EHE

Completing the EHE Triannual Provider Report

Ending the HIV Epidemic (EHE) Triannual Report

HRSA HIV/AIDS Bureau

May 8, 2024

RWHAP DATA SUPPORT

DISQ Data Integration, Systems & Quality TECHNICAL ASSISTANCE

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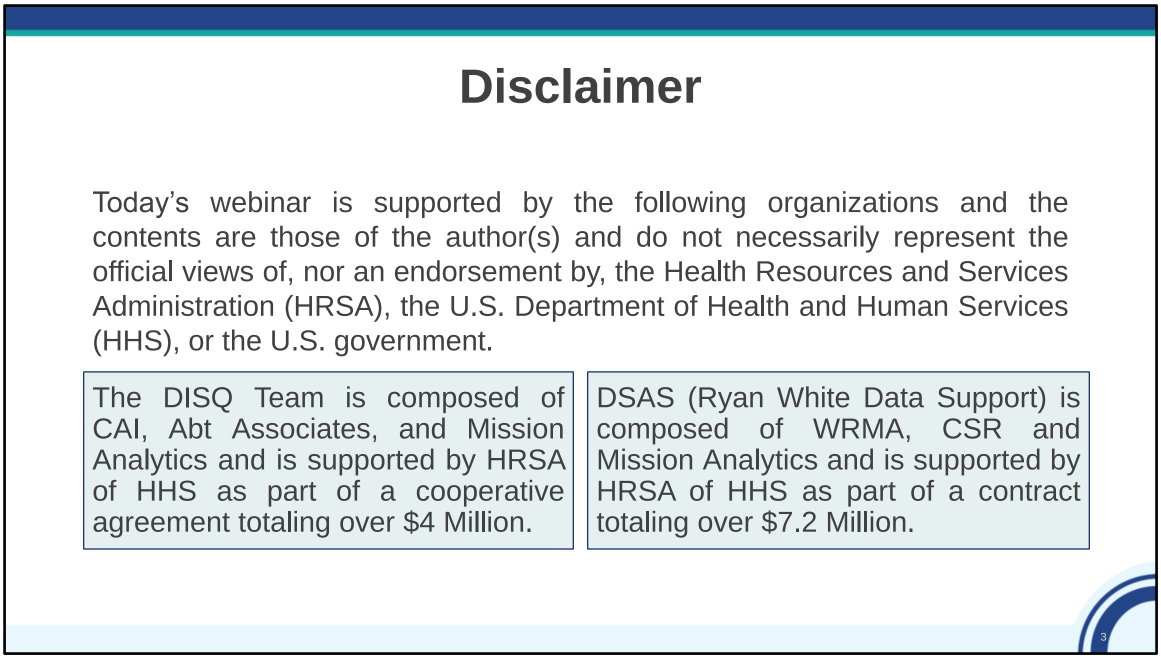
Hello everyone and welcome to today's webinar, "Completing the EHE Triannual Provider Report".
My name is AJ Jones. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the EHE Triannual Report.

Today's Webinar is presented by Brian McBee from RWHAP Data Support, the experts on RWHAP reporting requirements, and myself representing the DISQ team's work with client-level data. Today, Brian will review step-by-step instructions for how to complete the EHE Triannual Provider Report and provide information on the submission timeline and other technical assistance resources available. Please note, this webinar is intended for service providers who receive EHE funds either directly from HRSA HAB or from a recipient agency. If your agency does not provide EHE services, our webinar from last week on the EHE Recipient Report may be more suitable for you.

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 Isia is going to chat out the link to the presentation slides right now which include all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Q&A" function on the settings bar on the bottom of the screen. All questions will be addressed at the end of the webinar in our live Q&A portion. During that time, you will also be able to ask questions live if you'd like to unmute yourself and chat with us directly.

Now before we start, I'm going to answer one of the most commonly asked questions about the recording. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar. The slides are already available for you to access on the TargetHIV website using the link that Isia just chatted out. Please note that these slides are not 508 compliant, but we will follow up with all registrants in about two weeks when the 508 compliant slides and written question and answer are posted.



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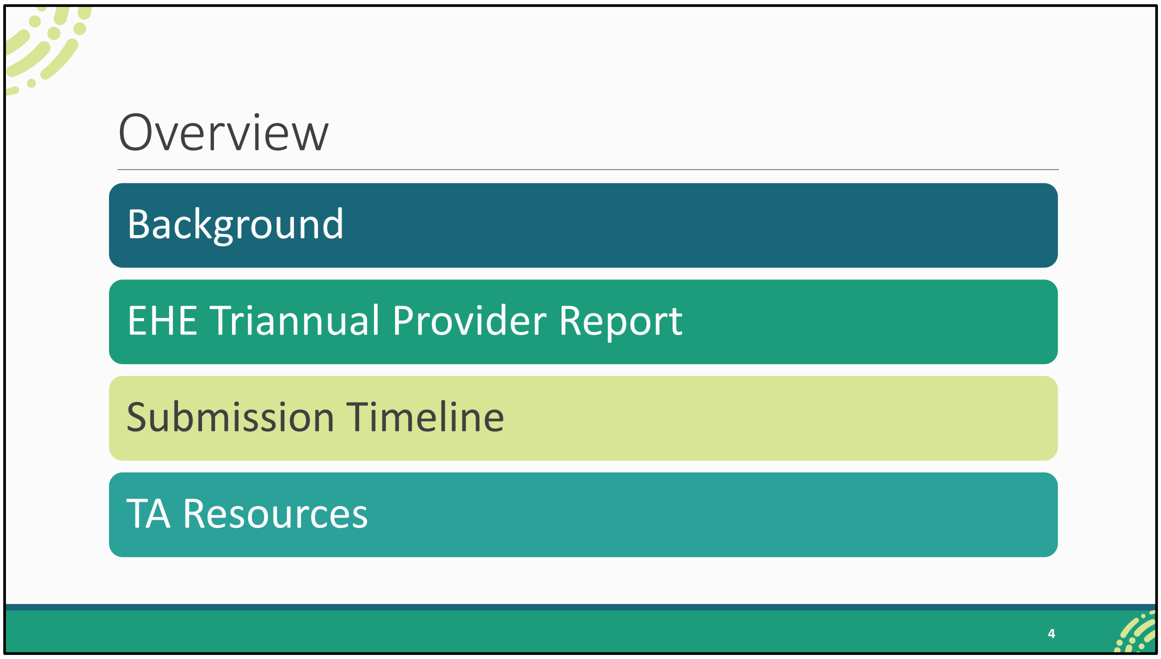
Now I’d like to turn the webinar over to Brian.

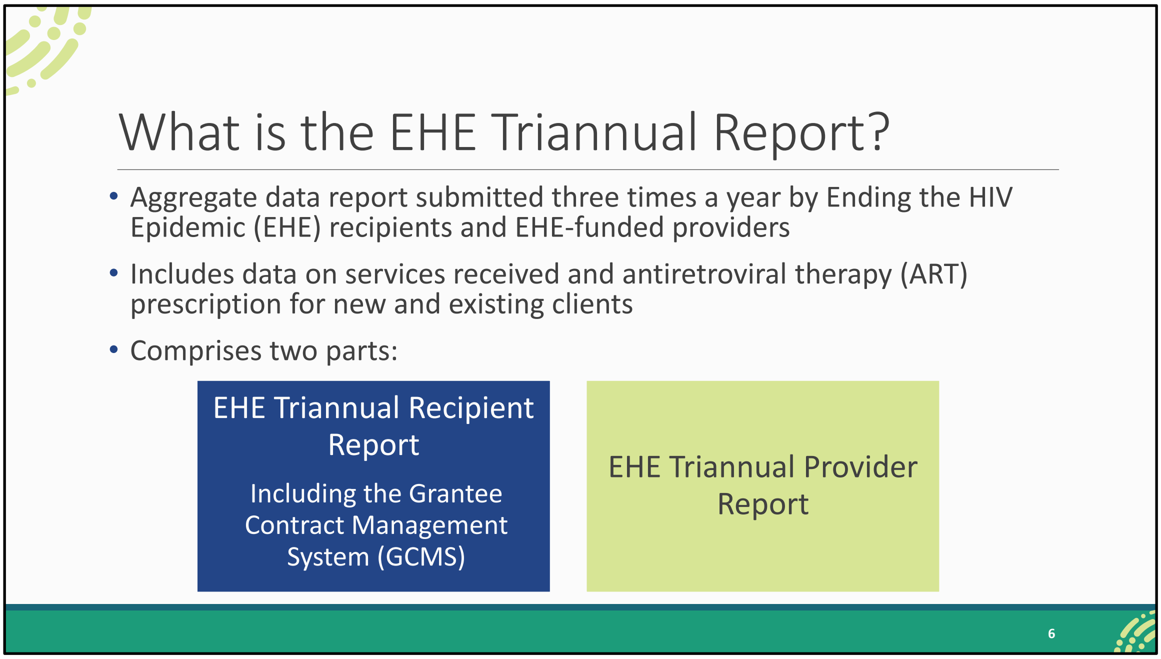


Thanks, AJ. Our presentation topic for today is the EHE Triannual Provider Report. We'll start off by taking a look at some background information and reviewing what exactly the EHE Triannual Report is and who needs to complete it. Then we'll move on to the EHE Triannual Provider Report, where EHE-funded providers submit their aggregate data, and walk through that whole report. And then we'll close out our presentation with a look at the EHE submission timeline as well as the TA resources available to assist you. Let's get started.

But let’s jump to a poll question to see how experienced you all are at submitting the EHE Triannual Report.

How many times have you submitted the EHE Triannual Report previously?

a. I have never submitted before.
b. I have submitted once or twice before.
c. I have submitted three or more times.



So, what is the EHE Triannual Report? The EHE Triannual Report is an aggregate data report submitted three times a year by EHE recipients and EHE-funded providers of services. Organizations that use EHE Initiative funding to provide services will submit aggregate data on the services their clients receive and prescription of ART, specifying whether these clients are new or existing clients. The EHE Triannual submission is comprised of two parts which we also call reports: the EHE Recipient Report which includes the Grantee Contract Management System (or GCMS) and the EHE Provider Report. For today's presentation we're just going to be discussing the EHE Triannual Provider Report.

EHE Triannual Provider Report

- Completed by EHE-funded providers
  - Each provider completes an individual report
  - Recipients may submit the report on behalf of their providers
- Providers enter aggregate data on the number of clients receiving certain services as well as the number of clients prescribed ART
- Providers submit report which then must be accepted by their recipient(s)

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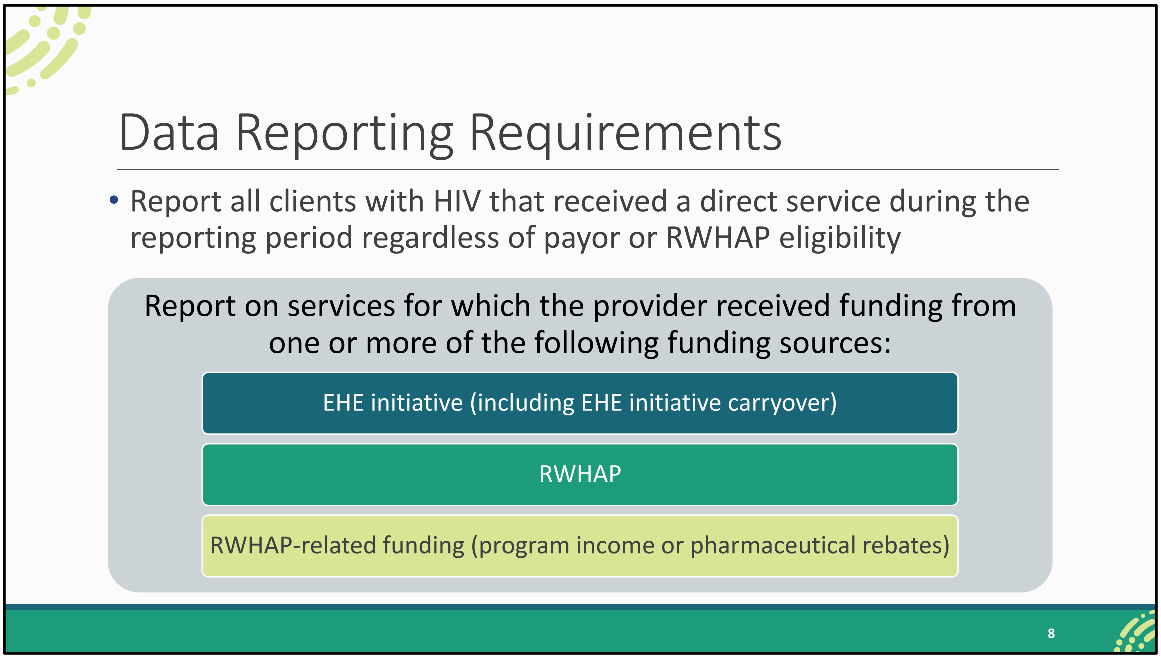
The EHE Triannual Provider Report is submitted by EHE-funded providers. Each provider must complete an individual report and while it’s always preferred that providers complete their own reports since they are closest to their own data, recipients are able to submit on behalf of their providers. As part of this report, providers will enter aggregate data directly into the system on the number of clients receiving certain service categories as well as the number of clients prescribed ART during the reporting period. Once providers have done that, they can submit their report at which point, their recipient(s) will go in and either accept the report or return it back to the provider for changes.



