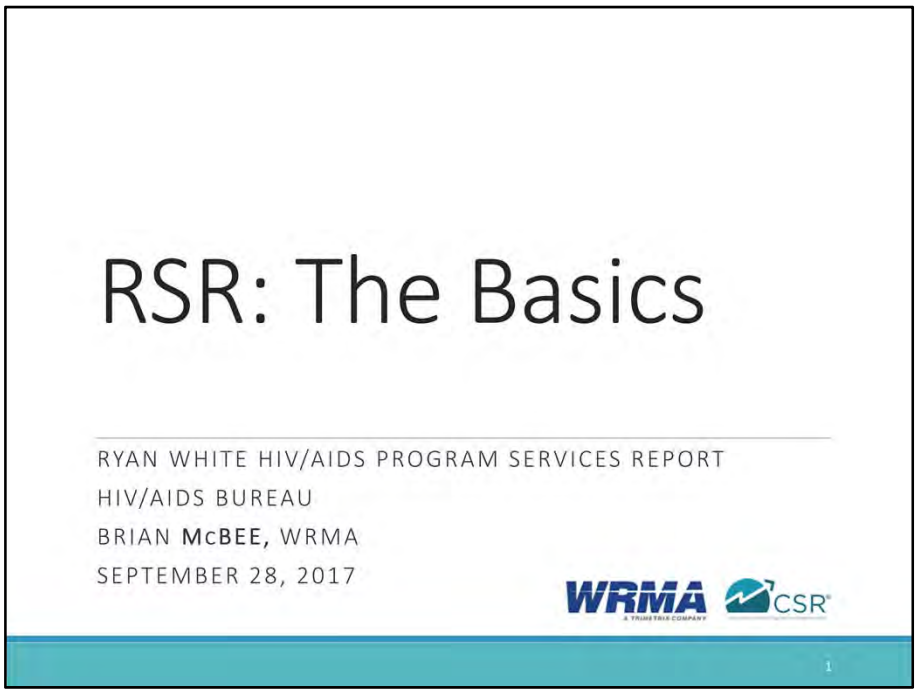

Presented by:

Brian McBee
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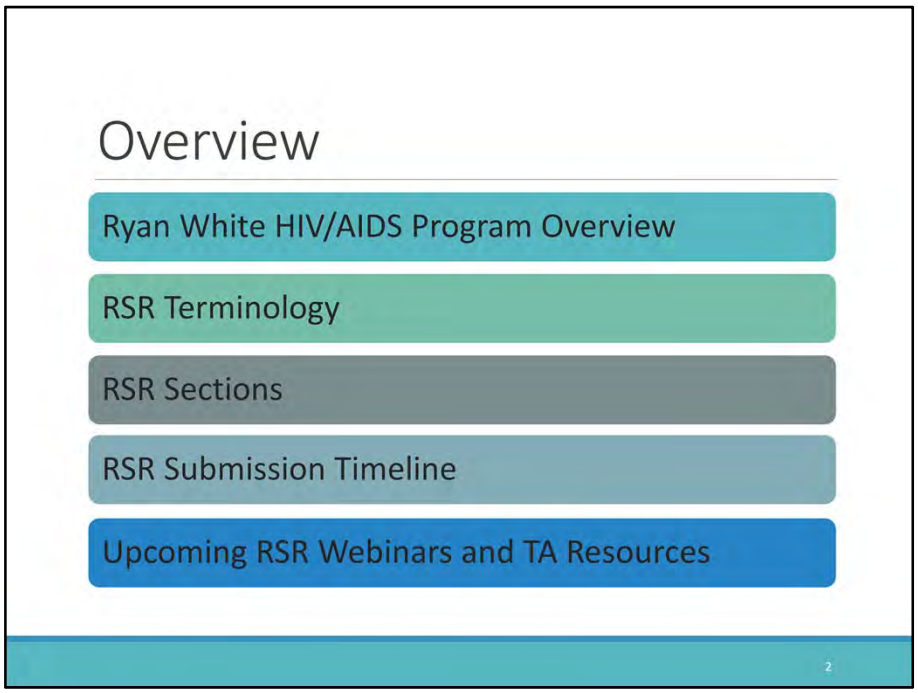
Phone: (888) 640-9356
E-mail: ryanwhitedatasupport@wrma.com

Presentation Date: September 28, 2017

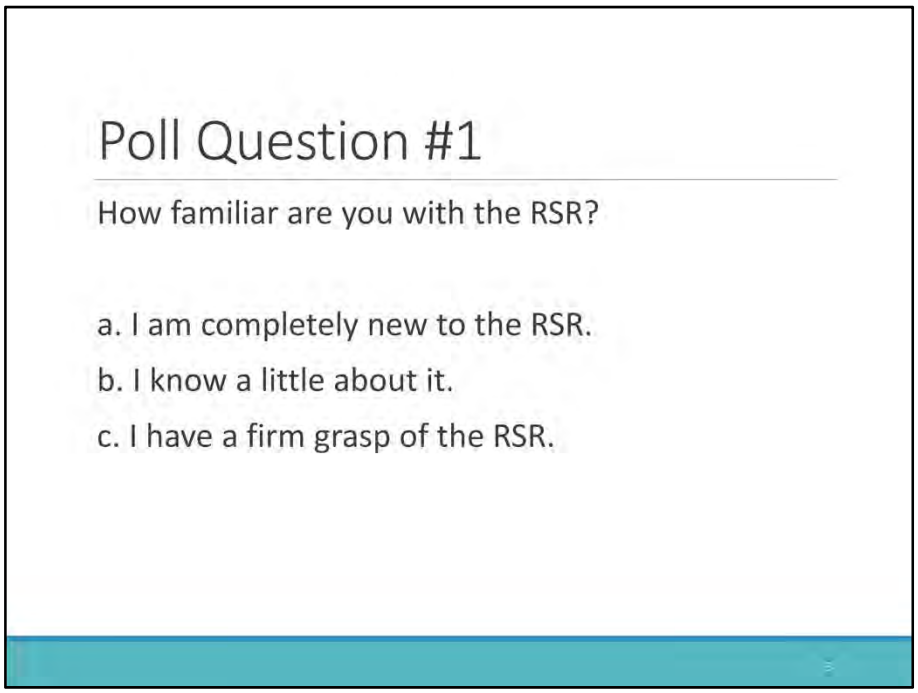
Session Description:

This session provides an overview of the Ryan White HIV/AIDS program as well as the required parts for completing the annual Ryan White HIV/AIDS Program Services Report.



Thanks**,** Ellie! In this webinar, I will discuss the basics of the Ryan White HIV/AIDS Program Services Report or RSR. I'll begin with an overview of the Ryan White HIV/AIDS program. Next, I'll review the updated and existing RSR Terminology as well as the sections of the RSR that include the Recipient Report, the Provider Report**,** and the client-level data. Then, I'll go over the 2017 RSR Submission timeline. And I'll wrap it up by talking about the upcoming RSR webinars and other TA resources available to help you.

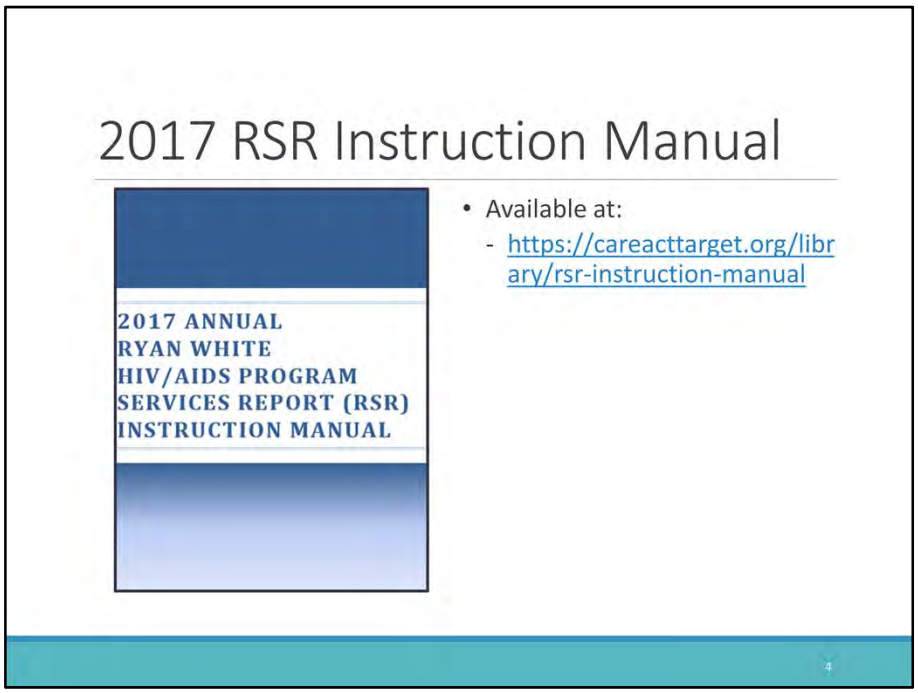
But first let's start with a quick poll question. I'm going to turn it over to my colleague, Beth, who will ask you our first question.



