HIV Community Services Program

FY 2023-2024
Reporting Package
County and Regional Services

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HIV COMMUNITY SERVICES PROGRAM
FY 2023-2024 REQUIRED REPORTS SUMMARY

The Oregon HIV Community Services Program (HCS) is committed to developing, evaluating and continually improving a statewide, quality continuum of HIV care, treatment and support services that meets the identified needs of persons living with HIV and their families, ensures equitable access and decreases health disparities. The HCS Program supports this mission by gathering data and information about the services delivered by HCS and its contractors, analyzing this information to measure outcomes and quality of services, reporting this analysis in order to identify areas requiring needed planning, and implementing improvement activities in order to meet program goals.

As a part of HCS's quality management plan, HIV case management provider agencies submit program reports which provide a written evaluation of the services delivered, and include partnership and referral activities, and targeted quality improvement activities the agency has undertaken. The HCS team reviews required reports and identifies items requiring follow-up. Technical assistance is provided to the contractor as requested.

Contract agencies are expected to run CAREWare (CW) generated reports for their own internal data quality monitoring and data clean-up but are not required to submit these reports to the HIV Community Services Program. CW users are required to follow service and data entry requirements as outlined in the Support Services Guide and the CAREWare User Guide. All demographic, service and clinical data fields will be entered into CW within the following timelines from the date of service: Regional based data entry within 72 hours, and County based data entry within 30 days.

Note: yellow highlights in the reporting package documents indicate new or revised items

County and Regional Services Reporting Calendar FY 2023-2024			
REQUIRED REPORTS	**DESCRIPTION**	**REPORTING TIMEFRAME**	**DUE DATE**
1. Biannual Progress Report Form	A Biannual program narrative of each Agency's service delivery system, including strengths, challenges, outcome performance measurement, and Quality Management efforts.	1. 7/1/23 - 12/31/23 2. 1/1/24 - 06/30/24	1. 1/31/24 2. 7/31/2024
2. Administrative Fiscal Form	Administrative Fiscal Form includes: Administrative and service expenditures.	1. 7/1/23 - 9/30/23 2. 10/1/23 - 12/31/23 3. 1/1/24 - 03/31/24 4. 4/1/24 - 06/30/24	1. 11/15/23 2. 2/15/24 3. 5/15/24 4. 9/15/24
Submit reports by e-mail only to: **DeAnna P. Kreidler, M.S.** **HIV Care and Treatment Program** **HIV Quality Improvement Strategist** **deanna.p.kreidler@oha.oregon.gov**			

Reporting Forms Instructions

Progress Reporting consists of two separate forms:

1. **Biannual Progress Report Form** includes the following sections:
   Section I: Performance Measures Narrative
   Section II: Program Narrative

2. **Administrative Fiscal Form** -- completed by the provider's fiscal/business department and submitted quarterly.

Data provided to your Agency

The HIV Community Services program provides Agency quarterly data for the HIV Care Continuum, the current program Quality Improvement project, and Performance Measures, in an excel worksheet, including disaggregated data by race and ethnicity. Your Agency is encouraged to analyze this data and run additional CAREWare reports, as needed, in order to identify health disparities across different demographics, client outreach/referral, service delivery evaluations and/or changes, assessment of barriers, quality improvement projects, and/or request for program TA/training.

Instructions for completing the form are listed in each section.

Biannual Progress Report FY 2023-2024

Agency: Submitted by:

Date submitted:

Reporting period: ☐ **Quarter 1 and 2 (July 1-Dec 31, 2023)**
Due: Jan 31, 2024

☐ **Quarter 3 and 4 (Jan 1-June 30, 2024)**
Due: July 31, 2024

HIV case management providers are required to submit progress reports to the HIV Community Services Program in order to provide a program narrative of each Agency's service delivery system, including strengths, challenges, outcome performance measurement, and Quality Management efforts. The HIV Community Services team reviews these reports and follows up with providers on identified items and offers technical assistance and training. Report information is used for program planning and evaluation purposes.

Section I: <u>Performance measures narrative</u>

HIV Community Services will provide your Agency's performance measure data in the below tables by the 10th of the month following the end of the reporting period. Once you receive your performance measure data[1], **complete an Agency narrative below** describing your current and/or future plan for reaching, maintaining or exceeding the identified goal <u>for each performance measure</u> below. The program may not be able to provide specific disaggregated data by race and ethnicity on the reporting forms if the data meets the following: the Oregon Health Division HIV Surveillance Program does not publish counts of HIV cases by age, race, sex or transmission group if fewer than 10 people with HIV are believed to be living in this county, the county population is less than 10,000, or the estimated county population of any race group or age group typically used to group cases in its HIV reports is less than 50.

