



**REPORTING REQUIREMENTS  
FOR RYAN WHITE PART A HIV EMERGENCY RELIEF GRANT PROGRAM &  
HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)  
CONTRACTS FOR FISCAL YEAR 2013-14**

The following reports are required for agencies under contract with the Contra Costa County Health Services Department AIDS Program to provide services funded through Ryan White Treatment Modernization Act and Housing Opportunities for People with AIDS (HOPWA) in the fiscal year 2013-14.

**Monthly Requirements:**

1) Demand for Payment (Form D15) (*Appendix A*)

Due Dates: No later than 8 days from the end of the month in which the contract services were rendered (e.g. March demand due no later than April 8th).

Submit To:  
Contra Costa AIDS Program  
597 Center Avenue, Suite 200  
Martinez, CA 94553-4669

For all cost based contracts, demands for payment should be in the same amount as the program expenditures during the month as indicated on the back-up documentation (e.g. payroll registers, paid invoices, receipts, statements, etc). An Expenditure Report for the month being billed must accompany all Demands. Delays in processing your Demand for Payment may occur for the following reasons:

1. If the back-up documentation is not included or does not match the expenditures reported.
2. If client intake and service data is not entered into ARIES by the due dates specified in this document (see Monthly Requirements #3).
3. If all required progress reports and expenditure reports are not submitted to the County by the due dates specified in this document (see Expenditure Reports/Narrative Reports section).
4. If your contract or contract amendment has not been finalized (e.g. agency signatures and returned to contracts and grants unit).



2) Expenditure Report (Appendix B)

The *Expenditure Reports* are to be submitted to the County on a monthly basis with the Demand for Payment. These reports will assist in monitoring line-item budgets and expedite budget modifications or reallocations within programs and as back up to the monthly Demand for Payment. The completed *Expenditure Report* should include the line item budget description and include the staff title, name, and % FTE. The additional columns include:

- A) 1. Approved Amount Program Expenses: The approved contract budget with line-item personnel costs, including benefits, and operating expenses;  
2. Approved Amount Administrative Expenses: The approved contract budget with line-item personnel costs, including benefits, and operating expenses.
- B) Total amount expended in prior quarters (this will be zero for the first expenditure report);
- C) Expenditures during the current reporting period (combination of A1 and A2);
- D) Total expenditures to date include the total amount expended in prior quarters (B) + total expenditures accrued during the current reporting period (C). (D=B+C)
- E) The current unexpended balance is equal to the approved contract amount (A) minus total expenditures to date (D). (E=A-D).

3) Conditions of Award Budget Summary Document

The document is sent to the agency in February/March and is required as part of our conditions of award for receiving Ryan White funding. This document is due to the AIDS Program by March 30, 2013.

4) ARIES Data Collection and Reporting System

The AIDS Program is using ARIES, a web-based database system developed by the State of California and other governmental bodies. The State controls access to ARIES to ensure security. Except as specifically noted in the scope of work, providers are responsible for entering their own client demographic, medical and service information within three working days of intake and/or provision of services. Monitors will run reports on the 8<sup>th</sup> of each month to review services provided during the previous month, all monthly data should be reported by the 5<sup>th</sup> of each month. All new users must complete review of ARIES Policies: B2, B3, B4 and G1 and G2 located at the State Office of AIDS Website at:

<http://www.cdph.ca.gov/programs/aids/Pages/OAARIESPoliciesProcedures.aspx>

5) HRSA Reporting Requirements

Ryan White Service Reports (RSR) are due to the Health Resources and Services Administration (HRSA) typically in February for the previous calendar year. To ensure we are ready for this report, agencies are required to frequently run the RSR report in ARIES and to correct any errors or missing data. The ARIES Fix-It Reports also should be run at least quarterly (May, August, November, and February) to clean up the ARIES Data prior to submission of the RSR.

**Quarterly Quality Reports and Twice Annual Narrative Reports:**

To determine if we are providing services which meet the quantity and quality as defined in the agency work plan, the AIDS Program will ask for two types of Narrative Reports. Quarterly, agencies will report on their Quality Indicators and twice yearly agencies will submit a narrative report that follows their work plan objectives and activities.