How familiar are you with the RSR?

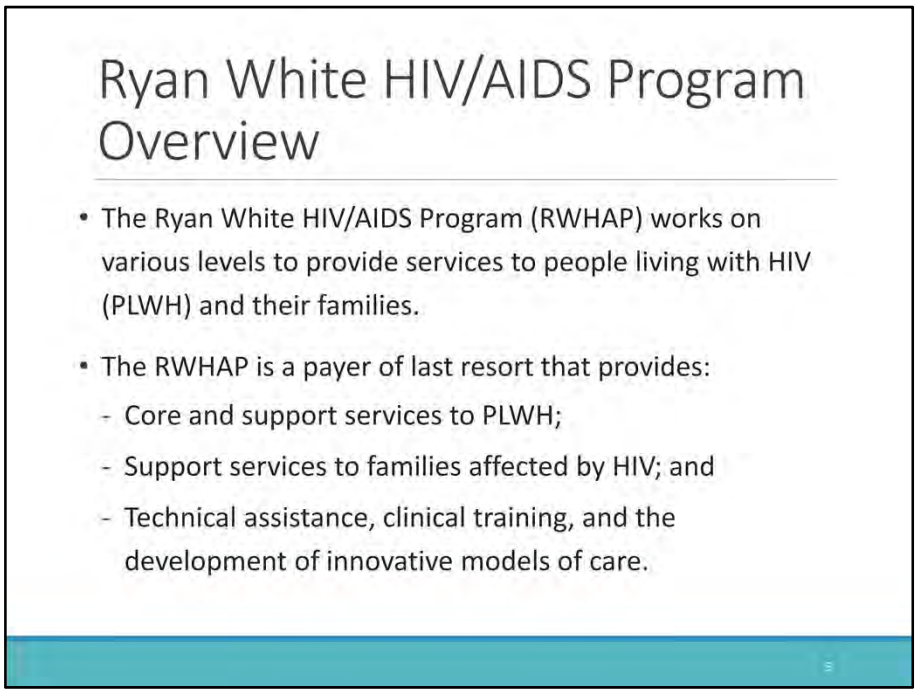
a. I am completely new to the RSR.
b. I know a little about it.
c. I have a firm grasp of the RSR.

Now let's go back to our presentation.



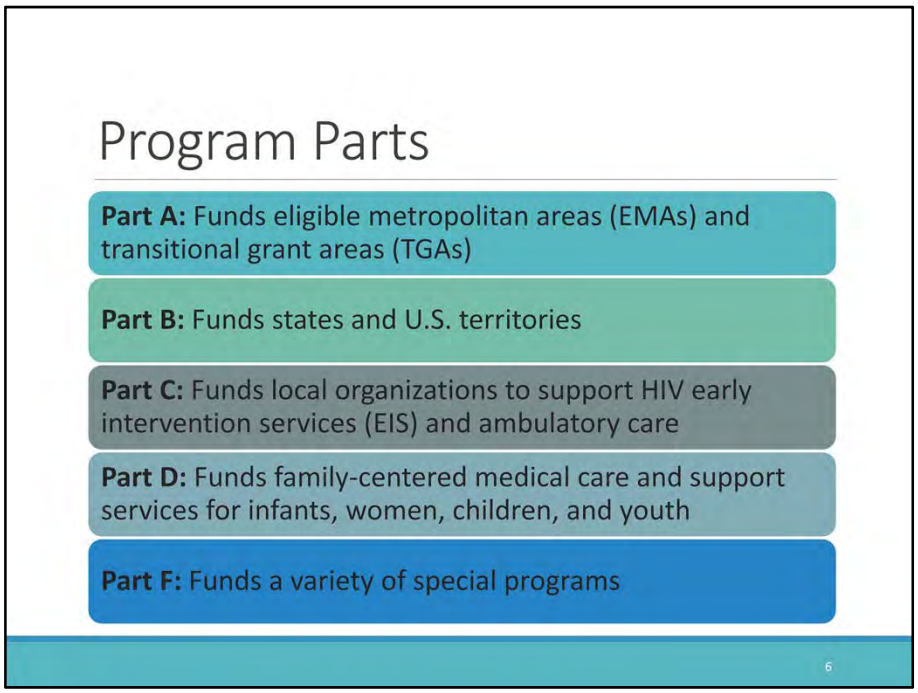
As a reminder, the 2017 RSR Instruction Manual is a vital resource available to assist you in completing your 2017 RSR. It includes most of the information that will be covered during this webinar. If you have not downloaded it already, I strongly recommend you do so from the TARGET center website. Additional TA resources will be displayed at the end of the presentation if you need further assistance.

https://careacttarget.org/library/rsr-instruction-manual



Let's begin by taking a look at some background information. The Ryan White Program works with cities, states, community-based organizations, and college and university health science centers to provide services to people who do not have sufficient health care coverage or the financial resources to obtain adequate HIV care. This program is a payer of last resort that provides:

- Core and support services to people living with HIV;
- Support services to families affected by HIV; and
- Technical assistance, clinical training, and the development of innovative models of care.



The Ryan White HIV/AIDS Treatment Extension Act of 2009 authorizes HRSA to allocate funding to recipients under five Program Parts.

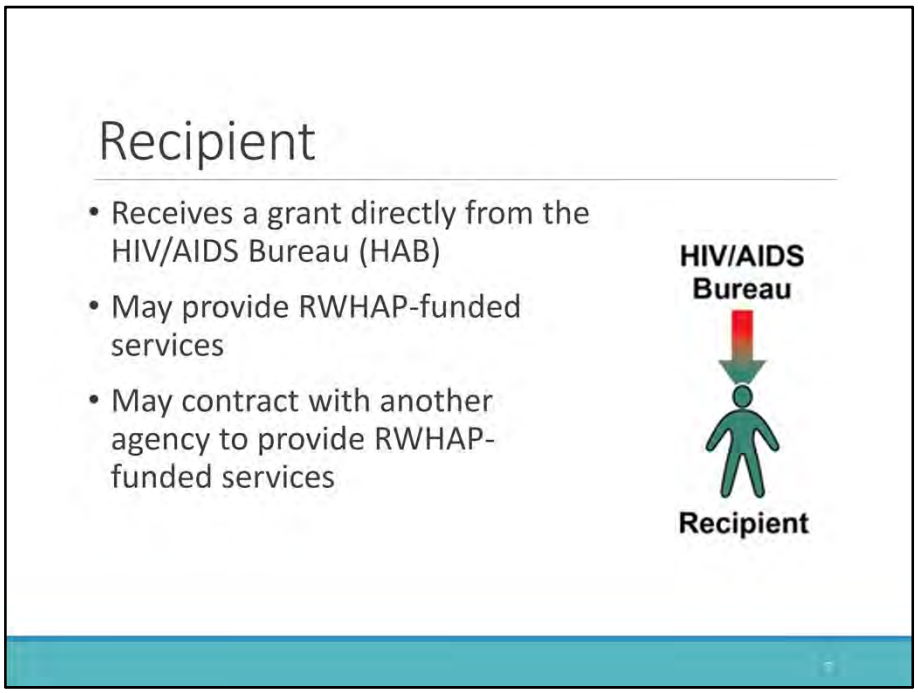
Part A provides emergency assistance to eligible metropolitan areas (EMAs) and transitional grant areas that are most severely affected by the HIV/AIDS epidemic.

Part B provides grants to all 50 States, the District of Columbia, and U.S. territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. Part B also includes grants for the AIDS Drug Assistance Program (or ADAP).

Part C funds are awarded to local community-based organizations to support outpatient HIV early intervention services (or EIS) and ambulatory care. Part C also includes the Capacity Development Grant Program.

