Preparing for the 2020 COVID-19 Data Report (CDR) Submission Q&A Report

General Report Questions:

	Question	Answer
1	Has the CDR been approved by OMB yet?	Yes, the HIV/AIDS Bureau (HAB) COVID-19 Data Report (CDR) has received OMB approval.
2	Was there any consideration that essentially requiring providers to do a mini-RSR on a monthly basis as overly burdensome, particularly at a trying time for many? Essentially: why monthly?	The CDR is a short, aggregate-level data report. The monthly CDR reporting requirement was established to meet federal reporting timelines as outlined in the fiscal year (FY) 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act. HRSA HAB has taken steps to minimize the reporting burden on providers as much as possible by requesting only the minimum amount of data required for Congressional reporting as well as integrating the CDR into the Bureau's existing web-based data collection systems to streamline users' access and technological knowledge.
3	Will the CDR data be expected to be included in the RSR?	RWHAP-eligible clients served using CARES Act funding should be included in the client-level data for the RSR. At this time, we do not plan to make modifications to the RSR based on CARES Act funding or CDR data reporting.
4	What use is the number of COVID-19 diagnoses when in many cases they will be duplicated across multiple providers in the same jurisdiction?	We recognize there could be some overlap in the number of COVID-19 diagnoses reported across providers; however, the extent of duplication is likely small. Nevertheless, it is important that HRSA HAB captures some measure of the number of RWHAP clients who have COVID-19 for planning purposes. We understand these numbers will be estimates.
5	Is there any expectation that client-level data will be collected?	The CDR collects only aggregate-level data for RWHAP-eligible clients and immediate household members. Client-level data on RWHAP-eligible clients served using CARES Act funds will be included in the RSR (e.g., race/ethnicity, year of birth).
6	How can a subrecipient differentiate funded services provided under COVID-19 versus Part A in terms of Part A RSR reporting?	Recipients and subrecipients will submit service data for clients in the RSR in the same manner they do each year; they will not report client-level service provision *by funding source* in the RSR. All RWHAP-eligible clients served using CARES Act funding should be included in the client-level data for the RSR.
7	I have 3 agencies of my total receiving CARES Act funds. Is there a way for those agencies to report their COVID-19 clients since they will not be doing this report? Thank you!	RWHAP recipient-providers, subrecipient-providers, and second-level providers who received CARES Act funding for the prevention or treatment of COVID-19 for RWHAP clients and immediate household members are required to submit a CDR. A recipient can complete the CDR on behalf of a subrecipient; however, a separate CDR must be completed for each subrecipient. Unlike the RSR, a recipient cannot combine data

	Question	Answer
		across multiple subrecipients into a single CDR. Additionally, a recipient should not complete a CDR for their own agency if they do not provide direct services to clients.
8	When will the CDR Manual be posted on the website?	The COVID-19 Data Report (CDR) Instruction Manual can be downloaded from TargetHIV (https://targethiv.org/library/cdr-instruction-manual).
9	Who should complete the CDR?	All RWHAP recipient-providers, subrecipients, and second-level providers who receive CARES Act RWHAP funding must complete a monthly CDR for activities conducted during the reporting period. Please note, if a direct recipient allocates all of their CARES Act funding to a subrecipient-provider or an entity who acts as a fiscal intermediary (i.e., agency that funds second-level providers), the recipient does not need to complete a CDR (administrative agents/fiscal intermediary agencies also do not submit a CDR). The recipient will create contracts in the GCMS with their subrecipients, administrative agents/fiscal intermediaries, and second-level providers. However, if the recipient is using some CARES Act funding to provide services, the recipient-provider must also complete a CDR. Recipients will be expected to complete Allocations and Expenditures Reports later in the year. More information is forthcoming.
10	How do I access the CDR?	CARES Act recipients and recipient-providers will login to the HRSA Electronic Handbooks (EHBs) at https://grants.hrsa.gov/webexternal. Subrecipients and second-level providers will access the CDR system via https://grants6.hrsa.gov/hab/regloginapp/Admin/Login.aspx. See the CDR Instruction Manual for additional guidance on access and completing the CDR: https://targethiv.org/library/cdr-instruction-manual. Recipients will be expected to complete Allocations and Expenditures Reports later in the year. More information is forthcoming.

