

# Reporting for Part A & B Grantees Review of Requirements

Debbie Isenberg, MPH, CHES  
Branch Chief, Epidemiology and Data  
Division of Science and Policy

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
HIV/AIDS Bureau  
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# Objectives

- To review the data reporting requirements
- To identify common mistakes in reporting requirements
- To identify resources available to Part A grantees
- To address questions regarding reporting requirements



# Why Collect Data?

- Meet Federal reporting requirements established by Congress through statute
- Respond to congressional, HHS, and other inquiries
- Assess the quality of services funded by the Ryan White HIV/AIDS Program



# Why Collect Data?

- Appraise the performance of HRSA/HAB grantees and their providers
- Evaluate the impact of the Program funded services and policies
- To meet Federal grants management requirements



# Data Reporting

- Ryan White Services Report (RSR)
- Minority AIDS Initiative (MAI) Report
- Allocations Report
- Expenditures Report



# Format

- Overview
- Content
- Due dates
- Most common mistakes
- Resources



# THE RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT (RSR)



# Overview

- Comprised of 3 components
  - Grantee Report
  - Provider Report
  - Client Report (Client Level Data)





# THE GRANTEE REPORT

# The Grantee Report

- Completed by all Part A, Part B, Part C, Part D (including the Adolescent Initiative grantees)
  - One report for each grant received
- Collects basic information about grantee organization and funded service provider contracts



# The Grantee Report

- 3 sections
  - Basic Agency Information (4 Items)
  - Providers Funded By Your Grant
  - Providers Funded Through Your Fiscal Intermediaries



# Basic Agency Information

- Grantee Information
  - Agency Address
  - DUNS Number
  - Contact Information for the person completing the report
  - Clinical quality management program status



# Providers Funded By Your Grant

- Enter actual start date and end date for each contract
- Enter total contract award amount for each contract
- Select the provider's contracted services
- List any fiscal intermediaries



# Completing Grantee Report

- Step 1: Validate the Grantee Report
  - Correct any warnings that you can
  - Write comments for any warnings that you can't
  - Fix all errors
  - Click on “validate” in EHB



# Completing Grantee Report

- Step 2: Certify the Grantee Report
  - Information submitted will display in Provider Reports
  - Enables provider to submit its Provider Report
  - Click on “certify” in EHB



# Completing Grantee Report

- Important things to know
  - If you don't certify, your providers can't submit
    - If providers are multiply-funded, they can't submit for any of their grantees
  - Make sure that the services that you check can be funded using your grant funding





# THE PROVIDER REPORT



# RSR Provider Report

- collects basic information about service provider agency and services delivered under each of its Ryan White HIV/AIDS Program contracts
- completed by service providers
  - directly serving clients and their affected family members
  - providing administrative and technical services



# RSR Provider Report

- Every agency listed on Grantee Report is expected to submit a Provider Report!
- Every agency completes 1 provider report
- Providers are expected to do this report



# RSR Provider Report

- 2 Sections
  - Provider Information
  - Counseling and testing information
- 19 Items



# RSR Provider Report

- All grantees access Provider Reports via the Electronic Handbooks (EHBs)
- Providers access their Provider Reports directly through the RSR Web system.
- Data may be entered manually using the online forms or via XML file upload
- Providers report data under funded scope



# Provider Information

- Provider Address
- Contact Information
- Provider Type
- Section 330 Funding
- Ownership Status
- MAI Funding



# Provider Information

- Funds Expended on Oral Health Services
- Contract data - prepopulated with data from the Grantee Report(s)
- Indicate the services delivered with Ryan White funding:
  - Services provided to clients with Ryan White funds;
- If you provide only administrative and technical services, you are done with data entry!



