



Assessment of the Efficiency of the Administrative Mechanism (AEAM)

Ryan White Program Year 33 & 34
(March 1, 2023-February 29, 2024 and
March 1, 2024- February 28, 2025)

FINAL | Approved by the Commission on HIV on July 10, 2025



LOS ANGELES COUNTY
COMMISSION ON HIV



**Assessment of the Administrative
Mechanism Ryan White Program Year 33
& 34
(March 1, 2023-February 29, 2024 and
March 1, 2024-February 28, 2025)**

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I. Introduction and Purpose of Report

As a Ryan White Part A planning council, the Los Angeles County Commission on HIV (“the Commission”) is required by Health Resources and Services Administration (HRSA) to conduct an “Assessment of the Efficiency of the Administrative Mechanism” (AEAM) annually. The AEAM is meant to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Operations Committee of the Commission led the development, implementation, and analysis of the AEAM for Ryan White Program Years 33 (March 1, 2023-February 29, 2024) and 34 (March 1, 2024-February 28, 2025). The purpose of this report is to present the findings of this assessment.

II. Assessment Methodology

The AEAM covers 1) feedback from contracted agencies on the efficiency of Los Angeles County’s administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community; and 2) survey and key informant interviews with key recipient staff to integrate their insights regarding the County’s solicitations, contracting, and invoicing processes.

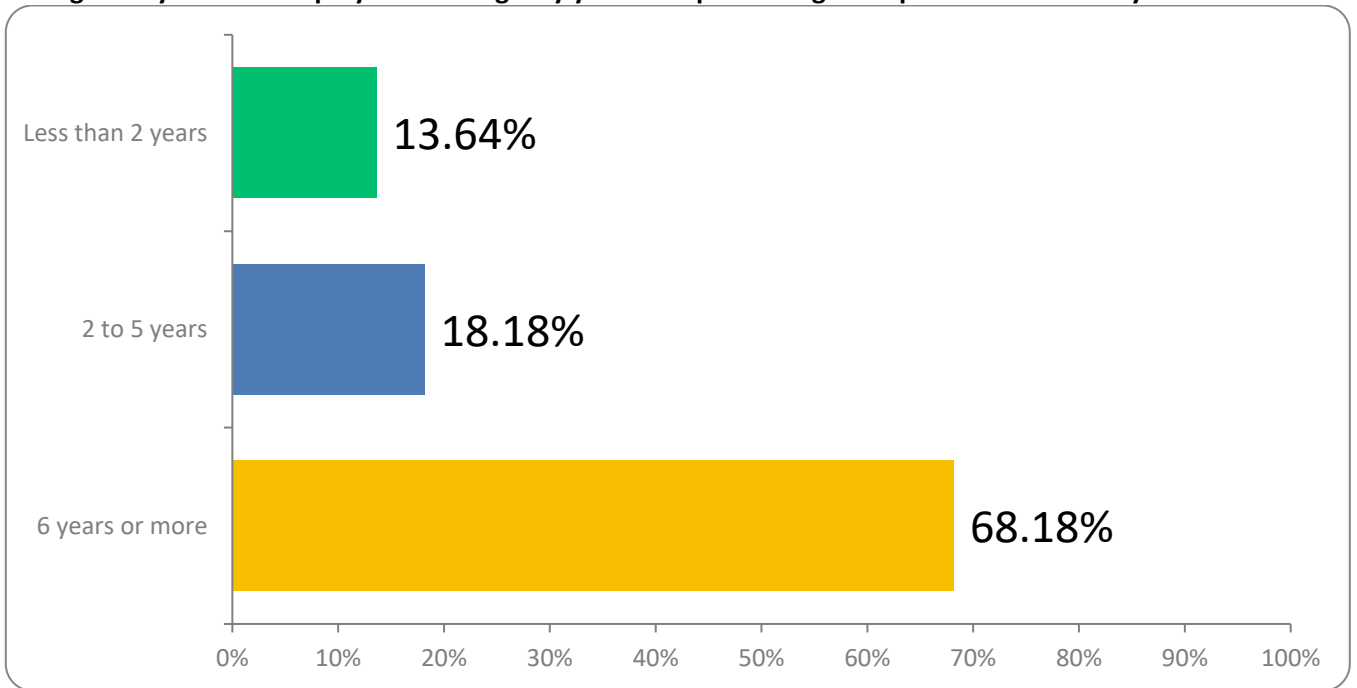
Online Survey for Contracted Providers:

Twenty-eight County-contracted HIV care providers were invited to participate in the AEAM survey between January 22 to February 28, 2025. Twenty agencies completed the survey. Agencies were asked to provide one response per agency. A raffle for a \$100 gift card was used to incentivize provider responses.

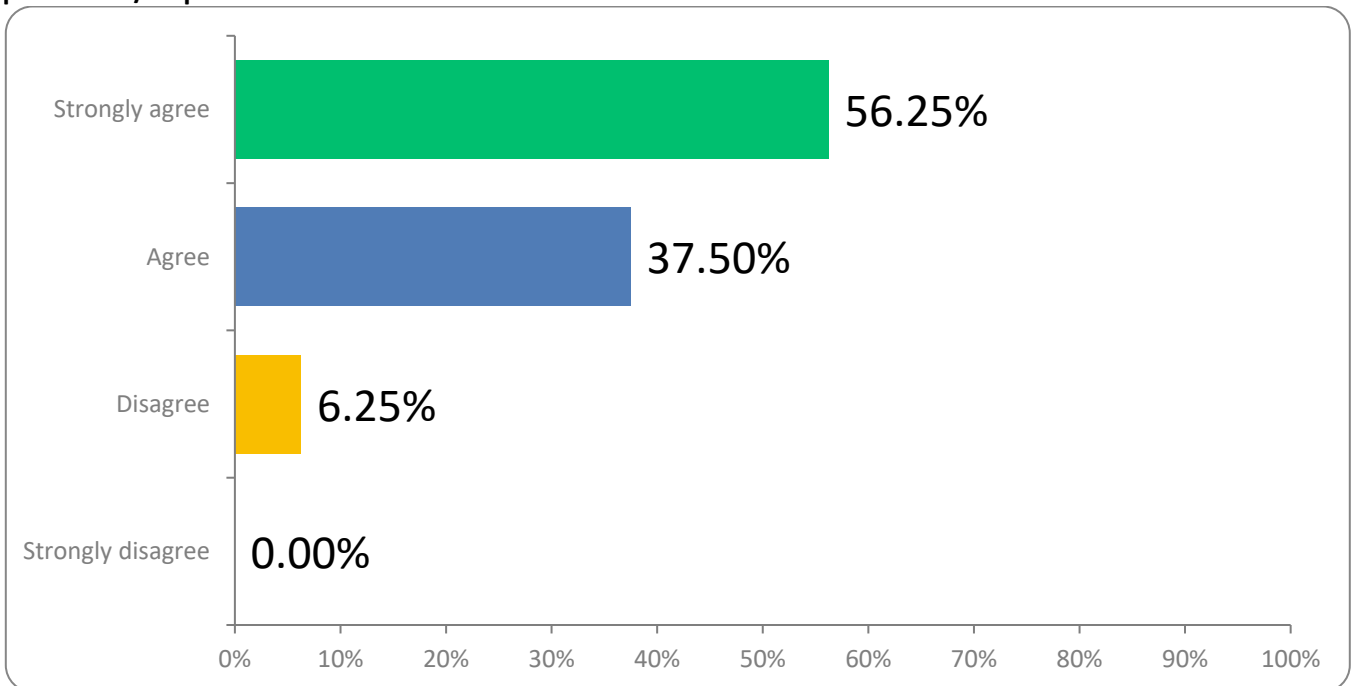
Limitations: Readers should not make broad interpretations with the results of the AEAM but rather, use the information as a record of perceptions and responses from those individuals and agencies who completed the survey.