	Question	Answer
11	Can you define subrecipient vs. a second-level provider?	Subrecipient - A service organization that has a contract with a recipient is considered a subrecipient. A subrecipient must complete a CDR. Second-level provider - Occasionally, recipients will use an administrative agent to award and/or monitor the use of their CARES Act funds. In this situation, the administrative agent (or fiscal intermediary service provider) is the recipient's subrecipient. When the recipient's subrecipient (administrative agent or fiscal intermediary provider) enters into a contract with another provider to use the recipient's funds to deliver services, that provider is considered a second-level provider to the recipient. A second-level provider must complete a CDR. See page 3 of the RSR Instruction Manual for a graphic of these relationships: https://targethiv.org/library/rsr-instruction-manual.
12	We recorded both Part C and Part D CARES Act funding with two NGAs and grant numbers. Do we do one CDR or two?	RWHAP recipient-providers, subrecipient-providers, and second-level providers who receive multiple CARES Act funding (in either multiple RWHAP grants or multiple contracts) should complete one CDR that encompasses all of their CARES Act service activities.
13	If we are the recipient and have no subrecipients then we still add a contract with ourselves in GCMS?	Yes, please create a contract in the GCMS with your own agency and complete a CDR. In this scenario, you are a recipient-provider. This is a similar process to the RSR for RWHAP Parts A, B, C, and D funding.
14	If we are a recipient and also are a subrecipient to another agency, do we only submit in EHB or do we submit the same report in the HRSA HAB online system?	You will submit one CDR that encompasses all of your CARES Act service activity. Since you are a recipient, your CDR will be accessible via the EHBs.
15	If we are recipients of Part C/D and subrecipients of Part A/B, do we just do one report in GCMS?	If you are a CARES Act Part C & Part D recipient that uses the funds to provide services, you will create a contract with yourself in the GCMS for the Part C and Part D grants you received. The Part A and Part B recipients will create a contract in GCMS with your organization. You will then complete one CDR each month that captures all of your CARES Act services funded by all sources (in this case, Part A, B, C, and D). The single CDR submission will associate itself with all the sources via the GCMS relationships.
16	The recipient of funds from HRSA is the one who adds the contracts for the subrecipient?	Correct. Recipients will add a contract in the GCMS for each subrecipient, administrative agent/fiscal intermediary who funds second-level providers, and second-level provider. If the recipient is providing services, they will create a contract with themselves in the GCMS. This is the same process as RWHAP Parts A, B, C, and D funding.

	Question	Answer
17	More than half of our COVID-19 funding is going to providers for allowed operating expenses to reimburse for COVID-19 costs only and NOT for any client services. Will we need to set these up through all of these steps as just presented?	Yes, a contract must be created for each CARES Act subrecipient, administrative agent/fiscal intermediary (who funds a second-level provider), or second-level provider. PTR/Allocations Report will be due later this year and the contracts in GCMS are an important part of that process.
18	Can a CARES Act recipient submit a report on behalf of a subrecipient?	Yes, a recipient may complete the CDR on behalf of their CARES Act RWHAP subrecipient. However, a separate CDR must be completed for each subrecipient. Additionally, a recipient should not complete a CDR for their own agency if they do not directly provide CARES Act funded services to RWHAP clients.
19	Does a subrecipient have to quality as "exempt" (RSR) in order for the recipient to complete and submit the subrecipients CDR?	All RWHAP recipient-providers, subrecipient-providers, and second-level providers who receive CARES Act funding must complete a monthly CDR, regardless of whether or not they are exempt from completing the RSR. Please note, a recipient can complete the CDR on behalf of a subrecipient; however, a separate CDR must be completed for each subrecipient. Additionally, a recipient should not complete a CDR for their own agency if they do not directly provide CARES Act funded services to RWHAP clients.
20	What is a recipient's role in data submission? Is it similar to the RSR where a recipient must process/approve subrecipients' data submissions?	Recipients are required to add contracts in the GCMS for their own agency as well as any contracts for administrative agents/fiscal intermediaries (who funds a second-level provider), subrecipients, and second-level providers. However, providers (recipient-providers, subrecipient-providers, and second-level providers) submit their own CDR data directly into the system. Recipients will not need to review and approve the provider CDRs; however, they will be able to access and review the submissions if desired.
21	If a recipient submits their CDR via Part C will the other parts that they're funded by be notified that a CDR has been submitted already?	Yes. The GCMS will create a link between all direct funding sources and those created via contracts created by other RWHAP Parts.

