# Orlando Eligible Metropolitan Area
# Ryan White Planning Council

# Assessment of the Administrative Mechanism Part A, FY 2025-2026

**Prepared by**


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**August 26, 2026**

# Assessment of the Administrative Mechanism (AAM) for Part A

- Required by HRSA for Part A funding.
- Evaluation of the administrative processes conducted by the Recipient Office.
- Ensures that services are being funded as indicated by the Planning Council priorities and reimbursed within a timely manner to providers.
- Reviews the Request for Proposal (RFP) process, contracting and contract modifications, provider reimbursement and adherence to the Planning Council priorities.

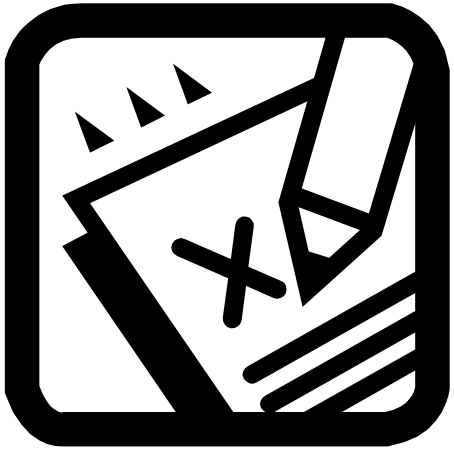
# AAM Data Collection

- Provider Survey
- Planning Council Survey
- Review of Planning Council Approvals of Allocations and Re-allocations
- Review of Provider Contracts and Contract Modifications
- Review of Provider Invoices and Reimbursement Records
- Review of Committee Meeting Minutes
- Interview with Recipient Staff, Providers, and Planning Council Members

# AAM Timeframe: Part A, 2025-26

- Allocations and Re-allocations that occurred for FY 25-26 Part A funding
- Review of Provider Contracts and Contract Modifications during FY 2025-26
- Review of 2025-2026 Request for Proposal (RFP)
- Review of Provider Invoices and Reimbursement Records: March 2025 – February 2026

# Subrecipient Survey Findings



# Subrecipient Survey Overview

- Sent to 10 subrecipients via e-mail, with response rate of 60% (6 providers).

- Survey asked about contracts, reimbursements, communication regarding expenditures, the request for proposal process (RFP), and technical assistance.

# Subrecipient Survey-Results

- Subrecipients agreed that the Recipient Office:
  - Always or mostly administered Part A funds efficiently (100%)
  - Executed amendments in a timely manner (100%)
  - Reimbursed them in a timely manner (100%)
  - Kept agency well informed of Planning Council directives that impact providers (100%)
  - Kept their program informed of HRSA HAB policies, procedures, and news that impact the RWHAP (100%)
  - Was courteous and respectful (83%)

# Planning Council and Associate Member Survey Findings

# Planning Council and Associate Member Survey Overview

- 22 Planning Council and Associate members out of 27 responded, generating a response rate of 81.5%.

# Planning Council Member and Associate Member Survey-Results

- Respondents agreed that the Recipient Office:
  - Effectively administers Part A grant funds (91.8%, Always or Most of the Time)
  - Follows Planning Council's service priorities (86.3%, Always or Most of the Time)
  - Follows Planning Council's resource allocations (91.8%, Always or Most of the Time)
  - Provides the Planning Council with easily understood data during the priority setting process (100%, Always or Most of the Time)
  - Reports easily understood expenditure data to the Planning Council on a quarterly basis (95.5%, Always or Most of the Time)

# Adherence to Planning Council Priorities

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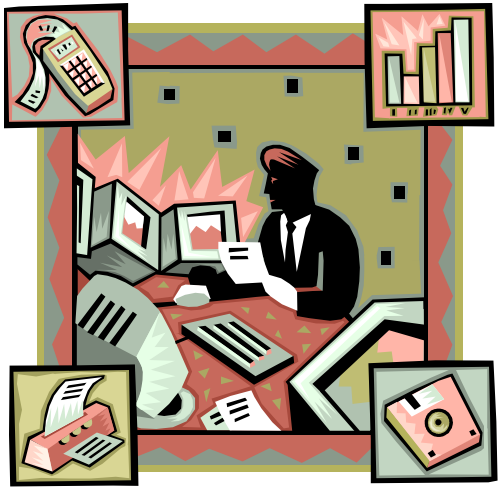
- Some service categories have established caps/limits or eligibility exceptions. These are then included in the RFP/IFB/contracts by the Recipient.

