



HIV/AIDS Bureau

Rockville MD 20857

OCT 20 2014

Rose Conner
Program Manager
Maricopa County Ryan White
Part A Program
301 West Jefferson Street, Suite 3200
Phoenix, Arizona 85003

Dear Ms. Conner:

Thank you and your staff for the kindness and courtesy extended to our team during our site visit that was conducted June 25-27. Staff preparation and organization for the site visit facilitated a smooth review. Please also extend a thank you to the planning council members, provider staff, and consumers who took time out of their busy schedules to meet with us.

Enclosed is a copy of the site visit report. This site visit gave the Health Resources and Services Administration's Team the opportunity to obtain a thorough understanding of your program, and also allowed the team to identify exemplary components of your program, as well as areas for improvement. The results of this review allow us to recognize best practices observed during the visit and to provide or arrange for technical assistance, when needed.

I am happy to report there were no findings identified during the site visit. Program staff have a good understanding of Ryan White Part A Program legislative and programmatic requirements, and implemented recommendations based on findings identified during prior site visits.

In this report, you will find items identified as "improvement options" with associated recommendations. Improvement options do not require a written response, however, I or your assigned project officer will follow up with you on those items during routine monitoring calls. Please contact me at (301) 443-8131 or by e-mail at mpeppler@hrsa.gov if you have any questions or wish to discuss the recommendations outlined in this report.

Sincerely,

Mark Pepler
Chief, Southern Services Branch
Division of Metropolitan HIV/AIDS Programs

Enclosure

Grantee Name:	Maricopa County	
Grantee Address:	301 W. Jefferson Street, Suite 3200, Phoenix, AZ 85003	
Grantee Contact Name:	Rose Conner	
Grant Number:	H89HA11478	
Budget Period:	03/01/14 through 02/28/15	
Program Type/Name:	Ryan White Part A	
Type of Visit:	Comprehensive <input checked="" type="checkbox"/> Diagnostic <input type="checkbox"/> Technical Assistance <input type="checkbox"/>	
Dates of Visit:	June 25 – 27, 2014	
Project Officer:	Mark Pepler	
Purpose of Visit:	<p>The purpose of this site visit was to assess the grantee's compliance with the legislative and programmatic requirements of the Ryan White Part A Program. The site visit team reviewed the clinical quality management, fiscal, programmatic, administrative, and planning council operations of the eligible metropolitan area's (EMA) Part A Program.</p>	

I. Health Resources and Services Administration (HRSA)/Consultant Representatives:

- A. Mark Pepler, *Project Officer*
- B. Marlene Matosky, *Nurse Consultant/Quality Specialist*
- C. Everett Lott, *HAB Executive Officer*
- D. Dave Shippee, *Fiscal Consultant*

II. Grantee Representatives:

- A. Chris Bradley, Director, Employee Benefits and Health
- B. Rose Conner, RWPA Program Manager
- C. Randall Furrow, RWPA Planning Council Chair
- D. Claire Tyrpak, RWPA Program Coordinator
- E. Carmen Batista, RWPA Grants/Contract Administration Supervisor
- F. Georgina Lowe, RWPA Financial Support Supervisor
- G. Ken Leighton-Boster, RWPA Quality Management Supervisor
- H. Edward Curtis, RWPA Finance/Business Analyst
- I. Edd Welsh, RWPA RN Health Analyst
- J. Chavon Boston, RWPA Special Programs Coordinator
- K. Julie Rudnick, RWPA Quality Management Trainer
- L. Victoria Jaquez, RWPA Lead Program Assistant
- M. Chantie Wingo, RWPA Management Assistant

III. Site Visit Overview:

The Ryan White Part A Program is housed in the Department of Employee Benefits and Health, within the Maricopa County Government structure. The Maricopa County Part A Program's last comprehensive site visit was performed in 2004. The current comprehensive site visit, conducted between June 25 and June 27 focused on the following priorities:

- Reviewing the administrative and fiscal systems of the Part A Program;
- Assuring compliance with legislative mandates and program requirements;
- Assessing the system of HIV care;
- Reviewing the organization and operation of the planning council;
- Assessing community and consumer involvement; and
- Identifying technical assistance needs.