Funding & Reporting Period Questions:

	Question	Answer
22	What is the reporting period?	The CDR will be available on the first day of the month in which it is due. The first data submission will be due June 15, 2020 and on the 15th of each month (or the first business day after the 15th) thereafter. Because CARES Act RWHAP funding can be used to cover services retroactively back to January 20, 2020, the first data submission will include three distinct reports, collecting information on three different time periods. Reporting Period: 1) January 20, 2020 – March 31, 2020 (pre-award) 2) April 1-30, 2020 3) May 1-31, 2020
23	CDRs are not required for the entire grant year? I noticed they only went through December 31, 2020, not April 2021.	The timeline provided in the webinar was a snapshot timeline for the calendar year. Please refer to the Instruction Manual for a complete timeline: https://targethiv.org/library/cdr-instruction-manual.
24	Why is HRSA collecting this information in a different manner and at a different frequency than standard Part A, B and MAI funds?	Differences in frequency and type of data collected between the CDR and RSR are due to FY 2020 CARES Act federal reporting requirements.
25	I have some expenses from the 1st reporting period. Do they HAVE to be submitted by the 6/15 deadline? I need to reclass these expenses and accounting takes time to do this.	The CDR will be available on the first day of the month in which it is due. The first data submission will be due June 15, 2020 and includes three distinct reports for the following distinct time periods: Reporting Period: 1) January 20, 2020 – March 31, 2020 (pre-award) 2) April 1-30, 2020 3) May 1-31, 2020 If this timeline cannot be met, please reach out to your Project Officer.
26	The CDRs are due on the 15th of every month. When is the earliest the CDRs will be available? For example, Due on June 15th but actually available in the EHBs, when? June 10th? What happens when the 15th lands on a weekend?	The system will open on the 1st of each month and the CDR will be due on the 15th. If the 15th of the month falls on a weekend or holiday, the report will be due on the next business day.

	Question	Answer
27	If our program's data collection lags behind the submission schedule, what are our options.	Please contact your Project Officer.
28	If the second-level provider is not going to have their CARES Act funding in their subrecipient contract until approximately August, but it will be retroactive to April 1, would we start reporting on our activities in this report, such as medical case management or housing services for the June 15 report, or should we wait until the money is officially in our agreement. These delays in contracting are common in our state.	If the subrecipient or second-level provider has all of the information needed to complete the CDR, they should complete the CDR by June 15th. If any of the information collected on the CDR is unknown, however, the subrecipient/second-level provider should not complete the CDR in June. They will have an opportunity to complete the earlier CDRs once the contracts are finalized (i.e., in August). Please contact your Project Officer if you anticipate issues reporting by the deadline. **Do not submit a blank report.**
29	If you have not distributed or contracted out for services using the COVID-19 funding because the budget was not approved by HRSA yet, then will there be an opportunity to go back and submit data for these three reporting periods after June 15?	Yes. In these instances, providers will have an opportunity to submit these data at a later time once the contracts are finalized. Recipients should be using funding as soon as possible. Please contact your Project Officer to request an extension. **Do not submit a blank report.**
30	For a subrecipient who has applied for Part A funding but has not yet received an award, is a CDR still due?	Subrecipient providers and second-level providers receiving CARES Act funding will be responsible for completing the CDR each month for the duration of their contract, once the contract with their recipient is finalized. A CDR should be completed each month until the end date of the contract.
31	When will we know how much funding we will receive?	Please contact the primary Ryan White HIV/AIDS Program grant recipient who distributes your funding. If you are a direct recipient, please contact your Project Officer.
32	What if funding has not been used yet or during a month that we need to report?	Subrecipients and second-level providers will have an opportunity to submit earlier CDRs retroactively after their contracts have been finalized. Please contact your Project Officer if you anticipate an issue meeting a reporting deadline.

