**INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE**

**FINAL FY 2020 RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART A**

**PROGRESS REPORT**

**GENERAL INSTRUCTIONS**

The Part A Progress Report is made up of the following nine components:

1. **Final FY 2020 Service Category and HIV Care Continuum Tables and Narrative**
2. **Planning Council/Body Activities**
3. **Early Identification of Individuals with HIV/AIDS (EIIHA) Update**
4. **MAI Report Narrative**
5. **Certification of Aggregate Administrative Costs**
6. **FY 2020 Women, Infants, Children and Youth (WICY) Expenditures Report**
7. **Local Pharmacy Assistance Program (LPAP) Summary (if applicable)**

To ensure that progress reports are fully responsive to the areas outlined above, recipients are asked to format narrative sections using the categories and numbering as they appear below.

1. **Final FY 2020 Service Category and Care Continuum Tables & Narrative**
   1. Submit an updated version of your FY 2020 Service Category Plan Table showing actual spending, service utilization, and outcomes data on the Service Category Plan and HIV Care Continuum Table for the reporting period (March 1, 2020, through February 28, 2021), based on the Service Category Plan Table submitted in the FY 2020 application.

* On the Service Category Plan Table, provide a summarized analysis explaining any variance that exceeds 20% (over or under) in the comments tab located in the Excel workbook. Variances will automatically populate based on data entered on the spreadsheet template provided.
* Also, include any explanation of how the variance(s) impacted other elements (i.e., expenditures, unduplicated clients, and service units) of the service category.
  1. Submit an updated version of the FY 2020 HIV Care Continuum Table showing actual outcomes. Identify if the HIV Care Continuum data provided is diagnosed or prevelance data.
* The outcomes must include baseline data and an established target. The baseline and target must be shown as a numerator and denominator as well as percentage, including identification of inclusion and exclusion criteria.
* The service categories related to each stage of the HIV care continuum must be included in the service category column of the table; list up to three funded service categories that contributed to achieving the targets described in the outcome.
* Explain any additional factors contributing to meeting or not meeting your target goals in the comments section.
  1. Describe program successes and challenges**.**
* Discuss up to five program accomplishments and up to five program challenges addressing the [National Goals to End the HIV Epidemic](https://www.hiv.gov/sites/default/files/nhas-2020-action-plan.pdf) and HIV care continuum outcomes, relating to activities implemented based on the FY20 RWHAP Part A application. Discuss how challenges were addressed.
  + As applicable, explain how the following factors have impacted the HIV care continuum outcomes for people with HIV in your jurisdiction:
    - Expanded/reduced resources;
    - Unmet need;
    - COVID-19 pandemic;
    - Evolving Healthcare Landscape (e.g. changes in health care coverage options)
  + Please describe how you share HIV care continuum outcome information with community stakeholders.

1. **Planning Council/Body Activities**
2. **Planning Council/Body Accomplishments -** Discuss up to five Planning Council/Body accomplishments during the reporting period (March 1, 2020, through February 28, 2021) that impacted the provision of services resulting in improved outcomes on the HIV care continuum (e.g., use of telehealth resulting in improvements in client retention in care).
3. **Planning Council/Body Challenges -** Discuss up to five challenges faced by the Planning Council/Body during the reporting period (March 1, 2020 through February 28, 2021) that impeded improvements in HIV care continuum outcome targets. (e.g., 1) planning council/body did not create allocation options to quickly address changes in the final award, or 2) a lack of a rapid reallocation process, which resulted in the inability to fund telehealth services).

* + For each challenge identified, include a brief discussion of the following:
    - The nature of the challenge;
    - The plan developed to overcome the challenge; and
    - Progress in implementing the plan to overcome the challenge

1. Address any issues and challenges related to compliance with planning council/body legislative requirements (e.g., reflectiveness and representation, needs assessment, priority setting and resource allocation, etc.).
2. **Early Identification of Individuals with HIV/AIDS (EIIHA) Update**
3. Based on the three target populations identified in the FY20 application, describe EIIHA activities that were successfully or unsuccessfully implemented. Include the following:

* For the EIIHA activities that were successfully implemented:
  + - Describe the specific outcomes and what was done to achieve them;
    - Describe the resources and partnerships used (both internal and external to the program); and
    - Describe any barriers and/or challenges to achieving the specific successful outcomes.
* For the EIIHA activities that were unsuccessfully implemented:
* Describe any barriers and/or challenges;
* Describe what could have been done differently to achieve more favorable outcomes; and
* Describe the resources and partnerships that could have been used (both internal and external to the program) to achieve a more favorable outcome.