III. Contracted Providers Responses

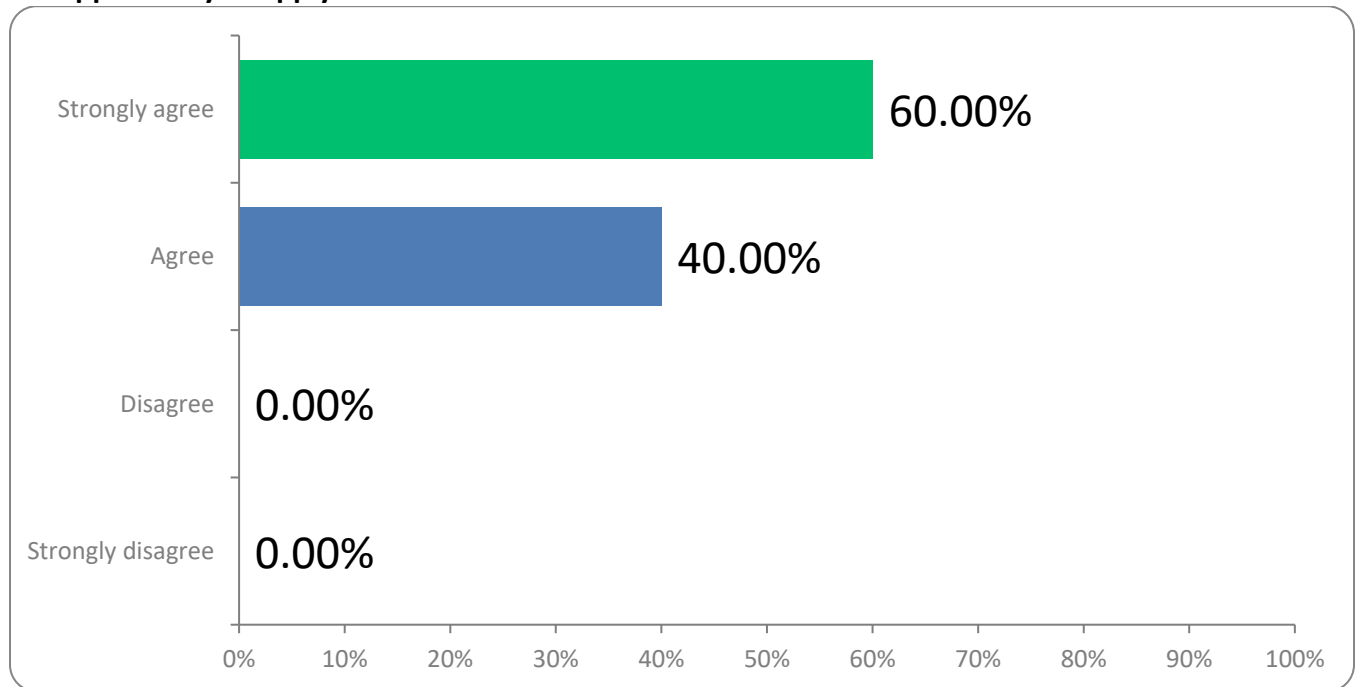
1. How long have you been employed in the agency you are representing in response to this survey?



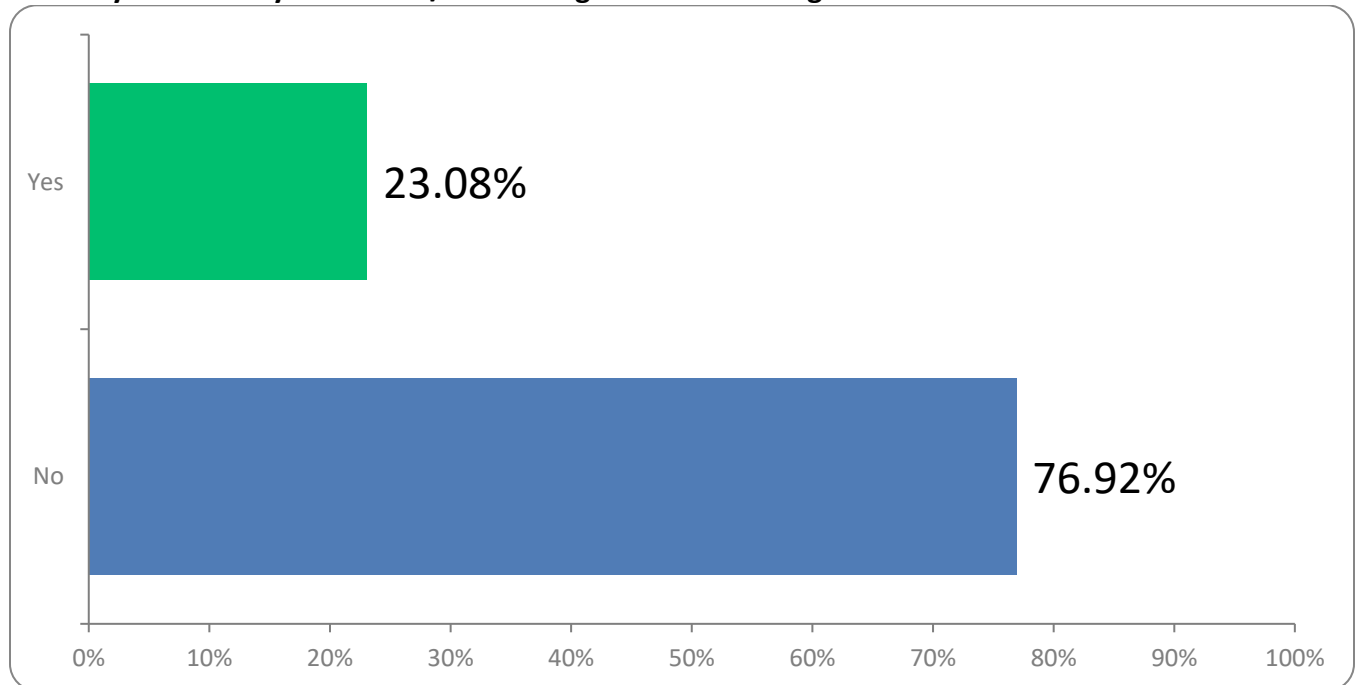
2. Please state the degree to which you agree with the following statement: The DHSP RFP provided clear instructions, outlined all policies and procedures of the procurement process, and expectations of work requirements/responsibilities.



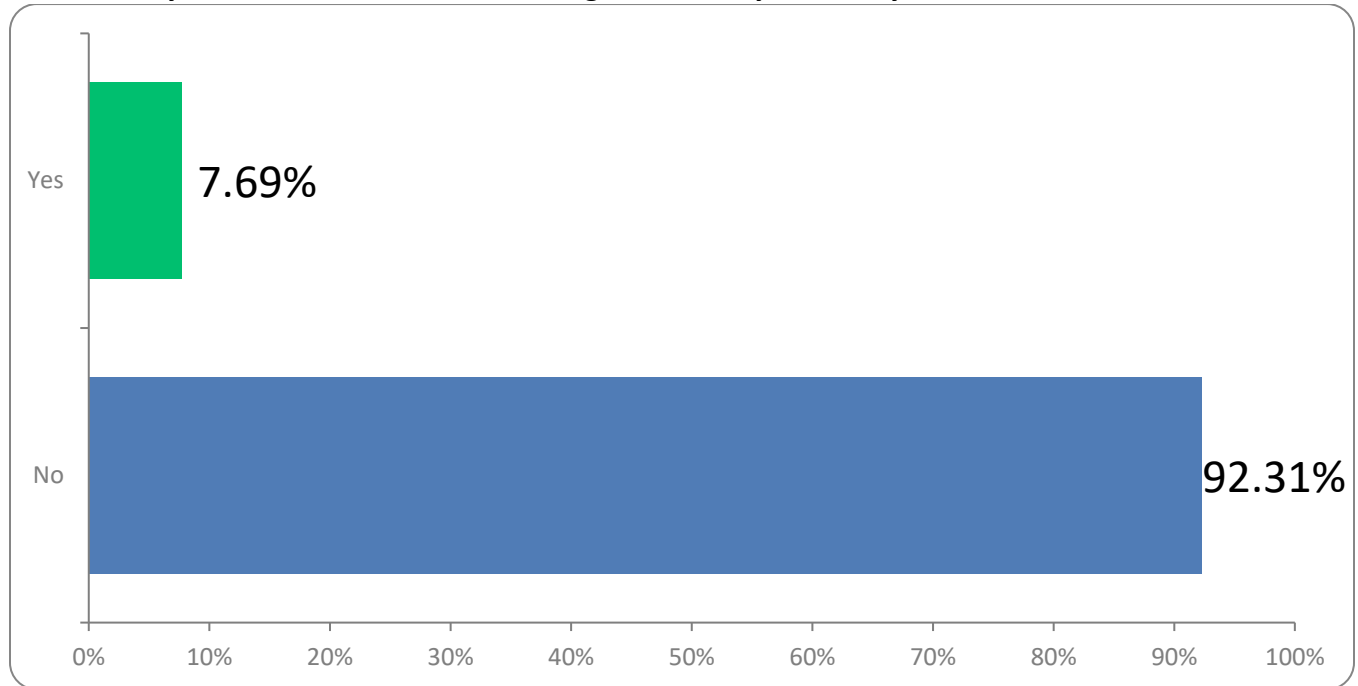
3. Please state the degree to which you agree with the following statement: The DHSP competitive RFP procurement process is fair and all potential service providers are given a fair and equitable opportunity to apply.