# Provider Information

- Provider agency description
- Paid staff in FTEs
- Clinical quality management program status





# HIV Counseling and Testing

- If you used Ryan White funds to provide HC&T services, you must complete this section
- Report ALL individuals tested regardless of funding source



# HIV Counseling and Testing

- Includes:
  - Tests to determine and confirm HIV infection
  - Discussions about the benefits of testing or legal provisions to ensure confidentiality
- Does not include:
  - Tests to determine the status of the immune system or viral replication
  - Mental health counseling/therapy, substance abuse counseling/treatment, or psychosocial support services



# HIV Counseling and Testing

- # tested
  - # testing negative
    - # testing negative and receiving post-test counseling
  - # testing positive
    - # testing positive and receiving post-test counseling
    - # testing positive and referred to medical care



# THE CLIENT REPORT



# Client Report (Client-Level Data)

- Providers of core or support services should upload a client-level data file
- The client-level data file should contain one record for each client that received a Ryan White-funded service during the reporting period



# Client Report (Client-Level Data)

- Each record will include up to 66 data elements, including:
  - Encrypted Unique Identifier (eUCI)
  - Demographics
  - Ryan White Funded Services
  - Clinical Information



# Completing the Report

- Step 1: Providers validate the Provider Report:
  - Review client-level data upload confirmation report;
  - Resolve all errors;
  - Resolve all warnings possible;
  - Enter comments for warnings that cannot be resolved



# Completing the Report

- Step 2: Providers submit the Provider Report
- Step 3: Grantees review the report and either accept or reject
  - If rejecting the report and providers are multiply-funded, coordinate with other grantees





# RSR Submission Deadlines 2012

- Submitted annually
  - Data will be reported for the period January 1 – December 31, 2011
- Timeline will be posted closer to reporting
  - Early December – System opens for grantees for grantee report
  - Early January – System opens for grantees and providers for provider report
  - End of March – All 2011 RSRs must be submitted



# Tips and Reminders

- Have a list of your contracts that were active during the reporting period available before you start the grantee report
- If you exempt a provider from submitting a Provider Report and client-level data OR client-level data only, you are still responsible for making sure that provider's data is reported to HAB
- Familiarize yourself with the reports that are available in the RSR Web System and use them to evaluate your provider's data before submission



# Tips and Reminders

- Set reasonable deadlines for their providers, especially multiply-funded providers;
- Try to build a collaborative working relationship with the other grantees funding their multiply-funded providers
- If one of your providers is also a grantee for another Part, HAB may contact that grantee directly about data in their report even if the question is related to their Part A or Part B data



# Technical Assistance Resources

- Data Support:
  - (888) 640-9356, from 9:00 to 5:30 PM, ET.
  - [ryanwhitedatasupport.wrma@csrincorporated.com](mailto:ryanwhitedatasupport.wrma@csrincorporated.com)
- HRSA Call Center:
  - (877) 464-4772
  - [CallCenter@HRSA.gov](mailto:CallCenter@HRSA.gov)
- SPHERE/Abt:
  - [RSR.TA@sphereinstitute.org](mailto:RSR.TA@sphereinstitute.org)



# Technical Assistance Resources

- HAB Project Officer:
  - Program Guidance, Conflicting Instructions
- HAB Web site:
  - <http://hab.hrsa.gov/>
  - Instructions, Forms, and HAB Information e-mails/Policy Notices
- TARGET CENTER Web site:
  - <http://www.careacttarget.org/>
  - Important Notices, Dates to Remember, Training Materials



# THE MAI REPORT

# MAI Report Overview

- Grantees are required to do two MAI reports a year
  - plan
  - annual report
- The reports contain two parts:
  - web forms to collect standardized, quantitative and qualitative information
  - an accompanying 2-4 page narrative



# MAI Report

- How funds were spent
- Number of service units provided
- Total number of clients served
- Total numbers of women, infants, children, and youth served
- Up to three client-level health outcomes achieved for each service/ activity provided to each ethnic or racial community





# Due Dates

Year/Report	Report Available	Report Deadline
2011 Plan Report	June 1, 2011	TBD
2010 Plan Revision	October, 2011	TBD
2010 Annual Report	December, 2011	TBD

- Due 90 to 120 days after budget period start and end dates
- Final dates are sent out via email



