

# Reporting for Part A & B Grantees Review of Requirements

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# Objectives

- To review the data reporting requirements
- To identify common mistakes in reporting requirements
- To identify resources available to Part A grantees
- To address questions regarding reporting requirements



# Why Collect Data?

- Meet Federal reporting requirements established by Congress through statute
- Respond to congressional, HHS, and other inquiries
- Assess the quality of services funded by the Ryan White HIV/AIDS Program



# Why Collect Data?

- Appraise the performance of HRSA/HAB grantees and their providers
- Evaluate the impact of the Program funded services and policies
- To meet Federal grants management requirements



# Data Reporting

- Ryan White Services Report (RSR)
- Minority AIDS Initiative (MAI) Report
- Allocations Report
- Expenditures Report



# Format

- Overview
- Content
- Due dates
- Most common mistakes
- Resources



# THE RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT (RSR)



# Overview

- Comprised of 3 components
  - Grantee Report
  - Provider Report
  - Client Report (Client Level Data)





# THE GRANTEE REPORT

# The Grantee Report

- Completed by all Part A, Part B, Part C, Part D (including the Adolescent Initiative grantees)
  - One report for each grant received
- Collects basic information about grantee organization and funded service provider contracts



# The Grantee Report

- 3 sections
  - Basic Agency Information (4 Items)
  - Providers Funded By Your Grant
  - Providers Funded Through Your Fiscal Intermediaries



# Basic Agency Information

- Grantee Information
  - Agency Address
  - DUNS Number
  - Contact Information for the person completing the report
  - Clinical quality management program status



# Providers Funded By Your Grant

- Enter actual start date and end date for each contract
- Enter total contract award amount for each contract
- Select the provider's contracted services
- List any fiscal intermediaries



# Completing Grantee Report

- Step 1: Validate the Grantee Report
  - Correct any warnings that you can
  - Write comments for any warnings that you can't
  - Fix all errors
  - Click on “validate” in EHB



# Completing Grantee Report

- Step 2: Certify the Grantee Report
  - Information submitted will display in Provider Reports
  - Enables provider to submit its Provider Report
  - Click on “certify” in EHB



# Completing Grantee Report

- Important things to know
  - If you don't certify, your providers can't submit
    - If providers are multiply-funded, they can't submit for any of their grantees
  - Make sure that the services that you check can be funded using your grant funding





# THE PROVIDER REPORT



# RSR Provider Report

- collects basic information about service provider agency and services delivered under each of its Ryan White HIV/AIDS Program contracts
- completed by service providers
  - directly serving clients and their affected family members
  - providing administrative and technical services



# RSR Provider Report

- Every agency listed on Grantee Report is expected to submit a Provider Report!
- Every agency completes 1 provider report
- Providers are expected to do this report



# RSR Provider Report

- 2 Sections
  - Provider Information
  - Counseling and testing information
- 19 Items



# RSR Provider Report

- All grantees access Provider Reports via the Electronic Handbooks (EHBs)
- Providers access their Provider Reports directly through the RSR Web system.
- Data may be entered manually using the online forms or via XML file upload
- Providers report data under funded scope



# Provider Information

- Provider Address
- Contact Information
- Provider Type
- Section 330 Funding
- Ownership Status
- MAI Funding



# Provider Information

- Funds Expended on Oral Health Services
- Contract data - prepopulated with data from the Grantee Report(s)
- Indicate the services delivered with Ryan White funding:
  - Services provided to clients with Ryan White funds;
- If you provide only administrative and technical services, you are done with data entry!