# Allocations and Expenditures



# FY25-26 Allocations & Expenditures

## Orlando EMA Ryan White Part A Program

### 2025-2026 Final Allocations

**FORMULA / SUPPLEMENTAL:**

| 2025-2026 Priorities | Service Category | Planning Council Allocations: Sept. 27, 2024 (Resource Allocation) | March 6, 2025 (Allocation Approved by PC) | August 7, 2025 (Reallocation after Receipt of Final Award) | April 2026 (Grantee) | Difference between April 2026 and August 2025 | Final Expenses | Percentage Core / Support Category |
|---|---|---|---|---|---|---|---|---|
| 6 | Outpatient /Ambulatory Health Services | 2,940,000 | 2,836,310 | 3,096,395 | 3,260,065 | 163,670 | 3,260,065 | |
| 1 | AIDS Pharmaceutical Assistance (local) | 300,000 | - | - | - | - | - | |
| 4 | Oral Health Care | 750,000 | 1,600,000 | 1,466,598 | 1,477,463 | 10,865 | 1,477,463 | |
| 3 | Health Insurance Premium & Cost Sharing Assistance | 805,133 | 50,000 | 20,381 | 18,463 | (1,918) | 18,463 | |
| 7 | Mental Health Services | 125,000 | 230,000 | 320,000 | 283,709 | (36,291) | 283,709 | |
| 15 | Medical Nutrition Therapy | 235,000 | 50,000 | 50,000 | 39,946 | (10,054) | 39,946 | |
| 2 | Medical Case Management | 2,425,951 | 2,400,000 | 2,005,000 | 1,984,389 | (20,611) | 1,984,389 | |
| 12 | Substance Abuse Services - Outpatient | 100,000 | 30,000 | 25,998 | 11,218 | (14,780) | 11,218 | |
| 19 | Home Community- Based Health Services | 10,000 | - | - | - | - | - | |
| | **Subtotal - Core Medical Services** | **7,691,084** | **7,196,310** | **6,984,372** | **7,075,253** | **90,881** | **7,075,253** | **79%** |
| 8 | Referral Support Services | 1,500,000 | 1,700,000 | 1,665,000 | 1,616,909 | (48,091) | 1,616,909 | |
| 16 | Food Bank/Home-Delivered Meals | 100,000 | 280,000 | 140,497 | 122,920 | (17,577) | 122,920 | |
| 13 | Medical Transportation Services | 60,000 | 95,000 | 81,189 | 97,788 | 16,599 | 97,788 | |
| 22 | Substance Abuse - Residential | 20,000 | - | - | - | - | - | |
| 10 | Outreach Services | 100,000 | - | - | - | - | - | |
| 24 | Emergency Financial Assistance | 40,000 | - | - | - | - | - | |
| | **Subtotal - Support Services** | **1,820,000** | **2,075,000** | **1,886,686** | **1,837,617** | **(49,069)** | **1,837,617** | **21%** |
| | **Total Service Allocations** | **9,511,084** | **9,271,310** | **8,871,058** | **8,912,870** | **41,812** | **8,912,870** | |
| | Clinical Quality Management | 559,476 | 319,700 | 235,443 | 177,060 | (58,383) | 177,060 | 2% |
| | Administration | 1,118,951 | 1,065,668 | 943,189 | 959,760 | 16,571 | 959,760 | 10% |
| | **TOTAL FORMULA / SUPPLEMENTAL** | **11,189,511** | **10,656,678** | **10,049,690** | **10,049,690** | **0** | **10,049,690** | |

**MAI :**

| 2025-2026 Priorities | Service Category | Sept. 27, 2024 (Resource Allocation) | March 6, 2025 (Allocation Approved by PC) | August 7, 2025 (Reallocation after Receipt of Final Award) | April 2026 (Grantee) | Difference between April 2026 and August 2025 | Final Expenses | Percentage Core / Support Category |
|---|---|---|---|---|---|---|---|---|
| 6 | Outpatient /Ambulatory Health Services | 320,078 | 470,160 | 374,605 | 483,577 | 108,972 | 483,577 | |
| 14 | Early Intervention Services | 320,000 | - | - | - | - | - | |
| 2 | Medical Case Management | - | 300,000 | 400,000 | 280,068 | (119,932) | 280,068 | |
| | **Subtotal - Core Medical Services** | **640,078** | **770,160** | **774,605** | **763,645** | **(10,960)** | **763,645** | **100%** |
| 10 | Psychosocial Support Services | 150,000 | - | - | - | - | - | |
| | **Subtotal - Support Services** | **150,000** | **-** | **-** | **-** | **-** | **-** | |
| | **Total Service Allocations** | **790,078** | **770,160** | **774,605** | **763,645** | **(10,960)** | **763,645** | |
| | Clinical Quality Management | 46,475 | 26,557 | 26,557 | 37,073 | 10,516 | 37,073 | 4% |
| | Administration | 92,950 | 88,524 | 88,524 | 88,968 | 444 | 88,968 | 10% |
| | **TOTAL MAI** | **929,503** | **885,241** | **889,686** | **889,686** | **0** | **889,686** | |

Note: April 2026 allocations done by the Grantee during the sweep period to cover all expenses among the categories.

