RSR: The Basics

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

September 22, 2021

Welcome to today's Webinar. Thank you so much for joining us today!

My name is Ellie I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the Ryan White HIV/AIDS Program Services Report or RSR

Today's Webinar is Presented by:

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Today's Webinar is presented by Taylor and Richard from RWHAP Data Support, the experts on RWHAP reporting requirements, and myself representing the DISQ team's work with client-level data. Taylor will provide an overview of the RSR submission requirements and process to get you ready for the upcoming RSR. Richard will be handling the Q & A portion of the webinar.

Throughout the presentation, we will reference some resources that we think are important. To help you keep track of these and make sure you have access to them immediately, my colleague Audrey is going to chat out the link to a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague Ruchi will conference you in.

Now before we start, I'm going to answer one of the most commonly asked questions about the slides. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

Disclaimer

Today's webinar is supported by the following organizations and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), or the U.S. government.

| The DISQ Team is comprised of CAI, Abt Associates, and Mission Analytics and is supported by HRSA of HHS as part of a cooperative agreement totaling $4,000,000.00. | Ryan White HIV/AIDS Program Data Support is comprised of WRMA and CSR and is supported by HRSA of HHS as part of a contract totaling $5,092,875.59. |

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Now I'd like to turn the webinar over to Taylor

Overview

Ryan White HIV/AIDS Program Overview

RSR Terminology

RSR Overview and Sections

RSR Submission Timeline

Upcoming RSR Webinars and TA Resources

RSR Program Overview → RSR Terminology → RSR Overview and Sections → RSR Submission Timeline → Upcoming Webinars and TA Resources

Thanks so much, Ellie, for that introduction, and thank you to everyone for joining today's webinar.

Today, we will discuss the basics of the Ryan White HIV/AIDS Program Services Report, also known as the RSR. We'll begin with an overview of the Ryan White HIV/AIDS program. Next, we will review the terminology associated with the Ryan White Program and the RSR. Furthermore, we will discuss the components of the RSR which include the Recipient Report, Provider Report, and the client-level data. Afterward, we will look over the 2021 RSR Submission timeline. And finally, we'll end the presentation by reviewing upcoming RSR webinars and additional TA resources available to assist you.

2021 RSR Instruction Manual

Ryan White HIV/AIDS Program Services Report (RSR)
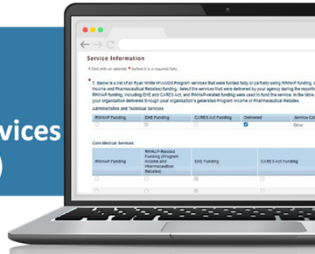
- **Available soon on the TargetHIV website**
- **Upcoming Webinar October 6th:**
  - Preparing for 2021 RSR Submission: Understanding Reporting Changes

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Please note that the 2021 RSR Instruction Manual will be available on the TargetHIV website in the Fall. The RSR Instruction Manual is an essential resource to use while completing your RSR. It is strongly encouraged to review all the available resources on the Target HIV website before you begin your 2021 RSR. For more detailed information regarding RSR changes, I recommend attending the upcoming webinar: Preparing for 2021 RSR Submission: Understanding Reporting Changes on October 6th.

Before we move onto an overview of the Ryan White HIV/AIDS Program, I am now going to pass the presentation to Audrey from the DISQ team to launch the first poll question. Audrey?

Is this your first time working on the RSR submission?

a)   Yes, this will be my first time working the RSR.

b)   No, I have submitted the RSR once or twice before.

c)   No, I have submitted the RSR three times or more.

For all the newcomers, today's presentation is a great place to start. Also, for everyone that has submitted the RSR many times, this webinar will be a great refresher. Now let's move onto the presentation.

Ryan White HIV/AIDS Program (RWHAP) Overview

The RWHAP provides services to people with HIV who are uninsured or underserved and their families

The RWHAP is a payor of last resort that provides:

- Primary medical care, essential support services, and medications
- Technical assistance, clinical training, and the development of innovative models of care

RSR Program Overview → RSR Terminology → RSR Overview and Sections → RSR Submission Timeline → Upcoming Webinars and TA Resources

Now let's begin today's presentation with an overview of the Ryan White HIV/AIDS Program.

