Orange County Part A Program

Ryan White HIV/AIDS Program

Fiscal Year (FY) 2025- 2026 Report Assessment of the Administrative Mechanism (AAM)

Report

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Background

The 2025-2026 Assessment of Administrative Mechanism (AAM) is mandated by Section 2602(b)(4)(E) of the Ryan White HIV/AIDS Program (RWHAP) legislation, which tasks Planning Councils with evaluating the efficiency of administrative mechanisms in swiftly distributing funds to areas of critical need within eligible regions. The primary objective is to ensure that RWHAP Part A funds are allocated promptly and transparently through an open procurement process, with timely disbursement to service providers.

The Planning Council's role specifically excludes involvement in how administrative agencies monitor service providers, focusing instead on evaluating the speed and efficacy of fund allocation. This assessment typically involves structured observations across procurement, expenditure, and reimbursement processes within defined timeframes. For instance, evaluations measure the percentage of funds obligated within specified periods following grant awards, and track reimbursement timelines from service delivery to payment, documenting any adverse impacts resulting from delays.

Periodically, the HIV/AIDS Bureau/Division of Metropolitan HIV/AIDS Programs (HAB/DMHAP) requests updates on these assessments, which may be required for progress reports or grant applications from Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). Effective communication between the RWHAP Part A Recipient and the Planning Council is crucial for sharing assessment-related data efficiently. Before commencing the procurement process, both parties establish a memorandum of understanding detailing protocols and timelines for data exchange. The Planning Council is obligated to report its findings on the procurement process, assessing its alignment with service priorities and resource allocations as stipulated. Should deficiencies in the existing administrative mechanism be identified, the Planning Council assumes responsibility for formulating formal recommendations aimed at enhancing effectiveness and facilitating necessary changes. It is important to note that while the Planning Council evaluates the alignment of procured services with its priorities and directives, this assessment does not extend to the evaluation of individual service providers, which remains the responsibility of the Recipient.

This report summarizes the outcomes of the 2025-2026 AAM, highlighting insights gathered through comprehensive evaluation processes aimed at optimizing the allocation and efficiency of RWHAP Part A funds within designated areas of need.

Summary of Key Findings and Recommendations

Timely Processes for Contracts and Contract Modifications and RFPs:

In FY 2025-2026, the Recipient issued 10 contracts to 10 subrecipients. The Recipient issued 11 amendments to the contracts. The majority of these amendments were renewals or changes to the funding amount allocated. One RFP was issued in FY 2025-2026.

Adherence to Planning Council Priorities:

The total award for Ryan White Part A for FY 2025-2026 was $10,939,376. In the final quarter of the award period, sweeps were performed to reallocate funds to ensure that all award monies were spent. The sweeps were based on utilization patterns and needs in the community.

Payments Made by the Recipient to Subrecipients:

Two payment processes were analyzed, separately. For the payment process from Health First Health Plans Inc., a total of 6,185 invoices were analyzed. The average number of days for an invoice to be paid was 8 days. In all, 99.2% of invoices paid through this process were completed in less than 45 calendar days. For the second payment process, through Orange County Government, a total of 712 invoices were analyzed. The average number of days for an invoice to be paid was 23 days. In all, 90.4% of invoices paid through this process were completed in less than 45 calendar days.

Collecting and Reporting of Program Income:

A Revenue Budget Report generated by the Orange County electronic accounting system documented that $2,647 was accrued in FY 2025-2026. Recipient staff reported that program income was returned to the Part A Program The referenced program income was used for Specialty Medical Care and was not reported to PC due to the small amount.

Recipient staff report that the program income was generated by the AIDS Pharmaceutical Assistance (Local), or LAPA. Unlike previous years, the FL DOH ADAP had sufficient funds to finance these services- reducing the amount of Part A Program expenditures and related program income incurred in FY 2025-2026.

Accomplishment by the Recipient of the Planning Council's Ways to Best Meet Needs:

The Recipient completed a form documenting their accomplishments in meeting with Planning Council's Ways to Best Meet Needs recommendations. They have provided details on the ways that they addressed all of the recommendations.

Subrecipient Survey:

Representatives from 6 of the 10 subrecipients participated in the survey for a response rate of 60%. Eighty-three percent (83%) of respondents responded that "always" to the question, "Did the Recipient effectively administer RWHAP Part A grant funds?" Among respondents that answered the questions (and did not respond that they did not know or that the question was not applicable), most responded affirmatively that the Recipient executed their program's RWHAP Part A contract amendments in a timely manner, provided technical assistance (TA) to their program about submitting invoices, reporting, and other contractual requirements, that Part A invoiced payments from Orange County Government were received within 45 calendar days of submission, their program was contacted in the FY to discuss service utilization and expenditures data if spending was not on target and that they were informed by the Recipient about the reallocation process to account for under- or over-spending.

Planning Council Member and Associate Survey:

This survey was sent to all 27 members and associates of the Planning Council three times, or until the survey was completed. In all, 22 members and associates participated in the survey indicating a response rate of 81.5%. This response rate is higher than it was last year when 16 of the 22 active members and associates participated (72.7%). Most of the participants in this year's survey have been members for a significant amount of time with 68.2% (n=15) being a member for 3 or more years.

Sixteen respondents stated that the recipient always follows the Planning Council's service priorities and follows the Planning Council's resource allocations. Fourteen respondents (63.6%) stated that the Recipient always follows the Planning Council's resource re-allocation, such as during "sweeps" of funds from one service category to another. Nearly sixty percent of respondents stated the Recipient always provides the Planning Council with easily understood data during the priority setting process, with the rest saying they do it most of the time. Sixteen out of 22 respondents (72.7%) stated the Recipient always promptly answers questions from Planning Council about resource allocation, re-allocation, and expenditures. All respondents stated that the Recipient always or most of the time gives easily understood answers to Planning Council's questions about resource allocation, re-allocation, and expenditures. Sixteen out of 22 respondents (72.7%) stated that the expenditures reports provided to Planning Council on a quarterly basis are easily understood. The majority of respondents stated that the Recipient clearly communicates the re-allocation process to them. The majority of respondents indicated Recipient staff are friendly and courteous (87.2%) most or all of the time and Recipient staff respond to them promptly when they have questions (81.8%). Ninety percent indicated the Recipient always or most of the time administers Part A funds effectively.

