Ending the HIV Epidemic (EHE): A Plan for America Cooperative Agreement (CoAg) Training

EHE Jurisdictions and States
March 19, 2020

HIV/AIDS Bureau
Health Resources and Services Administration

Vision: Healthy Communities, Healthy People
Agenda

- Vision and Mission
- Overview of Ending the HIV Epidemic: A Plan for America
- Notice of Funding Opportunity (NOFO)
- Ryan White HIV/AIDS Program (RWHAP) EHE Crosswalk and Grants Policy Crosswalk
- HHS and HRSA EHE Initiative Activities – Recipient Expectations and HRSA HAB Project Officer Involvement
- Key Elements of Monitoring Cooperative Agreements
- Project Officer Monitoring Activities
- Data Reporting
- Technical Assistance Resources
- Q&A
HIV/AIDS Bureau Vision and Mission

Vision
Optimal HIV/AIDS care and treatment for all

Mission
Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families
Overview of Ending the HIV Epidemic: A Plan for America
Purpose of the Ending the HIV Epidemic: A Plan for America Initiative

**Overall Goal:** 75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

**Pillar 1: Diagnose**
- Led by CDC and HRSA (BPHC)
- Focus is on increasing HIV testing in high impacted areas (CHCs); and increase federal, state, and local health agencies capacity to test for HIV providing (CDC).

**Pillar 2: Treat**
- Led by HRSA (HAB through RWHAP Parts A and B recipients and BPHC)
- Focus on linking people living with HIV who are either newly diagnosed, or are diagnosed but currently not in care.

**Pillar 3: Prevent**
- Co-Led by CDC and HRSA (BPHC)
- Focus is providing PrEP related outreach, care coordination, medical services, and medications.

**Pillar 4: Respond**
- Led by CDC and HRSA (HAB through RWHAP Part A and B recipients)
- Focus is to detect HIV cluster and networks to provide HIV care and treatment (HRSA) or PrEP services (CDC).
Notice of Funding Opportunity:
Award Information

• Funding provided through a cooperative agreement under Section 311 and title XXVI of the Public Health Service Act

• A cooperative agreement

• Approximately $55,070,000 is available in year one to fund 47 applicants.

• Ten year initiative with five year initial funding
  • Year 1 begins March 1, 2020
Eligible Applicants – Ryan White HIV/AIDS Program (RWHAP) Part A

<table>
<thead>
<tr>
<th>Tier One - EMA</th>
<th>Tier Two - EMA</th>
<th>Tier Three - TGA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlanta, GA</td>
<td>Detroit, MI</td>
<td>Austin, TX</td>
</tr>
<tr>
<td>Baltimore, MD</td>
<td>New Orleans, LA</td>
<td>Baton Rouge, LA</td>
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<tr>
<td>Boston, MA</td>
<td>Newark, NJ</td>
<td>Charlotte-Gaston</td>
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<tr>
<td>Chicago, IL</td>
<td>Orlando, FL</td>
<td>Charlotte-Gastonia, NC</td>
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<td>Dallas, TX</td>
<td>Phoenix, AZ</td>
<td>Cleveland-Lorain-Elyria, OH</td>
</tr>
<tr>
<td>Fort Lauderdale, FL</td>
<td>Riverside-San Bernardin</td>
<td>Columbus, OH</td>
</tr>
<tr>
<td>Houston, TX</td>
<td>San Diego, CA</td>
<td>Fort Worth, TX</td>
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<tr>
<td>Los Angeles, CA</td>
<td>San Francisco, CA</td>
<td>Indianapolis, IN</td>
</tr>
<tr>
<td>Miami, FL</td>
<td>San Juan, PR</td>
<td>Jacksonville, FL</td>
</tr>
<tr>
<td>New York, NY</td>
<td>Tampa-St. Petersburg, FL</td>
<td>Las Vegas, NV</td>
</tr>
<tr>
<td>Philadelphia, PA</td>
<td>West Palm Beach, FL</td>
<td>Memphis, TN</td>
</tr>
<tr>
<td>Washington, DC</td>
<td></td>
<td>Oakland, CA</td>
</tr>
</tbody>
</table>