	Question	Answer
33	If a subrecipient does not access or request CARES Act funds in the beginning but makes a request or receives funds at a later time, when do we place the subrecipient contract in the GCMS?	Recipients should enter the subrecipient contract into the GCMS as soon as possible after establishing their contracts with subrecipients.
34	Do you have additional guidance on using funding retroactively to January 2020? If, for example, we only spend our funding in April and May do we need to complete reports for the other time periods?	Recipient-providers, subrecipient providers, and second-level providers must complete a CDR every month for duration of the award or contract period. Specifically, – Recipient-providers should complete a CDR every month for the duration of the 1-year CARES Act funding period, beginning on April 1, 2020. If funding was used prior to April 1, then also complete a CDR for the January 20 to March 31, 2020 reporting period. – Subrecipient-providers and second-level providers should complete the CDR each month during their contract period. Note: If subrecipients and second-level providers used all CARES Act funding in a single month, they would still complete a CDR each month until their contract ends. Please note, all direct recipient providers, subrecipient providers, and second-level providers who do not serve clients during a given reporting period should complete Section 1 (telehealth) and the first 3 questions in Section 2 of the CDR, then enter “0” for all fields of Section 2, Question 4 (i.e., the number of RWHAP-eligible clients and immediate household members who received service(s) total and in each service category).
35	If we did not provide any COVID-19 related services in the first reporting period (01/20/20-03/31/20), how do we submit the CDR for that period?	If CARES Acts funds were not used for any purpose between January 20 and March 31, 2020, do not complete a CDR for this period. If funds were expended for purposes other than client services, recipient providers, subrecipient providers, and second-level providers should complete Section 1 (telehealth) and the first 3 questions in Section 2 of the CDR; for Section 2 Question 4, enter “0” in all fields (i.e., the number of RWHAP-eligible clients and immediate household members who received service(s) total and in each service category).

	Question	Answer
36	You mentioned that a recipient would still have to submit a CDR every month even if they exhaust the funding early. Is the same true for subrecipients? (We are giving one subrecipient $5,000. It would be a pretty huge reporting burden for a tiny amount of money if they have to submit a report every month.)	The subrecipient must complete the CDR every month until the end of the contract period.
37	Let's say our HRSA COVID-19 Ryan White budget is approved for the purchase of supplies (PPE, Cleaning Supplies, etc.) and we expend all such funds within 3 months. Will we be required to continue completing the CDR after month 4?	A CDR should be completed each month until the end of the award and/or contract period. If providers use all CARES Act funding in four months, they would still complete a CDR every month for the duration of the 1-year award period (recipient- providers) or until their contract ends (subrecipients and second-level providers).

Allowable Use of Funds Questions:

	Question	Answer
38	Which PCN 1602 category would we use to document educational pamphlet distribution?	Per the Examples of Coronavirus Aid, Relief, and Economic Security (CARES) Act Supplemental Funding Uses and Ryan White HIV/AIDS Program Service Categories, disseminating educational materials on precautions to prevent, contain, or mitigate COVID-19 and other respiratory illnesses for people with HIV educational pamphlet distribution is a "General COVID-19 RWHAP Activity." This activity could occur under any each Core Medical or Support Service category. Select the category that best aligns with your program's services. Please see PCN 16-02 for more information on each service category: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
39	Which PCN 16-02 category would we use to document PPE use by staff?	Per the Examples of Coronavirus Aid, Relief, and Economic Security (CARES) Act Supplemental Funding Uses and Ryan White HIV/AIDS Program Service Categories, PPE for staff is a "General COVID-19 RWHAP Activity." This activity could occur under any Core Medical or Support Service category. Select the category that best aligns with your program's services.

	Question	Answer
40	How do we report on infrastructure not tied directly to patient encounters, i.e. clinic cleaning supplies?	As it relates to the Allocations Report, if cleaning supplies are used to ensure that a specific service is provided safely, these items can be reported under the service category they support. The recipient should report any clients served in this service category. Infrastructure, e.g. clinical cleaning supplies, should be categorized as "General Covid-19 RWHAP Activity." This activity occurs for each Core Medical and Support Service category. You would allocate these funds in the GCMS to the appropriate service category. Select the category that best aligns with your program's services. However, if funds are not used specifically for clients, you would not report any client counts in that category in the CDR.
41	How do we instruct subrecipients on reporting clients if CARES Act funds are primarily used to purchase PPE, supplies, or telehealth platforms- not to serve new clients? In other words, these funds are simply making it possible to serve existing Part A clients; is it still necessary/required for subs to report on client counts?	Providers (recipient-providers, subrecipient-providers, and second-level providers) who do not serve clients during a given reporting period should complete Section 1 (telehealth) and the first 3 questions in Section 2 of the CDR; for Section 2 Question 4, enter "0" in all fields (i.e., the number of RWHAP-eligible clients and immediate household members who received service(s) total and in each service category). Recipients will submit a PTR/Allocations report later in the year. PPE, supplies, telehealth platforms, etc. can be allocated under service categories based on PCN 16-02 - Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds and the Examples of CARES Act Funding by Service Category.
42	If an agency is contracted for outreach alone and provides education for a population that are high-risk but not necessarily living with HIV, are they allowed to utilize CARES Act funds for services to that population since we are providing funds for household contacts who are not living with HIV?	The requirement to serve only people with HIV is waived for the COVID-19 CARES Act funding only in the extremely limited instances of household members living Ryan White HIV/AIDS Program clients, and only for COVID-19 testing and the provision of personal protective equipment (PPE).
43	If a recipient will be using the funds to purchase supplies (PPE, medical supplies, food vouchers, transportation vouchers, etc.) for subrecipients and their patients, and will not be distributing the actual funds to the subrecipients, how would we report that?	Per the Examples of Coronavirus Aid, Relief, and Economic Security (CARES) Act Supplemental Funding Uses and Ryan White HIV/AIDS Program Service Categories, these supplies are a "General COVID-19 RWHAP Activity". This activity occurs for each Core Medical and Support Service category. Select the category that best aligns with your program's services.

