CARE EXPRESS

Newsletter

Table of Contents

- Ryan White Program Team Newsletter Content 2
- A Guide to Getting Paid: Understanding the Sub-recipient Reimbursement Process 5
- Data & Quality Newsletter for GY34 7
- Reporting Deliverables Description and Submission Process 2024-2025 10
- Care and Treatment Division – Summary of Deliverables 2024-2025 14

Greetings from the Care and Treatment Division at DC Health HAHSTA!

Welcome to "Care Express!" This is the inaugural edition of our newsletter to sub-recipients of grants sponsored by the Care and Treatment Division (Ryan White Part A, Ryan White Part B, Ending the HIV Epidemic, etc). Through this and future newsletters, we will communicate important program updates, announcements, and guidance that are germane to our entire provider network. As our team is working hard to ensure that Grant Year 34 for the Ryan White Grants begin with fully executed continuations and an informative Grant Year 34 Kick Off Meeting, this edition will focus on sub-recipient requirements.

While your assigned monitoring staff are your initial points of contact, I welcome your feedback on our program and your HAHSTA experience. Feel free to reach out to me at avemaria.smith@dc.gov.

On behalf of our program management and staff, we look forward to partnering with you in service to the Residents of the Washington Eligible Metropolitan Area! Here's to a great Grant Year 34!

Avemaria Smith
Interim Chief, Care and Treatment Division

Ryan White Program Team Newsletter Content

Reporting Requirements and Due Dates

Sub-recipients are required to submit monthly reports using the required templates that include the program narrative, invoice, and CareWare financial data report. These documents must be uploaded to the Enterprise Grants Management System (EGMS) version 2.0, by the 15th day of each month. Once uploaded, these documents will be reviewed by monitoring staff for accuracy and approval. Sub-recipients are also responsible for submitting annual closeout reports using the required template 30 days after the end of the grant period via email.

Report Card Purpose and Dates

The Ryan White Care & Treatment Division developed the Report Card as a comprehensive performance measure and feedback mechanism for all Ryan White Program sub-recipients. Sub-recipient scores are based on reviews of the following four sections: RSR Compliance, Program Progress, Fiscal Progress, and Quality Management. Any sub-recipient under a corrective action plan (CAP) during a Report Card review period will receive a deduction of five (5) points assessed against the total Report Card Score. Based on the measurement and scoring process, Report Card scores are categorized as Meets Expectation, Needs Improvement, or Unsatisfactory which may impact a sub-recipient's future funding opportunities.

Report Card performance reviews are completed quarterly by HAHSTA monitoring staff. Ryan White Program Officers distribute Report Cards to sub-recipients within six weeks after the end of each quarter.

Sub-recipients are responsible for reviewing report cards and providing written responses to their assigned Program Officers (PO) within ten (10) business days of receipt. Sub-recipient responses must address all programmatic and/or fiscal review findings below expected quarter targets. Responses must also address each RSR completeness factor that does not meet the threshold. Sub-recipients with two consecutive unsatisfactory grades are required to submit a corrective action plan (CAP) to address the noted areas for improvement.

Routine Monitoring

As part of routine monitoring, sub-recipients are expected to maintain regular communication with their monitoring team to ensure grant compliance. Monthly calls are scheduled by HAHSTA monitoring staff with assigned sub-recipients to discuss topics that include but are not limited to monthly narrative reports, program implementation, program deliverables, successes and challenges, staff vacancies, fiscal spending, capacity building assistance (CBA) and activities, and quality management. Technical assistance and trainings may be provided at the request of the sub-recipient or prescribed based on formal capacity assessment or needs identified during routine monitoring.

Resources

Ryan White Training Center

The Ryan White Training Center (RWTC) provides self-directed learning opportunities to support ongoing professional development and capacity-building for sub-recipients to ensure high quality service delivery and successful program outcomes. The RWTC can be accessed using the following link: https://effibarryinstitute.org/ryan-white/training/.

Ryan White Program Policies

HAHSTA uses policies, procedures, and guidance to execute its programs and manage grant deliverables. Collectively the trio works in tandem to assist the program officer (PO) in providing effective programmatic guidance to ensure sub-recipient compliance. The policies are standards established to ensure that regulatory compliance is met. The guidance offers generalized recommendations based on accepted best practices that help facilitate routine administrative functions. The following policies and procedures can be accessed through the Ryan White Training Center:

- Enrollment and Eligibility
- Program Income
- Corrective Action Plan (CAP) and Remediations
- Imposition of Charges
- Gain-SS One Pager
- Letters of Support
- Ryan White Program Incentives Policy
- Salary Cap guidance
- Occupancy policy
- Retroactive Medicaid billing

Ryan White Service Standards

The purpose of Ryan White HIV/AIDS Program (RWHAP) service standards is to outline the elements and expectations that all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimally acceptable levels of quality in service delivery and ensure that uniformity of service exists in the Washington, DC eligible metropolitan area (EMA). As such, customers/patients of these service categories receive the same quality of service regardless of where or by whom the services are provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all customers/patients and will be used as contract requirements, in program monitoring, and in quality management.