*Ohio (for Hamilton Co.)*
Orange County, CA
Sacramento, CA
San Antonio, TX
Seattle, WA
Eligible Applicants – RWHAP Part B

<table>
<thead>
<tr>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
</tr>
<tr>
<td>Arkansas</td>
</tr>
<tr>
<td>Kentucky</td>
</tr>
<tr>
<td>Mississippi</td>
</tr>
<tr>
<td>Missouri</td>
</tr>
<tr>
<td>Oklahoma</td>
</tr>
<tr>
<td>South Carolina</td>
</tr>
</tbody>
</table>
Opportunity for Innovation

• The purpose of the NOFO is to implement effective and innovative strategies, interventions, approaches, and services to achieve the goals of the Ending the HIV Epidemic initiative.
  • The funding provides the opportunity for a broader approach to addressing HIV than exists in services authorized by the RWHAP legislation.
  • Also, funded recipients are not limited to using the RWHAP service categories for this initiative.
• Recipients are encouraged to be innovative and creative as they design ways to use these funds to end the HIV epidemic in their jurisdictions.
Example of “Broader Approach”

• The only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis
  • There is no requirement that individuals served are low-income or that initial eligibility is documented prior to services being provided.

• As noted on the Notice of Award, HRSA expects that all new clients who are provided any services (whether EHE or RWHAP) in an EHE-funded jurisdiction will be counted as an EHE client.
RWHAP and EHE Crosswalk
Grants Policy Crosswalk
RWHAP and EHE Crosswalk – Eligibility and Allowable Costs

<table>
<thead>
<tr>
<th>Requirement</th>
<th>RWHAP</th>
<th>EHE Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>HIV Positive and Low-income</td>
<td>HIV Positive</td>
</tr>
<tr>
<td>Payor of Last Resort</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Allowable Costs</td>
<td>Core Medical Services</td>
<td>Core Medical Services</td>
</tr>
<tr>
<td></td>
<td>Support Services</td>
<td>Support Services</td>
</tr>
<tr>
<td></td>
<td>Initiative Services and Infrastructure</td>
<td>Administration/Planning and Evaluation</td>
</tr>
<tr>
<td></td>
<td>Administrative/Planning and Evaluation</td>
<td>Administration/Planning and Evaluation</td>
</tr>
<tr>
<td></td>
<td>CQM</td>
<td>CQM</td>
</tr>
<tr>
<td>Recertification of Eligibility</td>
<td>Required, every six months; by policy</td>
<td>Not Required</td>
</tr>
</tbody>
</table>
# RWHAP and EHE Crosswalk – Distribution of Funds

<table>
<thead>
<tr>
<th>Requirement</th>
<th>RWHAP Policy</th>
<th>EHE Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>75/25</td>
<td>75% of grant for Core Medical Services</td>
<td>Not Required</td>
</tr>
<tr>
<td>Administrative Costs Cap</td>
<td>Administrative - 10% Planning and Evaluation - 10%</td>
<td>Administrative - 10% Planning and Evaluation - 10% Collectively - 15%</td>
</tr>
<tr>
<td></td>
<td>Collectively - 15%</td>
<td>Collectively - 15%</td>
</tr>
<tr>
<td></td>
<td>CQ - Not to exceed 5% or $3M</td>
<td>CQM - up to 5%</td>
</tr>
<tr>
<td>Imposition of Charges</td>
<td>For eligible individuals &gt;100% FPL</td>
<td>Not Required</td>
</tr>
<tr>
<td>Unobligated Balance Penalty/75% Obligated</td>
<td>Required</td>
<td>Not Required</td>
</tr>
<tr>
<td>Maintenance of Effort/State Match</td>
<td>Required</td>
<td>Not Required</td>
</tr>
</tbody>
</table>
## RWHAP and EHE Crosswalk – Other

