**Nassau/Suffolk HIV Health Services Planning Council**

**Report of the 2015 Administrative Mechanism**

**Introduction to Administrative Mechanism**

It is the role of the grantees to establish a mechanism to administer funds for the timely delivery of essential services to PLWHA throughout the EMA. Grantees use this mechanism to allocate funds according to the Planning Council’s priorities and awards funds through its own local procurement system. The assessment of the administrative mechanism is done annually and is a roadmap for what was done well and where there are areas for improvement.

**Background**

The Quality Assurance Committee of the Planning Council is responsible for conducting an assessment of the Nassau-Suffolk EMA’s administrative mechanism. This involves evaluating the efficiency of the process used by the Grantee (Nassau County) and the Technical Support Agency (United Way of Long Island) to rapidly allocate funds to priority areas in terms of timeliness and effectiveness and in carrying out or overseeing the contracting process, including the requests for proposals (RFP) process, awarding grants/contracts to providers, and the disbursement of funds. If the administrative mechanism is not working well, the Planning Council is responsible for making formal recommendations to the CEO of the EMA.

**Overview of the PSRA Process**

It is equally important that the administrative mechanism addresses whether the Grantee has used service funds as directed by the Planning Council’s Priority Setting and Resource Allocation (PSRA) process, a key component of the region’s administrative mechanism. The Grantee provides needed data through the Technical Support Agency (TSA), then the Strategic Assessment and Planning (SAP) Committee reviews the various data and utilizes this information to select and rank regional priorities. A separate Finance Subcommittee, whose members are primarily non-aligned consumers, reviews the findings of the SAP Committee and additional data including utilization data and other funding sources to make funding recommendations. Providers of Ryan White Part A funding may participate in priority setting but are not allowed to take part in the resource allocation process. Pursuant to the Council’s Bylaws, the Finance Subcommittee reports its recommendations back to the SAP Committee for a final recommendation to the Planning Council.

The Grantee utilizes results of the PSRA process to issue Requests for Funding Proposals (RFPs). Continuing priority areas are competitively rebid on a rotating cycle every 3 years. United Way of Long Island is responsible for negotiating the terms and agreements of provider contracts, ensuring that contract amounts by service category or sub-category are consistent with Planning Council allocations and directives and oversees the monitoring of programs and outcomes. The region must receive a Notice of Award (NOA) from Health Resources and Services Administration (HRSA) before RFPs can be issued and/or the contracting process can begin.

**Summary**

There were twenty-two respondents to the FY 2015 survey on the N-S EMA’s FY2015 Administrative Mechanism. The survey was administered for Council members during the July Planning Council meeting to ensure maximum participation by the membership. Part A providers completed the survey via the internet using “Survey Monkey” during the month of July as well.

Planning Council Survey

Most of the Planning Council members have been members of the Council for at least two years.

64% of those surveyed said that they attend Planning Council meetings 4-6 times a year; 28% attend 2-3 times a year; 4% attend at least once a year and one respondent acknowledged that time constraints prevented more regular attendance, adding however, that another staff member from her organization who coordinates with another Part A program, does attend.

Questions regarding the Planning Council website and HIV/AIDS Grants Management e-mailing, yielded the following results:

* Of those surveyed, more than half-55%, have visited the Planning Council website ([www.longislandpc.org](http://www.longislandpc.org)).
* 82% receive the HIV/AIDS Grants Management e-mailing. Of the four respondents who answered *no* to receiving the emailing, three requested to be placed on the mailing and provided their contact information. Adding these new individuals would raise the percentage of those receiving the HIV/AIDS Grants Management e-mailing to 95%.

This e-mailing is sent out weekly to provide HIV related information as a resource to both providers and consumers within the community. Feedback was primarily positive; it was reported as useful in regards to making readers aware of events at collaborating agencies, current happenings, changes, and various resources. It was viewed as informative, well done, and the frequency was described as good. One respondent, however, opined that it was not useful for Grants Management issues, but that is not the purpose of the mailing.

The PSRA Process

Priority Setting and Reallocation Process

All twenty-two respondents stated that they had a clear understanding of how the PSRA process works. This understanding was achieved through committee membership, receipt of notifications, and presentations. Members felt that the PSRA process and information/data sharing had been explained thoroughly at the SAP/QAM Committee meetings and throughout the year. Almost all of the respondents agreed that the process was data driven with adequate input from consumers, providers and the public. 68% of the respondents reported that the PSRA process was widely publicized.

With regards to the special populations that the Planning Council had identified and listed in the survey: African-American, Hispanic, Women of Color, MSM, IDU, Age 45+, and those Out of Care, respondents were asked if their needs had been considered in the planning process and the overwhelming majority indicated that this was true.