You are encouraged to include the following information in your plan: data analysis for health disparities across different demographics, including clients from communities of color (CoC), client outreach/referral, service delivery evaluations and/or changes, assessment of barriers, quality improvement project, and/or request for program TA/training.

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[1] Performance Measure data is preliminary and may not match final annual figures due to data entry delay, end of the year data clean-up, and exclusions.

HIV Care Continuum[2] Performance Measure:	**Linked to Care**		
Goal	85% (by 2021) of newly diagnosed clients are in medical care within **30 days**, as defined as having CD4 or VL test after date of HIV diagnosis.		
CAREWare Custom Report: New HIV Dx Linkage to Medical Care (Dk11162016)			
Your Agency Outcome:	%	Part B Agencies Outcome:	%
Your Agency *N:*	*Numerator (N)* description: Clients with 1 CD4 or VL test at least 1 day after their diagnosis date within **30 days** of the HIV+ date in CW		
Your Agency *D:* • Of the clients in D, # who were excluded last reporting period:	*Denominator (D)* description: # of clients who received a service and had an enrollment date within **30 days** after the HIV+ date in CW		
Excluded:	# of clients who did not have enough time to meet the measure and were not included (clients were enrolled less than 30 days at the end of the reporting period). These clients will be included in the next Biannual Progress Report.		
Your Agency Outcome of clients from CoC	%	Part B Agencies Outcome of clients from CoC	%

Agency Narrative

☐ Your agency met this goal: no narrative is needed.

☐ Your agency's clients **did not** reach the 85% goal: describe your Quality Improvement project or; any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or social determinants of health-related challenges, and/or barriers to reaching this goal and in linking clients to medical care within 30 days. Include your plan to address potential racial inequities based on the data.

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[2] End HIV Oregon performance measure

HIV Care Continuum Performance Measure:	**Virally Suppressed**			
Goal	90% of clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test.			
CAREWare Performance Measures Worksheet: SC or SR - 01[3]				
Your Agency Outcome:	%	Part B Agencies Outcome:	%	
Your Agency N:	*Numerator (N) description:* Clients whose last VL lab entry in CW in the last 12 months was under 200 copies/mL			
Your Agency D:	*Denominator (D) description:* Clients who received a service this reporting period **and had a VL lab entry in CW in the last 12 months**.			
Your Agency Outcome of clients from CoC	%	Part B Agencies Outcome of clients from CoC	%	
All Clients who received a service (D) and <u>did not</u> have a VL lab in 12 mo. (N)	N=	D=		%

Agency Narrative

☐ Your agency met this goal: no narrative is needed.

☐ Your clients **<u>did not</u>** reach the 90% goal: describe your Quality Improvement project or any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or social determinants of health-related challenges and barriers to reaching this goal and for clients to obtain viral load labs and viral suppression. Include your plan to address potential racial inequities based on the data.

HIV Care Continuum Performance Measure:	**Retained In Care / In Care**		
Goal	90% of clients have a medical visit in the last 12 months		
CAREWare Performance Measures Worksheet: SC or SR - 05			
Your Agency Outcome:	%	Part B Agencies Outcome:	%
Your Agency *N:*	*Numerator (N) description:* Clients who had a CD4 or Viral load lab entry in the last 12 months		
Your Agency *D:*	*Denominator (D) description:* Clients who received a service this reporting period		
Your Agency Outcome of clients from CoC	%	Part B Agencies Outcome of clients from CoC	%

Agency Narrative

☐ Your agency met this goal: no narrative is needed.

☐ Your clients **did not** reach the 90% goal: describe your Quality Improvement project or any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or social determinants of health-related challenges and barriers to reaching this goal and for clients to assist these clients to obtain a medical visit. Include your plan to address potential racial inequities based on the data.

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Performance Measure:	**RN Care Plan**		
Goal	90% of Medical Case Management (MCM) clients have a RN Care Plan developed and/or updated 2 or more times a year.		