The Ryan White HIV/AIDS Program works with cities, states, community-based organizations, hospitals and university-based clinics to provide services to people who do not have sufficient health care coverage or the financial resources to obtain adequate HIV care.

This program is a payor of last resort that mainly provides primary medical care, essential support services, and medications for people with HIV. Furthermore, the program provides technical assistance, clinical training, and the development of innovative models of care.

 Now let's move on to briefly discuss the five Ryan White HIV/AIDS Program Parts.

Program Parts

RWHAP Part A: Funds eligible metropolitan areas (EMAs) and transitional grant areas (TGAs)

RWHAP Part B: Funds states and U.S. territories

RWHAP Part C: Funds local organizations to support HIV early intervention services (EIS) and ambulatory care

RWHAP Part D: Funds family centered medical care and support services for women, infants, children, and youth

RWHAP Part F: Funds clinician training, technical assistance, and the development of innovative models of care.

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The Ryan White HIV/AIDS Treatment Extension Act of 2009 authorizes the Health Resources Services Administration, also known as HRSA, to allocate funding to grantees under five Program Parts.

Part A provides core medical and support services to Eligible Metropolitan Areas and Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic.

Part B provides funding to all 50 States, the District of Columbia, and U.S. territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. Additionally, Part B also includes grants for the AIDS Drug Assistance Program, also known as, ADAP.

Part C gives funds to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Additionally, the Capacity Development Grant Program is under the Part C Program.

Part D grants are awarded to local community-based organizations to provide outpatient ambulatory family-centered primary and specialty medical care and support services for women, infants, children, and youth with HIV.

Part F funds support clinician training, technical assistance, and the development of innovative models of care to improve health outcomes and reduce HIV transmission. Part F also funds the Dental Reimbursement Program and the Community-Based Dental Partnership Program

RSR Terminology

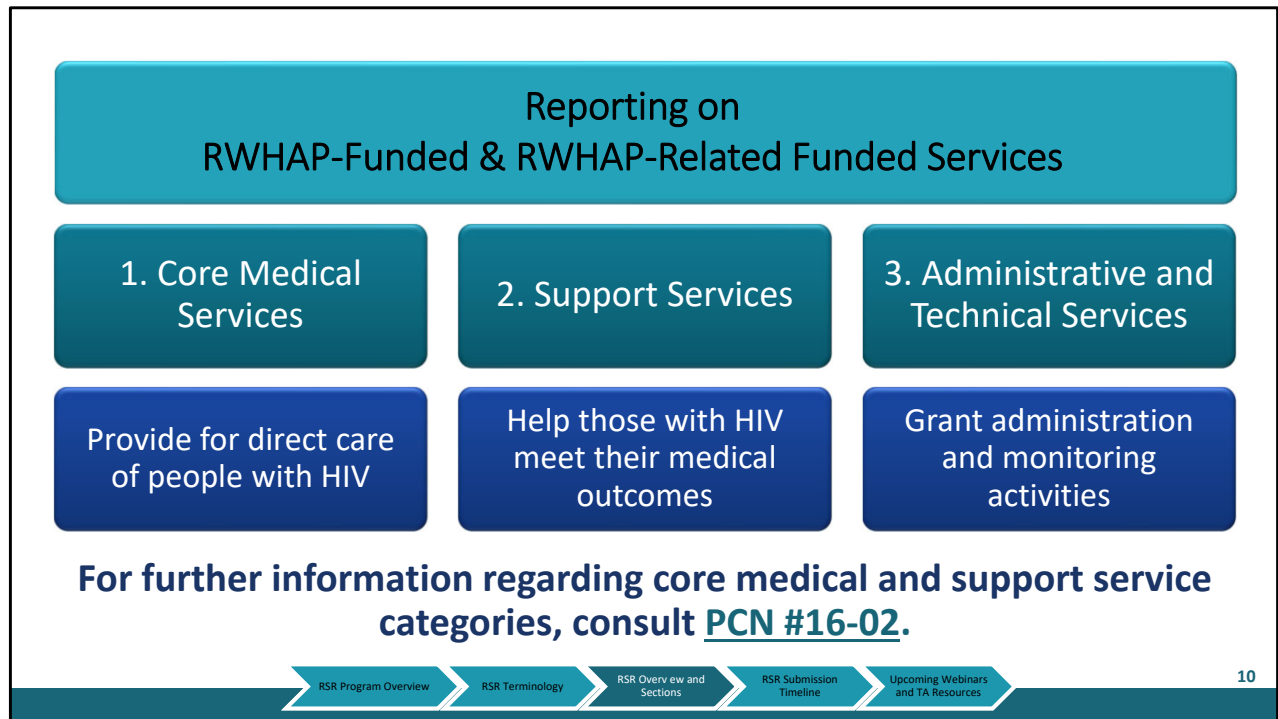RSR Program Overview → RSR Terminology → RSR Overview and Sections → RSR Submission Timeline → Upcoming Webinars and TA Resources