Conclusion:

The 2025-2026 AAM continues to show appreciation from the Central Florida HIV Planning Council (CFHPC) and the RWHAP Part A Recipient in administering funds effectively and transparently. The Recipient consistently provided timely allocation and reimbursement of funds, with 99.2% and 90.4% of payments processed within 45 days, demonstrating enhanced financial management compared to previous assessments. The alignment of service procurement with Planning Council directives was generally strong, reflecting a commitment to prioritizing community needs. Feedback from the Subrecipient and Planning Council Members and Associates survey did indicate some areas for continued improvement.

Recommendations to Consider:

- 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.
- Material Translations: Offer translation of meeting and other pertinent materials when possible to ensure more community members are able to better comprehend documents.
- Optimize Resource Utilization: Continue to look for new program partners in order to offer more options to clients throughout the Eligible Metropolitan Area.

In conclusion, the 2025-2026 AAM shows Orange County Government is doing an excellent job administering Part A funds. Subrecipients are overwhelmingly being reimbursed in a timely manner, and communication between the Recipient, Planning Council, and Subrecipients is generally positive. Overall the Recipient should continue to feel good about the work they're doing to maintain an excellent system of care and evolve productive relationships.

Research Questions

The purpose of conducting the 2025/26 Assessment of the Administrative Mechanism in the Orlando Service Area (OSA) was to answer the following questions:

1. What percent of the RWHAP Part A 2025/26 contracts were signed prior to the start of the program year?

2. Did the RWHAP Part A Recipient follow the directives of the Planning Council in respect to the allocation of funds as stipulated by the Council for all categories of service?

3. Did the Procurement of services reflect the directives of the Planning Council?

4. Was there timely execution of reimbursement to providers, if not; was there any adverse impact on clients or providers related to the delay in payment?

5. Does the RWHAP Part A Recipient recommend reallocation of funds to the Planning Council in a timely manner based on actual expenditures?

6. To what extent are the services that have been procured by the RWHAP Part A Recipient consistent with stated Planning Council priorities and Directives as to how to meet these priorities (ways to best meet needs)?

Process

An email was received on March 6, 2026 explaining that the Central Florida HIV Planning Council (CFHPC) was looking for an agency able to conduct the Assessment of Administrative Mechanism (AAM) as indicated by the Ryan White HIV/AIDS Program legislation. A scope of work was attached. A detailed cost breakdown was due by March 23, 2026 for those interested in applying to conduct the AAM. The AIDS Institute was informed on April 6, 2026 that the agency was awarded the contract.

Methodology

A. **Review and Report on Prior Recommendations**

Findings from FY 2025-2026 are compared against current practices and survey results to assess progress and determine whether prior recommendations have been effectively implemented.

B. **Review of Existing Survey Tools**

Two surveys were used in last year's AAM. One was conducted with subrecipients and the other with Planning Council members and associates. Several changes were made to the response options to allow for respondents to indicate "Most of the time" and "Rarely" for

several questions. In addition, several questions were added to the Subrecipient survey focusing on the RFP released during FY25-26. Two interview protocols were developed by the AAM consultant for use with Planning Council and Associate members as well as subrecipient representatives.

C. **Subrecipient Survey and Interviews**

A survey was conducted among subrecipients to determine how well the procurement process meets subrecipients' needs and expectations. The survey questionnaire (Appendix A) was slightly modified to include RFP questions as well as additional response options.

Once the survey was coded into Survey Monkey, an email which included the link to the survey was sent to representatives from each subrecipient organization requesting participation. Each representative was emailed a total of six times or until they participated. In total, two subrecipients were interviewed.

D. **Planning Council Member and Associate Survey and Interviews**

A survey was administered to Planning Council Members and Associates to gauge their perceptions of the procurement process (Appendix B). This survey explored aspects such as communication, decision-making transparency, and alignment with service priorities. Like the subrecipient survey, this questionnaire was coded into Survey Monkey and emails which included the link to the survey were sent to members and associates. Each member and associate was emailed a total of six times or until they participated. Additionally, Planning Council staff encouraged participation at meetings and via text and emails. Three Planning Council and Associate members participated in telephone interviews.

E. **Interview with County Administrative Staff**

An interview was conducted with the County's administrative staff responsible for program oversight. The interview aimed to gather detailed information on the procedures, challenges, and efficiencies associated with program administration. The interviewee and staff also provided many documents to allow for analysis of the fiscal processes.

Results

Contracts and Contract Modifications

In FY 2025-2026, the Recipient issued 10 contracts to 10 subrecipients for Part A services. The Consultant received a spreadsheet listing the contracts that were issued. Each contract was reviewed in the Orange County Procurement Portal. This review showed that 11 amendments were made to the contracts, lower than the previous contract year that had 13 amendments. The majority of these amendments were renewals or changes to the funding amount allocated.

Table 1. Overview of Contracts

Number of subrecipients	10
Number of contracts	10
Number of amendments/modifications	11

RFP Activities

Three Part A-funded RFPs were released in FY 2025-2026, with only ending up being funded. RFPs were issued for Mental Health, Substance Abuse Services, and Dental Insurance. However, no one responded to the Dental Insurance, and Substance Abuse Services was not funded due to the recent ADAP changes impacting funding categories. *Y26-2206, Mental Health* was the only funded RFP. The Recipient provided the consultant with the schedule of tasks undertaken from the date the RFP was published to the contract start date. Since the funding awarded was below the threshold required for Board of County Commissioners approval, it was not forwarded to them for approval. Table 2 summarizes the number of days difference between key RFP activities. A total of 116 days elapsed between the advertisement of the RFP and Board approval.