	Question	Answer
44	What if you fund a provider and they do not intend on using the funding for direct services but instead will utilize funds for sanitation and PPE. Would they still be expected to complete this monthly?	Providers (recipient-providers, subrecipient-providers, and second-level providers) who do not serve clients during a given reporting period should complete Section 1 (telehealth) and the first 3 questions in Section 2 of the CDR; for Section 2 Question 4, enter “0” in all fields (i.e., the number of RWHAP-eligible clients and immediate household members who received service(s) total and in each service category). If PPE or sanitation activities are intended to support a specific service category, clients receiving these services should be reported under the specific service category for with the funding is allocated. If an exact number of clients served is unknown, please report a best estimate.
45	What if supplies we have ordered are on back order and we have not received these by the reporting date, do we report anything?	Recipient-providers, subrecipient providers, and second-level providers must complete a CDR every month for the duration of the entire award or contract period. Specifically, – Recipient-providers should complete a CDR every month for the duration of the 1-year CARES Act funding period, beginning on April 1, 2020. If funding was used prior to April 1, then also complete a CDR for the January 20 to March 31, 2020 reporting period. – Subrecipient-providers and second-level providers should complete the CDR each month during their contract period. Note: If subrecipients and second-level providers used all CARES Act funding in a single month, they would still complete a CDR each month until their contract ends. Please note, all direct recipient providers, subrecipient providers, and second-level providers who do not serve clients during a given reporting period should complete Section 1 (telehealth) and the first 3 questions in Section 2 of the CDR, then enter “0” for all fields of Section 2, Question 4 (i.e., the number of RWHAP-eligible clients and immediate household members who received service(s) total and in each service category).
46	Do we need to track how many clients we give PPE if that PPE was purchased with CARES Act funds? We typically do not report medical supplies as they are distributed.	Clients receiving these services should be reported under the specific service category for with the funding is allocated. If an exact number of clients served is unknown, please report a best estimate.

	Question	Answer
47	If we are purchasing equipment, like cell phones for medical case managers (MCMs), funded by the CARES Act, but the MCM is funded by Part D, do we report any type of MCM service on the CDR?	The equipment purchases will be allocated in the PTR/Allocations and Expenditures Reports under the appropriate service category. In the CDR Section 2, number 4 (clients by service category), only report clients served using CARES Act funds.
48	If our COVID-19 funds are being used to purchase laptops, desktops and audio enabled web cameras to allow our HIV Care Team to optimize telemedicine visits how is that recorded on collection data?	The equipment purchases will be allocated in the PTR/Allocations and Expenditures Reports under the appropriate service category. For the CDR, please complete Section 1 (telehealth) and the first 3 questions in Section 2; for Section 2 Question 4, enter “0” in all fields (i.e., the number of RWHAP-eligible clients and immediate household members who received service(s) total and in each service category).
49	For funds used for expenditures not involving direct client care (i.e. equipment, social media enhancements), how do we report those? In other words, are we expected to quantify the number of clients assumed to be served/impacted by those funds?	The equipment purchases will be allocated in the PTR/Allocations and Expenditures Reports under the appropriate service category. For the CDR, please complete Section 1 (telehealth) and the first 3 questions in Section 2; for Section 2 Question 4, enter “0” in all fields (i.e., the number of RWHAP-eligible clients and immediate household members who received service(s) total and in each service category).

COVID-19 Testing Questions:

	Question	Answer
50	Section 2: clients served - is this section only related to clients who tested positive at the provider site?	Section 2, Question 1 asks about COVID-19 testing availability at the provider site. Questions 2 and 3 ask about clients served who had confirmed or presumed positive COVID-19, regardless of where COVID-19 testing occurred. Question 4 is about services related to the prevention or treatment of COVID-19. Please refer to the CDR Instruction Manual available here: https://targethiv.org/library/cdr-instruction-manual.