Based on the results of a limited scope review completed in 2013, an assessment was also made to verify the grantee's implementation of procedures to ensure sub-grantee expenditures are allowed, cost based, and adhere to the 10 percent limitation on administrative costs.

During the site visit, the HRSA/HAB team met with the Denny Barney, CEO and Chairman of the Maricopa County Board of Supervisors, the planning council executive committee, and planning council members during a regularly scheduled business meeting. The team also met

with a diverse group of 19 consumers. Overall, consumers were satisfied with the medical care they received. While several individuals expressed concern about quality of case management services, others were very satisfied with the service. The lack of affordable housing and transportation were identified as issues for several consumers. One individual identified “stigma” as an ongoing personal issue for him. The site visit team was impressed by the number of consumers who participated in the meeting, as well as their understanding of and engagement in the Ryan White Program.

The site visit team also visited four sub-grantee providers: the Southwest Center for HIV/AIDS (SWC); McDowell Healthcare Center of Maricopa Integrated Health Systems (MIHS); Ebony House, a minority AIDS initiative (MAI) funded service provider; and HIV Care Directions, a program operated by the Area Agency on Aging.

IV. Findings and Recommendations:

The Maricopa County Part A Program benefits from a stable staff with many years of grants management experience, specifically with the Ryan White Part A Grant Program. Based on the maturity of this program, in most cases, well established policies and procedures are in place and a comprehensive understanding of Ryan White Part A Program requirements exists among staff. There were no fiscal or administrative/programmatic findings identified during this visit, however, there were several recommendations for improvements in the program which are described in the following sections.

Definitions:

Strengths: Areas where grantee has innovative and/or excellent practices

Legislative Finding: Does not meet the legislative mandates. A corrective actions plan (CAP) is required.

Administrative/Programmatic Finding: Does not meet administrative and/or programmatic requirements; a CAP is required.

Improvement Options: Meets the legislative and/or administrative/programmatic requirements, but there are opportunities for improvement; a CAP is not required.

A. Fiscal Overview:

The Maricopa County EMA has been Ryan White Part A-funded since 1994, and has been an MAI funded entity since 1999. The EMA’s fiscal year (FY) 2013 total Ryan White Part A Award including carryover was \$8,374,960. Over the last several years, the grantee had sizeable carry over requests and unobligated balances. The grantee remains within the legislative mandate for quality management and administrative support in its annual budget.

The grantee’s contracts with sub-grantees appeared to be comprehensive and up to date. The grantee has historically issued 5-year contracts to the sub-grantees. In 2012 the grantee revised its contracting process and the contracts themselves. Sub-grantee contracts now renew on a rotating cycle such that all service categories are not re-bid and

re-contracted in the same year. Current contracts are for a 5-year period, with a possible 5-year extension. At the time of the site visit, the grantee had 22 contracts issued to cover the service categories prioritized by the planning council and another four contracts in place to support consultancy on various functions. Sub-grantees are expected to submit invoices by the 15th of the month following the month of service and from date of approval of the invoice by the grantee; the invoice is paid within 25 days. The grantee uses several automated systems to allow the sub-grantees to upload back-up documents and to monitor the progress of submissions and invoices through the processing cycle of payment. Once invoices are approved by the grantee's Ryan White Part A staff, the county accounts payable department issues the approved payment. The grantee's annual sub-grantee site visit process was reviewed and appears to be very comprehensive. Of note, was that each organization's annual audit and financial status is reviewed at that time, as well and any deficiencies are noted and followed up on after the review. One such example was the resolution of an over-payment made to SWC for nutrition supplies in the 2012 Part A grant year.