# Contracts and Contract Modifications

# Contracts and Contract Modifications

- 10 FY 25-26 contracts were approved by the Board of County Commission (BOCC) prior to the start of the program year.

# Contracts and Contract Modifications

- All allocations and reallocations approved by the Planning Council were aligned with the contracted amounts executed by the Recipient's Office.

| Funding Source | Number of Contracts Analyzed | Number of Modifi-cations 2025-26 |
|---|---|---|
| **Part A & MAI** | 10 | 11 |

# Recipient's Accomplishments in Meeting the Planning Council's Ways to Best Meet Needs (WBMN)

| Scope (applies to...i.e. counties, Part A, Part B, etc.) | Directive | Monitoring Tools | Accomplishments |
|---|---|---|---|
| Orlando Service Area, RWHAP Part A Recipient & RWHAP Part B Lead Agency | To ensure that all funded services are available in person in all counties in the OSA. | Bi-annual reports from the Recipient and Lead Agency on the status of the funding | Funded services were made available in person across all counties in the Orlando EMA. The Recipient worked with funded providers to confirm service availability, maintain access points, and support client referrals to in-person services in each county. When staffing challenges or other barriers affected in-person service delivery |

# WBMN, Continued

| | | | |
|---|---|---|---|
| | | | throughout the year, telehealth options were made available to help maintain continuity of care and client access to services. |
| Orlando Service Area, RWHAP Part A Recipient & RWHAP Part B Lead Agency | To establish a strategy to increase the response rates from subrecipients on the Provider Capacity and Capability survey. | Report from the Recipient and Lead Agency about participation rates | A strategy was established to increase subrecipient response rates for the Provider Capacity and Capability Survey. The strategy included advance communication, clear submission timelines, reminder notices, technical assistance, and follow-up with non-responding subrecipients to support timely completion. Responses increased by 367% for a total of 112 responses. |

# WBMN, Continued

| | | | |
|---|---|---|---|
| Orlando Service Area, RWHAP Part A Recipient & RWHAP Part B Lead Agency | To encourage all RWHAP-funded providers, including case managers, to participate in training that focuses on a harm and stigma reduction model for mental health and substance use. The Lead Agency/Recipient shall be responsible for selecting the training models or content for subrecipients. | Bi-annual reports from the Recipient and Lead Agency on the rates of participation in the training | RWHAP-funded providers, including case managers, were encouraged to participate in training focused on harm reduction and stigma reduction related to mental health and substance use. The Recipient organized training for all funded case managers and Peers on 4/1/2025 about harm reduction. |
| Orlando Service Area, RWHAP Part A Recipient | To encourage all RWHAP-funded providers to participate in leadership training | Bi-annual report on the number of participating agencies | RWHAP-funded providers were encouraged to participate in leadership training. Each agency |

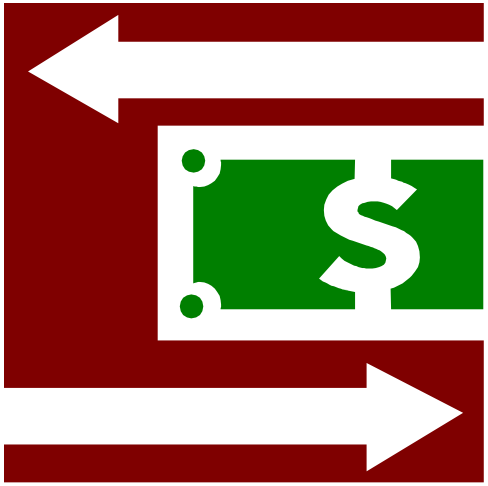
# WBMN, Continued

| | | | |
|---|---|---|---|
| & RWHAP Part B Lead Agency | developed and/or approved by the Recipient's Office, which includes awareness of compassion fatigue and customer service. | | developed and implemented its own training approach, and the Recipient confirmed completion of the annual mandatory customer service training during annual site visits. On 4/1/2025 Recipient organized training for case managers and peers about compassion fatigue, stress and mental health resources. Subrecipients AETC trainings that included compassion fatigue. |