Table 1. Days Difference Between RFP Activities, #Y26-2206, Mental Health 2025-2026

RFP Activity	Dates	Days Difference
RFP Advertised	11/5/2025	
Pre-Proposal Virtual Conference	11/12/2025	7
Questions Deadline	12/3/2025	21
Application Deadline	12/12/2025	9
Evaluation of Applications	12/17/2025	5
Contract Start Date	3/01/2026	74

Adherence to Planning Council Priorities

Table 3 shows the Ryan White Part A Service Caps/Limits and Eligibility Criteria approved by the Recipient and reviewed and revised by the Planning Council for FY 2025-2026.

Table 3. Ryan White HIV AIDS Program Part A: Limitations per Service Category

Note: "Common Criteria" eligibility for all services is: HIV positive, proof of residency, proof of income, and income <400% Federal Poverty level (FPL), except where noted.			
Service Category	Service Category Criteria	Cap/Limit	Eligibility Exception
Oral Health	Common Criteria Uninsured Underinsured	$2,000 per client Covered services are limited to: exams, x-rays, fillings, extractions, cleanings (prophylaxis, scaling and root planing, gross debridement), dentures (partial or full) and oral health instruction.	Common Criteria Only. Note: Recipient considers exceptions on a case by case basis only if medically necessary.
Food Bank/Home Delivered Meals	Common Criteria At or below 200% of the Federal Poverty Level (FPL) and not be eligible for Supplemental Nutrition Assistance Program (SNAP) benefits.	1 Supermarket Gift Card every 30 days or 56 Home Delivered Meals every 30 days or 1 Food Pantry Voucher every 30 days	Common Criteria Only. Note: Recipient considers exceptions on a case by case basis under special circumstances.
Medical Transportation	Common Criteria At or below 185% Federal Poverty Level (FPL)	1-day bus pass: Have one core or support service appointment within 30-days. 30-days bus pass: Have two core or support service appointment within 30-days.	Common Criteria Only. Note: Recipient considers exceptions on a case by case basis only if medically necessary.
Mental Health	Common Criteria Uninsured Underinsured	No cap/limit established	Common Criteria Only. Note: Recipient considers exceptions on a case by case basis only if medically necessary.
Medical Case Management	Common Criteria	No cap/limit established	
Referral for Health Care and Support Services	Common Criteria	No cap/limit established	

OAHS	Common Criteria Uninsured Underinsured	No limit on eligible office visits or labs. Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category. Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.	Common Criteria Only. Note: Recipient considers exceptions on a case by case basis only if medically necessary.
Early Intervention Services	Common Criteria	No cap/limit established	
Emergency Financial Assistance (EFA)	Common Criteria Uninsured Underinsured	Short-term medication assistance only	Common Criteria Only. Note: Recipient considers exceptions on a case by case basis only if medically necessary.
Substance Abuse Outpatient Care	Common Criteria Uninsured Underinsured	No cap/limit established	Common Criteria Only. Note: Recipient considers exceptions on a case by case basis only if medically necessary.
Substance Abuse – Residential	Common Criteria Uninsured Underinsured	No cap/limit established	Common Criteria Only. Note: Recipient considers exceptions on a case by case basis only if medically necessary.
Psychosocial Support Services (Peer Support)	Common Criteria	No cap/limit established	
Local Pharmacy Assistance Program (LPAP)	Common Criteria	No cap/limit established	

The total award for Ryan White Part A for FY 2025-2026 was $10,939,376. Table 4 shows how these funds were allocated across the service categories. Sweeps were performed during the final quarter of the program year to reallocate funds to ensure that all award monies were spent. The sweeps were based on utilization patterns and needs in the community. One hundred percent of the funds were expended.

Table 4. FY 2025-2026 Award Distribution

Orlando EMA Ryan White Part A Program

2025-2026 Final Allocations

FORMULA / SUPPLEMENTAL:

		Planning Council Allocations						
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	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 :

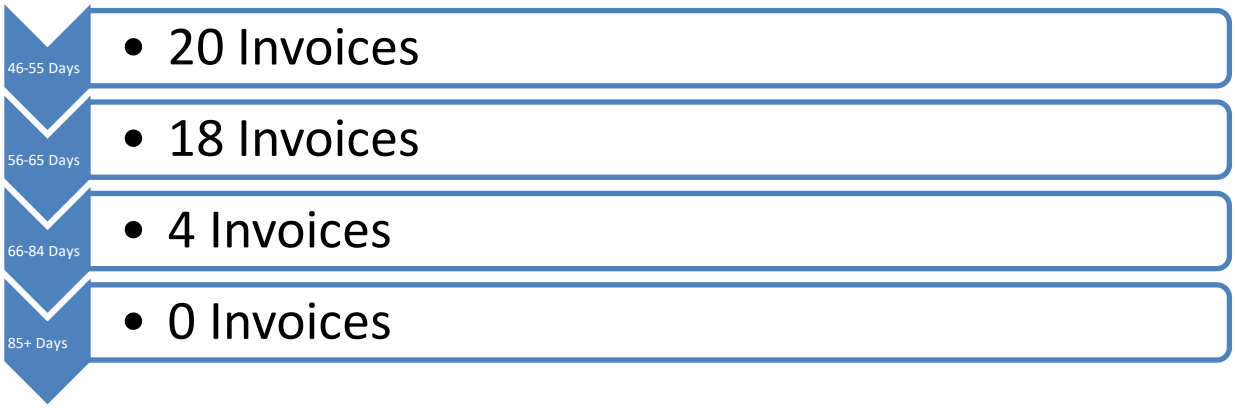
2025-2026 Priorities	Service Category	Sept. 27, 2024 (Resource Allocation)	March 6, 2025 (Allocation Approved by PC)	August 7, 2025 (Reallocation after Receipt of Final Award)	April 2026 (Grantee)	Difference between April 2026 and August 2025	Final Expenses	Percentage Core / Support Category
6	Outpatient /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.

