



**Ryan White HIV/AIDS Program  
Services Reporting System  
FY 2009 Data Collection Plan**

**Vetting Project Overview and  
Findings**

---

---

---

---

---

---

---

---



**Need for CLD and  
Implementation Timeline**

**Robert Mills, PhD  
HRSA HIV/AIDS Bureau  
Division of Science and Policy  
Epidemiology and Data Branch**

---

---

---

---

---

---

---

---



**The Need for CLD Reporting**

- **Accuracy and Accountability**  
HAB can report accurate, unduplicated counts of clients
- **Service Delivery and Quality**
  - HAB and funded agencies can identify gaps between standards of care and the services clients actually receive
  - Providers can use CLD to identify service delivery needs

---

---

---

---

---

---

---

---



## The Need for CLD (cont.)

- **Evaluation, Performance, and Funding**
  - **HAB can improve how we measure and report our program performance goals:**
    - Government Performance and Results Act (GPRA) goals
    - Program Assessment Rating Tool (PART)
  - **Providers can evaluate their progress in meeting core clinical performance measures**
  - **Greater precision informs resource allocation decisions**

---

---

---

---

---

---

---

---



## System Overview - Names

The data report - full title, short title, acronym:

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

**RSR components:**

- Grantee Report ('Grantee Form')
- Provider Report ('Provider Form')
- Client Report ('client-level data')

Data reporting system - full title, short title, acronym

- The Ryan White HIV/AIDS Program Services Reporting System
- The Ryan White Services Reporting System (RSRS)

---

---

---

---

---

---

---

---



## System Overview - Dates

2009 RSR data - key collection and reporting dates:

|                                      |                 |
|--------------------------------------|-----------------|
| Client data collection begins        | Jan 1           |
| Grantee Report start/end             | Jun 1 – Jul 31  |
| Reporting period #1 (6 mo) ends      | June 30         |
| Provider Report start/end            | Jul 1 – Sept 15 |
| Client Report (CLD upload) start/end | Jul 1 – Sept 15 |
| Grantee Report start                 | Dec 1           |
| Reporting period #2 (12 mo) ends     | Dec 31          |

---

---

---

---

---

---

---

---



### Web Site and Contact Information

- CLD Web site
  - HAB home page, under 'Manage your Ryan White Grant,' click *Client-Level Data*
  - Or use the direct link:  
<http://hab.hrsa.gov/manage/CLD.htm>
- CLD System Help: Contact HRSA Call Center:
  - CallCenter@HRSA.gov
  - 1-877-464-4772

---

---

---

---

---

---

---

---



### Process for Vetting the RWHAP CLD System

Margaret Hargreaves, PhD MPP




---

---

---

---

---

---

---

---



### Vetting Meeting Objectives

- Seek input from grantees, Federal partners, non-Federal partners, and Part A-D grantees regarding
  - Data elements
  - Data capture process
  - Unique client identifier (UCI)
  - Data analysis and reporting needs

---

---

---

---

---

---

---

---



### Initial Vetting Process

- Conducted meetings with Federal, non-Federal partners and Part A-D grantees
  - Provide overview of HAB CLD mandates and needs
  - Discuss CLD data elements, collection, reporting
- Conducted ten-day web-based on-line review period after each meeting
  - On-line review only for invitees -- and only for the meeting to which they were invited
  - Provided review and comment opportunities for invitees unable to attend in-person meeting
  - Provided opportunity for participants to discuss and report perspectives of other partner and grantee agency staff who did not attend meeting

---

---

---

---

---

---

---

---



### Vetting Timeline

- November 28, 2007: meeting with Federal partners
- January 11, 2008 to March 3, 2008: ten meetings with Part A-D Grantees
  - Ten regions across U.S.
  - > 494 grantees invited to participate
- February 25, 2008: meeting with non-Federal partners
- June 2008: submission of HAB CLD materials to OMB for review

---

---

---

---

---

---

---

---



### Federal Partners Meeting Attendees

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Housing and Urban Development
- US Department of Veterans Affairs

---

---

---

---

---

---

---

---



### Non-Federal Partners Meeting Attendees

- AIDS Action
- AIDS Alliance for Children, Youth and Families
- AIDS Institute
- American Academy of HIV Medicine
- Communities Advocating Emergency AIDS Relief (CAEAR) Coalition
- National Alliance of State and Territorial AIDS Directors (NASTAD)
- National Association of Community Health Centers, Inc. (NACHC)
- Southern AIDS Coalition
- Title II Community AIDS Network