<table>
<thead>
<tr>
<th>Requirement</th>
<th>RWHAP Policy</th>
<th>EHE Initiative</th>
</tr>
</thead>
</table>
| Medicaid Provider, as Appropriate  | Part A – Required by Statute  
Part B – Required by Policy                                                  | Required                 |
| Planning/Comprehensive Plan        | Part A – Planning Council Prioritizes Allocation of Funds & Comprehensive Plan Required  
Part B – Comprehensive Plan Required                                      | Not Required             |
| Community Engagement               | Required                                                                     | Expected                 |
| Program Income                     | For the purposes under which the award was made; additive                    | Used for approved project related activities; additive |
# Grants Policy Crosswalk

<table>
<thead>
<tr>
<th>Topic</th>
<th>Grants Policy</th>
<th>Policy Source/Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Income</td>
<td>Program income is income earned by the recipient that is directly generated by a supported activity or earned as a result of the federal award during the period of performance.</td>
<td>45 CFR § 75.307(e) NOFO Notice of Award (NOA) HAB PCN #15-03 HHS Grants Policy Statement GPAM</td>
</tr>
<tr>
<td>Construction/Land/Buildings</td>
<td>Funds may not be used to purchase or improve land or for construct or make permanent improvement to any building.</td>
<td>42 U.S.C. §§ 300ff-14(i) and 300ff-22(f) 45 CFR §75.439 GPAM</td>
</tr>
</tbody>
</table>
# Grants Policy Crosswalk

<table>
<thead>
<tr>
<th>Topic</th>
<th>Grants Policy</th>
<th>Policy Source/Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Relations/Advertising Promotional Items</td>
<td>Some public relations/advertising is allowed only to support the goals of the approved federal project</td>
<td>45 CFR § 75.421 Grants Policy Statement</td>
</tr>
<tr>
<td>Entertainment</td>
<td>In general costs for entertainment are unallowable</td>
<td>45 CFR § 75.438 Grants Policy Statement</td>
</tr>
<tr>
<td>Food</td>
<td>Meals are generally not allowable</td>
<td>Grants Policy Statement NOA</td>
</tr>
</tbody>
</table>
# Grants Policy Crosswalk

<table>
<thead>
<tr>
<th>Topic</th>
<th>Grants Policy</th>
<th>Policy Source/Guidance</th>
</tr>
</thead>
</table>
| Cash Payments/Gift Cards/Incentives  | Cash payments/cash incentives to intended recipients of services are not allowed  
                                         General use gift cards such as Visa; American Express, MasterCard are considered cash | NOA  
                                         42 U.S.C. §§ 300ff-14(i) and 300ff-22(f) |
| Salary Limitation                    | No grant funds shall be used to pay the salary of an individual at a rate in excess of Executive Level II | The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, Section 202 |
| Purchase of Vehicles                 | Vehicles purchased to support grant related activities are allowed            | 45 CFR § 75.439; § 75.431 |
Grants Policy - Common Unallowable Costs

- Alcoholic beverages
- Lobbying activities
- Public Relations/Advertising*
- Honoraria*
- Fundraising
- Donations or Contributions

*Exception(s) apply to this policy
HHS and HRSA EHE Initiative Activities – Recipient Expectations and HRSA HAB Project Officer (PO) Involvement as Outlined in the NOFO
Recipient Expectations

- Complete proposed initiative work plan activities within the five-year project period.
- Collaborate with HRSA on review of activities, procedures, and budget items, including timely communication with PO.
- Develop and implement a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes.
- Ensure proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified priority population(s).
- Coordinate the initiative activities with their existing RWHAP programs.
Recipient Expectations (continued)

- Collaborate with CDC-funded organizations, health centers, and other local and state government agencies on implementing initiative activities.
- Collaborate with the Technical Assistance Provider (TAP) and Systems Coordination Provider (SCP) on the development, implementation, coordination, and integration of initiative activities.
- Develop a sustainability plan to support successful activities following conclusion of the cooperative agreement.
- Modify activities as necessary to ensure relevant outcomes for the project.
- Participate in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds.
HRSA HAB PO Program Involvement

- Provide the expertise and other relevant resources to support the efforts of the initiative activities.