# MAI Data Entry

- Report consists of three steps
- **Step 1:** Grantee and funding information
- **Step 2a:** Selecting service categories (can only be modified during Plan report)
- **Step 2b:** Selecting race/ethnicity and level of effort for each chosen category (can only be modified during Plan report).
- **Step 3:** Separate web forms for each racial and ethnic client group for whom a service/activity will be directed



# MAI Data Entry

- Each report sheet consists of 9 questions gathering information on
  - Service information
  - Budget information
  - Service units
  - Client information including client counts and client level outcomes



# MAI Data Entry

- You can upload your narrative at any point by clicking on “Upload Narrative”
- You will then have the option to browse for your document and upload it to the system



# Validating the MAI

- Errors must be resolved in order to submit.
- Warnings should be resolved
  - if unable to resolve or it is not applicable, you must enter a warning comment



# Submitting the MAI

- Once you have resolved all validation errors, please click “submit” under their left hand navigation menu
- You will receive an email confirmation once the report is submitted.
- Once your Project Officer reviews the report, he/she can return it to you for changes. If the report is returned for changes, you will receive an email notification.



# Important Tips

- Many email notifications will be sent from HRSA regarding MAI submissions
  - Contact person is whomever you list in question 1A
  - Ensure that this information reflects the appropriate contact person



# Important Tips

- Service categories and ethnicity groups are selected when completing the MAI plan
- Modifications to the service categories and ethnicity groups cannot be made to the MAI annual report
  - Option to add new service categories and ethnicity groups to a previously submitted plan by doing a revision requests approximately 16 months after completing the MAI plan online
- You will be notified via email when a revision request is available to complete.





# MAI Extension Requests

- If you feel that you will not be able to submit the report by the deadline, please contact your Project Officer prior to the deadline
- An extension cannot be granted without approval from your Project Officer



# Resources

HRSA Call Center

1 (877) 464-4772

[Callcenter@hrsa.gov](mailto:Callcenter@hrsa.gov)

Mon - Fri: 9:00AM – 5:30PM

- Please contact the HRSA Call Center for any assistance that you may need
- Please make sure to have your grant number handy and mention the MAI report to the agent.



# Resources

- For online instructions on completing the MAI report, please visit:

[https://performance.hrsa.gov/hab/maiapp/help/Welcome\\_to\\_the\\_MAI.htm](https://performance.hrsa.gov/hab/maiapp/help/Welcome_to_the_MAI.htm)

- For additional MAI materials and help resources, please visit:

<http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html#MAI>



# Allocation and Expenditure Reports (A&E)

# What are A&E Reports

- A&E Reports refer to two distinct reports:
  - Allocations Report (AR) –
    - Submitted after budget period start date
    - Report shows how grantee plans to spend their grant dollars
  - Expenditures Report (ER)
    - Submitted after budget period end date
    - Report shows grantee's actual costs
- Excel Worksheets that can be downloaded from either the HAB Website or EHB; reports must be submitted via EHB
- Project Officers (and Branch Chiefs) must ultimately approve the submission in EHB for the deliverable to be met



# Part A Due Dates

- **Allocations Report**
  - Part A/B section only - due 90 days after the Part A/B grant budget period start date
  - MAI section (must include the previously completed Part A/B section) - due 60 days after the Part A MAI grant budget period start date
- **Expenditures Report**
  - Part A/B section only - due 150 days after the Part A grant budget period end date
  - MAI section (must include the previously completed Part A/B section) - due 60 days after the Part A/B MAI grant budget period end date



# Due Dates

Report	Grant	Due Dates
Allocations	Part A and Part B	90 days after budget period start date
	Part A and B MAI	60 days after budget period start date
Expenditures	Part A and B	150 days after budget period end date
	Part A and B MAI	60 days after budget period end date



# Types of Data Collected

- Grant dollars allocated/spent on:
  - Core medical services
  - Support services
  - ADAP-related services
  - Health Insurance services
  - Administration
  - Clinical Quality Management
  - Planning and Evaluation





# AR Checklist

- Was the correct form used (allocation vs. expenditure)?
- Was Section A (grantee information) completed?
- If an MAI award was received, was the entire award allocated?
- For Part B ONLY:
  - If an ADAP award was received, was the entire award allocated?
  - If an ADAP Supplemental award was received, was the entire award allocated?
    - Was ADAP Supp. reported in the ADAP and not the Base Award column?
  - If an EC award was received, was the entire award allocated?