Let us move on to some vocabulary and terms used in this webinar related to the Ryan White Program and the RSR.

Reporting on
RWHAP-Funded & RWHAP-Related Funded Services

1. Core Medical Services

2. Support Services

3. Administrative and Technical Services

Provide for direct care of people with HIV

Help those with HIV meet their medical outcomes

Grant administration and monitoring activities

For further information regarding core medical and support service categories, consult PCN #16-02.

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Let's begin with a review of the different types of Ryan White funded services or RWHAP-related funded services including program income and/or pharmaceutical rebates, you will report in the RSR.

Services are divided into three categories: core medical services, support services, and administrative and technical services. Core medical services provide essential, direct, health care services for people with HIV. Support services are those needed to achieve medical outcomes that affect the HIV-related status of a person with HIV. Administrative and technical services include funds utilized for routine grant administration and monitoring activities including clinical quality management.

If you would like further information on core medical and support service categories, I recommend reviewing the Policy Clarification Notice, or PCN #16-02, available on the HRSA website. This is a great resource containing information on service category definitions, eligible individuals, and allowable uses of funds.

I also want to emphasize the new required data reporting that captures services funded by RWHAP-related funding including program income/and or pharmaceutical rebates. If you would like to learn more about the new requirement for data reporting, I encourage you to register for the upcoming webinar: Preparing for 2021 RSR Submission: Understanding Reporting Changes on October 6th.

Recipient

- **Receives RWHAP funding directly from the HIV/AIDS Bureau (HAB)**
- **May provide RWHAP-funded services**
- **May allocate funding to another agency to provide RWHAP-funded services**

HIV/AIDS Bureau

Recipient

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Now that we have covered RWHAP-funded services, lets move to terms. The first term we will review is "recipient." A recipient is an organization that receives Ryan White Program funding directly from the HIV/AIDS Bureau, also known as HAB. The recipient can either use the Ryan White program funding to provide direct services themselves or allocate the funding to other organizations to provide the direct service.

Provider

- **Delivers:**
  - Core medical or support services to clients
  - Administrative and technical services to the recipient of record
  - HIV counseling and testing services
- **Funded by:**
  - Subcontract from a HAB recipient funded by RWHAP, and/or
  - Direct HAB grant (recipient-provider)

HIV/AIDS Bureau

Recipient-

Provider

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The next term we will review is "Provider." A provider is an organization that uses Ryan White Program funding to provide direct services to people with HIV.

Providers can provide services that range from core medical services, support services, administrative and technical services, to HIV counseling and testing services.

To review, lets take a look at this brief demonstration to better understand what a Provider is.

A service provider can either receive funding from a HAB recipient, which is shown here.

Provider

- **Delivers:**
  - Core medical or support services to clients
  - Administrative and technical services to the recipient of record
  - HIV counseling and testing services
- **Funded by:**
  - Subcontract from a HAB recipient funded by RWHAP, and/or
  - Direct HAB grant (recipient-provider)

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Recipient-Provider

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Or the provider can receive RWHAP funding directly from HAB to provide direct services. If this is the case, the organization is considered a Recipient-Provider.

Now let's move onto additional terms that are relevant to understanding the RSR.

Provider Types

- **Three types of provider relationships with HAB recipients:**

Subrecipients

Second-Level Providers

Multi-Level Providers

A funding relationship is established with a formal contract, memorandum of understanding, or other agreement to provide services to the recipient or to Ryan White Program clients. There are three classifications, or categories of service providers that is recognized by HAB

The three different categories of provider types, are Subrecipients, Second-Level Providers, and Multi-level providers. We will take a closer look at each of the provider types in the next few slides.