- Facilitate partnership and communication with other federal agencies, particularly CDC, to improve coordination efforts.

- Facilitate collaboration with the TAP and SCP to assist in the development, implementation, coordination, and integration of initiative activities.

- Participate in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement.
HRSA HAB PO Program Involvement (continued)

- Approve uses of funds outside of existing allowable RWHAP costs and service categories.

- Provide ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement.

- Participate, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement.

- Review and concur with all information products prior to dissemination.

- Facilitate the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.
Key Elements of Monitoring Cooperative Agreements
Funding Mechanisms: What are the Differences?

• **Cooperative Agreement:** The federal government provides assistance but with substantial input from the HRSA HAB PO and leadership.

• **Grant:** The recipient proposes specific model/methodology to provide assistance, and is awarded funding for this purpose; there is limited programmatic input from the HRSA HAB PO.

• **Contract:** A procurement to purchase specific tangible goods and services through an acquisition process.
Substantial Involvement

• Means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

• In plain language, it’s a **partnership** between HRSA HAB and the recipient.
Examples of Substantial Involvement

- Participate in the design, development, revision and implementation of resources.
- Discussion prior to implementation of proposed activities.
- Rendering acceptance prior to the recipient undertaking the next phase of a project.
- Proposing revisions and/or modifications of activities, as necessary, to ensure relevant outcomes as determined by HRSA HAB.
Substantial Involvement Is Not

• Telling the recipient who to hire.

• Direct communication with subrecipients without recipient approval.

• Requesting deliverables not outlined in the NOFO and/or approved work plan.

• Requesting additional reporting of data elements not required per the NoA.
Project Officer Monitoring Activities
Initial Meeting with PO: What to Expect

Meeting Agenda

- Review NOA
- Project Overview
- Expectations
- Timelines and due dates

- Focus will be on the initial start-up and activities.
- Invite your staff with authority to make programmatic and budget decisions.
Prior Approval Request via EHB

**Changes to the budget:** Cumulative transfers among direct cost budget categories less of 25% of the total approved budget for that budget period or $250,000.

**Substantial changes to approved work plan or project scope**

**Recipient’s equipment purchase exceeds $5,000 not included in the approved budget or application.**
Monitoring Calls

Conducted monthly at a minimum.

Discuss work plan:
Progress, challenges, and overcoming barriers.

EHE and RWHAP calls may be joint or separate.
EHE and RWHAP Monitoring Calls

Project officer will work with recipient to determine whether to hold joint or separate EHE and RWHAP monitoring calls.

When deciding consider the following:

- Overlap of staff
- Length of call
- Relationship between EHE and RWHAP activities
- Type and duration of technical assistance needs
Tips for Working with the PO

Be Open and Transparent

- Recipients should engage in open discussion about the project with their PO and freely exchange ideas.

Be Vigilant

- Recipients should inform their PO of programmatic and fiscal concerns and invite problem-solving.
Tips for Working with the PO (continued)

Be Innovative

• Analyze available data and information.
• Explore recommendations and suggestions.