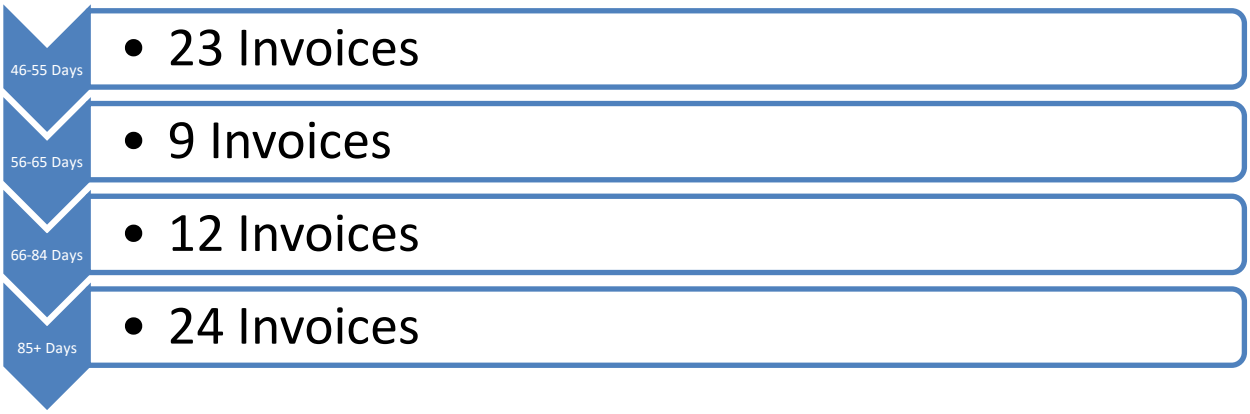
Payments Made by the Recipient to Subrecipients

The consultant received two spreadsheets from the Recipient, each representing one reconciliation, adjudication and payment process. The first included all invoices submitted to the Recipient in FY 2025-2026 for dental and specialty care. The second was for all other services. The process was split up and will be analyzed separately to better determine if any issues emerge with either payment process approach.

For the payment process from Health First Health Plans Inc., a total of 6,185 invoices were analyzed. The average number of days for an invoice to be paid was 8 days. In all, 99.2% of invoices paid through this process were completed in less than 45 calendar days. What follows is a breakdown of the invoices that took longer than 45 calendar days:



For the second payment process, through Orange County Government, a total of 712 invoices were analyzed. The average number of days for an invoice to be paid was 23 days. In all, 90.4% of invoices paid through this process were completed in less than 45 calendar days. What follows is a breakdown of the invoices that took longer than 45 calendar days to pay:



Approximately one-third of the invoices that took longer than 45 calendar days to be paid originated from one subrecipient, which will be brought up to the Recipient for follow-up.

Collecting and Reporting of Program Income

A Revenue Budget Report generated by the Orange County electronic accounting system documented that $2,647 was accrued in FY 2025-2026. Recipient staff reported that program income was returned to the Part A Program. Recipient staff report that the program income was generated by the AIDS Pharmaceutical Assistance (Local), or LAPA. Unlike previous years, the FL DOH ADAP had sufficient funds to finance these services-reducing the amount of Part A Program expenditures and related program income incurred in FY 2025-2026.

Accomplishment by the Recipient of the Planning Council's Ways to Best Meet Needs

The Recipient completed a form (Table 5) which documents the directives received by the Planning Council, the scope of the directive, the monitoring tools being employed and the accomplishments in meeting each directive.

Table 5. Recipient's Accomplishments in Meeting the PC's Ways to Best Meet Needs

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

			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.
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

& 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.
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.

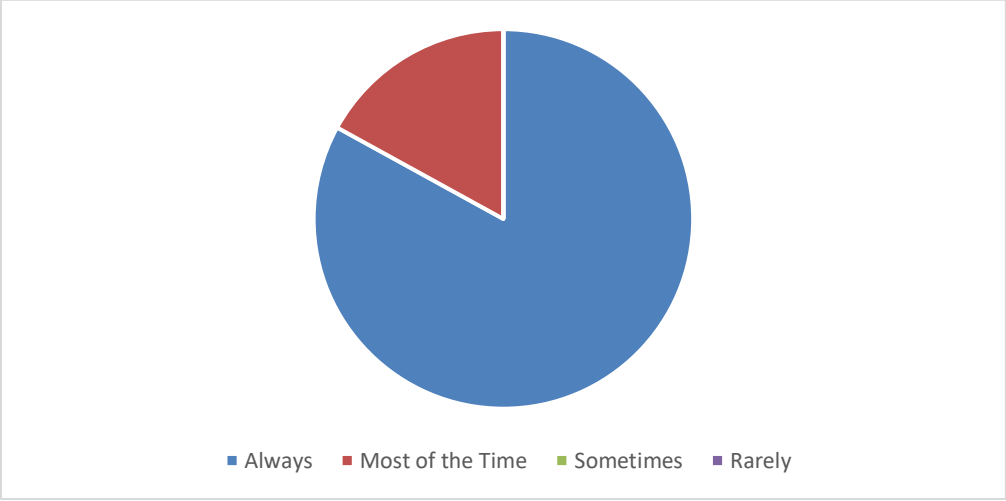
Subrecipient Survey

Ten (10) subrecipients were listed for FY 2025-2026. Contact information for at least one representative from each agency was given to the consultant. An email which contained the link to the survey requesting participation was sent to the representatives on six separate occasions beginning May 11, 2026.