Ryan White HIV/AIDS Program (RWHAP) Core Medical Services

1. Early Intervention & Regional Early Intervention Services
2. Health Insurance Premium and Cost Sharing Assistance
3. Home and Community-Based Health Services
4. Home Health Care Services
5. Hospice Care Services
6. Medical Case Management Services
7. Medical Nutrition Therapy
8. Mental Health Services
9. Oral Health Services
10. Outpatient Ambulatory Health Services
11. Substance Abuse Outpatient Care
12. Substance Use Disorder Services (Residential)

Ryan White HIV/AIDS Program (RWHAP) Support Services

1. Emergency Financial Assistance
2. Food Bank/Home Delivered Meals
3. Health Education/Risk Reduction
4. Housing Services
5. Linguistic Services
6. Medical Transportation
7. Non-Medical Case Management
8. Other Professionals Services
9. Outreach Services
10. Rehabilitation Services Standard
11. Respite Care Services
12. Psychosocial Support Services
13. Wellness Program Initiative

Reporting Templates

Reporting templates for sub-recipients serve as essential tools to streamline the documentation of RWHAP service activities. These templates ensure consistency and compliance of HAHSTA's Ryan White funded programs. The following templates can be accessed through the Ryan White Training Center:

- Program Income Reporting
- Part A Monthly Reporting
- Part B Monthly Reporting
- Part A Annual Report
- Part B Annual Report
- Scopes of Services (Table A)
- Work Plan
- Budget
- Budget Modification
- Quality Management Plan

A Guide to Getting Paid: Understanding the Sub-recipient Reimbursement Process

In the world of grants and funding, it's crucial for Sub-recipients to navigate the reimbursement process smoothly to ensure timely payments. Here's a detailed guide to help you smoothly navigate the reimbursement process for your monthly expenditures.

1. Understanding The Purchase Order

All purchase orders are systematically generated through the District Integrated Financial System (DIFS). Although the appearance of the purchase order has changed, the structure remains consistent.

Specifically, there is a designated line for the allocation of direct services expenses and another for the allocation of indirect costs. In certain instances, these lines may be earmarked for a particular service area, such as MAI direct services. It is imperative to recognize that these lines are not interchangeable. Therefore, meticulous attention is advised to ensure accurate allocation of monthly expenses.

Kindly review your purchase orders to confirm that the allocated amounts align with your grant award. Should any disparities arise, please collaborate with your assigned Grants Management Specialist to swiftly correct it before submitting your first invoice.

2. Monthly Invoice Submission

Sub-recipients are required to submit their monthly invoices along with supporting documentation outlined in the terms and conditions of the Notice of Grant Award (NOGA) by the 15th of the month.

Supporting documentation includes, but is not limited to, a copy of your General Ledger, a Financial Form for each service category, signed timesheets for the submitted month's pay periods, the payroll registers from the payroll processing company, and the Program Narrative. This submission is essential for reimbursement of the preceding month's expenditures. The HAHSTA approved invoice form must be used, providing details such as the total grant budget, year-to-date expenditures, and monthly expenses for the previous month.

Please note: The GMS may request additional documents necessary to substantiate the expenditure.

3. Late Invoice Notification Protocols

When an invoice is not received by the 18th of the month, the Grants Management Specialist (GMS) is mandated to send a late invoice notice following the Office of Grants Management (OGM) Late Invoice Submission Notification Protocols. Timely submissions are crucial to avoid delays in the reimbursement process.

4. Importance of Adequate Records

Adequate records are indispensable when requesting reimbursement for program costs. Each claimed item must be supported by clear and defined evidence. The GMS thoroughly reviews the invoice package for compliance with laws, federal grant requirements, and accounting standards. Costs unallowable under Federal Cost Principles or not reconciling back to the categorical budget are disallowed.

5. Managing Excess Costs

Should your costs exceed the total funds awarded by the NOGA, you are responsible for covering the excess costs entirely as the Sub-recipient.

Invoice Processing: A Two-Step Process

Step One: Enterprise Grants Management System Process (EGMS)

Invoice Upload: Sub-recipients must upload the invoice form with supporting documentation into EGMS by the 15th of the month.

Late Submission Reminder: When the invoice is still not uploaded by the close of business on the 18th of the month, a reminder is sent on the 19th, or close to the 19th of the month, following OGM Late Invoice Submission Protocols.

Approval and PAN: Once fully approved in EGMS, the system generates a Payment Authorization Notice (PAN) sent via email to the authorized Sub-recipient representative.