Subrecipient

- **Has a contract with a RWHAP grant recipient**
- **Required to submit a Provider Report and upload client-level data if it provides direct client services**
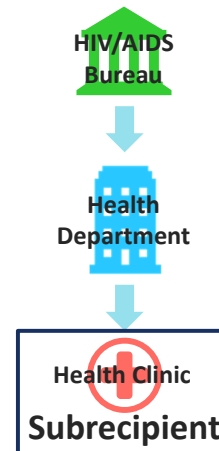
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Health Department

Health Clinic
Subrecipient

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Let's start off by looking at the most basic type of funded provider, a subrecipient. Subrecipients are service providers that have a direct funding relationship with a HAB recipient. Take a look at this example to further understand a subrecipient.

Here we have a recipient, which means that they receive a grant directly from HAB. Let's say this recipient, gives a nearby health clinic $10,000 to provide direct client services. Because this clinic receives its funding directly from the recipient, the clinic would be considered a subrecipient.

Second-Level Provider

- **Receives funding through a subrecipient and not directly from the RWHAP grant recipient**
- **Required to complete a Provider Report and upload client-level data if it provides direct client services**

Health Department

Fiscal Intermediary
Subrecipient

Health Clinic
Second-Level Provider
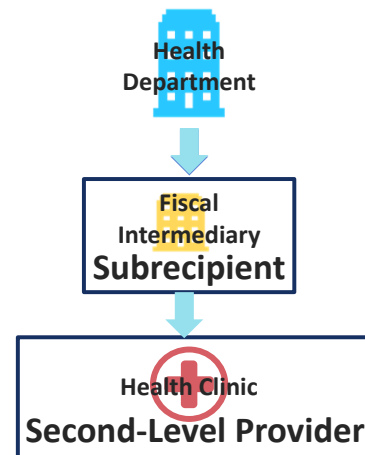
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Let's move onto a more complex type of provider which is a Second-level provider.

A second level provider is an organization that receives Ryan White Program funding from a recipient through a subrecipient.
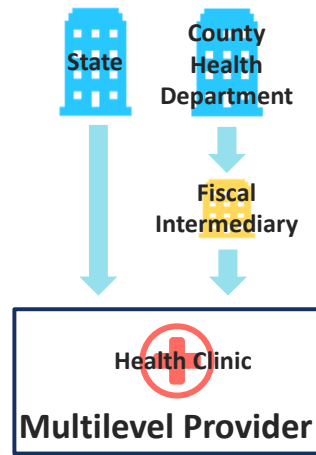
Take a look at this example to further understand a second-level provider. We'll start with our basic example from the previous slide.

Let's say that the recipient, the health department, doesn't give their funding directly to this local clinic. Instead, the health department works with another organization to help manage their funds, such as a fiscal intermediary, and this organization then gives the funding to the local health clinic to provide services. In this case, because the local clinic receives its funding through this fiscal intermediary, a subrecipient, this local clinic would be considered a second-level provider.

HAB recognizes that recipients may use a fiscal intermediary provider such as a consortia, fiscal intermediary provider, administrative agent, or lead agency to provide fiscal intermediary services. These agencies may assist in a variety of tasks including determining the eligibility of providers, deciding how funds are allocated and awarding them to providers, monitoring the providers' performance for compliance with Ryan White requirements, and assisting in the completion of required reports. For RSR reporting purposes, fiscal intermediary providers cannot also be a second-level provider. Recipients will receive an error and be unable to submit their RSR if they mark their own organization or a second-level provider as a fiscal intermediary.

Multi-Level Provider

- **Receives funding both from a RWHAP grant recipient and through a subrecipient**

- **Must submit one Provider Report and upload client level-data for all RWHAP parts if it provides direct client services**

State

County Health Department

Fiscal Intermediary

Health Clinic

Multilevel Provider

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Lastly, service providers that are both a subrecipient and a second-level provider are called multilevel providers. This type of organization receives funding from a recipient AND through a subrecipient.

Let's start with our previous example again. Our same local clinic shown here as receiving funds through a subrecipient, also receives funding directly from another recipient, the state health department. In this case, our local clinic is a subrecipient through the state and a second-level provider through the county health department. Therefore, we would consider them a multilevel provider.

