Ryan White Part A Provider Kickoff Meeting

HIV/AIDS, Hepatitis, STD and TB Administration

May 20, 2025

Meeting Agenda

- Welcome/Updates
- Part A Program Overview
- A Year in Review
- Program Management
- Quality Management
- Program Monitoring
- Capacity Building
- Fiscal Management
- Enterprise Grant Management System
- Reporting
- Data Management
- Closing Remarks

Ryan White Part A Program Overview

Ashley Price, Part A Grant Manager

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Program Overview

Purpose & Goals

- Ryan White Part A Program supports the delivery of medical and support services that enable people with HIV to access and remain in HIV primary medical care to improve their health outcomes

- This Ryan White Part A Program aims to:

  - Advance health equity across HIV treatment strategies.

  - Reduce health disparities in HIV-related outcomes.

  - Enhance timely access to HIV-related care and treatment.

  - Improve effective communication between customers and healthcare providers.

  - Provide a supportive environment for patient care.

  - Promote engagement and retention in HIV care.

  - Improve viral suppression among individuals living with HIV.

Program Overview cont'd

Funding

- **<u>Part A Funding</u>. The first budget period will be from June 1, 2025, to February 28, 2026**. The funds awarded during this base period are not reflective of annual award amounts moving forward. There is the possibility of up to two additional 12-month budget periods for a total project period, March 1, 2025 – February 29, 2028.

- **<u>Part A Minority AIDS Initiative (MAI) Funding</u>. The budget period will be from June 1, 2025 – September 30, 2025**. Funding for the MAI program will cease after September 30, 2025, unless the federal government provides additional funding for MAI.

GY 34 A Year in Review

Ebony Fortune, Interim Deputy Chief

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Program Accomplishments

As reported by Subrecipients:

- **Viral Suppression Rates**. Maintained viral load suppression at 78% or higher among Part A customers.

- **Hybrid Care Model**. Continued delivering services through a flexible mix of in-person and virtual visits, ensuring safety and accessibility.

- **Rural Outreach Expansion**. Increased service availability and hosted more events in rural areas to improve equity and access.

- **Strengthened Community Partnerships**. Enhanced collaboration with community organizations, healthcare providers, and stakeholders to streamline services.

Program Accomplishments cont'd

As reported by Subrecipients:

- **Improved Internal Systems**. Developed streamlined application processes and procedures, improving efficiency and reducing wait times for services.

- **Staff Training & Support.** Provided ongoing training to deliver culturally competent, high-quality care.

- **Community Engagement**. Increased presence at local events to promote prevention and care services.

- **Innovative Treatment Options**. Increased uptake of long-acting injectable antiretroviral therapy, expanding treatment options for customers.

Program Challenges

As reported by subrecipients:

- **Funding Instability.** Concerns around potential Ryan White HIV/AIDS Program funding cuts and the impact on service delivery and customer access.

- **Care Continuity:** Ongoing challenges with linking clients to care and ensuring long-term retention.

- **Barriers for Undocumented Clients:** Limited access to public benefits and fear of being tracked and detained based on their immigration status

- **Insurance Gaps.** Reinstated Medicaid recertification in 2024 led to coverage lapses due to lack of awareness or confusion.

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Program Challenges cont'd

As reported by subrecipients:

- **Housing Insecurity:** Ongoing lack of affordable housing remains a significant barrier to consistent HIV care.

- **Stigma & Discrimination.** HIV-related stigma continues to discourage clients from engaging in care.

- **Health Equity Gaps.** Racial and ethnic disparities negatively impact client engagement and care outcomes.

- **Workforce Retention:** Recruiting and retaining qualified staff remains a significant challenge.

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Looking Ahead

GY 35 Expectations

Adhere to Program Guidelines
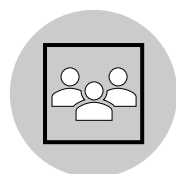
Ensure Client Eligibility

Report Data Accurately

Maintain Fiscal Integrity

Support Quality Improvement

Deliver Inclusive Services

Promote Collaboration

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Policies and Procedures, and GAIN-SS Overview

Courtney Brooks, Program Officer

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Eligibility

- DC Health requires customers to be screened annually for Ryan White services, in line with HRSA Policy Clarification Notice (PCN-21-02).

- All documentation (HIV+ one-time confirmation, residency, insurance status, and income) must be collected and dated within 12 months of certification, unless otherwise specified.

AIDS Drug Assistance Program (ADAP) Eligibility Screening

- Uninsured customers: Must be screened for eligibility annually.

- Insured customers: Screened every six months and may self-attest for ADAP-specific reporting.

- Recertification: Requires the most recent proof of income, address, and insurance.

- All documentation must be collected and dated within six months of certification, unless otherwise specified.

Program Incentives

Use of Grant Funds for Gift Cards (HRSA Policy)

- A nominal amount of grant funds may be used for gift cards as incentives for eligible participants.
- Gift cards cannot be redeemed for cash or used for unallowable items, such as alcohol, tobacco, illegal drugs, or firearms.
- Subrecipients may budget up to 1% of the Ryan White service category budget or $5,000 (whichever is lesser) for customer enrollment, retention, or return to medical care without prior approval.
- Incentives should not include items that offer services provided by other service categories, including medical transportation and food banks.

Travel, Training, and Conferences

- **Prior Authorization Required**: Subrecipients must verify expenses before making arrangements and get approval from the Ryan White Program Manager (PM).
- **Request Process**:
  - Submit formal request on letterhead to PO with:
    - Justification for expense.
    - Budget for reimbursable costs (service categories).
    - Names, titles, and FTEs of attendees.
    - Signature of the Ryan White Program Director.
- **Approval Steps**:
  - Ryan White Program Officers (POs) review for:
    - Budget alignment, reasonableness, and allowable costs.
    - Domestic travel and Federal per diem rates.
  - Request submitted to PM within 3 business days.
  - PM provides approval/denial within 7 business days.
  - POs notify subrecipients of decision within 10 business days.

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Travel, Training, and Conferences cont'd

- **Required Documentation for Reimbursement**:
  - Registration confirmation, lodging, airfare, mileage, parking receipts, and training certificates.

GAIN-SS Tool

- The GAIN-SS tool is used to identify customers with behavioral health disorders and refer them for treatment.

- Ryan White subrecipients funded for Medical and Non-medical Case Management must use the GAIN-SS or an HAHSTA-approved alternative screening tool.

- Subrecipients must submit the ABS User form to their program officer for access to the tool.

- The GAIN-SS tool can be administered online via Chestnut Systems' website.

Materials Review Process

- **Submission Timeline**: Materials should be submitted 3-4 weeks in advance of use. Complex items (e.g., curriculums, presentations, online courses/questionnaires) may require more time. All materials must be submitted electronically to the Program Officer for review.
- **Program Officers**: Conduct initial review and forward material submissions forms from subrecipients to the coordinator of the materials review committee.
- **Materials Review Committee (MRC)**: Composed of nine volunteers (7 community appointees, 2 DC Health/OCCR experts). MRC reviews submitted materials and votes on approval.
- **Review Process**:
  o MRC provides comments/edits to the Program Officer.
  o Subrecipients may need to make edits (e.g., correct logos or viral hepatitis info).
  o Once edits are made, subrecipient resubmits to the MRC and the MRC re-reviews for final approval.
- **Approval**: After final approval, the coordinator notifies the Program Officer of the approval, and the Program Officer notifies the subrecipient that materials are approved for use.

Knowledge Check

For all Ryan White customers, the following documentation must be collected by subrecipients during eligibility screening:

A) HIV Status Verification, Proof of Income, Vaccines, Insurance, Residency.

B) HIV Status Verification, Proof of Income, Insurance, Residency.

C) HIV Status Verification, Proof of Insurance, Residency.

D) HIV Status Verification, Proof of Insurance, Proof of Income.

E) All the above

Program Income and 340B Program

Dr. Christie Olejemeh, Program Officer

Program Income

Defined as:

- Gross income earned by the non-federal entity that is directly generated by a supported activity or earned because of the federal award during the period of performance.