Note PO Limitations

• POs cannot select staff, subrecipients, or partners
• POs should not interact with any subrecipient without first discussing it with the recipient
Reporting Requirements Overview

Programmatic Reporting

- Triannual Progress Report (narrative)
- Non-Competing Continuation (NCC) – Annual Progress Report

Financial Reporting

- Federal Financial Report (carryover option available)
- Allocations Report
- Expenditures Report
Reporting Requirements Overview (continued)

Data Reporting

• Ryan White HIV/AIDS Program Services Report (RSR)
• AIDS Drug Assistance Data Report (ADR)
• EHE Triannual Module
Data Reporting
This section covers EHE initiative-funded recipients and service providers’ data reporting requirements in the:

- PTR/Allocations and Expenditures Reports
- Ryan White HIV/AIDS Program Services Report (RSR)
- AIDS Drug Assistance Data Report (ADR)
- EHE Triannual Module
How the Data Reporting Systems Connect

**EHE Triannual Module**

**Grants Contract Management System (GCMS)**

- Recipients enter most contract information into GCMS
- Recipients enter minimal contract information into PTR

**Data Exchange:** Data entered into GCMS are transferred to RSR and PTR web applications.

**Ryan White HIV/AIDS Program Services Report (RSR)**

Recipient-Service Provider relationship, service provider data are taken from GCMS.

**AIDS Drug Assistance Programs Data Report (ADR)**

**PTR Electronic Module**

- Data used to generate Consolidated list of Contracts (CLC) and Allocations Reports are taken from GCMS.

- Allocations report
- Expenditures report
- Consolidated list of Contracts
Similar to existing submissions: System access, reporting, and PO and Project Quality Controller (PQC) review workflows

NEW: GCMS changes to include EHE Initiative Services service category and dollar amounts spent

• EHE Initiative Services service category captures services specific to the initiative that are different from existing Core Medical Services and Support Services (PCN 16-02)
## PTR/Allocations and Expenditures Reporting Screenshot

### Section A: Identifying Information
- Enter Name of Recipient Here
- Enter Preparer’s Name Here
- Enter Preparer’s Phone Number Here
- Enter Preparer’s Email Address Here

### Section B: Award Information

<table>
<thead>
<tr>
<th>INITIATIVE AWARD</th>
<th>Current FY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Initiative Performance Based Award</td>
<td></td>
</tr>
</tbody>
</table>

### Section C: Allocation Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>INITIATIVE AWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initiative Service Subtotal</td>
<td>$0</td>
</tr>
<tr>
<td>a. EHE Initiative Services</td>
<td>--</td>
</tr>
<tr>
<td>2. Core Medical Services Subtotal</td>
<td>$0 0.00%</td>
</tr>
<tr>
<td>a. AIDS Drug Assistance Program (ADAP) Treatments</td>
<td>--</td>
</tr>
<tr>
<td>b. AIDS Preventive Assistance (LPAP)</td>
<td>--</td>
</tr>
<tr>
<td>c. Early Intervention Services</td>
<td>--</td>
</tr>
<tr>
<td>d. Health Insurance Premium &amp; Cost Sharing Assistance</td>
<td>--</td>
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<tr>
<td>e. Home and Community-based Health Services</td>
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<tr>
<td>f. Home Health Care</td>
<td>--</td>
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<tr>
<td>g. Hospice</td>
<td>--</td>
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<tr>
<td>h. Medical Case Management (incl. Treatment Adherence Services)</td>
<td>--</td>
</tr>
<tr>
<td>i. Medical Nutrition Therapy</td>
<td>--</td>
</tr>
<tr>
<td>j. Mental Health Services</td>
<td>--</td>
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<tr>
<td>k. Oral Health Care</td>
<td>--</td>
</tr>
<tr>
<td>l. Outpatient/Ambulatory Health Services</td>
<td>--</td>
</tr>
<tr>
<td>m. Substance Abuse Outpatient Care</td>
<td>--</td>
</tr>
<tr>
<td>3. Support Services Subtotal</td>
<td>$0 0.00%</td>
</tr>
<tr>
<td>a. Child Care Services</td>
<td>--</td>
</tr>
<tr>
<td>b. Emergency Financial Assistance</td>
<td>--</td>
</tr>
</tbody>
</table>
RSR Reporting

**Similar to existing submissions:** System access, reporting and PO workflows

**New:** GCMS changes and two new client-level data elements:
- New service category (GCMS changes)
  - EHE Initiative Services
- New client-level questions
  - Is client new to the service provider? (Y/N)
    - All service providers required to report
  - If no, did the service providers provide at least one RWHAP or Initiative funded service to the client in the previous calendar year?
    - Only OAHS, MCM, and NMCM providers report
ADR Reporting

**Similar to existing submissions**: System access, reporting and PO review workflows

**NEW**: Variable in the Recipient Report

- Total contributions to ADAPs from EHE-funded recipients
- Enter dollar amount only
EHE Triannual Module – What Data Does It Collect?