**A. Quarterly Quality Indicator Progress Report**

In the Quality Management Section of the agency work plan is a goal titled “*Ensure Quality of X Service with AIDS Program Expectations.*” At the end of each quarter, the agency will report on each objective and activity listed in this section by providing the outcome data for the objective. For example if the objective is to report on the number of clients with AIDS who are on HAART Medication, the agency will run ARIES reports to determine these calculations and report on them in this report along with any plans for improvement if the agency is underperforming or plans to maintain if the agency is on target. This report will provide the agency and the AIDS Program with a more frequent review of the quality of the services provided in relationship to the service outcomes. Each service category will have different outcomes, which are defined in the work plan. This report can be done in the same format as the Mid-Year and Year End reports using the far right column of the work plan to report on the agency progress. This report will be due by the 15<sup>th</sup> of the month following the end of the quarter (see table for specific dates).

**B. Mid-Year and Year-End Progress Report**

The *Mid-Year Progress Report* asks for detailed information concerning the clients your agency serves, the steps you have taken to meet your work plan goals and objectives, progress on client outcomes and quality improvement, any challenges you face in providing the contracted services, information concerning staffing, supervision and training, and any technical assistance the agency may require. Your agency will be able to run data reports from ARIES to assist you in completing your progress report. Data reports can be used to describe your client population and the amount and types of services that have delivered over the reporting period.

The *Mid-Year Progress Report* is created with the scope of work, and should be followed carefully being certain to report on all activities and to quantify service activities. The information is required for reporting purposes to the Office of AIDS Administration in Alameda County (the Grantee) who submits information to the Health Resources and Services Administration (HRSA) at the Federal level. The *direct service providers and supervisors ideally write the Mid-Year Progress Report*. Please complete separate reports for each service category. The report may include information about outcome indicators; quality improvement and client satisfaction or these can be reported separately as indicated in item “A”.

The mid-year reporting period is an opportunity to re-negotiate the work plan, if necessary, and to review the contracted objectives and expenditures. In order to make changes to the work plan, a clear justification must be provided.

**Note:** *Agencies should not wait until the mid-year to report any agency problems impacting the contract. The contract monitors want to work together to problem-solve any staffing, contract or service issues in a timely fashion. In addition, if you wish to make changes to your work plan or your budget, or if you are having problems with program implementation, these should be communicated to the contract monitor as soon as possible in order to resolve the problems in a way that will not interrupt service delivery.*

The *Year-end Narrative* report is similar to the *Mid-Year Progress Report*. You will again use your work plan to report on the services you delivered over the

entire contract period. This report asks for an update on all objectives and activities of your work plan over the total contract period, including your accomplishments and any significant challenges you may have encountered in providing the contracted services. The report will include information about outcome indicators, quality improvement and client satisfaction or these can be reported separately as indicated in item "A".

**C. Client Satisfaction Surveys**

Each agency will distribute a Client Satisfaction Survey to all clients as described below:

1. Each direct service provider will distribute surveys and empty envelopes to their active clients or in another manner that allows for anonymous feedback. Surveys must be returned by at least 25% of the direct service provider's clients. All clients who have been receiving service for at least one month should be provided with a survey.
2. The client should be advised to find a comfortable, neutral setting where they can fill out the survey (e.g. waiting room).
3. The provider should set up a method for collecting the surveys. They could either set up a box where clients can drop them in (these can be provided by the County through your contract monitor), or the provider can continually collect the surveys from each client throughout the program year.
4. Collect and tabulate the surveys prior to the mid-year and year-end reporting periods. Ensure tabulation by a non-direct service provider to ensure accurate reporting. Provide results of surveys with the mid-year and year-end reports defining a plan for improvement if appropriate.

Each service provider should calculate the percentage of surveys returned by identifying the total number of active clients who received the survey and the number who returned the survey.

**D. Fiscal/Administrative Procedure Checklist**

Each agency will complete the checklist once each year prior to the formal site visit and make the items available for examination during the formal Fiscal/Administrative site visit. These requirements ensure our Continuum of Care is in compliance with the Ryan White Fiscal and Program Monitoring Standards of 2010.