- Includes reimbursement/payments for services provided to self-pay or sliding fee customers, Medicaid, Medicare, private insurance and other third-party billing.

Policy Requirements

- Program income is revenue generated by subrecipients because of the Ryan White grant.

- Subrecipients generating program income must keep 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 customers with HIV must be used to benefit the HIV program.

Program Income includes but is not limited to:

- Fees for Services performed;

- The use or rental of real or personal property acquired under federal awards;

- The sale of commodities or items fabricated under a federal award;

- Principal and interest on loans made with federal award funds.

- Program income is also generated through participation in the 340B program.

Steps to complete the template

- Step 1: Document the Ryan White Service to which income is expected (Example of services are provided on the template)

- Step 2: For every service provided that has a third-party payer, subrecipients must bill all relevant insurance companies for reimbursement.

- Step 3: Develop a tracking system to capture amounts received per service/ per customer.

- Step 4: Document all billed and collected amount per customer in subrecipients' tracking system.

Steps to complete the template contd.

- Step 5: Add all income collected monthly and aggregate for the quarter.

- Step 6: Complete the program income template with only the sum of all income collected for the quarter and submit with the monthly progress report in EGMS.

- Step 7: No Protected Health Information should be included in the report.

- Step 8: Track all expenditures made with the program income generated and provide records to your program officer upon request.

340B Program

340B Program Defined:

- Is a federal drug pricing program that allows qualifying hospitals and clinics that treat low-income and uninsured customers to buy outpatient prescription drugs at a discount of 25% to 50%.

- 340B drug pricing enables covered entities to stretch scarce federal resources as far as possible, reaching more eligible customers and providing more comprehensive services.

Key 340B Program Terms:

- **Contract Pharmacy** –an entity that is licensed and authorized to provide Pharmacy Services to customers located in the District of Columbia, that has entered into an agreement with the covered entity to dispense 340B covered drugs to customers.

- **Office of Pharmacy Affairs Information System (OPAIS)** - The new 340B Office of Pharmacy Affairs Information System (340B OPAIS) replaced the legacy 340B Database in its entirety and includes security updates and enhancements for covered entity/manufacturer registrations, change requests, recertification, and other updates.

- **Third Party Revenue Capture-** third party revenue capture for prescription medication reimbursement from a pharmaceutical manufacturer(s) for eligible 340B prescription claims submitted on behalf of a covered entity by a contract pharmacy.

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340B Contract Pharmacy Agreements & Arrangements

- A covered entity that wishes to utilize contract pharmacy services to dispense section 340B outpatient drugs must have a written contract in place between itself and a specified pharmacy.

- A single covered entity that has more than one 340B eligible site at which it provides health care may have individual contracts for each site or include multiple sites within a single pharmacy services contract.

- 340B Registration Periods- October 1-15, January 1-15, April 1-15, July 1-15.

340B Contract Pharmacy Agreements & Arrangements Contd.

- This mechanism is designed to facilitate program participation for those covered entities that do not have access to available or appropriate ''in-house'' pharmacy services, those covered entities that have access to ''in-house'' pharmacy services but wish to supplement these services; and covered entities that wish to utilize multiple contract pharmacies to increase customer access to 340B drugs.

- The covered entity has the responsibility to:

  - Ensure against illegal diversion and duplicate discounts;

  - Maintain readily auditable records;

  - Meet all other 340B Drug Pricing.

Contract Pharmacy Requirements

- Must complete 340B Registration through the 340B Contract Pharmacy Registration link.

- Covered entities that utilize contract pharmacies must register with each pharmacy.

- Must have a contract in place prior to registration.

- Must register during the quarter of open registration.

- Information must be accurate.

Covered Entity Responsibilities

- Per 45 CFR 74.24 and 92.25. PHS ACT 2617 (b) (iii)

  o Ensure program integrity.

  o Prevent diversion and duplicate discounts.

  o Ensure the prescription is not Medicaid eligible.

  o Prepare for program audits.

- All covered entities utilizing a contract pharmacy must comply with the certification requirements.

DISCLOSURE NOTICE

All subrecipients shall disclose to HAHSTA all 340B contract pharmacy arrangements and their statuses with Office of Pharmacy Affairs (OPA) within 15 business days of receipt of the Ryan White grant award.

Disclosure Notice cont'd

The letter is to be addressed to the program officer, must be on the organization's letterhead and include the following:

- Contract pharmacy participation

- 340B ID in the OPAIS database

- The name of their primary contact in the OPAIS database

- Period for participation (start and end date if applicable)

- Ryan White grant ID number

- Signature of authorizing official

Steps to complete the PI/340B portion of the template

- Step 1: Document all 340B Income per customer.

- Step 2: Develop tracking mechanism to account for all income received per customer served.

- Step 3: Aggregate all funds received.

- Step 4: Document expenditures related to program income generated.

- Step 5: Submit aggregated quarterly amounts to HAHSTA. Include the report for the quarter with the progress report in EGMS.

Template for Reporting Cumulative Program Income

Provider Name:	
Grant Number	

Ryan White Services	Month	Medicare		Medicare MCO		Medicaid		Medicaid MCO		Public Insurance - Local or State		Insurance MCO - Local or State Public		Self-pay / Sliding Fee Scale		340 B Program Revenue		YTD TOTALS	
		Claimed	Collected	Claimed	Collected	Claimed	Collected	Collected	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected
Outpatient Ambulatory Health Services (OAHS)	MAR																		
	APR																		
	MAY																		
	QRT 1																		
	JUN																		
	JUL																		
	AUG																		
	QRT 2																		
	SEPT																		
	OCT																		
	NOV																		
	QRT 3																		
	DEC																		
	JAN																		
	FEB																		
	QRT 4																	$-	$-

Allowable uses of 340B & Program Incomes

Program income derived from Ryan White funded services and 340B programs can be used in one or more of the following ways:

- Added to resources committed to the project or program and used to further eligible project or program objectives.

- To cover program costs.

Note: Program income funds are not subject to the federal limitations on administration (10%), quality management (5%), and core services (75%).

Monitoring of Program Income

HAHSTA will monitor the subrecipient's compliance with the program income (PI) policy during comprehensive site visits. The review includes but is not limited to the following:

- A review of the subrecipient's policy for schedule of charges.

- A review of the customer eligibility determination application.

- A review of the policy on tracking program income.

- A review of how PI is being used.

- A review of back billing & retroactive insurance charges.

- A review of the program income budget.

Knowledge Check

All subrecipients shall disclose to HAHSTA all 340B Contract Pharmacy arrangements and their statuses with Office of Pharmacy Affairs within 15 Business days of receipt of the Ryan White grant award.

A) True

B) False

Ryan White Clinical Quality Management Program Requirements

Quality Team

Objectives

➢ Provide a Clinical Quality Management (CQM) Program Overview and Requirements

➢ Provide a list of Required Quality Deliverables

➢ Provide Important Dates

➢ Explain the Role of Quality Improvement Coaches

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Ryan White Quality Management Program

- The Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) requires that all Ryan White HIV/AIDS Program (RWHAP) Part A recipients have a **Clinical Quality Management (CQM) Program.**

- Per HRSA's **Policy Clarification Notice (PCN) 15-02**, a CQM program is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction.

- **Sub-recipients** are also required to have their own Quality Management Programs.