# Provider Information

- Provider agency description
- Paid staff in FTEs
- Clinical quality management program status





# HIV Counseling and Testing

- If you used Ryan White funds to provide HC&T services, you must complete this section
- Report ALL individuals tested regardless of funding source



# HIV Counseling and Testing

- Includes:
  - Tests to determine and confirm HIV infection
  - Discussions about the benefits of testing or legal provisions to ensure confidentiality
- Does not include:
  - Tests to determine the status of the immune system or viral replication
  - Mental health counseling/therapy, substance abuse counseling/treatment, or psychosocial support services



# HIV Counseling and Testing

- # tested
  - # testing negative
    - # testing negative and receiving post-test counseling
  - # testing positive
    - # testing positive and receiving post-test counseling
    - # testing positive and referred to medical care



# THE CLIENT REPORT



# Client Report (Client-Level Data)

- Providers of core or support services should upload a client-level data file
- The client-level data file should contain one record for each client that received a Ryan White-funded service during the reporting period



# Client Report (Client-Level Data)

- Each record will include up to 66 data elements, including:
  - Encrypted Unique Identifier (eUCI)
  - Demographics
  - Ryan White Funded Services
  - Clinical Information



# Completing the Report

- Step 1: Providers validate the Provider Report:
  - Review client-level data upload confirmation report;
  - Resolve all errors;
  - Resolve all warnings possible;
  - Enter comments for warnings that cannot be resolved



# Completing the Report

- Step 2: Providers submit the Provider Report
- Step 3: Grantees review the report and either accept or reject
  - If rejecting the report and providers are multiply-funded, coordinate with other grantees





# RSR Submission Deadlines 2012

- Submitted annually
  - Data will be reported for the period January 1 – December 31, 2011
- Timeline will be posted closer to reporting
  - Early December – System opens for grantees for grantee report
  - Early January – System opens for grantees and providers for provider report
  - End of March – All 2011 RSRs must be submitted



# Tips and Reminders

- Have a list of your contracts that were active during the reporting period available before you start the grantee report
- If you exempt a provider from submitting a Provider Report and client-level data OR client-level data only, you are still responsible for making sure that provider's data is reported to HAB
- Familiarize yourself with the reports that are available in the RSR Web System and use them to evaluate your provider's data before submission



# Tips and Reminders

- Set reasonable deadlines for their providers, especially multiply-funded providers;
- Try to build a collaborative working relationship with the other grantees funding their multiply-funded providers
- If one of your providers is also a grantee for another Part, HAB may contact that grantee directly about data in their report even if the question is related to their Part A or Part B data



# Technical Assistance Resources

- Data Support:
  - (888) 640-9356, from 9:00 to 5:30 PM, ET.
  - [ryanwhitedatasupport.wrma@csrincorporated.com](mailto:ryanwhitedatasupport.wrma@csrincorporated.com)
- HRSA Call Center:
  - (877) 464-4772
  - [CallCenter@HRSA.gov](mailto:CallCenter@HRSA.gov)
- SPHERE/Abt:
  - [RSR.TA@sphereinstitute.org](mailto:RSR.TA@sphereinstitute.org)



# Technical Assistance Resources

- HAB Project Officer:
  - Program Guidance, Conflicting Instructions
- HAB Web site:
  - <http://hab.hrsa.gov/>
  - Instructions, Forms, and HAB Information e-mails/Policy Notices
- TARGET CENTER Web site:
  - <http://www.careacttarget.org/>
  - Important Notices, Dates to Remember, Training Materials



# THE MAI REPORT

# MAI Report Overview

- Grantees are required to do two MAI reports a year
  - plan
  - annual report
- The reports contain two parts:
  - web forms to collect standardized, quantitative and qualitative information
  - an accompanying 2-4 page narrative



# MAI Report

- How funds were spent
- Number of service units provided
- Total number of clients served
- Total numbers of women, infants, children, and youth served
- Up to three client-level health outcomes achieved for each service/ activity provided to each ethnic or racial community





# Due Dates

<b>Year/Report</b>	<b>Report Available</b>	<b>Report Deadline</b>
2011 Plan Report	June 1, 2011	TBD
2010 Plan Revision	October, 2011	TBD
2010 Annual Report	December, 2011	TBD

- Due 90 to 120 days after budget period start and end dates
- Final dates are sent out via email