**Ryan White Part A/HOPWA Summary of Due Dates**

Ryan White/HOPWA Reports	Due Dates
Demand for Payment & Expenditure Reports	Monthly by the 8th
Conditions of Award Document	Due by March 30, 2013

ARIES Data Entry	3 days following the provision of service. (All monthly data complete by the 5 <sup>th</sup> of each month of reporting)
ARIES Data Cleaning	<i>Quarterly:</i> May, August, November and February <i>(At least Quarterly:</i> Staff should run and clean data from the RSR missing Data and ARIES Fix-It reports)
Fiscal/Administrative Procedure Checklist	At least 2 weeks prior to scheduled formal site visit (usually in August/September).
Quarterly Quality Indicator Progress Report	Quarter 1 (3/1/2013 to 5/30/2013) Due June 15 Quarter 2 (6/1/2013 to 8/30/2013) Due Sept. 15 Quarter 3 (9/1/2013 to 11/30/2013) Due Dec 15 Quarter 4 (12/1/2013 to 2/29/2014) Due Mar 15
<b><u>Narrative Reports</u></b> Mid-Year Progress Report (From 3/1/13 - 8/31/13)  Year-End Progress Report (From 9/1/13-2/28/14)	September 30, 2013  March 31, 2015

### **E. Meetings/Trainings**

There are a few required meetings and trainings for staff providing Ryan White or HOPWA services. The purpose of the meetings are to provide an opportunity for service providers to coordinate client care, for community participation in service planning and prioritization and to receive current, up-to-date information regarding treatments for HIV disease, status of the epidemic in the County, and updates on changes made to the Ryan White, HOPWA or other funding sources program and reporting requirements.

#### **Medical and Medical Case Management Rounds:**

**All service providers are required to attend monthly rounds in the region they provide services (non-core service providers must attend at least bi-monthly).**

The purpose of rounds are to:

- provide direct service staff an opportunity to discuss specific client cases;
- coordinate client care;
- receive timely and up-to-date treatment information;
- facilitate and follow-up on referrals;
- remind service providers of the breadth of service available to clients;
- update medical indicators as required.

Each rounds meeting is facilitated and are held at the following days and times:

<b>ROUNDS VENUE</b>	<b>WHEN?</b>	<b>WHERE?</b>	<b>FACILITATED BY:</b>	<b>MEETING SITE</b>
West Contra Costa Medical Rounds	Third Thursday of the month, <b>8-9:30 AM</b>	West Contra Costa Health Center	Andre Lindsey	13601 San Pablo Ave, 1 <sup>st</sup> Floor Conf Rm, San Pablo
West Contra Costa Case Conference Rounds	Third Thursday of the month, <b>immediately follow medical rounds</b>	West Contra Costa Health Center	Andre Lindsey	13601 San Pablo Ave, 1 <sup>st</sup> Floor Conf Rm, San Pablo
Central County Rounds	First Thursday of the month, <b>12:30-2 PM</b>	CC Regional Medical Center (CCRMC)	John Sturr/ Cindy Holland	4 <sup>th</sup> Floor Conference Room, across from the elevator
East County Rounds	First Wednesday of the month, <b>12:15-1:30 PM</b>	Pittsburg Health Center	Natalie Berbick	Eucalyptus Room

Staff are welcome to attend all rounds, but are only required to attend rounds in the region of the county in which they provide services.

*Consortium General Meeting:*

The Contra Costa HIV/AIDS Consortium advocates on behalf of people affected by HIV disease, plans and coordinates services, and advises government and community leaders on the direction and priorities for care and prevention for HIV/AIDS in Contra Costa and the regional planning body. The core activities of the Consortium include: assessing the care and prevention needs of people living with or at risk of HIV/AIDS; establishing priorities for Ryan White funds; developing and implementing a plan for reducing new HIV infections; and monitoring and evaluating the services provided with Ryan White and other funding.

Each agency funded under contract with the County AIDS Program is expected to send a representative to the General Consortium meeting. The Consortium General Meetings are typically held the 2<sup>nd</sup> Monday of the month, approximately 4-6 months each year. Committees may be formed as needed to address specific topics, e.g. allocations, medical case management, etc. There are 3 community co-chairs who facilitate the meetings and who meet as the Executive Committee prior to each General Consortium meeting. Contact Pamela Anderson-Moore to receive meeting notices and applications for membership 925-313-6771 or [Pamela.anderson-moore@hsd.cccounty.us](mailto:Pamela.anderson-moore@hsd.cccounty.us).

*Contractor's Meetings:*

The County will hold at least one mandatory Contractor's Meeting each year. Attendance is required for all direct service providers and program managers. Program requirements and any changes in service delivery and policies will be presented and discussed in these meetings.

*Special Meetings/Trainings*

The County AIDS Program may make attendance mandatory by some or all Ryan White/HOPWA providers at periodic meetings or training sessions held during the year. Providers mandated to attend must be present at the sessions. Ample notification for all meetings will be provided when possible.