Quality Management Program Components
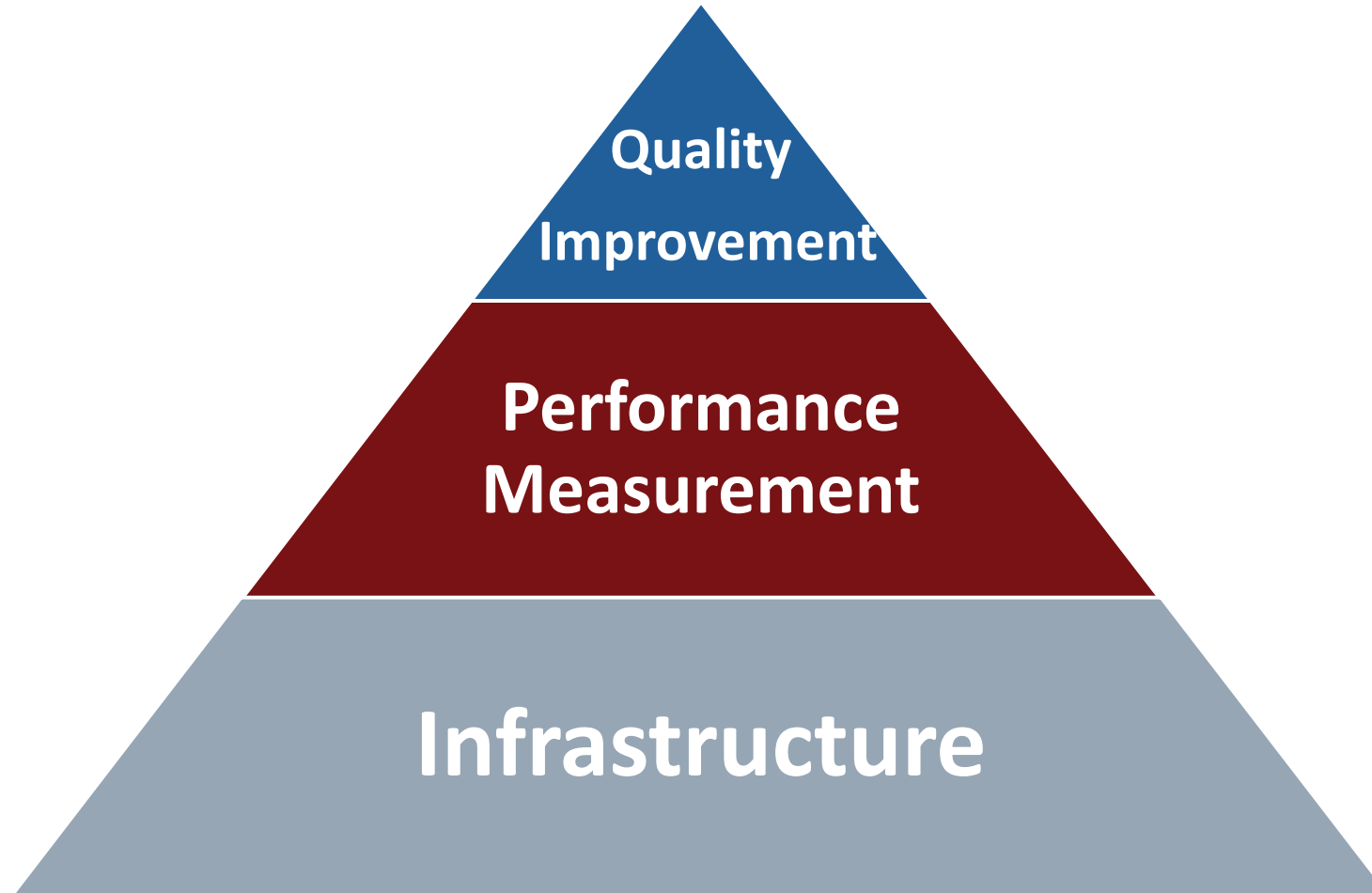
Quality Management Program Requirements

Quality Management Program Components	Requirements of Each Component
Infrastructure	1. Leadership Involvement 2. Quality Management Committee 3. Dedicated Staffing 4. Dedicated Resources 5. Quality Management Plan 6. Customer Involvement 7. Stakeholder Involvement 8. Quality Management Program Evaluation
Performance Measures	<table><tr><td>Percent of RWHAP eligible clients receiving at least one unit of service for a RWHAP-funded service Category</td><td>Minimum number of performance measures</td></tr><tr><td>>=50%</td><td>2</td></tr><tr><td>>15% to <50%</td><td>1</td></tr><tr><td><=15%</td><td>0</td></tr></table>
Quality Improvement	Quality Improvement Projects • In response to performance data results • Within at least one (1) funded service category at any given time • Aimed at improving patient care, health outcomes, and patient satisfaction

* Sub-recipients are also required to participate in the HAHSTA Quality Team Customer Satisfaction Survey.

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Quality Management Program Deliverables

- Annual Deliverables:

  o Quality Management Plan (including work plan and performance measure portfolio)

- Quarterly Deliverables:

  o Performance Measure Summary Report

  o Quality Management Committee Meeting Minutes

  o Quality Improvement Project Report

  o Documented Proof of Customer Involvement

- Templates will be provided for your convenience

Quality Deliverables Due Dates

Frequency	Deliverable	Due Dates
Annually	Quality Management Plan (with work plan and performance measure portfolio)	Within 30 days of start of Grant Year (by June 30, 2025)
Quarterly	Quality Improvement Project (QIP) Report	1st Quarter, October 1, 2025 2nd Quarter January 1, 2025 3rd Quarter, April 1, 2025
	Performance Measure Summary (including baseline, target, quarterly data updates and analysis)	1st Quarter, October 1, 2025 2nd Quarter January 1, 2025 3rd Quarter, April 1, 2025
	QM Committee Meeting Minutes	1st Quarter, October 1, 2025 2nd Quarter January 1, 2025 3rd Quarter, April 1, 2025
	Documentation of Customer Involvement	1st Quarter, October 1, 2025 2nd Quarter January 1, 2025 3rd Quarter, April 1, 2025

Meet Your Quality Team

Arielle Hart

Quality Coach

Laura Whittaker

Quality Coach

Courtney Middlebrook

Quality Management Specialist

Contact us: **RW.QUALITY@DC.GOV**

What to Expect from Your Quality Team

- Personalized guidance on completing required quality deliverables.

- Collaboration with you and your team to design and implement impactful quality improvement projects.

- Delivery of tailored training sessions to build knowledge and skills for implementing successful quality initiatives.

Knowledge Check

What are the four required quality deliverables due each quarter?

A) Budget Summary, Risk Analysis, Training Log, Internal Audit

B) Quality Improvement Project (QIP) Report, Performance Measure Summary, QM Committee Meeting Minutes, Documentation of Customer Involvement

C) Report, Customer Survey, Financial Report, Action Plan

D) Quality Checklist, Baseline Measures, Training Schedule, Executive Summary

Program Monitoring

Princess Johnson, Program Officer

Program Monitoring

Monitoring Team

- Roles and Responsibilities

  - **Ryan White Program Officer** – monitors the programs funded under the RWHAP to support the care and treatment services to the customers.

  - **Grants Management Specialist** – ensures that the federal funds are used effectively to provide medical care, support services, and resources to the customers.

  - **Quality Coach-** monitors, evaluates, and supports subrecipients in improving the quality of services provided to customers.

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Program Monitoring

Monitoring Activities

- Monthly Programmatic Reports
- Monthly Check-In calls
- Site Visits
    - Introductory
    - Comprehensive
    - Triggered
- Provider Report Card (quarterly)
- Integrated Assessment Tool
- Remediation and Corrective Action Plan

Knowledge Check

Which member of the monitoring team is primarily responsible for evaluating and improving the quality of services provided to customers?