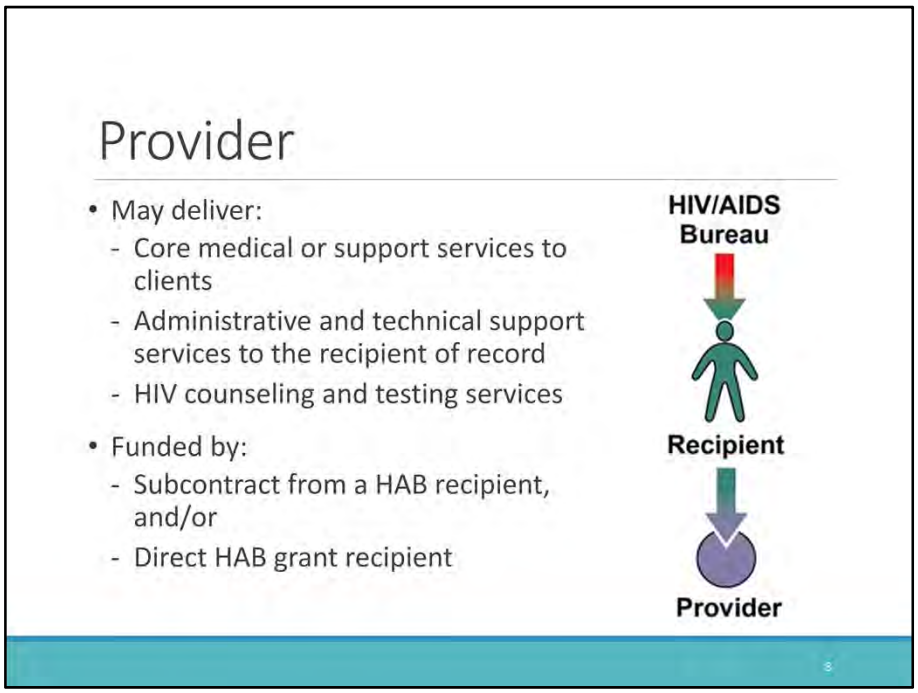
Part D grants are awarded to local community-based organizations to provide outpatient ambulatory family-centered primary and specialty medical care and support services for women, infants, children, and youth.

Part F funds several research, technical assistance, and access-to-care programs. As a reminder, Part F recipients are not required to submit an RSR Report for their Part F funding.



Let's take a moment to review some vocabulary and terms used in this webinar.

The first term is "recipient." This is the organization that receives its grant directly from the HIV/AIDS Bureau, or HAB. The recipient may be the organization providing Ryan White–funded services, or it may contract with other agencies to provide services. Therefore, it is possible for one agency to be both the recipient and the provider under the same grant.

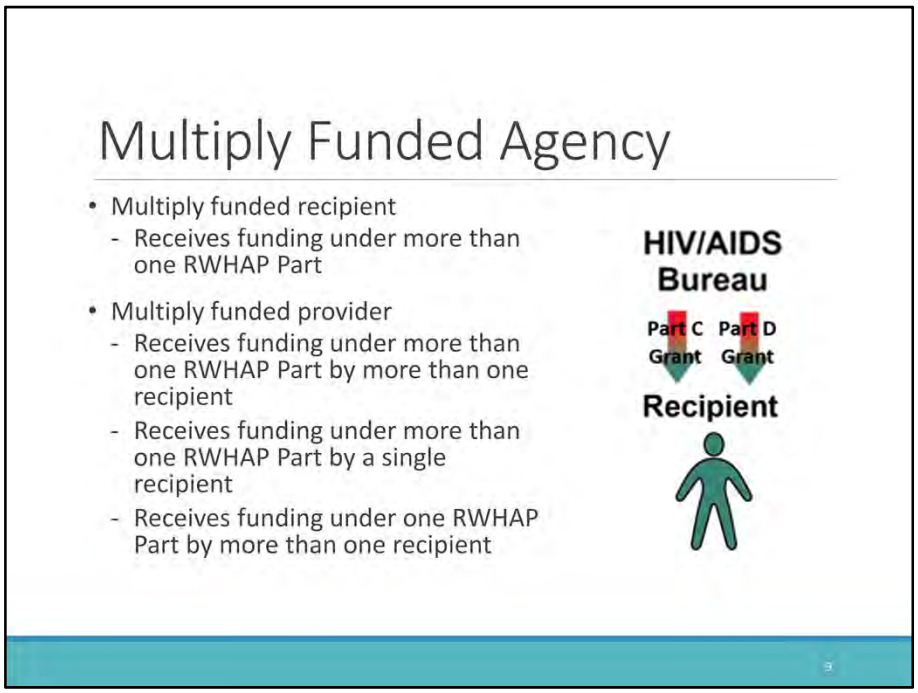


"Providers" are organizations that use Ryan White funding to provide services to clients for the recipient of record.

Providers may deliver:

- Core medical services or support services to HIV clients and their affected family;
- Administrative and technical support services to the recipient of record; and/or
- HIV counseling and testing services to people in the community.

The service provider may be funded through a subcontract with another HAB recipient, or the service provider may be directly funded by HAB. In other words, the service provider may also be the recipient. When an agency is both a recipient AND a service provider, it is called a recipient-provider.

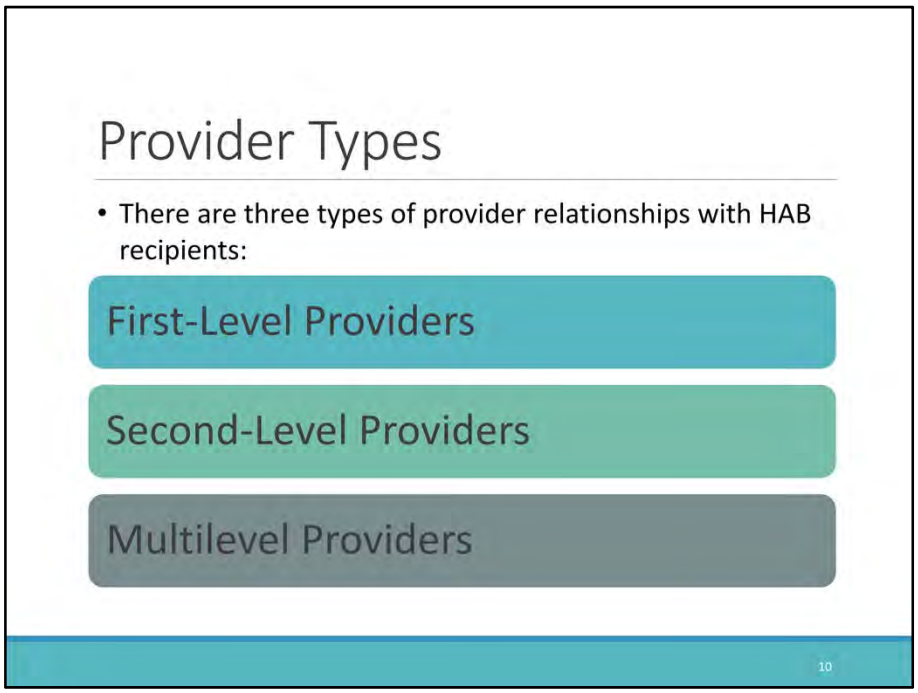


An agency that receives Ryan White funding from more than one source is called a multiply funded agency. For reference, “agency” and “organization” are terms that refer to both recipients and providers.

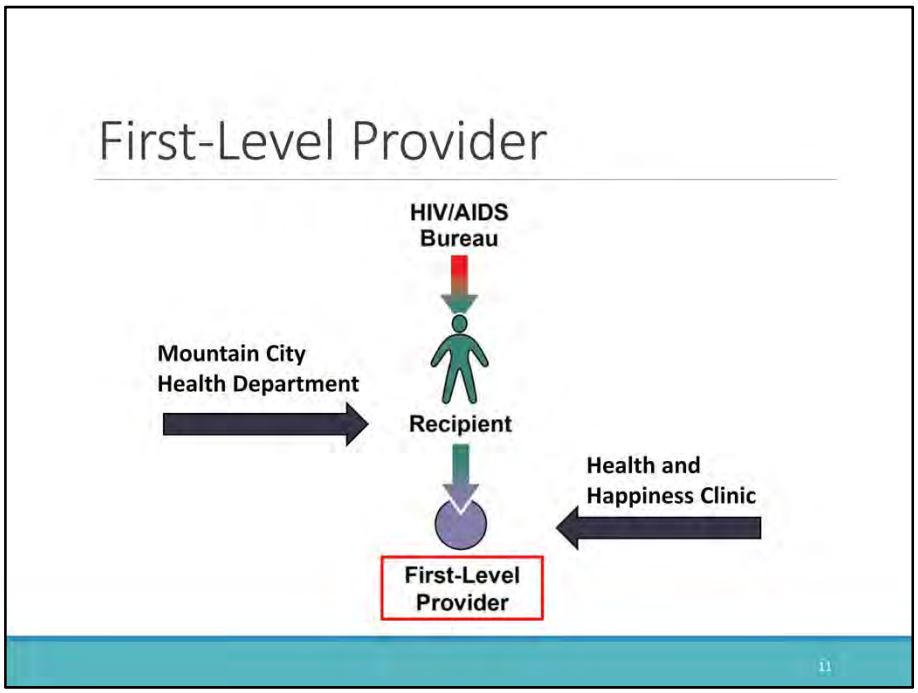
Multiply funded recipients are funded by HAB under more than one Program Part. For example, an agency may receive both a Part C and a Part D grant directly from HAB.