---

---

---

---

---

---

---

---



### Grantee Vetting Meeting Participation

- 367 grantees (74% of invitees) attended a grantee vetting meeting
- 320 grantees (87% of attendees) very knowledgeable or knowledgeable of RWHAP data elements and processes
- 201 grantees (55% of attendees) received more than one Part of RWHAP
  - 156 (43% of attendees): Part A only, + others
  - 104 (28% of attendees): Part B only, + others
  - 87 (24% of attendees): Part C only, + others
  - 20 (5% of attendees): Part D only

---

---

---

---

---

---

---

---



### Final Vetting Process

- After all vetting meetings were completed and CLD content revised, conducted final web-based review May 23 – June 6, 2008
  - Final draft CLD items and processes
  - Rationale for item selection and content
  - All vetting participants viewed and commented on revised CLD content and on past input across all vetting meetings

---

---

---

---

---

---

---

---



### Web-Based On-Line Vetting Participation

January - June 2008: Total On-line Vetting Participation

- 157 participants
- 1651 comments submitted

May 23 - June 6, 2008: Final On-line Vetting

- 106 participants
- 985 comments submitted

---

---

---

---

---

---

---

---



### Highlights of Grantee Feedback Obtained During Regional Meetings and On-line Comment Submission

Julia Hidalgo, ScD, MSW, MPH




---

---

---

---

---

---

---

---



### Overarching Comments

- Grantees want to understand the purposes of data collected and the questions that HAB plans to address
- Clear comprehensive definitions are needed for the Client, Provider, and Grantee forms
- Consistency is needed between definitions and data collected to address HAB and grantees' information needs
- Clarify how far down the "subcontracting chain" reporting requirements will go
  - First tier providers? Their subcontracting providers?

---

---

---

---

---

---

---

---



### Implementation

- Grantee and provider forms should be designed to minimize reporting burden and avoid duplicative reporting
- Grantees uncertain about the feasibility of the roll-out schedule
- Consider how Part B grantees that purchase health insurance premiums as the mechanism to fund core medical services will address CLD reporting requirements

---

---

---

---

---

---

---

---



### Implementation

- Grantees suggest staging data collection
  - For example, begin with a smaller core set of data, add additional data modules over time, or initiate CLD collection with core medical service providers first
- Grantees were concerned that CLD reporting activities would create costs not supported by grant funds
- Grantees, fiscal intermediaries, and providers need TA to address Business Associate Agreements, contractual language, and MOUs regarding CLD reporting

---

---

---

---

---

---

---

---



### Client-Level Data

- Concern was expressed about the level of sophistication required to collect, manage, and report CLD
- Clarification is needed about CLD reporting entities that do not currently collect CLD or providers do not currently report CLD

---

---

---

---

---

---

---

---



### Client-Level Data

- Collect actual data values where possible and use computer algorithms to calculate answers
- Data elements should align with clinical guidelines and performance measures
  - Consistent observational periods should be used
- Some grantees and providers will have to redesign their data collection tools to ensure alignment with CLD elements
- Clarity is needed about how HAB will address conflicting data submitted for the same clients

---

---

---

---

---

---

---

---



### Client-Level Data

- Clinical data elements should be reported by providers most directly responsible for collecting those items
- Long-term outcomes do not address the short period that some clients receive RWHAP-funded clinical services
- TA is needed to design and implement CLD systems, extract data from electronic health records or automated systems, and funded scope data
- Add a "refused" category to many questions

---

---

---

---

---

---

---

---



### Reporting by HAB to Grantees

- HAB should establish a mechanism for addressing mis-assignment of UCIs
- Grantees would like standardized validation data reports from HAB to ensure the accuracy of transmissions
- Part A and B grantees want CLD from HAB for residents in their services areas so that they can conduct their own analyses
- Grantees would like HAB to produce timely summary reports with which they can compare their findings

---

---

---

---

---

---

---

---

## Client Level Data (CLD) Report Form: Post Vetting Process

Michael Costa



---

---

---

---

---

---

---

---

### CLD Report Elements

- Vetting panel recommendations focused on
  - Improving validity of data
  - Increasing feasibility of providing data across grantees
  - Reducing burden
- Vetting process identified 32 recommended changes in data elements
- HAB incorporated 27 (~ 85%) of the recommended changes (including 5 deleted items)