1. Describe how the overall FY20 EIIHA activities contributed to the National Goals to End the HIV Epidemic. [The National Goals to End the HIV Epidemic](https://www.hiv.gov/sites/default/files/nhas-2020-action-plan.pdf) are:

* Reduce New HIV Infections
* Increase Access to Care and Improving Health Outcomes For People Living With HIV
* Reduce HIV-Related health Disparities and Health Inequities
* Achieve a More Coordinated National Response to the HIV Epidemic

1. Since your last grant application submission, describe any efforts undertaken to remove legal barriers to increasing access to care including state/local laws and regulations. Clearly state “None” if no efforts have been undertaken.
2. Describe how you have shared EIIHA outcomes with the HIV stakeholder community (e.g., presentations at conferences, journal articles, presentations to planning council/body, etc.).
3. **MAI Annual Report Narrative**

For each of the targeted MAI populations identified in the FY 2020 application and FY 2020 program submission, please describe the following:

* Provide updated viral suppression rates with a narrative describing any improvement in outcomes.
* Describe how subrecipient performance, and/or changes in programming or interventions have impacted health outcomes during the budget period.
* Describe any jurisdictional changes that may have contributed to the lack of improvement in health outcomes.

1. **Certification of Aggregate Administrative Expenditures**

The recipient is required to certify that the actual amount of funds expended on administrative costs by subrecipients does not exceed 10% of the **Aggregate Total of All HIV Service Dollars Expended**.

* The **Aggregate Total of All HIV Service Dollars Expended** is reported on the “Total Service Expenditures” Line in the FY20 Part A and MAI Expenditure Report.
* The **Available** **Aggregate Administrative** **Expenditures** amount is calculated by multiplying the **Aggregate Total of All HIV Service Awards Expended** by 10%.
* The **Actual Aggregate Administrative Expenditures** amount is reported by the recipient and is based on administrative expenditures reported by their subrecipients.
* To calculate the **Actual Aggregate Administrative Expenditure Percentage**, divide the **Actual Aggregate Administrative Expenditures** by the **Aggregate Total of All HIV Service Dollars Expended** and multiply by 100.

The financial officer responsible for the RWHAP Part A funds must sign the certification indicating that the Aggregate Administrative Expenditures is under the 10% cap (**See Appendix 1**).

1. **FY 2020 Women, Infants, Children and Youth (WICY) Report**

Part A of Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Modernization Extension Act of 2009, requires Part A recipients to use a proportionate amount of their grant dollars to provide services to women, infants, children, and youth (WICY) with HIV/AIDS. Recipients may use the Part A FY 2020 WICY Report workbook template provided to report these expenditures. Use the CY 2019 CDC WICY percent data (a tab on the WICY Report Workbook) to prepare your EMA/TGA’s report of WICY expenditures for FY 2020. For further guidance on preparing your WICY report, please use the instructions tab on the WICY Report workbook. These guidelineswere prepared by the Health Resources and Services Administration HIV/AIDS Bureau to assist RWHAP Part A recipients with continued implementation of the WICY requirement and the preparation of required annual WICY Reports.

1. **Local Pharmacy Assistance Program (LPAP) Summary (if applicable)**

EMA/TGAs that allocated FY 2020 funds for medications must complete the attached **Local Pharmacy Assistance Program (LPAP) Summary**

**FY 20 Local Pharmaceutical Assistance Program (LPAP) Summary**

**EMA/TGA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FY 20 Funds Allocated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Utilization Summary for Fiscal Year 2020**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total # clients enrolled**  (over the 12-month program period) | **Average # clients on LPAP each month** (average of each month during the 12 month program period) | **Cap on expenditures per client**  (maximum dollar amount per client) | **Program limits** | | |
| **Enrollment cap**  (maximum # of clients for LPAP) | | **Prescription cap**  (maximum # of prescriptions per client) |
|  |  |  |  |  | |

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| --- |
| 1. For FY 20, describe any changes to the LPAP or other access programs. |
| 1. For FY 20, describe any changes to financial eligibility. |
| 1. For FY 20, describe any changes to medical eligibility. |
| 1. For FY 20, describe any changes to the cost-savings strategies. |
| 1. For FY 20, describe any changes to LPAP coordination with the other pharmaceutical benefits programs. |
| 1. For FY 20, describe any barriers/challenges to your LPAP profile. |

**Appendix 1**

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| **RYAN WHITE HIV/AIDS PROGRAM PART A**  **FINAL CERTIFICATION OF AGGREGATE ADMINISTRATIVE EXPENDITURES** | | |
| REPORTING PERIOD - March 1, 2020 – February 28, 2021 | | |
| RECIPIENT | [Enter Recipient Name] | |
| GRANT NUMBER | H89HAXXXX | |
| AGGREGATE TOTAL OF ALL HIV SERVICE DOLLARS EXPENDED | $ | |
| AVAILABLE AGGREGATE ADMIN EXPENDITURES | $ | |
| ACTUAL AGGREGATE ADMINISTRATIVE EXPENDITURES | $ | |
| ACTUAL AGGREGATE ADMIN EXPENDITURE PERCENTAGE | % | |
|  | | |
| I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts were for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812) | | |
| Name/Title: | | Date: |
| Signature | |  |