Multiply funded providers receive funds from more than one source. These agencies can be arranged into three different types.

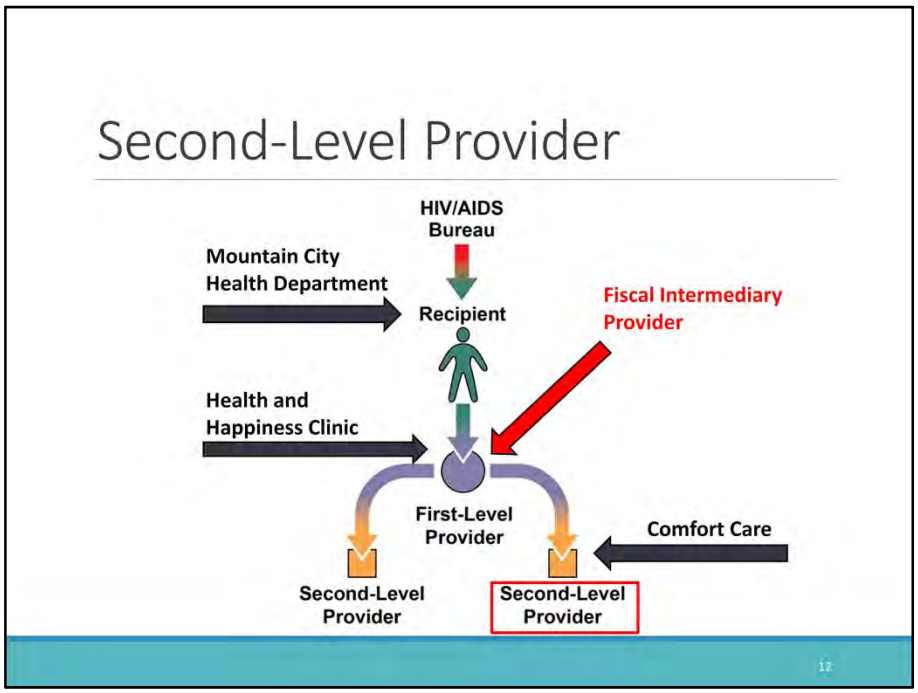
- The first type of multiply funded provider is funded under more than one Program Part by a single recipient—for example, a provider that receives both Part C and D funding from a university.
- The second type of multiply funded provider is funded by more than one recipient under more than one Program Part—for example, a provider that receives Part B funds from the state and Part C funds from a community health center.
- And the last type of multiply funded provider is funded under one Program Part by more than one recipient—for example, a provider that receives Part C funds from two separate community health centers.



A funding relationship is established with a formal contract, memorandum of understanding, or other agreement to provide services to the recipient or to Ryan White Program clients. To help define these relationships, HAB recognizes three different classifications, or categories, of service provider: first-level providers, second-level providers, and multilevel providers.

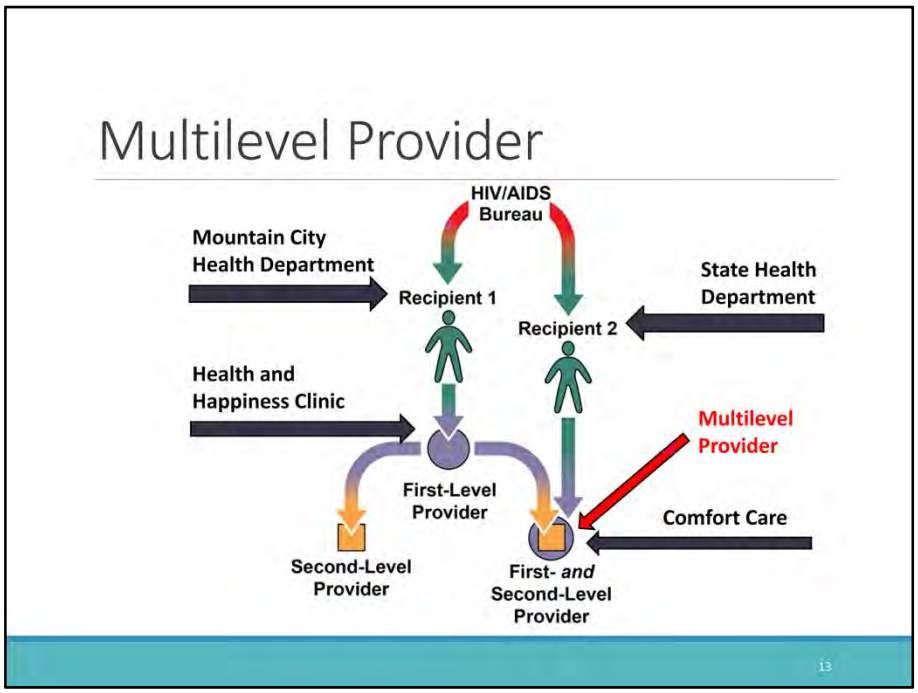


Service providers that have a direct funding relationship with a HAB recipient are first-level providers or first-level subrecipients. For example, if Mountain City Health Department, a recipient, gives Health and Happiness Clinic $10,000 to provide direct client services, then Health and Happiness Clinic would be considered a first-level provider.



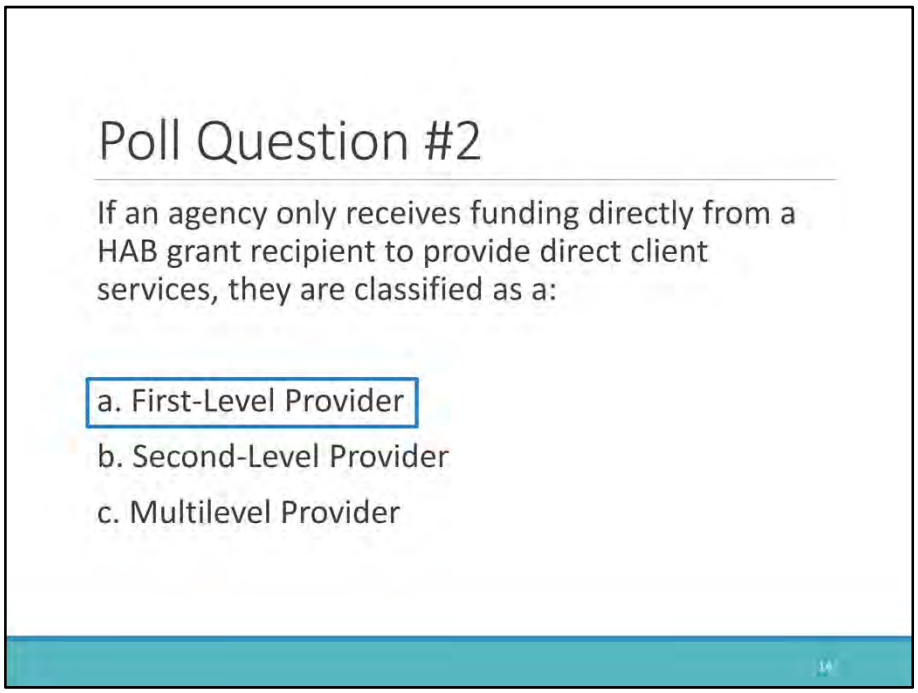
Service providers that are indirectly funded by a HAB recipient are second-level providers or second-level subrecipients. These agencies receive their Ryan White funding through a first-level provider. If Health and Happiness Clinic, a first-level provider, reallocates a percentage of its award to another agency, Comfort Care, to provide direct client services, Comfort Care would be considered a second-level provider.

HAB recognizes that recipients may use a fiscal intermediary provider such as a consortia, fiscal intermediary provider, administrative agent, or lead agency to provide fiscal intermediary services. These agencies may assist in a variety of tasks, including determining the eligibility of subrecipients, deciding how funds are allocated and awarding them to subrecipients, monitoring the subrecipients' performance for compliance with Ryan White requirements, and assisting in the completion of required reports. In this example, Health and Happiness Clinic would be considered a fiscal intermediary service provider. For RSR reporting purposes, fiscal intermediary providers may only be classified as first-level providers. Recipients will receive an error message and will be unable to submit their RSR if they mark their own organization or a second-level provider as a fiscal intermediary.