Quiz #1

It's now time for the first quiz question of the day. I will now turn it back over to Audrey.

What type of agency are you? (select all that apply)

    a. Recipient

    b. Subrecipient

    c. Second-level Provider

    d. Multi-level Provider

    e. I'm not sure.

Great, thanks everyone for participating. Now that we have a better understanding of the different provider types, and the different providers on this webinar - let's get back to our presentation.

RSR Overview and Sections

Now that we've reviewed some RSR terminology, lets move on to what the RSR is and the different sections it's comprised of.

RWHAP Services Report (RSR)

- **A client-level data report documenting the clients served and RWHAP services provided**
- **Report sections include the:**

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Recipient Report  →  Provider Report  →  Client-Level Data (CLD) Report
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All Program Parts specify HAB's responsibilities in the administration of the Ryan White HIV/AIDs Program. As administrators, HAB is responsible for reporting to Congress on the allocation and use of program funding.

HAB uses the data collected in the RSR to help fulfill its congressional reporting obligations. The RSR is a client-level data report that provides data on the characteristics of the funded recipients, their providers, the services delivered, and the clients served. It consists of the Recipient Report, the Provider Report; and the Client-level Data , or CLD Report

All agencies that receive Ryan White Program funds through Parts A, B, C, and D are required to complete one or more of these report components.

Now for today's presentation we won't be going in depth on how to complete each of these sections but for further instructions on that I recommend reviewing the RSR Manual and attending the upcoming RSR webinars, which will be reviewed at the end of the presentation.

Recipient Report Overview

- **Recipients will complete a separate Recipient Report for each grant they receive**
- **Two sections:**
  - General Information
  - Program Information
    - Organizations populate from the GCMS

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RWHAP Part C Grant

Recipient

Part C Recipient Report

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Let's review the different sections of the RSR, beginning with the Recipient Report.

This report collects basic information about the recipient organization and displays service provider contract information. Recipients, (an organization that receives Ryan White Program funding directly from HAB) complete one Recipient Report for every grant they received during the reporting period.

To be clear: An agency that receives one HAB grant will complete one RSR Recipient Report.

Recipient Report Overview

- **Recipients will complete a separate Recipient Report for each grant they receive**
- **Two sections:**
  - General Information
  - Program Information
    - Organizations populate from the GCMS

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RWHAP Part C Grant   RWHAP Part D Grant

Recipient

Part C Recipient Report   Part D Recipient Report
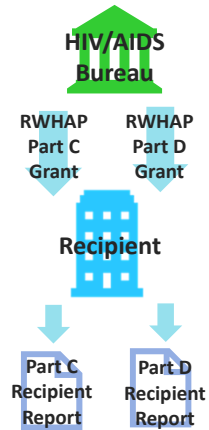
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An agency that receives two grants, will complete two RSR Recipient Reports (one for each HAB grant) and so on.

There are different two sections in the Recipient Report:

- The first section, General Information, contains basic recipient information such as the official mailing address, Tax ID, Unique Entity Identifier or UEI number (formally the DUNS number), and the contact information of the person responsible for submitting the report.

- The second section includes Program Information, a list of all the organizations that had a contract with the agency during the reporting period. This list is populated from the contracts entered in the Grantee Contract Management System or GCMS.

Grantee Contract Management System (GCMS) Overview

- **Contains provider contract and service information including:**
  - Contract dates
  - Provider relationship information
  - Funded service categories
  - Funded contract amounts

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The GCMS is a data storage system that collects a recipient's provider contract information and is accessible year-round.

It is most likely that you added your contracts in the GCMS for the Program Terms Report or Allocations Report submission already. It is strongly recommended that you review and/or update the contracts before beginning your 2021 Recipient Report.

The contracts created in the GCMS include contract and service information such as the contract dates, provider relationship information, funded service categories, and funded contract amounts.

- The Recipient report is a relatively simple report to complete as the majority of the information is prepopulated from the contracts created in the GCMS. Therefore, before beginning the Recipient Report, we recommend reviewing and/or updating your contracts in the GCMS. It is strongly encouraged to visit TargetHIV.org and review the GCMS webinar and manual for additional guidance.