Representatives from 6 of the 10 subrecipients participated in the survey for a response rate of 60%, a decrease from last year where 72.7% of subrecipients responded. Only one survey per agency was included in the analysis of the data.

The first question asked, "Did the Recipient effectively administer RWHAP Part A grant funds?" with the response options Always, Most of the Time, Sometimes, Rarely, Never and Don't Know. As shown in Figure 2, the vast majority stated that the Recipient always did so.

Figure 2. Effective Administration of Part A Funds



The next set of questions asked about contracting Part A funds. As shown in Table 5, the responses were overwhelmingly positive. Of those respondents that answered the questions (and did not respond that they did not know or that the question was not applicable), all responded affirmatively that the Recipient executed their program's RWHAP Part A contract amendments in a timely manner, the RFP was conducted in a manner that was satisfactory to them, provided technical assistance (TA) to their program about submitting invoices, reporting, and other contractual requirements, that Part A invoiced payments from Orange County Government were received within 45 calendar days of submission, their program was contacted in the FY to discuss service utilization and expenditures data if spending was not on target and that they were informed by the Recipient about the reallocation process to account for under- or over-spending.

Table 6. Contracting Part A Funds

Question	Yes	No	DK	N/A
Did the Recipient execute your program's RWHAP Part A contract amendments in a timely manner?	100% (6)			
Did the Recipient provide technical assistance (TA) to your program about submitting invoices, reporting, and other contractual requirements?	83% (5)			17% (1)
Did your program apply for funds from a RWHAP Part A Request for Proposal (RFP)?	67% (4)	17% (1)		17% (1)
Did the Recipient conduct a bidder's conference?	67% (4)		33% (2)	
The Request for Application document (RFA) had clear directions for preparing and submitting all sections of the proposal.	83% (5)		17% (1)	
Our agency was aware of the RFA issue date in enough time to adequately prepare and submit a proposal.	83% (5)		17% (1)	
Our agency was aware of the RFA deadline in enough time to adequately prepare and submit a proposal.	83% (5)		17% (1)	
Our agency was aware of the RFP requirements in enough time to adequately prepare and submit a proposal.	100% (6)			
During the proposal preparation period, there was an opportunity for the potential bidders to ask questions regarding the process and the requirements.	67% (4)	17% (1)	17% (1)	
Overall, from the beginning to the end, the RFP process was administered efficiently.	83% (5)		17% (1)	
Did the Recipient execute your program's new contract in a timely manner on or before the start of the new FY (i.e., March 1, 2025)?	100% (6)			
On average in FY 2025-2026, did your program receive Part A invoiced payments from Orange County Government within 45 calendar days of submission?	100% (6)			
Did the Recipient contact your program in the FY to discuss service utilization and expenditures data if spending was not on target?	83% (5)			17% (1)
Did the Recipient inform your program about the reallocation process to account for under- or over-spending?	100% (6)			

The next question was open-ended and asked, "How can the Recipient improve payment processing and over- and under- spending of RWHAP Part A funds?" Four respondents provided a response:

> "Nothing to add."
>
> "Continue conducting monthly or quarterly burn-rate analyses and discuss during monthly or separate fiscal calls with subrecipients."
>
> "The recipients office communicates effectively. It would be helpful on

communications that require a reply if a deadline for the reply is provided. Additionally, the deadline should not be less that 5 business days."

"Start working on contract amendments as soon as over-and under-spending is identified and not just in the last quarter, especially when contracts are cost reimbursement and there'll be no way to recoup under-spending."

Interview respondents were generally pleased with their relationship with the Recipient, adding that invoicing has become easier.

The next set of questions focused on expenditures and payments in FY 2025-2026. As shown in Table 7, overall, the responses were positive.

Table 7. Expenditures and Payments

Question	Yes	No	DK
Did your program experience any hardship due to delays in reimbursement by the recipient?	0	100% (6)	
Did the Recipient keep your program informed of HRSA HIV/AIDS Bureau (HAB) policies, procedures, and news that impact the Ryan White Program?	100% (6)		
Did the Recipient keep your program informed of changes in RWHAP Part A reporting requirements, such as the Ryan White Services Report (RSR)?	100% (6)		
Did the Recipient keep your program informed of Planning Council directives that impacted Part A-funded agencies?	83% (5)	17% (1)	
Did the Recipient keep your program informed of RWHAP Part A client eligibility requirements?	100% (6)		
Was the Recipient's staff courteous and respectful to your program's employees?	83% (5)	17% (1)	
The Recipient provides responsive and timely responses when our agency needed information.	83% (5)	17% (1)	

Next respondents were asked, "How can the Recipient improve communication with your program?"

Five responses indicated their satisfaction with their communication with the Recipient, with some suggestions for improvement:

"The recipient communicates effectively with the subrecipient."

"Nothing to add. They are doing a great job."

"Communication is generally good. Sometimes emails or enquiry responses take some time which might delay processes or client services."

"The Recipient communicates effectively through all areas."

> "Be more responsive, if response needs research, communicate that correspondence has been received and provide an estimated time for response instead of just ignoring the communication until an answer is determined."

The last question asked respondents. "What other ways can the Recipient improve its administrative management of the RWHAP Part A Program?" Four subrecipient representatives offer responses. Four of the responses did not offer suggestions for improvement:

> "Nothing to add. They are doing a great job."

> "Discuss or take input of subrecipients which can probably help with best practices for all the EMA providers."