The county operates on a July 1 to June 30 FY and has routinely had its annual independent audit, including an A-133 review, completed in a timely fashion. Audits from the most recently completed three fiscal years (2011 to 2013) were reviewed and each of them yielded no significant findings or material weaknesses. The accounting function is well defined within the grantee's Ryan White Part A function, as well as the contract administration function. Staffs from each of these departments participated in the site visit, and were able to clearly articulate their roles as it related to the administration, contracting, and monitoring of the Ryan White Part A Award. A sampling of invoices from and payments to sub-grantees from the most recent 12-month period, as well as the associated documentation supporting the invoices, indicated the process works well, and possesses sufficient support to justify the payments made to vendors.

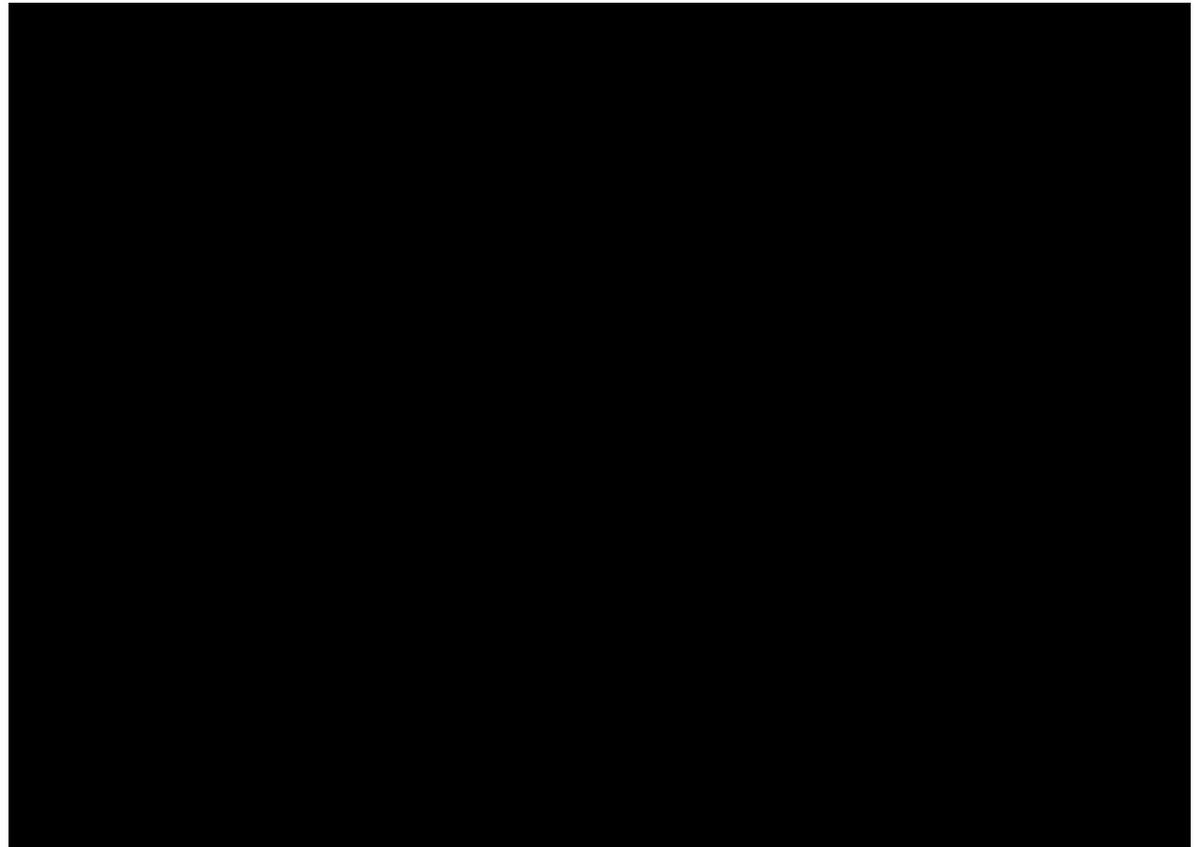
The grantee was placed on restricted payment management system (PMS) drawdown in 2011, and was taken off that status in June 2013. When asked to review the grantee's policy and procedure on PMS drawdowns from HRSA, the staff was unable to present an approved policy and accompanying procedure that the county developed for this function.