You'll be reporting on all clients with HIV that received a direct service during the reporting period, regardless of the final payor for the service or whether or not the client is RWHAP eligible.

Providers should report data on services for which they received funding from any of the following sources: EHE Initiative funding which does include EHE carryover, RWHAP funding (including RWHAP Parts A, B, B Supplemental, C, and D), or RWHAP-related funding such as RWHAP-related program income or pharmaceutical rebates. If you do not fund one of those specific services that we saw in the table with any one of these funding sources, then you do not need to report data for that service category. Now this still means that only EHE-funded providers need to complete the EHE Triannual Provider Report. If you only receive say regular RWHAP funding, you won't be completing this report even though that funding is included here. So, providers should look at the funding they receive from all these sources, figure out which services they are providing with any of those funding sources, and that's the services they should be reporting on.

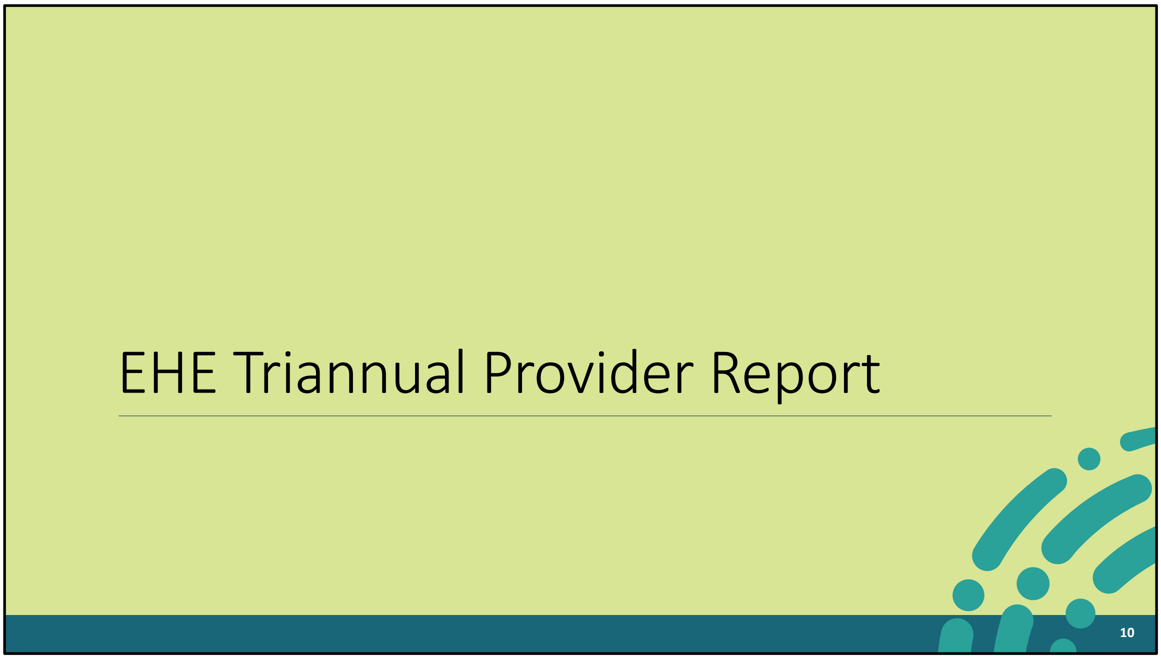
Let’s go to a quick knowledge check.

My organization receives EHE initiative funding to provide Outreach Services, RWHAP Part A funding to provide Medical Case Management, and SAMHSA funding to provide Mental Health Services. Which services should I report on in my EHE Triannual Report?

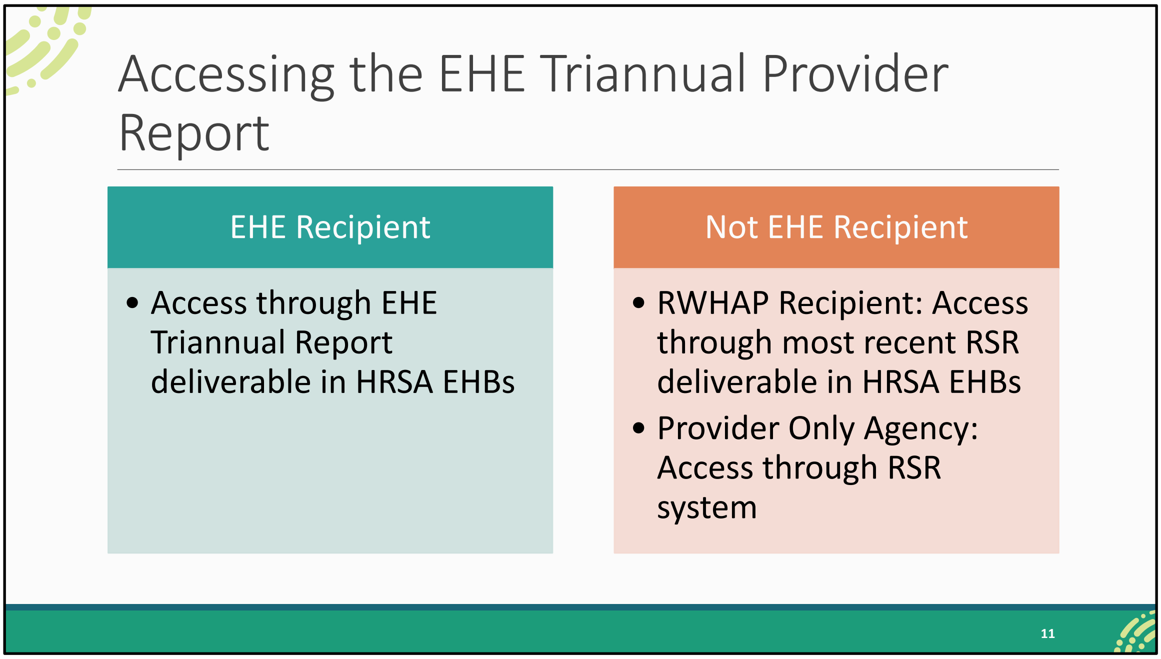
a. Outreach Services

b. Medical Case Management

c. Mental Health Services



So, let’s go ahead and now walk through the EHE Provider Report.

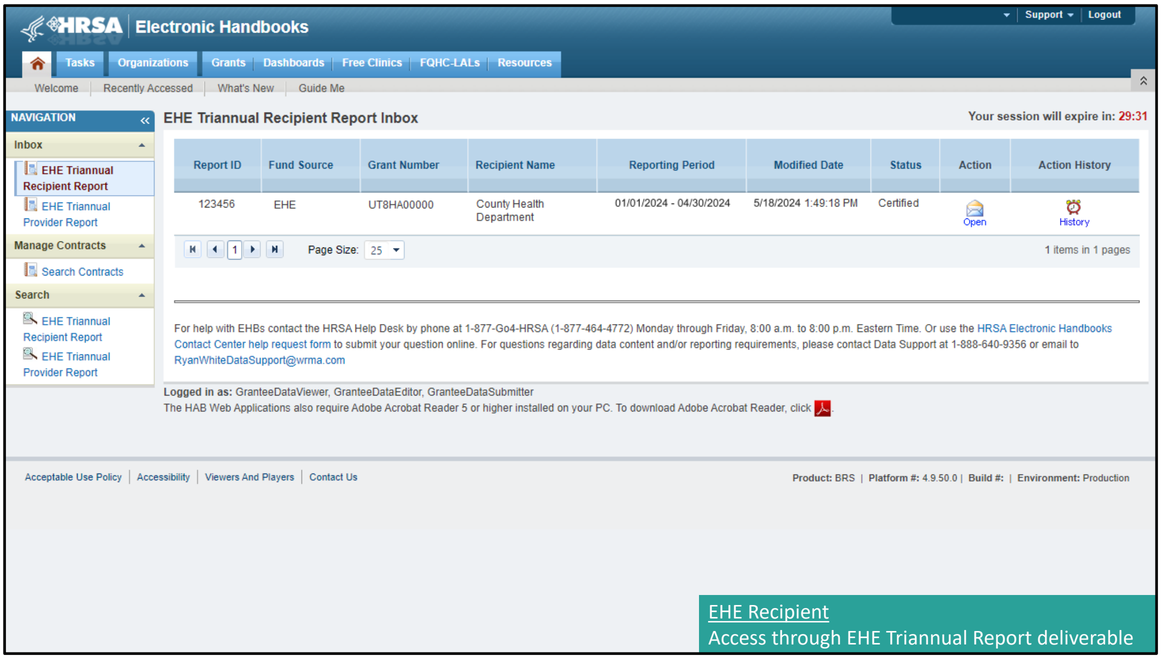


The way organizations will access the EHE Provider Report differs depending on what kind of organization they are. If you are an EHE recipient and you need to access the EHE Provider Report to complete it yourself or review your subrecipients' reports you have the simplest process, just open up your EHE deliverable in the EHBs, and then select the EHE Provider Report inbox.

Organizations that are not EHE recipients will get to the EHE system through the RSR system. If your organization is not an EHE recipient but is an other RWHAP recipient, such as a RWHAP Part C or D recipient, and you receive EHE Initiative funding to provide services and need to complete the EHE Provider Report, you will access the EHE system through your most recent RSR deliverable in the EHBs.

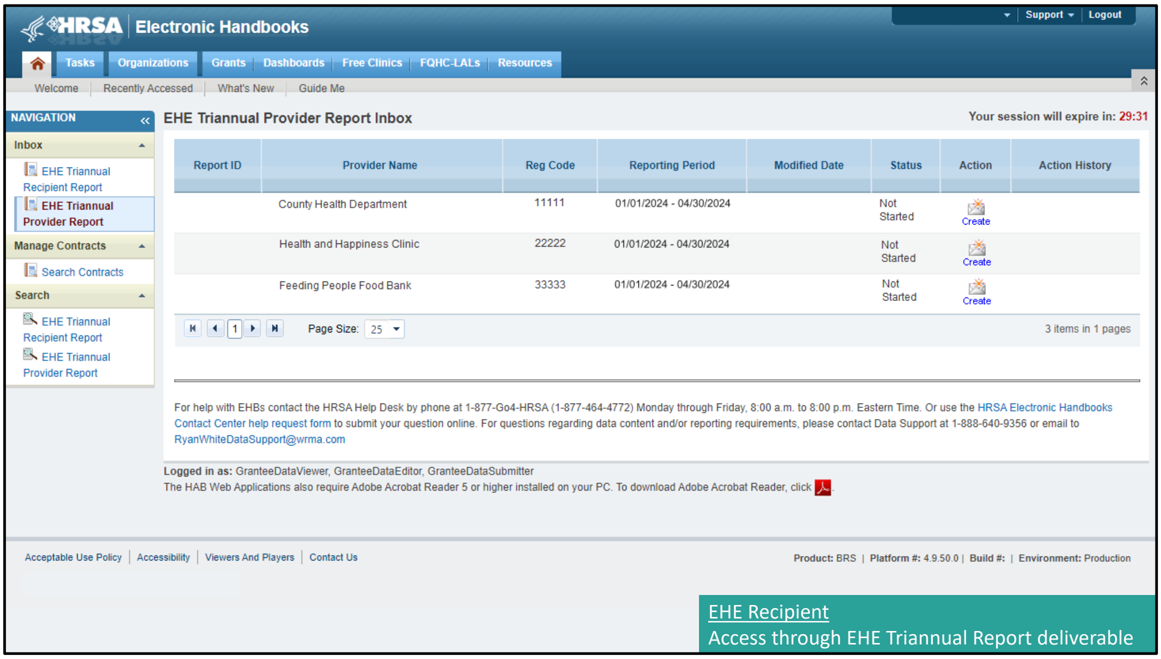
And if your organization is a provider only but again you receive EHE Initiative funding to provide services and need to complete the EHE Provider Report, then you'll use the "Access RSR" link once you log in and then navigate to the EHE inbox.