Provider Report Overview

The RSR Provider Report collects basic information about the provider and the eligible RWHAP funded services delivered

All agencies that provide eligible RWHAP-funded services must complete a Provider Report

Six sections:

1. General Information
2. Program Information
3. Service Information
4. HIV Counseling & Testing (HC&T) Information
5. Clients by ZIP Code
6. Import Client-level Data

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Now that we've reviewed the Recipient Report, let's take a look at the Provider Report. The RSR Provider Report collects basic information about the provider and the Ryan White-funded services delivered.

All agencies that provide Ryan White-Funded services must complete a Provider Report.

This includes:

- Agencies that provide direct client services,

- Agencies that provide administrative and technical services to the recipient, and

- Agencies that provide HIV counseling & testing services with Ryan White funds.

- The RSR Provider Report includes six sections: General Information, Program Information, Service Information, HIV Counseling & Testing (HC&T) Information, Clients by ZIP Code, and the section where you import client-level data.

Provider Report Example

- **Each provider completes one Provider Report**
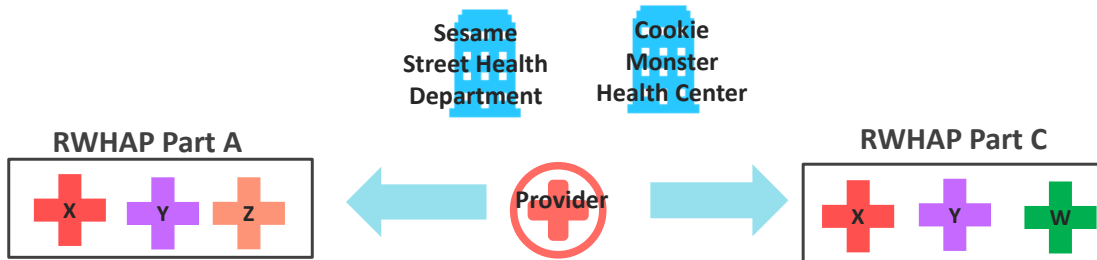
Let us review an example for a provider report. Each provider agency will complete a single Provider Report, even if the provider is multiply funded. A multiply funded provider should submit one RSR Provider Report that includes all of the information from all of its Program Parts. For example, let's say we have a provider and they receive Part A funds from the Sesame Street health department and Part C funds from a local community health center in this case, the Cookie Monster Health Center. They use their Part A funds to provide services X, Y, and Z. And they use their Part C funds to provide services X, Y, and W.

Provider Report Example
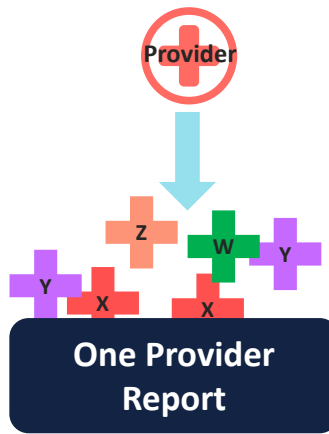
- **Each provider completes one Provider Report**

Provider

One Provider Report

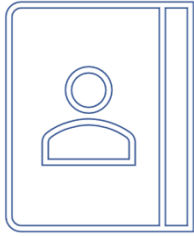RSR Program Overview | RSR Terminology | RSR Overview and Sections | RSR Submission Timeline | Upcoming Webinars and TA Resources

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This provider will take all of the data for all of these services from both funding streams to enter them into a single Provider Report.

Please be aware that HAB expects providers to complete their own report because providers are the ones with the closest access to their own data. The only exception is if the provider qualifies for an exemption. Providers that do not meet these criteria must submit their own reports.

Client-Level Data Report Overview

Providers who use RWHAP or RWHAP related funding (program income or pharmaceutical rebates) to provide core medical or support services must upload client level data in an extensible markup language (XML) file

The client level data file should contain one record for every RWHAP eligible client

Each client's record will include up to 56 data elements

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Now let's take a look at the last component of the RSR which is the Client-level Data Report. The Client-level Data Report is a collection of Ryan White-eligible client records and is uploaded through the RSR Provider Report. This report must be submitted in a properly formatted client-level data XML file and uploaded by all providers of core medical and support services.