Service providers that are both first-level providers and second-level providers are called multilevel providers. An example of a multilevel provider is a provider that receives funds from a fiscal intermediary, or first-level provider, to provide client services under one grant but also receives funds directly from a HAB recipient to provide client services. For example, if Comfort Care, a second level-provider, also receives funding directly from the state health department in addition to the funds it receives from the Health and Happiness Clinic, it is considered a multilevel provider.

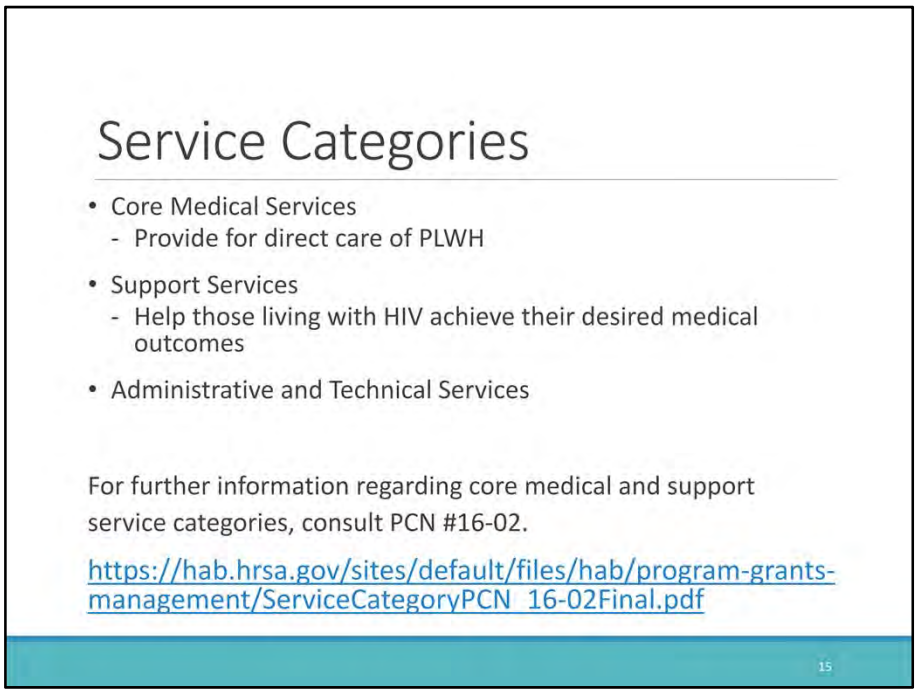
Now that we've gone over the various types of Ryan White–funded agencies, let's go to a quick poll question to see how well everyone understands these classifications.



If an agency only receives funding directly from a HAB grant recipient to provide direct client services, they are classified as a:

a. First-Level Provider
b. Second-Level Provider
c. Multilevel Provider

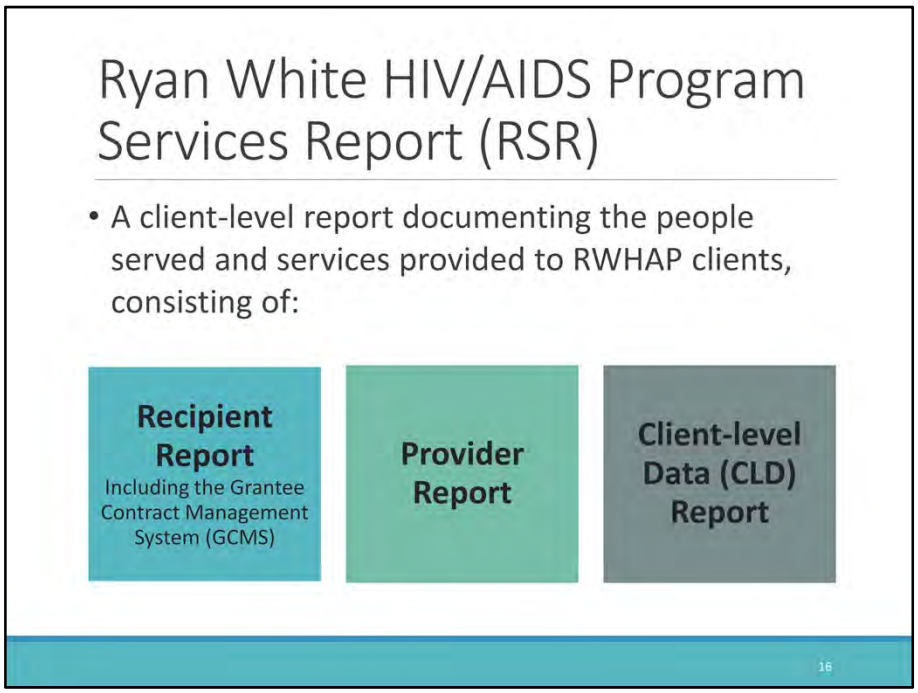
Now that we have a better understanding of the different classifications for organizations that work to provide Ryan White–funded services, let's go back to our presentation and take a look at how HAB classifies these various services.



Ryan White–funded services are divided into three categories: core medical services, support services, and administrative and technical services. Core medical services provide for essential, direct health care services for people living with HIV. Support services are those that are needed to achieve desired medical outcomes that affect the HIV-related status of a person living with HIV. Administrative and technical services include funds used for routine grant administration and monitoring activities, including clinical quality management.

For further information on core medical and support service categories, consult Policy Clarification Notice or PCN #16-02, available on the HAB website. This is an invaluable resource containing the most up-to-date information on service category definitions, eligibility of individuals, and allowable uses of funds.

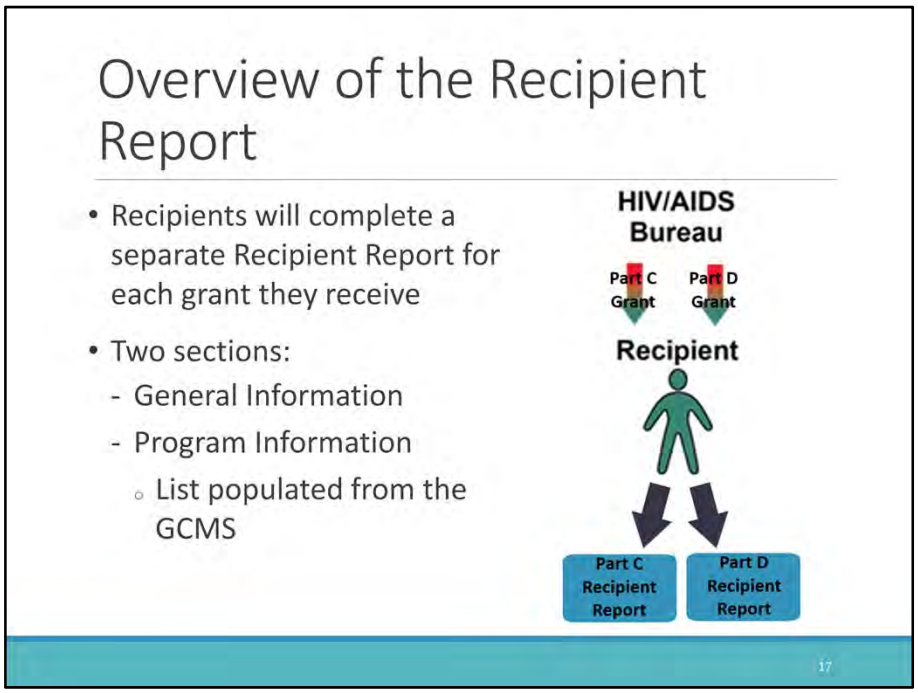
https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf



Moving on, all Program Parts specify HAB's responsibilities in the administration of the Ryan White HIV/AIDs Program. As administrators, HAB is responsible for reporting to Congress on the allocation and use of program funding.

HAB currently uses data collected in the RSR to help fulfill its congressional reporting obligations. The RSR is a client-level data report that provides data on the characteristics of the funded recipients, their providers, the services delivered, and the clients served. It consists of the Recipient Report, including the Grantee Contract Management System (or GCMS); the Provider Report; and the Client-level Data, or CLD Report.

