

**Assessment of the Ryan White Program Recipient Administrative Mechanism
For Funding Year March 1, 2024 – February 29, 2025
Surveys Review**

*Strategic Planning Committee Meeting
February 14, 2025*

- There are two surveys: (1) Ryan White Program Subrecipient, and (2) Miami-Dade HIV/AIDS Partnership Member.
 - Surveys are administered via Survey Monkey and available as paper copies by request.
 - A prompt will appear for each rating of “Disagree” or “Strongly Disagree,”; for example:
 - “For a rating of “Disagree” or “Strongly Disagree,” to the statement: The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) conducted a fair contract negotiation process with our organization, please explain your concern and suggest a solution to the problem.”
 - Unless otherwise noted, the answer options are on the scale of *Strongly agree to Strongly disagree*, with the *Not applicable* option, as appropriate.
 - Strongly agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Not applicable
 - Where statements require a *Yes, No, or written answer*, that is indicated below.
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Subrecipient Fiscal Year 2024-2025 Assessment of the Recipient Administrative Mechanism 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 2024-2025: March 1, 2024- February 29, 2025.

All Ryan White Program Part A/MAI-funded subrecipients must complete this survey, no later than April 25, 2025.

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.

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

Thank you!

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; How many years have you been with your organization?

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

- (1) First and last name of additional person completing survey; Title of additional person completing survey; How many years have you been with your organization?
- (2) First and last name of additional person completing survey; Title of additional person completing survey; How many years have you been with your organization?

Contract Negotiation

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

Award Notification

- The Recipient sent notifications/letters to our organization in a timely manner.

Contract Execution

- The Recipient executed our organization’s contract in a timely manner.
- Please indicate the date of your FY 2024-2025 contract execution. (Question added in 2024.)

STOP! See # 8, #10, and #12 below, when reviewing Statement #7.

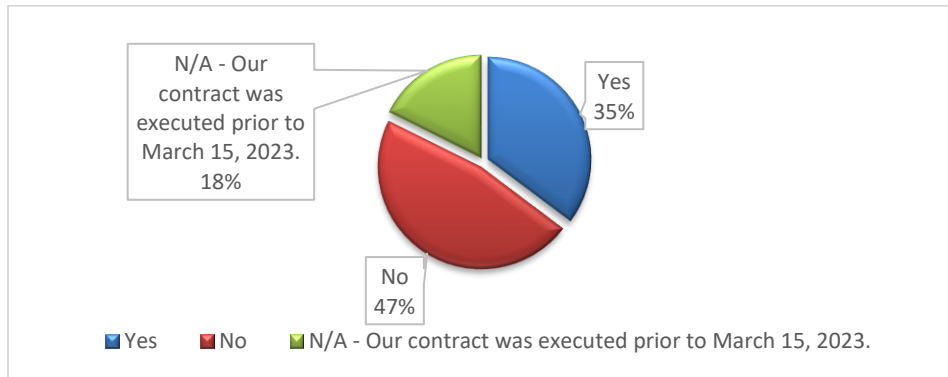
Excerpt from the Final 2024 AAM Report: The dates submitted as answers are available for review, but are not included in this report since they did not align with the dates on record with the Recipient. The Recipient provided FY 2023 and FY 2024 contract execution dates as of August 2024, as noted in the table below. Note, there are 18 contracts indicated because this table includes the Administration/Clinical Quality Management contract, which does not count toward the survey responses.

Contract Execution Dates in Chronological Order FY 2023 and FY 2024			
#	FY 2023	#	FY 2024
1	July 26, 2023	1	April 26, 2024
2	July 26, 2023	2	May 16, 2024
3	August 8, 2023	3	May 30, 2024
4	August 16, 2023	4	June 10, 2024
5	August 16, 2023	5	June 10, 2024
6	August 25, 2023	6	June 10, 2024
7	September 13, 2023	7	June 10, 2024
8	September 13, 2023	8	July 12, 2024
9	September 13, 2023	9	July 22, 2024
10	September 13, 2023	10	July 25, 2024
11	October 19, 2023	11	July 25, 2024
12	October 26, 2023	12	August 1, 2024
13	November 21, 2023	13	August 15, 2024
14	October 16, 2023	14	August 21, 2024
15	October 20, 2023	15	Pending
16	December 22, 2023	16	Pending
17	December 26, 2023	17	Pending
18	January 26, 2024 (contract sent to agency to sign at the end of September; returned signed in January)	18	Pending

8. For contract execution later than March 15, 2024, were there internal factors within your organization that led to delays? (Question added in 2024.)

- Answer Options: Yes; No; N/A - Our contract was executed prior to March 15, 2024.

Excerpt from the Final 2024 AAM Report: Responses as submitted are shown in this chart, however, as noted in the Contract Execution Dates in Chronological Order table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient's official record of contract execution dates. Rewording this statement and/or further instructions may be necessary for future surveys.