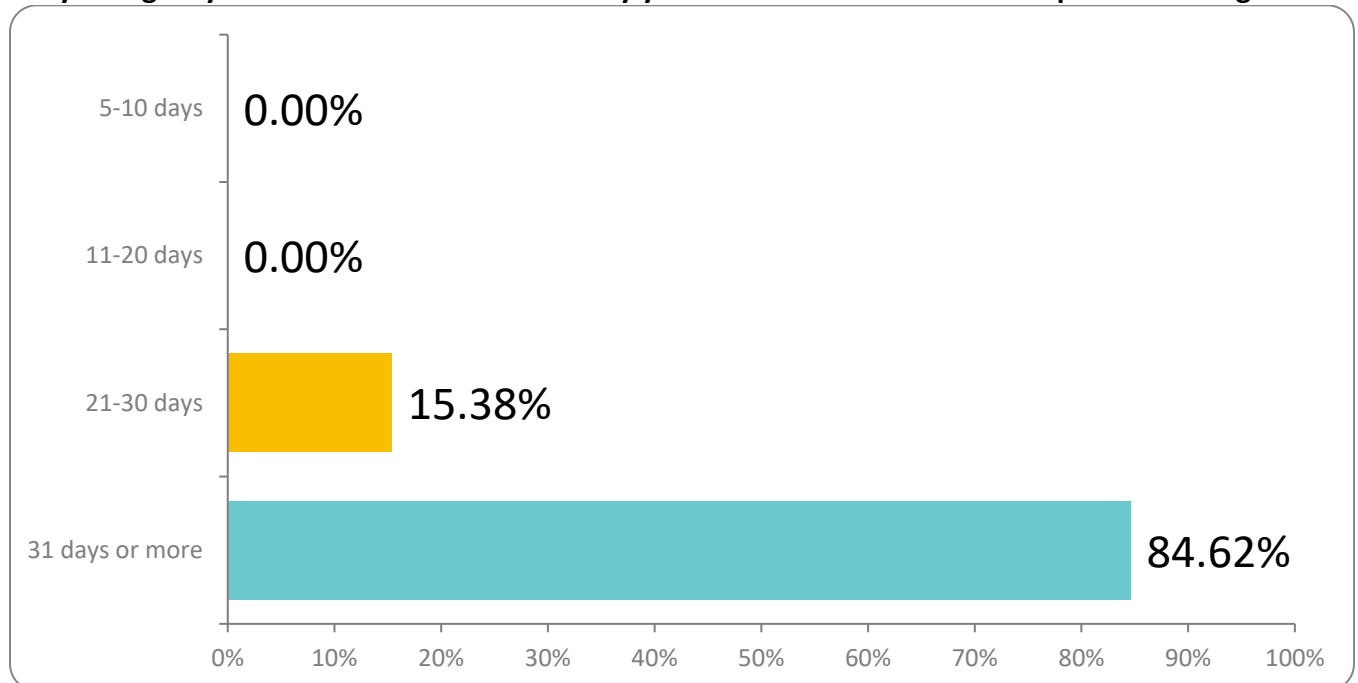
4. Did you have any issues and/or challenges with executing the contract?



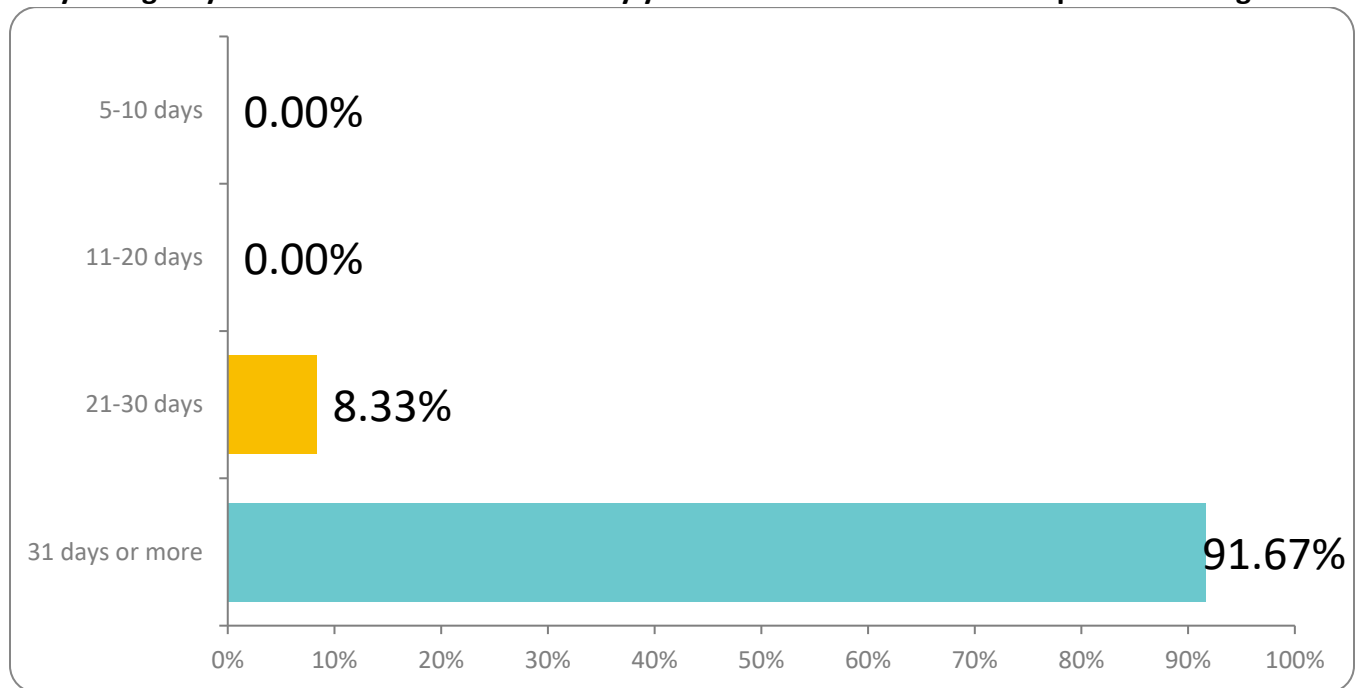
5. Have any of these issues and/or challenges affected your ability to deliver services to clients?



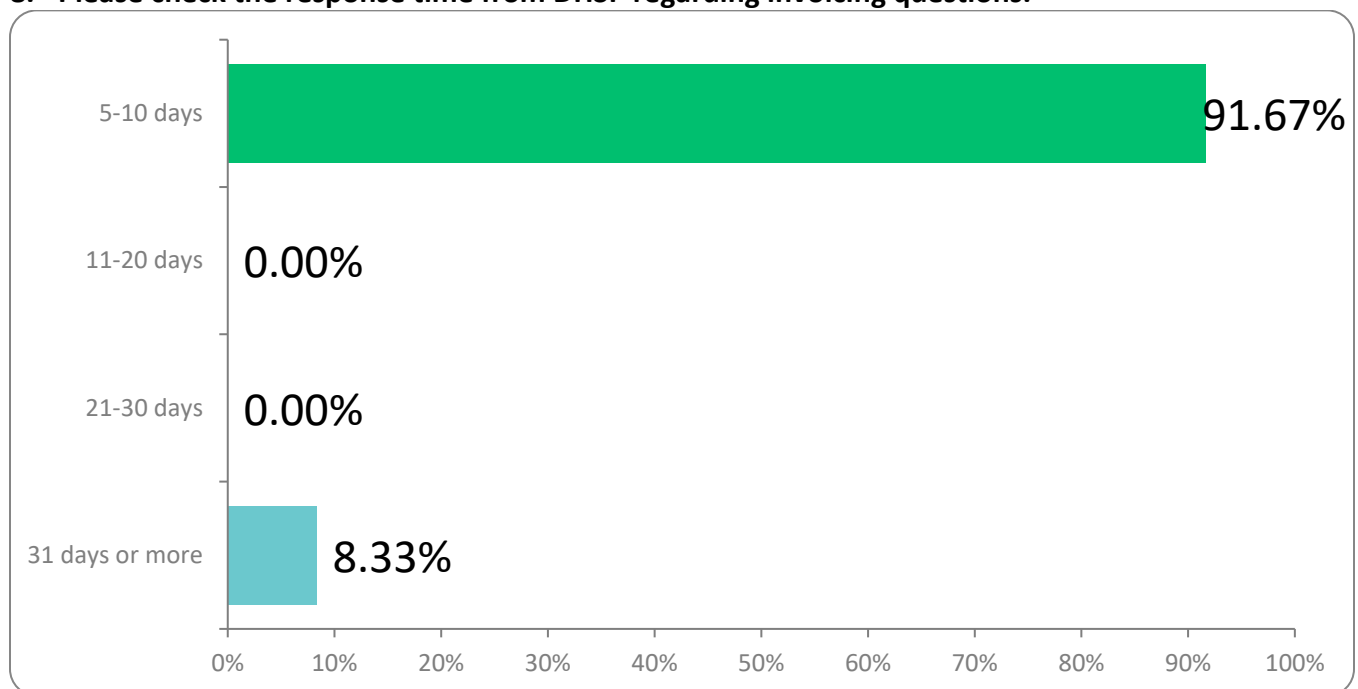
6. During PY 33 (March 1, 2023 - February 29, 2024), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