---

---

---

---

---

---

---

---

### Client Level Data Report Elements

- Improving validity of data
  - Increasing specificity of data elements
  - Collecting data from the appropriate staff employed by providers
- Increasing feasibility of providing data across grantees
  - Aligning data reporting requirements with service provider types (e.g., housing provider should not be asked for clinical data)
  - Collecting data from the appropriate staff employed by providers
- Reducing burden
  - Collect actual data values so that HAB can directly calculate desired figures (e.g. lab values and dates to determine prescribing of PCP prophylaxis)
  - Reporting dates and values with limited/no calculations increases ease of EHR file uploads
  - Decreases the necessity of using more highly trained, expensive, or limited availability staff to gather and report data where EHRs are not present
  - Collecting data from the appropriate staff employed by providers

---

---

---

---

---

---

---

---



## Provider Types Reporting CLD

### Type of Provider Key

- CMSP = Core Medical Service Providers
- MCM = Medical Case Managers
- MHSP = Mental Health Service Providers
- NMCM = Non-medical Case Managers
- OAMCP = Outpatient Ambulatory Medical Care Provider
- SASP = Substance Abuse Service Provider

---

---

---

---

---

---

---

---



## Client Demographics

| Field #             | Variable Description   | Coding   | Reporting Provider Type |
|---------------------|--|--|-------------------------|
| Hidden              | Reporting Period   | Jan 1 – Jun 30, 20XX<br>Jan 1 – Dec 31, 20XX   | All                     |
| Hidden              | Unique Provider ID   | unique provider number   | All                     |
| Client Demographics |  |  |                         |
| Hidden              | Unique client ID (UCI)   | TBD  | All                     |
| 1.                  | Date of client's first service visit at this provider's agency or organization | / /<br>MM/DD/YYYY<br>OR<br>/<br>MM/YYYY (this is acceptable only if full date is not collected by this service provider) | CMSP, MCM, NMCM         |

---

---

---

---

---

---

---

---



## Client Demographics

| Field # | Variable Description  | Coding   | Reporting Provider Type |
|---------|---|--|-------------------------|
| 2.      | What was the client's vital enrollment status at the end of this reporting period?                  | Active, continuing in program<br>Referred to another program or services<br>Removed from treatment due to violation of rules<br>Incarcerated<br>Relocated<br>Deceased<br>Unknown | CMSP<br>MCM<br>NMCM     |
| 3.      | <i>If response is "deceased" in Q2, then answer: What was the client's date of death, if known?</i> | / /<br>MM/DD/YYYY  |                         |
| 4.      | Client's date of birth  | / /<br>MM/DD/YYYY<br>/<br>MM/YYYY (if full date not collected)   |                         |

---

---

---

---

---

---

---

---

### Client Demographics

| Field # | Variable Description  | Coding  | Reporting Provider Type |
|---------|---|---|-------------------------|
| 5.      | What is the client's ethnicity?   | Hispanic/Latino<br>Non-Hispanic/Latino  | CMSP,<br>MCM,<br>NMCM   |
| 6.      | What is the client's race? ( <i>Select one or more</i> )  | White<br>Black or African American<br>Asian<br>Native Hawaiian/<br>Pacific Islander<br>American Indian or Alaska Native |                         |
| 7.      | What is the client's current gender?  | Male<br>Female<br>Transgender<br>Unknown  |                         |
| 8.      | If response is "Transgender" in Q7, then answer: What is the client's transgender subgroup, if known? | Male to female<br>Female to male  |                         |

---

---

---

---

---

---

---

---

---

---

### Client Demographics

| Field # | Variable Description   | Coding   | Reporting Provider Type      |
|---------|--|--|------------------------------|
| 9.      | Client's percent of the Federal Poverty Level (FPL) at the end of the reporting period | = equal to or below the FPL<br>= 101-200% of the FPL<br>= 201-300% of the FPL<br>= > 300% of the FPL<br>=Unknown/ unreported | CMSP,<br>MCM,<br>NMCM        |
| 10.     | Client's housing status at the end of the reporting period                             | Stable/permanent<br>Temporary<br>Unstable<br>Refused<br>Unknown  | MCM,<br>MCM,<br>CMSP,<br>HSP |

---

---

---

---

---

---

---

---

---

---

### Client Demographics

| Field # | Variable Description   | Coding  | Reporting Provider Type |
|---------|--|---|-------------------------|
| 11.     | What was the ZIP code of the client's residence at the end of this reporting period?<br><br>If the client's housing is "unstable," enter the ZIP code of the place the client considered his/her residence or "home base" at the end of this reporting period. | -----   | CMSP,<br>MCM,<br>NMCM   |
| 12.     | What was the client's HIV/AIDS status at the end of the reporting period?  | = HIV negative<br>= HIV +, not AIDS<br>= HIV-positive, AIDS status unknown<br>= CDC-defined AIDS<br>= HIV indeterminate (infants only)<br>= Unknown | NMCM,<br>MCM,<br>CMSP   |