Respondents answered yes with regards to needs being met for special populations, the breakdown is as follows:

* 90% African-Americans.
* Hispanic, Women of Color, MSM, IDU, all reported at 82%;
* Out of Care 76%; Age 45+ at 67%.
* 4-5% felt that the needs of Hispanic, MSM, and 45+ were not considered.
* Regarding the percentages for those unsure if needs were being considered, the

 largest percentages were: 29% for Age 45+ and 24 % for those Out of Care.

Comments included:

Programs that may be useful to reach affected communities may not be fundable under Ryan White Part A guidelines.

It was questioned whether or not the mentally ill and chemically dependent should be considered as special populations that require targeted attention.

Overall, Planning Council members stated that they were informed, knowledgeable and willing to promote the Planning Council and the PSRA process.

United Way staff was credited with doing a great job managing a complex process.

Administration of Funds and Technical Assistance

The Technical Support Agency (TSA) is responsible for providing administrative, programmatic, and fiscal oversight of Ryan White Part A in the Nassau-Suffolk EMA. Once Health Resources and Services Administration (HRSA) notifies the Grantee (Nassau County) of its annual award, Nassau County issues out a Technical Support Agreement which enables the TSA (United Way of Long Island) to begin contracting with providers, Program oversight and monitoring includes review and approval of work plans, budgets, data/narrative reports, technical assistance and on site monitoring.

Respondents were asked how long after the TSA was executed, did your agency receive a contract? 33.3% reported 0-1 month; 16.67% reported 2-3 months; and 50% replied that the process took more than 3 months.

TSA staff informed providers if delays occurred. Information about delays in provider contracting was communicated with agencies via emails and announcements at committee and Planning Council meetings 66.67% of the time. If delays did occur, the impact on client services was minimal; most providers reported there was no impact. One provider did comment however, that food bank money was not received until well into the grant year, leaving clients who are in need without any emergency food.

Once contracted, 50% of the providers surveyed said that vouchers were paid in a timely manner and 83.33% reported that vouchers were paid in a timely throughout the year as well.

The accessibility of contract administrators and fiscal staff was highly rated: Contract administrators were rated at 50% for both very and somewhat accessible, not one provider reported that contract administrators were not accessible. Similarly, fiscal staff was rated highly 66.67% at very accessible and somewhat accessible at 33.33%. 50% of respondents said that they did not communicate with fiscal staff.

Agencies reported that they were visited or monitored 100%. Comprehensive site visits were also reported at 100%; Quality management at 66.67% and data support at 33.33%.

66.67% requested and/or received technical assistance and of the technical assistance received, 100% reported that it was adequate.

To conclude, the overall assessment of the Administrative Mechanism was that it is a useful tool to gauge what is done well and to identify areas of improvement. Acknowledgement of the excellent staff at United Way of Long Island as always helpful and accessible is evidence of their commitment and dedication.

**Part A Survey**

How Are We Doing?

**Please take a few minutes to fill out this survey on the mechanism used to administer funds for the timely delivery of services. The N-S EMA welcomes your feedback and your answers will be kept confidential. Thank you for your participation.**

**Part 1: The Planning Council**

1. How often do you attend Planning Council meetings?

* Once a year
* 2-3 times yearly
* 2-6 times yearly
* I don’t attend Planning Council meetings (please explain why)

I don’t attend Council meetings because…

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2. Do you participate in any Planning Council committees?

 **□ Yes □ No**

**Strategic Assessment &**

**Planning Committee**

**(SAP) □ □**

**Quality Assurance& □ □**

**Membership Committee**

**(QAM)**

**Consumer Involvement □ □**

**Subcommittee (CIC)**

**Executive Committee □ □**

**Finance Subcommittee □ □**

**Please Comment:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. Have you visited the Planning Council website? ([www.longislandpc.org](http://www.longislandpc.org))

**□ Yes □ No**

If so, how often?

4. Do you currently receive the HIV/AIDS Grants management e-mailing?

**□ Yes □ No**

If you receive the mailings, please comment in their usefulness and frequency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If you are nor currently receiving the grant mailing and are interest in being added, please complete your contact information.

If email is not available, grant mailing will be mailed.

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip/Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Part 2: Priority Setting and Reallocation Process**

6. Are you familiar with the Nassau-Suffolk HIV Health Services Planning Council’s Priority Setting and Resource Allocation (PSRA) process?

**□ Yes □ No**

If yes, how did you become familiar with the process? If no, what is the best way to get this information to you?

