



City and County of San Francisco  
London N. Breed, Mayor  
Department of Public Health

Business Office Contract Compliance  
1380 Howard Street  
San Francisco, CA 94103

## Programmatic and Fiscal Monitoring Report FY 23-24

### Ryan White Funded Services: Part A HIV Health Services

**Agency:** PRC

**Site Visit Date:** November 12, 2024

**Program Reviewed:** PRC Benefits Counseling through Equal Access to  
Healthcare Program (EAHP)

**Report Date:** November 12, 2024

**Site Address:** 170 9th St. , San Francisco, CA 94103

**CID/MOU:** 10913 **Funding Source(s):** RWPA

**Review Period:** Part A: March 1, 2023 - February 28, 2024

**On-Site Monitoring Team Member(s):** Craig Wenzl, Bill Blum (HHS), William Gramlich, Beth Neary (HHS)

**Program/Contractor Representatives:** Jason Cinq-Mars, Beth Mazie, Greg Perez, Pat Riley, Jim Wegman

**Overall Program Rating:** 4 - Commendable/Exceeds Standards

4 = Commendable/Exceeds Standards	3 = Acceptable/Meets Standards
2 = Improvement Needed/Below Standards	1 = Unacceptable

#### Category Ratings:

4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction
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#### Sub-Categories Reviewed:

Program Performance	Program Deliverables/Fiscal	Program Compliance	Client Satisfaction
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Client Count Delivered	Declaration of Compliance Invoice vs. ARIES Analysis Administrative Binder Site/Premise Compliance Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

## **MONITORING REPORT SUMMARY**

**Agency/Program:** PRC/PRC Benefits Counseling through Equal Access to Healthcare Program (EAHP)

**Findings/Summary:** At the time of the site visit, the program did not have a waitlist.

The program met 100.0 percent of its contracted performance objectives.

The program met 102.1 percent of its contracted units of service target.

The program met 81.2 percent of its contracted unduplicated client target.

Client file review evidenced 100.0 percent files in compliance.

The program received 5 points from Declaration of Compliance.

A review of the administrative binder evidenced 100.0 percent of required compliance items.

A review of site premises evidenced 100.0 percent of required items.

The program conducted a client satisfaction process during the review period.

Client satisfaction results were reviewed, analyzed and discussed with program staff.

This program is under the administration of SFDPH HIV Health Services (HHS). This contract is dedicated to helping people affected by HIV/AIDS, substance use, or mental health. The goal is to help them to better realize opportunities by providing them with integrated legal, social, and health services that address the range of risk factors that impact wellness and limit potential for improved quality of life.

Monitoring of this program was conducted online and during an onsite visit on 11/6/24 to review the Administrative Binder, Site/Premises, employee files and training logs, and client file requirements. A second meeting was held online on 11/12/24 utilizing a virtual meeting platform to discuss the program and gather BOCC findings.

At the time of the site visit, the program did not have a client waitlist.

**Previous Year Plan of Action required?**    ☐    Yes    ☒    No

**If "Yes", describe program's implementation.**

**Current Year Plan of Action required?**    ☐    Yes    ☒    No

Signature of Author of This Report

DocuSigned by:

Craig Wenzl

Name and Title: Craig Wenzl, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

Signed by:

Jerna Reyes

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Bill Blum

Name and Title: Bill Blum, HIV Health Services Administrator

PROVIDER RESPONSE: (please check one and sign below)



I have reviewed the Monitoring Report, acknowledge findings, no further action is necessary at this time.



I have reviewed the Monitoring Report, acknowledge findings, and attached a Plan of Action in response to deficiencies and recommendations with issues addresses and timelines for correction stated.



I have reviewed the Monitoring Report, disagree with findings, response to recommendations attached.

DocuSigned by:

Chuan Teng

01/10/2025

Signature of Authorized Contract Signatory (Service Provider)

Date

Chuan Teng, CEO

Print Name and Title

RESPONSE TO THIS REPORT DUE:

January 10, 2025

If applicable, please submit any supplemental materials by clicking on the attachment icon below.

