Assessment of the Ryan White Program Recipient Administrative Mechanism

March 1, 2023 – February 29, 2024

Final Report

BROWARD COUNTY RYAN WHITE PART A HIV HEALTH SERVICES PLANNING COUNCIL

Broward Regional Health Planning Council
Planning Council Support Team
200 Oakwood Lane Hollywood, FL 22020
P: 954-561-9681 F: 954-561-9651
Prepared: January 2024

This document's creation is 100% funded by a federal Ryan White HIV/AIDS Part A grant received by Broward County and sub-granted in part to a consultant agency. The findings and conclusions in this document are those of the authors, who are responsible for its contents; the content does not necessarily represent and should not be construed as the views or positions of Broward County, the Broward County Board of County Commissioners, or the U.S. Department of Health and Human Services.

OUR MISSION

"Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state, and local level through planning, direct services, evaluation, and organizational capacity building."

FOR MORE INFORMATION

Website: https://Browardhivpc.org

Mailing Address:
200 Oakwood Lane, Suite 100
Hollywood, FL 33020

Phone: 954-561-9681

Fax: 954-561-9685

E-mail: hivpc@brhpc.org

This document was created by the Planning Council Support Staff (PCS), employed by Broward Regional Health Planning Council. Active PCS personnel during the reporting period:

Gritell C. B. Martinez, Ph.D., Director, Planning & Quality Management

Mandy Lacroix, MPH – Planning Council Health Planner

Shade-Ann Isidore, MPH – Planning Council Health Planner

Table of Contents

2023-2024 ASSESSMENT OF THE EFFICIENCY OF THE ADMINISTRATIVE MECHANISM

Legislative Mandate for the Assessment of the Administrative Mechanism

The legislation that governs the Ryan White Part A Program states that planning councils are required 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 Administrative Mechanism

The term 'Administrative Mechanism' describes the process by which the Ryan White Part A Recipient manages contracts and reimburses providers for their services. Planning councils are required to assess this mechanism annually to ensure contracts are executed and providers are reimbursed efficiently and promptly. While the assessment is a council responsibility, the actual management of contracts and reimbursements falls solely on the Recipient[1].

Broward/Fort Lauderdale EMA

Broward County, Florida's second-largest metropolitan area, is home to 1.9 million residents. It qualifies as an Eligible Metropolitan Area (EMA) under the Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 due to its severe impact from the HIV epidemic. The Ryan White Part A Program has been active in Broward County since 1991. In Fiscal Year (FY) 2023, 8,479 unduplicated clients received Part A-funded core medical and support services, marking a 4% increase in service demand compared to FY2022. The EMA encompasses all 31 municipalities in Broward County, with Fort Lauderdale being the largest. The Fort Lauderdale/Broward EMA manages RWHAP Part A funding to support a comprehensive HIV Care Continuum, providing high-quality services for eligible HIV-positive residents. The EMA aims to maintain a robust system of HIV care, prioritizing core medical and support services to ensure optimal clinical outcomes for HIV-positive residents. The RWHAP funds received by the Broward EMA supported various service categories approved by the HIVPC.

- Outpatient Ambulatory Health Services
- AIDS Pharmaceutical Assistance (Local)
- Oral Health Care
- Health Insurance Continuation Program
- Medical Nutrition Therapy
- Mental Health Services
- Medical Case Management*/Disease Case Management
- Substance Abuse Outpatient Care
- Non-medical Case Management Services (Centralized Intake and Eligibility Determination (CIED))
- Emergency Financial Assistance
- Food Bank
- Legal Services

[1] Part A Manual (hrsa.gov)

Frequently Used Acronyms

- **AEAM** - Assessment of the Efficiency of the Administrative Mechanism
- **CQM** - Clinical Quality Management
- **EMA** – Eligible Metropolitan Area
- **FY** – Fiscal Year
- **HIVPC** – Broward County HIV Health Services Planning Council
- **HRSA** – Health Resources and Services Administration of the U.S. Department of Health and Human Services
- **MAI** - Minority AIDS Initiative
- **NGA** – Notice of Grant Award
- **NOA** - Notice of Award
- **PCS** – Planning Council Support
- **PWH**- People Living with HIV
- **PSRA** – Priority Setting and Resource Allocation
- **TA** – Technical Assistance
- **TGA** – Transitional Grant Area