# WBMN, Continued

| | | | |
|---|---|---|---|
| Orlando Service Area, RWHAP Part A Recipient & RWHAP Part B Lead Agency | To work with subrecipients to implement methodologies for meaningful input from clients, including but not limited to Client Advisory Board (CAB) meetings, focus groups, special studies, town halls, and other client centered engagement activities (where clients provide input on their care). To encourage agencies to explore avenues for both in person and online participation. | Bi-annual updates from the Recipient and Lead Agency detailing progress made to increase client feedback on Part A/Part B activities | The Recipient worked with subrecipients to promote meaningful client input through client-centered engagement activities, including Client Advisory Board meetings, focus groups, town halls, and client satisfaction surveys. As part of the Integrated Plan process, the Recipient supported the coordination of and participation in town halls held across the different counties and encouraged clients and stakeholders to complete the Needs Assessment Survey to help inform service planning and identify community needs. |

# Provider Reimbursement



# Timeframe for Analysis

- This analysis included invoices for services provided between March 2025 and February 2026.

# Subrecipient Reimbursement

- Analyzed the amount of time elapsed from the date of invoice submission to the date a check was released,  in calendar days (the number of total elapsed days). Two processes were analyzed.
- A total of 6,185 paid invoices were reviewed for the process using Health First and analyzed for length of processing time.
- A total of 712 paid invoices were reviewed for the process using Orange county Government and analyzed for length of processing time.

# Subrecipient Reimbursement

**Results of Analysis**

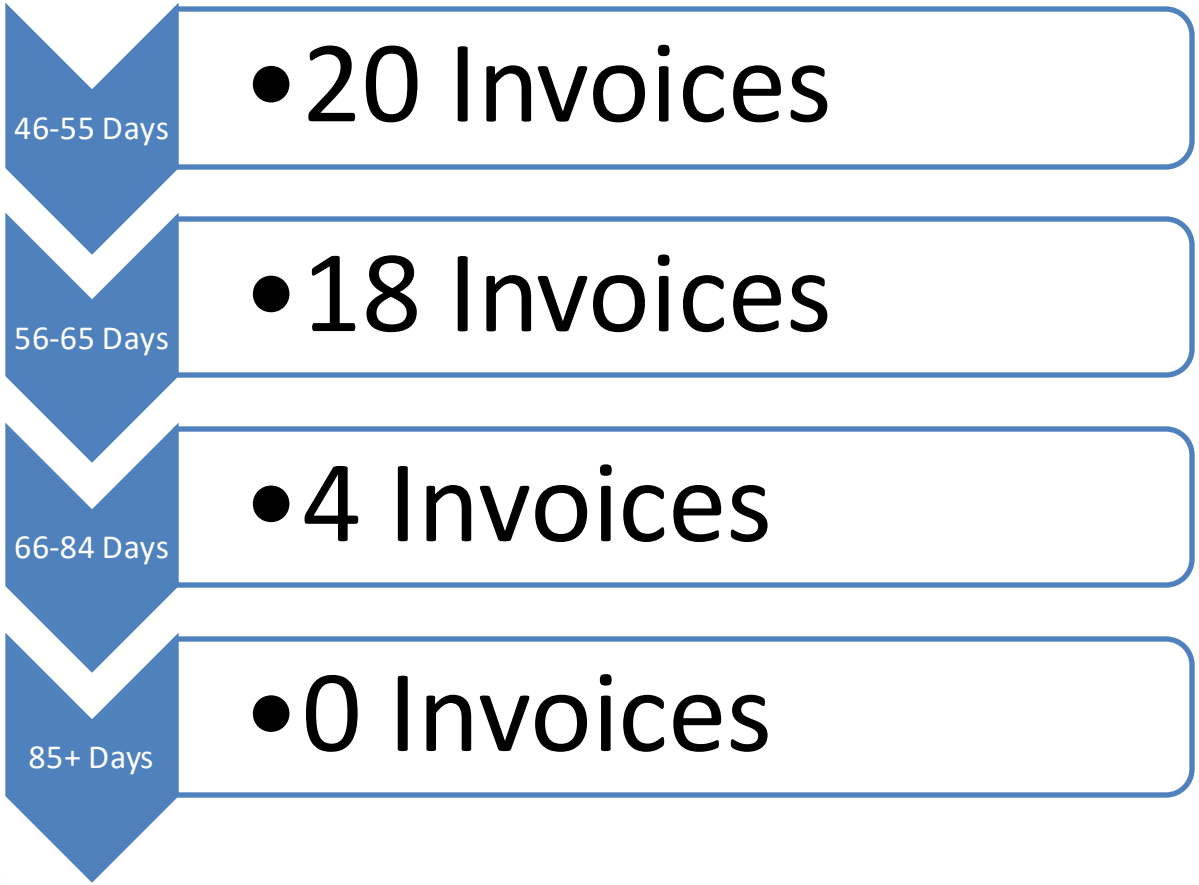
- Florida Prompt Payment Act: "local government entities should process payments within 45 calendar days."

