

**Orlando Eligible Metropolitan
Area
Ryan White Planning Council**

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

Prepared by



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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



Adherence to Planning Council Priorities

- 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:

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.

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 Modifications 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 <u>advance</u> 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

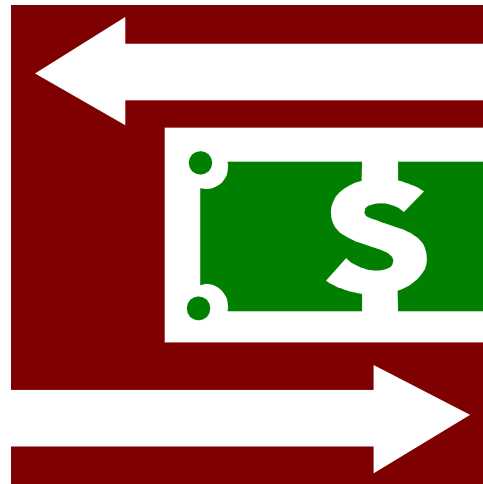
WBMN, Continued

& 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.
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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.
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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 Heritage 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.

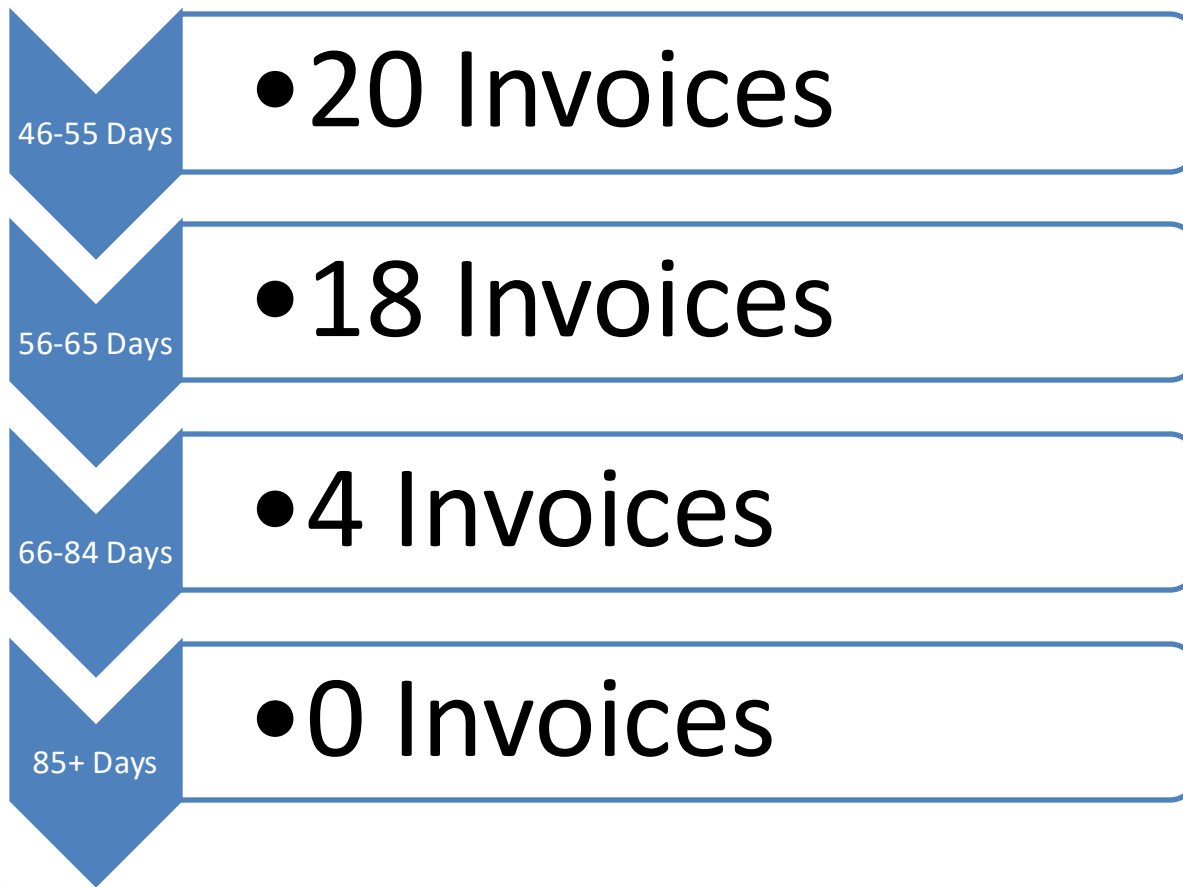
Subrecipient Reimbursement

Results of Analysis

- Florida Prompt Payment Act: “local government entities should process payments within 45 calendar days.”
- Of the 6,185 Heritage 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.