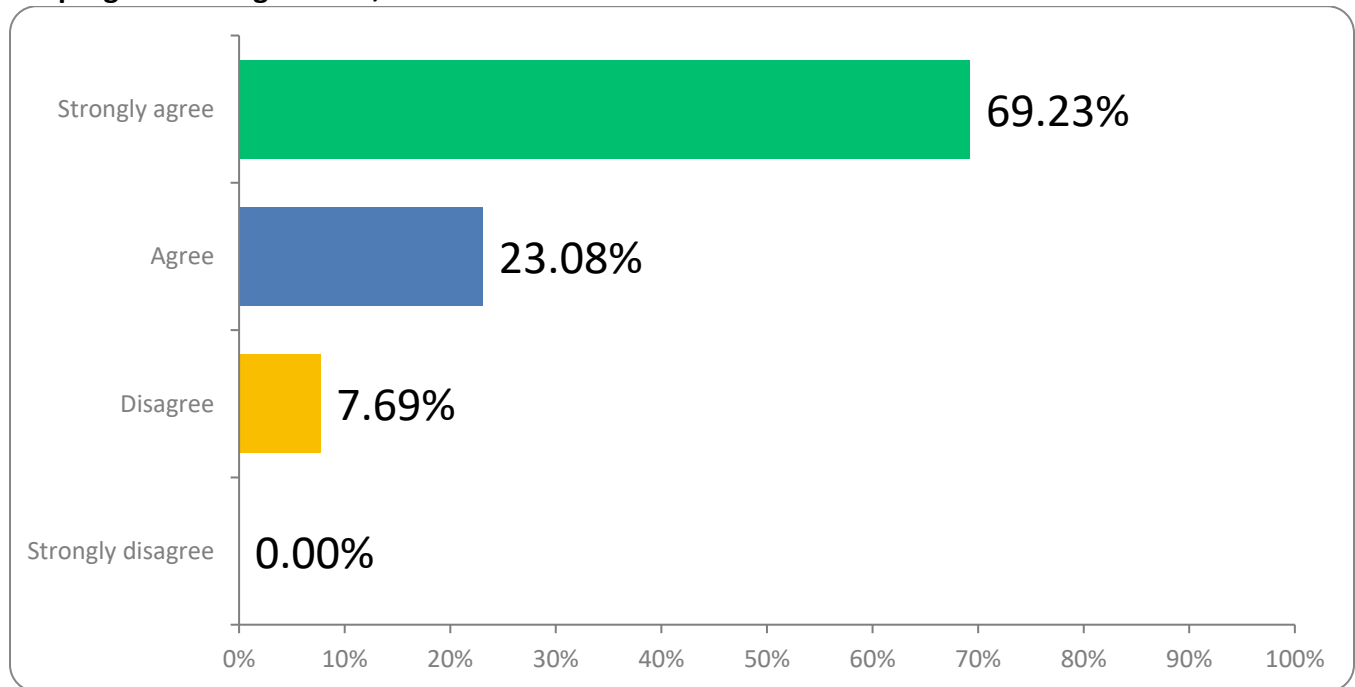
7. During PY 34 (March 1, 2024 – February 28, 2025), how many days, on average, did it take for your agency to be reimbursed from the day you submitted correct and complete invoicing?



8. Please check the response time from DHSP regarding invoicing questions.

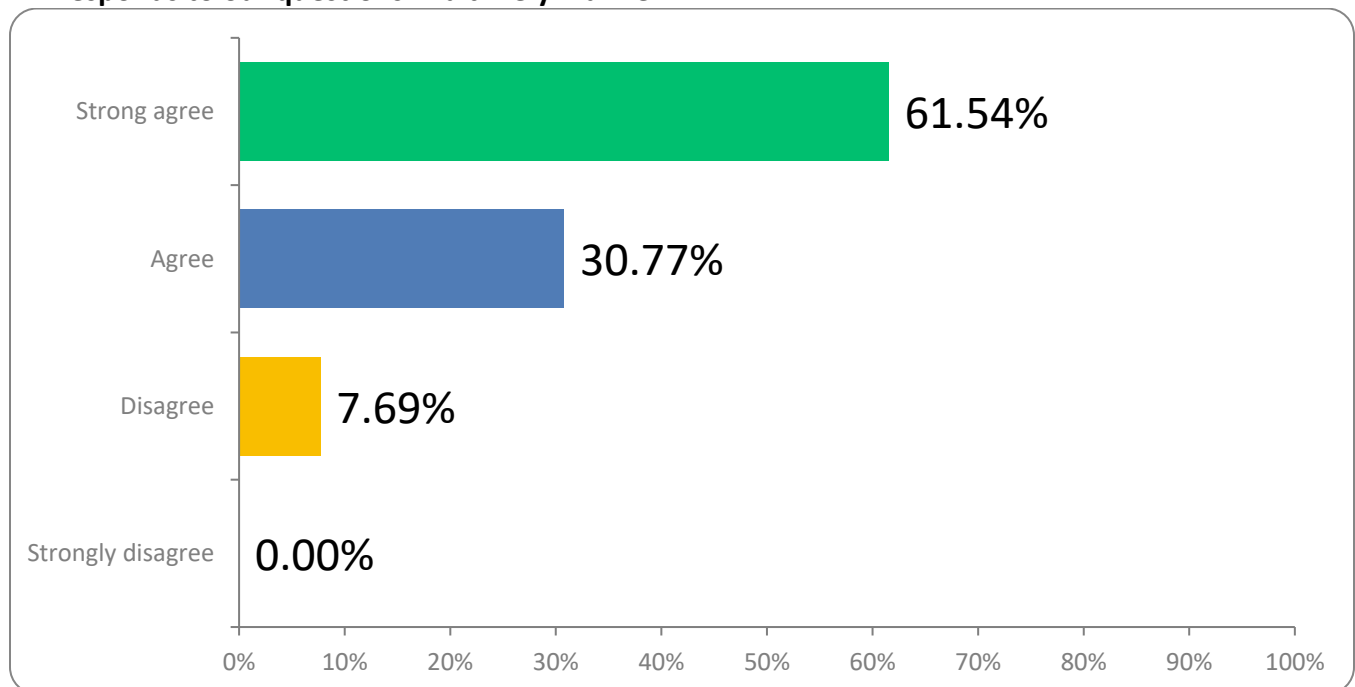


9. Please state the degree to which you agree with the following statement: Our Contract Monitor provides clear and consistent responses to our questions and request for information, programmatic guidance, and technical assistance?

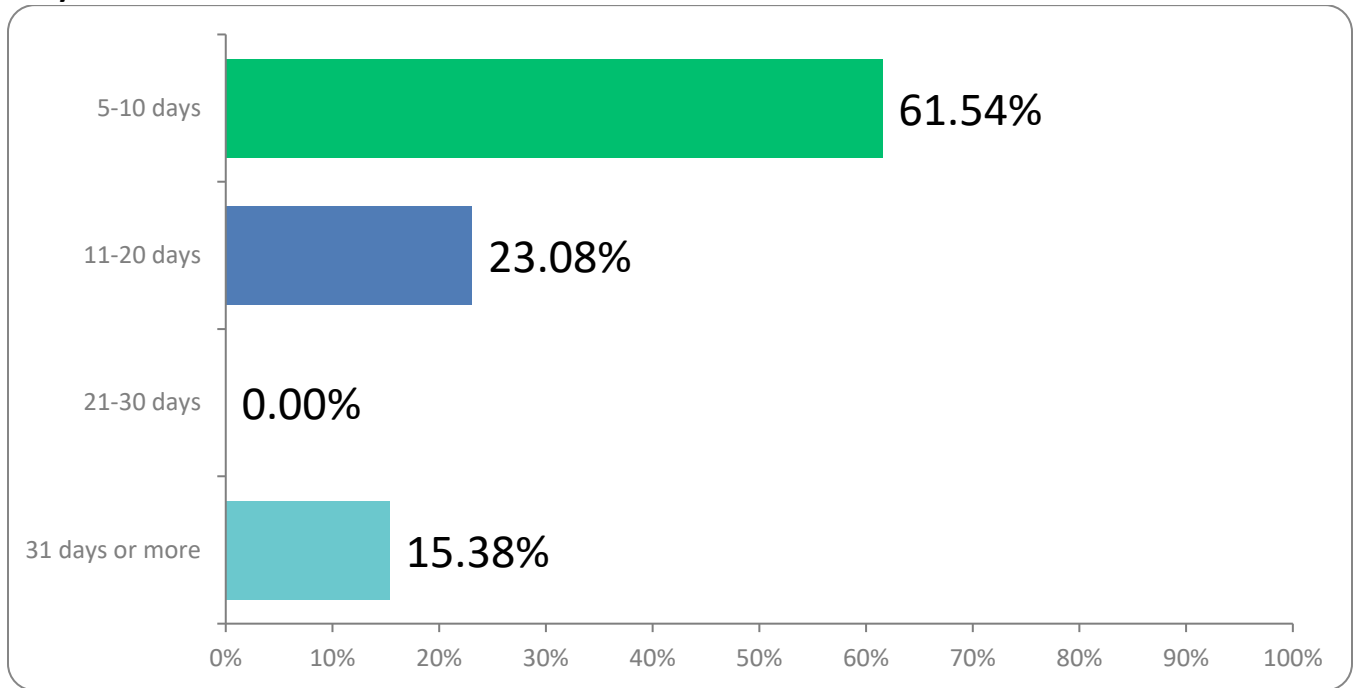


Other: Guidance is heavily dependent on the program manager.