	Question	Answer
51	For COVID-19 testing, you are asking that PCR testing as well as antibody testing be included in the total number of COVID-19 tests? If so, then do we count new COVID-19 tests that show current infection as well as new positive antibody tests to show infection some time in the past in Section 2 Question 2? Does antibody testing count as COVID-19 testing?	Yes. Please report any new COVID-19 diagnosis that occurred during the reporting period regardless of the COVID-19 test used for confirmation (i.e., PCR, antibody). Please follow CDC guidelines and your organization's policies and procedures regarding presumptive positive cases.
52	Can we take a self-report for testing positive for COVID-19, or must we receive a confirmation of the test?	Please include clients who report receiving a previous COVID-19 diagnosis based the results of a diagnostic test in the client counts.
53	For the COVID-19 testing question, are we reporting numbers for only those tests done within our HIV clinic or the entire hospital's testing (getting those numbers from the multiple other clinics within the hospital system each month may be extremely difficult)?	In Section 2, Question 1 asks whether the provider site conducting COVID-19 testing. The provider site is the organization or provider listed in the award notice (recipient-providers) or the contract (subrecipient and second-level providers). If the answer to this question is "yes," please report only the number of RWHAP-eligible clients and immediate household members who were tested for COVID-19 at the provider site during the reporting period (in this case, the HIV clinic).
54	What is considered testing on-site? If our non-Ryan White arm is conducting drive through testing - does this count?	Testing for COVID-19 at the provider site (Section 2, Question 1) should be reported regardless of the funding source. However, for the subsequent question on the number of people tested, please report only RWHAP-eligible clients and immediate household members who were tested during reporting period at the site.
55	Do subrecipients who are performing COVID-19 testing include non-Ryan White enrolled patients who are tested in the numbers reported on the CDR?	The first question in Section 2 asks whether the site conducting testing for COVID-19. The reported value to the testing question should be regardless of the funding source used for the testing services. Provider sites who answer "yes" to conducting COVID-19 testing, however, should provide only the number of RWHAP-eligible clients and their immediate household members who were tested in the reporting period. Non-RWHAP individuals should be included in this number only if they were an immediate household member of a RWHAP-eligible client.

	Question	Answer
56	If we do not conduct COVID-19 testing, do we need to provide data on whether the clients we served are COVID-19 positive/presumed?	Yes. In Section 2, Questions 2 and 3, providers should submit data regardless of whether or not the provider conducted the testing.
57	If we provide testing for COVID-19 in our clinic as a matter of course for the comprehensive care we provide in our outpatient ambulatory services under our Part C or D grants, would we need to report this in the CDR for the CARES Act funding?	Yes. Testing for COVID-19 at the provider site should be reported regardless of the funding source. However, for the subsequent question on the *number of people tested*, please report only RWHAP-eligible clients and immediate household members who were tested during reporting period (regardless of where they were tested).
58	Our RWHAP is housed inside a large hospital system. Our hospital has conducted COVID-19 testing, but our clinic has not. Should we report patients tested for COVID-19 by our parent hospital system?	You should report the number of RWHAP-eligible clients and immediate household members tested at the provider site. The provider site is defined as the organization listed in the award notice (recipient-provider) or contract (subrecipient and second-level provider) – in this case, the HIV clinic.
59	If RWHAP clients were tested elsewhere and are positive, do we have to indicate this too?	Yes. For Section 2 Questions 2-3, the number of RWHAP-eligible clients with a positive COVID-19 diagnosis should be reported (for both new and cumulative cases) regardless of where testing and diagnosis occurred. You will not have to report where the testing occurred.
60	Question on counting clients with COVID-19. Some people were not tested for various reasons (i.e. temperature not high enough) but were just told to stay at home. If clients did not receive a confirmatory medical test saying they were positive for COVID-19, do they still count towards our total clients who tested positive for COVID-19?	Clients with self-reported cases of COVID-19 can be included in your client counts. However, self-reported cases of COVID-19 should only be included in the CDR if the self-reported diagnosis was made based on a diagnostic test.
61	How are subrecipients that aren't states or local health departments expected to answer the COVID-19 presumed or confirmed COVID-19 positive question? Are they just reporting on folks they may have directly tested or had a positive test disclosed to them?	Providers should report all known RWHAP clients who received a positive (or presumed positive) COVID-19 test result regardless of where they were tested. Self-reported cases of COVID-19 should only be included in the CDR if the self-reported diagnosis was made based on a diagnostic test.