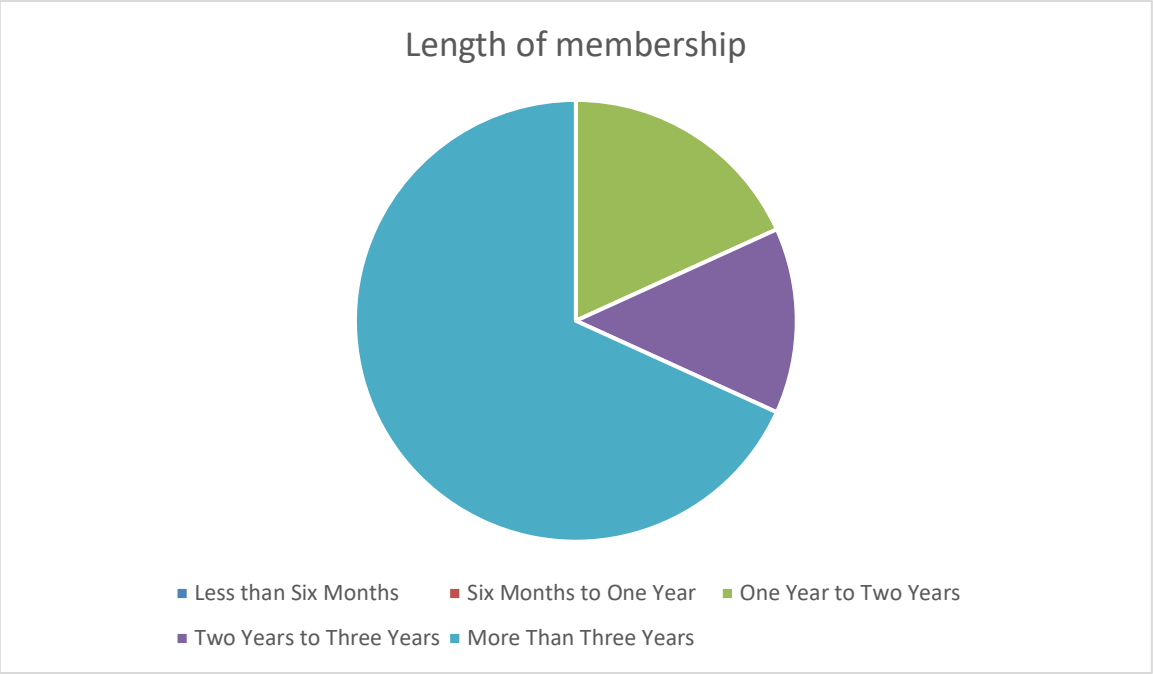
> "Hire more individuals with knowledge of the Ryan White HIV/AIDS Program."

Planning Council Member and Associate Survey and Interviews

This survey was sent to all 27 members and associates of the Planning Council nine times, or until the survey was completed. The first email was sent on May 11, 2026. In addition to emails requesting participation, Planning Council staff contacted members and associates directly requesting participation. In all, 22 members and associates participated in the survey, a response rate of 81.5%. In addition, three Planning Council members were interviewed.

The survey began by asking respondents how long they have been a member of the Planning Council or an Associate Member. As shown in Figure 3, 68.2% (n=15) have been a member for 3 or more years and an additional 18.2% (n=4) have been a member for 1-2 years.

Figure 3. Length of Planning Council/Associate Membership



The survey contained 10 close-ended questions which examined issues related to priority setting, resource allocation, and re-allocation as well as administration of RWHAP Part A Funds. All of these questions had the following answer options: Always (A), Most of the Time (M), Sometimes (S), Rarely (R), Never (N), and Don't Know (DK). One question also contained an N/A option. The responses to these questions are shown in Table 7.

Sixteen respondents stated that the recipient always follows the Planning Council's service priorities and follows the Planning Council's resource allocations. Fourteen respondents (63.6%) stated that the Recipient always follows the Planning Council's resource re-allocation, such as during "sweeps" of funds from one service category to another. Nearly sixty percent of respondents stated the Recipient always provides the Planning Council with easily understood data during the priority setting process, with the rest saying they do it most of the time. Sixteen out of 22 respondents (72.7%) stated the Recipient always promptly answers questions from Planning Council about resource allocation, re-allocation, and expenditures. All respondents stated that the Recipient always or most of the time gives easily understood answers to Planning Council's questions about resource allocation, re-allocation, and expenditures. Sixteen out of 22 respondents (72.7%) stated that the expenditures reports provided to Planning Council on a quarterly basis are easily understood. The majority of respondents stated that the Recipient clearly communicates the re-allocation process to them. The majority of respondents indicated Recipient staff are friendly and courteous (87.2%) most or all of the time and Recipient staff respond to them promptly when they have questions (81.8%). Ninety percent indicated the Recipient

always or most of the time administers Part A funds effectively.

Table 7. Close Ended Question Responses

Question	A	M	S	R	N	DK	N/A
The Recipient follows the Planning Council's service priorities.	72.7% (16)	13.6% (3)	9% (2)			4.5% (1)	
The Recipient follows the Planning Council's resource allocations.	72.7% (16)	18.2% (4)	9% (2)				
The Recipient follows the Planning Council's resource re-allocation, such as during "sweeps" of funds from one service category to another.	63.6% (14)	18.2% (4)	13.6% (3)			4.5% (1)	
The Recipient provides the Planning Council with easily understood data during the priority setting process.	59% (13)	41% (9)					
The Recipient promptly answers questions from the Planning Council about resource allocation, re-allocation, and expenditures.	72.7% (16)	13.6% (3)	13.6% (3)				
The Recipient gives easily understood answers to Planning Council's questions about resource allocation, re-allocation, and expenditures.	59% (13)	41% (9)					
The Recipient reports easily understood expenditure data to the Planning Council on a quarterly basis.	72.7% (16)	22.7% (5)	4.5% (1)				
The Recipient clearly communicates about the re-allocation process to the Planning Council.	81.8% (18)	13.6% (3)	4.5% (1)				
The Recipient keeps the Planning Council well informed of HRSA HIV/AIDS Bureau (HAB) policies, procedures, and news that impact the Ryan White Program.	63.6% (14)	22.7% (5)	9% (2)			4.5% (1)	
Recipient staff promptly and adequately respond to questions when I need information.	72.7% (16)	9% (2)	18.2% (4)				
Recipient staff are friendly and courteous.	59.9% (13)	27.3% (6)	13.6% (3)				
The Recipient effectively administers Part A grant funds.	81.8% (18)	9% (2)	4.5% (1)	4.5% (1)			