2023-2024 ASSESSMENT METHODOLOGY

Methodology

The methodology for the FY 2023-2024 AEAM for the Broward/Fort Lauderdale Eligible Metropolitan Area (EMA) was developed based on research conducted by PCS staff on best practices and the methodologies used in other EMAs and Transitional Grant Areas (TGAs) across the country. The Priority Setting/Resource Allocations (PSRA) Committee of the Broward County HIV Health Services Planning Council (HIVPC) ensures that an Assessment of the Administrative Mechanism is completed annually. Planning Council Support Staff (PCS) worked with the committee to review survey responses and develop or modify the surveys provided to the Part A Recipient, HIVPC Members, and Part A Providers.

Period Assessed

March 1, 2023-February 29, 2024

Timeline

ACTIVITY	*PROPOSED DATE*
HIVPC and Recipient Surveys approved by PSRA and Executive Committees.	October 16, 2024
Distribute surveys to HIVPC, Recipient Staff, and funded providers.	October 31, 2024
Deadline to submit completed surveys.	December 13, 2024
Results of the Assessment of the Administrative Mechanism Report presented to PSRA and the HIVPC.	January 16, 2025 January 23, 2025
Assessment of the Administrative Mechanism Report due to Recipient.	February 28, 2025
Quarterly update report (if necessary)	March 31 June 30 September 30 December 31

Data Collection Process

PCS staff utilized the following components to complete the assessment:

a. Surveys through Alchemer.com

b. Data Collection/Analysis

c. Production of a Final Report

Data Collection/Analysis

The primary data collection method was electronic surveys for the HIVPC members, the Recipient Office, and Subrecipients/providers. The survey of providers (subrecipients) revealed their experiences related to procurement, contracting, and reimbursement. The survey consisted of multiple-choice, a rating scale, and a few open-ended questions. The HIVPC survey focused on communication between the HIVPC and Recipient regarding the allocation of funds, reallocation of funds, and HRSA policies, which can affect funding. The Recipient survey included questions regarding award notification, executed contract dates, average reimbursement time, and communication and technical assistance. Surveys were distributed electronically via Alchemer from October 31, 2023, through December 13, 2024. *Note: See the Appendix for master copies of the three surveys.*

As per the RWHAP Part A Manual, topics covered in the AEAM surveys included:

- **The procurement process** – outreach to potential new service providers (officially known as "subrecipients"), dissemination of the Request for Proposal (RFP), number of applications received and funded, the review process including the use of external review panels, and the composition of that panel, and criteria used in the selection of subrecipients as service providers.
- **Contracting** – the time between the Notice of Grant Award to the Recipient and completion of fully executed subcontracts with providers.
- **Reimbursement of subrecipients** – the monthly reporting and invoicing process and the length of time between recipient (or administrative agency) receipt of an accurate invoice with required documentation and issuance of a reimbursement check to the provider as well as obstacles to timely reimbursement.
- **Use of funds** – whether contracting and expenditure of RWHAP Part A funds are consistent with allocations made by the planning council and the proportion of formula and supplemental RWHAP Part A funds that are expended by the end of the program year.
- **Engagement with the HIVPC in the planning process** –how well the Recipient and council work together to carry out shared and coordinated planning tasks, to meet legislative requirements, the extent to which the HIVPC received the data needed for sound decision-making, and evidence of success in maintaining and strengthening the system of HIV care, to desired performance and standards and clinical outcomes are reached.

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

PARTICIPANT	# OF POTENTIAL PARTICIPANTS	# OF PARTICIPANTS COMPLETED SURVEY	SURVEY ADMINISTRATION
HIVPC Members	25	13(52%)	Alchemer.com
Recipient Office	01	01 (100%	
RWPA Subrecipients/Providers	12	12 (100%)	
Total	**38**	**25 (82%)**	

NOTE: The planning council will not be involved in how the administrative agency monitors providers, as this is the Recipient's sole responsibility. [RWHAP Part A Manual, Section VII; p 77].