CAREWare Performance Measures Worksheet: SC or SR - 12

Your Agency Outcome:	%	Part B Agencies Outcome:	%
Your Agency *N:*	*Numerator (N) description:* Clients with at least one of the following service entries in CW this reporting period: Regional=RN Care Plan County=RCP-RN Care Plan		
Your Agency *D:*	*Denominator (D) description:* Clients who received a Medical Case Management service this reporting period and the client's most recent Acuity was one of the following: Regional=Acuity RN 3 or RN 4 County=Acuity 3-4		
Your Agency Outcome of clients from CoC	%	Part B Agencies Outcome of clients from CoC	%

Agency Narrative

☐   Your agency met this goal: no narrative is needed.

☐   Your agency **did not** reach the 90% goal: describe your Quality Improvement project or any changes you are planning (or currently completing) in the next six months to identify and address agency, program, systemic, and/or challenges and barriers to reaching this goal, and ensure compliance with the Standards of Services. Include your plan to address potential racial inequities based on the data.

Section II: Program narrative

Please answer the following eight sections for this reporting period:

1) **Community Resources and Referrals**

    a) Describe efforts undertaken by your Agency and/or case manager(s) to build and/or maintain relationships with community resources and ensure Ryan White funds are payer of last resort:

2) **Service delivery**

    a) Describe your agency and/or program's strengths and/or improvements in delivering services.

    b) Describe your agency and/or program problems and/or challenges in delivering services.

Clients Served and Food and Housing Security Data	Active Clients		High Acuity (County)		High CC Acuity		High MCM Acuity	
	#	%	#	%	#	%	#	%
1) **All Clients Served** (includes closed cases)								
2) **All Active Clients**								
• New Enrollments								
• New Enrollments with a new HIV Diagnosis								
• Received a Triage/Screening[1]								
• Received a food voucher/supplement service[2]								
• Received a "Food Security Status" service								
○ SNAP ineligible box checked								
○ SNAP application submitted box checked								
○ SNAP benefits currently active box checked								
• Received financial housing assistance service								
• Temporary Housing Arrangement[3]								
• Unstable Housing Arrangement[3]								
• Virally Suppressed								

3)	**Active Clients with 0% FPL**[4]									
	• Received a Triage/Screening[1]									
	• Received a food voucher/supplement[2]									
	• Received a "Food Security Status" service									
	○ SNAP ineligible box checked									
	○ SNAP application submitted box checked									
	○ SNAP benefits currently active box checked									
	• Received financial housing assistance									
	• Temporary Housing Arrangement[3]									
	• Unstable Housing Arrangement[3]									
	• Virally Suppressed									
4)	**Active Clients with 1-200% FPL**[4]									
	• Received a Triage/Screening[1]									
	• Received a food voucher/supplement[2]									
	• Received a "Food Security Status" service									
	○ SNAP ineligible box checked									
	○ SNAP application submitted box checked									
	○ SNAP benefits currently active box checked									
	• Received financial housing assistance									
	• Temporary Housing Arrangement[3]									
	• Unstable Housing Arrangement[3]									
	• Virally Suppressed									

[1] (Added 2/12/24) Denominator in CW PM 43: these clients should have a CW Food Security Status service.
[2] CW PM 43 Numerator: these clients should receive a CW Food Security Status service.
[3] Housing Arrangement in CAREWare on the last day of the reporting period.
[4] FPL=Federal Poverty Level in CAREWare on the last day of the reporting period; income qualify for SNAP
Note: % column is the % of active clients in that section (Active Clients, 0% FPL, and 1-200% FPL)

c) **Newly Enrolled** Clients (not newly diagnosed) from the data table above: describe services provided to newly enrolled clients this reporting period in the following areas:

i) Newly enrolled—Successes and/or barriers:

ii) Were all newly enrolled clients given an Acuity 4 (CC 4) if they were incarcerated within 90 days of enrollment or homeless at the time of enrollment?