We aren't going to go into full detail on these steps for today's presentation in the interest of time, but if you need any assistance accessing the EHE Provider Report, you can find full instructions in the EHE Triannual Report Manual or you can always reach out to us at Data Support for help.

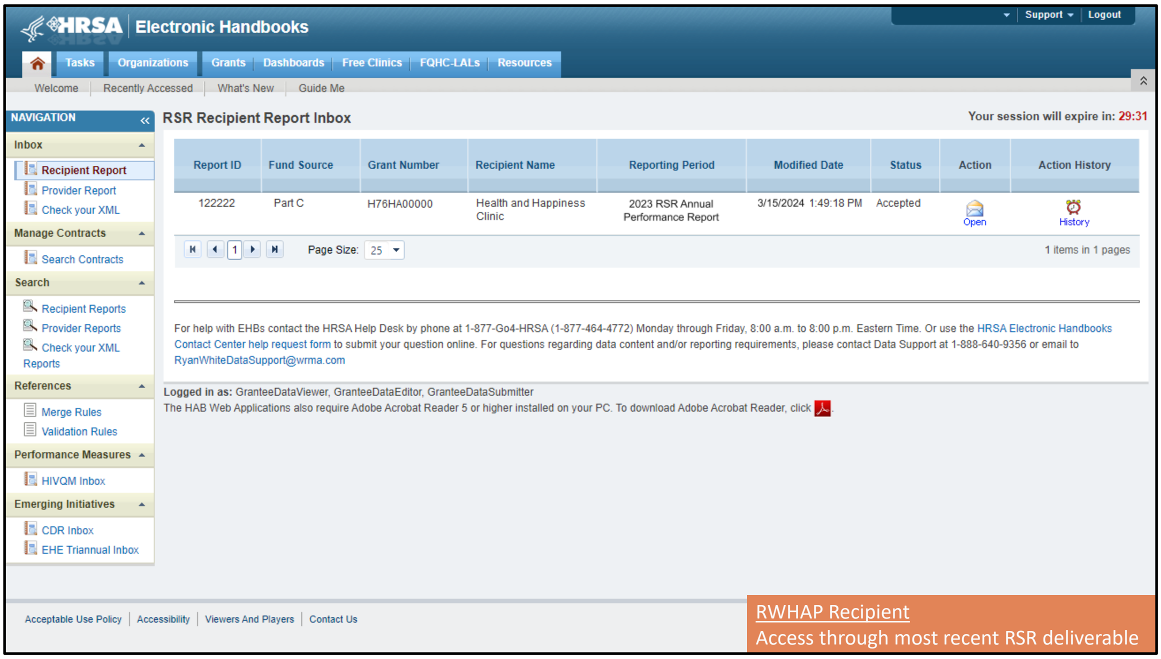


So, let’s start out with EHE recipients. We are in the EHE Recipient Report inbox. This is where you get after selecting your EHE submission in the EHBs. If you need a refresher on how to get to this point, check out the last webinar we presented for the EHE Recipient Report or the EHE Manual contains instructions for getting to this point as well.

From here, select “EHE Triannual Provider Report” under the Inbox header in the Navigation panel on the left side of the screen.

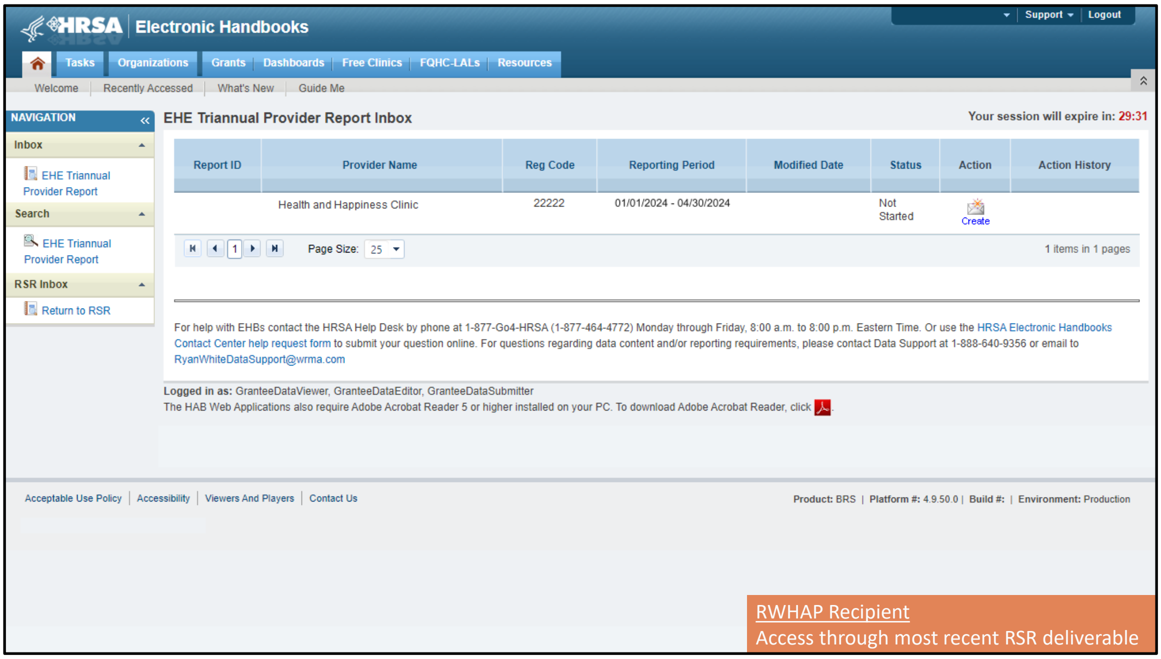


You'll be taken to the EHE Provider Report inbox where you can see all the EHE Provider Reports associated with your grant.

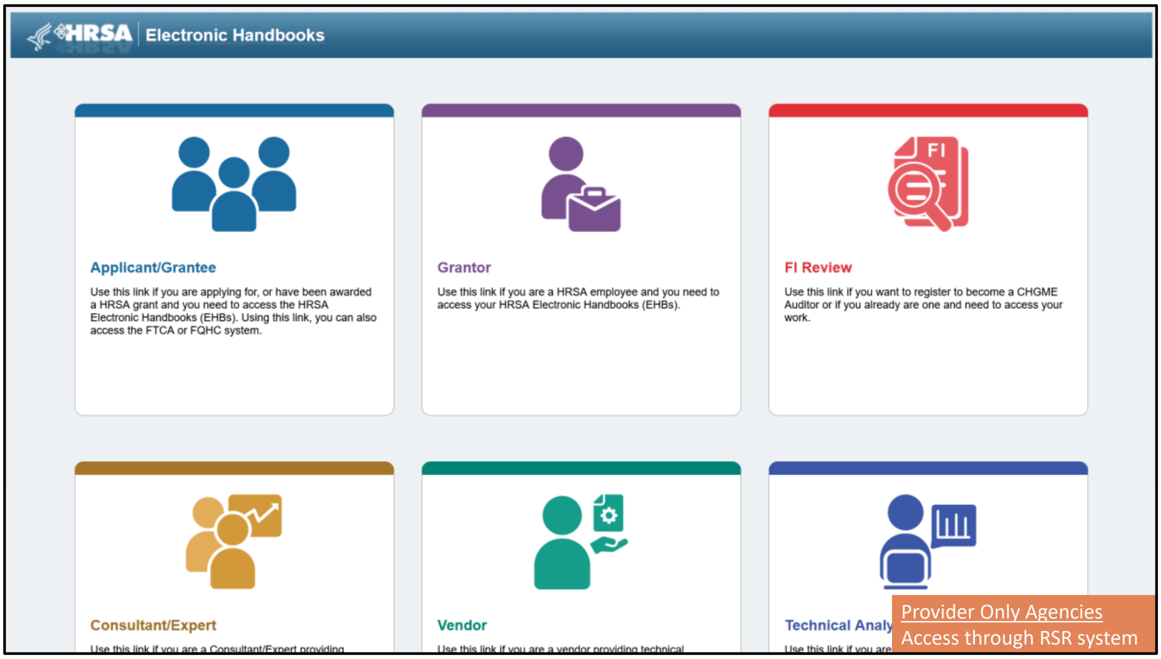


Now let's take a brief look at the steps for RWHAP recipients. As a reminder, these are organizations that are not direct EHE recipients but are the recipient of a RWHAP grant (such as a RWHAP Part C or Part D recipient) that receive funding from an EHE recipient to provide services.

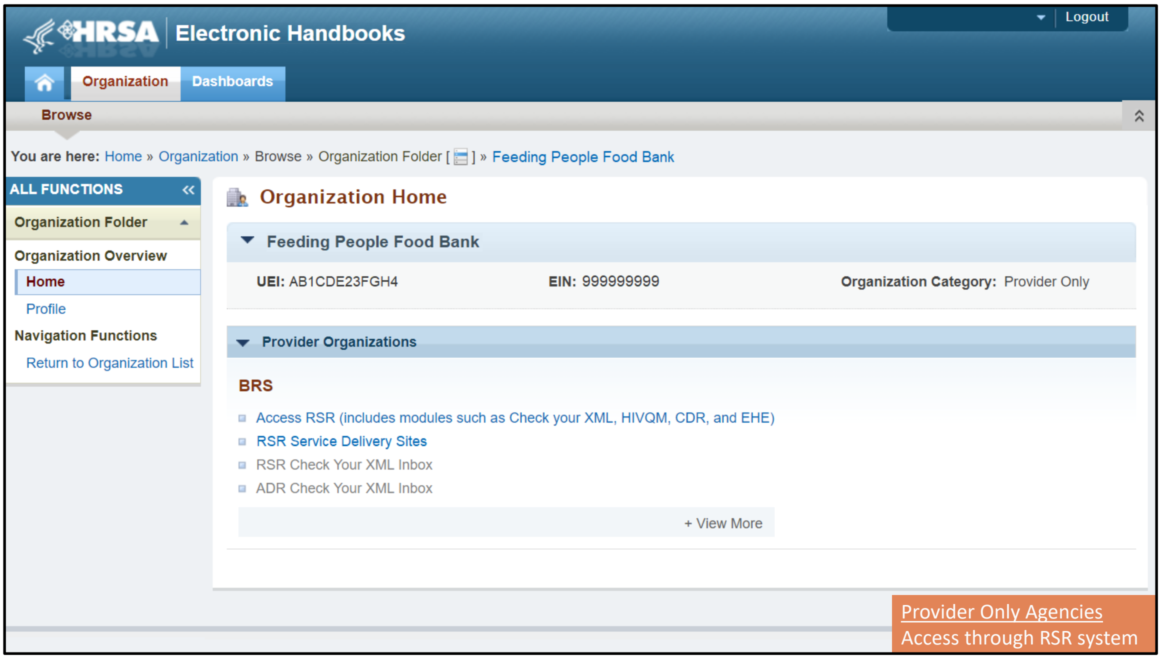
Login and access your most recent RSR deliverable to get you here to the RSR system. You can see the RSR Recipient Report in the center of the page here. To get to the EHE system, select "EHE Triannual Inbox" all the way at the bottom of the Navigation panel on the left side of the screen.