A) Ryan White Program Officers

B) Grants Management Specialist

C) Quality Coach

D) Subrecipient Administrator

Capacity Building

Lauren Lapointe, Program Officer

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Capacity Building

HAHSTA builds the capacity of its subrecipients by offering trainings through its Ryan White Training Center (RWTC), focusing on five key areas to improve standardization, quality, and compliance:

- Organizational Infrastructure

- Program Management

- Fiscal Management

- Data Collection, Reporting, and Use

- Quality Management
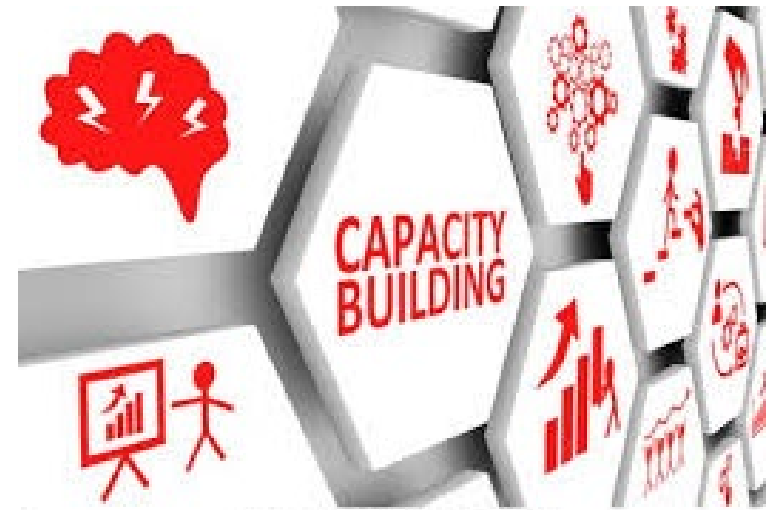
Annual Capacity Assessment

Each year, subrecipients undergo a capacity assessment, using the Integrated Assessment Tool (IAT), in five key areas to identify needs for improvement and determine necessary training. As a result:

- Individualized capacity building work plans are developed and monitored.

- Asynchronous trainings that coincide with assessment criterion are made available.

- Training usage is tracked monthly through routine monitoring.

- Certificates are provided for the successful completion of courses.

- Reassessments are conducted to gauge improvements and sustainability in capacity.

Capacity Building Course Offerings

Organizational Infrastructure

- Strategic Planning to Enhance Sustainability
- Understanding Implicit Bias in Healthcare

Fiscal Management

- Financial Forecasting
- Categorical Budget Preparation

Program Management

- Identifying, Tracking, and Monitoring Ryan White Program Income to Enhance Patient Outcomes
- Health Ryan White Service Standards

Data Collection, Reporting & Use

- Data Security Basic Training
- RSR Walk-Through

Quality Management

- The Quality Management Committee: Teamwork Makes Dreamwork
- CQM Evaluation: Assessing Projects, Programs, Infrastructure, and Outcomes

Course Access

HAHSTA Ryan White subrecipients have access to a catalogue of over 50 trainings available through the RWTC. Access to these trainings:

- Can be prescribed by program officers in a work plan.*

- Can be accessed on ones own or at the discretion of their manager

- Requires registration.

- Can be obtained https://effibarryinstitute.org/ryan-white/training/

*Trainings prescribed by program officers must be completed within the established timeframe.

Knowledge Check

What is the primary tool used each year to assess subrecipients' capacity and guide the development of the individualized workplans?

A) CAREWare

B) Integrated Assessment Tool (IAT)

C) Monthly Narrative Report

D) EGMS

Partnering in Fiscal Management

Jason Edmonds, Administrative Specialist

Topics of Discussion

▶ Introductions & Agenda

▶ Understanding the Notice of Grant Award
  • Understanding your Terms and Conditions

▶ Understanding the Purchase Order

▶ Invoicing Requirements
  • A Complete Invoice Package
  • Late Invoice Protocol

▶ Invoice Payment Process
  • Enterprise Grants Management System
  • District Integrated Financial System

▶ Budgeting and Adjustments

▶ Continuity of Operations

▶ Imposition of Charges

▶ Single Audit Requirements

▶ Q & A

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Grants Management Team

- Milena Acevedo

- Monique Brown

- Cassandra Lewis

- Rony Mohram

- April Richardson

- Carroll Ward

- Asaah Chambers, Program Support Specialist

- Donovan Walcott, Administrative Specialist

- Janice Carroll, Supervisory Grants Management Specialist

Understanding the
Notice of Grant Award

Notice of Grant Award

- **Understanding the Notice of Grant Award (NOGA)**

  The NOGA, also known as a Notice of Grant Award, is the official grant award document notifying the recipient that the award has been made. It is a legally binding document that informs a grantee of the award, and important information about the grant, such as

  - The grant number
  - The amount of the award
  - The project period, the total time frame of the award, i.e., one, three, or five years
  - The budget period, the time frame for which a budget is approved for the award
  - The receiving organization
  - The key personnel for the grant
  - Any restrictions or special conditions on the award
  - The terms and conditions of the grant
  - The funding limits and obligations

Notice of Grant Award (NOGA) cont'd

- **Understanding the Notice of Grant Award (NOGA)**

  The NOGA is created and stored in the Enterprise Grants Management System (EGMS).

- To ensure compliance with District of Columbia regulations and federal grant requirements:

  Subrecipients must have a fully executed NOGA in place and be within the project period to begin providing services.

  Please review the NOGA thoroughly to ensure you fully understand your responsibilities and compliance requirements before beginning service delivery.

- All revisions and/or modifications to the original NOGA must be fully executed in EGMS.

- Contact your monitoring team, Program Officer or Grant Monitor, if you have any questions.

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Notice of Grant Award (NOGA) cont'd

- **Understanding your Terms and Conditions**

The standard Terms and Conditions is a document that sets forth the requirements for DC Health and the subrecipient to be in compliance with District and federal laws, regulations, administrative issuances, and funding authorizations for specific programs or types of services.
Be sure you know the terms and conditions for which you agree before selecting "I read the terms and agree"

Notice of Grant Award (NOGA) continued

- **Understanding your Terms and Conditions**

  Key Focus Areas

  o Administrative Requirements – to include Cash Management; Time and Effort Certification; Budget and Work Plan to include Cost Allocation Plan and Summary of Funding Sources; and Staffing Plan

  o Reporting Requirements

  o Fund Disbursement

  o Staffing

  o Procurement & Subcontracting

  o Accounting and Audits

  o Program Closeout

  o Transition for Continuity of Services

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Understanding the Purchase Order

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Purchase Orders (PO)

- **Understanding the Purchase order**

  A Purchase Order is a document used to legally bind the vendor (sub-recipient) and the District of Columbia for payment of good and services provided according to the NOGA.

  A valid Purchase Order (PO) is also required to authorize expenditures and service delivery.

  Services provided without both documents in place run the risk of not getting reimbursed. This policy ensures accountability, financial compliance, and adherence to grant regulations.

  It is generated by the District's Integrated Financial System (DIFS).

Purchase Orders (PO) (continued)

- **Understanding the Purchase order**

  The District's fiscal year ends September 30, 2025. All POs are closed during the District's Year-End Close. Therefore, sub-recipients will receive two (2) purchase orders during the NOGA budget period as follows:

PURCHASE ORDER #1	PURCHASE ORDER #2
June 2025 – September 2025	October 2025 – February 2026

  It is advantageous to submit invoices, especially September's invoice, by the due date to ensure timely payment. Invoices submitted after the requested due date for September's invoice will result in a delay in payment.

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Purchase Orders (PO) continued

- **Understanding the Purchase order**

  The purchase order is created according to the funding and reporting requirements of the grant award. The sub-recipient is responsible for ensuring that the correct expenditures are invoiced on the appropriate line item. Please work with your assigned GMS if there are any discrepancies.

  For example:

  RW Part A Purchase orders without MAI
  - Line 1 – RW Part A Direct Services
  - Line 2 – RW Part A Admin

  RW Part A Purchase orders with MAI
  - Line 1 – RW Part A Direct Services
  - Line 2 – RW Part A Admin
  - Line 3 – RW Part A MAI Direct Services
  - Line 4 – RW Part A MAI Admin

Invoicing Requirements

Invoicing Requirements

- **A Complete Invoice Package**

  The submission of a complete invoice package in EGMS includes, but is not limited to, the following:

  - HAHSTA's Invoice cover sheet

  - General ledger

  - Financial summary report for each service category

  - Signed timesheets verifying hours worked

  - Payroll register

  - Narrative Progress report

  - CareWare Data report

Invoicing Requirements

- **A Complete Invoice Package**
  - Any additional support documentation may include, but not limited to, the following:
    - Signed consultant agreements prior to invoicing
    - Signed lease agreements prior to invoicing
    - Receipts to support charges and incurred costs
  - Invoices submitted without the required documents will be rejected.
  - Be sure to ask your GMS for the revised HAHSTA Invoice Coversheet with the instructions.