How are you monitoring and tracking to ensure you are meeting this Standard of Service?

iii) Provide examples of how your agency provided equitable service delivery, centering those with the highest acuity and most in need to newly enrolled clients:

d) Newly **Diagnosed** Clients from the data table above: describe services provided to newly diagnosed clients this reporting period in the following areas:

i) Newly diagnosed— Successes and/or barriers:

ii) Provide examples of how your agency provided equitable service delivery, centering those with the highest acuity and in most need to newly diagnosed clients?

iii) Describe your process for monitoring to ensure all newly HIV diagnosed clients are offered an expedited Intake process (less than 2 weeks), Psychosocial Screening and Nursing Assessment, and referral to CAREAssist?

iv) Describe your process for monitoring to ensure all the newly diagnosed clients listed in the table were given an automatic Acuity 4 (or CC 4) and then reassessed in 60 days to determine if they should continue to be an Acuity 4 (or CC 4)?

e) Food and Housing Security:
Note: reference the Food and Housing Security Data table above when answering these questions.

i) Describe how your agency evaluated the data for client need for equitable food and housing services and then delivered services to eligible clients most in need.

ii) Provide successes and challenges of delivering equitable food and housing services centering on clients with the highest acuity and the most need.

Closed Clients Enrollment Status at closing (Reason)	# of closed cases
Referred or discharged	
Removed	
Incarcerated	
Relocated	
Deceased	
Total Closed Clients	
Of the Total Closed Clients above, # **Lost to Follow-up:** *(County based programs, enter the #)*	
# of Closed Clients Lost to Follow-up from CoC:	
% of Closed Clients Lost to Follow-up from CoC:	%

f) **Lost to Follow-up** successes and challenges (include efforts to address any potential racial inequities based on the data):

3) **Quality Management**

a) What are your current QI activities/projects to address unmet performance outcome goals, and/or efforts to improve client care/services, health outcomes, and/or client satisfaction. Include overall changes made to your agency's Quality Management Plan:

b) For those areas in the Compliance-QA Performance Measures table below that did not meet a minimum of 80% compliance, describe QA activities or projects to become in compliance in the "Plan of Correction" column.

Continued on the next page

Compliance – QA Performance Measures (PM)[4]		
CAREWare PM Criteria for Compliance	**Compliance %**	**Plan of Correction to reach 80% compliance**
County Providers only		
Clients have an Eligibility Review every twelve months CAREWare PM: SC-20	N= D= %	
Low acuity clients[5] have an annual Triage or a Nurse Assessment CAREWare PM: SC-34	N= D= %	
Acuity 3 clients have case management contact at least once every 30 days CAREWare PM: SC-25	N= D= %	
Acuity 4 clients have case management contact at least once every 14 days CAREWare PM: SC-27	N= D= %	
High acuity clients[6] have an annual MCM Nurse Assessment CAREWare PM: SC-35	N= D= %	
Not Virally Suppressed and are High Acuity CAREWare PM: SC-40	N= D= %	
No Current VL Lab and are High Acuity CAREWare PM: SC-41	N= D= %	

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[4] Data can be obtained from CAREWare 6 Performance Measure (PM) reports shown in each row
[5] Clients who have not been a low acuity for at least 12 months are excluded.
[6] Clients who have not been a high acuity for at least 12 months are excluded.

Compliance – QA Performance Measures (PM)[7]		
CAREWare PM **Criteria for Compliance**	**Compliance** **%**	**Plan of Correction** **to reach 80% compliance**
Regional Providers only		
Clients have an Eligibility Review every twelve months CAREWare PM: SR-20	N= D= %	
Low CC Acuity clients have an annual Triage or a Screening CAREWare PM: SR-21/E	N= D= %	
Low RN Acuity clients have an annual Triage or an Assessment CAREWare PM: SR-22/E	N= D= %	
CC Acuity 3 clients have CC contact at least once every 30 days CAREWare PM: SR-23/E	N= D= %	
CC Acuity 4 clients have CC contact at least once every 14 days CAREWare PM: SR-24/E	N= D= %	
High CC Acuity clients have an annual Psychosocial Screening CAREWare PM: SR-28/E	N= D= %	
RN Acuity 3 clients have MCM contact at least once every 30 days CAREWare PM: SR-25/E	N= D= %	
RN Acuity 4 clients have MCM contact at least once every 14 days. CAREWare PM: SR-26/E	N= D= %	

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[7] Data can be obtained from CAREWare 6 Performance Measure (PM) reports shown in each row

High RN Acuity clients have an annual MCM Nurse Assessment
 	
    CAREWare PM: SR-29/E
	N=
	D=
	    %	

Not Virally Suppressed and are High Acuity CAREWare PM: SR-40	N= D= %	
No Current VL Lab and are High Acuity CAREWare PM: SR-41	N= D= %	

4) Recommendations or improvements

   a) Please provide any recommendations or improvement ideas (related to case management standards, policies, forms, technical assistance, CAREWare, Reporting, communication, etc.) you have for the HIV Community Services Program.

