked to enhanced communication processes, project management, and overall staff efficiencies and are not directly linked to any significant findings or administrative gaps.

Overall, Provado finds that the Bexar County DCR, Planning Council, Auditor's Office and the service providers have done a commendable job overseeing the Ryan White Part A Administrative Mechanism.

Provado commends Bexar County on the tremendous cohesion and commitment to PLWH/A shown at all levels, and for their dedication to continuous quality improvement of practices and procedures. The County's responsiveness, particularly the DCR's, to recommendations is a testament to their desire to meet and exceed grant compliance.

5. ATTACHMENTS

Attachment #1: Program Manager and Fiscal Staff Monitoring Tool

Staff Demographics

1. Beginning March 1, 2014 to February 28, 2015, what was your position and role in the Administrative Agency (AA)?
2. How long have you been employed in the Bexar County Ryan White Program?

Contract & Monitoring Process

3. Describe your involvement in the contracting process for 2014-2015?
 - a. Describe the AA's process beginning with notification to providers of funding awards through the execution of final contracts.
 - b. How much time does the AA allow providers to submit grant budgets following their notice of funding award?
 - c. Upon receipt of the providers' budgets how much time does it take for the AA to draft a contract?
 - d. On average, how long does it take to finalize contracts with providers from the drafting of the contract to approval by Commissioners Court?
 - e. Does the AA have internal review and approval processes that impact the time needed to finalize contracts in Commissioners Court?
4. Describe the process for monitoring service provider expenditures.
 - a. As a result of the expenditure monitoring, are funds reallocated?
 - b. How long does it take to reallocate funds?
 - c. Are there any other parties who must approve the reallocation of funds? If yes, how does this impact the time to reallocate?

Provider Reimbursement Process

5. Describe your involvement in the provider reimbursement (billing) process in March 1, 2014 to February 28, 2015.
6. Describe the reimbursement process from the submission of billing requests to payment disbursement.
7. What is the average time it takes for AA staff to process invoices and send them to the Auditor's office for payment?

8. Please describe any technical assistance provided to service providers that focused on fiscal related issues during the review period.

Reallocation Process

9. Describe your involvement in the reallocation processes throughout 2014-2015?
10. Do you believe the process for reallocating funds ensures an expedient process? Why?
11. Do you believe the process for reallocating funds ensures an efficient process? Why?

Attachment #2: Planning Council Liaison & HIV Planner Monitoring Tool

Staff Demographics

1. Beginning March 1, 2014 to February 28, 2015, what was your position and role in the Administrative Agency (AA)?
2. How long have you been employed in the Bexar County Ryan White Program?

PSRA Process

3. Describe your involvement in the Priority Setting and Resource Allocations (PSRA) process in 2014-2015.
4. In your opinion, do you believe the current PSRA process is efficient in meeting its required charge of rapidly allocating funding to the areas of greatest need? Why?
5. For the period being assessed, what examples can you give that demonstrate how the process:
 - a. Works well,
 - b. Has gaps, or
 - c. Creates barriers

Reallocation Process

6. Describe your involvement in the reallocation processes throughout 2014-2015?
7. Describe the process by which reallocations are made, and how is the need for reallocation determined?
8. Do you believe the process for reallocating ensures an expedient process? How?
9. Do you believe the process for reallocating funds ensures an efficient process? How?
10. Describe the process for reviewing service provider expenditures to ensure grant funds are "on track" for timely year-to-date expenditure.

Attachment #3: AA Executive Director Monitoring Tool

Planning Council

1. Describe your views on the following in regard to the Planning Council activities:
 - a. Allocations and Reallocations Processes
 - b. Priority Setting Processes
 - c. Responsiveness to time-sensitive decision-making to ensure efficient and effective distribution of funds

Policies

2. Describe your views on the following in regard to existing policies:
 - a. Effectiveness and thoroughness of existing fiscal policies
 - i. Describe specific strengths or weaknesses
 - b. The consistency of implementation of fiscal policies and practices

Admin Agency/Auditor's Office

3. Describe the impact of delayed or partial receipt of funding from federal and state sources, and how it affects the rapid allocation and distribution of funding to the areas of greatest need.
 - a. What contingencies or processes does Bexar County have in place to manage delays in federal or state funding awards?
4. Describe your views on the efficiency of the working collaboration between the Administrative Agency staff and Bexar County Auditor's Office staff.
5. In your opinion, what is the most commonly identified issue/concern identified by providers in regard to the allocation and distribution of funding to the areas of greatest need?

Attachment #4: Auditor's Office Monitoring Tool

1. For the period March 1, 2014 to February 28, 2015, what was your position and role in the Auditor's Office?
2. How long have you been processing invoices for the Bexar County Ryan White Program?
3. Describe your involvement in the provider reimbursement (billing) process in 2014 – 2015.
4. Describe the reimbursement process from the submission of billing requests to payment disbursement, including estimated timelines.
5. In your opinion, what is the most commonly identified issue/concern regarding billing/reimbursements?

Attachment #5: Planning Council Monitoring Tool

Planning Council Membership

1. For the period March 1, 2014 to February 28, 2015, how long had you served on the Planning Council?
 - a. 0-6 months
 - b. More than 6 months – 1 year
 - c. More than 1 year – 2 years
 - d. More than 2 years
2. Between March 1, 2014 and February 28, 2015, did you attend Planning Council meetings on a regular basis?
 - a. All 10 meetings
 - b. 5 - 9
 - c. Less than 5

Priority Setting and Resource Allocation Process

3. During the grant year, were you provided with a copy or were you made aware of the Needs Assessment's availability on the Planning Council's website of and an explanation of the Needs Assessment conducted to help determine which needs of the community were being met and which ones were not?
 - a. Yes
 - b. No
 - c. I'm not sure
 - d. I was not a member at that time
4. If you were a member of the Planning Council in the July or August 2014, were you invited to participate in the Priority Setting and Resource Allocations process?
 - a. Yes
 - b. No
 - c. I'm not sure
 - d. I was not a member at that time
5. During the Priority Setting and Resource Allocations process, were you provided with understandable information/data regarding the needs and service utilization in the Ryan White community?
 - a. Yes
 - b. No
 - c. I'm not sure
 - d. I did not participate in the process e. I was not a member at that time
6. Did the AA provide expenditure spreadsheets regarding the utilization of funds and explanations on why funds were delayed, if applicable?
 - a. Yes
 - b. No
 - c. I'm not sure
 - d. I was not a member at that time

7. Did the awarding of funds in specific categories match the percentage allocations established by the Planning Council prior to any allocations being made?
 - a. Yes
 - b. Somewhat
 - c. No
 - d. I am not sure

Reallocations

8. When the Planning Council was involved in the reallocation process, were explanations provided on why the allocations were being requested, e.g. memos, presentations, etc.?
 - a. Yes
 - b. No
 - c. I'm not sure
 - d. I was not a member at that time
9. When the AA reallocated funds within its 10% discretion, was the Planning Council made aware that the reallocations were made?
 - a. Yes
 - b. Somewhat
 - c. No
 - d. I am not sure
10. Do you believe the process for reallocating funds i.e., the AA's 10% discretion, or Planning Council approval ensures an expedient process?
 - a. Yes, I agree
 - b. Yes, I somewhat agree
 - c. No, I do not think the process is expedient
 - d. N/A, I am not sure
11. Do you believe the process for reallocating funds i.e., the AA's 10% discretion, or Planning Council approval ensures an efficient process?
 - a. Yes, I agree
 - b. Yes, I somewhat agree
 - c. No, I do not think the process is efficient
 - d. N/A, I am not sure
12. Were you notified of any carryover requests made in FY 2014-2015 for unspent funds in FY 2013-2014?
 - a. Yes
 - b. No
 - c. I'm not sure
 - d. I was not a member at that time

13. If carryover funds from FY 2013-2014 needed to be allocated, were you invited to participate in the discussion and approval of the carryover amount?
- a. Yes
 - b. No
 - c. I'm not sure
 - d. I was not a member at that time

Expenditure Reports

14. Are updated expenditure reports provided to the Planning Council on a regular basis?
- a. Yes
 - b. Somewhat
 - c. No
 - d. I am not sure
15. Does the AA provide expenditure reports in a format that is easily understood by the Planning Council?
- a. Yes
 - b. Somewhat
 - c. No
 - d. I am not sure
16. Do you believe the information provided in the expenditure reports is accurate and reliable?
- a. Yes
 - b. Somewhat
 - c. No
 - d. I am not sure
17. When other financial information is needed from the AA, is the information presented in a timely manner?
- a. Yes
 - b. Somewhat
 - c. No
 - d. I am not sure
18. When other financial information is needed from the AA, is the information presented in an understandable format?
- a. Yes
 - b. Somewhat
 - c. No
 - d. I am not sure

Attachment #6: Provider Monitoring Tool

Provider Demographics

1. Which organization are you affiliated with?
 - a. Alamo Area Resource Center
 - b. Centro Med
 - c. San Antonio AIDS Foundation
 - d. University Health System – FFACTS Clinic

2. Which of the following best represents your level of involvement in delivering services at your agency?
 - a. Executive
 - b. Program Director
 - c. Fiscal Staff

3. On February 28, 2015, how long had you been a staff member at your agency?
 - a. 0-6 months
 - b. More than 6 months – 1 year
 - c. More than 1 year – 2 years
 - d. More than 2 – 5 years
 - e. More than 5 years

*** If the questions below do not pertain to your role in the agency, please answer N/A.**

Grant Award and Contracts

4. Was adequate time allotted for your agency to prepare the required budget after the initial contract was awarded?
 - a. Yes
 - b. No
 - c. I am not sure
 - d. N/A

5. Once you submitted your budget, generally how long has it taken to finalize your agency's contract?
 - a. Less than a month
 - b. Two months
 - c. Three months
 - d. Four months
 - e. More than four months
 - f. I am not sure
 - g. N/A

6. If your contract took more than four months to be finalized, was this due to your agency's process for handling of contracts?
 - a. Yes
 - b. No
 - c. I am not sure
 - d. N/A

Reallocation Requests

7. Did the AA communicate with your agency during the grant year to ensure that funding was being spent in a timely manner?
 - a. Yes
 - b. No
 - c. I am not sure
 - d. N/A
8. As a provider, have you ever applied for reallocated funds?
 - a. Yes
 - b. No
 - c. I am not sure
 - d. N/A
9. Does the AA have a simple process to request a reallocation of funds?
 - a. Yes, very simple
 - b. Yes, somewhat simple
 - c. No, somewhat difficult
 - d. No, very difficult
 - e. I am not sure
 - f. N/A
10. Do you believe the process for reallocating funds ensures an efficient process?
 - a. Yes, I agree
 - b. Yes, I somewhat agree
 - c. No, I do not think the process is expedient or efficient
 - d. I am not sure
 - e. N/A
11. Do you believe the process for reallocating funds ensures an expedient process?
 - a. Yes, I agree
 - b. Yes, I somewhat agree
 - c. No, I do not think the process is expedient or efficient
 - d. I am not sure
 - e. N/A
12. Please add any additional comments regarding this series of questions.
Open Comment Section

Fiscal Audit

13. Did your agency receive a **fiscal** audit visit from Bexar County during the period March 1, 2014 through February 28, 2015?
- Yes
 - No
 - I am not sure
 - N/A
14. If so, was an Entrance Conference conducted?
- Yes
 - No
 - I am not sure
 - N/A
15. If so, was an Exit Conference conducted that included any findings and/or recommendations?
- Yes
 - No
 - I am not sure
 - N/A
16. Did your agency receive a written report of the fiscal auditing visit?
- Yes
 - No
 - I am not sure
 - N/A
17. Was your agency allowed at least 30 days to respond to the report and its findings?
- Yes
 - No
 - I am not sure
 - N/A.