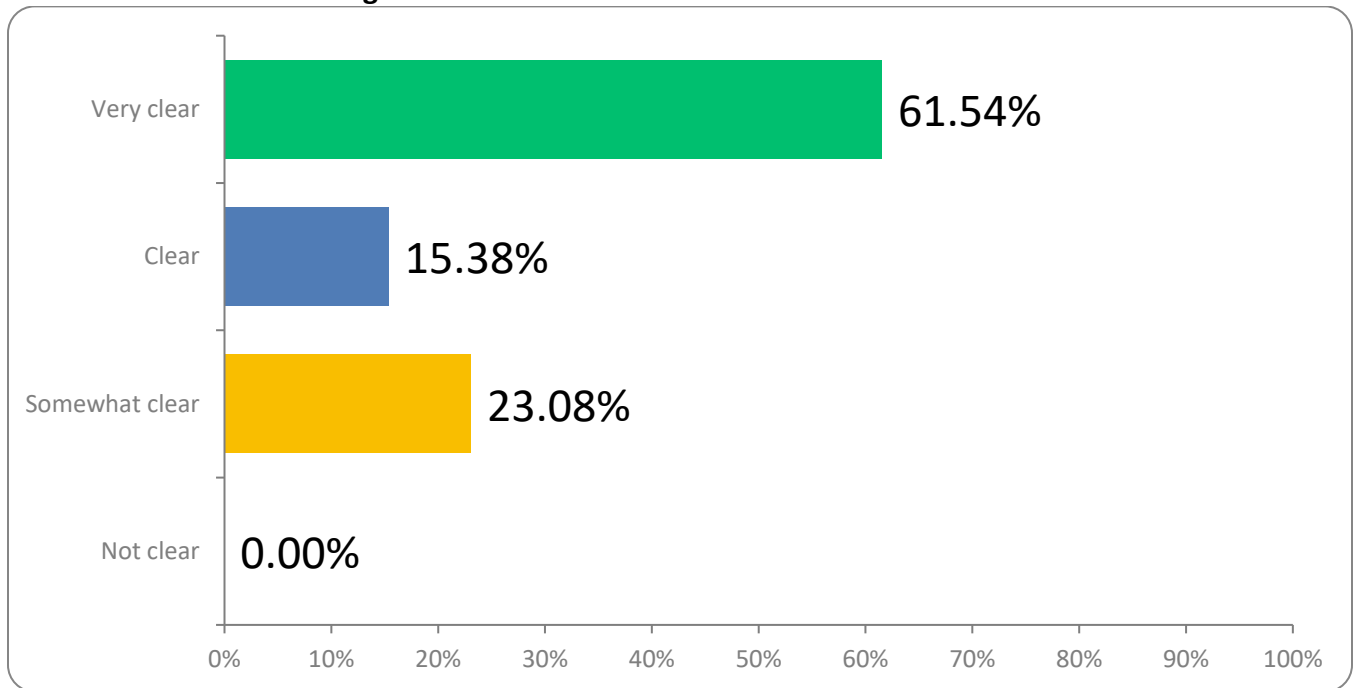
10. Please state the degree to which you agree with the following statement: Our Contract Monitor responds to our questions in a timely manner.



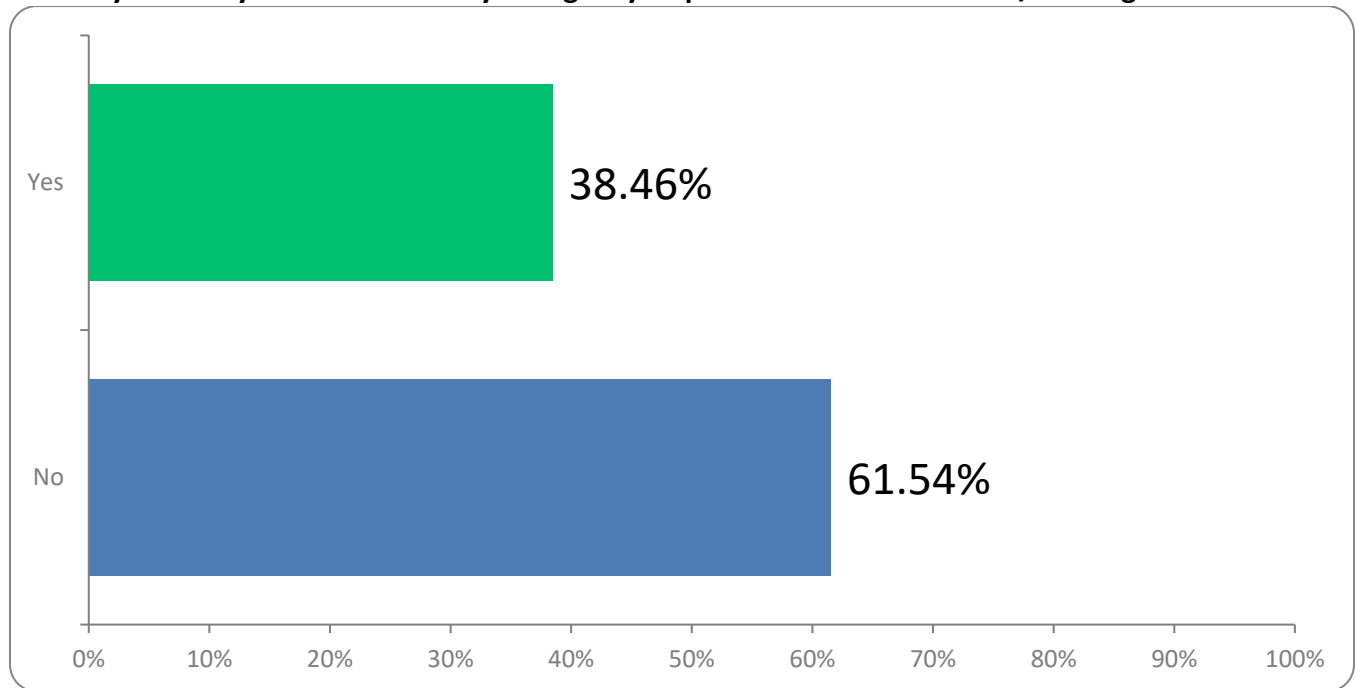
11. Please select the average response time for reprogramming/budget modifications request from your Contract Monitor.



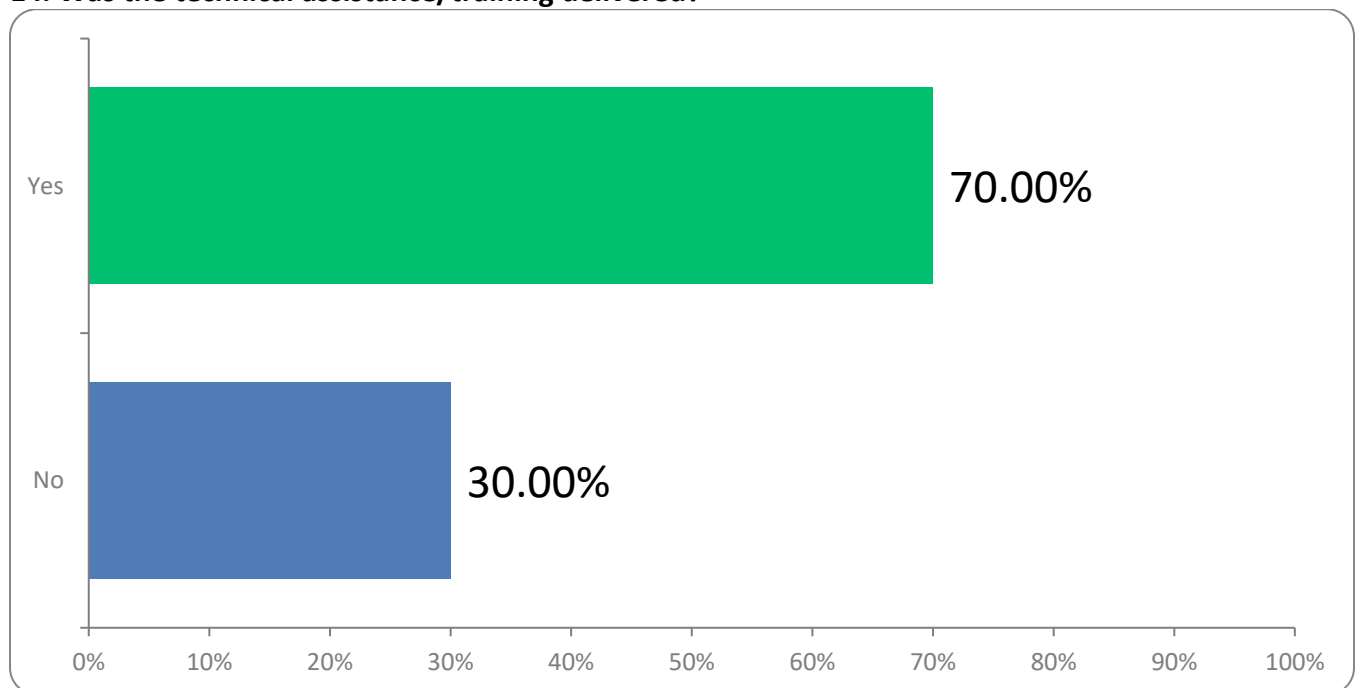
12. In terms of the process for program monitoring, are you clear on the expectations prior to the site visit and monitoring?