The client-level data XML file should include one record for every Ryan White-eligible client who received at least one core medical or support service that the Ryan White program funded your agency to provide. Each client's record can have up to 56 data elements, including:

- The client's eUCI, or encrypted unique client identifier;
- The client's demographic information;
- Any core medical and support services the client received; and
- The client's clinical information, if applicable.

Poll #3

I will pass the presentation to Audrey for our final poll question, Audrey.

How confident do you feel in identifying your agency's role and reporting requirements for the 2021 RSR submission?

    a) I am confident and do not need any assistance.

    b) I am somewhat confident but don't want assistance at this time.

    c) I am somewhat confident and would like some assistance.

    d) I am not confident and would like some assistance.

    e) I am not confident in my ability and would like some assistance

Great, thank you, Audrey. For everyone who would like assistance, the Data support team and DISQ team are gladly here to help. We can reach out to you after the webinar and I review our contact information in the upcoming slides as well.
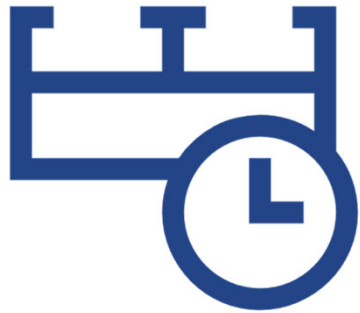
RSR Submission Timeline

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We're coming to the end of our presentation now. Let's take a moment to review the upcoming RSR Submission Timeline.

2021 RSR Submission Timeline

Date	Recipients	Subrecipients/Providers
Monday, November 1, 2021	Check Your XML and TRAX Open	
Monday, December 6, 2021	Recipient Report Start Date	--
Monday, February 7, 2022	Recipient Report Due Date	Provider Report Start Date
Monday, March 7, 2022	--	Provider Report Target Date
Monday, March 21, 2022	Return for Changes Deadline	--
Monday, March 28, 2022	All RSRs must be in "Submitted" status by 6pm ET	

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Here are some important dates to remember in the upcoming months.

The Check Your XML feature will open on Monday, November 1. Also, as a reminder the updated version of TRAX is available. These tools allow providers plenty of time to start checking their client level data files in the Web system to know which validation issues they will need to address.

The 2021 RSR Web System opens on Monday, December 6. On this day, recipients can begin working on their Recipient Reports. We encourage you to start early so you will have enough time to add any necessary contracts or make corrections in the GCMS.

Monday, February 7, 2022 is the Recipient Report deadline and marks the opening of the 2021 RSR Provider report. As a reminder, providers will not be able to begin their Provider Reports until the Recipient Report is in "Certified" status.

Monday March 7, 2022 is the target deadline for the RSR Provider Report. Completing this report early allows the recipient more time to check for completeness and return the report for changes if necessary.

Monday March 21, 2022 is the final day for recipients to return their provider's reports for changes.

The final deliverable is due on March 28th at 6 p.m. Eastern time. Any report not in "Submitted" status by that time will be marked as late in the EHBs. No extensions will be granted.

This timeline can be viewed and downloaded at any time on the TargetHiv website.

Upcoming RSR Webinars and TA Resources

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And now we'll close out the presentation with a look at the upcoming RSR webinars and additional TA resources available to assist you.

Upcoming RSR Webinars

Date	Title
October 6, 2021	**Preparing for the 2021 RSR Submission: Understanding Reporting Changes**
October 13, 2021	**Overview of HRSA's Electronic Handbooks for Grant Recipients**
November 3, 2021	**RSR Check Your XML Feature**
November 10, 2021	**How to Complete the RSR Grant Recipient Report Using the GCMS**
December 1, 2021	**RSR TRAX**

Webinar Schedule

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Here is a list of upcoming webinars that will be useful in completing the RSR.

On October 6th, you can learn about any system changes as well as any planned changes for 2021 Data collections.
On October 13th, an introduction of the HRSA Electronic Handbooks will be presented for grant recipients.

On November 3rd, the Check Your XML feature tool will be reviewed. This tool helps to check the quality of client-level data prior to submission.

On November 10th, a walk through of how to complete the RSR Recipient Report using the GCMS will be presented.

And on December 1st, you can join in for an introduction to TRAX, a helpful tool used for creating the RSR client-level XML data file.

You can view this schedule at any time on the TargetHIV website.