Billing

18. If appropriate, based on your position at the agency, did you receive training on the AA's billing process?
- Yes
 - No
 - I am not sure
 - N/A
19. Is your agency reimbursed for **accurate** billings in a timely manner?
- Yes
 - No
 - I am not sure
 - N/A

20. Provided that your agency **did not** have to make any corrections to a submitted billing, and based on the Notice of Proposed Payment sent to your agency, on average, how many business days does it take for your agency to be reimbursed by the Auditor from the day you submit the initial billing?
- 11-15 business days
 - 16-30 business days
 - 31-45 business days
 - 46-60 business days
 - 61-90 business days
 - 91+business days
 - I am not sure
 - N/A
21. Between March 1, 2014, and February 28, 2015, were you notified that any billing invoices needed to be modified?
- Yes
 - No
 - I am not sure
 - N/A
22. On average, how many days was it between the day you submitted the initial invoice and the date you were notified that changes needed to be made?
- Less than 5 business days
 - 6-10 business days
 - 11-15 business days
 - 16-20 business days
 - 21-25 business days
 - 26-30 business days
 - More than 30 business days
 - I am not sure
 - N/A
23. Have all reimbursement payments after corrections were made, matched the revised/corrected invoice submitted to the AA?
- Yes
 - No
 - I am not sure
 - N/A

24. Were you notified of the reasons that the payment did not match the invoice?
- a. Yes
 - b. No
 - c. I am not sure
 - d. N/A

Technical Assistance

25. Did you request any technical assistance from the AA during the grant year?
- a. Yes
 - b. No
 - c. I am not sure
 - d. N/A

26. If so, what technical assistance did you request?
Open Comment Section

27. Did the AA comply with your request for technical assistance?
- a. Yes
 - b. No
 - c. I am not sure
 - d. N/A

28. Did the technical assistance meet your needs?
- a. Yes
 - b. No

Attachment #7: AA Process Survey – Narrative Responses

Administrative Agency Process Documentation

1. The agency has an administrative policy and procedures manual or operations manual addressing major administrative systems and functions.
 - a. Instructions – be prepared to share the manual with the consultant at the time of the site visit. Have hardcopies of all fiscal/reimbursement related policies.

Response: Any fiscal/reimbursement procedures and policies are included in the flash drive.

The following documents are included in the flash drive:

- ✓ Financial Document Approval Flowchart – in **Fiscal Policies** folder
- ✓ Financial Document Approval Procedure – in **Fiscal Policies** folder
- ✓ Complete Ryan White Policies Manual in Word format – in **Fiscal Policies** folder

2. There is evidence that the AA has developed standardized contract templates for subcontractors; and that all contracts incorporate programmatic, administrative, financial and reporting requirements including those necessary to include compliance with all applicable state regulations and policies.
 - a. Instructions – have a hardcopy of the current standardized contract template being utilized for subcontractors.

Response: This may exist in the Ryan White provider contracts due to variations in insurance requirements, ownership of documents and intellectual property. The contract is included in the flash drive. Contract Analyst has provided a copy of a contract and noted any differences that

The following documents are included in the flash drive:

- ✓ Sample contract and explanation for variation in contracts – in Email in flash drive entitled, “**Sample Part A Contract**”

3. There is evidence that subcontractors are reimbursed in a timely manner.
 - a. Instructions – provide a narrative response documenting the reimbursement process and specific steps from invoice receipt through payment disbursement. Include benchmarks, position titles, and summary of activities completed during each actionable stage. Provide copies of invoices and tracking sheets for the months of May and December.

Response: Once a provider submits an invoice for reimbursement, AA fiscal staff has 14 business days to submit the invoice through ImageNow to the HIV Coordinator for review. During the 14 days, fiscal staff will determine whether or not there are any disallowable costs or mistakes in the invoice. The latter prompts the fiscal staff member to return the invoice to the provider for

corrections or clarifications. When a fiscal staff member completes review and process of the invoice, it is submitted to the Auditor's office through ImageNow. It is then reviewed and approved by the HIV Coordinator, who then forwards it to the Office Supervisor for final approval before it is submitted to the Auditor for final review and payment. The Auditor's office then has 30 business days to review and process payment for the invoice.

The following documents are included in the flash drive:

- ✓ Invoices for Ryan White Part A Providers for May and December – in **Invoices** folder
- ✓ Tracking sheets for Ryan White Part A Providers for May and December – in **Tracking Sheet Reports** folder

4. There is evidence that subcontractor expenditures are tracked monthly and that there is a comparison of actual to budgeted expenditures at least on a quarterly basis by service category.
 - a. Instructions – provide a narrative response documenting the expenditure tracking process. Provide copies of the comparison activities for the second quarter that demonstrates comparison of actual to budgeted expenditures.

Response: This information is provided in the following documents: Detailed spreadsheets per provider and per funding source, Monthly Agency Reviews, and monthly expenditure reports by funding source.

The following documents are included in the flash drive:

- ✓ Detailed Spreadsheets for Ryan White Part A Providers for the second quarter – in **Detailed Spreadsheets** folder
- ✓ Monthly Agency Reviews for Ryan White Part A Providers for the second quarter – in **Monthly Agency Review** folder
- ✓ Monthly expenditure reports for Ryan White Part A Providers for the second quarter – in **Expenditure Reports** folder

5. The AA has a Policy or Procedure and can show evidence of addressing subcontractor grievances to resolution.
 - a. Instructions – ONLY provide copies if these documents have changed since the last AA assessment. Provide a narrative summary of all changes and explanation of why the changes were made.

Response: This policy and procedure has not changed since the last Assessment of the Administrative Mechanism.

6. There is a procedure in place that addresses issues involving an internal quality assurance system to ensure staff accountability.
 - a. Instructions – provide a description of the internal quality assurance system used to ensure staff accountability related specifically to the expenditure reporting and reimbursement process. Provide a copy of the current procedure that guides/describes these requirements.

Response: Refer to the response for #3. Quality assurance measures in place include the review of the invoices by April Marek, HIV Coordinator and Connie Medel, Office Supervisor, prior to fiscal staff's submission of invoices to the Auditor's office for payment. Additionally, fiscal staff perform a reconciliation of payments with the Lawson system, Bexar County's financial management system. A copy of the payment tracking sheet is sent to Ms. Marek for record-keeping purposes.

7. The AA provides evidence that DSHS "Payor of Last Resort" Policy (PoLR) is being followed by subcontractors

- a. Instructions – provide a narrative response documenting the AA's process for ensuring compliance with the DSHS "Payor of Last Resort" Policy.

Response: The following language is included in all Ryan White subcontractor contracts:

9.14 SERVICE PROVIDER must develop and implement policies and procedures necessary to ensure Ryan White funds are used as the payer of last resort.

8. The AA has a policy/procedure clearly outlining a system for subcontractor selection of highly qualified service providers.

- a. Instructions – provide a narrative response documenting the provider selection process. Provide a copy of the AA's policy/procedure that clearly outlines the system.

Response: The AA conducts subcontractor selection through the Request for Proposals (RFP) Process guided by the Bexar County Purchasing Department. The AA has not conducted an RFP since 2010; however, the AA is in the process of preparing to release an RFP later this year.

9. The AA provides evidence of open competition for funding.

- a. Instructions – provide a narrative response documenting the AA's process for ensuring open competition for funding.

Response: The AA conducts subcontractor selection through the Request for Proposals (RFP) Process guided by the Bexar County Purchasing Department. The AA has not conducted an RFP since 2010; however, the AA is in the process of preparing to release an RFP later this year.

10. The AA provides evidence that the service priorities, allocations, and activities in the comprehensive plan are based on data and support the identified goals and objectives.
- a. Instructions – provide a narrative response documenting how the AA ensures the service priorities, allocations, and activities in the comprehensive plan are data driven and support the identified goals and objectives. NOTE: Provado may request sample documentation of data provided.

Response: *The prioritization of service categories and the corresponding percentage allocation is conducted by the Planning Council in a specially set prioritization meeting. All funding decisions are data driven and include qualitative information on community need with consideration of consumer input. The Planning Council uses past needs assessments, the most recent quality improvement data, service utilization, trending statistics, and consumer input to link priorities to goals as outlined in the SATGA's 2012-2015 Comprehensive Plan and aligns it with the SATGA's Treatment Cascade with the goal of viral suppression. The Planning Council weighs each data source based on relevance to determine and approve service category priorities.*

The Planning Council determines resource allocations based on the following four components: (1) PLWHA currently in the Ryan White Part A care system; (2) PLWHA that are newly diagnosed that will enter the Ryan White Part A program utilizing the SATGA's Epidemiological data; (3) out of care individuals to bring into care based on the SATGA's Unmet Need Framework/Estimate; and (4) unaware individuals who don't know their HIV status, identifying them, testing them, and linking them to the appropriate medical care. The latter component will occur through the Early Intervention Services category. The Planning Council set a goal of bringing in 5% out of care PLWHA into care and allocated funds for each prioritized needed service for those out of care. Additionally, the Planning Council set a goal of identifying 7% of the HIV+ and unaware individuals and linking them to care and allocated funds for each prioritized needed service. Overall, resource allocation percentages were developed and approved by the Planning Council based on the total grant request. These percentages will be applied to the service dollars upon Notice of Grant Award. The SATGA's service priorities and allocations continue to align with the National HIV/AIDS Strategy goals and objectives and the SATGA's Treatment Cascade with the goal of viral suppression.

11. The AA provides documentation that on at least an annual basis, all policies and procedures of the agency will be reviewed, revised and approved by the required authority.
- a. Instructions – provide a narrative description of the process utilized by the AA to ensure that all expenditure reporting and reimbursement process policies/procedures remain current and are reviewed, revised, and approved (as appropriate) on an annual basis. Provide documentation supporting these activities for the dates of this review.