Step Two: DIFS E-Invoicing Process

Payment Request Upload: Sub-recipients have three business days after PAN receipt to upload the payment request and invoice cover sheet into DIFS.

Late Invoice Reminder: When the PAN and invoice cover sheet are not received by the close of business on the 3rd business day, a reminder is sent on the 4th business day.

Follow-up and Remediation: When the invoice is not submitted according to the dates noted in the late notice reminder, the GMS follows up with an email notification. Remediation/Corrective action plans may be implemented if necessary.

Diligently navigating this process ensures that Sub-recipients receive timely reimbursements for incurred expenditures, fostering a smooth and efficient financial workflow.

Data & Quality Newsletter for GY34

Quality Coaches

The Clinical Quality Improvement (CQI) coaching framework is at the heart of HAHSTA's approach to supporting clinical quality improvement and building capacity among our Ryan White sub-recipients. This is to foster a collaborative approach between the coach and the sub-recipients with the goal of improving the quality of care for RW consumers. Each sub-recipient will be assigned a coach to support with capacity building and coaching to meet all quality improvement deliverables. Your assigned coach will reach out to your Program and Quality staff to introduce themselves at the start of the grant year.

Quality Deliverables

Frequency	Deliverable	Due Date(s)
Annual	Quality Management Plan (with work plan)	Within 30 days of start of Grant Year
Quarterly	Quality Improvement Project (QIP) Summary Report	1st Quarter, July 1, 2024 2nd Quarter, October 1, 2024 3rd Quarter, January 1, 2025 4th Quarter, April 1, 2025
	Performance Measure Summary (including baseline, target, quarterly data updates and analysis)	1st Quarter, July 1, 2024 2nd Quarter, October 1, 2024 3rd Quarter, January 1, 2025 4th Quarter, April 1, 2025
	QM Committee Meeting Minutes	1st Quarter, July 1, 2024 2nd Quarter, October 1, 2024 3rd Quarter, January 1, 2025 4th Quarter, April 1, 2025
	Documentation of Customer Involvement	1st Quarter, July 1, 2024 2nd Quarter, October 1, 2024 3rd Quarter, January 1, 2025 4th Quarter, April 1, 2025

Should you have any inquiries related to Ryan White Quality, please direct your requests directly to your assigned coach or via rw.quality@dc.gov

Customer Satisfaction Survey

Customer involvement is required per HRSA's Policy Clarification Notice 15-02, and one of the ways to involve customers in our quality efforts is to conduct a customer satisfaction survey. The purpose of HAHSTA's customer satisfaction survey is to ensure our customers' voices are heard and their input is factored into our quality improvement initiatives. We plan to conduct these surveys twice per grant year and to use the feedback obtained to work with our sub-recipients to improve service provision, where needed. The focus of the survey may vary each time to allow us to gain greater insight into specific service categories. Sub-recipients may be required to participate in HAHSTA's customer satisfaction surveys.

DC HAHSTA's Response Team

HAHSTA's Response Team is an interdisciplinary leadership committee that guides the DC Collaborative's (HAHSTA's DC EMA sub-recipient network) strategic decision making, goal setting, and management. The purpose of the Response Team is to create and sustain a mechanism to systematically monitor, evaluate, and continuously improve the quality of HIV care and services provided to all persons living with HIV/AIDS (PLWHA's) in the Washington DC Metropolitan Area. The Team will provide expertise, decision-

DC HAHSTA's Response Team (cont'd)

The Response Team is comprised of seven roles, four of which are co-lead roles, meaning a community member partnering with a HAHSTA staff member to fill a given role. HAHSTA will provide an application and select applicants to fill the roles.

Quality Resources

Clinical Quality Management Policy Clarification Notice #15-02

Ryan White Quality Measures Module

Patient Involvement Guide

Ryan White Quality Best Practices Compilation

Ryan White Data

Important Updates and Tips for 2023 Ryan White Services Report (RSR) Reporting

As we gear up for the 2023 reporting period (January 1, 2023, through December 31, 2023), we want to ensure that your experience with the Ryan White HIV/AIDS Program Services Report (RSR) is seamless and successful. Here are some crucial tips and guidelines to help you navigate through the process effectively:

New to RSR? Start here as this website will teach you the basics.

- Watch the RSR: The Basics webcast for an overview of RSR terminology and the three components of the RSR report.
- Review the RSR Instructional Manual
- Check out the RSR Video Series for an overview of the fundamental concepts behind the RSR.

Additionally, ensure access to the EHB (Electronic Handbooks) or registration for a smooth navigation experience. Running, reviewing, cleaning, and validating your 2023 RSR data using CW early on is essential to guarantee accuracy and compliance with guidelines.

