



DHE FAQs

1. What do the Planning Council Committees do?

- a. Executive Committee: *The Executive Committee is comprised of the Planning Council Chair, Planning Council Vice-Chair, Committee Chairs and Committee Vice-Chairs; the Committee Chair serves as the voting member of the Executive Committee. Vice-Chair's will attend Executive Committee meeting but will vote only in the absence of the Committee Chair.*
- b. Assessment Committee: *The Assessment Committee identifies the needs of the Atlanta EMA populations, identifies unmet needs of specific populations, and provides that information to the Priorities Committee on an annual basis and to the appropriate Planning Council Committee on a regular basis.*
- c. Comprehensive Planning Committee: *The Comprehensive Plan Committee monitors the Atlanta EMA's HIV Health Services Comprehensive Plan to guide the Metropolitan Atlanta HIV Health Services Planning Council in its work to deliver HIV services throughout the EMA.*
- d. Council Procedures Committee: *The Council Procedures Committee is responsible for oversight of the operations of the Council and recommending amendments to the By-Laws and Standard Operating Procedures, as appropriate. The Committee may also be involved in actions related to the Council's Grievance Procedures. The Chair of this Committee shall serve as the Parliamentarian of the Council.*
- e. Evaluation Committee: *The Evaluations Committee is responsible for the assessment of the efficiency of the Recipient's administrative mechanism in rapidly disbursing funds to the areas of greatest need in the Atlanta EMA and other evaluations as assigned by the Executive Committee or the Planning Council.*
- f. Housing Committee: *The Housing Committee identifies opportunities to address and make recommendations on housing needs for Ryan White Part A consumers. The Committee reviews and provides feedback on the City of Atlanta's HOPWA funding recommendations, researches needs, gaps and barriers to housing and reports this to the Priorities Committee and Planning Council.*
- g. Membership Committee: *The Membership Committee ensures an open nomination process by way of an annual membership drive with application. The Committee determines Voting Members and At-Large Members to ensure broad-based Council Membership with the appropriate legislative reflection. The annual roster of recommendations for membership shall be presented to the CEO for approval and/or*

- appointment. The Membership Committee reviews the attendance records of the membership and recommend to the Executive Committee any action deemed necessary.*
- h. Priorities Committee: The Priorities Committee is comprised of un-aligned members of the Planning Council, and considers service needs and recommends priority rankings and funding percentages for allocation of funds. The Committee examines the Needs Assessment, the Comprehensive Plan, Epidemiological data, and other data to recommend priority areas for funding.*
 - i. Public Policy Committee: The Public Policy Committee involves the Planning Council Membership in educational efforts, drawing upon the diversity of the council to illustrate a broad, effective, community response to the HIV epidemic. The Committee reviews the public policies on the local, regional, state, and federal level and advises the members of the Planning Council of the potential impact of legislation which may affect the Ryan White Part A program, or its Consumers.*
 - j. Quality Management Committee: The Quality Management Committee has the responsibility for the development, oversight and evaluation of the quality management plan to ensure access to and retention in care, quality of services and related outcomes and linkage of social support services to medical services. HRSA Quality Measures will serve as the basis for the quality evaluation.*
 - k. Vulnerable Populations Task Force: The task force will utilize the results of the Needs Assessment to evaluate disparities through the lens of vulnerable populations, which include Black Males ages 24-35, Black Females 24-35, and Transgender Men and Women 24-35. The analysis of viral load suppression and the examination of other data points including HIV testing, Intake, OAHS care, undetectable status, and retention in care. The deliverable will be quality improvement recommendations.*
 - l. Oral Health Task Force: The mission of the task force is to ensure that all Ryan White clients in the EMA have access to Oral Health Care Services.*

2. What metrics go into assessing risk of the subrecipients' programs?

Please refer to your DHE contract. **Paragraph 9.3.** Under the terms of the Uniform Guidance, Fulton County undertakes a risk assessment for each subrecipient and proposed subrecipient. Fulton County's Risk Assessment will determine the frequency with which supporting documentation must be submitted to support a funding request. In ALL instances original documentation must be maintained on site and be available for audit as set forth in ARTICLE 35. **AUDITS AND INSPECTORS.**

Risk Category	Frequency of Submitting Documentation
Low	Provide ALL supporting documentation once each quarter: March invoice, June invoice, September invoice, January invoice and Final invoice.

Moderate	Provide every other month provide ALL supporting documentation: March invoice, May invoice, July invoice, September invoice, November invoice, January invoice, and Final invoice.
High	Provide ALL supporting documentation every month.
New Subrecipient	Provide ALL supporting documentation every month.

PROGRAMMATIC QUESTIONS

3. Case Management Practices EMA wide/Case Management Providers - who are they and what services are offered

We understand that this would be a robust discussion with agencies reporting what takes place at their provider sites and want to acknowledge and support this discussion. We plan to have a separate meeting with those interested individuals who would like to participate so stay tuned for follow up emails regarding this.

4. e2Fulton functions- fiscal/more training videos around fiscal and procurement in e2Fulton

New videos are in development on how to complete a contract modification and best practices for invoicing in e2Fulton. Both videos will be released before the end of July.

DATA QUESTIONS

5. Referrals in e2Fulton vs Linking Clients to Care

There is a new video (Referral Entry & Reports) on our website and Train that goes over this topic. It will be played during the Open Forum.

6. Can we have a brief tutorial on how to use the RSR to identify missing data, which now includes warnings? Is there a simplistic way to review the list and identify those truly missing data?

There is a new video (Using Extracts to Determine Out of Scope RSR Data) on our website and Train that goes over this topic. It will be played during the Open Forum.

7. e2Fulton Custom Reports for deeper dives

We are in the process of establishing a new contract with RDE and a Custom Reports Builder is one of the deliverables. We currently have the Access and Excel Extracts which with some manipulation may be able to provide you with some of the same data you may need. Please reach out to support@e2Fulton.org if you need any assistance or have any questions.

8. Though we often get updated eligibility verification due to frequent updates across providers, we can't upload it because e2F won't let you upload multiples within a 60-day period. This is

quite limiting. Are there plans to address this issue?

This request is currently in development with RDE.

9. DHE Train Tutorial: Brief demonstration of how to make sure you're choosing appropriate trainings for staff

There will be a Train demonstration during the Open Forum.

10. Where can I find resources on e2Fulton?

Resources can be found on Train and the DHE Website, ryanwhiteatl.org.