Response: *The AA reviews and revises reimbursement process policies and procedures on an as-needed basis. The AA is currently revising the “Ryan White Financial Procedures,” which includes procedures for invoices and payments; budgets, cost allocation plans and program income plans; the monthly agency review; financial reports; and fiscal training assistance.*

12. Additional Documentation Requested:

The following requested documents are included in the flash drive:

- ✓ 2014-2015 Planned Allocations – *in **Allocations** folder*
- ✓ 2014-2015 Final Allocations – *in **Allocations** folder*
- ✓ 2014-2015 Reallocation Itemization *per service provider per category* – *in **Allocations** folder*
- ✓ 2014-2015 Unallocated Funds Report – *in **Unobligated Funds Report** folder*
- ✓ Minutes from the September 2014 and December 2014 Monthly Monitoring Meetings. – *in **Monitoring Minutes** folder*

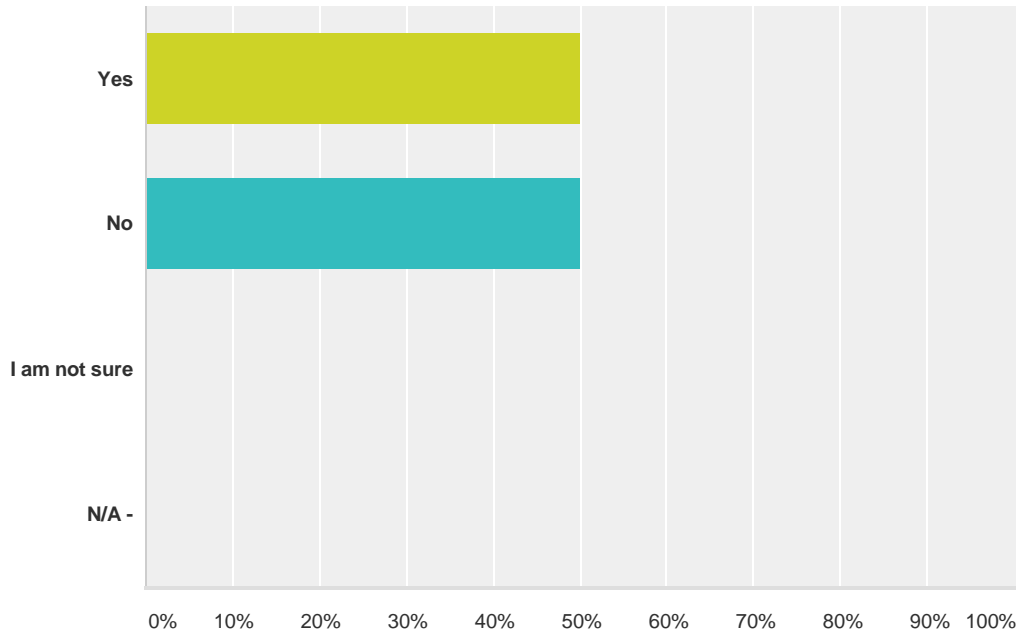
The following requested document is not available as of the date of this request. Fiscal auditing of Ryan White Part A service providers for the period beginning March 1, 2014 to February 28, 2015, is in progress. Therefore, no reports or responses are available at this time for the period being assessed in this report.

- X 2014 - 2015 Fiscal Site Visit Reports and the Agency Response

Attachment #8: Provider Survey Analysis

Q1 Was adequate time allotted for your agency to prepare the required budget after the initial contract was awarded?

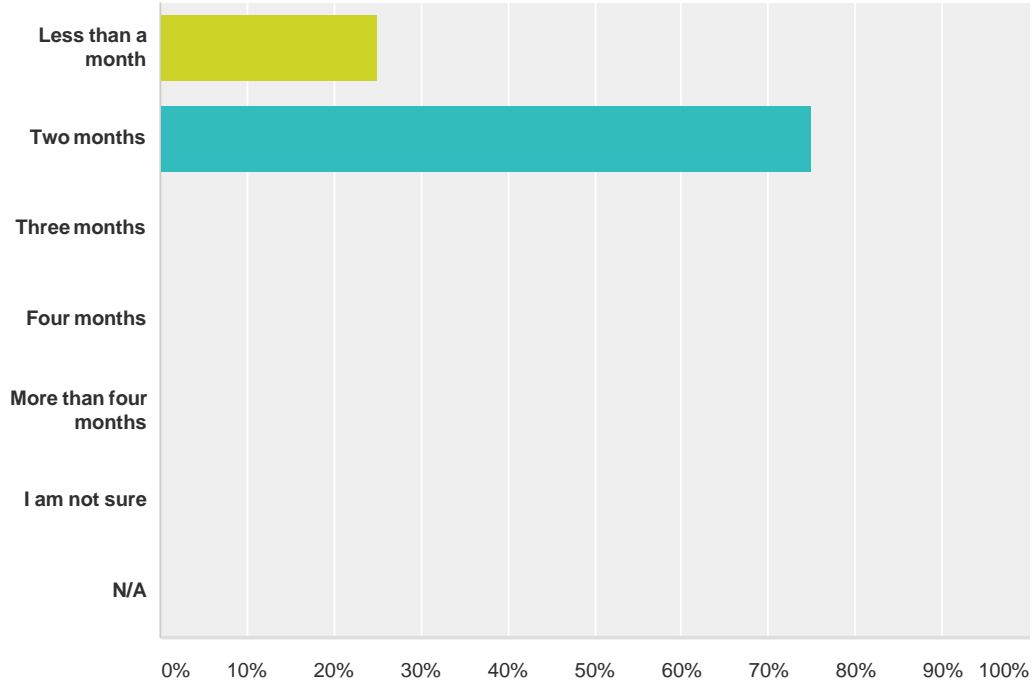
Answered: 4 Skipped: 0



Answer Choices	Responses
Yes	50.00% 2
No	50.00% 2
I am not sure	0.00% 0
N/A -	0.00% 0
Total	4

Q2 Once you submitted your budget, generally how long has it taken to finalize your agency's contract?

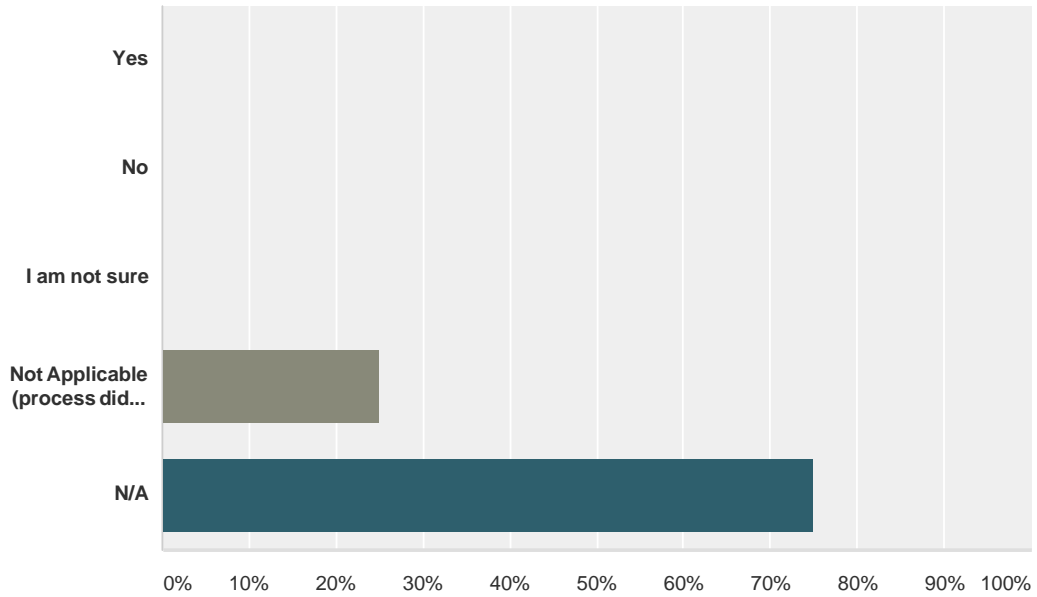
Answered: 4 Skipped: 0



Answer Choices	Responses	
Less than a month	25.00%	1
Two months	75.00%	3
Three months	0.00%	0
Four months	0.00%	0
More than four months	0.00%	0
I am not sure	0.00%	0
N/A	0.00%	0
Total		4

Q3 If your contract took more than four months to be finalized, was this due to your agency's process for handling of contracts?

Answered: 4 Skipped: 0



Answer Choices	Responses
Yes	0.00% 0
No	0.00% 0
I am not sure	0.00% 0
Not Applicable (process did not take more than 4 months)	25.00% 1
N/A	75.00% 3
Total	4

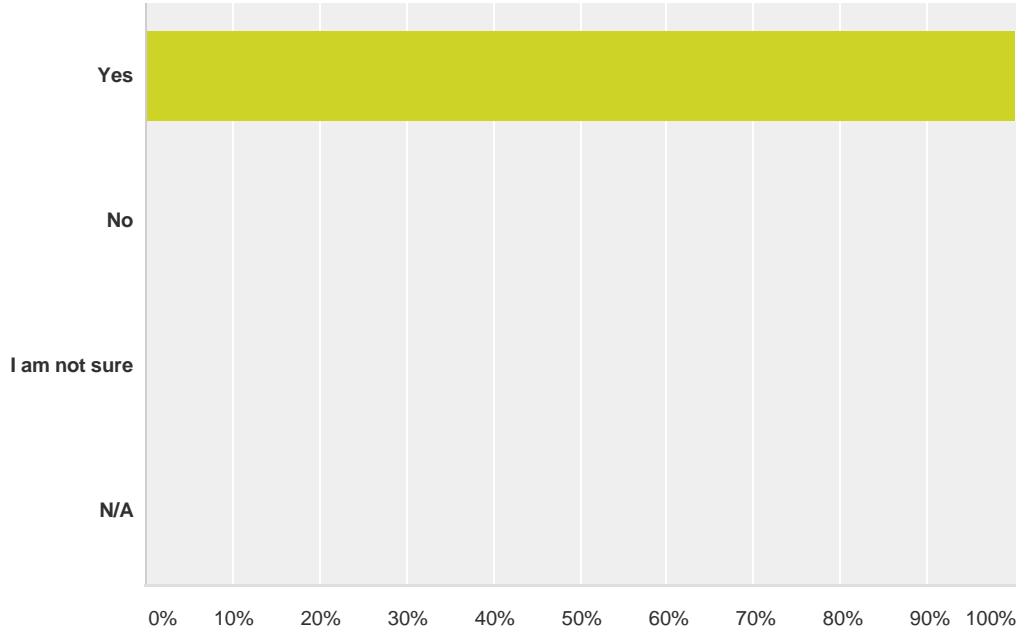
Q4 Please add any additional comments regarding this series of questions.