Limitations

This fiscal year, the AEAM process faced competition from the County's request for funding proposals. The Recipient Office's assistance in contacting subrecipients resulted in a 100% survey submission rate. However, there was a challenge with low survey responses from the planning council, with only 13 out of 25 members completing the survey.

Receiving feedback from provider agencies is critical in the AEAM process, as these sub-recipient/provider agencies have intimate knowledge and can track the timing of notice awards, contracts, and fund distribution from the Part A Recipient. According to the Ryan White Part A Manual, "Grantees (Recipients) are responsible for ensuring that sub-recipients have systems in place to account for program income, and for monitoring to ensure that sub-recipients are tracking and using program income consistent with grant requirements."

The HIV Planning Council's feedback on the assessment of the administrative mechanism is essential for maintaining an effective and responsive Ryan White Part A program that meets the community's needs efficiently and transparently. The feedback process promotes accountability and transparency within the program. Through its diverse community members, the council ensures that the recipient is held accountable for managing funds and contracts efficiently, building community trust. Regular assessments and feedback allow for continuous improvement of administrative processes, helping the program adapt to changing needs and challenges and ultimately enhancing the quality of care provided to PWH.

Final Report and Quarterly Updates

The 2023-2024 AEAM report will be submitted to the Recipient by February 28, 2025. Planning Council Support Staff will present the final copy of the report to the PSRA committee and HIVPC during the January 2025 meetings. Any identified issues or areas for improvement will be used as the basis for quarterly progress updates. If the HIVPC requires additional information such as provider follow-up surveys, quarterly reporting will provide and include this component.

QUANTITATIVE AND QUALITATIVE RESULTS

This report summarizes the findings from three key surveys conducted for the FY 2023-2024 Assessment of the Administrative Mechanism (AAM) under the Ryan White Part A program in Broward County. These surveys include the Provider Survey, HIVPC Survey, and Recipient Survey. The data highlights administrative processes, communication effectiveness, and areas for improvement.

Provider Survey Results

Completion Rate: 100% (12 respondents)

Key Findings:

1. Service Provision:
    - Agencies reported providing a range of services including outpatient/ambulatory health services (33.3%) & oral health (33.3%), medical case management (50%), and food bank services (8.3%).
2. Experience and Timeliness:
    - 75% (9) of agencies have been Ryan White Part A providers for 16+ years.
    - Notification of funding varied, with some agencies informed as early as February 15, 2023, while others as late as May 2023.
    - 50% (6) of agencies were satisfied with the timeliness of contract uploads in Provide Enterprise.
3. Reimbursement Process:
    - 16.7% (2) were reimbursed within 7 days; 41.7% (5) of providers reported reimbursement within 8-14 days, while 25% (3) experienced delays up to 22-28 days.
    - No discrepancies in reimbursement checks were reported.
4. Communication:
    - 50% (6) felt the Recipient's Office kept them fully informed; 41.7% (5) felt fairly well informed; while 8.3% (1) were adequately informed.
    - 58.3% (7) agencies indicated that the Recipient's Office contacted them to review utilization or expenditure.
    - 50%(6) noted that the Recipient Office responded to questions and requests within one day; 41.7% (5) received responses within two days.
    - Suggestions for improvement included providing written updates for all programmatic changes.
5. Technical Assistance:
    - Most providers rated the Recipient's Office's programmatic, fiscal, and quality management technical assistance as excellent or good.

Recipient Survey Results

Completion Rate: 100% (1 respondent)

Key Findings:

1. Grant Management:
    - Providers received renewal letters in mid-February 2023, and contracts were uploaded in March 2023.
    - Final Notice of Award was received on April 6, 2023.
2. Contract Execution:
    - Contracts were fully executed between March 8, 2023, through March 20, 2023.
    - Execution delays were attributed to bureaucratic processes and provider errors.
3. Reimbursement:
    - Providers were first able to submit invoices on April 28, 2023, with reimbursement typically occurring within 22-28 days.
4. Monitoring and Assistance:
    - Programmatic and fiscal monitoring included annual subrecipient site visits.