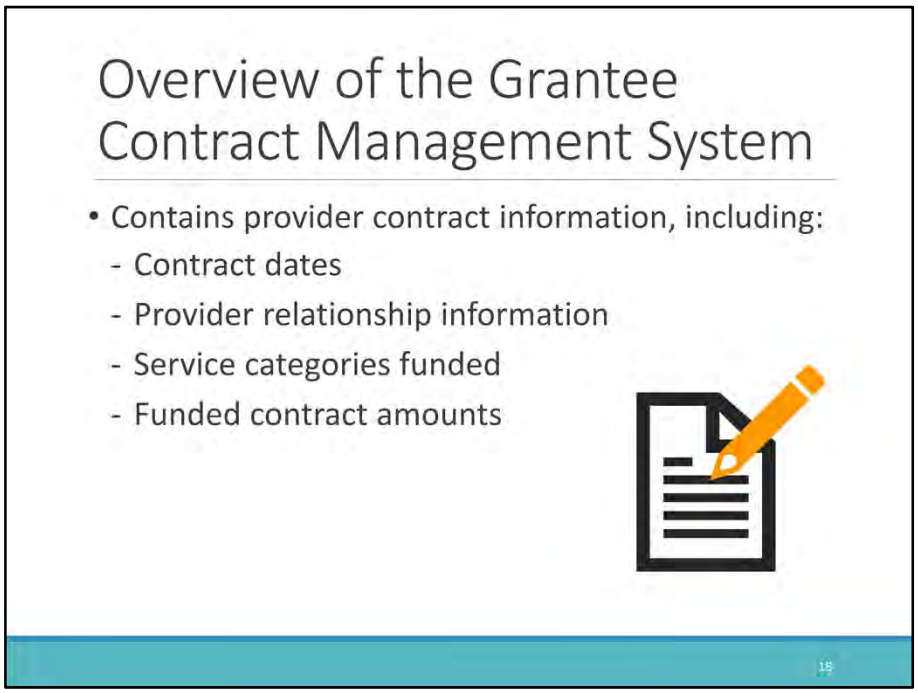
All agencies that receive Ryan White HIV/AIDS Program funds through Parts A, B, C, and D are required to complete one or more of these report components.



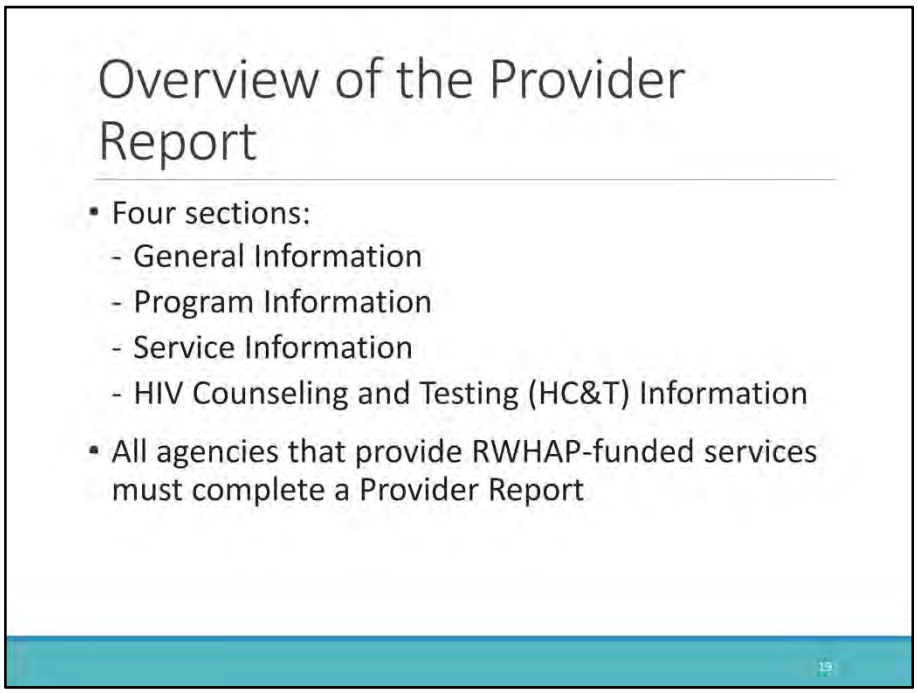
The first section of the RSR is the Recipient Report. This report collects basic information about the recipient organization and displays service provider contract information. Recipients complete one Recipient Report for every grant they received during the reporting period. So an agency that receives one HAB grant will complete one RSR Recipient Report, and an agency that receives two grants (a multiply funded recipient) will complete two RSR Recipient Reports (one for each HAB grant), and so on.

There are two sections in the Recipient Report:

- The first section, General Information, contains basic recipient information such as the official mailing address, Tax ID, DUNS number, the contact information of the person responsible for submitting the report, and the agency's clinical quality management program status.
- The second section, Program Information, lists all of the organizations that had a contract with the agency during the reporting period. This list is populated from the contracts entered in the GCMS.



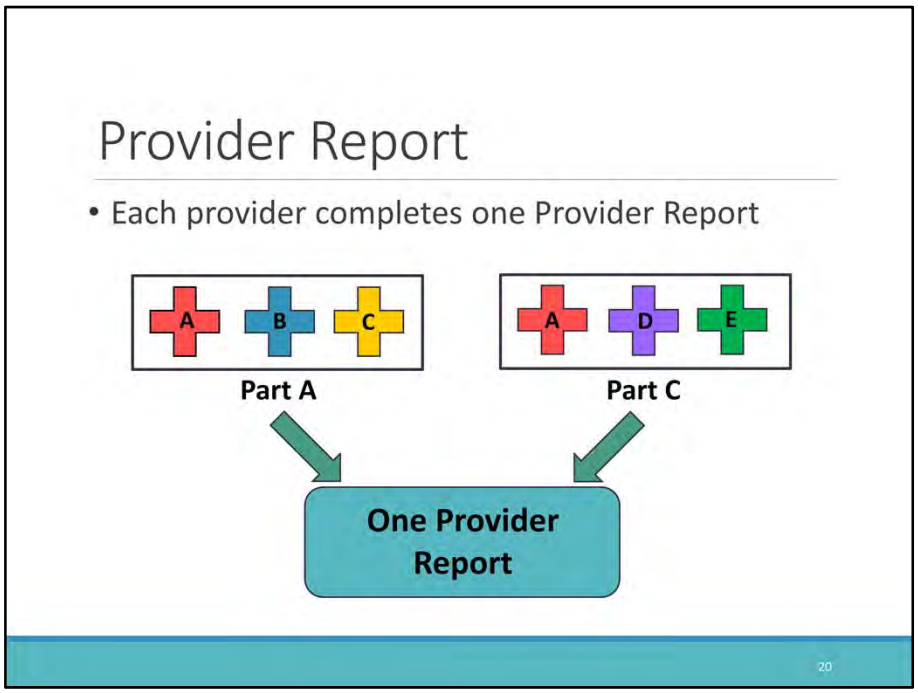
Completing the Recipient Report begins within the GCMS. The GCMS collects a recipient's provider contract information and is accessible year round. By the time you begin your agency's 2017 RSR, it should list all provider contracts for 2017 added by your agency for the Allocations Report or Program Terms Report. Be sure to review the data to check for accuracy and make any necessary revisions. The information collected includes contract dates, provider relationship information, service categories funded, and funded contract amounts.



The Provider Report is the next component of the RSR. The RSR Provider Report is composed of four sections: General Information, Program Information, Service Information, and HIV Counseling & Testing (or HC&T) Information. The RSR Provider Report collects basic information about the provider and the Ryan White–funded services it delivered. To learn more about the data collected in the Provider Report, review the details in the RSR Instruction Manual.

All agencies that provide Ryan White–funded services must complete a Provider Report. This includes:

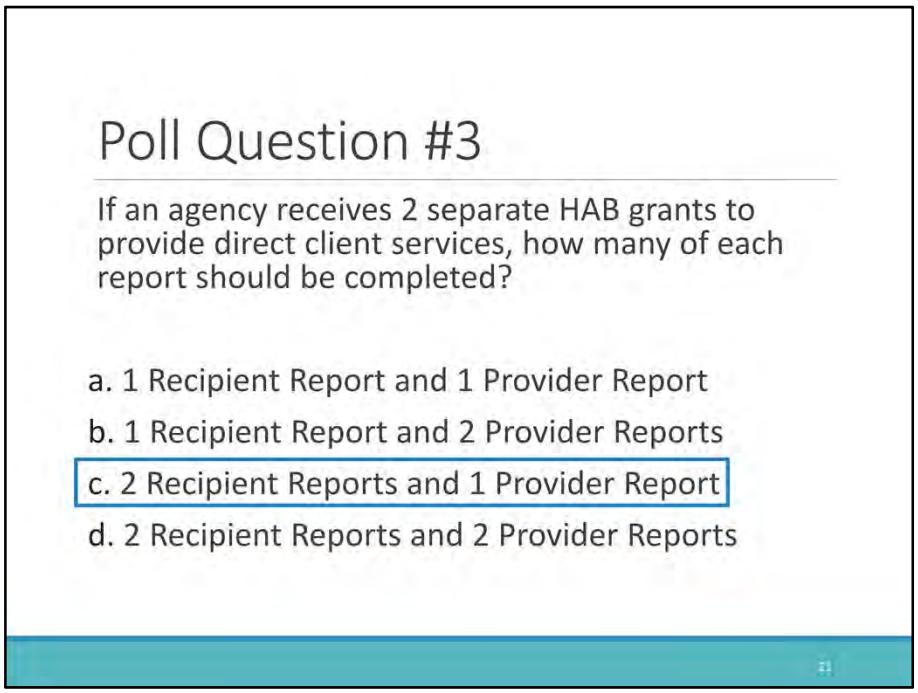
- Agencies that provide direct client services;
- Agencies that provide administrative and technical services to the recipient; and
- Agencies that provide HIV counseling and testing services with Ryan White funds.