Answered: 3 Skipped: 1

#	Responses	Date
1	2 Fiscal Staff, 1 Executive, 1 ARIES/data, 1 Program Director 1) 1 week turnaround for a budget is not realistic. 30 day turnaround by Provider is realistic.	5/27/2015 4:46 AM
2	1) The County should consider an expedited contract approval process with Commissioner's Court 2) Changes and enhancements to contract requirements should be clearly and transparently communicated with Providers (i.e. the addition of the Risk Management position within the County and the additions to insurance and contract requirements.	5/27/2015 4:45 AM
3	2 executive staff, 1 program staff, 3 fiscal/compliance staff	4/22/2015 7:32 PM

Q5 Did the AA communicate with your agency during the grant year to ensure that funding was being spent in a timely manner?

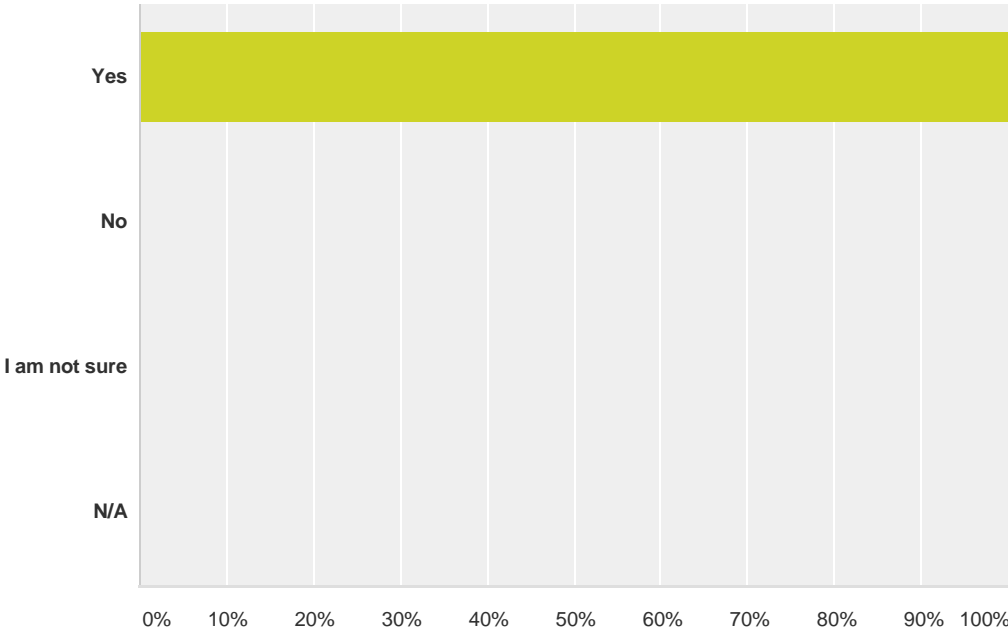
Answered: 4 Skipped: 0



Answer Choices	Responses	
Yes	100.00%	4
No	0.00%	0
I am not sure	0.00%	0
N/A	0.00%	0
Total		4

Q6 As a provider, have you ever applied for reallocated funds?

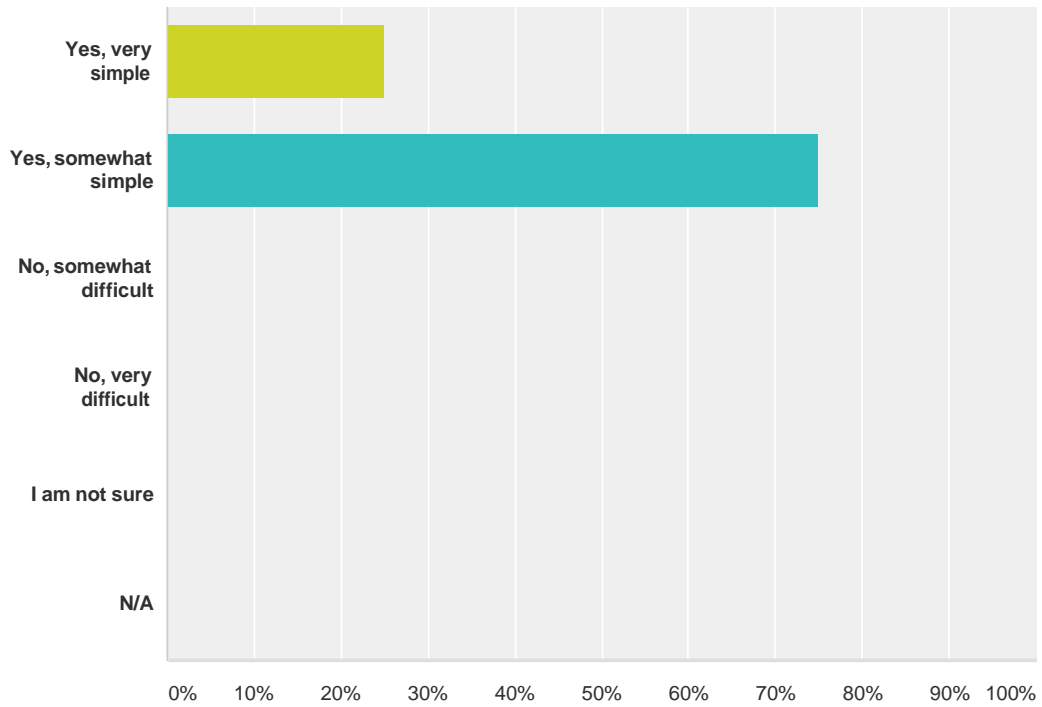
Answered: 4 Skipped: 0



Answer Choices	Responses
Yes	100.00% 4
No	0.00% 0
I am not sure	0.00% 0
N/A	0.00% 0
Total	4

Q7 Does the AA have a simple process to request a reallocation of funds?

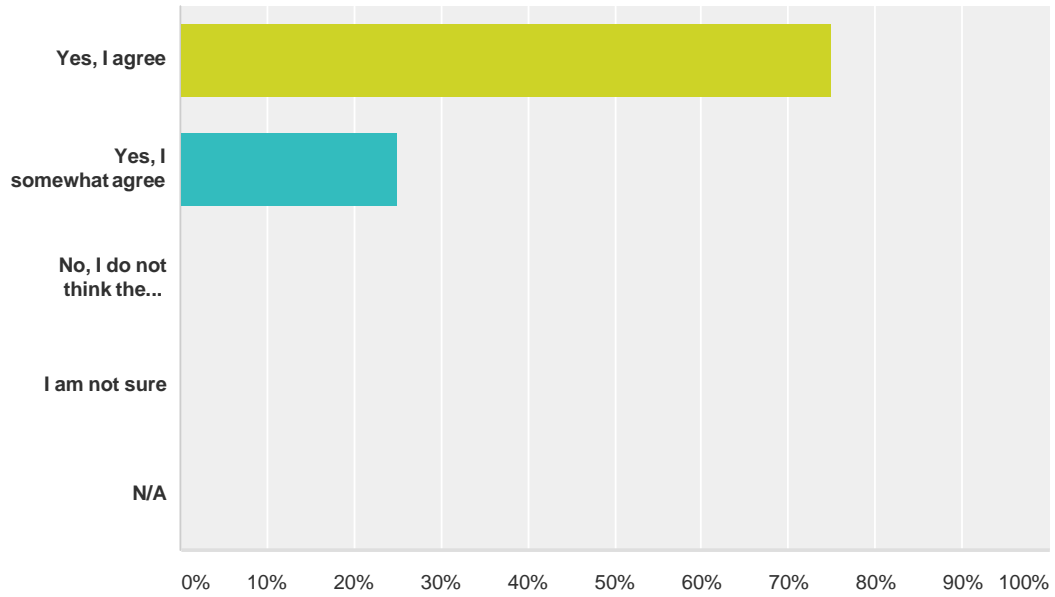
Answered: 4 Skipped: 0



Answer Choices	Responses
Yes, very simple	25.00% 1
Yes, somewhat simple	75.00% 3
No, somewhat difficult	0.00% 0
No, very difficult	0.00% 0
I am not sure	0.00% 0
N/A	0.00% 0
Total	4

Q8 Do you believe the process for reallocating funds ensures an efficient process?

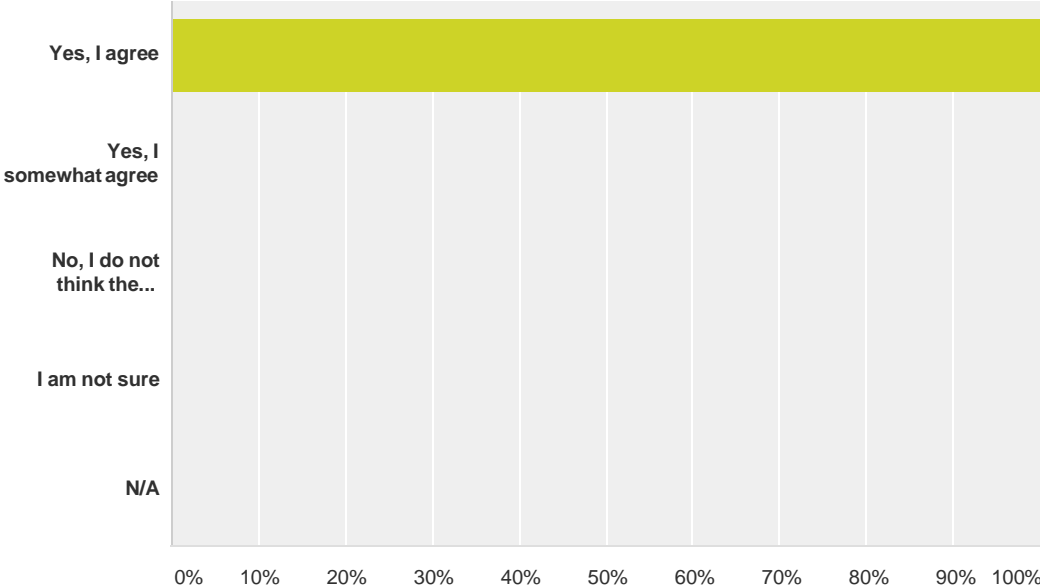
Answered: 4 Skipped: 0



Answer Choices	Responses
Yes, I agree	75.00% 3
Yes, I somewhat agree	25.00% 1
No, I do not think the process is efficient	0.00% 0
I am not sure	0.00% 0
N/A	0.00% 0
Total	4

Q9 Do you believe the process for reallocating funds ensures an expedient process?