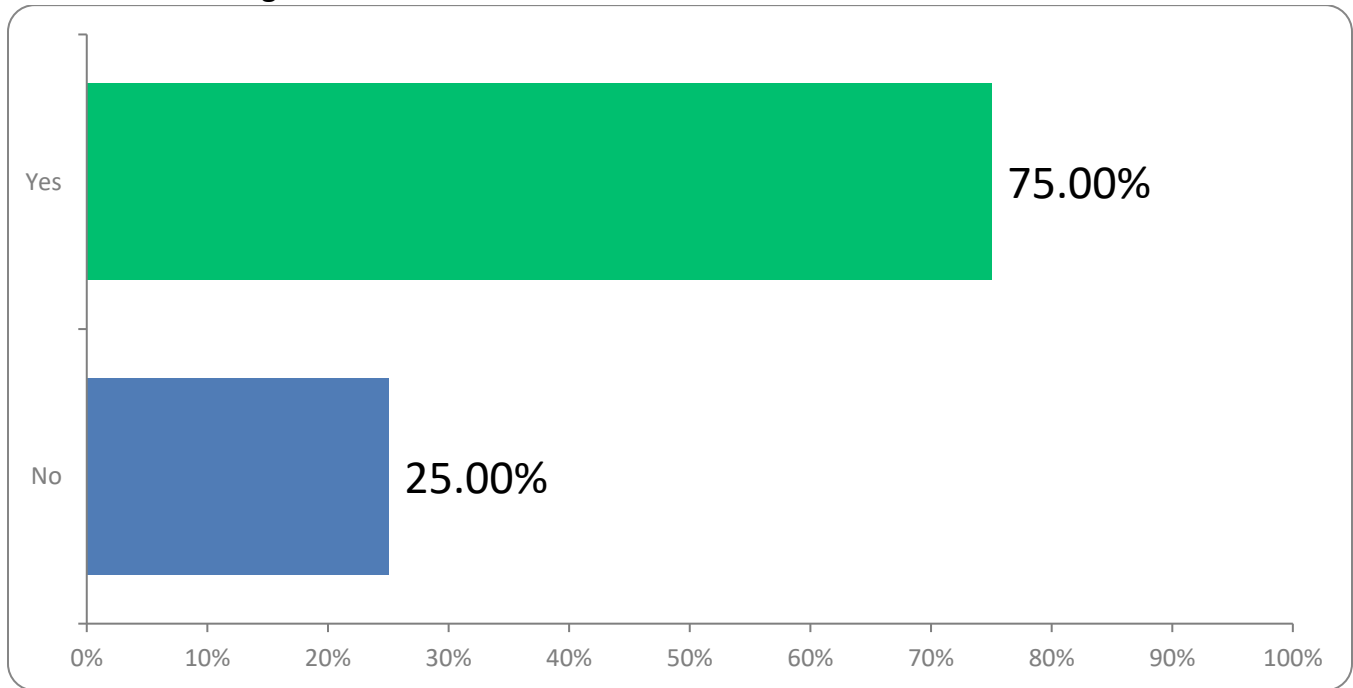
13. Did you or any staff member at your agency request technical assistance/training?



14. Was the technical assistance/training delivered?



15. Did the technical assistance/training meet your needs in helping you (or your agency) effectively address challenges?



Summary of Responses to Open-Ended Questions: *(some providers skipped the question)*

17. List the most recent Request for Proposals (RFPs) from DHSP that your agency applied for? Please specific RFP number, service category and submission date.

1. RFP NO. 2024 – 014: Comprehensive HIV and STD Prevention Services in Los Angeles County
Date Submitted: 1/24/2025; Service Categories: Non-Clinic-Based Prevention Services, High Impact Prevention Programs (HIPP)
RFP NO. 2024 – 010: Transportation Services for Eligible Ryan White Program Clients in Los Angeles County. Submitted: 10/28/2024
2. Core HIV Medical Services RFP 2024-00, Submitted 10/15/24 Comprehensive HIV and STD Prevention Services RFP 2024-014, Category 1 and Category 3, Submitted 1/27/25
3. Core HIV Medical Services for Persons Living with HIV RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024
4. Core HIV Medical Services (RFP #2024-008), Transportation Services RFA #2024-010, Comprehensive HIV AND STD Prevention Services in LA County RFP NO. 2024-014
5. Comprehensive HIV and STD Prevention Services (RFP 2024-014)
6. MCC/PSS: RFP 2024-008 due 10/15/24 HIV Testing/HIPP: RFP 2024-014 due 1/27/25
7. RFP NO. 2024-008
8. Our most recent contract is an amendment/continuation of an existing contract. The FAIN identifier is H8900016. We obtained the original contract through taking over an existing contract with a collaborative partner who was unable to provide services.

9. Core HIV Medical Services for Persons Living with HIV, RFP# 2024-008; applied for categories 1 (Ambulatory Outpatient Medical Services), 2 (Medical Care Coordination Services), and 3 (Patient Support Services); submitted 10/15/2024 Transportation Services for Eligible Ryan White Program Clients in Los Angeles County, RFA# 2024-010; submitted 10/29/2024
10. 10/15/2024 - RFP #2024-008 - Core HIV Medical Services for Persons Living with HIV 10/28/2024 - RFA #2024-010 - Transportation Services for Eligible RWP Clients in LAC
11. COMPREHENSIVE HIV AND STD PREVENTION SERVICES IN LOS ANGELES COUNTY RFP NO. 2024-014
12. None
13. 2024-008 AOM, MCC, PSS, 10/15/24 2024-014, Category 1 and 3, 1/27/25
14. Transportation Services for Eligible RW Program Clients in LA County #2024-010, 10/25/2025
15. RFP NO. 2024-008. CORE HIV MEDICAL SERVICES FOR PERSONS LIVING WITH HIV, SUBMITTED ON OCTOBER 11, 2024

18. When was your contract fully executed for PY 33 (March 1, 2023 - February 29, 2024)? *(some providers skipped the question)*

1. 03/01/2023
2. 12/28/2023
3. 04/05/2024
4. 03/01/2023
5. 03/26/2023
6. 07/19/2019
7. 07/11/2023
8. 01/16/2024
9. 05/10/2023
10. 03/08/2023
11. 04/24/2024

19. When was your contract fully executed for PY 34 (March 1, 2024 – February 28, 2025)? *(some providers skipped the question)*

1. 01/01/2024
2. 07/15/2024
3. 07/18/2024
4. 03/01/2024
5. 08/12/2024
6. 06/05/2024
7. 08/06/2024
8. 01/17/2024
9. 08/08/2024
10. 07/17/2024

20. Describe issues and/or challenges with executing the contracts, including factors within your respective agency. (some providers skipped the question)

1. NA
2. Different requirements needed based on the Program Manager
3. N/A
4. We are waiting for the contract. Budgets have been submitted and we are waiting on approvals.
5. The budgeting process.
6. N/A
7. There is typically a long wait time until our agency receives contracts from DHSP after budget/contract negotiations are submitted. Once a contract is received, it takes about 2-4 weeks for our agency to route for signatures, as there is a multi-layer review process internally.
8. getting the budget approved was the biggest hurdle.
9. Barriers within our agency.
10. The internal process within the city is lengthy and time consuming, as are DHSP processes.
11. NA

21. Please describe how these challenges were handled. (any issues and/or challenges with executing the contract) (some providers skipped the question)

1. NA
2. Different requirements needed based on the Program Manager
3. N/A
4. We are waiting for the contract. Budgets have been submitted and we are waiting on approvals.
5. The budgeting process.
6. N/A
7. There is typically a long wait time until our agency receives contracts from DHSP after budget/contract negotiations are submitted. Once a contract is received, it takes about 2-4 weeks for our agency to route for signatures, as there is a multi-layer review process internally.
8. getting the budget approved was the biggest hurdle.
9. Barriers within our agency.
10. The internal process within the city is lengthy and time consuming, as are DHSP processes.
11. NA

22. Please describe how these challenges were handled. (issues and/or challenges affected your ability to deliver services to clients?) (some providers skipped the question)

1. NA
2. N/A
3. We are not going to stop services because of a missing contract.
4. Hard work and communication with county program staff.
5. N/A
6. Increased communication frequency.

