

DC Department of Health – HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration
Care and Treatment Division
Reporting Deliverables Description and Submission Process
2022-2023

The District of Columbia HIV Care and Treatment Division is committed to delivering and continually improving District-wide and Eligible Metropolitan Area-wide HIV care, treatment and supportive services that meet the needs of persons living with or at high-risk for acquiring HIV. As part of this effort to gather and analyze information about the services delivered, all funded providers are required to submit the following financial, programmatic, data, and quality management reports. Should reporting requirements change during the service year or additional reporting become necessary, providers are expected to comply with the changes. Under the terms of the Program Agreement, providers are required to make provisions for a reporting system(s) and procedure(s) sufficient to ensure that required reporting is timely and accurate. The information provided to HAHSTA are used to fulfill reporting requirements to the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the DC Regional Planning Commission on Health and HIV, DC City Council and other stakeholders. Additionally, the data are used to assess progress toward strategic goals, effectiveness of key strategies, and ensure accountability of funds. It is extremely important that these reports are accurate, complete, and submitted on time.

1. Client-Level Data Report (Monthly) – due NLT 10th business day for preceding month

HRSA: All providers that deliver either Ryan White HIV/AIDS Program-funded services OR HRSA EHE funds must submit client-level data on demographics, insurance and eligibility status, and core medical and support services rendered, as well as HIV clinical information (as applicable). Providers will use this data to generate a HRSA reporting requirement the Ryan White Services Report. Reference the [2021 RSR Instruction Manual](#) for RSR reporting requirements.

HRSA EHE: Providers that receive Ending the HIV Epidemic funding are required to collect services and outcomes data on the new and existing clients served through EHE funding. Reference the [2021 EHE Triannual Report Manual](#) for detailed information about the reporting requirement.

CDC EHE: Funded providers are required to submit demographic, risk and risk reduction, pre-exposure prophylaxis, testing and screening, linkage to medical care, and services data. (See the National HIV Prevention Program Monitoring and Evaluation Data Collection and Reporting Guidance and CDC EHE Reporting Requirements.)

See CTD Data Collection and Reporting (2022-2023) for a description of HRSA and CDC data elements in CAREWare and EvaluationWeb to help facilitate providers' data preparation/cleaning effort throughout the year.

2. Expense and Reimbursement Report (Monthly) – due NLT 10th business day for preceding month

Providers will submit an invoice, by service category, for the prior months' expenditures with supporting documentation as evidence of expenditure. Supporting documents must include payroll/fringe and general ledger. Providers must maintain all audit-ready documentation of receipts. Specific instructions for expense and reimbursement may vary by jurisdiction.

Any provider that is a federally-qualified health center (FQHC) or "look alike" will collect and report program income in ways consistent with the regulations and requirements of the FQHC program and the HRSA Monitoring Standards. Where applicable, all organizations will report 340 Revenue data. Providers must maintain records documenting the amount and disposition of any income received as a direct result of income/expenditure and the source of funds. All program income generated by clients with HIV will be returned to benefit the HIV program. HAHSTA is available to provide technical assistance on this topic to maximize the benefit of this provision.

3. Progress / Narrative Report (Monthly) – due NLT 10th business day for preceding month

Providers will submit a monthly narrative report. The narrative report must include a work plan status, indicating the extent to which established milestones have been accomplished during the reporting period,

and identifying proposed revisions to the work plan to address problem areas. The narrative report will include:

- Program/service implementation progress to date and achievement of targets
- Discussion of any challenges to service delivery, including plans for addressing them
- Progress toward implementation of any remediation or corrective action plan that is open
- A summary of quality management program progress and submissions
- Request for technical assistance, if any
- Any change in personnel supported by the grant in this service program
- A discussion of the reasons for any significant under- or over-expenditure of funds budgeted relative to expected expenditure to date for any line item in the budget, along with a plan to address the under- or over-expenditure; and
- Current contact information for each staff person supported by this agreement, including name, title, mailing address, e-mail address and telephone number.

4. Quality Improvement Project Report (Quarterly) – see Reporting Schedule for due dates

In accordance with the HRSA Policy Clarification Notice ([PCN #15-02](#)) and [FAQ's](#) each organization should engage in clinical quality improvement projects and identify its own process for determining priority quality improvement areas. In addition to the annual submission of the Quality Management Plan, documentation of ongoing projects and committee proceedings are due quarterly. Acceptable QI documentation include: Plan-Do-Study-Act, Define-Measure-Analyze-Improve-Control, and Kaizen event. (See Quality Improvement Plan Template.)

5. Minority AIDS Initiative – due no later than 30 calendar days from the end of the funding period

In order to assess the effectiveness of the MAI Program in achieving goals, funded providers are required to document client-level health outcomes that are consistent with HRSA guidelines. To do this, MAI providers must:

- Document and report client-level health outcomes and the unduplicated numbers of clients receiving each service, broken out by race/ethnicity; and
- Use the pre-selected outcome measures (See Part A MAI Performance Measures) for each funded service

6. Closeout Report (Annually) – due no later than 30 calendar days from the end of the funding period

The close-out process serves to assess and finalize all activities completed, and derive lessons learned and best practices. The Closeout Report consists of a narrative and service statistics data for the entire length of the program period. All of the components required for the narrative report should be reported on in the year-end closeout.

Deliverable / Report Submission Process

There are four systems used to report information to HAHSTA. These systems are DC EMA CAREWare (CW), EvaluationWeb (EW), DC Electronic Grants Managements System (EGMS) and DC Vendor Portal (E-Invoicing). Requirements vary based on the funding mechanism. A breakdown of the grant funded service categories is listed below along with the applicable reporting systems.

All Providers: funded providers are expected to upload or manually enter client-level data into the DC EMA CAREWare (CW) system. CW users are required to follow the data entry and data elements requirements outlined in the CAREWare User Guide, as well as Data Collection and Reporting guidance. Funded providers are expected to upload their complete invoice packages into the E-Invoicing system. Funded providers are expected to submit their Quality Management documentation to their Program Officer via email with cc to RW.Quality@dc.gov.

Grant-Funded Providers: are to submit the relevant reports to the Enterprise Grants Management System (EGMS) as PDF attachments. The invoice package uploaded into E-Invoicing must include the payment authorization notice (PAN) from the EGMS, invoice details (amount requested, invoice #, details from PAN and invoice).

Ending the HIV Epidemic CDC-Funded Providers: are expected to upload or manually enter their data into the EvaluationWeb system. Data elements and requirements are outlined in the Data Collection and Reporting Guidance. Aggregate Data submissions will occur separately via an excel reporting form.

HRSA-Funded Providers: submit select deliverables, year-end RSR and EHE triannual reports, directly to the Health Resources and Services Administration via their Electronic Handbook (EHB).

Deliverable	Report Submission					
	CW (HRSA)	EW (CDC)	EGMS	E-Invoicing	Program Officer	EHB (HRSA)
Client-level data (monthly submissions)	X	X				
Expense and Reimbursement Report/Invoices			X	X		
Progress Reports/Narrative			X			
Quality Management Program Materials					X	
EHE Triannual Report	X					X
Ryan White Services Report (year-end)	X					X
Business Associate Agreement / Data-Sharing Agreement					X	
Annual Closeout Report					X	