Each provider agency will complete a single Provider Report, even if the provider is multiply funded. Multiply funded providers should submit one RSR Provider Report that includes all of the information from all of its Program Parts. For example, if a provider funds services A, B, and C with a Part A grant and funds services A, D, and E with a Part C grant, this provider will combine the data from all of these services from both grants into a single provider report.

Please be aware that HAB expects providers to complete their own report, because providers are the ones with the closest access to their own data. The only exception is if the provider qualifies for an exemption. Providers that do not meet these criteria must submit their own reports.

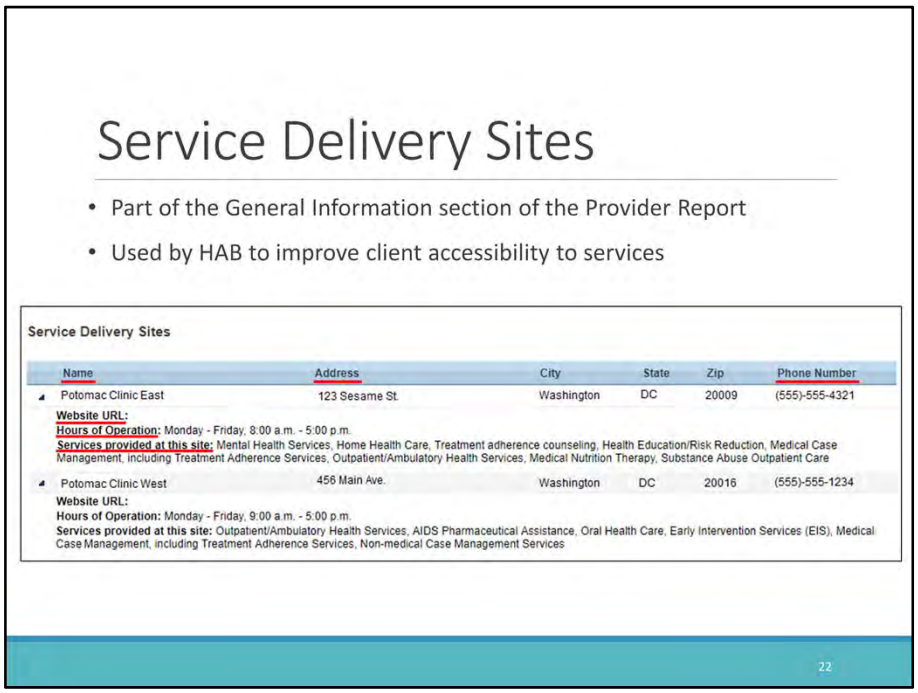
Let's move on to one last poll question to see how well everyone understands these reporting requirements.



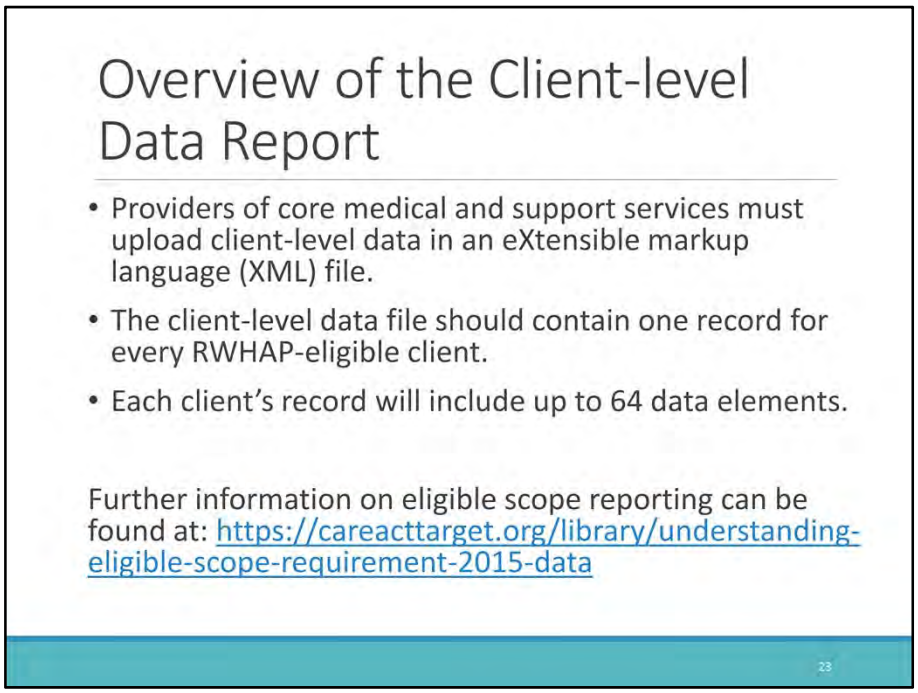
If an agency receives two separate grants from HAB with which they provide direct client services, how many of each report should they complete?

a. 1 Recipient Report and 1 Provider Report
b. 1 Recipient Report and 2 Provider Reports
c. 2 Recipient Reports and 1 Provider Report
d. 2 Recipient Reports and 2 Provider Reports

Thanks, Beth. Let's get back to the presentation.



As a note, the service delivery site is a subsection of the General Information section of the Provider Report. It is your opportunity to share the information for each location where your agency delivers Ryan White services. The variables collected include the name, address where the client receives services, phone number, website URL, hours of operation, and services provided. It is strongly recommended that you complete this section, because HAB uses this information so that clients can more easily access the services that they need. The “Find a Provider” list available to clients on the HAB website is generated from data provided in this section. If this section has already been completed, please review it for accuracy and make any necessary revisions.



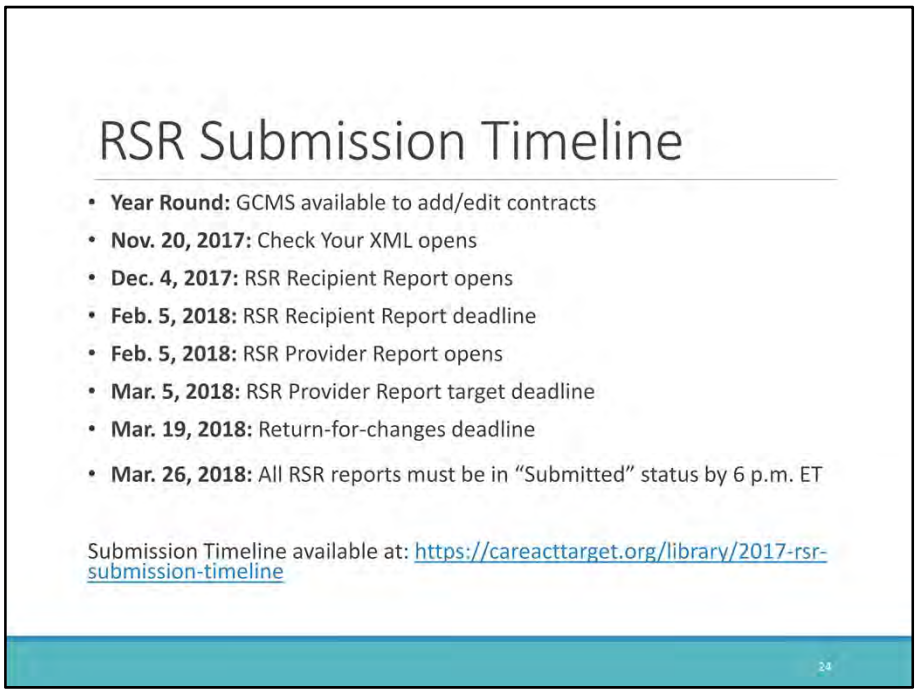
The next component of the RSR is the Client-level Data Report. The Client-level Data Report is a collection of Ryan White–eligible client records accessed and uploaded through the RSR Provider Report. This report must be submitted in a properly formatted client-level data XML file and uploaded within the RSR Provider Report by all providers of core medical and support services.