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ADMINISTRATIVE FISCAL REPORT INSTRUCTIONS

I. Contact Information:

1. Enter the agency name.
2. Enter the phone number of your agency.
3. Enter the date this report was prepared.
4. Enter the street Address, City, State and Zip Code of your agency.
5. Enter the contact name, title and e-mail address of the person who can answer questions regarding this report.
6. Enter the report period and the quarter reporting.
7. Enter your agency's Ryan White HIV Case Management Contract number (from your Award letter) or your Program Element number.
8. Enter your agency's Ryan White HIV Case Management Award Amount (from your Award letter).
9. Check each box to indicate the inclusion of a CAREWare Financial report for the current quarter and year to date. Email the CAREWare reports when you send the report form to OHA. If the CAREWare report total does not reconcile with the totals provided on the report form, please explain reconciliation discrepancies on page 3 of the form.

II. Case Management:

Only report those expenditures paid for with Ryan White Part B funds or other OHA Awarded HIV Care & Treatment Funding.

Under the column titled "**Current Quarter Expenses**" enter the expenses for the quarter you are reporting for the following:

1. Direct Service Costs – *Case Management Core Medical Salary & Fringe*: Enter the case management staff costs. This includes wages/salaries, fringe.
2. Direct Service Costs – *Case Management Non-Medical Salary & Fringe*: Enter the case management staff costs. This includes wages/salaries, fringe.
3. Direct Service Costs – *Non-Case Management Salary & Fringe*: This may include staff salaries and fringe benefits for receptionist, file clerk, direct service supervisory staff, etc.
4. Direct Program Costs – *Materials, Equipment and Supplies*: This may include materials, equipment and supplies directly related to the provision of case management.
5. Sub-Contracted Services: Includes the total for contracts covering provision of an approved service such as a community based organization (CBO) providing case management services.
6. Administrative Costs: *Indirect and Overhead costs are identified under Administrative costs in the Part B guidance from HRSA.* Administrative costs include usual and recognized overhead activities, including:
    - Costs of management oversight including program coordination, clerical, financial and management staff not directly related to client services
    - Program evaluation
    - Liability insurance
    - Audits
    - Computer hardware/software not directly related to client services

Administrative costs may also include training (not sponsored by the HIV Case Management and Support Services Program) and routine agency charges for IS and other automatic agency required

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charge-backs. This category also includes any Indirect Charges which are defined as: any costs incurred for common or joint purposes that benefit more than one project, service, program or other distinct activity of an organization and cannot be readily identified with any one of them.

7. <u>Total Case Management Services</u>: Sum Line 1 through Line 6.

Under the column titled "**Year to Date (beginning July 1, 20XX)**" enter the expenses from the beginning of the fiscal year to current quarter you are reporting.

III. Support Services
Only report those expenditures paid for with Ryan White Part B funds or other OHA Awarded HIV Care & Treatment Funding.

8. <u>Direct Client Service Costs</u> – *Actual Support Services Expenditures*: This includes any service provided to a client, such as transportation, food, utilities etc. It is not necessary to include detail of purchased service provided in this part of the fiscal report.
9. <u>Sub-Contracted Services</u>: Includes the total for contracts covering provision of an approved service such as a fiscal agent paying for services provided outside the host agency, and other services which are provided on an ongoing basis.
10. <u>Administrative Costs</u>: *Indirect and Overhead costs are identified under Administrative costs in the Part B guidance from HRSA.* Administrative costs include usual and recognized overhead activities as defined in item 6 of the Case Management section above.
11. <u>Total Support Services</u>: Sum Line 8 through Line 10.

Under the column titled "**Year to Date (beginning July 1, 20XX)**" enter the expenses from the beginning of the fiscal year to current quarter you are reporting.

IV. Oral Health Care Services
Only report those expenditures paid for with Ryan White Part B funds or other OHA Awarded HIV Care & Treatment Funding.

12a. Direct Service Costs – *Dental/Oral Health Care Services and Supplies*.
12b.-d. HIV Alliance only: Dental contract Direct Service Costs – *Dental/Oral Health Care Services and Supplies*.
13. Administrative Costs: *Indirect and Overhead costs are identified under Administrative costs in the Part B guidance from HRSA.* Administrative costs include usual and recognized overhead activities as defined in item 6 of the Case Management section above.
14. Total Dental/Oral Health Care Services: Sum Line 12 and Line 13.