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7. The Planning Council’s Priority Setting and Resource Allocation (PSRA) process was widely advertised (e.g., e-mail distribution, committee meetings, web site, legal notices, local newspapers,)

**□ Agree □ Disagree □ I don’t know**

**Please comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

8. There was adequate CONSUMER INPUT in the Priority Setting and Resource Allocation (PSRA) process (e.g. use of information from the Consumer survey, during Planning Council meetings, feedback from CIC Committee, Community Forums, etc.)

**□ Agree □ Disagree □ I don't know**

**Please tell us how we can improve.**

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9. There was adequate PUBLIC INPUT in the Priority Setting and Resource Allocation (PSRA) process (e.g. public portion of Planning Council meetings, Community Forums, surveys, etc.)

**□ Agree □ Disagree □ I don't know**

**Please tell us how we can improve.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

10. There was adequate PROVIDER INPUT in the Priority Setting and Resource Allocation (PSRA) process (e.g. Provider Survey, participation on SAP and QAM committees, Community Forums, etc.)

**□ Agree □ Disagree □ I don't know**

**Please tell us how we can improve.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11.** The Priority Setting and Resource Allocation Process (PSRA) was data driven (e.g. use of local surveys/needs assessments, updates EPI, etc.)

**□ Agree □ Disagree □ I don't know**

Please explain. Are there other data sources you would recommend?

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12. The Planning Council has identified the following populations as special populations: African Americans, Hispanics, Women of Color, MSM, IDU, Age 45+ and Out of Care.

Were the needs of these populations considered in the planning process? (For example, through allocation of Minority AIDS Initiative funding, allocation of resources to target those who are out of care and/or newly diagnosed.)

**Please mark an ‘x’ in appropriate box.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Populations** | **Yes** | **No** | **Populations** | **Yes** | **No** |
| **African American** |  |  | **IDU** |  |  |
| **Hispanic** |  |  | **Age 45+** |  |  |
| **Women of Color** |  |  | **Out of Care** |  |  |
| **MSM**  |  |  |  |  |  |
| **Please tell us how we can improve.** |
|  |
|  |

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13. Please add any additional comments that you would like to share regarding the Priority Setting and Resource Allocation (PSRA) process.

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**Part 3: Administration of Funds and Technical Assistance**

In Fiscal Year 2014, the HRSA Notice of Award (NOA) was received April 24, 2014. The Planning Council met on May 14, 2014 to reallocate funds based on the EMA’s FY14 Award. A fully executed Technical Service Agree (TSA) was received by United Way on September 16, 2014.

14. How long after the TSA was executed did your agency receive a contract?

**□ 0-1month □ 2-3 months □ More than 3 months**

 **□ Other, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

15. Was information about delays in provider contracting communicated with your agency (e.g. emails from TSA staff or announcements at committee and Planning Council meetings)?

**□ Yes □ No**

Please comment:

16. Once contracted, were vouchers paid in a timely manner?

**□ Yes □ No □ Not sure**

17. Throughout the year, were vouchers paid timely?

**□ Yes □ No**

If no, please explain below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18**.** If delays occurred, were you informed by TSA staff?

**□ Yes □ No**

19. If delays occurred, how were services to clients impacted?

20. How accessible are your contract administrators?

**□ Very accessible □ Somewhat accessible □ Not accessible**

**Please comment**

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21.How do you usually communicate with your Contract Administrator?

**□ Phone □ Email □ face-to-face**

**□ I don’t communicate with Contract Administrators**

Please comment on the effectiveness of this method. Can it be improved?

22. How accessible is Fiscal Staff?

**□ Very accessible □ Somewhat accessible □ Not accessible**

23.How do you usually communicate with Fiscal Staff?

**□ Phone □ Email □ face-to-face**

**□ I don’t communicate with Fiscal Staff.**

Please comment on the effectiveness of this method. Can it be improved?

24. Was your agency visited or monitored in the 2014-15 contract year?

**□ Yes □ No □ Not sure**

**Please comment**

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25.If you answered yes to the previous question, please indicate the type(s) of monitoring that you received. (Check all that apply).

**□ Comprehensive Site Visit (Program/fiscal) □ Quality Management**

**□ Data Support □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**26.** Did your agency request and/or receive technical assistance in the 2014-15 contract year?

**□ Yes □ No.**

**□ Did not ask for technical**

**Please comment**

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27. If your agency received technical assistance in FY 14-16 was it adequate?

**□ Yes □ No.**

 **If yes, please describe how it was helpful to you. If not, please explain how it could have been improved.**

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28**.** Please add any additional comments regarding the Part A delivery system.

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**Thank you for taking the time to fill out this survey. We rely on your feedback to help the region improve its services. Your input is greatly appreciated.**