1. **Fiscal Findings:** There were no fiscal findings identified during the site visit.
2. **Fiscal Improvement Options:**
 - i. During the site visit, the reconciliation methodology was reviewed for its soundness. The methodology presented appears to be sound, however, the grantee may find it prudent to address several issues in the proposed methodology:



- ii. The grantee was placed on restricted PMS drawdown in 2011 and was taken off that status at the close of FY 2013. When asked to review the grantee's policy and procedure on PMS drawdowns from HRSA, the staff was unable to present an approved policy and accompanying procedure the county developed for this function.
 - a. **Recommendation:** The grantee should develop a specific policy and related procedures for the PMS drawdown for this program as it moves forward. Documenting the expected process that presently includes fiscal and administrative staff in the Ryan White Part A Program, as well as the responsibility of staff in the county's finance manager's office and the treasurer's office, highlights the need for such a document that would be officially recognized by Ryan White Part A staff, and all others accountable for these funds. Recommending an amendment to the Maricopa County Department of Finance Grant Manual would be a reasonable place to start.
- iii. The grantee experienced substantial unobligated balances over the three fiscal years reviewed.
 - a. **Recommendation:** The grantee should make an effort to expand the network of providers and the range of services available in the EMA which may facilitate reducing the year-end un-spent balances. Networking with other Ryan White Part A Grantees around the country to identify strategies for better engaging FQHCs in the service area in HIV care may be a good start.

During sub-grantee/provider site visits, the following observations were made, followed by recommendations to improve sub-grantee fiscal operations.



3. Fiscal Strengths:

- i. There is timely reconciliation and payment of sub-grantees' invoices once an award is made.

B. Administrative/Programmatic Overview:

The Maricopa County Ryan White Part A Program (the grantee) began using a centralized eligibility and enrollment process for services in 2011. This process was driven by the Arizona Legislature's actions several years ago to implement a state initiative on anti-illegal immigration. The legislature also changed Medicaid eligibility criteria which limited access to Medicaid by childless adults. All local residents seeking Ryan White-funded services are screened for eligibility and processed through a central intake unit located at HIV Care Connections; the unit also screens people for eligibility for federal marketplace exchange products, Medicaid and the AIDS Drug Assistance Program (ADAP). A total of 5.5 FTEs are currently devoted to this effort. Staff reported that over the past year nearly 700 HIV positive people received service intakes and over 5,300 service re-certifications were completed for continued Ryan White service eligibility. The system uses CAREWare to manage the data collection and reporting for this service and conducts re-certifications on all patients on their birthdate anniversary and their half-birthdate anniversary. The majority of the eligibility staff is bilingual.

1. **Administrative/Programmatic Findings:** There were no legislative, administrative/programmatic findings identified during the site visit.
2. **Administrative/Programmatic Improvement Options:**
 - i. In its current use of CAREWare for eligibility re-certification, Care Directions staff does not receive information on whether a patient is engaged in care at the time they perform eligibility re-certification which would be helpful in assessing retention in care and/or facilitating identification of barriers to care.
 - a. **Recommendation:** The grantee should explore adding enhancements to the CAREWare system that allows the eligibility specialist to view the last date of a patient's primary care service to assure the patient is still actively engaged in care prior to renewing eligibility. Renewing eligibility without assessing whether the client is actively engaged in care could potentially lead to a client receiving supportive services without meeting the program's expectations of Ryan White Part A resources being deployed for people with HIV who are actively in care. Additionally, adding a field in the system that allows the eligibility unit to collect and document fee scaling information and the fee scale rate, would allow all providers to benefit from that function being consistently done at one location.
3. **Administrative/Programmatic Strengths:**
 - i. The grantee has done a thorough job of assuring sub-grantees are performing timely and consistent screening of patients for Ryan White eligibility.
 - ii. Sub-grantee contract documents are very thorough and contract oversight is very sound.
 - iii. The grantee developed a model Affordable Care Act (ACA) enrollment plan, with input from 12 Ryan White Part A providers, the planning council, and the Arizona ACA Coalition. The plan outlines the essential steps, responsible parties, due dates, and progress for the Phoenix EMA to ensure eligible Ryan White Part A clients are enrolled in the appropriate health insurance program.
 - iv. HIV sub-grantees work collaboratively which enhances the quality of care clients receive and supports retention in care efforts, e.g., case management staff co-located at clinical provider sites and cultural navigators working with refugee populations.