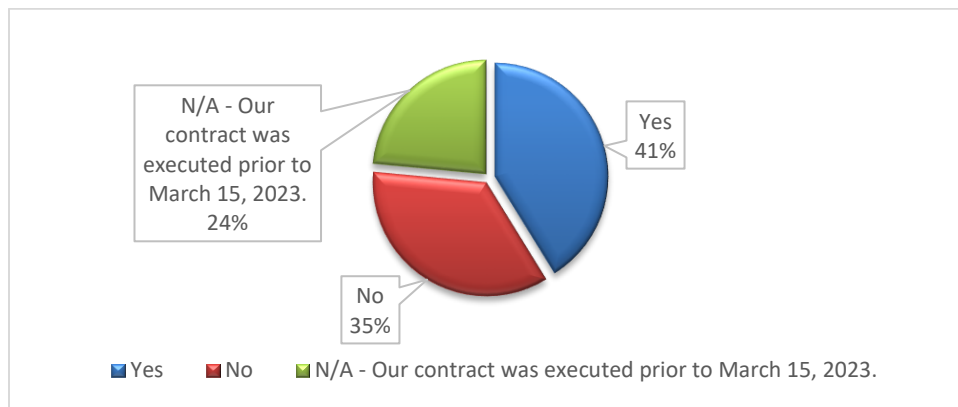


9. Please explain the internal factors within your organization that led to delays of contract execution. (Question added in 2024.)

10. For contract execution later than March 15, 2024, were there external factors with the Recipient that led to delays? (Question added in 2024.)

- Answer Options: Yes; No; N/A - Our contract was executed prior to March 15, 2024.

Excerpt from the Final 2024 AAM Report: Responses as submitted are shown in this chart, however, as noted in the Contract Execution Dates in Chronological Order table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient's official record of contract execution dates. Rewording this statement and/or further instructions may be necessary for future surveys.

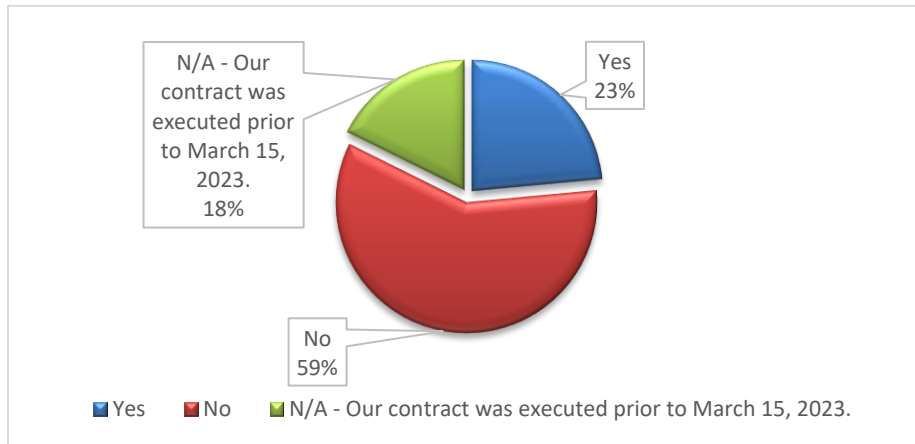


11. Please explain the external factors with the Recipient that led to delays of contract execution. (Question added in 2024.)

12. Did delays in contract execution cause service disruptions or organizational disruptions? (Question added in 2024.)

- Answer Options: Yes; No; N/A - Our contract was executed prior to March 15, 2024.

Excerpt from the Final 2024 AAM Report: Responses as submitted are shown in this chart, however, as noted in the Contract Execution Dates in Chronological Order table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient’s official record of contract execution dates. Rewording this statement and/or further instructions may be necessary for future surveys.



13. Please detail service disruptions or organizational disruptions resulting from delayed contract execution. (Question added in 2024.)

Reimbursements

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

Utilization and Expenditures

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

Utilization and Reimbursements

- 16. The Recipient reviewed our organization’s service utilization and reimbursement requests submissions in a timely manner.

Payment of Invoices

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

Communication

18. The Recipient clearly explained any holds or disallowances on reimbursement requests.
19. 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.).
20. Communication between the Recipient and our organization has been timely.
21. Communication between the Recipient and our organization has been effective.
22. The Recipient informed our organization of reallocation processes (sweeps) to identify unmet needs or service gaps, and the requirements of a spending plan in order to adjust our organization's budget during the contract year.
23. 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.).

Compliance

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

Technical Assistance

25. When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner.
26. 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.
27. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.

Staff

- 28. The Recipient's staff was courteous and respectful.**
- 29. 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.**

Provide® Enterprise Miami

- 30. The Provide® Enterprise Miami (PE Miami) client database system is reliable.**
- 31. The PE Miami client database system is easy to use.**
- 32. The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner.**
- 33. The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.**

Additional Comments – Optional

- 34. Please offer additional comments or suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.**
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Partnership Member Fiscal Year 2024-2025 Assessment of the Recipient Administrative Mechanism Survey

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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 2024-2025: March 1, 2024- February 28, 2025.

Due no later than April 25, 2025.

A separate survey will be distributed to Ryan White Program Part A/MAI-funded subrecipients addressing these issues and other concerns. If you are a Partnership member and you represent a subrecipient, you are asked to complete two surveys.