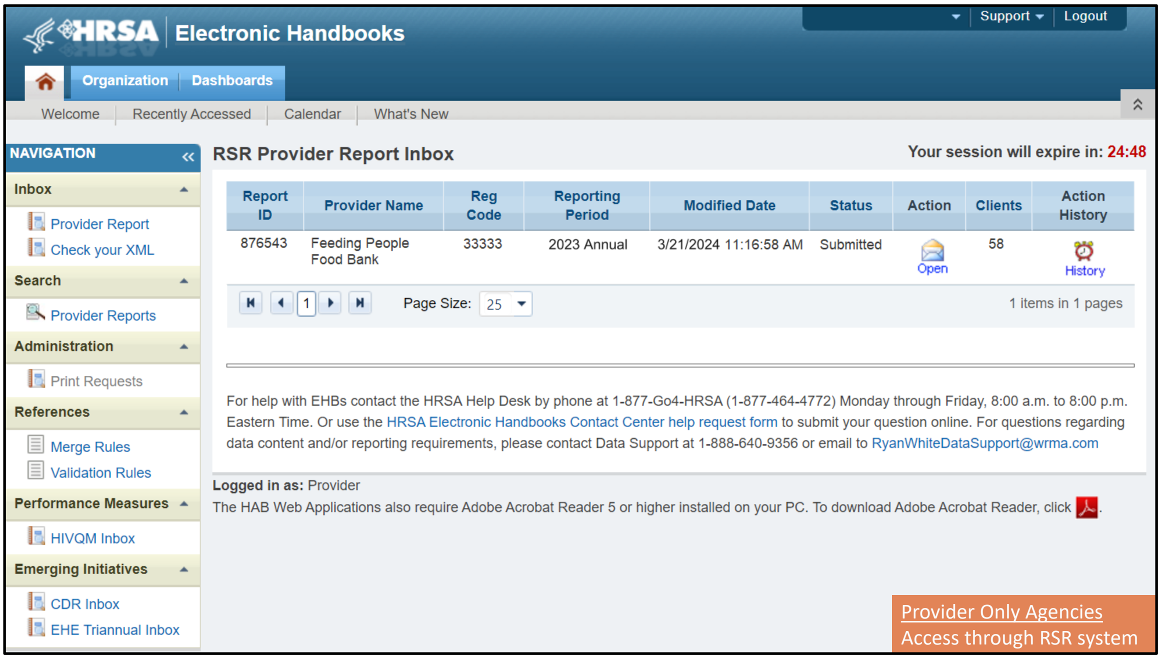
That will take you directly to the EHE Provider Report inbox where you can open up and work on your report.



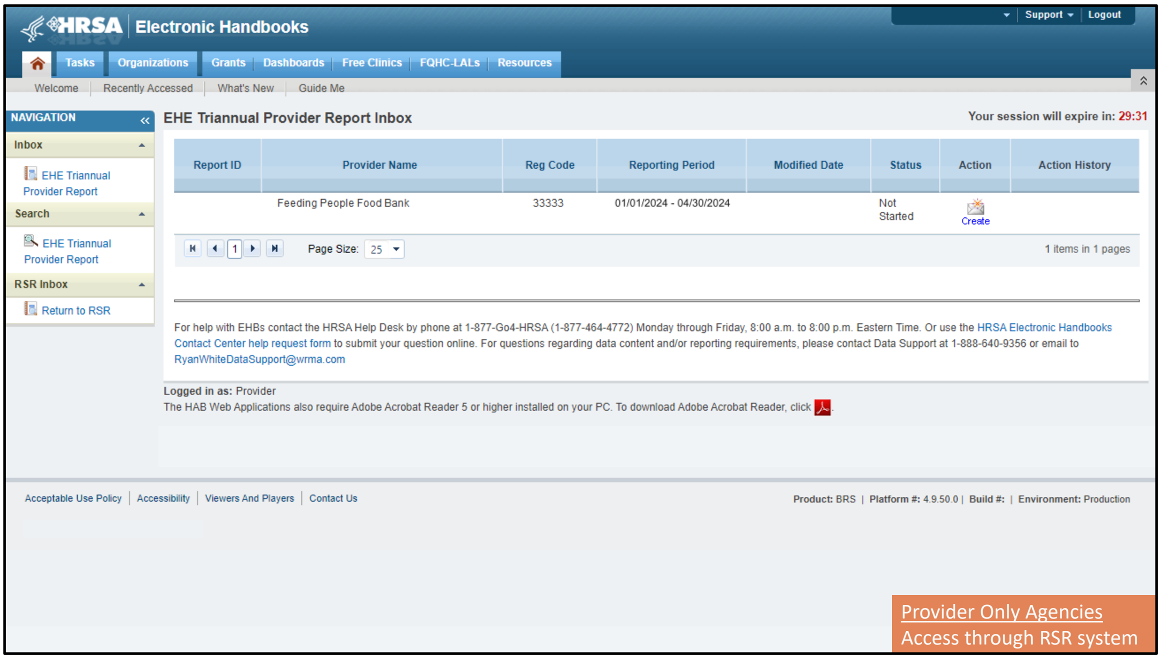
Now let's quickly move on to the last set of instructions for getting to the EHE Provider Report for providers only organizations. These are organizations that are not the direct recipient of any RWHAP grant but do receive EHE initiative funding from an EHE recipient to provide services. This is for agencies that use the Service Provider login portal.



Skipping ahead a bit in our instructions to where you would access the RSR system. Here on the "Organization Home" page, you'll select the "Access RSR" link in the center of the page.

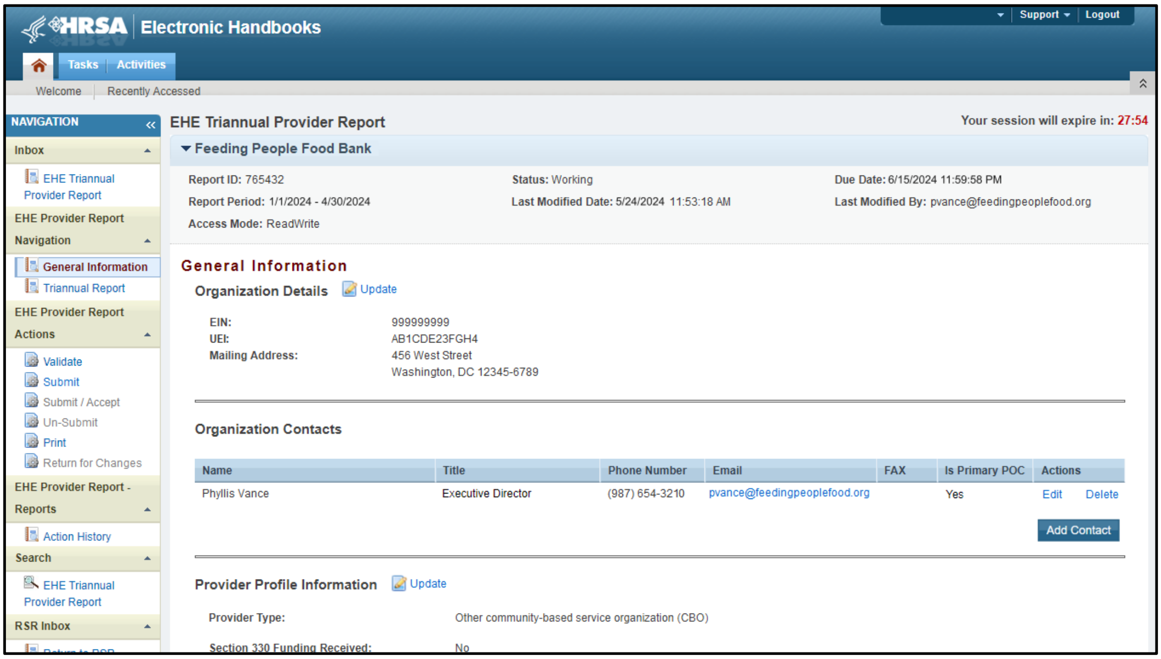


That will take you to the RSR Provider Report inbox. Just like we saw earlier, to get to the EHE system, look all the way at the bottom of the Navigation panel on the left side of the screen and select "EHE Triannual Inbox."



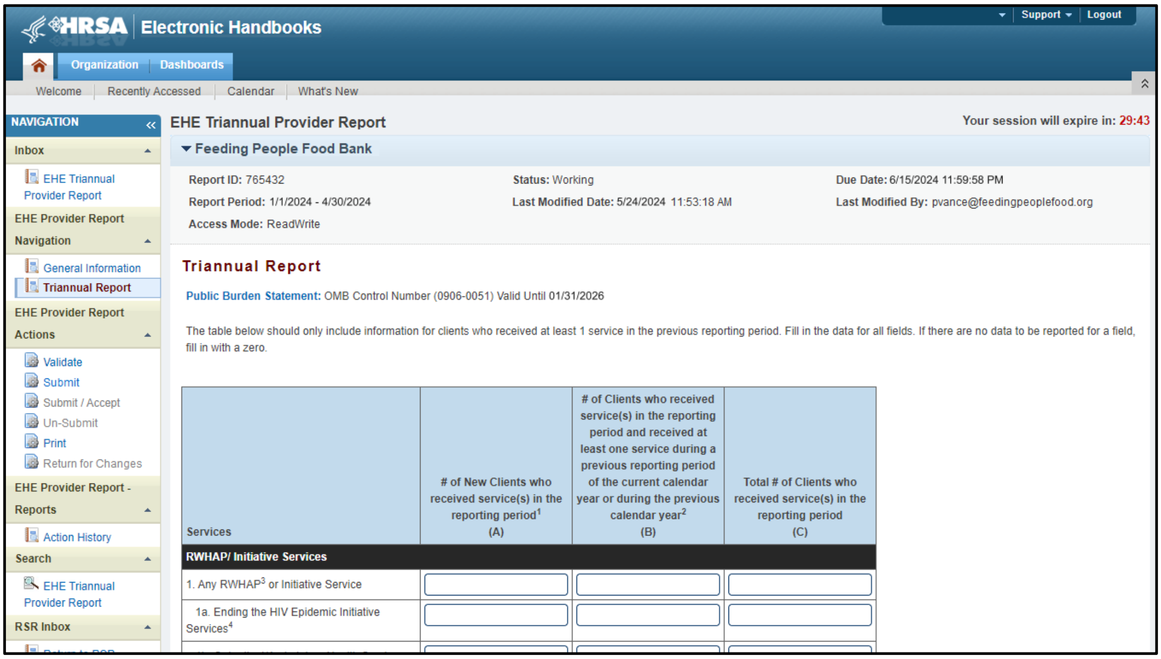
That will take you right to the EHE Provider Report inbox.

So, that was a lot of instructions on just getting to the EHE Provider Report but let's go ahead and look at how you all will actually complete it. To get started, select the envelope icon under the "Action" column to open up the report.



When you open up your report, you'll be taken to the first part of the report, General Information. General Information contains three different sections with information prepopulated from the EHBs. The first section, Organization Details, contains your organization's EIN, UEI, and mailing address, the second has your Organization Contacts, and then the last one, Provider Profile Information, has some basic characteristics about your organization. What you'll want to do is review the information here and make sure it is up to date. If you are a recipient completing the report for your provider, make sure the information here reflects your provider and not your own recipient organization.

Use the update links to make edits to the Organization Details and Provider Profile Information. Use the "Add Contact" button, to add a contact to the contacts table or alternatively use the "Edit" or "Delete" options to alter or remove one of the entries already in the table. Once you have gone through this section, you're ready to move on to the next part of the report, the Triannual Report section which you can get to by selecting that option in the Navigation panel on the left side of the screen.



I'll go ahead and scroll down here so we can better see the table in the center of the page. This table is where you will do your data entry. Every box here does require a response. So, if you don't have any data to report for one of the fields here, just enter a zero.

Once you've entered a value for every field scroll down to the bottom of the page, and then select the "Save" button at the bottom right.

But now that you know what it looks like in the system let's move ahead to the next slide and discuss the data that go into this table.

EHE Data Table

- For each row report three client counts:
  - Column A: New clients
  - Column B: Existing clients
  - Column C: Total clients
- Two sections of table:
  - RWHAP/Initiative Services: Report number of clients that received each service during the reporting period
  - Health Outcomes: Report number of clients served during the reporting period that were prescribed or continued ART

Services	# of New Clients who received service(s) in the reporting period[1] (A)	# of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year[2] (B)	Total # of Clients who received service(s) in the reporting period (C)
RWHAP/ Initiative Services			
1. Any RWHAP[3] or Initiative Service			
1a. Ending the HIV Epidemic Initiative Services[4]			
1b. Outpatient/Ambulatory Health Services			
1c. Medical Case Management, including Treatment Adherence Services			
1d. Non-Medical Case Management Services			
1e. Mental Health Services			
1f. Substance Abuse Outpatient Care			
1g. Substance Abuse Services (residential)			
1h. Housing			
Health Outcomes			
2. Prescribed ART in the reporting period			

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Now for all sections you're going to be reporting three different client counts, represented by the three table columns. Column A is your new clients, Column B is those you have seen more recently, what we'll call existing clients, and Column C is your total clients. We'll go over this way more in depth on the upcoming slides so just hold on for a sec if you're still a bit confused on the distinction here.