REMINDER: RWHAP grants are reimbursable grants. Cost must be incurred and paid for before submitting an invoice for the charges.

Invoicing Requirements

- **A Complete Invoice Package**

Changes have been made to the HAHSTA Invoice Cover Sheet to align with the information in EGMS for transparency and accountability. Those changes are as follows:

- Grant number is now the EGMS Subgrant Award number

  HAHSTA2025-###-###

- Invoice Number is now the EGMS Payment Request Number

  HAHSTA2025-###-PD-200##-Month-2025

- The Year-to-Date Expenditures, Current Balance and % Spent columns and the Subtotal and Total rows auto-populate and are password protected. Columns are provided and hidden for your convenience to record each month's invoice and to track the information in the above columns. Be sure to unhide the column for the month being invoiced and hide the previous and next months.

- In addition, all invoice coversheets must be signed and dated.

Invoicing Requirements

- **Late Invoicing Protocol**

  > *The sub-recipient must submit the invoice cover sheet with the minimal required supporting documentation by the **15th** day following the end of each billing period into (EGMS).*

- Submission of invoices is deemed late on the 16th day of the month. The GMS sends the *First Notice* on the 18th day of the month or the next business day reminding the sub-recipient to submit the invoice within three (3) business days.

- If the sub-recipient does not submit within three (3) business days, a Second Notice warning them to submit the invoice within three (3) business days and informing them that they are out of compliance with the grant terms is sent.

- A Third Notice of Risk of Non-Compliance Letter if the invoice remains outstanding after the three (3) business days.

Invoicing Requirements

- **Late Invoicing Protocol**

  o If the sub-recipient remains out of compliance after the additional three (3) business days, a *formal DC Health Notification of Non-Compliance* is issued from the Office of Grants Management. The sub-recipient is assigned a high-risk rating on all grants issued and pending. The sub-recipient must submit an agency-level corrective action plan within seven (7) business days. If not received within seven (7) business days, OGM may initiate a change in the grant status (e.g., award reduction, stop work order, or termination.)

  o Continued failure to comply with the timely submission of monthly invoices will result in being placed on a Remediation or Corrective Action Plan.

Invoice Payment Process - Enterprise Grants Management System (EGMS)

EGMS Payment Request/Invoice Payment Process

- **The FIRST STEP of the invoice submission/payment process.**

  - EGMS initiates the payment process by automatically generating a monthly payment request task on the last day of each month or billing period. An email notification and a corresponding task in the portal is created for your convenience. *Please note that the payment request is for the previous month's invoice.*

  - Sub-recipients enter the details of the monthly invoice per service category per line item and uploads the HAHSTA invoice coversheet and required supporting documentation for approval by the 15th business day.

EGMS Payment Request/Invoice Payment Process

- **The FIRST STEP of the invoice submission/payment process. (continued)**

  The *Primary User* holds the exclusive capability to submit the monthly invoice. To ensure a seamless process, sub-recipients must complete any outstanding tasks before proceeding with the current ones. Once the payment request receives approval in EGMS, the Payment Authorization Notice (PAN) is sent to all active users.

  For any inquiries, please consult the EGMS 2.0 Reference Guide, specifically Section 07a - Payment Request for Primary Users, accessible through the provided link in EGMS.

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Invoice Payment Process - District Integrated Financial System (DIFS)

DIFS Invoice Payment Process

- **The SECOND STEP of the invoice submission/payment   process.**

  - The sub-recipient has **three (3) business days** from the receipt of the PAN to upload the HAHSTA invoice coversheet and PAN to purchase order in DIFS.

  - The sub-recipient is responsible for ensuring that the correct expenditures are invoiced on the appropriate line item.

  - Once submitted, the District has 30 days to pay the invoice.

DIFS Supplier Portal

- To easily manage and update contact details, addresses, banking information, and business classification, as necessary, please visit https://cfo.dc.gov/supplier_portal and click on 'Existing Suppliers.' It's important to be aware that only the Office of Contracts and Procurement has the authority to update the headquarters address.

- If you need additional assistance, please contact your assigned GMS.

- For questions regarding DIFS, please call (202) 442-8700 or send an email to suppliers@dc.gov.

- Please refer to the Submit NOGA Invoices and View Payments in the DIFS Supplier Portal Self-Service Job Aid provided for any assistance or visit https://cfo.dc.gov/supplier_portal and click on Resources.

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Budgeting and Adjustments

Understanding Budgeting

A budget is a detailed plan that aligns financial resources with the program's goals and objectives. It provides a roadmap for how funds will be used to achieve the desired outcomes over the specified period.

- A clear understanding of services and activities to meet the monitoring standards of the funded program is crucial in preparing a budget

- The budget comprises a summary of the standard line items per funded service category.
  - Personnel services – salary and fringe benefits
  - Non-personnel services – supplies, consultant fees, client costs, etc.
  - Indirect/Admin costs

It's essential to be transparent, accurate, and realistic in estimating costs and allocating resources to ensure the successful execution of the grant program.

Understanding Budgeting (cont'd)

- Key factors to consider when preparing the budget:
  - Service Category details that specify what tasks will be undertaken, the nature of the service, and any related deliverables.
  - Timelines that outline the program's schedule, milestones, and the timing of different program components.
  - Personnel allocation of each staff person responsible for implementing the planned activities, their roles, responsibilities, and the corresponding costs.
  - Budget justification explaining why specific costs are necessary, demonstrating how those costs contribute to achieving the program's goals and objective. It provides a narrative supporting the itemized budget, showing the rationale behind each line item.
- Monthly invoices are allocated based on the approved budget.

Understanding Budget Adjustments (cont'd)

- Budgets and Budget Adjustments require prior approval from the PO and GMS before entering the adjustments in EGMS.

- Budget adjustments include the following:
  - *Modifying the budget* (Budget Modification) within a specific service area.
  - *Reprogramming the budget* (Reprogramming) involves transferring funds between service categories.

- These actions become necessary when expenditures deviate from the approved budget and workplan. Once approved, the initiation of change request in EGMS can be made by the sub-recipient, PO, or GMS.

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Understanding the Quarterly Report Card – Fiscal Summary

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Understanding the Quarterly Report Card – Fiscal Summary

The fiscal portion of the Quarterly Report Card includes the following data for each service category:

- **Budgeted Amount**
- **Projected expenditures** through reported quarter
- **Total amount spent** through the reported quarter
- **Actual expenditures** to date
- **Spend rate** (ratio and percentage of budget spent)
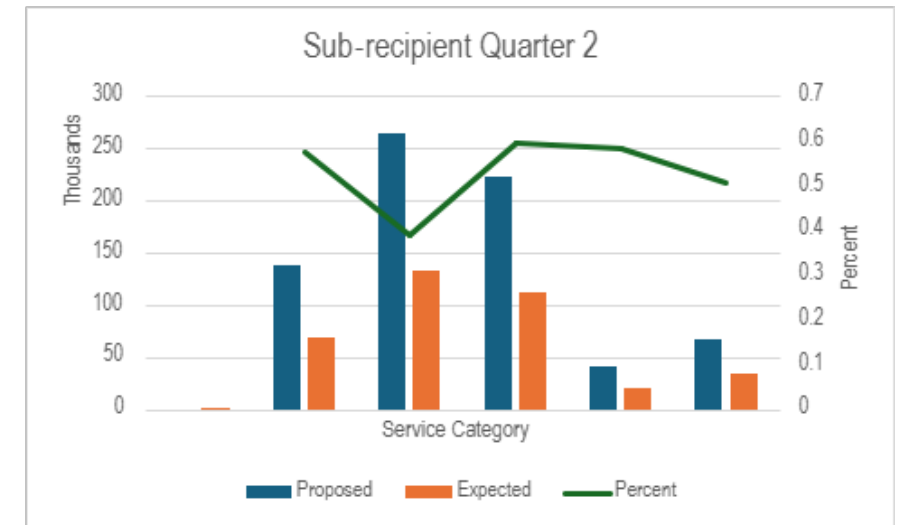
This data gives a snapshot of the sub-recipient's financial performance year to date. The GMS' comments summarizes key findings each quarter and may make necessary budget adjustments, if needed.