- Corrective action plans were issued when necessary, and monthly engagement with providers was maintained.

5. Expenditure and Allocation:
   - No unexpended formula or supplemental funds were reported.
   - Allocations included 5% for Recipient Administration, 1.6% for Planning Council Support, and 4.79% for Clinical Quality Management.

HIVPC Survey Results

Completion Rate: 92.3% (13 respondents)

Key Findings:

1. Council Performance:
   - 76.9% (10) rated the Planning Council's work as excellent; 23.1% (3) rated the work as good.
   - 53.8% (7) strongly agreed and 46.2% (6) agreed that the HIVPC was effective as a planning body.
2. Training and Education:
   - 76.9% (10) strongly agreed and 23.1% (3) agreed that sufficient training was provided to understand the Council's structure and processes.
3. Ryan White Part A Office Funding Updates:
   - 69.2% (9) rated the funding updates as excellent; 30.8% (4) rated the funding updates as good.
   - One respondent noted that the RWPA office is "always and willing to work with the Planning Council"
4. Ryan White Part A Office Federal Notice of Awards Updates:
   - 69.2% (9) rated the funding updates as excellent; 30.8% (4) rated the funding updates as good.
5. Priority Setting and Resource Allocation (PSRA):
   - 53.8% (7) rated the PSRA process as excellent; 38.5% (5) rated the PSRA process as good.
   - Suggestions for improvement included earlier data analysis reviews, enhanced consumer involvement, and perceived barriers.
6. Participation of Persons Living with HIV (PWH):
   - 69.2% (9) rated PWH participation as good, with membership efforts noted for improvement.
7. Responsiveness and Communication:
   - 46.2% (6) rated the Recipient's responsiveness as excellent, although data request delays were noted.
   - 69.2% (9) rated communication between the Recipient's Office and HIVPC as excellent.

FY 2023-2024 RECOMMENDATIONS & CONCLUSION

Recommendations

Based on the findings, the following recommendations are proposed:

1. Timeliness of Processes:
   - Streamline contract execution and reimbursement processes to ensure consistency across providers.
2. Communication Improvements:
   - Provide written updates for all programmatic changes.
   - Improve data request fulfillment timelines.
3. Enhance Participation:
   - Increase consumer involvement in the planning process.
   - Address barriers to PWH participation through targeted outreach and support.
4. Technical Assistance:

- Conduct more frequent and tailored technical assistance sessions to address fiscal and programmatic challenges.

5. Data-Driven Decisions:
    - Ensure data is available well in advance of decision-making processes, such as the PSRA.

Conclusion

Provider responses indicate overall satisfaction with the procurement process. The HIVPC responses reflect satisfaction with the quality of communication and timely resolutions to issues. Contracts were renewed in time for the new fiscal year. Most invoices were paid within 30 days, as outlined in the Local Government Prompt Payment Act (Florida Statute 218.70) and the accompanying Broward County Ordinance (Sections 1-51.6), which guides provider payments and reimbursements.

Challenges during this time were primarily user/technical issues with Provide Enterprise and internal staffing, scheduling, and other Fiscal and Accounting issues. The Recipient employed technical assistance to resolve identified technical, fiscal, and programmatic concerns.

AEAM Status: The administrative mechanism functioned effectively and efficiently from March 1, 2023, through February 29, 2024.

APPENDICES

Appendix A – HIVPC Member Survey

The HIVPC survey was distributed via email, which contained a link to Alchemer for HIVPC members to complete the survey.
Background Information

1) Your Name*
_____

2) In general, how would you rate the work of the Planning Council during Fiscal Year 2023 (March 1, 2023 - February 29, 2024? *
[ ] Excellent
[ ] Good
[ ] Average
[ ] Fair
[ ] Poor
[ ] Comments: _____

3) In terms of structure and process, the Ryan White Part A HIVPC is effective as a planning body:*
[ ] Strongly Disagree
[ ] Disagree
[ ] Strongly Agree
[ ] Agree
[ ] Comments: _____