---

---

---

---

---


---

---

---

---

---



### Client Demographics

| Field # | Variable Description  | Coding  | Reporting Provider Type     |
|---------|---|---|-----------------------------|
| 13.     | If response is "CDC-defined AIDS" in Q12, then answer: What is the year of the client's AIDS diagnosis, if known? | YYYY  | NMCM, MCM, CMSP             |
| 14.     | What is the client's risk factor for HIV infection (select one or more)   | <ul style="list-style-type: none"> <li>= Male who has sex with male(s) (MSM)</li> <li>= Injecting drug use (IDU)</li> <li>= Hemophilia/coagulation disorder</li> <li>= Heterosexual contact</li> <li>= Receipt of blood transfusion, blood components, or tissue</li> <li>= Mother w/rt risk for HIV infection (perinatal transmission)</li> <li>= Other</li> <li>= Undetermined/unknown</li> </ul> | NMCM, MCM, CMSP, SASP, MHSP |

---

---

---


---

---

---

---

---



### Client Demographics

| Field # | Variable Description  | Coding  | Reporting Provider Type |
|---------|---|---|-------------------------|
| 15.     | Indicate <u>all sources</u> of the client's medical insurance <u>during this reporting period</u> : | <ul style="list-style-type: none"> <li>= Private</li> <li>= Medicare</li> <li>= Medicaid</li> <li>= Other Public</li> <li>= No Insurance</li> <li>= Other</li> <li>= Unknown</li> </ul> | CMSP, MCM, NMCM         |

---

---

---


---

---

---

---

---



### Core Services

| Field #              | Variable Description                                    | Coding   | Reporting Provider Type |
|----------------------|---|--|-------------------------|
| <b>Core Services</b> |   |  |                         |
| 16.                  | Outpatient ambulatory health services                   | Number of visits in each quarter of reporting period | CMSP, MCM, MCM          |
| 17.                  | Oral health care  |  |                         |
| 18.                  | Early intervention services (Parts A and B)             |  |                         |
| 19.                  | Home health care  |  |                         |
| 20.                  | Home and community-based health services                |  |                         |
| 21.                  | Hospice services  |  |                         |
| 22.                  | Mental health services                                  |  |                         |
| 23.                  | Medical nutrition therapy                               |  |                         |
| 24.                  | Medical case management (including treatment adherence) |  |                         |

---

---

---

---

---

---

---

---

### Core Services

| Field # | Variable Description   | Coding   | Reporting Provider Type |
|---------|--|--|-------------------------|
| 25.     | Substance abuse services--outpatient   | Number of visits in each quarter of reporting period<br>--- -- | CMSP, MCM, NMCM, SASP   |
| 26.     | Did the client receive local AIDS Pharmaceutical Assistance (APA, not ADAP) <u>at any time during each quarter of this reporting period?</u> | Yes<br>No<br>Unknown<br>---                                    | CMSP, MCM, MCM          |
| 27.     | Was Health Insurance Program (HIP) funding provided for this client <u>each quarter of this reporting period?</u>                            | ---  | CMSP, MCM, MCM          |

---

---

---

---

---

---

---

---

---

---

### Support Services

| Field #                 | Variable Description  | Coding                      | Reporting Provider Type |
|-------------------------|---|-----------------------------|-------------------------|
| <b>Support Services</b> |   |                             |                         |
| 28.                     | Received case management (non-medical) services <u>each quarter during this reporting period</u>                | Yes<br>No<br>Unknown<br>--- | CMSP, MCM, NMCM         |
| 29.                     | Received child care services <u>each quarter during this reporting period</u>                                   |                             |                         |
| 30.                     | Received developmental assessment/ early intervention services <u>each quarter during this reporting period</u> |                             |                         |
| 31.                     | Received emergency financial assistance <u>each quarter during this reporting period</u>                        |                             |                         |
| 32.                     | Received food bank/home-delivered meals <u>each quarter during this reporting period</u>                        |                             |                         |
| 33.                     | Received health education/risk education <u>each quarter during this reporting period</u>                       |                             |                         |