Looking at the rows of the table, the first section is on services with a total of 9 rows, each being a different service. For each row report the number of clients who received the service during the reporting period. So, for example, if we're looking at Row 1e here, Mental Health Services, we'll report the number of new clients that received Mental Health Services during the reporting period in Column A, the number of existing clients who received Mental Health Services during the reporting period in Column B, and the total number of clients that received Mental Health Services during the reporting period in Column C.

The majority of table is taken up by the Services section but there is one additional section here, Health Outcomes. In this section there is one row, Prescribed ART during the reporting period. Again, providers will report the number of clients served during the reporting period that were prescribed ART splitting those clients up into new, existing, and total clients.

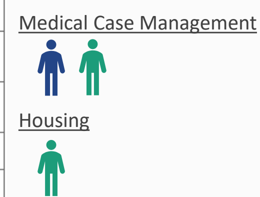
ART Prescription Reporting Requirements

- Report on ART prescription for clients served during the reporting period who were prescribed or continued on ART
- Report on ART for clients who were prescribed ART via Outpatient/Ambulatory Health Services (OAHS) or any other mechanism through which ART could be prescribed or provided
- Providers should report on ART prescription when their organization is doing the prescription

Now for that additional row at the bottom on ART prescription, you'll report on ART for clients who were prescribed or continued on it during the reporting period via OAHS or any other mechanism through which ART could be prescribed. And like I said on the previous slide this is still your clients served during the reporting period, so you take your clients served and then in Row 2 you report how many of those clients that you served during the reporting period were prescribed or continued on ART.

Now you only need to report on ART prescription when your organization is the one doing the prescription. So, say for example your organization is doing case management and you note which clients are on ART but are not the ones actually prescribing it, in that instance you do not report on ART prescription.

Services	New clients (A)	Existing clients (B)	Total clients (C)
RWHAP/ Initiative Services			
1. Any RWHAP[3] or Initiative Service	3 2		
1a. Ending the HIV Epidemic Initiative Services[4]			
1b. Outpatient/Ambulatory Health Services			
1c. Medical Case Management, including Treatment Adherence Services			
1d. Non-Medical Case Management Services	2		
1e. Mental Health Services			
1f. Substance Abuse Outpatient Care			
1g. Substance Abuse Services (residential)			
1h. Housing	1		
Health Outcomes			
2. Prescribed ART in the reporting period			



EHE Data Table Row 1

Let's start looking at this data table a bit more in depth starting with the rows of the table and how they relate to each other. We'll start off right at the top of the table with Row 1 Any RWHAP or Initiative Service. This row is essentially a deduplicated count of your clients served during the reporting period. What do I mean by that? Well let's say your organization provided Medical Case Management and Housing and you have 1 new client that received Medical Case Management and another new client that received both services. You'd have 2 new clients here in Row 1c and 1 new client in Row 1h. Now for Row 1 your total would NOT be 3, remember it's deduplicated. There were only 2 new clients served so your total here should be 2. Do not just add up all of your sub-rows (1a through 1h) to get your value for Row 1. You want that value to be a true deduplicated count of your clients served.

Services	New clients (A)	Existing clients (B)	Total clients (C)
RWHAP/ Initiative Services			
1. Any RWHAP[3] or Initiative Service	3		
1a. Ending the HIV Epidemic Initiative Services[4]			
1b. Outpatient/Ambulatory Health Services	2		
1c. Medical Case Management, including Treatment Adherence Services			
1d. Non-Medical Case Management Services			
1e. Mental Health Services			
1f. Substance Abuse Outpatient Care			
1g. Substance Abuse Services (residential)			
1h. Housing			
Health Outcomes			
2. Prescribed ART in the reporting period			

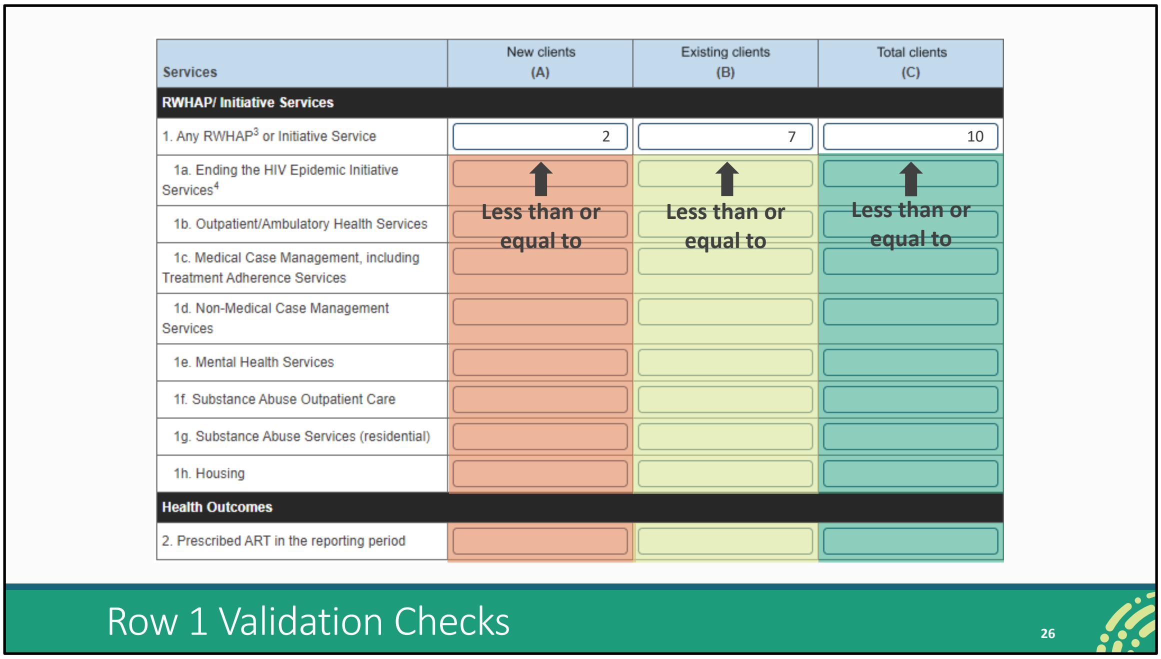
Outpatient/Ambulatory Health Services (OAHS)

Outreach Services

Reporting Additional Services in Row 1

Row 1 is also not limited to the services you see in the sub-rows below. If you are funding any services that are not listed in Rows 1a through 1h you should still be reporting on them in Row 1. Let's say as an example your organization is doing Outpatient/Ambulatory Health Services or OAHS and Outreach with your funding. Only one of those is listed in the sub-rows, 1b. OAHS. Now our we had two different new clients that we're provided Outreach and then subsequently came in to our clinic and received OAHS. We also had an additional new client that received Outreach but we haven't been able to get them in to see our doctor yet.

Therefore, we have 2 new clients that received OAHS but we have 3 new clients that received any service at our agency since we're including Outreach Services in that calculation as well.



One last point I want to make about Row 1 is how it is utilized in the validations to help you all report quality data. Because Row 1 is supposed to be clients served with any service, it then follows that for each column the values in any of the rows below should be less than or equal to the value for Row 1. You can't have more clients served with a single service than are served with any service.

So, for example if the data we reported are 2 new clients, 7 existing, and 10 total, then all the values here must be less than or equal to 2, the values here must be less than or equal to 7, and the values here must be less than or equal to 10.

EHE Initiative Services

- EHE Initiative Services include those services that are funded through EHE Initiative funding but do not meet the definition of a RWHAP service, as outlined in PCN #16-02
- Services that do meet the definition of an existing RWHAP service category should be reported under that category

Services	# of New Clients who received service(s) in the reporting period[1] (A)	# of Clients who received service(s) in the reporting period and received at least one service during a previous reporting period of the current calendar year or during the previous calendar year[2] (B)	Total # of Clients who received service(s) in the reporting period (C)
RWHAP/ Initiative Services			
1. Any RWHAP[3] or Initiative Service			
1a. Ending the HIV Epidemic Initiative Services[4]			
1b. Outpatient/Ambulatory Health Services			
1c. Medical Case Management, including Treatment Adherence Services			
1d. Non-Medical Case Management Services			
1e. Mental Health Services			
1f. Substance Abuse Outpatient Care			
1g. Substance Abuse Services (residential)			
1h. Housing			
Health Outcomes			
2. Prescribed ART in the reporting period			

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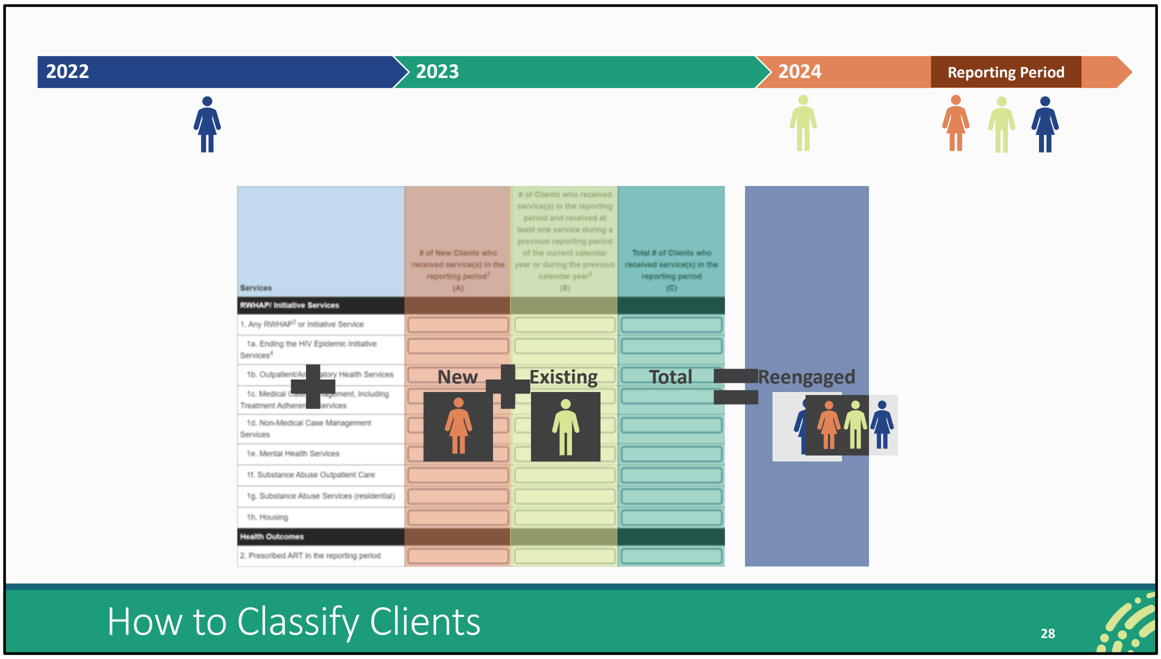
The rest of the rows in this first section each pertain to a different service category, such as Medical Case Management, Mental Health Services, etc. But I do want to take a moment to highlight Row 1a. EHE Initiative Services. This is an EHE specific service category for services provided with EHE Initiative funding that do not meet the definition of one of the existing RWHAP service categories as listed in Policy Clarification Notice #16-02.

If you're providing a service that is one of those existing RWHAP service categories, you should report the services under that RWHAP service category. The EHE service category here is really just for services that you couldn't do under RWHAP. If you are unsure of how you should be reporting, what category to report under, etc., please reach out to us at Data Support and we can walk you through all your services and tell you what service categories you should be utilizing.

We really want to make sure that agencies that are using this EHE service category are reporting correctly and not providing a service that better fits and should be reported under an existing service category.



Let's change things up and move on to looking at what the difference between the columns is. What is a new client, an existing client, etc.? I'm going to add a simple timeline from 2022 to 2024 and then to help explain it we'll use the current reporting period of May to August 2023 which is represented by this red box.