7. N/A

23. Please describe any factors contributing to the delay in reimbursements, including factors within your respective agency. (some providers skipped the question)

1. Delay in reimbursement was due to delay in contract execution.
2. We don't know why there is a delay.
3. Slow processing time
4. Our budget modification approval took more than 3 months.
5. No factors within our agency that contribute to the delay in reimbursements. Once invoices are submitted, it typically takes 30 or more days to receive reimbursements.
6. n/a
7. Agency internal issues related to delays in submission of invoicing
8. Staffing shortages and recruiting delays.
9. NONE

24. Please share any other comments you have below: (some providers skipped the question)

1. It is not consistent program to program. There are also discrepancies between fiscal monitoring by the county and what is allowed in the budgets.
2. For most aspects of our contract, we receive timely responses. However, the budget modification process generally takes 31 or more days, and we have to reach out repeatedly to receive a response. Regarding monitoring and site visits, we have four separate monitoring visits that could be done at once but are conducted by separate DHSP departments that do not communicate with each other. This is ultimately inefficient and more time consuming.
3. Often the monitoring report does not match the comments made during the monitoring close out.
4. DHSP program advisors are consistently responding in a timely manner.
5. DHSP DETAILED AUDIT TOOL SHOULD BE PROVIDED TO AGENCIES EVERY YEAR.
6. We developed an online portal to increase efficiency in client services. The process for DHSP to approve this portal took a significant amount of time, which interfered with our ability to serve clients in a timely manner.
7. Both HTS and Biomedical RedCap had system issues throughout 2024. HTS Prevention RedCap reporting and access for staff are still an issue. In addition, due to changes in setting up reporting functions in RedCap, our site was unable to run internal reports to enter correct data into the monthly narrative report.
8. NA

IV. Recipient Surveys Responses and Key Informant Interviews

Summary of Responses from DHSP (Recipient):

The local Recipient of Ryan White Part A funding in Los Angeles County is the Division of HIV and STD Programs (DHSP), Department of Public Health. As part of the AEAM, two senior managers in charge of managing the RFP and contracting processes from DHSP participated in the key informant interviews. In addition, the Commission developed a survey specifically for DHSP, to harness a comprehensive review and understanding of the recipient's processes regarding solicitations, contracts execution, and payments to subrecipients. The Recipient's responses are summarized below:

#	Question	Recipient Response
PART 1: REQUEST FOR PROPOSALS/SOLICITATIONS:		
1	How many Requests for Proposals (RFPs) were released for the PY 33 Ryan White Program (March 1, 2023 to February 29, 2024)?	2
2	If RFPs were released in PY 33 (March 1, 2023 to February 29, 2024), select the service categories.	<p>Home-based Case Management Work Order Solicitation (Case management- Home Based Services via Supportive and/or Housing Services Master Agreement (SHSMA))</p> <p>Childcare Services for Ryan White Program Eligible Clients in LAC (RFA)</p>
3	How many proposals were received for each of the service category selected in Question #2.	<p>Case management- Home Based – 7 proposals received.</p> <p>Childcare Services – 1 proposal received, but did not pass Minimum Mandatory Requirements (MMR) Review.</p>
4	Of the proposals received in PY 33 (March 1, 2023 to February 29, 2024), how many were new service providers?	<p>4</p> <p>Please note that ALL 4 new service providers mentioned above in question 4 were NOT funded/awarded contracts.</p> <p><i>These 3 providers indicated prior contracts with DHS, and regional centers, but were new to DPH/DHSP.</i></p>

5	Of these proposals, how many service providers were awarded contracts for Ryan White program funds?	4
6	How many Requests for Proposals (RFPs) were released for the PY 34 (March 1, 2024 to February 28, 2025) Ryan White Program?	4
7	If RFPs were released in PY 34 (March 1, 2024 to February 28, 2025), select the service categories.	<p>Ambulatory Outpatient Medical (AOM)</p> <p>Medical Specialty Services</p> <p>Transportation</p> <p>Other (please specify)</p> <p>Patient Support Services (PSS)</p>
8	How many proposals were received for each of the service category selected in Question #7.	<p>Core HIV Medical Services comprised of AOM, MCC, and PSS. A total of 20 proposals were submitted for the Core HIV Medical Services RFP, with 18 submissions in each respective category.</p> <p>Ambulatory Outpatient Medical (AOM) – 18 proposals received.</p> <p>Medical Specialty Services (Same as Medical Care Coordination) MCC – 18 proposals received.</p> <p>Patient Support Services (PSS) – 18 proposals received.</p> <p>Transportation services – 21 applications received.</p>

9	Of the proposals received in PY 34 (March 1, 2024 to February 28, 2025), how many were new service providers?	2 There were 2 new service providers to DHSP. <u>Transportation Services:</u> There were 2 new service providers who applied for Transportation services, but did not pass MMR Review.
10	Of these proposals, how many service providers were awarded contracts for Ryan White program funds?	39 service providers were awarded. Core HIV Medical Services – 20 (all proposals) were awarded contracts. Transportation Services – 19 out of the 21 applications received were awarded contracts.
PART II: EXECUTING CONTRACTS WITH SERVICE PROVIDERS:		
11	How many contracts were fully executed in PY33 (March 1, 2023 to February 29, 2024)?	A total of 64 <i>(renewal amendments to extend the term of the contracts with the same contract period:</i> <i>Benefits specialty services (BSS)</i> <i>Medical specialty services (MSS)</i> <i>Residential</i> <i>Medical care coordination (MCC)</i> <i>Substance use disorder transitional housing (SUDTH)</i> <i>Transitional case management (TCM)</i>

		<i>Legal Transportation</i>
12	How many contracts were fully executed in PY34 (March 1, 2024 to February 28, 2025)?	Total of 75 (renewal amendments to extend the term of contracts with same contract period (Mental health, AOM, MCC, Oral, Legal, Data mgmt., BSS, Residential SUDTH, and MSS)
13	In general, what is the average timeframe for executing service agreements?	46-60 days (this depends greatly upon the point determined to be the start of the process)
PART III PAYMENT: Service Provider Reporting and Invoicing Process		
14	During PY 33 (March 1, 2023 to February 29, 2024), what was the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment?	15-30 days
15	During PY 34 (March 1, 2024 to February 28, 2025), what has been the average amount of time in days between receipt of a complete monthly report and invoice from a service provider and the issuance of a payment?*	<p>15-30 days</p> <p>It varies from agency to agency. Some agencies submit their invoices and monthly reports on time, aligning with their contract amount and approved budget. Some don't even submit their invoices in a timely manner and require extensive follow-up by finance staff and the Program Manager.</p> <p>However, DHSP agencies have 30 days to bill, and DHSP finance has 30 days to process once it receives the</p>

		invoice and monthly report. It would be safe to assume that about 15 – 30 days.
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KEY INFORMANT INTERVIEW RESPONSES

OVERVIEW OF THE SOLICITATIONS/REQUEST FOR PROPOSALS PROCESS AT DPH/DHSP

Based on key informant interviews with 2 DHSP senior staff and review of Request for Proposals (RFP) documents publicly available on the DPH Contracts and Grants Division, below is a summary of the key elements and process related to the solicitations and contracting procedures at the DHSP/DPH.

SOLICITATIONS PROCESS:

- The solicitations process is designed to ensure County programs do not enter into contractual agreements without a full, unbiased review and that community-based organizations (CBOs) receiving contracts meet requirements and are fully accountable to the County and federal grant requirements.
- DHSP staff begins planning and developing RFPs at least 12 months in advance to ensure continuity of care and to avoid service interruptions. There is extensive review from County Counsel to ensure that RFPs and contract documents meet the County's legal review and requirements.
- Proposal evaluation is in phases: first, to ensure they meet mandatory minimum requirements; second, and review panel convened by Contracts and Grants (C&G), DPH; third, final funding recommendations; fourth, departmental reviews; fifth, contracts go to the Board for approval. Once approved, contract negotiations occur with the CBOs, then a Board Letter is submitted for contract approval. Once approved, the CBOs sign the contracts and then they can be executed.
- DPH C&G is charged with overseeing the contracting process and solicitations for DPH overall but, for DHSP, C&G manages solicitation while DHSP manages programmatic content, contract negotiations, and contract monitoring.
- C&G's role includes responding to questions on a solicitation and releases an addendum that may clarify or change some solicitation language and answer specific questions. C&G, in collaboration with DHSP, will host a proposer's conference.
- Proposers must meet the County's minimum mandatory requirements (MMRs) as well as appear to be able to sustain services for 90 days without County funds to demonstrate financial stability. Proposers passing those tests go on to further evaluation.
- RFP reviewers are typically subject matter experts and resource partners within the County. DHSP is responsible for identifying unbiased, non-conflicted evaluators for review panels. Identifying external reviewers outside of the County is challenging due to several factors. For instance, serving on review panels requires significant time for no pay and evaluators must sign a statement of no conflict of interest so local providers are often ineligible. In addition, external reviewers may not be fully aware of the complexity of the needs and service landscape of Los Angeles County.
- Application reviewers/evaluators receive an orientation prior to receiving the proposals. The

orientation entails a review of how to use a common evaluation tool, their roles and responsibilities, the purpose and aim of the RFP. The evaluators conduct their individual reviews followed by a group discussion of their ratings and feedback. An average score for each proposal is derived from the discussions.

- Contractors are selected and funding recommendations are developed based on evaluation scores as well as funding requirements, geographic distribution of services and targeted populations defined in the solicitation, and availability of funding. Funding amount requested typically exceed available resources. Proposers may request a debriefing after the recommendations to review their proposals. They may appeal decisions.