*Key: Always (A), Most of the Time (M), Sometimes (S), Rarely (R), Never (N), Don't Know (DK), Not Applicable (N/A)

Finally, the survey contained two open-ended questions. The first one which was presented in the survey questionnaire in two locations, asked, "How can the Recipient improve communication with the Planning Council about service priorities, resource allocation, and resource re-allocation?" There were 21 responses to this question. The responses were a combination of praise as well as feedback for the Recipient to consider:

> "The recipient maintains open and transparent communication with the Council, regularly providing updates, detailed information, and promptly responding to any additional requests made by the Council."

"Not sure."

"First of all, people got to remember this is for the community and not their money. PC does a very good job communicating with the PC members."

"Have additional voluntary meetings to increase the knowledge base of council members who may feel left behind."

"Use a consistent format so the Planning Council knows what to expect. Include dashboards or summaries that highlight trends, not just raw numbers."

"Keep up the good work."

"They can follow our suggestions instead of changing it after the meeting."

"The current communication is thorough and concise."

"Because we need better planning that likes to deal with clients and that's part of the problem."

"Continue being transparent with reporting data and allow the Planning council committee to be effective with decision making."

"I think they do a great job."

"I think they are doing fine with this."

"The recipient is doing a very good job of communicating available information and communicating when they do not have further updates on funding change proposals that are currently affecting the State of Florida to the Planning Council."

"PCS should not have control of the planning Council PCS is supposed to be planning Council support not paying the council control and that's what they've been just last 6 months since David left before that they seem to be in following the rules and they got or told us that there was number one planning Council they didn't say we were no one playing account so they said they were so they were PCS we are the planning Council."

"They need to initiate re-allocation discussions before the sweeps, at least half-way

through the year, depending on utilization and expenditures."

"I would have information recap in languages that best is understood by Community individuals...Spanish, French, just to name a few, I also believe we would have more Community coming to the meetings if they would be a translation component to these important informative meetings. Just see the charts on numbers given from our diverse community. The numbers are in the charts but not in the room."

"At the community meetings."

"They are doing a great job communicating about the service priorities, resource allocation and resource re-allocation."

"Get rid of some of these people that they have in positions that's just in there just to be there."

"They do a good job."

The other open-ended question asked, "What other ways can the Recipient improve administrative processes or communication?" Thirteen people responded. The majority of comments were complimentary:

"There are different types of members with different opinions and everyone should be heard."

"The Recipient does a great job with communicating."

"Job Well Done!!!!"

"The Recipient already does an excellent job providing the Planning Council with the information needed."

"Communications. Open Communications, open discussions not controlling if they're controlling the Planning Council what are the people living with HIV there for."

"To get some people in there that cares and not just people in there that just want to get paid."

"Not that I can think of."

"The Recipient has continued to work to improve both administrative processes and communication."

"Try to work with the Planning Council not being charge of Planning Council Part A. It's in charge of a lot of things but Planning Council is there to make sure

they stay in a certain line and they're changing rules so the lines are very in their favor and plenty houses you don't have the voice they used to so it doesn't matter what Planning Council votes on is Part A office doesn't like it they just change it when we're not there."

"With the tools given they are doing amazing work, I do want to maybe pause while presenting and read the room a bit more and indirectly repeat or break down the information being shared."

"Can't real say."

Interview Respondents were generally complimentary of the work the Recipient had done with Planning Council. The interviewees were complimentary of the way they approached the recent programmatic changes by ADAP.

Appendix A: Subrecipient Survey Questionnaire

2025-2026 Part A Assessment of the Efficiency of the Administrative Mechanism (AAM): Subrecipient Survey

This survey focuses on the Ryan White HIV/AIDS Program (RWHAP) Part A Fiscal Year (FY) 2025-2026 (i.e., March 1, 2025 - February 28, 2026). In this survey we refer to the Part A Recipient and its staff as the "Recipient." We refer to your agency's HIV services program as "your program." Please click on the boxes of the responses that BEST describes your opinion. ***This survey is intended to be completed by individuals that have comprehensive knowledge of the following processes:***

- Procurement of RWHAP services,
- Contracting processes
- Reimbursement procedures
- Use of funds

If you do not believe that you are able to answer the following questions sufficiently, please reach out to _____. **Contracting Part A Grant Funds in FY 2024-2025**

1. Did the Recipient effectively administer RWHAP Part A grant funds? (Pick one)
   - ☐ Always
   - ☐ Most of the time
   - ☐ Sometimes
   - ☐ Rarely
   - ☐ Never
   - ☐ Don't Know
2. Did the Recipient execute your program's RWHAP Part A contract amendments in a timely manner? (Pick one)
   - ☐ Yes
   - ☐ No
   - ☐ Don't Know
3. Did the Recipient provide technical assistance (TA) to your program about submitting invoices, reporting, and other contractual requirements? (Pick one)
   - ☐ Yes
   - ☐ No
   - ☐ Don't Know
   - ☐ NA, Our Program Did Not Need TA

Request for Proposal (RFP) Process

4. Did your program apply for funds from a RWHAP Part A RFP? (Pick one) (logic-based question)
   - ☐ Yes

- ☐ No
- ☐ Don't Know
- ☐ Not Applicable, Our Program Was Ineligible for the RFP

5.Did the Recipient conduct a bidder's conference?

