



Fiscal Year **2023-2024** Assessment of the Ryan White Program Recipient (S)

Ryan White Program Part A/MAI Subrecipient Survey

Evaluation Period: March 1, 2023 - February 29, 2024

Due no later than April 19, 2024.

All Ryan White Program Part A/MAI-funded subrecipients must complete this survey.

The Assessment of the Recipient Administrative Mechanism (AAM) is a Health Resources and Services Administration (HRSA)-mandated evaluation, and a major activity of the Miami-Dade HIV/AIDS Partnership Strategic Planning Committee.

This AAM survey covers the activities of the Ryan White Program grant Recipient: The Miami-Dade County Office of Management and Budget-Grants Coordination, during the Ryan White Program (RWP) Fiscal Year FY 2023-2024: March 1, 2023-February 29, 2024.

Responses are tallied and reported in aggregate form without identifying information.

A separate survey will be distributed to Miami-Dade HIV/AIDS Partnership members addressing these issues and other concerns. If you represent both a subrecipient AND are a Partnership member, you are asked to complete two surveys.

* 1. Please enter your Organization's Name

Organization

* 2. Please enter the First and Last Name and Title of the primary person completing this survey. (This is required for tracking responses and will not be included in the final report.)

You will have the option in Statement #3 to include additional people who are helping to complete the survey.

First and last name of primary person completing this survey

Title of primary person completing this survey

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3. OPTIONAL: Please enter the First and Last Name(s) and Title(s) of additional people who are helping to complete the survey.

First and last name of additional person completing survey (1)

Title of additional person completing survey (1)

First and last name of additional person completing survey (2)

Title of additional person completing survey (2)

* 4. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) conducted a fair contract negotiation process with our organization.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 5. The Recipient sent award notifications/letters to our organization in a timely manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 6. The Recipient executed our organization’s contract in a timely manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

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* 7. There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 8. The Recipient contacted our organization to review utilization and expenditures that were not on target.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 9. The Recipient reviewed our organization's service utilization and reimbursement requests submissions in a timely manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 10. The Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 11. The Recipient clearly explained any holds or disallowances on reimbursement requests.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

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* 12. When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 13. The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 14. Communication between the Recipient and our organization has been timely.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 15. Communication between the Recipient and our organization has been effective.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 16. The Recipient informed our organization of reallocation processes (sweeps) and the requirements of a spending plan in order to adjust our organization's budget during the contract year.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

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* 17. The Recipient kept our organization well informed of policies, procedures, and updates from the Centers for Disease Control and Prevention (CDC) regarding COVID-19 requirements and recommendations which impact Ryan White Program clients and subrecipients.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 18. The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.).

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 19. When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 20. In response to our requests, the Recipient provided guidance and clarification to our organization for any program-related document, reporting requirement, or other requested items, in a timely manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

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* 21. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 22. The Recipient's staff was courteous and respectful.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 23. Behavioral Science Research Corp. (BSR), the Recipient's Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Comments: Strengths, weaknesses & suggestions (optional)

* 24. The Groupware Technologies, LLC (GTL) Provide® Enterprise Miami (PE Miami) client data management system is reliable.



- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

Other (please specify)

* 25. The PE Miami client database system is easy to use.

- | | |
|--|---|
| <input type="radio"/> Very satisfied | <input type="radio"/> Dissatisfied |
| <input type="radio"/> Satisfied | <input type="radio"/> Very dissatisfied |
| <input type="radio"/> Neither satisfied nor dissatisfied | <input type="radio"/> Not applicable |

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* 26. The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

* 27. The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.

- | | |
|--|---|
| <input type="radio"/> Strongly agree | <input type="radio"/> Disagree |
| <input type="radio"/> Agree | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree | <input type="radio"/> Not applicable |

28. OPTIONAL: Additional comments/suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.