	Question	Answer
62	What if your agency does COVID-19 testing not funded by CARES Act funding and they don't collect RWHAP eligibility data? Will we be able to write unknown as a response to number one?	You should report the number of RWHAP-eligible clients and immediate household members tested at the provider site. The provider site is defined as the organization listed in the award notice (recipient-provider) or contract (subrecipient and second-level provider) – in this case, the HIV clinic.
63	A large percentage of our Ryan White patients receives medical care at a subcontracted provider. If they are tested by the subcontracted provider, do we count them in the number of people tested?	Yes. Please note that the providers (recipient-providers, subrecipient-providers, and second-level providers) in most cases should complete the CDR. A recipient can complete the CDR on behalf of a subrecipient; however, a separate CDR must be completed for each subrecipient. Unlike the RSR, a recipient cannot combine data across multiple subrecipients into a single CDR. Additionally, a recipient should not complete a CDR for their own agency if they do not directly provide CARES Act funded services to RWHAP clients.

EMR/EHR Questions:

	Question	Answer
64	We have heard about deduplication. How is it to be determined? Is there a built-in feature in the EHBs that will automatically deduplicate?	There is no built-in feature in EHB that will automatically deduplicate CDR data. In section 2 Question 4, each provider should report the de-duplicated number of clients served with CARES Act funds in the TOTAL number of clients served in the reporting period. Then, each client should be included one time per service category associated with the service received. – If a client received services in multiple service categories, they would be reported one time in the TOTAL de-duplicated number, and one time in EACH service category associated with the services they received. – If a client had multiple visits within a single service category, they should be counted one time in the TOTAL de-duplicated number and one time in that service category where they had multiple visits. It is the number of clients receiving the service, not the number of visits. You may need to contact your EHR/EMR provider for assistance. We recognize there could be some overlap in the number of clients reported across providers. HRSA HAB will not be able to deduplicate these aggregate client counts. RWHAP-eligible clients receiving services using CARES Act funding should also be reported in the next RSR, which undergoes a deduplication process at the client-level.

	Question	Answer
65	Will there be a way to separate Part A-funded information from other funding sources in order to see progress? Or should we institute our own internal reporting to track Part A funded CARES Act services provided by the agency?	Agencies should develop their own internal tracking systems to differentiate between different RWHAP Part funding and CARES Act funding. For Section 2 Question 4, please only report the number of clients receiving services using CARES Act funds.
66	How do you join the CAREWARE list serve you just mentioned?	You can subscribe to the CAREWARE listserv here: https://list.nih.gov/cgi-bin/wa.exe?SUBED1=CAREWARE&A=1.
67	You'll have to use custom reports or the Financial Report in CAREWare in order to populate this report.	This is correct. There are two steps required to populate the CDR using CAREWare. First, you will create a new contract and assign CARES Act funding. Second, run a Financial Report restricted by funding source and date range to get the client counts by service category for the reporting period.
68	I'm confused about dating reporting. Was it expected that we have all the CARES Act contracts added in CAREWare in order to track the number of clients receiving services?	Yes. To determine what services were funded by the CARES Act, a contract must be created to allow for a query on this funding source.
69	Will HAB be recommending any changes to CAREWare to facilitate data collection for the CDR?	There are two steps required to populate the CDR using CAREWare. First, you will create a new contract and assign CARES Act funding. Second, run a Financial Report restricted by funding source and date range to get the client counts by service category for the reporting period.
70	Is there a transfer from CAREWare to the CDR? Or is this all manual?	The CDR is only collecting aggregate data at this time. The data must be manually entered into the report.
71	Is it possible to report these services through CAREWare?	As long as the services are entered in the normal manner, any reporting functionality in CAREWare could be used to generate reports on these services.
72	Do we enter CARES Act funding received into AIRES?	Yes, CARES Act funding should be entered into AIRES if you use that system.