We're going to start by looking at new clients. A new client is someone that was seen during the current reporting period but has not been seen by your agency at any previous point. So, we have our client up here seen during that May to August period, but they have not been seen at any previous point. And I do want to specify this is new to your agency overall, the provider of HIV services. If you have a client that maybe is receiving a service they hadn't received before, but you've seen them at some point before the reporting period, that is not a new client. It's not new to the service, it's new to your agency. And that's new to you the provider of HIV services. If you're say part of a larger hospital system or university, it's just whether or not the client has been before by your part of the agency that is providing HIV services.

Now we'll move on to existing clients. These are clients that again were seen during the current reporting period but that also have been seen during a prior reporting period in the current or prior calendar year. So, in our example up top, we saw this green client in the reporting period and then also saw them before the reporting period in 2023 or it could be at some point in 2022 as well.

There's another population of clients though that is not represented with its own column in the data table, but we do need to talk about them. These are what we're calling reengaged clients. These are clients that we're seen during the reporting period and we're last seen prior to previous calendar year. So, in our timeline this client was last seen in 2021 but it could be even earlier that. Now again you don't actually report the number of reengaged clients as its own separate value in your report but they are still included here in the Total. The Total is quite simply just everyone you saw during the reporting period. Looking at it in simpler terms to calculate the Total you simply take your new clients plus your existing clients plus your reengaged clients.

But let’s go ahead and jump into our second and third quiz questions.

My organization served a client during this reporting period (January 1, 2024 - April 30, 2024) with a funded service and they were last seen in March 2020. Under which columns should I report this client? (Choose all that apply).

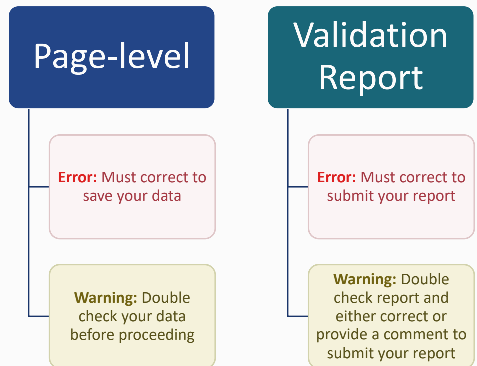
a. New clients (Column A)
b. Existing clients (Column B)
c. Total clients (Column C)

My organization receives EHE initiative funding to provide OAHS. We served a client during the reporting period with OAHS, and they were prescribed ART. Under which rows should I report this client? (Choose all that apply).

1. Any RWHAP or Initiative Service
1a. EHE Initiative Services
1b. OAHS
2. Prescribed ART in the reporting period

Validating Your Data

- Data validation takes place in two spots in the EHE Triannual Provider Report
- Page-level: After saving data in the Triannual Report section
- Validation Report: After clicking the “Validate” link in the Navigation panel



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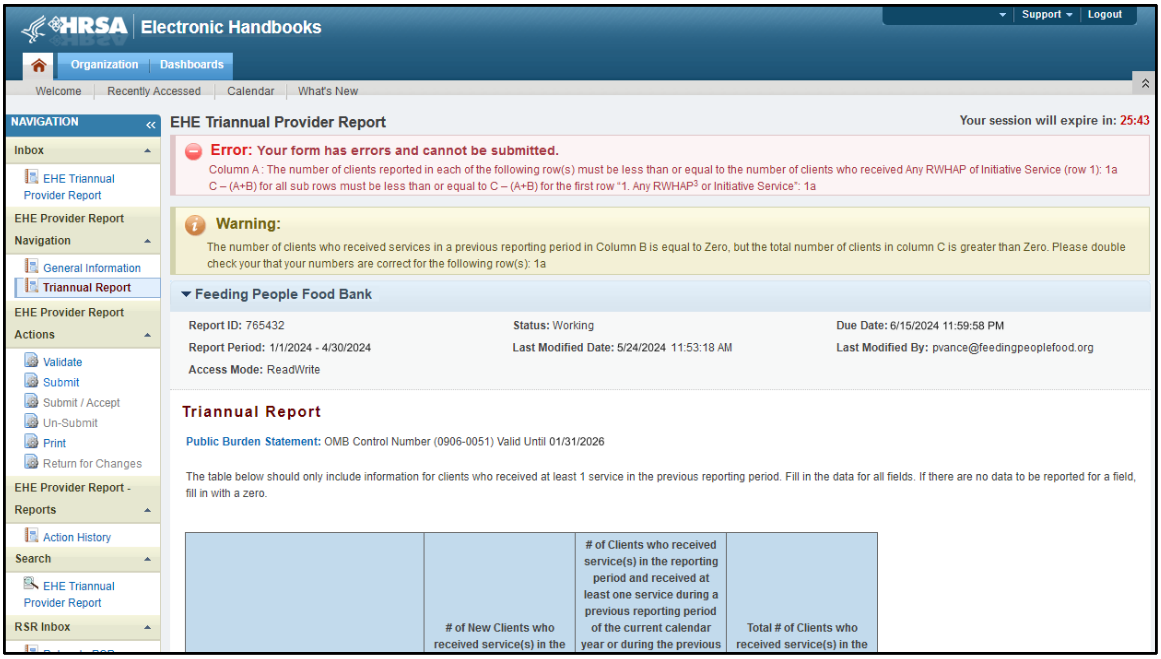
After that pretty exhaustive look at the EHE data, we’re going to move on to discussing how the system checks, or validates, your data. The system validates your data in two places, on the Triannual Report page itself, what we call a page-level validation, and in the Validation Report, a system-generated check of your entire report that you process by clicking on “Validate” in the Navigation panel.

For each of these processes, there are two type of validation messages you may receive, errors and warnings. Errors have to be corrected for each. If you receive a page-level error, your data aren’t going to save, and a Validation Report error will prevent you from proceeding to submitting your report.

Warnings are a bit different. There is a single page-level warning in the EHE Provider Report that we’ll review on the next slide that is just going to prompt you to review your data, but you can submit with a page-level warning. A Validation Report warning again will prompt you to go back and review your report. You can submit your report with a page-level warning, but you must provide a comment in the Validation Report for each one that you receive.



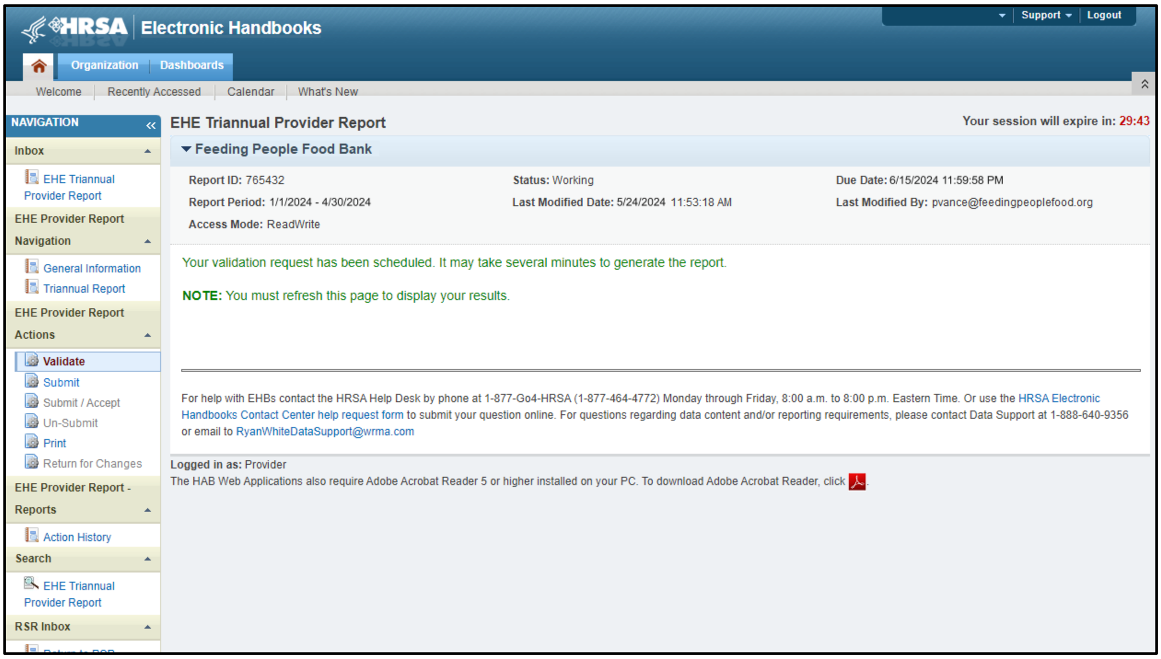
So, here I have an example of some page-level validations. I'm going to scroll up here and try to squeeze the relevant information onto the same page. The page-level validations are going to be checking those data requirements we went over earlier. For example, the second one here is that reengaged clients calculation and you can see we have 1 reengaged client in row 1a but none in row 1. We also have more clients in row 1a for column A than we do in row 1.

Again, page-level errors need to be corrected for your data to save. If we don't correct these page-level errors and save, navigating away from this page is going to remove all the data that we entered.

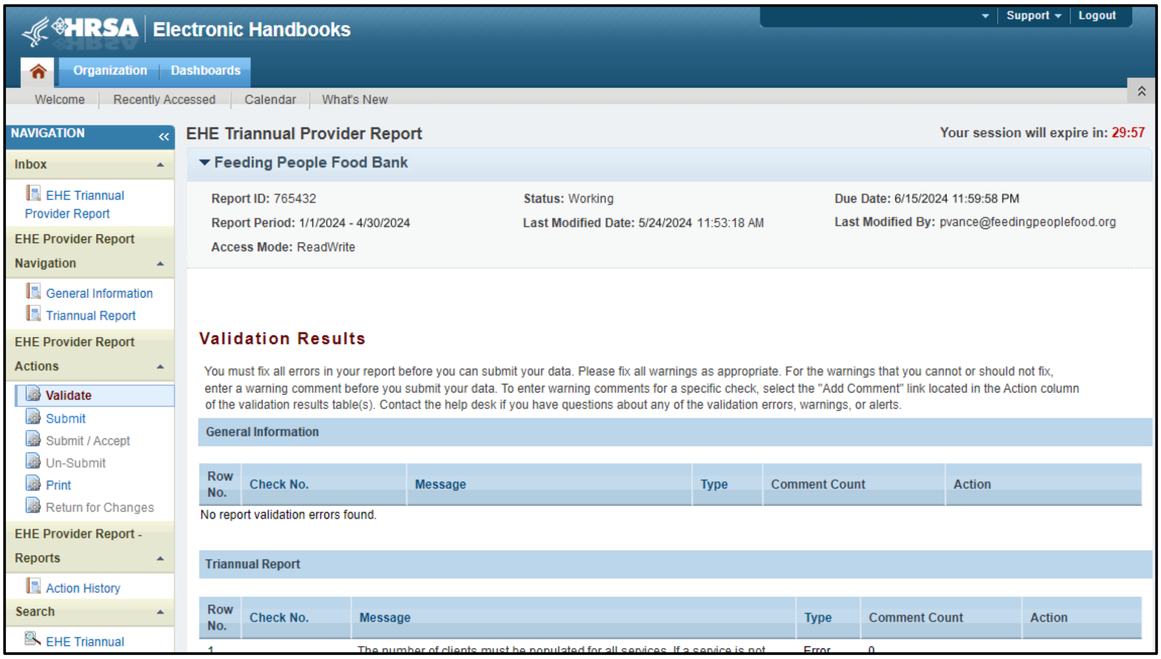
We also have the page-level warning as well on this page. There is one page-level warning that just asks you to recheck your data if you have a service that is only reported as being received by new clients and no existing clients. So, we have two clients that we reported as receiving EHE Initiative Services but no existing clients. We just need to recheck our data and if that's correct, we can proceed.

So, let's say we took care of our page-level errors and fixed our data. We should now proceed to validating our report which we'll do by selecting the "Validate" link in the

Navigation panel.