**Program Performance & Compliance Findings****Rating Criteria:**

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Over 90% = Commendable/ Exceeds Standards</b>	<b>90% - 71% = Acceptable/Meets Standards</b>	<b>70% - 51% = Improvement Needed/ Below Standards</b>	<b>Below 51% = Unacceptable</b>

**Overall Score:**

<b>Total Points Given:</b>	94/95=99%
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**1. Program Performance (40 points possible):**

<b>Achievement of Performance Objectives</b>	40	15 points out of 15 total points (from 3 Objectives) = 100%
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<b>Total Points:</b>	40	
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Points Given:	40/40	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards
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**Performance Objectives and Findings with Points**

O.1	≥ 85% of clients that receive an intake will obtain, retain, or increase access to health care coverage.	According to the PRC EAHP/Legal Advocacy Program 2023-24 Annual Monitoring Report, 87% of cases that were closed during the contract year (20/23) retained, obtained or increased access to health care coverage.	Points: 5
O.2	≥ 85% of training participants that complete questionnaires will respond that the training attended was "somewhat informative" or "very informative".	According to the PRC EAHP/Legal Advocacy Program 2023-24 Annual Monitoring Report, 96% of training participants who completed questionnaires (254/264) responded that the training attended was “very informative” (228 responses), or “somewhat informative” (26 responses).	Points: 5
P.1	PRC will track the presenting issues for each client that receives an intake to identify the top five presenting issues. This information along with specific provider requests will be used to design focused trainings.	According to the PRC EAHP/Legal Advocacy Program 2023-24 Annual Monitoring Report, PRC continuously tracked the top presenting issues as required for inclusion in the design of focused trainings	Points: 5

**Commendations/Comments:**

The program is commended for excellent achievement of all of the Performance Objectives.

For Objective P.1, the program reported the following details:

In FY22-23, PRC tracked Active Healthcare Access records for EAHP clients, containing up to three presenting issues per client. The following trainings presented in FY23-24 addressed the top five issues identified in FY22-23: ADAP concerns; MAGI Medi-Cal eligibility or termination; Medicare enrollment and access; Non-MAGI Medi-Cal program eligibility or coverage; and Navigating resources or benefits related to life changes.

The following are the topics and dates that trainings to address these issues were provided:

- PRC Services and Medi-Cal Unwinding: 3/7/23; 3/17/23; 4/6/23; 4/11/23; 5/2/23; 5/19/23; 5/23/23; 5/24/23; 6/12/23; 8/3/23; 12/13/23
- Working While Receiving Disability Benefits: 3/30/23; 4/27/23; 5/25/23; 6/29/23; 7/27/23; 8/22/23; 8/30/23; 9/28/23; 10/26/23; 12/7/23; 1/25/24; 2/22/24
- How to Avoid SSI & SSDI Overpayment (with ALRP): 4/20/23; 10/19/23
- Fair Housing (with ALRP): 6/15/23
- ADAP: 7/11/23
- End of Life Planning (with ALRP): 9/14/23
- Immigration and Public Benefits (with ALRP): 12/14/23
- Name Affirmation (with ALRP): 1/18/24
- Special Needs Trust (with ALRP): 2/15/24

The program also noted the top five presenting issues that clients identified in FY23-24, and reported that these will be used, in conjunction with provider requests, to design the FY24-25 trainings. These top issues are: ADAP Concerns; Lack of Coverage/No Insurance; Medicare's Multiple Parts; MAGI Medi-Cal Eligibility or Termination; and Non-MAGI Medi-Cal Program Eligibility or Coverage.

**Identified Problems, Recommendations and Timelines:**

None noted.

**2. Program Deliverables (20 points possible):**

<b>A. Units of Service Deliverables (0-10 pts):</b>				10	102% of Contracted Units of Service.
<b>B. Unduplicated Client Count (0-10 pts):</b>				9	81% of Target
<b>Total Points:</b>				19	
Points Given:	19/20	Category Score:	95%	Performance Rating:	Commendable/ Exceeds Standards

**A. Units of Service Delivered**

**Units of Service Delivered**  
**Service Description**

**Contracted/Actual**

Client Intake Hours	3,744	3,846
Training Program Hours	580	570

**B. Unduplicated Client Count**

**Actual UDC:** 384 **/Targeted UDC:** 473 = 81%

**Commendations/Comments:**

The totals for Units of Service (UOS) and Unduplicated Client (UDC) count are from the program's final invoice (380624101EFEB24). The program provided 102% of the contracted UOS and 81% of the UDC based on this data source.