Answered: 4 Skipped: 0



Answer Choices	Responses
Yes, I agree	100.00% 4
Yes, I somewhat agree	0.00% 0
No, I do not think the process is expedient	0.00% 0
I am not sure	0.00% 0
N/A	0.00% 0
Total	4

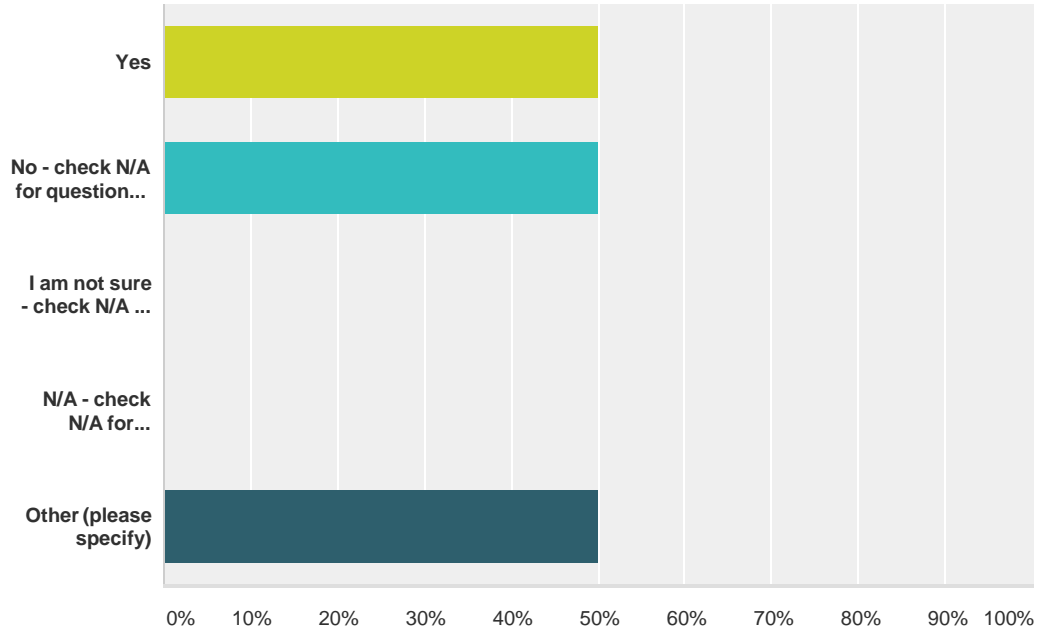
Q10 Please add any additional comments regarding this series of questions.

Answered: 4 Skipped: 0

#	Responses	Date
1	Required paperwork can be a burden on Providers	5/27/2015 4:46 AM
2	1) same comments about an expedited approval process for Commissioner's Court 2) The Provider questioned if the PC members really understood allocations and reallocations. They commented that the AA does a great job of trying to educate them, but still question the PC members business SKAs to really understand the implications of the allocations/reallocations.	5/27/2015 4:43 AM
3	Paperwork could be streamlined and simplified	4/22/2015 7:34 PM
4	Q10 - Summarized Comment: The only challenge is keeping up with paperwork changes. Sometimes the paperwork changes and that impacts the ease of the process.	4/21/2015 3:54 PM

Q11 Did your agency receive a fiscal auditing visit during the period March 1, 2013, through February 28, 2014?

Answered: 4 Skipped: 0

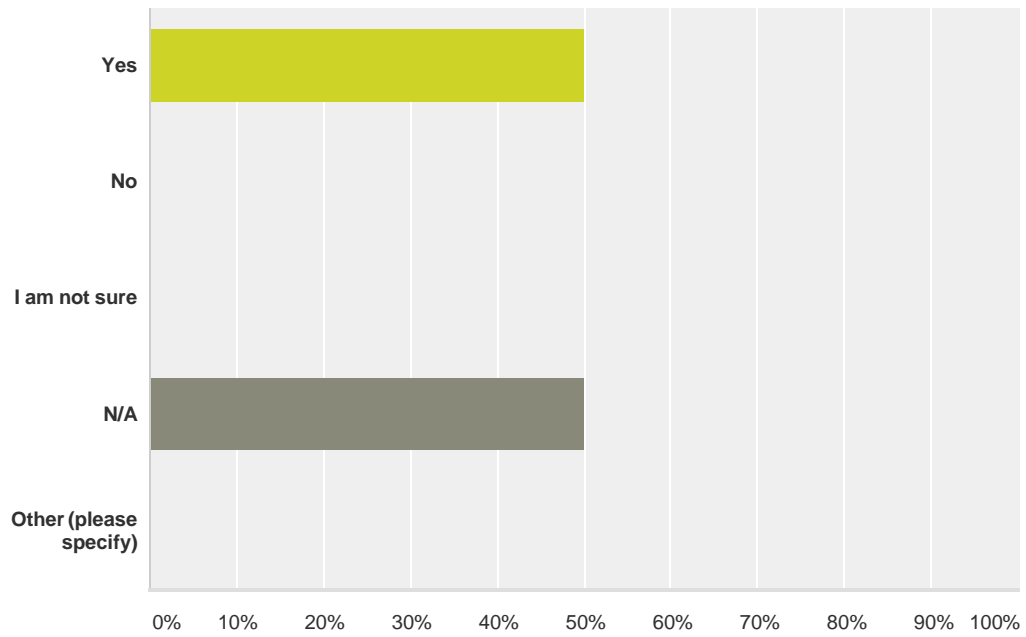


Answer Choices	Responses
Yes	50.00% 2
No - check N/A for questions 17 - 20	50.00% 2
I am not sure - check N/A for questions 17 - 20	0.00% 0
N/A - check N/A for questions 17 - 20	0.00% 0
Other (please specify)	50.00% 2
Total Respondents: 4	

#	Other (please specify)	Date
1	2013 last monitoring	5/27/2015 4:46 AM
2	Last one in 2013	4/22/2015 7:34 PM

Q12 If so, was an Entrance Conference conducted?

Answered: 4 Skipped: 0

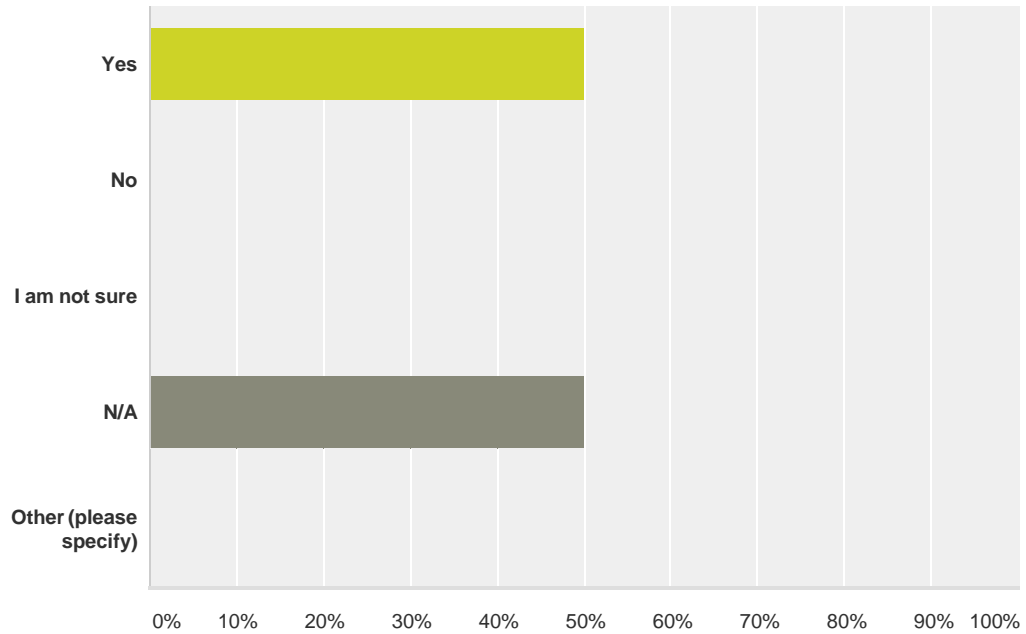


Answer Choices	Responses
Yes	50.00% 2
No	0.00% 0
I am not sure	0.00% 0
N/A	50.00% 2
Other (please specify)	0.00% 0
Total Respondents: 4	

#	Other (please specify)	Date
	There are no responses.	

Q13 If so, was an Exit Conference conducted that included any finds and/or recommendations?

Answered: 4 Skipped: 0

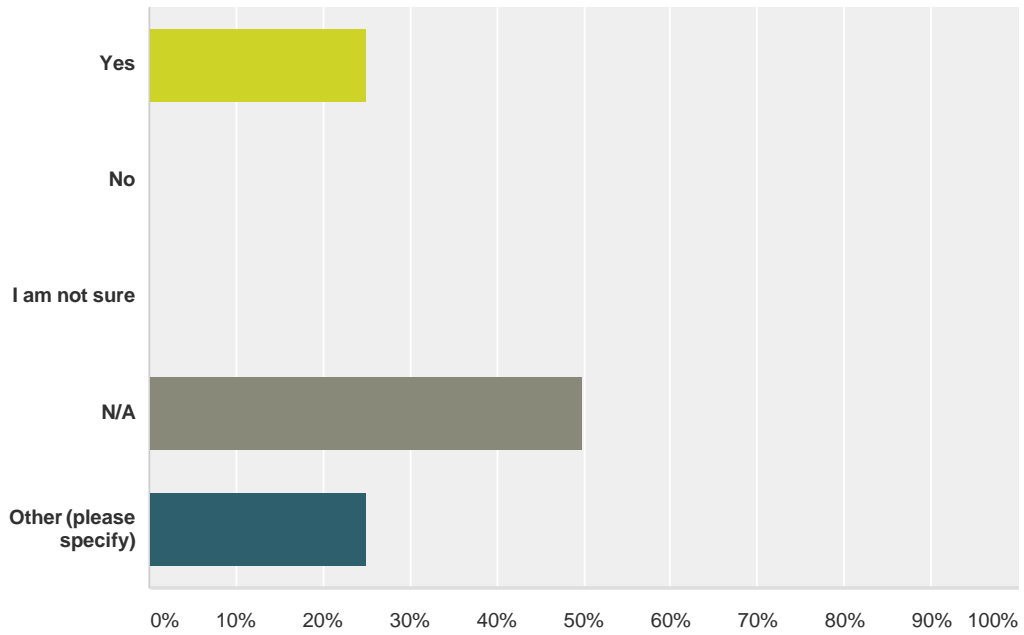


Answer Choices	Responses
Yes	50.00% 2
No	0.00% 0
I am not sure	0.00% 0
N/A	50.00% 2
Other (please specify)	0.00% 0
Total Respondents: 4	

#	Other (please specify)	Date
	There are no responses.	

Q14 Did your agency receive a written report of the fiscal auditing visit?