CDR Reporting Requirement Questions:

	Question	Answer
73	How is this applicable to AETC grantees who provide training and technical assistance, but not direct care?	The CDR is required only for RWHAP Parts A, B, C, and D providers (recipient-providers, subrecipient-providers, and second-level providers) who receive CARES Act funding. AETC grant recipients will receive separate guidance about reporting training events using CARES Act funding.
74	How can we differentiate between RWHAP services and COVID-19 services since they may overlap? Also, is the assistance exclusively for RWHAP-eligible populations with the COVID-19 infection or is it for those affected by lack of employment and other socio-economic challenges?	All Ryan White HIV/AIDS Program COVID-19 activities and purchases supported with FY 2020 CARES Act funding must be used for services, activities, and supplies needed to prevent or minimize the impact of COVID-19 on RWHAP clients. The CARES Act provision for the RWHAP offers recipients some flexibility to address COVID-19 related health and support needs of clients. See Examples of Coronavirus Aid, Relief, and Economic Security (CARES) Act Supplemental Funding Uses and Ryan White HIV/AIDS Program Service Categories for more information.
75	For the Organizational level activities, they do not have to be CARES Act funded, but do they need to be RWHAP-funded?	HAB is asking about all telehealth activities used for services regardless of the funding source.
76	In section 2, the last question regarding total number of patients who received services funded through CARES Act funding - does this apply to ALL services? Meaning we should report on all patients served in all service categories?	The last question asks the total number of RWHAP-clients and immediate household members receiving CARES Act-funded services in the reporting period. Report the number of clients receiving a service rendered using CARES Act funds in each service category funded. To reiterate, the total number reported should be deduplicated client counts.
77	So only report on the count of clients that were served with CARES funds?	Section 2, question 4 is only collecting data for services provided using CARES Act funds for the prevention or treatment of COVID-19 for RWHAP-eligible clients and their immediate household members.
78	If we have a delay in purchasing tests due to lack of availability in supply, will we simply enter 0 for that month?	Yes, that is correct.

	Question	Answer
79	If the CDR is tracking regardless of funding source, then do we need to be asking all clients about COVID-19 infection or exposure. Meaning, we may not know they have COVID-19 unless they tell us. Some clients who use limited services may not report COVID-19 infection if recovered. For example, if a client received services relative to housing, wouldn't the subrecipient need to specifically ask about COVID-19 infection in that period they received assistance?	Providers should ask appropriate questions for the services rendered; please follow CDC and local guidelines regarding screening questions. Providers should report the numbers of known new and cumulative cases each month based on a reasonable level of effort.
80	Is it expected that we comb through the local information exchange to find out how many people with HIV we serve are COVID-19 positive? We have good data from one health system and not from the other. Just report what we know with a reasonable level of effort?	Providers should report the numbers of known new and cumulative cases each month based on a reasonable level of effort.
81	What proof of evidence is required to determine household members of RWHAP-eligible clients?	Recipients should establish policies and procedures that define the documentation required to determine household members of RWHAP-eligible clients.
82	We are using almost the entire amount of our funding on ADAP medications. This might be a bit difficult to tie specifically to a client. Would it be acceptable to report on any person utilizing directly purchased medications purchased through COVID-19 funds dispensed in CDR period?	Yes. Please report the number of clients receiving direct medication using CARES Act funding during the reporting period. ADAP services is one of the service categories listed on the CDR.
83	Can you clarify who should be counted in the last section? For example, I've been told that we have yet to hire the Case Manager using the CARES Act funds, so I'm not sure if any patients would count under that section until after we hire that person?	Section 2, Question 4 should include clients who received services paid for using CARES Act funding. In the scenario of the question asked, a recipient would enter “0” for the number of RWHAP-eligible clients and immediate household members who received service(s) total and for each service category.

Telehealth Questions:

	Question	Answer
84	Are you able to use Telephone visits following CMS guidelines?	Yes, this is correct.
85	Is there a specific definition of telehealth, for example if an outpatient health services appointment was held over the phone only, does this count as telehealth? Would telehealth include "patient portal" encounters? Is telehealth both video visits and telephone only visits?	Please use a reasonable definition of telehealth. For example, if you are able to implement the service virtually (e.g., via telephone, videoconference, patient portals, etc.), it can be considered telehealth.
86	Is there a working definition of telehealth? Does it include case managers that are working with clients remotely?	Please use a reasonable definition of telehealth. Telehealth can be applied to several service categories such as OAHS, MCM, NMCM, mental health services, etc. For example, if you are able to implement the service virtually (e.g., via telephone, videoconference, patient portals, etc.), it can be considered telehealth.
87	Can you please clarify how telehealth is defined for non-medical support services? Are all remote service visits via phone etc. considered telehealth for the purposes of this report?	Please use a reasonable definition of telehealth. For example, if you are able to implement the service virtually (e.g., via telephone, videoconference, patient portals, etc.), it can be considered telehealth.