---

---

---

---

---

---

---

---

---

---

### Support Services

| Field # | Variable Description  | Coding                      | Reporting Provider Type |
|---------|---|-----------------------------|-------------------------|
| 34.     | Received housing services <u>each quarter during this reporting period</u>              | Yes<br>No<br>Unknown<br>--- | CMSP, MCM, NMCM, HSP    |
| 35.     | Received legal services <u>each quarter during this reporting period</u>                |                             |                         |
| 36.     | Received linguistic services <u>each quarter during this reporting period</u>           |                             |                         |
| 37.     | Received transportation services <u>each quarter during this reporting period</u>       |                             |                         |
| 38.     | Received outreach services <u>each quarter during this reporting period</u>             |                             |                         |
| 39.     | Received permanency planning <u>each quarter during this reporting period</u>           |                             |                         |
| 40.     | Received psychosocial support services <u>each quarter during this reporting period</u> |                             |                         |

---

---

---

---

---


---

---

---

---

---



### Support Services

| Field # | Variable Description   | Coding                      | Reporting Provider Type |
|---------|--|-----------------------------|-------------------------|
| 41.     | Received referral for healthcare/ supportive services <u>each quarter during this reporting period</u> | Yes<br>No<br>Unknown<br>— — | CMSP, MCM, NMCM         |
| 42.     | Received rehabilitation services <u>each quarter during this reporting period</u>                      |                             |                         |
| 43.     | Received respite care <u>each quarter during this reporting period</u>                                 |                             |                         |
| 44.     | Received substance abuse services— residential <u>each quarter during this reporting period</u>        |                             | CMSP, MCM, NMCM, SASP   |
| 45.     | Received treatment adherence counseling <u>each quarter during this reporting period</u>               |                             | CMSP, MCM, NMCM         |

---

---

---


---

---

---

---

---



### Clinical Information

| Field #                     | Variable Description  | Coding   | Reporting Provider Type |
|-----------------------------|---|--|-------------------------|
| <b>Clinical Information</b> |   |  |                         |
| 46.                         | Was HIV risk reduction screening/counseling provided to this client <u>during this reporting period?</u>  | Yes<br>No<br>Unknown<br>— —  | OAMCP                   |
| 47.                         | Date of the client's <u>first outpatient / ambulatory care visit</u> at this provider agency  | MM/DD/YYYY<br>OR<br>MM/YYYY (this is acceptable only if full date is not collected by this service provider) |                         |
| 48.                         | List <u>all the dates</u> of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider <u>during this reporting period</u> | MM/DD/YYYY   |                         |

---

---

---


---

---

---

---

---



### Clinical Information

| Field # | Variable Description  | Coding  | Reporting Provider Type |
|---------|---|---|-------------------------|
| 49.     | Report all CD4 counts and their dates for this client <u>during this report period</u>        | Value _____<br>Date MM/DD/YYYY  | OAMCP                   |
| 50.     | Report all Viral Load counts and their dates for this client <u>during this report period</u> | Value _____<br>Date MM/DD/YYYY  |                         |
| 51.     | Was the client prescribed PCP prophylaxis at any time <u>during this reporting period?</u>    | = Yes<br>= No<br>= Not medically indicated<br>= No, client refused<br>= Unknown |                         |

---

---

---

---

---

---

---

---

**Clinical Information**

| Field # | Variable Description  | Coding  | Reporting Provider Type |
|---------|---|---|-------------------------|
| 52.     | Was the client prescribed HAART at any time <u>during this reporting period</u> ? | = Yes<br>= No, not medically indicated<br>= No, not ready (as determined by clinician)<br>= No, client refused<br>= No, intolerance, side-effect, toxicity<br>= No, HAART payment assistance unavailable<br>= No, other reason<br>= Unknown | OAMCP                   |
| 53.     | Was the client screened for TB <u>during this reporting period</u> ?              | Yes<br>No<br>Not medically indicated  |                         |

---

---

---

---

---

---

---

---

---

---

**Clinical Information**

| Field # | Variable Description   | Coding  | Reporting Provider Type |
|---------|--|---|-------------------------|
| 54.     | If response is "no" or "not medically indicated" in Q53, then answer: Has the client been screened for TB <u>since his/her HIV diagnosis</u> ?   | Yes<br>No<br>Not medically indicated<br>Unknown | OAMCP                   |
| 55.     | Was the client screened for syphilis <u>during this reporting period</u> ? (exclude all clients under the age of 18 who are not sexually active) |   |                         |
| 56.     | Was the client screened for Hepatitis B <u>during this reporting period</u> ?  | Yes<br>No<br>Not medically indicated            |                         |