Answered: 4 Skipped: 0

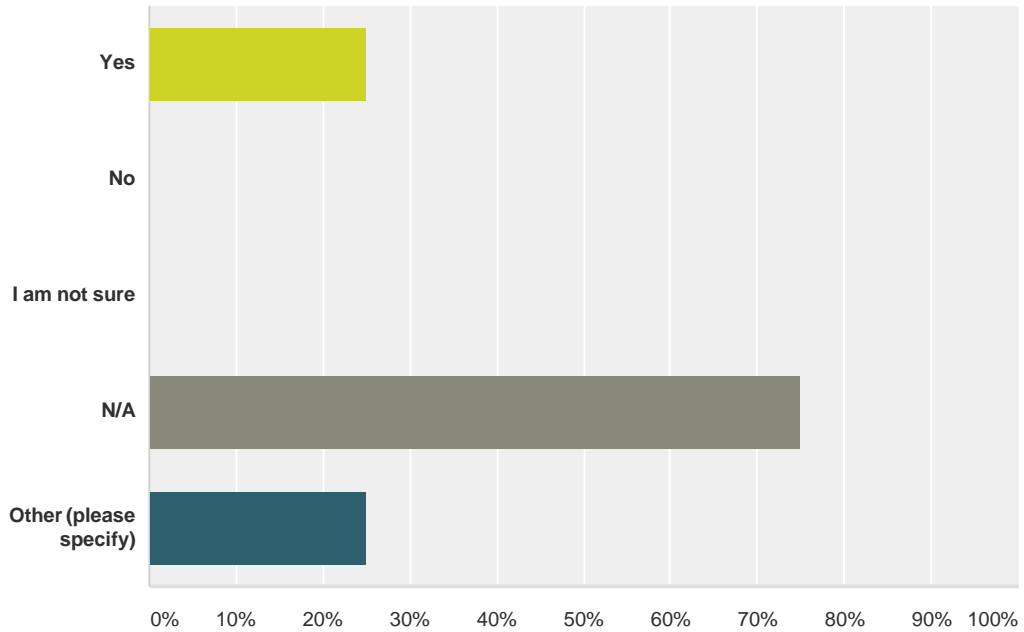


Answer Choices	Responses
Yes	25.00% 1
No	0.00% 0
I am not sure	0.00% 0
N/A	50.00% 2
Other (please specify)	25.00% 1
Total Respondents: 4	

#	Other (please specify)	Date
1	Monitoring was recently conducted and the final report is still being drafted by the County	4/21/2015 3:58 PM

Q15 Was your agency allowed at least 30 days to respond to the report and its finding?

Answered: 4 Skipped: 0



Answer Choices	Responses
Yes	25.00% 1
No	0.00% 0
I am not sure	0.00% 0
N/A	75.00% 3
Other (please specify)	25.00% 1
Total Respondents: 4	

#	Other (please specify)	Date
1	See previous comment about report	4/21/2015 3:58 PM

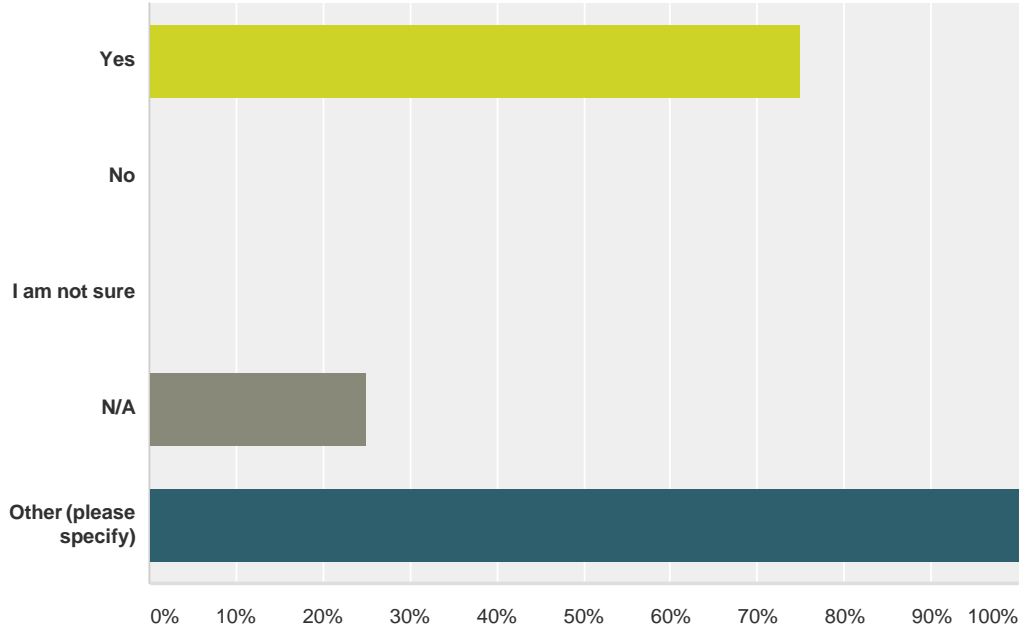
Q16 Please add any additional comments regarding this series of questions.

Answered: 1 Skipped: 3

#	Responses	Date
1	The Provider perceives the AA as "rigid in manner" and applying "stringent interpretations" of HRSA regulations/guidance.	5/27/2015 4:44 AM

Q17 If appropriate, based on your position at your agency, did you receive training on the AA's billing process?

Answered: 4 Skipped: 0

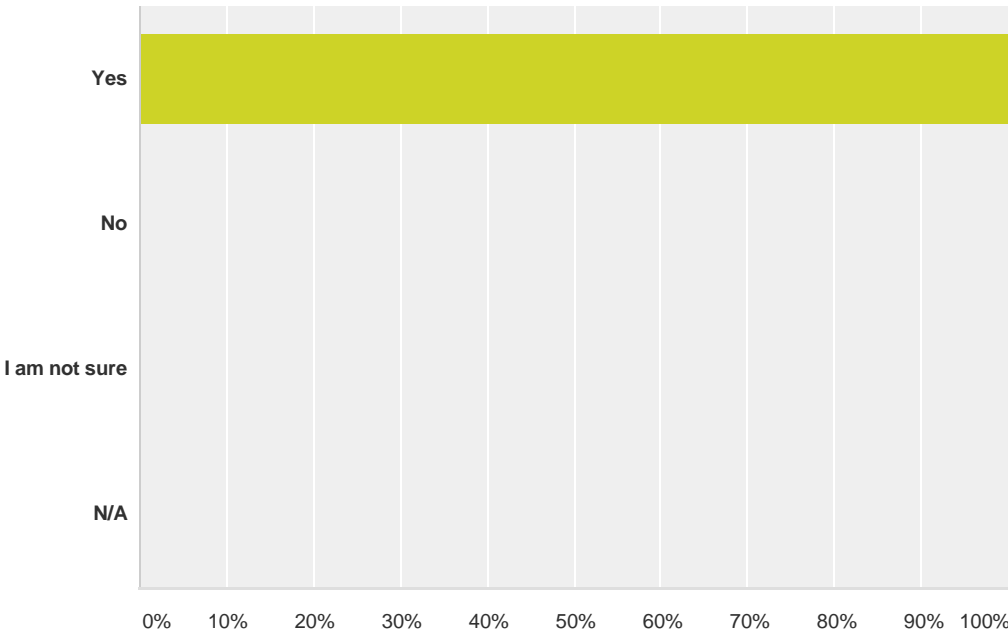


Answer Choices	Responses
Yes	75.00% 3
No	0.00% 0
I am not sure	0.00% 0
N/A	25.00% 1
Other (please specify)	100.00% 4
Total Respondents: 4	

#	Other (please specify)	Date
1	Training is used "loosely" - clarification on lab expenses - what is disallowable, and what is needed (i.e. specific \$\$\$ amounts)	5/27/2015 4:46 AM
2	Term "Training" loosely used - recieved clarifications and guidance as needed for minor corrections.	5/27/2015 4:44 AM
3	Timesheets	4/22/2015 7:42 PM
4	Feedback for AA - in recent months, there has been confusion on timesheet completion and clarification of "overtime billing". To-date, the Provider has not requested any training.	4/21/2015 4:03 PM

Q18 Is your agency reimbursed for accurate billings in a timely manner?

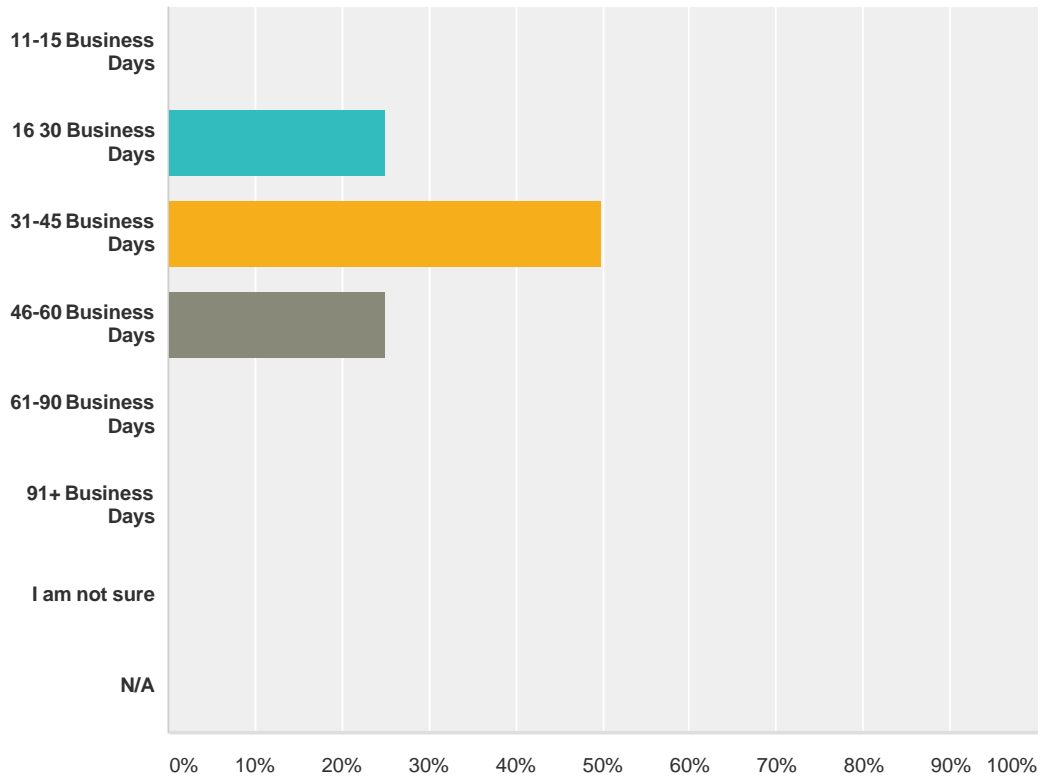
Answered: 4 Skipped: 0



Answer Choices	Responses
Yes	100.00% 4
No	0.00% 0
I am not sure	0.00% 0
N/A	0.00% 0
Total	4

Q19 Provided that your agency did not have to make any corrections to a submitted billing, and based on the Notice of Proposed Payment sent to your agency, on average, how many business days does it take for your agency to be reimbursed by the Auditor from the day you submit the initial billing?