4) I have been given enough training/education to understand the structure and process of the Ryan White Part A HIVPC:*
[ ] Strongly Disagree
[ ] Disagree
[ ] Strongly Agree
[ ] Agree
[ ] Comments: _____

5) Rate how well the Ryan White Part A Office provided the Planning Council with funding information and updates during FY2023-2024.*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

6) Rate how well the Ryan White Part A Office informed the Planning Council of federal notice of award (s) for Fiscal Year 2023-2024.*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent

[ ] Comments:: _____

7) How would you rate Planning Council's FY 2023 Priority Setting and Resource Allocation (PSRA) Process which sets priorities and allocations for each service category?*
( ) Excellent
( ) Good
( ) Average
( ) Fair
( ) Poor
( ) I am not familiar enough to rate it

8) Do you have any suggestions for improving future Priority Setting and Resource Allocation (PSRA) processes?*
_____
_____
_____
_____

9) Rate the level of participation by Persons Living with HIV (PWH) in the planning process*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

10)
How would you rate the responsiveness of the Ryan White Part A Office in providing the information requested by the planning council for making informed decisions?
*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

11) How would you rate the level of communication between the Ryan White Part A Office and the Planning Council?*
[ ] Don't know
[ ] Poor
[ ] Fair
[ ] Good
[ ] Excellent
[ ] Comments:: _____

12) What other comments do you have on the Planning Council's work? Feel free to comment on the Council's service standards, opportunity for consumer/public input at meetings and needs assessments/integrated health plan, timing/location of meetings, or anything else relevant to the Planning Council's work. Please type N/A if you have no further comments.*

Appendix B – Recipient Survey

Contracts

1) When did the Broward EMA receive its Notice of Grant Award for FY2023 funding to begin the procurement process?*

_____

2) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2023?*
( ) Yes
( ) No

3) If yes, how did that affect the procurement process?

_____
_____
_____
_____

4) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2023 funding?*

_____

5) On what date were award letters sent to funded agencies for FY2023?*

_____

6) How were agencies notified of their award? Please select all that apply.*
[ ] Award Letter (hard copy)
[ ] Award Letter (electronic/e-mail)
[ ] Other - Write In: _____

7) On what date were contracts uploaded into Provide Enterprise for funded agencies? Please note multiple dates for multiple contracts.*

_____
_____
_____
_____

8) On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts. *

_____
_____
_____
_____

9) What was the due date for agencies to submit contract documents for processing?*

_____

10) Describe any Recipient obstacles contributing to delay in executing provider contracts.*

_____
_____
_____

_____

11) Describe any agency/provider obstacles contributing to the delay in executing provider contracts.*
_____
_____
_____
_____

Contracts

12) When did the Broward EMA receive its Notice of Grant Award for FY2023 funding to begin the procurement process?*
_____

13) Were there any Partial Notifications of Award issued by HRSA/HAB for FY2023?*
( ) Yes
( ) No

14) If yes, how did that affect the procurement process?
_____
_____
_____
_____

15) On what date did the Broward EMA receive its final Notification of Award from the federal government for FY 2023 funding?*
_____

16) On what date were award letters sent to funded agencies for FY2023?*
_____

17) How were agencies notified of their award? Please select all that apply.*
[ ] Award Letter (hard copy)
[ ] Award Letter (electronic/e-mail)
[ ] Other - Write In: _____

18) On what date were contracts uploaded into Provide Enterprise for funded agencies? Please note multiple dates for multiple contracts.*
_____
_____
_____
_____

19) On what date were contracts with funded agencies fully executed? Please note multiple dates for multiple contracts. *
_____
_____
_____
_____

20) What was the due date for agencies to submit contract documents for processing?*
_____

21) Describe any Recipient obstacles contributing to delay in executing provider contracts.*
_____
_____
_____
_____

22) Describe any agency/provider obstacles contributing to the delay in executing provider contracts.*
_____
_____
_____
_____

Service Provider Reimbursements

23) What procedures, documents and policies are used to guide the payment of invoices/reimbursements?
_____1

24) Please provide policies and procedures regarding the payment of invoices/reimbursements, if available.
_____1