• For each service category, the service provider will report on three different questions:

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td># new clients who received their first service in the previous 4 months</td>
</tr>
<tr>
<td># clients who received at least one service in the previous 4 months and received at least one service in the previous calendar year</td>
</tr>
<tr>
<td># total clients who received at least one service during the previous 4 months</td>
</tr>
</tbody>
</table>

• For each category of new clients, existing clients, and total clients, report the number of clients who were prescribed ART in the reporting period.

• 8 service categories are included.
## Reporting Timelines

<table>
<thead>
<tr>
<th>Report</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>PTR/Allocations Report</td>
<td>Within 90 days of budget period start date</td>
</tr>
<tr>
<td>Expenditures Report</td>
<td>Within 90 days of budget period end date</td>
</tr>
<tr>
<td>RSR (with EHE changes)</td>
<td>March 2021</td>
</tr>
<tr>
<td>ADR (with EHE changes)</td>
<td>June 2021</td>
</tr>
<tr>
<td>EHE Triannual Module</td>
<td>Report 1: July 2020</td>
</tr>
<tr>
<td></td>
<td>Report 2: November 2020</td>
</tr>
<tr>
<td></td>
<td>Report 3: March 2021</td>
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</table>
Technical Assistance Resources
# Data Reporting Technical Assistance Resources

<table>
<thead>
<tr>
<th>Report</th>
<th>Instruction Manual</th>
<th>Webinar(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTR/Allocations Report and Expenditures Report</td>
<td>Summer 2020</td>
<td>Summer/Fall 2020</td>
</tr>
<tr>
<td>RSR</td>
<td>Fall 2020</td>
<td>Fall/Winter 2020</td>
</tr>
<tr>
<td>ADR</td>
<td>Fall/Winter 2020</td>
<td>Fall/Winter 2020</td>
</tr>
<tr>
<td>EHE Triannual Module</td>
<td>Spring 2020</td>
<td>Spring 2020</td>
</tr>
</tbody>
</table>
# Data Reporting Technical Assistance Resources (continued)

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Type of Technical Assistance</th>
</tr>
</thead>
</table>
| **Ryan White HIV/AIDS Program Data Support**  
Phone: 888-640-9356  
Email: RyanWhiteDataSupport@wrma.com | • RSR, PTR/Allocations Reports, Expenditures Reports, EHE Triannual Module, and GCMS-related content and submission  
• Interpretation of the instruction manuals and HAB’s reporting requirements  
• Instructions for completing each report  
• Data validation questions |
| **DART Team**  
Email: Data.TA@caiglobal.org | • Determine if systems collect required data  
• Extracting data from systems and reporting it using the required XML schema  
• Data quality issues  
• TRAX and CHEX applications |
| **HRSA Help Desk:**  
Phone: 877-464-4772  
Website: [https://www.hrsa.gov/about/contact/ehbhelp.aspx](https://www.hrsa.gov/about/contact/ehbhelp.aspx) | • Electronic Handbooks (EHBs) registration, access, permissions, and web system navigation |
| **CAREWare Help Desk**  
Phone: 877-294-3571  
Email: cwhelp@jprog.com  
TA Request Form: [https://targethiv.org/careware/cw6-help](https://targethiv.org/careware/cw6-help) | • How to generate the XML file from CAREWare correctly  
• How to view a sample client summary file  
• Creating custom reports  
• Installing/migrating to CAREWare 6.0 |
To learn more about our agency, visit

www.HRSA.gov

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