

**Ryan White HIV/AIDS Program (RWHAP) Part A
HIV Emergency Relief Grant Program
FY 2024 RWHAP Part A Non-Competing Continuation
(NCC) Progress Report
Technical Assistance Webinar
Questions & Answers**



Q1: The legislation clause titled Clinical Quality Management (CQM) (Section 2604(h)(5) and states: "...to assess the extent to which HIV health services provided to patients are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infections...". So, if we conduct client medical chart reviews to assess if their care follows treatment guidelines, that is an allowable use of CQM funds, correct?

Answer: No, grant administrative activities, such as chart reviews, are components of quality assurance. Although chart reviews may provide important information to the CQM program, in and of themselves, they are not CQM activities and do not constitute a CQM program.

Note: Quality assurance (e.g., chart reviews) is part of the larger grant administration function of a recipient's program or organization and informs the clinical quality management program, but quality assurance activities by themselves do not constitute a CQM program. Data collected as part of quality assurance processes should feed back into the CQM program to ensure improvement in patient care, health outcomes, and patient satisfaction.

Q2: Can you provide an example of a CQM chart review? What type of information would be looking for?

Answer: Chart reviews are examples of commonly used quality assurance activities. Quality assurance refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards. So, a chart review can involve the retrospective process of measuring compliance with standards (e.g., HHS guidelines, professional guidelines, service standards).

Q3: Can you please clarify the CQM Contractual worksheet on the budget narrative workbook template. Does this refer to if the recipient has a subrecipient contract with an entity for CQM?

Answer: Yes, please use the CQM contractual budget worksheet if your jurisdiction wholly contracts out CQM via a third-party organization.

Q4: In developing our budget narrative, do we use our FY23 award or FY24 estimated award (formula and MAI)?

Answer: Use the budget ceiling provided in Appendix B of the NCC Progress Report as the ceiling amounts for FY 2024 Part A (Formula + Supplemental) and MAI funding. FY 2024 funding ceilings are estimates based on a five (5) percent increase on the FY 2023 actual award amounts.

Q5: Please confirm if the Budget Narrative Summary worksheet template will include the core medical services and support services percentage, combined across Part A and MAI funding categories.

Answer: Yes, the Budget Narrative Summary worksheet template includes the total core medical services and support services percentage across all budget categories (i.e., Part A and MAI).

Q6: Is fixing a broken door or window an allowable cost for a subrecipient if it was room where clients are seen?

Answer: Yes. The portion of direct facilities expenses such as rent, maintenance, and utilities for areas primarily utilized to provide core medical and support services for eligible RWHAP clients (e.g., clinic, pharmacy, food bank, substance abuse treatment facilities) are not required to be included in the 10 percent administrative cost cap. Note: by legislation¹, all indirect expenses must be considered administrative expenses subject to the 10 percent cap. As a reminder, RWHAP Part A recipients must ensure that the aggregate total of subrecipient administrative expenditures does not exceed 10% of the aggregate total of funds awarded to subrecipients.

Q7: Can you confirm the submission deadline for the Federal Financial Report (FFR) starting in FY 2023 onwards?

Answer: The submission deadline for the FFR will be May 29. So, for the FY 2023 FFR, the submissions deadline will be May 29, 2024. Leap year status will not change the submission deadline.

¹ 2 See §§ 2604(h)(4)(A), 2618(b)(3)(D)(i), and 2671(h)(1) of the PHS Act.