Importance of Continuity of Operations

Understanding the Importance of Continuity of Operations

- **Ensures uninterrupted service delivery** to clients, even during emergencies or disruptions
- **Protects critical program functions** – including data reporting, fiscal oversight, and client support
- **Demonstrates organizational resilience** and compliance with funding requirements
- **Reduces risk of funding delays** or penalties due to missed deadlines or reporting gaps
- **Supports staff readiness** through clear roles, backup systems, and communication plans

Every organization should have a plan to continue essential operations – because your services matter, even during disruptions.

Imposition of Charges

Imposition of Charges

- **Understanding Imposition of Charges**

  Imposition of Charges describe all activities, policies, and procedures related to assessing RWHAP patient charges as outlined in the Public Health Service Act Sections 2605(e), 2617(c), and 2664(e)(1)(B)(ii).

  - Based on individual (not family income)

  - Prohibits charges imposed on RWHAP patients with incomes at or below the FPL

  - Requires charges imposed on RWHAP patients with incomes above the FPL

  - Established annual caps on charges

  No RWHAP patient shall be denied service due to an individual's inability to pay.

  HRSA RWHAP statute does not require that patients that fail to pay be turned over to debt collection agencies.

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Imposition of Charges (cont'd)

- **Applicability and Implementation**

  Imposition of Charges applies to those services for which a distinct fee is typically billed within the local health care market.

  It applies to all RWHAP Part A services with assistance provided under the grant

  - RWHAP patients ≤ 100%FPL not charged

  - RWHAP patients > 100% FPL charged

  - The schedule of charges must be publicly available

  - Subrecipient must have a system to track imposed charges

  - Subrecipient must have a system to track RWHAP patient reported charges

  - Subrecipient must have a means to cap imposed charges

  - Subrecipient must ensure services are provided regardless of ability to pay

Imposition of Charges (cont'd)

- **Applicability and Implementation (cont'd)**

  - Only Subrecipients operating as free clinics have the option to waive the imposition of charges on RWHAP patients. If services offered are not free, RWHAP patients over 100% FPL should be charged, even if it's only $1.

- **Federal Poverty Level Guidelines**

  - The FPL measures the level of poverty based on income and is used to determine eligibility for services provided. It varies according to family size and geographical location.

    - Since the schedule of charges is based on individual income, each RWHAP patient's income must be documented, even if the household income is used to determine eligibility.

    - The RWHAP patient's placement on the schedule of charges changes if there's a change in the individual's annual gross income or the FPL guidelines.

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Imposition of Charges (cont'd)

- **Federal Poverty Level Guidelines (cont'd)**

  o Subrecipients may establish a schedule of charges for RWHAP patients with incomes above the FPL by charging a flat rate, regardless of service provided, or a varying rate, such as a sliding fee scale, based on income.

- **Cap on Charges**

  o For individuals with an income greater than 100% FPL but less than 200% FPL, the subrecipient must not impose charges more than 5% of the individual's annual gross income for any calendar year.

  o For individuals with an income greater than 200% FPL but less than 300% FPL, the subrecipient must not impose charges more than 7% of the individual's annual gross income for any calendar year.

  o For individuals with an income greater than 300% FPL, the subrecipient must not impose charges more than 10% of the individual's annual gross income for any calendar year.

  o If the Cap is met within the calendar year, the subrecipient must stop imposing charges.

Single Audit Requirements

Single Audit Requirements

- As a recipient of federal funds, your institution may be subject to the federal mandate of an annual single audit. As of October 1, 2024, federal guidelines require that a single audit be generated if an entity expended **$1,000,000** or more in federal funds (not just funds from HAHSTA) over the fiscal year. If required, the single audit must be prepared by the ninth (9th) month following the end of your fiscal year, and a copy submitted to the Federal Audit Clearinghouse.

- If your organization is below the threshold for a single audit, you are required to submit an audited financial statement that reflects your organization's financial position, results of operations or changes in net assets, and, where appropriate, cash flows.

Please forward your receipt of acceptance from the FAC or audited financial statement to donovan.walcott@dc.gov.

Single Audit Requirements (continued)

- Subrecipients will receive a Single Audit Confirmation Letter to certify the requirements for a Single Audit. Please respond as requested in the letter.

- HAHSTA will acknowledge receipt of the Single Audit via email to Subrecipient.

- HAHSTA will review the filed Single Audit/Audited Financial Statement. Subrecipients placed on a CAP due to findings in Single Audit will be placed on a CAP until the CAP is closed. HAHSTA will notify Subrecipient when HAHSTA's CAP is satisfied.

- Failure to adhere to Single Audit requirements places the Subrecipient in a Non-Compliance status and may result in additional Terms and Conditions, and/or the reduction or termination of funding, depending on the nature of Non-Compliance.

Knowledge Check

My organization received the award letter with the approved budget amount per service area; therefore, services can be provided on the date stated in the letter.

A) True

B) False

The 2 CFR 200 and the Terms and Conditions of the NOGA require a single audit for annual federal grant expenditures >$1,000,000 or an audited financial statement prepared by the ninth (9th) month following the end of the sub-recipient's fiscal year. The Single Audit must be uploaded timely into the Federal Audit Clearinghouse.

A) True

B) False

DC Health Enterprise Grants Management System (EGMS)

Overview for External Users

Jennifer Prats, Public Health Workforce Analyst

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Introduction

Purpose of the System

Submitting Reports

Monitoring

Questions/ Confusion

Documentation and Record Retention

Submitting Application

Etc..

DC Health EGMS
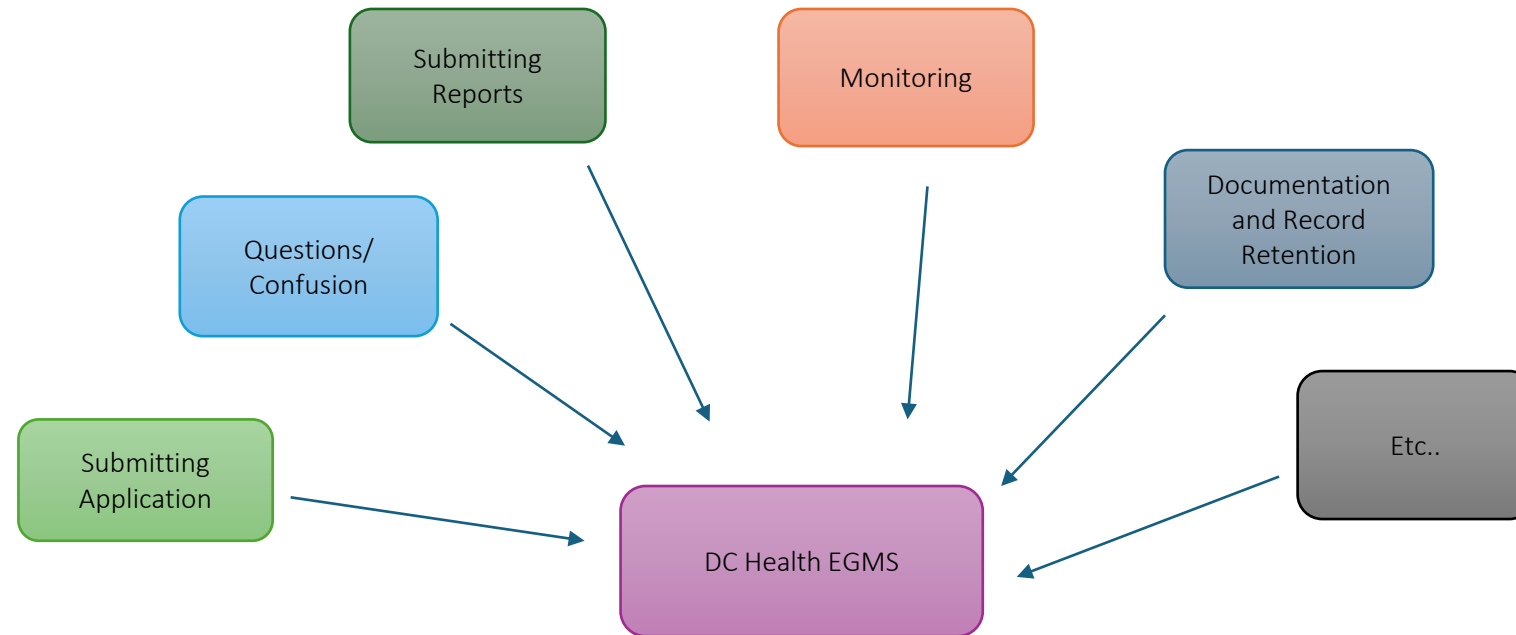
Phases of the Grant lifecycle