25) When (month/date) were providers first able to submit invoices for reimbursement in FY2023?*
_____

26) Over the past year, what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check?*
( ) 0-7 days
( ) 8-14 days
( ) 15-21 days
( ) 22-28 days
( ) 29-35 days
( ) 36-42 days
( ) 42+ days

27) List/describe any obstacle contributing to the delay in reimbursement to providers.*
_____
_____
_____
_____

28) Have there ever been discrepancies in reimbursement checks (checks were more or less than the amount due)? *
( ) Yes
( ) No

29) If yes, how were those discrepancies resolved?*
_____
_____

_____
_____

30) Over the past year (FY2023-2024), has the Recipients' Office contacted agencies to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures?*
( ) Yes
( ) No

31) If yes, did the Recipient's office provide feedback or solutions to help agencies get back to target utilization and expenditures? Please explain
_____
_____
_____
_____

Recipient Communication & Technical Assistance/Training

32) What is the policy regarding programmatic and fiscal monitoring site visits to service providers? That is, how many site visits are required for a service provider and what is the scope of those visits?

33) In your experience during FY2023-2024, how would you rate the communication between the Recipient's Office and funded agencies?*
[ ] Keeps agency fully informed
[ ] Keeps agency fairly well informed
[ ] Keeps agency adequately informed
[ ] Gives out only a limited amount of information
[ ] Doesn't communicate much at all about what is going on
[ ] Comments:: _____

34) How would you rate the Recipients' timeliness in responding to questions and requests for information over the past year?*
[ ] Excellent (within one day)
[ ] Good (within two days)
[ ] Average (within three days)
[ ] Poor (more than five days)
[ ] Comments:: _____

35) How would you rate the Recipient's Office in providing agencies with programmatic and/or fiscal technical assistance or training during FY2023-2024?*
[ ] Excellent
[ ] Good
[ ] Average
[ ] Poor
[ ] Very Poor
[ ] Comments:: _____

36) In the last fiscal year (FY2023), how many Programmatic site visits did each service provider receive? (Please give range and average)*
_____

37) In the last fiscal year (FY 2023), how many fiscal site visits did each service provider receive? (Please give range and average)*

_____

38) What measures are taken to ensure that service providers act on recommendations offered during the monitoring visit (e.g., corrective action plans, additional site visits, requests for reports, funding reductions, etc.)?*

_____
_____
_____
_____

39) In addition to the monitoring, what other technical assistance is provided?*

_____
_____
_____
_____

40) What percentage of the overall award for the last fiscal year was used for Recipient Administration, Planning Council Support, and Clinical Quality Management?*
Recipient Administration: _____
Planning Council Support: _____
Clinical Quality Management: _____

Procurement and Allocation

41) What percent of formula funds were unexpended at the end of FY 2023? Please explain.*

_____
_____
_____
_____

42) What percent of supplemental funds were unexpended at the end of FY2023? Please explain.*

_____
_____
_____
_____

43) Please provide a final expenditure report for FY2023.*
_____1

44) Please provide a final allocation report for FY2023.*
_____1

45) Please provide a list of all Part A-funded service providers in the Broward EMA for FY2023 (including contract information), as well as the categories for which each provider is contacted.*
_____1

Appendix C – Provider Survey

The Provider survey was distributed via email, which contained a link to Alchemer for the funded Providers to complete the survey.

Provider Information

1) Please provide the following contact information: *
Name: _____
Job Title: _____
Agency: _____
Phone Number: _____
Email: _____

2) My agency is contracted to provide the following Ryan White Part A service(s) (select all that apply): *
[ ] Outpatient /Ambulatory Health Services (OAHS)
[ ] Minority AIDS Initiative (MAI) OAHS
[ ] AIDS Pharmaceutical Assistance
[ ] Oral Health Care
[ ] Health Insurance Continuation Program (HICP)
[ ] Medical Case Management
[ ] Mental Health Services
[ ] MAI Mental Health Services
[ ] MAI Substance Abuse Outpatient Care
[ ] Substance Abuse Outpatient Care
[ ] Non-Medical Case Management Services: Centralized Intake and Eligibility Determination (CIED)
[ ] MAI Non-Medical Case Management Services: CIED
[ ] Non-Medical Case Management Services
[ ] Food Bank Services
[ ] Legal Services
[ ] MAI Medical Case Management
[ ] Medical Nutrition Therapy
[ ] Food Bank (Food Vouchers)
[ ] Emergency Financial Assistance