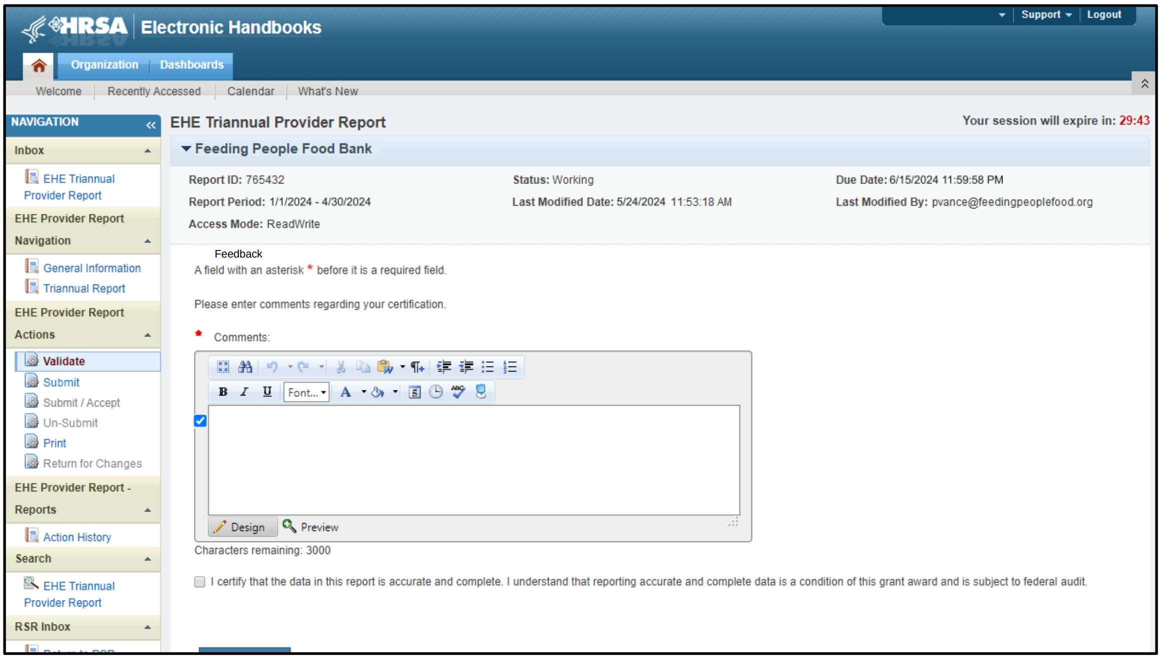
The system will let you know that the validation is processing. Wait a couple minutes and then select "Validate" again to refresh the page.



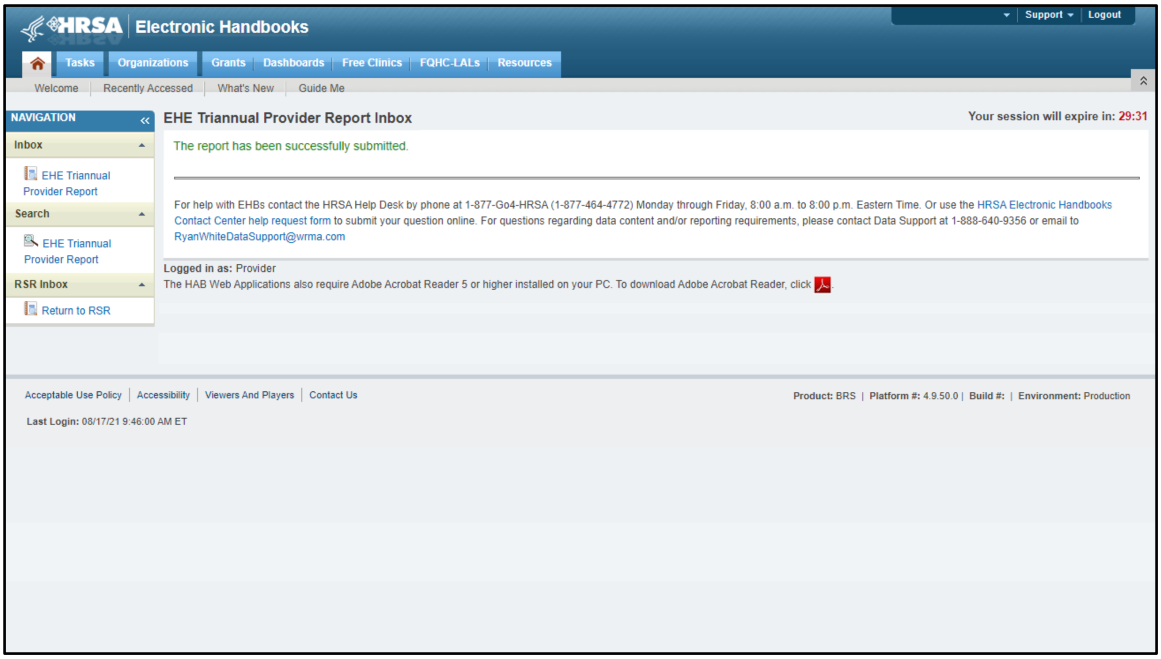
Once your validation request has completed, you'll see either a congratulations message or a table of validation results such as the one on this slide. If we scroll down, we have one error letting us know that we left some fields blank in the data table in that Triannual Report section that we need to go back and fill out.

Again, errors must be corrected before you can submit your report. If you receive an error, like we have here, correct your report based on the validation message and revalidate. If you receive a warning, you should first try to correct your report, but if not possible, you may submit your report with a warning by adding a comment explaining your agency's situation as it relates to the validation message.

Once you have addressed all of your validations, you are ready to move on to submitting your report. To do that, select "Submit" in the Navigation panel on the left side of the screen.

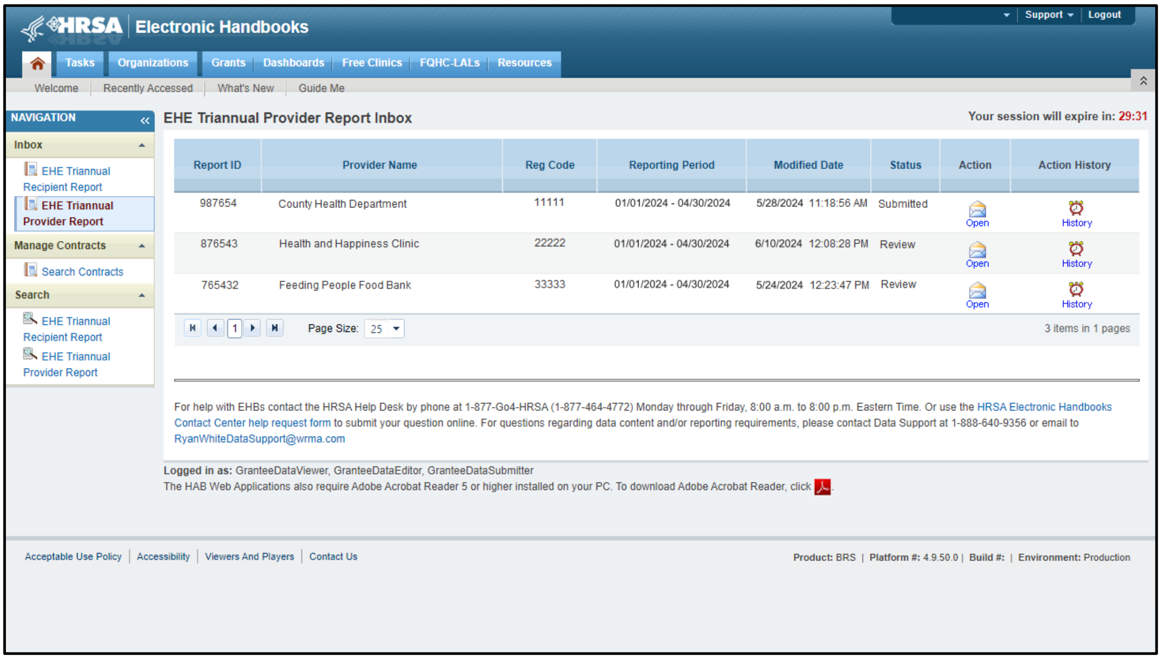


To submit your report, enter a comment with any meaningful feedback you have about the submission process, select the checkbox certifying that the data are accurate and complete, and lastly, select the “Submit Report” button.



You'll then see this green success message letting you know the report was submitted successfully. Now there's one last step that's completed just by the EHE recipient. Reports submitted by their providers must be

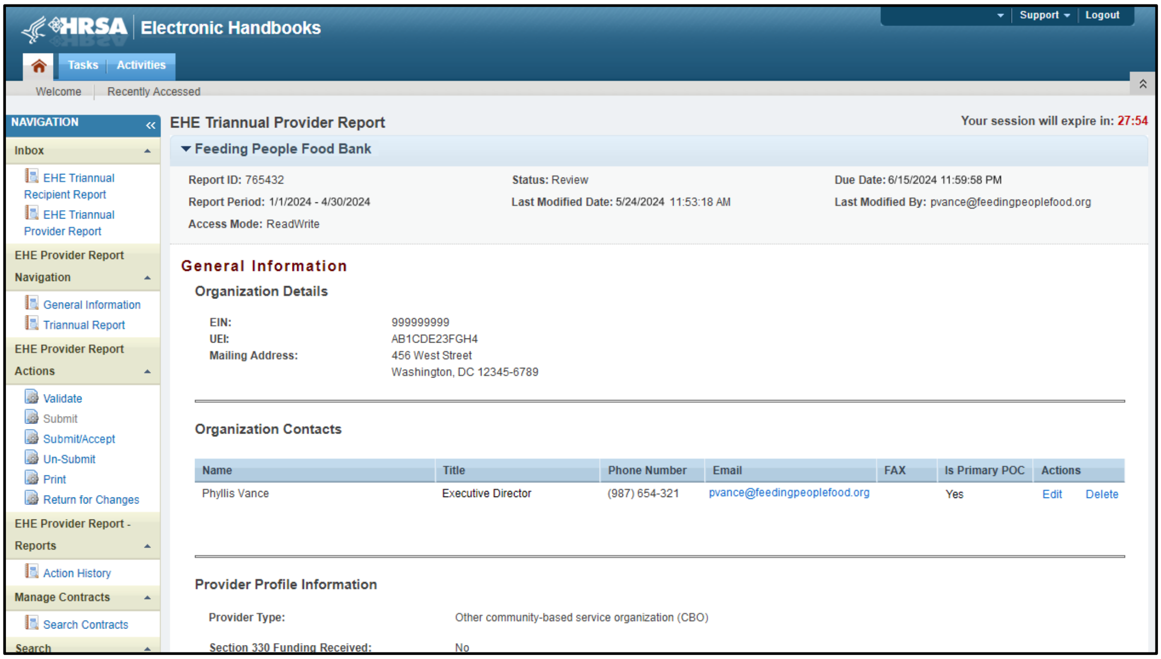
Let's check out what that looks like.



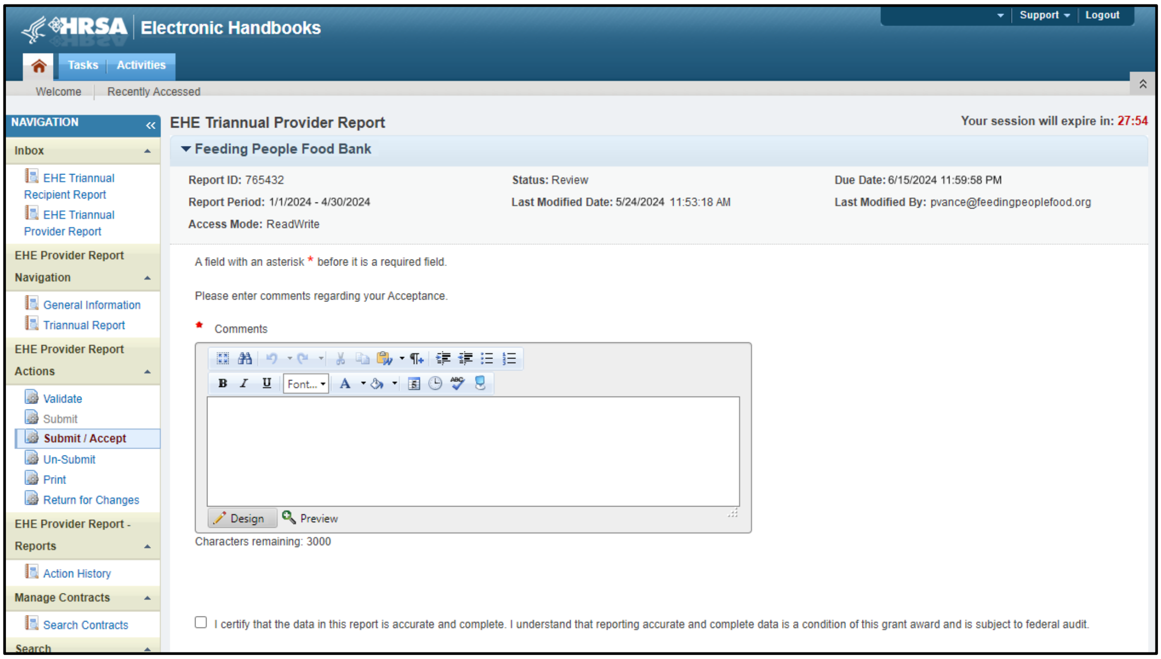
We're back now in the EHE Provider Report inbox. In our example, this recipient has three Provider Reports: one for their own organization, the County Health Department, in the first row, and then two subrecipients in the second and third row.