The client-level data XML file should include one record for every Ryan White–eligible client who received at least one core medical or support service that the Ryan White program funded your agency to provide. Each client's record can have up to 64 data elements, including:

- The client's eUCI, or encrypted unique client identifier;
- The client's demographic information;
- Any core medical and support services the client received; and
- The client's clinical information, if applicable.

If you need further assistance regarding eligible scope reporting requirements, please refer to the TARGET center website, which has additional information on the subject.

https://careacttarget.org/library/understanding-eligible-scope-requirement-2015-data



Here are some important dates to remember in the upcoming months. The GCMS is available year round to recipients for contract review and revision. As a reminder, contracts will have been added by your agency for the Allocations or Program Terms Report.

The Check Your XML feature opens November 20. This will give providers plenty of time to start checking their client level data files in the RSR Web System to know which validation issues they will need to address.

The 2017 RSR Web System opens on December 4, 2017. On this day, recipients can begin working on their Recipient Reports. We encourage you to start early so you will have ample time to add any necessary contracts or make corrections in the contract management system.

February 5 is the Recipient Report deadline and marks the opening of the 2017 RSR Provider Report. As a reminder, providers will not be able to begin their Provider Reports until the Recipient Report is in "Certified" status.

March 5 is the target deadline for the RSR Provider Report. Completing this report early allows the recipient more time to check for completeness and return the report for changes if necessary.

March 19 is the final day for recipients to return their provider's reports for changes.

The final deliverable is due on March 26 at 6 p.m. Eastern Standard Time. Any report not in "Submitted" status by that time will be marked as late in the EHBs. No extensions will be granted.

This timeline can be viewed and downloaded at any time by following the provided link to the TARGET Center website.

https://careacttarget.org/library/2017-rsr-submission-timeline

Here is a list of upcoming webinars that will be useful in completing the RSR.

On October 12, an introduction of the HRSA EHBs will be presented for grant recipients.

On October 26, you can learn about any system changes as well as any planned changes for 2017 Data collections.

On November 2, you can find out more about a shift from data completeness to ensuring that clinical data reported accurately reflect the care being provided.

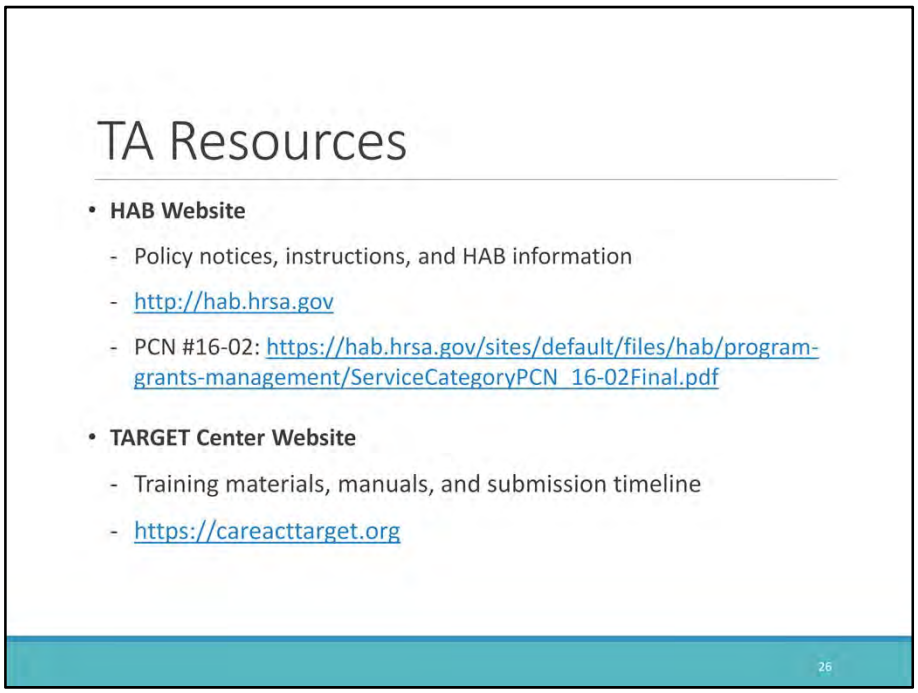
On November 16, the Check Your XML feature tool will be reviewed. This tool helps to check client-level data quality before submission.

On November 30, a walk-through about how to complete the RSR Recipient Report using the GCMS will be presented.

And on December 14, you can join in for an introduction to TRAX, a helpful tool used for creating the RSR client-level XML data file.

You can view this schedule at any time on the TARGET Center website by following the link provided.

https://careacttarget.org/dart/webinars



Here are some helpful resources to consult when reporting. The HAB website is the place to find policy notices, including PCN #16-02, as well as lots of other general information concerning the Ryan White Program. On the TARGET Center website, you can find the 2017 submission timeline, the listserv, past webinars, the 2017 RSR Instruction Manual, and a wealth of other materials related to the RSR.

Here are the additional Technical Assistance resources available to you throughout the year should you want further assistance. The Data Support team addresses RSR-related content and submission questions, including interpretation of the RSR Instruction Manual and HAB's reporting requirements, step-by-step instructions for completing the RSR Recipient and Provider Reports, data validation questions, and any general questions about the RSR.

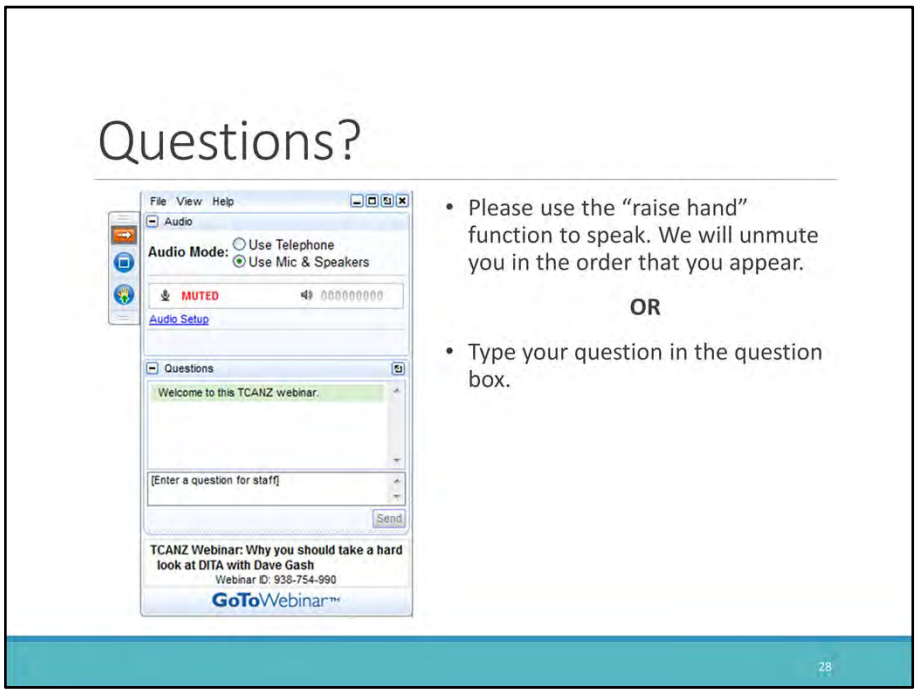
The DART team addresses questions for those needing significant assistance to meet data reporting requirements. This includes helping determine if recipient systems currently collect required data, assisting recipients in extracting data from their systems and reporting it using the required XML schema, and connecting recipients to others that use the same data systems to provide assistance. DART also deals with data-quality issues and provides technical assistance for the TRAX Application.

The HRSA Contact Center addresses RSR software-related questions, such as registering for and navigating the EHBs and RSR Web System, resetting passwords, and making sure that you have the right permissions to complete the reports.

For CAREWare users, the CAREWare Help Desk is the best resource for all CAREWare-related questions. CAREWare users should sign up for the listserv on the HAB website to join the conversation with their peers.

If you are unsure of who to call, feel free to contact any one of the resources listed, and they will be able to direct you to the appropriate place.

I would like to thank everyone for tuning in to today's webinar, and I will now hand the presentation back to Ellie for the Q&A.



And now to your questions. But first, I want to remind you that a brief evaluation will appear on your screen as you exit. Please fill it out to help us understand how we did and let us know what other information you would have liked included on this webcast. We appreciate your feedback, and we use this information to plan future webcasts.

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

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to it today, we will contact you to follow up. We often need to research your question to give you the most appropriate answer.