The program reported that they were only able to reach 81% of their contracted UDC because of the general decrease in newly-diagnosed San Franciscans. Many in the served population were also reportedly aging into early retirement and moving into Medicare coverage. Given this, the program plans to track and determine whether the need for Medicare counseling increases.

In addition, the program was in the midst of Medi-Cal's Continuous Coverage Unwinding in FY23-24, a process by which Medi-Cal reviewed a large number of cases. Many of those reviews automatically renewed the clients' enrollment, so there were fewer issues than anticipated. The program anticipates an increase in the need for assistance with Medi-Cal coverage issues as the cadence of the Medi-Cal reviews returns to pre-pandemic levels.

**Identified Problems, Recommendations and Timelines:**

None noted.

**3. Program Compliance (25 points possible):**

<b>A. Declaration of Compliance Score (0-5 pts):</b>	5	Submitted Declaration
<b>B. Client files documentation (0-10 pts):</b>	5	100% compliance achieved.
<b>C. Administrative Binder Complete (0-5 pts):</b>	5	100% of items in compliance
<b>D. Site/Premises Compliance (0-5 pts):</b>	5	100% items in compliance
<b>E. Plan of Action (if applicable) (5 pts):</b>	5	<input checked="" type="checkbox"/> No previous FY POA was required <input type="checkbox"/> Previous FY POA was submitted, accepted and implemented <input type="checkbox"/> Previous FY POA submitted, not implemented <input type="checkbox"/> Previous YR POA required, not submitted
<b>Total Points:</b>	25	

Points Given:	25/25	Category Score:	100%	Compliance Rating:	Commendable/ Exceeds Standards
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**Commendations/Comments:**

The review of the program's Administrative Binder, Site/Premises, employee files, employee training logs, and client file requirements found all items present and current.

**Identified Problems, Recommendations and Timelines:**

None noted.

**4. Client Satisfaction (10 points possible): Client Satisfaction Survey**

<b>A. Client Satisfaction Completed During Year (0-5 possible)</b>	5
<b>B. Client Satisfaction Survey Results Reviewed, Analyzed and Discussed with Staff (0-5 possible)</b>	5
<b>Total Points:</b>	10

Points Given:	10/10	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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**Commendations/Comments:**

The program administered Client Satisfaction Surveys during the year, analyzed responses, and shared results with program managers, staff, and the Board of Directors. PRC also provided BOCC with a summary of results. For Legal Advocacy services provided during FY23-24, 120 completed client surveys were received, showing a satisfaction rate of 97.5% overall (117/120), and over 96% in all categories, including courtesy, accuracy, respect, confidentiality, and cultural competency.

Positive client comments received on the surveys indicated that clients benefitted from Legal Advocacy services and that services improved their quality of life. Some of these comments included:

- "Dealing with health concerns and simultaneously navigating Federal/ State agencies can be extremely stressful. Your help has been wonderful thanks to your associate. He was attentive, professional, and kind. Very grateful."
- "I got good news on my SSDI all because of your hard work. You have always been there when I need you for something. You have given me the opportunity to better my life. Thank you so much."
- "[My PRC Attorney] took care of my entire case, answered all my questions and phone calls in a timely manner, and made me feel at ease during the entire process. The 'Working while on disability' zoom meetings were very beneficial."
- "I have just begun my time here applying for SSI. I have been treated with kindness and respect from the minute I walked through the doors. I look forward to continuing to work together. Thank you."
- "I felt that I could finally not stress over this process, that I have someone giving me a helping hand without being judged. I have hope."

No program changes were indicated based on client feedback from the FY23-24 Client Satisfaction Survey.

In addition to the Client Satisfaction Survey, training participants were given surveys to complete at the end of each training topic. As noted in Objective 0.2 earlier in this report, 96% of training participants who completed questionnaires (254/264) responded that the training attended was "very informative" (228 responses), or "somewhat informative" (26 responses).

No program changes were indicated based on client feedback from the post-training surveys.

**Identified Problems, Recommendations and Timelines:**

None noted.