TA Contact Information

TA Resource	Type of TA
Ryan White Data Support 888-640-9356 | RyanWhiteDataSupport@wrma.com	• RSR-related content and submission questions; • Interpretation of the RSR Instruction Manual and HAB's reporting requirements; • Instructions for completing the RSR Recipient and Provider Reports; and • Data validation questions.
The Data Integration, Systems, & Quality (DISQ) Team Data.TA@caiglobal.org Sign up for the DISQ listserv Submit a DISQ TA Request	• Data reporting requirements; • Extracting data from systems and reporting it using the required XML schema; • TRAX and the encrypted Unique Client Identifier (eUCI) Application; and • Data quality issues.
EHBs Customer Support Center 877-464-4772 | Submit an EHBs TA Request	• RSR software-related questions; • Electronic Handbooks (EHBs) navigation; • EHBs registration; • EHBs access and permissions; • Performance Report submission statuses. • RSR Web System navigation.
CAREWare Help Desk 877-294-3571 | cwhelp@jprog.com Join the CAREWare listserv	• How to generate the XML file from CAREWare correctly; • How to view a sample client summary file; and • Creating custom reports.

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Let's review technical assistance resources available to assist you during the RSR Submission.

The Ryan White Data Support team addresses RSR-related content, submission questions, interpretation of the RSR Instruction Manual and HAB's Reporting Requirements. They can also assist with instructions for completing the RSR Recipient and Provider Reports, and data validation questions.

The DISQ Team addresses questions for those needing assistance in extracting data from their systems and reporting the data using the required XML schema; they also offer TA on the TRAX Application, data reporting requirements, and data quality issues.

The EHBs Customer Support Center provides assistance with the EHBs, including registration, access and permissions, RSR software-related questions, and EHBs navigation.

For our CAREWare users, the CAREWare Help Desk will be your best resource. The CAREWare help desk can assist you with generating XML files from CAREWare and also help create custom reports. I would encourage all CAREWare users to sign up for the listserv.

If you are unsure of who to call, feel free to contact any one of the resources provided and they will be able to direct you to the appropriate place.

Additional TA Resources

- **HAB Website**
  - Policy notices, instructions, and HAB information
  - PCN #16-02

- **TargetHIV**
  - Training materials, manuals, and submission timeline
  - 2021 RSR Instruction Manual

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Here are some great additional resources to use while working on your 2021 RSR. The HAB website is the best place to find policy notices, including PCN #16-02, as well as other general information concerning the Ryan White program. Also, the TargetHIV website is another great resource to access the 2021 submission timeline, the listserv, past webinars, the 2021 RSR Instruction manual which will be posted in the Fall, and a lot more resources related to the RSR.

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visit

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I'd like to take a moment thank everyone for joining us on today's presentation and I will now turn it over to Ellie and Richard for the Q&A portion of the webinar.
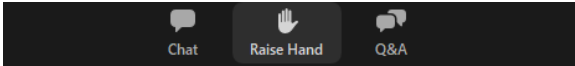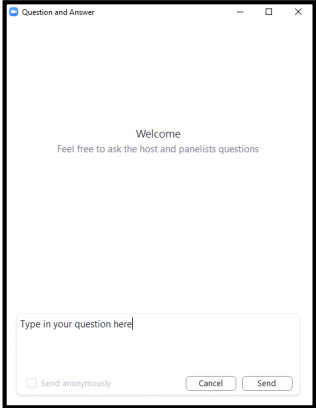
Thanks Taylor. Before we start the Q & A, I did want to let everyone know that there will be a short evaluation at the end of the webinar. Your feedback is important to help us ensure that our webinars are meeting your needs. Audrey is going to put a link out in the chat feature which you can click on to access the evaluation after the webinar is over. We'll also send out a final reminder via email shortly after the webinar to make sure that we have a chance to get your input.

Now let's move on to the Q & A. As a reminder, you can send us questions using the "Question" function on your settings the bottom of the screen. You can also ask questions directly "live." You can do this by clicking the raise hand button (on the bottom of the screen) and my colleague Ruchi will unmute at the right time. We hope you consider asking questions "live", we really like hearing voices other than our own.

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you to follow up. We often need to explore your question in order to give you the most appropriate answer.

[After the Q&A]: As a reminder, please be sure to complete the evaluation for today's webinar.