# MAI Data Entry

- Report consists of three steps
- **Step 1:** Grantee and funding information
- **Step 2a:** Selecting service categories (can only be modified during Plan report)
- **Step 2b:** Selecting race/ethnicity and level of effort for each chosen category (can only be modified during Plan report).
- **Step 3:** Separate web forms for each racial and ethnic client group for whom a service/activity will be directed



# MAI Data Entry

- Each report sheet consists of 9 questions gathering information on
  - Service information
  - Budget information
  - Service units
  - Client information including client counts and client level outcomes



# MAI Data Entry

- You can upload your narrative at any point by clicking on “Upload Narrative”
- You will then have the option to browse for your document and upload it to the system



# Validating the MAI

- Errors must be resolved in order to submit.
- Warnings should be resolved
  - if unable to resolve or it is not applicable, you must enter a warning comment



# Submitting the MAI

- Once you have resolved all validation errors, please click “submit” under their left hand navigation menu
- You will receive an email confirmation once the report is submitted.
- Once your Project Officer reviews the report, he/she can return it to you for changes. If the report is returned for changes, you will receive an email notification.



# Important Tips

- Many email notifications will be sent from HRSA regarding MAI submissions
  - Contact person is whomever you list in question 1A
  - Ensure that this information reflects the appropriate contact person



# Important Tips

- Service categories and ethnicity groups are selected when completing the MAI plan
- Modifications to the service categories and ethnicity groups cannot be made to the MAI annual report
  - Option to add new service categories and ethnicity groups to a previously submitted plan by doing a revision requests approximately 16 months after completing the MAI plan online
- You will be notified via email when a revision request is available to complete.





# MAI Extension Requests

- If you feel that you will not be able to submit the report by the deadline, please contact your Project Officer prior to the deadline
- An extension cannot be granted without approval from your Project Officer



# Resources

HRSA Call Center

1 (877) 464-4772

[Callcenter@hrsa.gov](mailto:Callcenter@hrsa.gov)

Mon - Fri: 9:00AM – 5:30PM

- Please contact the HRSA Call Center for any assistance that you may need
- Please make sure to have your grant number handy and mention the MAI report to the agent.



# Resources

- For online instructions on completing the MAI report, please visit:

[https://performance.hrsa.gov/hab/maiapp/help/Welcome\\_to\\_the\\_MAI.htm](https://performance.hrsa.gov/hab/maiapp/help/Welcome_to_the_MAI.htm)

- For additional MAI materials and help resources, please visit:

<http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html#MAI>



# Allocation and Expenditure Reports (A&E)

# What are A&E Reports

- A&E Reports refer to two distinct reports:
  - Allocations Report (AR) –
    - Submitted after budget period start date
    - Report shows how grantee plans to spend their grant dollars
  - Expenditures Report (ER)
    - Submitted after budget period end date
    - Report shows grantee's actual costs
- Excel Worksheets that can be downloaded from either the HAB Website or EHB; reports must be submitted via EHB
- Project Officers (and Branch Chiefs) must ultimately approve the submission in EHB for the deliverable to be met



# Part A Due Dates

- **Allocations Report**
  - Part A/B section only - due 90 days after the Part A/B grant budget period start date
  - MAI section (must include the previously completed Part A/B section) - due 60 days after the Part A MAI grant budget period start date
- **Expenditures Report**
  - Part A/B section only - due 150 days after the Part A grant budget period end date
  - MAI section (must include the previously completed Part A/B section) - due 60 days after the Part A/B MAI grant budget period end date



# Due Dates

Report	Grant	Due Dates
Allocations	Part A and Part B	90 days after budget period start date
	Part A and B MAI	60 days after budget period start date
Expenditures	Part A and B	150 days after budget period end date
	Part A and B MAI	60 days after budget period end date



# Types of Data Collected

- Grant dollars allocated/spent on:
  - Core medical services
  - Support services
  - ADAP-related services
  - Health Insurance services
  - Administration
  - Clinical Quality Management
  - Planning and Evaluation





# AR Checklist

- Was the correct form used (allocation vs. expenditure)?
- Was Section A (grantee information) completed?
- If an MAI award was received, was the entire award allocated?
- For Part B ONLY:
  - If an ADAP award was received, was the entire award allocated?
  - If an ADAP Supplemental award was received, was the entire award allocated?
    - Was ADAP Supp. reported in the ADAP and not the Base Award column?
  - If an EC award was received, was the entire award allocated?