# AR Checklist

- Do the total allocations match the awards received in that FY?
- Was the “Checklist Worksheet” provided in the form itself, reviewed to verify that programmatic requirements were met (such as the 75% core medical services rule?)
- Was the form saved with the grantee name in the title?
- Was the form submitted in Excel?
- Was the form submitted through EHB and by the due date?



# Most Common AR Errors

- Received an MAI award but did not report it
- Part B Grantees ONLY:
  - Received one of the following awards but did not report it: ADAP, ADAP Supplemental, or EC
- Reported allocations greater or less than the award amount(s)
- Submitted the report in Word or PDF instead of Excel
- Did not submit a report



# AR Red Flags

- Allocations do not equal the total award amount(s)
- The form was unlocked and/or changed by the grantee



# ER Checklist

- Was an Expenditures Form used and not an Allocations Form?
- Was Section A (grantee information) completed?
- Received an MAI award but did not report MAI expenditures
- For Part B ONLY:
  - If an ADAP award was received, were expenditures reported?
  - If an ADAP Supplemental award was received, were expenditures reported?
    - Was ADAP Supp. reported in the ADAP and not the Base Award column?
  - If an EC award was received, were expenditures reported?



# ER Checklist

- Were actual costs reported and not allocations or estimated costs?
- Was the “Checklist Worksheet” provided in the form itself, reviewed to verify that programmatic requirements were met (such as the 75% core medical services rule?)
- Were any carryover dollars reported in the carryover column?
- Was the form saved with the grantee name in the title?
- Was the form submitted in Excel?
- Was the form submitted through EHB on time?



# Most Common ER Errors

- Used an Allocations Form
- Received an MAI award but did not report MAI expenditures
- For Part B ONLY:
  - Received one of the following awards but did not report expenditures: ADAP, ADAP Supplemental, or EC
- Reported expenditures exactly equal to award total(s) - this is expected in the AR but would raise a flag in the ER since the ER should reflect actual costs, not allocated or estimated figures
- Submitted the report in Word or PDF instead of Excel



# ER Red Flags

- Expenditures match the previously submitted allocations - ER should reflect actual costs, not allocated or estimated figures
- Expenditures for any of the received awards are 30%  $\neq$  the actual award amounts
- The form was unlocked and/or changed by the grantee





# Resources

- Templates, instructions, and due dates
  - HAB website under Manage Your Grant  
[hab.hrsa.gov/tools.htm#AE](http://hab.hrsa.gov/tools.htm#AE)
  - EHB website under Other Deliverables
- Aggregate A&E HRSA published reports
  - HAB website under Data  
[hab.hrsa.gov/data/reports/granteeallocations.html](http://hab.hrsa.gov/data/reports/granteeallocations.html)



# Resources

- EHB website questions - inability to locate reports in EHB or difficulty downloading and uploading reports
  - EHB Help Desk ([callcenter@hrsa.gov](mailto:callcenter@hrsa.gov) or 877-464-4772 / 301-998-7373)
- Workflow questions - extension requests or putting a report back to “change request” status after it was mistakenly approved
  - First provide your DRP with the necessary information. DRP should then provide that information to Deepak Bhagwat [dbhagwat@reisys.com](mailto:dbhagwat@reisys.com) while copying Kelley Weld [kweld1@hrsa.gov](mailto:kweld1@hrsa.gov) and Marcia Horton [mhorton@hrsa.gov](mailto:mhorton@hrsa.gov)
- General questions
  - Kelley Weld ([kweld1@hrsa.gov](mailto:kweld1@hrsa.gov) or 301-443-4084)



# Questions?

Health Resources and  
Services Administration  
HIV/AIDS Bureau  
5600 Fishers Lane  
Rockville, MD 20857  
301-443-4149