6. If you answered "yes", then:

a. Did the Recipient execute your program's new contract in a timely manner on or before the start of the new fiscal year (FY) (i.e., March 1, 2024)? (Pick one)

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Not applicable (NA), did not receive a new contract in FY 2024-2025

Please indicate the degree to which you agree with the following statements:

Answer choices: yes/no. "No" responses require comment.

1. The Request for Application document (RFA) had clear directions for preparing and submitting all sections of the proposal.
2. Our agency was aware of the RFA issue date in enough time to adequately prepare and submit a proposal.
3. Our agency was aware of the RFA deadline in enough time to adequately prepare and submit a proposal.
4. Our agency was aware of the RFP requirements in enough time to adequately prepare and submit a proposal.
5. During the proposal preparation period, there was an opportunity for the potential bidders to ask questions regarding the process and the requirements.
6. Overall, from the beginning to the end, the RFP process was administered efficiently

Expenditures and Payments in FY 2025-2026

5. On average in FY 2025-2026, did your program receive Part A invoiced payments from Orange County Government within 45 calendar days of submission?
   - ☐ Yes
   - ☐ No
   - ☐ Don't Know
6. Did the Recipient contact your program in the FY to discuss service utilization and expenditures data if spending was not on target? (Pick one)
   - ☐ Yes
   - ☐ No

- ☐ Don't Know
- ☐ NA, Our Program's Spending Was on Target Throughout FY 2025-2026

7. Did the Recipient inform your program about the reallocation process to account for under- or over-spending? (Pick one)
   - ☐ Yes
   - ☐ No
   - ☐ Don't Know
8. How can the Recipient improve payment processing and over- and underspending of RWHAP Part A funds?

9. Did your program experience any hardship due to delays in reimbursement by the Recipient?
   - ☐ Yes
   - ☐ No
   - ☐ Don't Know
10. If you answered "Yes" to question 10, please describe the hardship below.

Communications

11. Did the Recipient keep your program informed of HRSA HIV/AIDS Bureau (HAB) policies, procedures, and news that impact the Ryan White Program? (Pick one)
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know
12. Did the Recipient keep your program informed of changes in RWHAP Part A reporting requirements, such as the Ryan White Services Report (RSR)? (Pick one)
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know
13. Did the Recipient keep your program informed of Planning Council directives that impacted Part A-funded agencies? (Pick one)
    - ☐ Yes
    - ☐ No

- ☐ Don't Know

14. Did the Recipient keep your program informed of RWHAP Part A client eligibility requirements? (Pick one)
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know
15. Was the Recipient's staff courteous and respectful to your program's employees? (Pick one)
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know
16. The Recipient provides responsive and timely responses when our agency needed information.
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know
17. How can the Recipient improve communication with your program?

18. What other ways can the Recipient improve its administrative management of the RWHAP Part A Program?

Thanks for completing the survey! Other questions or comments that you would like to share? Please email David Cavalleri, Ryan White AAM Consultant, at dcavalleri@taimail.org or call 812-259-5828.

Appendix B: Planning Council and Associate Member Survey Questionnaire

2025-2026 Ryan White HIV/AIDS Program (RWHAP) Part A Assessment of the Efficiency of (AAM): Planning Council and Associate Survey

This survey focuses on the Ryan White HIV/AIDS Program (RWHAP) Part A Fiscal Year (FY) 2025-2026 (i.e., March 1, 2025 – February 28, 2026). In this survey we refer to the Part A Recipient and its staff as the "Recipient."

1. How long have you served as a Planning Council or Associate member? (Pick one)

- ☐ Less than 6 months
- ☐ 6 to 12 months
- ☐ 1 to 2 years
- ☐ 3 or more years

Priority Setting, Resource Allocation, and Re-Allocation

Please click on the boxes of the responses that BEST describes your opinion.

2. The Recipient follows the Planning Council's service priorities. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

3. The Recipient follows the Planning Council's resource allocations. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

4. The Recipient follows the Planning Council's resource re-allocation, such as during "sweeps" of funds from one service category to another. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

5. How can the Recipient improve communication with the Planning Council about service priorities, resource allocation, and resource re-allocation?

6. The Recipient provides the Planning Council with easily understood data during the priority setting process. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

7. The Recipient promptly answers questions from the Planning Council about resource allocation, re-allocation, and expenditures. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

8. The Recipient gives easily understood answers to Planning Council's questions about resource allocation, re-allocation, and expenditures. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

9. The Recipient reports easily understood expenditure data to the Planning Council on a quarterly basis. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't Know

- ☐ Unsure

10. The Recipient clearly communicates about the re-allocation process to the Planning Council. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

11. The Recipient keeps the Planning Council well informed of (HRSA) HIV/AIDS Bureau (HAB) policies, procedures, and news that impact the Ryan White HIV/AIDS Program. (Pick one)

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

12. How can the Recipient improve communication with the Planning Council about service priorities, resource allocation, and resource re-allocation?

13. The Recipient staff promptly and adequately responds to questions or requests for information from the Planning Council.

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Unsure

14. The Recipient staff are friendly and courteous.

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Never

☐ Unsure

Administration of RWHAP Part A Funds

15. The Recipient effectively administers Part A grant funds. (Pick one)

☐ Always
☐ Most of the time
☐ Sometimes
☐ Rarely
☐ Never
☐ Unsure

16. What other ways can the Recipient improve administrative processes or communication?

Thanks for completing the survey!

Please submit your completed survey to have your responses included. Do you have questions or comments that you would like to share with David Cavalleri, Ryan White AAM Consultant? If yes, please email him at dcavalleri@taimail.org or call 813-259-5828.