---

---

---

---

---

---

---

---

---

---

**Clinical Information**

| Field # | Variable Description  | Coding  | Reporting Provider Type |
|---------|---|---|-------------------------|
| 57.     | If response is "no" or "not medically indicated" in Q56, then answer: Was the client screened for Hepatitis B <u>since his/her HIV diagnosis</u> ?      | Yes<br>No<br>Not medically indicated<br>Unknown | OAMCP                   |
| 58.     | Has the client completed the vaccine series for Hepatitis B?  |   |                         |
| 59.     | Was the client screened for Hepatitis C <u>during this reporting period</u> ?   |   |                         |
| 60.     | If response is "no" or "not medically indicated" in Q59, then answer: Has the client been screened for Hepatitis C <u>since his/her HIV diagnosis</u> ? |   |                         |

---

---

---

---

---


---

---

---

---

---



### Clinical Information

| Field # | Variable Description  | Coding  | Reporting Provider Type |
|---------|---|---|-------------------------|
| 61.     | Was the client screened for substance use (alcohol and drugs) <u>during this reporting period</u> ? | Yes<br>No<br>Not medically indicated<br>Unknown                   | OAMCP                   |
| 62.     | Was the client screened for mental health <u>during this reporting period</u> ?                     | Yes<br>No<br>Not medically indicated<br>Not applicable<br>Unknown |                         |
| 63.     | (For HIV+ women only) Did the client receive a Pap smear <u>during this reporting period</u> ?      | Yes<br>No<br>Not medically indicated<br>Not applicable<br>Unknown |                         |
| 64.     | (For HIV+ women only) Was the client pregnant <u>during this reporting period</u> ?                 | Yes<br>No<br>Unknown  |                         |

---

---

---

---

---


---

---

---

---

---



### Clinical Information

| Field # | Variable Description  | Coding   | Reporting Provider Type |
|---------|---|--|-------------------------|
| 65.     | (For HIV+ women only) If response is "yes" in Q64, then answer: When did the client enter prenatal care?  | First trimester<br>Second trimester<br>Third trimester<br>At time of delivery<br>Not applicable<br>Unknown | OAMCP                   |
| 66.     | (For HIV+ women only) If response is "yes" in Q64, then answer: Was the client prescribed antiretroviral therapy to prevent maternal to child (vertical) transmission of HIV? | Yes<br>No<br>Not applicable<br>Unknown   |                         |

---

---

---

---

---


---

---

---



---

---



## Grantee and Provider Reporting Forms

Julia Hidalgo, ScD, MSW, MPH

---

---

---

---

---


---

---

---

---

---



**Grantee and Provider Level Data Report Elements – Post CLD Vetting Process**

- **Vetting panel recommendations focused on**
  - Achieving administrative simplicity
  - Reducing reporting burden, including duplicative reporting by grantees and providers
  - Using pre-populated data fields to the extent possible, as some data are unlikely to change over time
  - Clarifying which direct service providers should complete the Provider Form

---

---

---


---

---

---

---

---



**Grantee Form**

- Grantees complete a separate form for each RWHAP grant received from HAB
- Grantees with more than one RWHAP grant complete a form for each grant (e.g., grantees with Part C and Part D grants complete two grantee forms)
- Grantees will submit the form(s) through the EHB twice annually, with some field pre-populated based on the initial and subsequent RSR submissions

---

---

---


---

---

---

---

---



**Grantee Form: Funded Providers**

- Pre-populated funded provider lists will facilitate addition or subtraction of providers after the initial RSR submission
- The provider list will help grantees to track which entities should complete a Provider Form
- Service providers provide direct services to
  - Clients and their affected family members
  - Grantees of record (e.g., administrative and technical services providers)
  - RWHAP providers may be directly funded by HAB grants by one or more Parts, through subcontract(s) with RWHAP grantees, or a fiscal intermediary
- For RSR reporting, a contact includes formal contracts, memorandum of understanding, and other agreement

---

---

---

---

---

---

---

---







## Provider Form: Imports

- Grantees and/or providers have the option of importing provider data into the RSR from their local system
- An XML provider file includes provider organizational data, services provided with RWHP funds under each agreement, and HIV counseling and testing data

---

---

---

---

---

---

---

---

---

---

---

---



## Provider: Administrative and Technical Services

- A simple check box is provided to identify the administrative and technical services delivered by providers

---

---

---

---

---

---

---

---

---

---

---

---



## Provider Form: Core Medical Services

---

---

---

---

---

---

---

---

---

---

---

---