C. Clinical Quality Management Overview:

The grantee has a solid clinical quality management (CQM) infrastructure. Three staff members are devoted to CQM: quality management supervisor, registered nurse health

analysis, and quality management trainer. The quality management supervisor reports to the program manager who is also a registered nurse, with decades of experience in health care administration. The CQM staff update the jurisdiction's quality management plan annually (updated October 2013). The quality management plan outlines the annual activities to be implemented by the grantee. The grantee has a CQM committee comprised of grantee CQM staff, sub-grantees (medical and non-medical providers), two consumers, and is co-chaired by a medical provider. The grantee uses the CQM committee to gather feedback on the annual quality management plan, review performance data, and identify quality improvement priorities. The CQM committee meets quarterly.

1. **CQM Findings:** There were no legislative or administrative/programmatic CQM findings identified during the site visit.
2. **CQM Improvement Option:**
 - i. Performance measures used by the grantee are not consistent with HRSA/HAB core performance measures.
 - a. **Recommendation:** Grantee is encouraged to consider adopting the HRSA/HAB core performance measures for HIV outpatient ambulatory medical care services and medical case management, as well as for all funded service categories. Grantee may consider applying the core measures from a systems perspective rather than at the service provider level for some services (e.g. transportation).
 - ii. Grantee plans to hold grand rounds for all services providers across the jurisdiction.
 - a. **Recommendation:** Grantee is encouraged to approach the implementation of grand rounds using the quality improvement framework which would allow the grantee to assess and document demonstrable improvement realized through the grand rounds.
 - iii. Grantee does not currently analyze performance measure data for disparities in care.
 - a. **Recommendation:** The grantee should begin disparity analysis of performance data. For example, performance measure data could be stratified by common demographic variables (e.g. race/ethnicity, age, gender, risk, etc.) and analyzed for significant variances.
 - iv. The quality management plan does not outline quality improvement activities.

- a. **Recommendation:** The grantee is encouraged to add a section to the quality management plan, outlining quality improvement activities (i.e. quality improvement priorities, assessing quality improvement projects among sub-grantees, and capacity development provided to sub-grantees to implement quality improvement projects, etc.).

3. CQM Strengths:

- i. The CQM staff have over 10 years of experience with the Ryan White Part A Program, and many more years of experience in public health and administration.

D. Planning Council Overview

The Maricopa County HIV Planning Council effectively performs its legislatively mandated responsibilities. Members are appointed by the Maricopa County Board of Supervisors. Planning council membership is reflective and representative of persons living with HIV (PLWH) within the EMA. The council conducts a periodic needs assessment to determine the service needs of PLWH. The results of the most recently completed needs assessment were presented at the planning council's June 26 business meeting which was attended by the HRSA/HAB site visit team. The council prioritizes the HIV service needs of the community and allocates funds to service categories to support the comprehensive needs of PLWH in the EMA. The planning council support staff is located within the grantee's office and provides HIV staffing support for the planning council and its committees. The Ryan White Program manager and the planning council support staff report to the department director.

1. **Planning Council Findings:** There were no legislative or administrative/programmatic findings related to planning council operations identified during the site visit.

V. Technical Assistance Recommendations/Needs:

1. The grantee requested guidance on the use of Ryan White Part A funds to cover the cost of HIV test kits in the county jail, due to loss of the Centers for Disease Control prevention funding.
2. The grantee was not able to obtain state HIV testing data on sub-populations/demographics and would like assistance in accessing this data.

VI. Next Steps:

The grantee is not required to complete a CAP, since there were no findings identified during the site visit. Program improvements noted in this report will be discussed during regularly scheduled monthly monitoring calls with the project officer.