# AR Checklist

- Do the total allocations match the awards received in that FY?
- Was the “Checklist Worksheet” provided in the form itself, reviewed to verify that programmatic requirements were met (such as the 75% core medical services rule?)
- Was the form saved with the grantee name in the title?
- Was the form submitted in Excel?
- Was the form submitted through EHB and by the due date?



# Most Common AR Errors

- Received an MAI award but did not report it
- Part B Grantees ONLY:
  - Received one of the following awards but did not report it: ADAP, ADAP Supplemental, or EC
- Reported allocations greater or less than the award amount(s)
- Submitted the report in Word or PDF instead of Excel
- Did not submit a report



# AR Red Flags

- Allocations do not equal the total award amount(s)
- The form was unlocked and/or changed by the grantee



# ER Checklist

- Was an Expenditures Form used and not an Allocations Form?
- Was Section A (grantee information) completed?
- Received an MAI award but did not report MAI expenditures
- For Part B ONLY:
  - If an ADAP award was received, were expenditures reported?
  - If an ADAP Supplemental award was received, were expenditures reported?
    - Was ADAP Supp. reported in the ADAP and not the Base Award column?
  - If an EC award was received, were expenditures reported?



# ER Checklist

- Were actual costs reported and not allocations or estimated costs?
- Was the “Checklist Worksheet” provided in the form itself, reviewed to verify that programmatic requirements were met (such as the 75% core medical services rule?)
- Were any carryover dollars reported in the carryover column?
- Was the form saved with the grantee name in the title?
- Was the form submitted in Excel?
- Was the form submitted through EHB on time?



# Most Common ER Errors

- Used an Allocations Form
- Received an MAI award but did not report MAI expenditures
- For Part B ONLY:
  - Received one of the following awards but did not report expenditures: ADAP, ADAP Supplemental, or EC
- Reported expenditures exactly equal to award total(s) - this is expected in the AR but would raise a flag in the ER since the ER should reflect actual costs, not allocated or estimated figures
- Submitted the report in Word or PDF instead of Excel



# ER Red Flags

- Expenditures match the previously submitted allocations - ER should reflect actual costs, not allocated or estimated figures
- Expenditures for any of the received awards are 30%  $\neq$  the actual award amounts
- The form was unlocked and/or changed by the grantee





# Resources

- Templates, instructions, and due dates
  - HAB website under Manage Your Grant  
[hab.hrsa.gov/tools.htm#AE](http://hab.hrsa.gov/tools.htm#AE)
  - EHB website under Other Deliverables
- Aggregate A&E HRSA published reports
  - HAB website under Data  
[hab.hrsa.gov/data/reports/granteeallocations.html](http://hab.hrsa.gov/data/reports/granteeallocations.html)



# Resources

- EHB website questions - inability to locate reports in EHB or difficulty downloading and uploading reports
  - EHB Help Desk ([callcenter@hrsa.gov](mailto:callcenter@hrsa.gov) or 877-464-4772 / 301-998-7373)
- Workflow questions - extension requests or putting a report back to “change request” status after it was mistakenly approved
  - First provide your DRP with the necessary information. DRP should then provide that information to Deepak Bhagwat [dbhagwat@reisys.com](mailto:dbhagwat@reisys.com) while copying Kelley Weld [kweld1@hrsa.gov](mailto:kweld1@hrsa.gov) and Marcia Horton [mhorton@hrsa.gov](mailto:mhorton@hrsa.gov)
- General questions
  - Kelley Weld ([kweld1@hrsa.gov](mailto:kweld1@hrsa.gov) or 301-443-4084)



# Questions?

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