Funding Opportunity
- Creating NOFA and RFA
- Announcing FO

Pre-Award
- Application Submission
- Application Review
- Decision

Grant Issuance
- Negotiation
- Grant Making
- Disbursing Award

Monitoring
- Risk Assessment
- Progress Reports
- Site visits, etc.

Closeout
- Termination
- Closeouts

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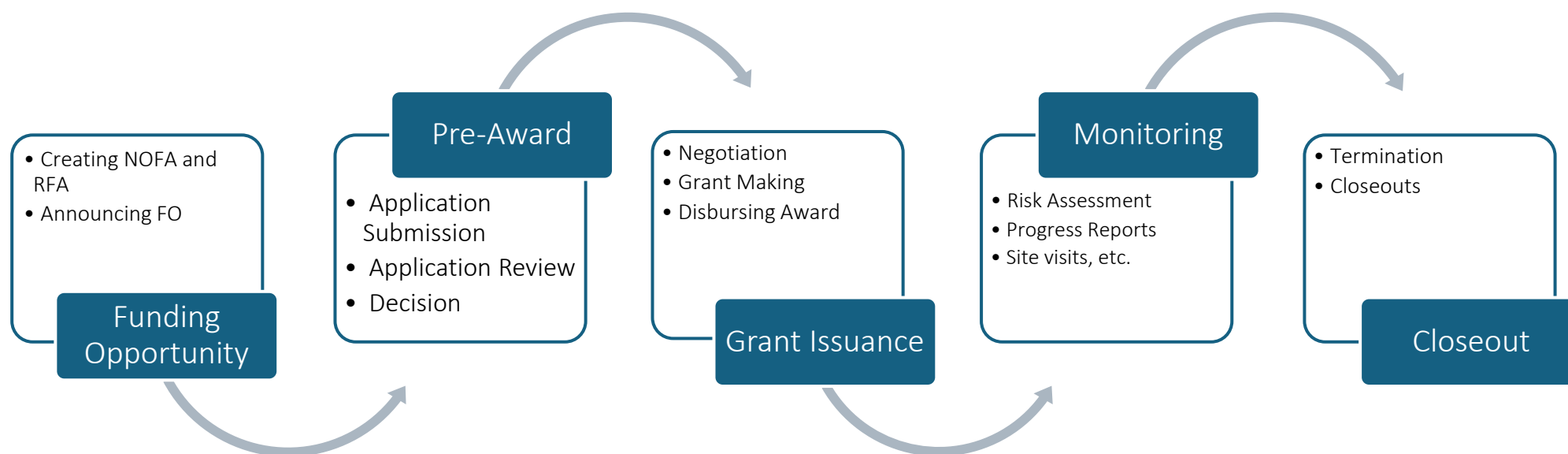
EGMS Users and Roles

EGMS Grantee Users

- One Primary User and multiple Secondary Users

- Both the Primary and Secondary users can access all grant related information

- Only the Primary User has the ability to submit applications/reports

EGMS Grantee Users

- New users may register through the registration link on the EGMS log in page

- To deactivate users, an authorized representative needs to email egms.support@dc.gov with the request

EGMS Internal Roles

- **Management**
  - Office of Grants Management (OGM)
  - Office of Director (OD)
  - Senior Deputy Director (SDD)

- **Program Users**
  - Program Manager (PM)
  - Project Officer (PO)
  - Bureau Chief (BC)

- **Fiscal Users**
  - Grant Supervisor (GS)
  - Grant Monitor (GM)
  - Other/Receiver

External User View

Locating your NOGA

Locating your NOGA

Locating your NOGA

Post Award Transactions

Post-Award Transactions

- Progress Reports
  - Submitted monthly
  - Reference guide
- Payment Requests
  - Submitted monthly
  - Reference guide
- Change Requests
  - As needed
  - Reference guide

Additional Resources

Additional Resources

- <u>Office of Grants Management webpage</u> has information about:

  o Funding opportunities

  o Application requirements

  o Indirect Costs

  o Terms and Conditions

  o Compliance Trainings

  o EGMS Reference Guides

- EGMS Support: <u>egms.support@dc.gov</u>

Reporting

Ekaji Osayande, Program Officer

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Reporting

Narrative

Subrecipients are required to submit a monthly programmatic narrative report for each funded grant program on the 15th day of each month vis EGMS.

The narrative report must include:

- Work Plan Status
- Service Delivery Challenges
- Personnel Updates
- Waitlist Data
- Budget Utilization
- Corrective Action or Remediation plan progress updates
- Quality Assurance
- Staff contact information updates, if applicable
- Technical Assistance requests

Reporting cont'd

- **Program Narrative submission in EGMS** – *due the 15th day of each month*

  - Monthly Narrative Report

  - Monthly CAREWare Financial Report

- **CAREWare data entry**

  - Daily or monthly uploads

- **Invoice submission in EGMS** – *due the 15th day of each month*

  - Monthly CAREWare Financial Report

- **Payment Authorization Notice (PAN) submission in DIFS**– *due within 3 business days of receipt*

- **Close-out**

  - Annual Narrative Report

  - Annual CAREWare Financial Report

  - Due to PO via email 30 days after end of budget period

Knowledge Check

By what day of the month are the program narrative and invoice submissions due in EGMS?

A) 1st

B) 10th

C) 15th

D) Last day of the month

Ryan White Program Data Management

Demarre Richmond, Data Manager

Ryan White Program Monthly Data Submission

Grant Year 35

Monthly Data Reporting Requirements

- <u>Submission Deadline:</u> Client and Service-level data must be submitted to the DC Health Ryan White Program via CAREWare by the 15th of each month.

- <u>Purpose of Reports:</u> These reports play a vital role in ensuring timely program performance monitoring and compliance with federal and local guidelines, underscoring their importance.

  - Potential changes in reporting (including data variables and specifications based on executive order. DC Health will share the potential changes when received from HRSA.

- <u>Consequences of Late Submission:</u> Delayed data reporting may negatively impact program evaluations and funding decisions. Your punctual submissions are crucial to avoid such situations.

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Ryan White Program CAREWare Overview

- CAREWare is a free, electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and providers. CAREWare was developed by HRSA's HIV/AIDS Bureau and first released in 2000.

- CAREWare's programming shop, Jprog, is implementing critical updates to the CAREWare data import process that will affect how you submit and manage data for providers using the PDI module to submit their data starting June 2025.

  - Please contact care.ware@dc.gov with specific inquiries

- CAREWare Website:

  - https://carewaredc.ixn.com/careware/rs/index.htm

  - The CAREWare CSV specifications, detailing the required formats and data fields, can be accessed here: CAREWare CSV Specifications

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Ryan White Program CAREWare Overview cont'd

How to request new access to CAREWare and (TA)

- To access CAREWare New user accounts please complete the DC Health HAHSTA CAREWare New Access Request Form.