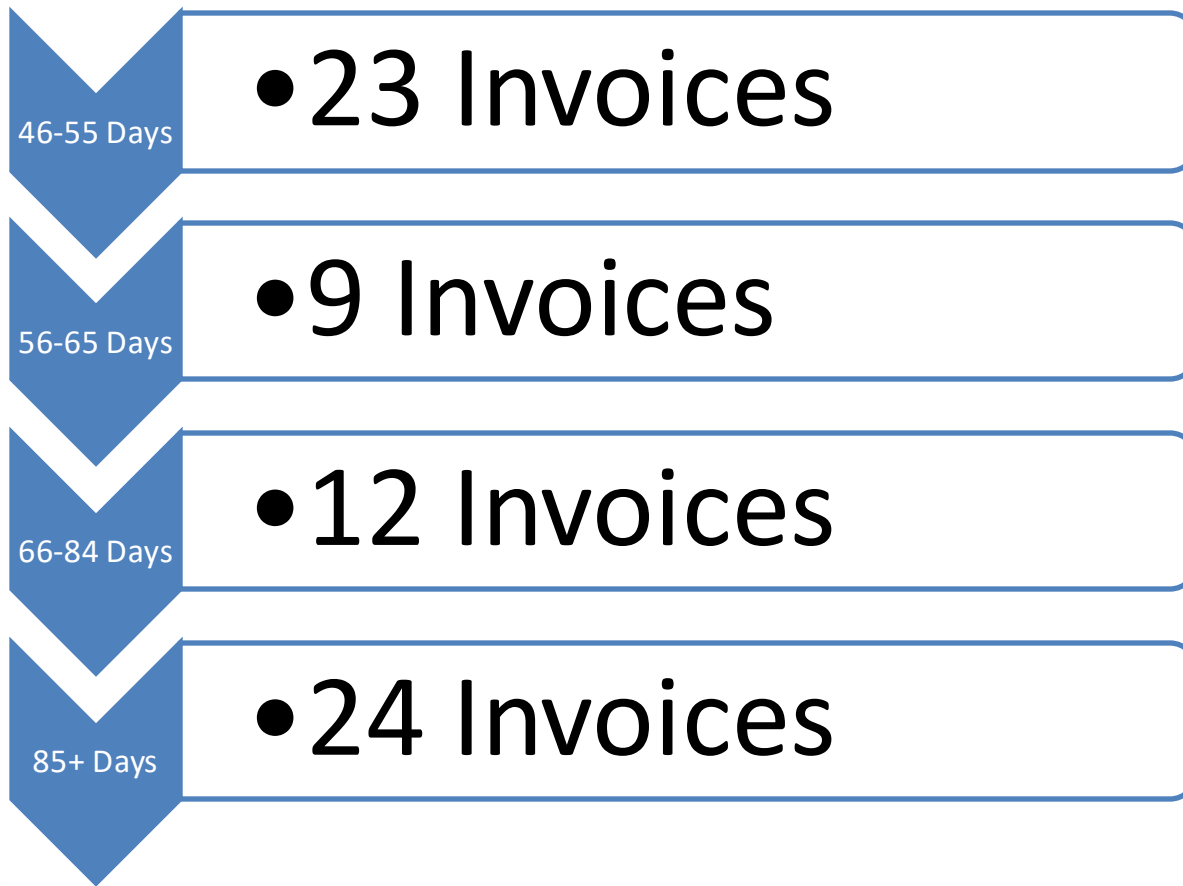
Subrecipient Reimbursement

For the Heritage 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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