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

Reference Report(s) for Statements

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)		FORMULA AND SUPPLEMENTAL FUNDING	
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33		FORMULA AND SUPPLEMENTAL FUNDING	
Per Resolution #: R-1162-21, R-246-20, R-247-20 & R-817-19			
Project #: BURW3202	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	10,452,284.00	FORMULA	FY 2023 Award
Grant Award Amount Supplemental	8,484,901.00	SUPPLEMENTAL	\$26,892,262
Carryover Award FY22 Formula	723,068.00	CARRYOVER	
Total Award	\$ 19,660,253.00		
Note: The recipient has reached its Formula minimum expenditures threshold of 65%.			
CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER		CURRENT CONTRACT EXPENDITURES	
DIRECT SERVICES		DIRECT SERVICES	
Account	Core Medical Services	Account	Core Medical Services
	Expenditures		Expenditures
1	AIDS Pharmaceutical Assistance	500070000	AIDS Pharmaceutical Assistance
2	Health Insurance Services	500070000	Health Insurance Services
3	Medical Case Management	500070000	Medical Case Management
4	Mental Health Therapy/Counseling	500070000	Mental Health Therapy/Counseling
5	Oral Health Care	500070000	Oral Health Care
6	Outpatient/Inpatient Health Svcs	500070000	Outpatient/Inpatient Health Svcs
12	Substance Abuse - Outpatient	500070000	Substance Abuse - Outpatient
CORE Services Totals		CORE Services Totals	
18,052,656.00		17,727,221.46	
SUPPORT Services		SUPPORT Services	
Account	Support Services	Account	Support Services
	Expenditures		Expenditures
4	Emergency Financial Assistance	500040000	Emergency Financial Assistance
7	Food Bank	500040000	Food Bank
13	Medical Transportation	500040000	Medical Transportation
15	Other Professional Services	500040000	Other Professional Services
16	Outreach Services	500040000	Outreach Services
10	Substance Abuse - Residential	500040000	Substance Abuse - Residential
SUPPORT Services Totals		SUPPORT Services Totals	
3,900,945.00		3,777,573.73	
FY 2023 Award (not including CIO)		FY 2023 Award (not including CIO)	
22,953,601.00		21,504,795.19	
DIRECT SERVICES TOTAL		DIRECT SERVICES TOTAL	
\$ 22,786,633.00		\$ 22,187,895.19	
Total Core Allocation		Total Core Allocation	
18,052,656.00		17,727,221.46	
Target at least 80% core service allocation		Target at least 80% core service allocation	
17,634,832.80		17,634,832.80	
Current Difference (Short) / Over		Current Difference (Short) / Over	
417,823.20		417,823.20	
Recipient Admin. (SG, UTL, BSR Staff)		Recipient Admin. (SG, UTL, BSR Staff)	
2,293,726.00		2,293,726.00	
Quality Management		Quality Management	
600,000.00		600,000.00	
Unobligated Funds / () Over Obligated:		Unobligated Funds / () Over Obligated:	
Unobligated Funds (Formula & Supp)		Unobligated Funds (Formula & Supp)	
-		-	
Unobligated Funds (Carry Over)		Unobligated Funds (Carry Over)	
25,000,360.00		25,000,360.00	
Grant Unexpended Balance		Grant Unexpended Balance	
884,249.87		884,249.87	
Total Grant Expenditures & %		Total Grant Expenditures & %	
\$ 24,776,115.13		\$ 24,776,115.13	
94.30%		94.30%	
Core medical % against Total Direct Service Allocation (Not including CIO):		Core medical % against Total Direct Service Expenditures (Not including CIO):	
81.38% Within Limit		82.65% Within Limit	
Quality Management % of Total Award (Not including CIO):		Quality Management % of Total Award (Not including CIO):	
2.41% Within Limit		2.41% Within Limit	
OMB-GC Administrative % of Total Award (Cannot include CIO):		OMB-GC Administrative % of Total Award (Cannot include CIO):	
9.26% Within Limit		8.80% Within Limit	
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1. Please enter your First and Last Name (Your name is required for tracking responses and will not be included in the final report.)
2. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) kept the Partnership well informed of policies, procedures, and updates from HRSA which impact the Ryan White Program.

- 3. I understand the information presented on the Recipient's Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports (See Reports, above).**
- 4. The Recipient followed the Partnership's recommendations for service priorities and resource allocations. (See Reports, above).**
- 5. The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership. (See Reports, above).**
- 6. The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process. (See Reports, above).**
- 7. The Recipient responded to inquiries, requests, and problem-solving needs from the Partnership, including those related to the Partnership's Needs Assessment (Priority Setting and Resource Allocations) in a timely manner.**
- 8. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need.**
- 9. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need.**
- 10. The Recipient's staff was courteous and respectful.**
- 11. Behavioral Science Research Corp. (BSR), the Recipient's HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership.**
- 12. OPTIONAL: Additional comments/suggestions regarding the Recipient, BSR, and/or other matters.**