OVERVIEW OF THE CONTRACTS EXECUTION PROCESS AT DPH/DHSP

- Once an agency has been identified as a successful bidder, they receive a letter from C&G notifying them of their selection and that a meeting with DHSP to initiate contract negotiations would be forthcoming within 2-3 days.
- DHSP provides instructions on how and where to submit budgets and scopes of work and other documents required to complete the contract. A dedicated email address is used to facilitate the submission of required contractual documents. Contractors are given at least a month to complete and submit all required documents. DHSP strives to accommodate requests for extensions from agencies which impacts the timeline for executing the contract.
- Once all contractual documents are received, DHSP reviews the documents for completeness and alignment of budgets with the scope of work and the goals and objectives of the RFP. The review process entails 3 levels of review involving the program manager, supervisor, and the Chief of Contracted Community Services (CCS). Follow-up meetings are then scheduled with the agency to secure additional documents, as needed, and discuss budget requests to ensure accuracy and optimal use of grant funds to meet service delivery requirements and standards. Agencies are given about a week to respond to questions and submit additional information as directed by DHSP.
- Once all documents are received by DHSP, their finance team will conduct additional review. The thorough programmatic and fiscal review seeks to ensure that budgets and scopes of work contain appropriate funding, staffing and service delivery mechanisms.
- The final stage of the contracting process involves securing authorized signatures from the agency and DHSP. The length of time varies depending on the agency's approval process, as some agencies may need to secure approval from their Board of Directors and City Councils. Academic institutions tend to have a longer internal approval procedures and chain of command. On average, most contracts are signed and executed within a month. Depending on if the agency requested extensions or was delayed in submitting required documentations, the process may take up to 4 months. In the case of academic institutions, the process has taken up to 1 year in the past.

Efforts by DHP to Encourage Providers to Apply for Ryan White Part A Funds

- The DPH C&G Division disseminates announcements for RFPs on behalf of the entire Department. C&G maintains a listserv of agencies registered to receive notices on funding

opportunities for DPH. In addition, funding notices are also released via the County's Internal Services Department (ISD) which maintains a database of agencies that have registered to declare their interest in doing business with the County. RFPs are posted on the DHSP website with a corresponding link to the C&G website for the full details about the RFP. Combined, these distribution listings reach a broad array of agencies and organizations of varying sizes and service areas of focus or expertise.

Key Factors that Contribute to Delays in Executing Agreements

- As described in the contract execution process earlier, delays in the process typically involve time needed by agencies to submit accurate documents and information required by the County and DHSP and the processes internal to the agencies related to securing authorized signatures for the contracts.
- The recipient noted that some agencies are able to return a signed within the same day which helps with expediting the execution of the contract.

Contract Terminations

- DHSP key informants indicated that no contracts were terminated during PY 33 and 34. One agency, a language service provider, elected to end their contract with the County due low utilization from service providers and clients.

Monthly Report Review and Invoice Payment Process

- The monthly invoicing instructions and forms are available on the DHSP website. Monthly invoices are due no later than 30 days after the end of each month. Invoices must be accompanied by all required program (narrative) reports and data in order for DHSP to process payment. DHSP staff will reach out to contractors if required forms are missing, inaccurate, or incomplete. Once DHSP receives an accurate invoice along with the monthly narrative program report, DHSP's timeframe is to pay the agency within 30 days.

Factors that may Contribute to Delays in Payments to Service Providers

- DHSP key informants noted that the common factor that affects timely payments is failure to submit accurate invoices and narrative reports on time. Agencies are instructed to correct invoices if DHSP finds discrepancies between the approved budget and allowed expenses, which affects the 30-day turnaround time for payment. Budget modification requests pending DHSP approval may also affect the timely submission of invoices to DHSP. With regard to budget modification requests, DHSP strives to approve the request within a month, however, it may take up to 3 months depending on the review and questions from DHSP.

Technical Assistance or Training Provided to Service Providers Aimed at Improving Knowledge and Skills Related to Invoicing and Monthly Reporting Requirements

- DHSP covers these areas during the successful bidders conference. DHSP provides ongoing technical assistance to agencies on an individual basis and as a collective. Additional trainings are provided when new staff are onboarded to ensure that scopes of work, approved budget and contractual requirements are understood and followed by the agency. DHSP routinely receives and responds to questions and request for guidance on how to develop a budget,

budget modification and invoicing.

- Other types of training and technical assistance provided by DHSP include how to use CaseWatch, or other systems for data collection and HIV educational and skills building.

Improvements or Successes Related to Administrative Mechanisms:

- DHSP's effort to contract with a third-party administrator (TPA) has been a significant improvement in their ability to expedite contracts for smaller grants under the Ending the HIV Epidemic initiative. The TPA model may be used for some Ryan White categories, perhaps those with smaller contractual amounts, but not for larger service categories with more complex service and contractual requirements. TPAs would be fiscally challenged to float the cost of paying RW contractors for larger service categories. DHSP is seeking to identify another qualified TPA to enhance their administrative capacity to expedite contracts.
- The County's emergency declaration to address homelessness has been useful for utilizing the sole source contracting mechanism to expedite service agreements specifically tied to the homelessness crisis.
- DHSP developed a more streamlined internal process to review contracts and invoices, decreasing the amount and frequency of back-and-forth communication between DHSP and agencies. Additionally, DHSP has established a more efficient internal communication and coordination process with the finance unit to understand programmatic requirements and minimize separate and often repetitive layers of review between finance and programmatic staff.
- The DPH C&G unit provides enhanced infrastructure and capacity support for DHSP to release and manage several RFPs in a single year.

V. Key Themes

PROVIDER PERSPECTIVES

The County's Request for Proposals (RFP) Process is Clear

Providers indicated high marks regarding DHSP's RFP process, ranging from over 93% to 100% of providers agreeing or strongly agreeing with the clarity, fairness, and competitiveness of the RFP process.

Contract Execution Timeframe is Influenced by Agency Procedures

Almost 77% of responses indicated that they did not have issues and or challenges with executing contracts. Some agencies noted that delays were due to their agency's internal approval processes adding to the overall timeframe for contract execution. Furthermore, agencies noted that the budgeting process and rounds of reviews and approvals also contribute to the delay in executing

contracts.

Average Timeframe for Payment is 31+ Days

During PY 33, respondents almost 85% indicated that on average, it took 31 or more days for their agency to be reimbursed from the day they submitted a correct and complete invoice. For PY 34, the response was almost 92%. Delays in reimbursements could be impacted by staffing shortages and submission of incorrect or incomplete invoices which must be submitted with a program narrative report.

Prompt Responses to Invoicing Questions

With regard to response time from DHSP on invoicing questions, almost 92% of respondents indicated receiving a response with 5 to 10 days. Additionally, 23% and 69% percent “agreed” or “strongly agreed” that their contract monitor provides clear and consistent responses to questions and request for information, programmatic guidance, and technical assistance.

Mixed Reactions around Communication of Expectations Prior to Site Visits and Program Monitoring

While some of the responses noted that program managers conveyed expectations clearly prior to site visits, there were also comments that alluded to the need for clearer communication of expectations for program monitoring prior to the site visit and better explanation for changes in expectations from year to year. In terms of the process for program monitoring, responses were varied: 23% somewhat clear, 15% clear, and 61% very clear.

Contractors Receive Regular Feedback on Performance and Technical Assistance (TA) on Barriers and Challenges

In general, the majority of the comments, appear to show that DHSP regularly provides feedback on contractor performance and that the feedback is helpful in improving program policies, procedures, and assisting the agencies meet their contractual goals. 75% of the respondents indicated that the TA and training they received met their needs and helped their agencies address challenges.

RECIPIENT PERSPECTIVES

The Recipient conduct broad provider outreach and information dissemination efforts to promote RFPs.

- DHSP and DPH uses a broad distribution list to disseminate RFPs and funding announcements, reaching a wide variety of agencies of diverse size, organizational capacity, and service area expertise.

The Recipient continues to enact procedures aimed at improving their review and approval process.

- DHSP continues to make positive improvements in managing solicitations, executing contracts, and processing payments to agencies through improved internal processes, communications with agencies, and ongoing general and customized training for agency staff.

The Recipient leverages the County's administrative infrastructure.

- DHSP has a well-established process, infrastructure and partnership with DPH C&G and County Counsel that help to facilitate the solicitations process.

The Recipient engages providers by seeking their input in shaping RFPs.

- DHSP seeks provider input regarding service needs and ideas for improving programs to help develop RFPs.

VI. Recommendations:

This AEAM highlighted key suggestions for improvement based on provider and recipient survey responses and interviews:

- Continue to improve payment turnaround cycles within 30 days.
- Expedite or shorten the length of time it takes to execute a contract or approve a budget modification.
- Ensure uniformity in the information communicated by program and fiscal managers to contracted agencies, particularly for site visits and audits.
- Strengthen TA and training for programmatic and fiscal staff within DHSP and for contracted providers to ensure consistency of information, particularly for agencies that face staffing challenges (i.e., recruitment, retention, turnover).

The general comments collected from this AEAM reflect the recurring themes from previous assessments such as consistency of information received from DHSP, setting clear expectations for audits/site visits; and invoice payment turnaround time.

DHSP continues to explore additional mechanisms to more quickly fund HIV services in Los Angeles County. For example, DHSP's experience with using a third-party administrator, Heluna Health, to issue HIV prevention RFPs, serves as a model for expediting some of the Ryan White service contracts. Despite the bureaucratic challenges associated with a large municipal government the size of Los Angeles County, DHSP continues to improve various administrative mechanisms to ensure that life-saving services reach people living with HIV in a timely and efficient manner.