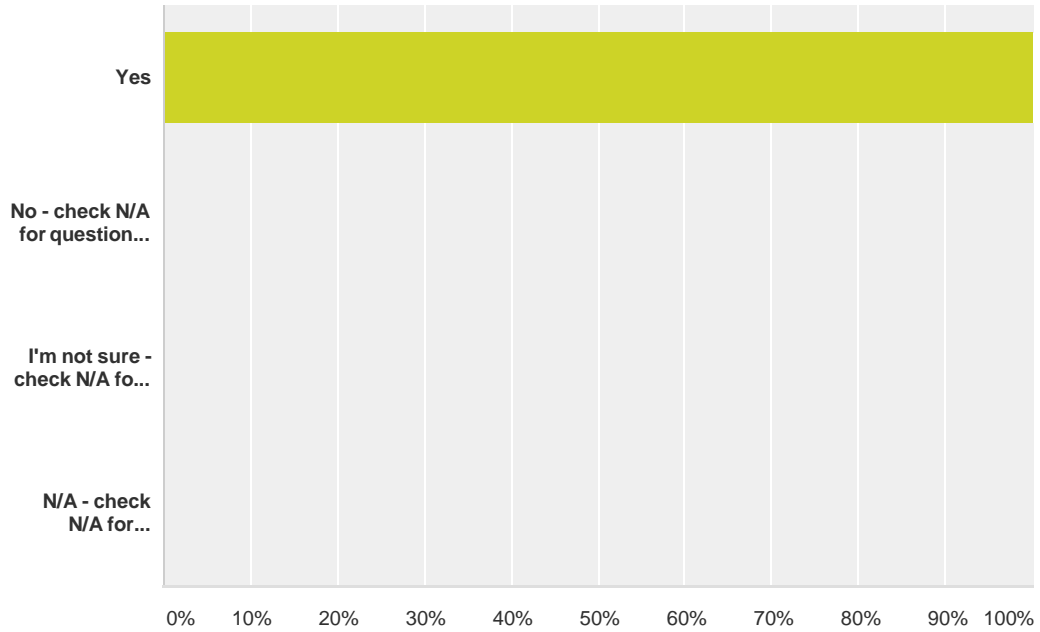
Answered: 4 Skipped: 0



Answer Choices	Responses
11-15 Business Days	0.00% 0
16-30 Business Days	25.00% 1
31-45 Business Days	50.00% 2
46-60 Business Days	25.00% 1
61-90 Business Days	0.00% 0
91+ Business Days	0.00% 0
I am not sure	0.00% 0
N/A	0.00% 0
Total	4

Q20 Between March 1, 2014 and February 28, 2015, were you notified that any billing invoices needed to be modified?

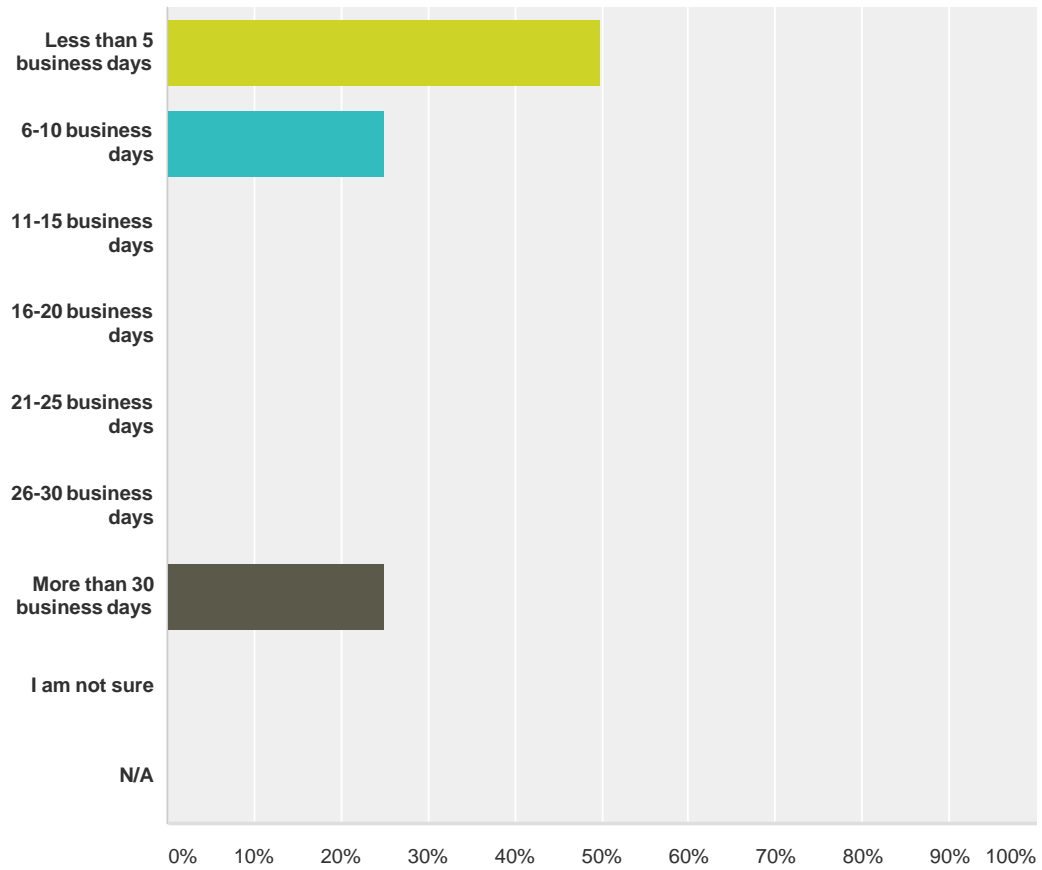
Answered: 4 Skipped: 0



Answer Choices	Responses	Count
Yes	100.00%	4
No - check N/A for questions 26 - 28	0.00%	0
I'm not sure - check N/A for questions 26 - 28	0.00%	0
N/A - check N/A for questions 26 - 28	0.00%	0
Total		4

Q21 On average, how many days was it between the day you submitted the initial invoice and the date you were notified that changes needed to be made?

Answered: 4 Skipped: 0

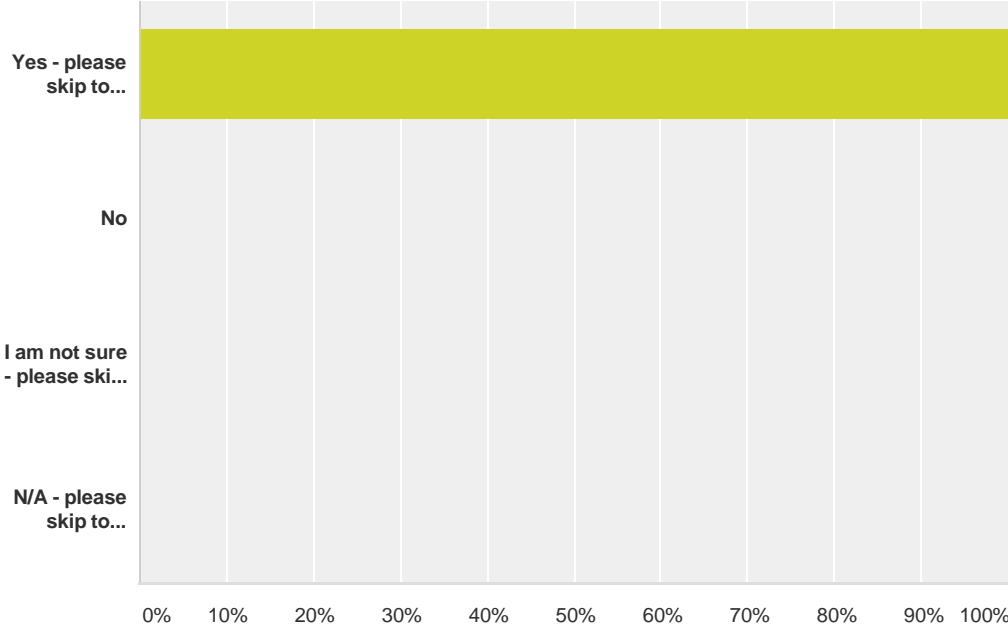


Answer Choices	Responses
Less than 5 business days	50.00% 2
6-10 business days	25.00% 1
11-15 business days	0.00% 0
16-20 business days	0.00% 0
21-25 business days	0.00% 0
26-30 business days	0.00% 0
More than 30 business days	25.00% 1
I am not sure	0.00% 0
N/A	0.00% 0

Total	4
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Q22 Have all reimbursement payments after corrections were made matched the revised/corrected invoice submitted to the AA?

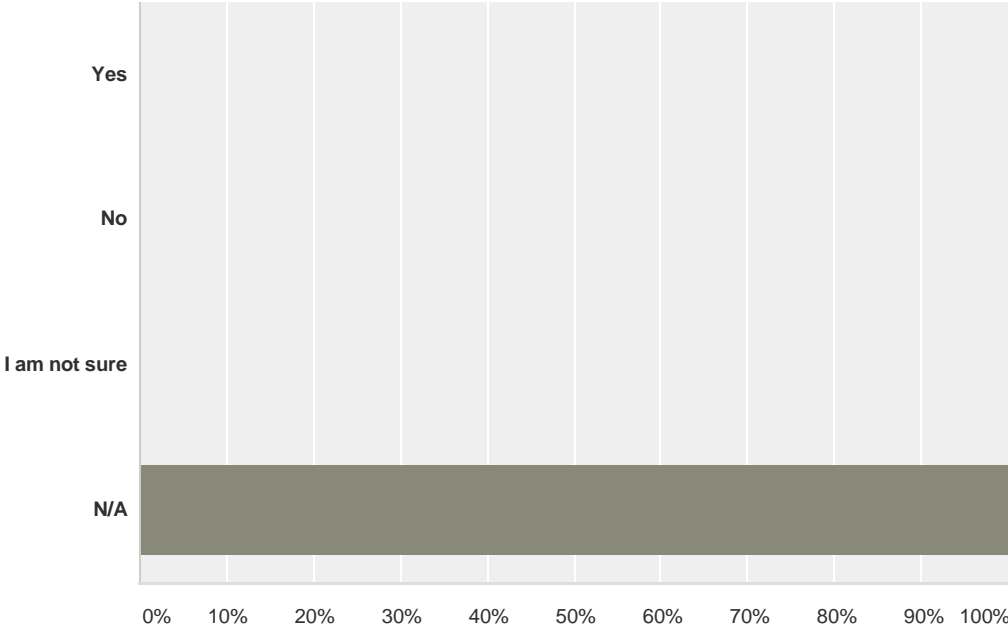
Answered: 4 Skipped: 0



Answer Choices	Responses
Yes - please skip to question 29	100.00% 4
No	0.00% 0
I am not sure - please skip to question 29	0.00% 0
N/A - please skip to question 29	0.00% 0
Total	4

Q23 If you answered "No" to question 27, were you notified of the reasons that the payment did not match the invoice?