- Of the 6,185 Health First paid invoices, 99.2% were paid within 45 calendar days.

- Of the 712 Orange County Government paid invoices, 90.4% were paid within 45 calendar days.

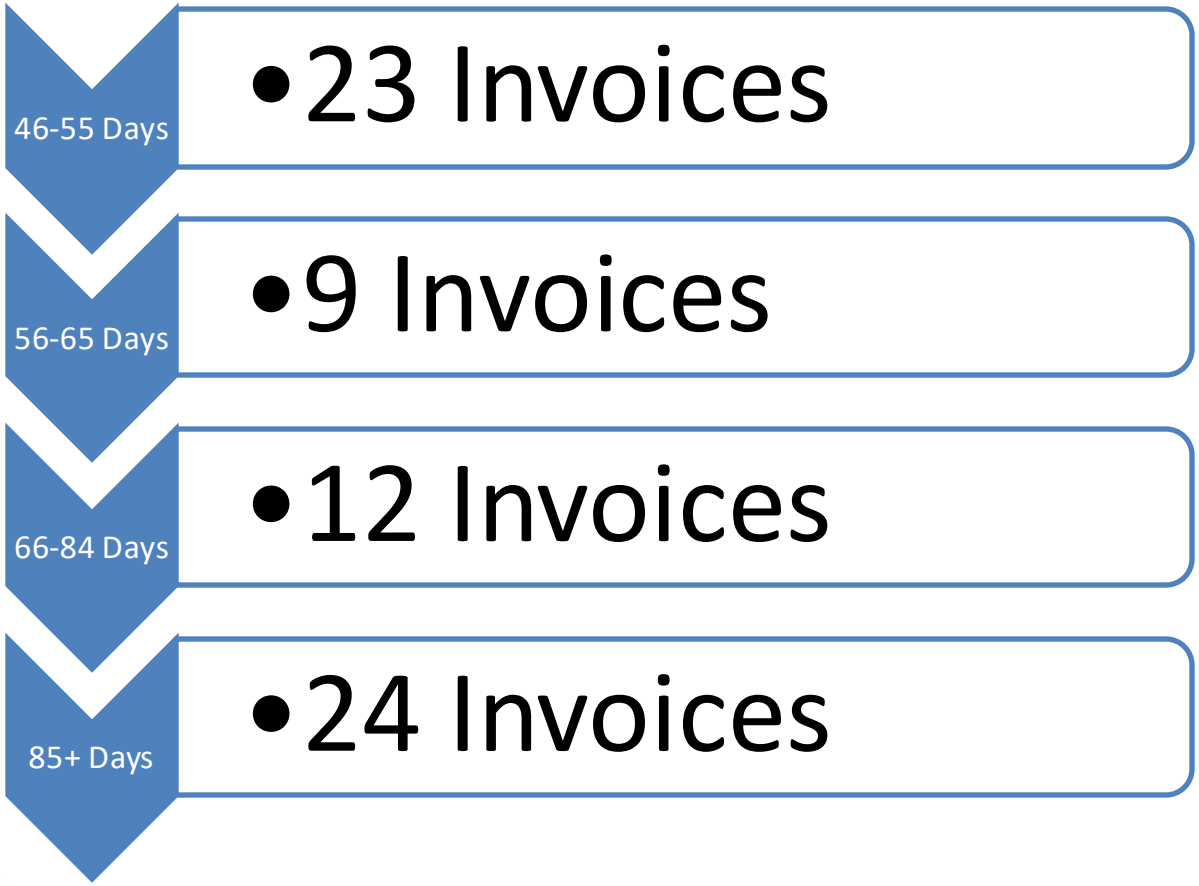
# Subrecipient Reimbursement

**For the Health First invoices that took more than 45 days:**



# Subrecipient Reimbursement

**For the Orange County Government invoices that took more than 45 days:**



# Recommendations

1) Maintain Communication Protocols: Given the evolving landscape in the HIV service delivery system at both the state and federal level, the Recipient ought to continue maintaining open lines of communication to assist the Planning Council and subrecipients with planning decisions.
2) Material Translations: Offer translation of meeting and other pertinent materials when possible to ensure more community members are able to better comprehend documents.
3) Optimize Resource Utilization: Continue to look for new program partners in order to offer more options to clients throughout the Eligible Metropolitan Area.

# Questions

## Contact Information

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