If you look under the "Status" column in this table, you'll see that the first report for the EHE recipient has already advanced to "Submitted" status. It was accepted when we submitted it previously in one step.

Our subrecipients though are both in "Review" status, meaning that we need to go in and review those reports, deciding whether or not to accept them or return them for changes. We'll go ahead and open up this last one here.



Review your subrecipients' data in the Triannual Report section to make sure that it looks accurate to you. Once you are ready to make your recommendation you can either accept the report by selecting "Submit/Accept" in the Navigation panel or alternatively return it to the provider for changes by selecting "Return for Changes." We'll go ahead and accept this agency's report by selecting "Submit/Accept."



On the next page, again enter a comment with any feedback, select the checkbox, and then click the “Accept Report” button. Once the report has been accepted by all recipients that are funding the provider, then it will move into “Submitted” status.

But let's go to the last poll question first.

In which areas does your organization need assistance with the EHE Triannual Report (select all that apply)?

a. Service category definitions
b. Reporting requirements and completing the report
c. Data systems and exporting your data
d. Unsure
e. Do not need assistance

Submission Timeline

Reporting Period	Opening Date	Closing Date
1/1/2024 – 4/30/2024	Wednesday, May 15, 2024	Saturday, June 15, 2024
5/1/2024 – 8/31/2024	Sunday, September 15, 2024	Tuesday, October 15, 2024
9/1/2024 – 12/31/2024	Wednesday, January 15, 2025	Saturday, February 15, 2025

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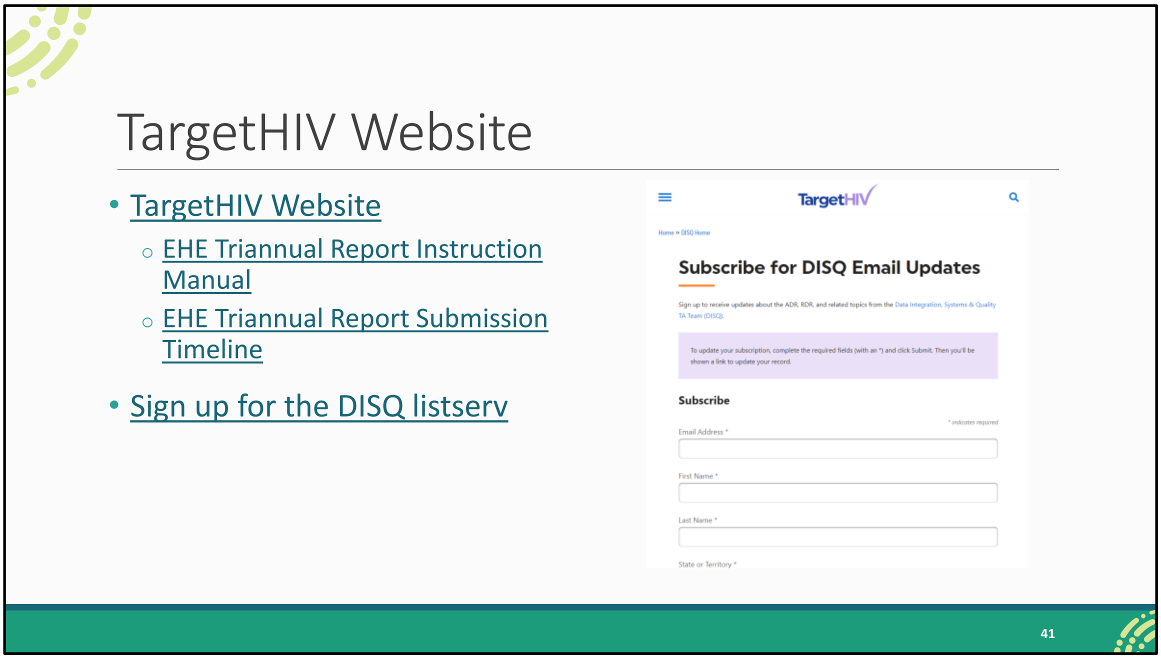
So that's it for our instructions on completing the EHE Triannual Report. We did go over a ton of information so if you still have questions be sure to speak up during the Q&A session and we can try and answer there and also, we'll go over some additional TA resources in just a second.

But let's first take a look at the EHE Triannual Report submission timeline. The next opening will begin on Friday, September 15 and will be open for a month for agencies to submit data for the May 1, 2023, to August 31, 2023, reporting period. After that we'll continue on our regular annual schedule for reporting with an opening from January 15 to February 15 to cover data for the last four months of 2023. And then lastly May 15 to June 15 for data from the first four months of 2024.



And then of course, the TargetHIV website is always the place to go for additional information on the RWHAP. Here you'll be able to find the EHE Instruction Manual as well as this webinar which as Ellie mentioned at the beginning of our presentation will be posted on the TargetHIV website at a later date.

I also really want to highlight the EHE DISQ listserv. The EHE listserv helps to keep EHE recipients and providers in the loop about new EHE resources, reporting updates and upcoming events like this webinar. So, if you're interested in joining the listserv, follow the link on this slide to subscribe.

RWHAP Technical Assistance Resources

- The RWHAP TA Resources Brochure features information on each RWHAP technical assistance provider, including:
  - RWHAP reports they support
  - Questions they frequently respond to
  - Contact information

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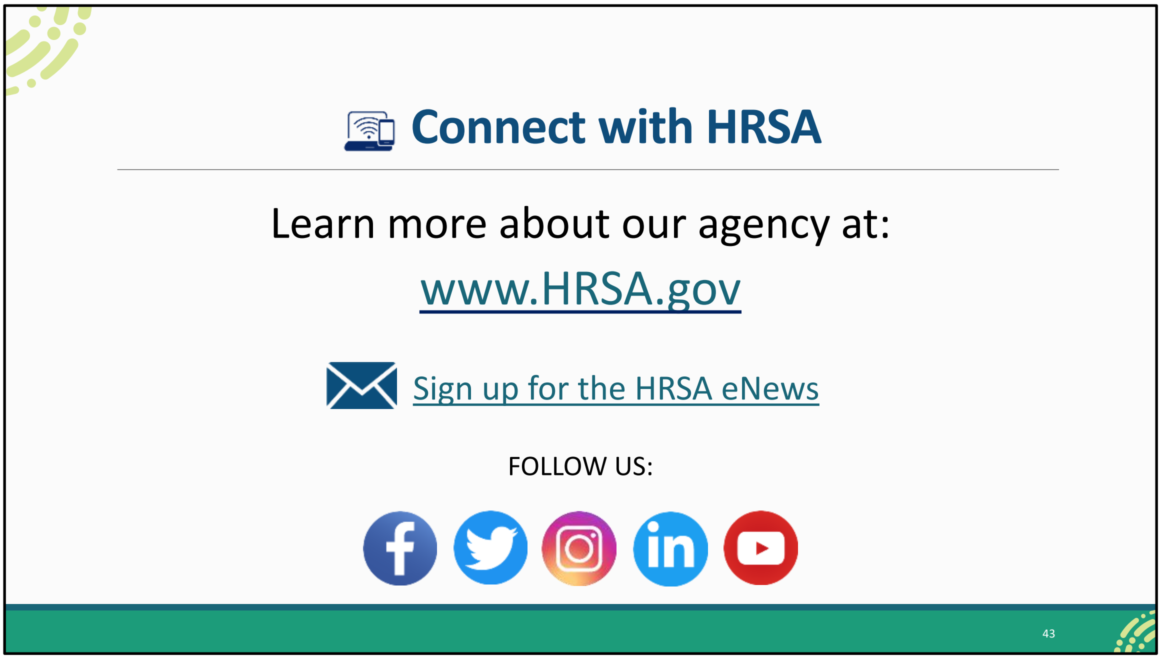
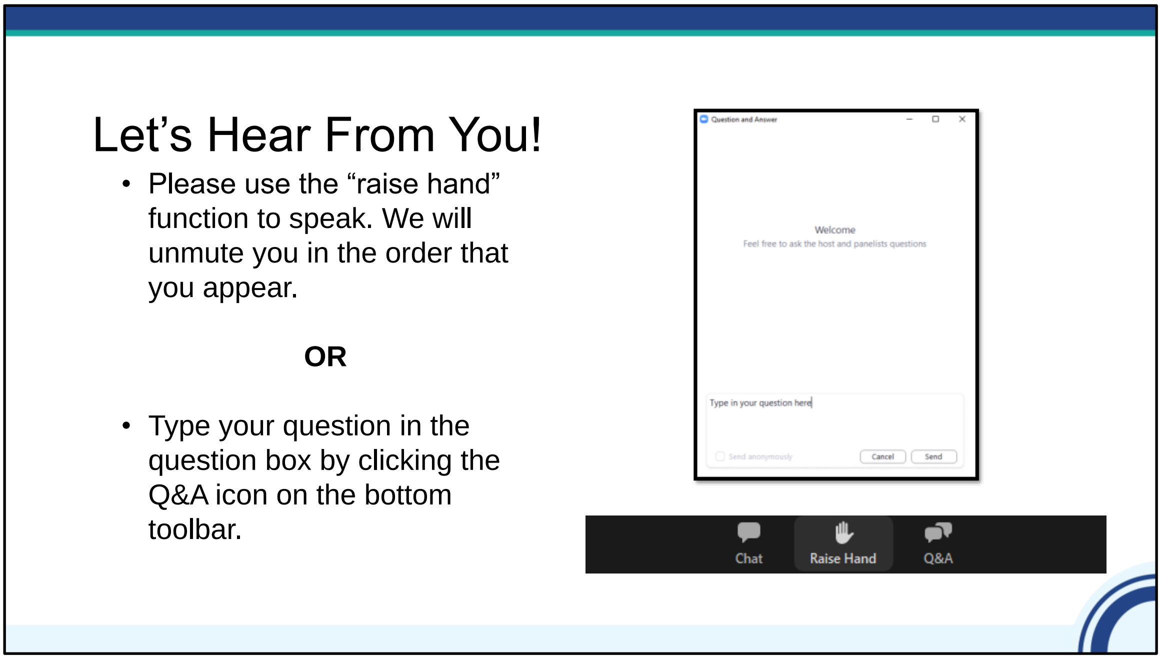
This may feel like a lot to do, but there are several technical assistance resources available to help you. The RWHAP TA Resources brochure outlines information about each technical assistance provider, including the reports they support, frequently asked questions they respond to, and their best contact information. You can find this resource on the TargetHIV website.

Most importantly, please don't forget that there is no wrong door for TA – if we can't assist you, we're happy to refer you to someone who can!



Finally, to connect with and find out more about HRSA, check out HRSA.gov.

I'd like to take a moment thank everyone for joining us on today's presentation and I will now turn it back over to AJ for the Q&A portion of the webinar.



And now to your questions – but first, I would like to remind you that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webcast. We appreciate your feedback very much, and use this information to plan future webcasts. My DISQ colleague Isia is going to put a link out in the chat feature if you would prefer to access the evaluation right now. We'll also send a final reminder via email shortly after the webinar

As a reminder, you can send us questions using the "Question" function on your control panel on the right hand side of the screen. You can also ask questions directly "live." You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Isia will conference you in; or, you can click the telephone button and you will see a dial in number and code. We hope you consider asking questions "live" because 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.