Answered: 4 Skipped: 0



Answer Choices	Responses	
Yes	0.00%	0
No	0.00%	0
I am not sure	0.00%	0
N/A	100.00%	4
Total		4

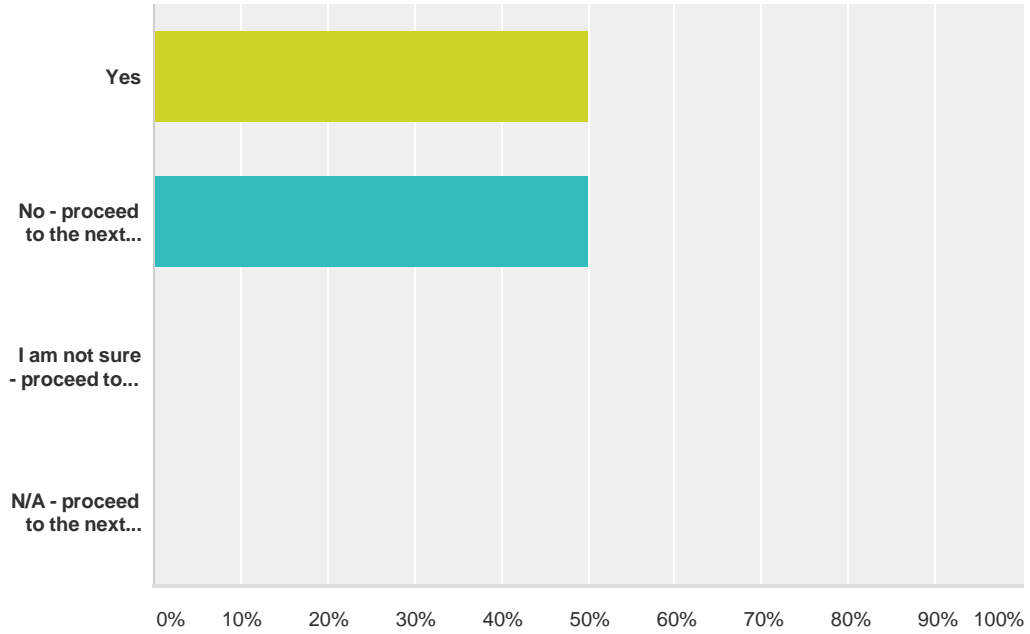
Q24 Please add any additional comments regarding this series of questions.

Answered: 4 Skipped: 0

#	Responses	Date
1	1) was notified that a change/correction was needed upon receipt of payment (minus any disallowables). The process does not stop and correct, it processes what is correct and you are notified with your payment and then have to resubmit a correction for new processing.	5/27/2015 4:46 AM
2	1) As a Provider, you receive notification of errors and an opportunity to correct it (2 day turnaround) IF it is identified by the AA staff. However, once it leaves the AA staff and goes to the Auditor for processing, you will not be notified if the Auditor's Office identifies an error - you will get explanation of any disallowable expenses upon receipt of payment. 2) ARIES is not a billing system, yet used to support billing/invoicing. 3) Program Income documentation is a burden and obstacle on Providers. It can be a "humiliation" and "embarrassment" topic of discussion for Consumers. There appears to be minimal value add for this type of administrative burden. 4) Billing/invoicing documentation could be minimized and requirements could be streamlined. Detailed supporting documentation could not be required at each submission, but covered in annual fiscal auditing. 5) "Training" is sometimes advertised as providers to be programmatic training, yet often times the content covered bleeds into fiscal management content. This creates a gap in knowledge when Program staff receive fiscal information that is not provided to the Fiscal Staff. There needs to be clear audience identification and targeting for all AA trainings.	5/27/2015 4:44 AM
3	1) Disallowance justification could be more detailed when given to the Providers 2) Supporting paperwork requirements are too cumbersome to support billing and invoicing. 3) It would be nice to have a "provider Portal" that has electronic access to all required fiscal forms and reporting requirements.	4/22/2015 7:42 PM
4	Feedback for the AA - In recent months, there has been discrepancies in the approved invoice amounts by the AA and the dollar amount of the checks received by the Provider. The Provider said the AA is aware and troubleshooting to identify what happened in these situations.	4/21/2015 4:03 PM

Q25 Did you request any fiscal technical assistance from the AA or grant auditors during the grant year?

Answered: 4 Skipped: 0



Answer Choices	Responses
Yes	50.00% 2
No - proceed to the next page	50.00% 2
I am not sure - proceed to the next page	0.00% 0
N/A - proceed to the next page	0.00% 0
Total	4

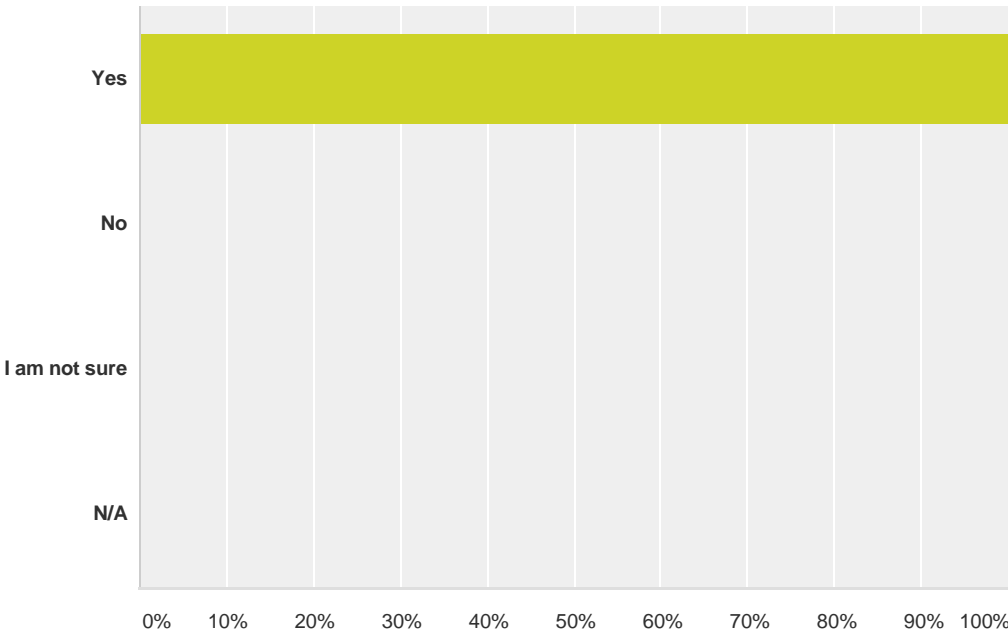
Q26 If so, what technical assistance did you request?

Answered: 2 Skipped: 2

#	Responses	Date
1	1) ARIES Training for fiscal team member. 2) Training content was a 101 level training, an advanced level training on this topic is needed.	5/27/2015 4:48 AM
2	program and income budgets, timesheets	4/22/2015 7:42 PM

Q27 Did the AA comply with your request for technical assistance?

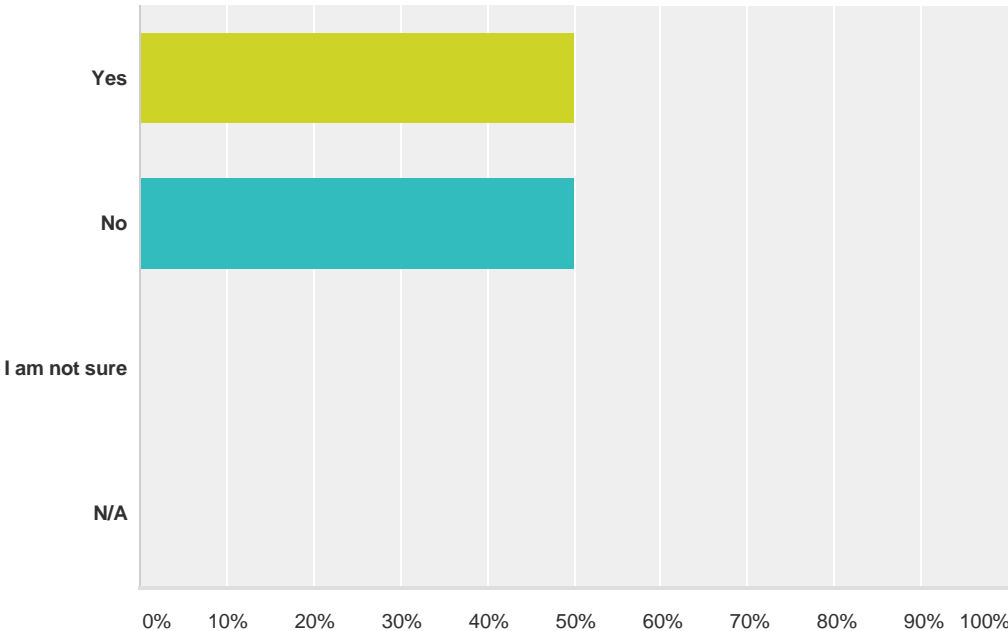
Answered: 2 Skipped: 2



Answer Choices	Responses
Yes	100.00% 2
No	0.00% 0
I am not sure	0.00% 0
N/A	0.00% 0
Total	2

Q28 Did the technical assistance meet your agency's needs?

Answered: 2 Skipped: 2



Answer Choices	Responses	Count
Yes	50.00%	1
No	50.00%	1
I am not sure	0.00%	0
N/A	0.00%	0
Total		2

Q29 Please add any additional comments regarding this series of questions.

Answered: 2 Skipped: 2

#	Responses	Date
1	<p>1) Timesheet requirements are a recent issue 2) The administrative burden is so high for the amount of funds, that the Provider's Executives said they are starting to look at the business case of remaining a RW Part A Provider if something does not give. 3) The Provider's perception is there is a lack of confidence and trust in the Providers by the AA. 4) If a change is made in billing requirements in month 8 or 9 of the grant cycle, it is not appropriate to retro that change back to the beginning of the grant cycle. When changes are made in process OR billing/invoicing requirements, the AA should do a better job of formally communicating the changes, the impact of the changes, and the justification/rationale of the changes to all Providers (i.e. formal memorandums) and then follow with TA/Training as appropriate. 5) Overall, the processes are not the problem, it is the grantor to grantee relationship and how the AA leadership communications and manages the relationships with providers. 5) The AA frontline staff were described as "brow beat", with little confidence in answering Provider questions OR providing guidance 7) The success of the process and program outcomes are related to the Provider's commitment, not the AA's approach to grant management.</p>	5/27/2015 4:48 AM
2	<p>1) Quality of training should be higher quality. 2) The AA front-line staff needs to have more confidence in TA and Q/A answers 3) ARIES is not a billing system, yet the AA uses ARIES reports to verify and support billing. 4) When a change is implemented it should not be retro backwards in time to the beginning of the grant. 5) Timesheet reporting is recently a big problem.</p>	4/22/2015 7:42 PM