  - Form link: DC Health HAHSTA CAREWare New Access Request Form

- To request technical assistance (TA) from the DC Health Ryan White Team please complete the (TA) Request Form.

  - Form link: DC HAHSTA Provider TA Request System

Ryan White Program CAREWare Overview cont'd

- 2 –Factor Authenticator resetting

  - Providers can reset their users 2-factor key

  - If additional guidance is needed, please reach out to the DC Health Ryan White Team at care.ware@dc.gov

- Automatic user Deactivation

  - Due to security concerns, users who didn't login for 180 days(used to be 90 days) will automatically be retired/deactivated

  - New Account reactivation request must be submitted to reinstate the account

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2025 Mid-Year RSR Timeline and Tips

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Mid- Year Ryan White HIV/AIDS Program Services Report (Mid-Year RSR)

The RWHAP Services Report (RSR) is an annual data report completed by RWHAP recipients and providers. This report provides data on the characteristics of the funded recipients and their providers, clients served, and services delivered.

- The RSR comprises three components: the Recipient Report, the Provider Report, and the client-level data (CLD).

- The RSR Recipient Report is completed by recipients who must complete a separate RSR Recipient Report for each RWHAP or EHE initiative award they receive.

- All providers (including providers of direct client services and/or administrative and technical services) must complete a single RSR Provider Report.

- Providers of direct client services must upload a properly formatted CLD file as part of their Provider Report submission.

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Mid- Year Ryan White HIV/AIDS Program Services Report (Mid-Year RSR)

- DC Health will kick off the Mid-Year RSR in **September 2025**. By the end of September 2025, all sub-recipients must submit their recipient completeness report.

  o The DC Health Ryan White Program Data Manager will provide further instructions in August of 2025.

- Organizations enrolled in the Data Improvement Project (DIP) must submit RSR reports monthly <u>through January 2026.</u>

Mid- Year Ryan White HIV/AIDS Program Services Report (Mid-Year RSR)

- (DIP) enrollees will be evaluated on the following criteria:

If any of the following data percentages of missing data exceeds 10%

1. CD4

2. Poverty Level

3. Housing Status

4. Health Coverage

5. Syphilis Screenings

Annual RSR/Mid-Year Timeline and Tips

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

- HRSA and DC Health will share the Annual RSR Submission dates and timelines for 2025-2026.
  - HRSA will share timeline dates and deliverables around September 2025.
    - The GY-35 reporting period will include data from January 1, 2025, through December 31, 2025, for the annual RSR reporting period.
- All providers will received communication about the Annual RSR Submission season.
- The information will be disseminated by your respective Program Officer (PO).

RSR Timelines

Tentative Key Dates and Deliverables for the Annual RSR Submission

Date	Activity
Monday, February 2nd, 2026	**RSR Provider Report Start Date** (All providers/Subrecipients)**
Monday, March 2nd, 2026	**RSR Provider Report Target Deadline** (RSR Provider Reports should be in "Review" or "Submitted" status)**
Tuesday, March 31st, 2026	**All RSRs must be in "Submitted" status by 6pm ET.**

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

Important Data Quality Reminders:

- Ensure data is accurate and complete before submission deadlines, including below the 10% threshold for any missing data elements.

- Collaborate with your team to address any data-related issues early.

- Contact the Ryan Data Team at care.ware@dc.gov with any questions or concerns.

Important Timelines

Mid- Year Program Information	Tentative Dates
Kick Off Month Full RSR Completeness Report Due for all Providers/sub-recipients **	Tuesday, September 30, 2025
DIP Provider 1st Submission Due *	Friday, October 31, 2025
DIP Provider 2nd Submission Due *	Friday, November 28th, 2025
DIP Provider Final Submission Due*	Wednesday, December 31, 2025
Annual RSR 2026 (Tentatively) Due	Feb- March 2026

Annual RSR Timelines: RSR Submission Timeline | TargetHIV

** = Providers and all subrecipients for GY 35
*= Providers enrolled in the Quality Improvement (DIP) Project
for 2025

2024-2025 RSR Resources

Target HIV Resources:

- Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual
  - Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual | TargetHIV
    - Download here: Ryan White HIV/AIDS Program Services Report (RSR)
- Trainings and Upcoming Webinars:
  - Data Webinar Calendar | TargetHIV
- RSR Data TA Brochure: RSR Data TA Brochure | TargetHIV
  - https://targethiv.org/sites/default/files/media/documents/2025-01/DISQ_TA_Resources_RSR_508_01_06_2025.pdf

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2024-2025 RSR Resources

Target HIV Resources:

- Ryan White HIV/AIDS Program TA Resources
  - o Link to resources: <u>Ryan White HIV/AIDS Program TA Resources</u>
- DC EMA CAREWare 6 Quick User Guide
  - o Link to resources: <u>DC-EMA-CW-v6-User-Manual.pdf</u>

Data Security and Confidentiality

Data Privacy and Confidentiality

Ryan White Data Program: Guiding Principles

Ten Guiding Principles for Data Collection, Storage, Sharing, and Use to Ensure Security and Confidentiality

- Public health data should be acquired, used, disclosed, and stored for legitimate public health purposes.

- Programs should collect the minimum amount of personally identifiable information necessary to conduct public health activities.

- Programs should have strong policies to protect the privacy and security of personally identifiable data.

- Data collection and use policies should reflect respect for the rights of individuals and community groups and minimize undue burden.

- Programs should have policies and procedures to ensure the quality of any data they collect or use.

Data Privacy and Confidentiality cont'd

Ryan White Data Program: Guiding Principles

Ten Guiding Principles for Data Collection, Storage, Sharing, and Use to Ensure Security and Confidentiality

- Programs have the obligation to use and disseminate summary data to relevant stakeholders in a timely manner.

- Programs should share data for legitimate public health purposes and may establish data-use agreements to facilitate sharing data in a timely manner.

- Public health data should be maintained in secure environment and transmitted through secure methods.

- Minimize the number of persons and entities granted access to identified data.

- Program officials should be active, responsible stewards of public health data.

Security Breach

Data Privacy and Confidentiality cont'd

Data Security Breach: What to Do?

- Contact the Ryan White Program team by email care.ware@dc.gov and cc your reporting supervisor

- Please provide the following information in an email to Ryan White Data Team:

- Name of any entities, parties, agencies, and/or staff involved.

- Time and date of the incident

- Source of the incident (email, text message, hard-copy document, invoice, etc.)

- Description of incident and plan of action to resolve the issue

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Ryan White Program Team

Contact Information and Additional Support

- **DC Health Ryan White Program Email Address for Data Request and Issues:**
  - Contact the DC Health Ryan White program support team at care.ware@dc.gov.
- **DC Health HAHSTA CAREWare New Access Request Form**
  - Form link: DC Health HAHSTA CAREWare New Access Request Form
- **(TA)Request Form**
  - Form link: DC HAHSTA Provider TA Request System

Knowledge Check

Organizations enrolled in the Data Improvement Project (DIP) must only submit RSR data at the end of the grant year.

A) True

B) False

Questions?

Contacts

- **Program Officers**
  - Courtney Brooks, courtney.brooks@dc.gov
  - Dr. Ivan Eaton, ivan.eaton@dc.gov
  - Princess Johnson, princess.johnson@dc.gov
  - Lauren Lapointe, lauren.lapointe@dc.gov
  - Dr. Christie Olejemeh, christie.olejemeh@dc.gov
  - Robert Ridley, Robert.Ridley1@dc.gov
  - Ekaji Osayande, ekaji.osayande@dc.gov
- **Interim Deputy Chief**
  - Ebony Fortune, ebony.fortune@dc.gov

- **CareWare Support**
  - care.ware@dc.gov
- **EGMS Support**
  - egms.support@dc.gov
- **Quality Support**
  - rw.quality@dc.gov

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THANK YOU!

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