3) How long has your agency been a Ryan White Part A provider? *
( ) This is my agency's first year as a provider
( ) 2-3 years
( ) 4-9 years
( ) 10-15 years
( ) 16+ years

Contracts

4) For the fiscal year (beginning March 1, 2023 to February 29, 2024), on approximately what date was your agency notified that you would be receiving funding for the new fiscal year?
_____

5) How were you notified of your award? Please select all that apply.*
( ) Award Letter (hard copy)
( ) Award Letter (electronic/e-mail)

( ) Other - Write In: _____

6) Approximately what date was your agency notified that the contract(s) were uploaded into Provide Enterprise? *
_____

7) Approximately what date did you receive a fully executed contract for Part A services? *
_____

8) How satisfied are you with the timeliness of the contract loading process in Provide Enterprise for Ryan White Part A subrecipients? *
( ) Very Satisfied
( ) Satisfied
( ) Neutral
( ) Dissatisfied
( ) Very Dissatisfied

9) Please explain if "Dissatisfied" or "Very Dissatisfied" with the contract loading process.
_____
_____
_____
_____

10) What additional comments do you have about the contractual process?
_____
_____
_____
_____

Service Provider Reimbursements

11) Over the past year (FY2023-2024), what is the approximate amount of time between submission of an accurate invoice/end-of-month report and receipt of a reimbursement check? *
( ) 0-7 days
( ) 8-14 days
( ) 15-21 days
( ) 22-28 days
( ) 29-35 days
( ) 36-42 days
( ) 42+ days

12) When (month/date) did your agency receive your first reimbursement check for FY2023 services? *
_____

13) Have there ever been discrepancies in your reimbursement checks (checks were more or less than the amount due)? *
( ) Yes
( ) No

14) If yes, how were those discrepancies resolved? *
_____

_____
_____
_____

15) Over the past year (FY2023-2024), has the Recipients' Office contacted your agency to review utilization and expenditures that were not on target (over or under targets for utilization or expenditures? *
( ) Yes
( ) No

16) Did the Recipient offer feedback or solutions to assist your agency in meeting target utilization and expenditure goals? *
[ ] Yes
[ ] No
[ ] Other - Write In: _____

17) What additional comments do you have about the reimbursement process? *
_____
_____
_____
_____

Recipient Communication & Technical Assistance/Training

18) In your experience during the FY2023-2024 period, how would you rate the communication between your agency and the Recipients' Office? *
[ ] Keeps agency fully informed
[ ] Keeps agency fairly well informed
[ ] Keeps agency adequately informed
[ ] Gives out only a limited amount of information
[ ] Doesn't communicate much at all about what is going on
[ ] Other - Write In: _____

19) How would you rate the Recipients' Office in responding to questions and requests for information during the FY2023-2024 period? *
[ ] Excellent (within one day)
[ ] Good (within two days)
[ ] Average (within three days)
[ ] Poor (more than five days)
[ ] Other - Write In: _____

20) How would you rate the Ryan White Part A Office in providing your agency with (1) Programmatic, (2) Fiscal, (3) Quality Management technical assistance (TA) or training during FY 2023 (this may include recommendations from the site visit or a special technical assistance training)? *

	Excellent	Good	Average	Fair	Poor	N/A Agency has not required TA in FY23	N/A Requests for TA during FY23 have not been met	N/A (No site visits/TA during FY23)
Programmatic TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Fiscal TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Quality Management TA	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

21) Additional comments regarding the communication / technical support of the Ryan White Part A Office.

_____
_____
_____
_____

References

Assessing the Efficiency of the Administrative Mechanism: An Introduction

Part A Manual

Ryan White HIV/AIDS Program Part A Planning Council Primer

END OF REPORT