Custom Report Check: Verify the functionality of the "Client by Zip Code" report on your custom report list. Confirm that the report is working effectively to avoid any hiccups in your reporting process.

RSR Contact Person Survey: If you haven't already, please complete the RSR contact person survey in response to the email request sent by your PO (Point of Contact). Your input is crucial for effective communication and coordination.

2023 RSR Timeline: Please be mindful that the reporting period covers January 1, 2023, to December 31, 2023. Take a proactive approach to meet deadlines and fulfill reporting requirements. The reporting commences on February 05, 2024, with a target deadline set for March 06, 2024. Ensure that your reporting status on the EHB portal is either "Submitted" or "Review" by the deadline.

2023 RSR Resources: Refer to the Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual for comprehensive guidelines. Download it here. Stay updated by participating in training and upcoming webinars, accessible at https://targethiv.org/library/topics/rsr. All RSR data related TA contacts can be found here. For any additional support, reach out to Care.ware@dc.gov.

Thank you for your commitment to the RSR reporting process. Your diligence ensures the continued success of our efforts in the fight against HIV/AIDS.

Quality Resources

We would like to inform you that CAREWare will persist as the designated data collection and reporting system for your Grant Year 34 contracts. The necessary arrangements for your contracts with CAREWare have been finalized.

For comprehensive information on required data elements, service category definitions, and an updated resources list, kindly refer to the data collection and reporting guidelines provided in the CAREWare data dictionary.

Ensure you have easy access to the CAREWare GY34 presentation slides, which contain valuable insights into training schedules, Access user request procedures, and TA request forms.

Should you have any inquiries related to the CAREWare data system, please direct your requests to care.ware@dc.gov.

DC Regional Planning Commission on Health and HIV

The Washington, DC Regional Planning Commission on Health and HIV (COHAH) is hosting a PrEP Protocol Summit 2.0 on Thursday, April 18, 2024. This year's Summit will focus on enhancing collaboration, sharing stories, and innovative approaches to promote inclusivity. Our goal is to highlight HIV care and prevention for Black women and address stigma across the Washington, DC metropolitan area. We hope to see you there. More information will be available soon.

Reporting Deliverables Description and Submission Process 2024-2025

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 15th day of the 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 2023 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 2023 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 (2024-2025) 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. Quality Improvement Project Report (Quarterly) – *Due NLT 15th day of the 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 15th day of the 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. Expense and Reimbursement Report (Monthly) – *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).

	Report Submission					
Deliverable	**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	

Care and Treatment Division – Summary of Deliverables 2024-2025

The table below summarizes the frequency, deliverable, and due dates for submission to the District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) HIV Care and Treatment Division (C&TD). In addition to submitting these deliverables, participation/attendance is also required at HAHSTA-led Quality Management (QM) activities including but not limited to Learning Sessions, QM Summits, QM performance measure tracking and joint Quality Improvement projects.

Questions about the applicability of these deliverables and participation in activities to your organization should be directed to your C&TD Program Officer.

Frequency	Deliverable	Due Date(s)
	Client-level data in HAHSTA data system (CAREWare for HRSA-funded and EvaluationWeb for CDC-funded)	By the 15th day for the month being invoiced
Monthly	Expense and Reimbursement Report / Invoices	By the 15th day for the month being invoiced
	Progress Report / Narrative	By the 15th day for the month being invoiced
	Quality Improvement Project (QIP) Report; Quality Committee Meeting Minutes; Performance Measure Summary; Any Documentation of Customer Involvement	1st Quarter July 1 2nd Quarter October 1 3rd Quarter January 1 4th Quarter April 1
Quarterly	Program Income and 340B Program Revenue Reporting	1st Quarter July 1 2nd Quarter October 1 3rd Quarter January 1 4th Quarter April 1
	HRSA Ending the HIV Epidemic Triannual Report	March to August due November 15 Sept to Dec due February 15 January to April due June 15 May to August due October 15
	Ryan White Services Report (RSR)	Mid-year: last Thursday in August (HAHSTA) Year-end: last Thursday in February (HRSA)
Bi-Annually	CDC EHE Aggregate Data Report (Excel- based) and 'Test-level' (or client-level) Data (EvaluationWeb)	Mid-year: last Thursday in August (HAHSTA and CDC) Year-end: last Thursday in February (HAHSTA and CDC)
	Certifications, Assurances and Disclosures	Span from pre- to post-award
	Business Associate Agreement and/or Data-Sharing Agreement	Within 30 days from the beginning of the Grant Year
Annually	Quality Management Plan	Within 30 days from the beginning of the Grant Year
	Organizational Assessment (optional)	Scheduled with your CQI coach
	Integrated Assessment Tool (IAT)	Month of November
	Annual (Closeout) Report Narrative	30 days after the end of the Grant Year

Data	Fiscal	Quality	Program