15. **TOTAL CASE MANAGEMENT, SUPPORT SERVICES AND ORAL HEALTHCARE SERVICES THIS PERIOD:** Sum Line 7, Line 11, and Line 14

16. Total Percentage of FY Award amount (listed in section I, 8) expended in #15 above.

Under the column titled "**Year to Date (beginning July 1, 20XX)**" enter the expenses from the beginning of the fiscal year to current quarter you are reporting.

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V. Inventory Reconciliation of Payment Cards

1. Enter total value of all store/gas "gift" cards, cards, vouchers, coupons at beginning of the reporting period.

2. List total new inventory purchases for the reporting period.

3. Sub-Total Inventory Value: Sum of Line 1 and Line 2.

4. Subtract value of Inventory items distributed to Clients, also listed in CAREWare for the reporting period.

5. Adjust value of Payment Cards entered into clients' CAREWare record but were later added or reduced outside of previous reporting periods.

   Examples of adjustments:
   Previously issued cards given to the client but were lost, destroyed, or never used and have been deleted as costs in the expenditures/FFR report, or timing difference between CAREWare entry and card vendor charges to the recipient.

6. Final Total, Inventory on Hand, Sum of Line 3, Line 4 and Line 5.

IMPORTANT:

Reconciliation: It is expected that total Support Services and Oral Health Care Services expenditures reported on the Administrative Fiscal Form will match the data entered in to the CAREWare database. Further, totals reported should also match the amounts paid to your organization for the reporting periods. Please explain Reconciliation discrepancies at the bottom of page 3 and explain your plan for reconciliation, including any changes to your process to ensure future reconciliation plan of correction.

Store/Gas "Gift" Cards: Store/Gas value cards and other vouchers, coupons, or such items allowed per the Support Services Guidance may be purchased in bulk and dispersed to clients as needed, however, bulk purchases are intended to be utilized in the same fiscal year they are purchased. Any remaining items left over at the end of the fiscal year must be reported on the Quarter 4 Administrative Fiscal Form to reconcile the discrepancies between total expenditures reported and the data entered in to the CAREWare database. Please explain any Reconciliation discrepancies in the area provided on the bottom of the page 3 of the Administrative Fiscal Form.

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VI. 340B Program Income – HIV Alliance only

Definition of Program Income from Health Resources and Services Administration (HRSA's) HIV/AIDS Bureau (HAB) FAQ for Policy Clarification Notice 15-03 and 15-04[8]:
Program income is gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance (or grant year) except as provided in 45 CFR §75.307(f). See 45 CFR §75.2.

All 340B replenishment-generated revenue is considered program income. When the RWHAP grant is the sole Federal award that makes an organization eligible as a 340B Drug Pricing Program covered entity, and purchases pharmaceuticals via 340B pricing, all the program income should be attributed to the RWHAP grant.

Program income must be used for the purposes and under the conditions of the Federal award.
- For Parts A, B, and C, program income must be used for core medical and support services, clinical quality management (CQM), and administrative expenses (including planning and evaluation) as part of a comprehensive system of care for low-income individuals living with HIV.

Instructions for completing 340B Program Income section:

340B Program Income and Expenditures: 340B Program Income must be spent on Ryan White eligible services and exclusively for Ryan White Program-eligible clients only before funds from Ryan White grant awards can be used.

1. Enter beginning balance (if any) of 340B Program Income earned in the period.
2. List total new 340B Program Income received during the period.
3. Sub-Total 340B Program Income Value: Sum of Line 1 and Line 2.
4. Subtract value of 340B Program Income expended for Ryan White Program-eligible clients, also listed in CAREWare for the reporting period.
5. Adjustments to 340B Program income received or spent. Please explain all adjustments in the 340B Program Income Narrative section 7.
6. Final Total, 340B Program Income, Sum of Line 3, Line 4 and Line 5.
7. The 340B Program Income narrative must be completed each quarter.
   7.2 The Program Income balance reported in 6. should be ZERO, as 340B Program Income is expected to be fully spent before using funds for OHA Ryan White Grant Awards received. If it is not zero, please provide an explanation.
   7.3 [9]: The source and use of program income and rebates must be tracked and reported separately. Subrecipients should adhere to their written accounting procedures that must be compliant with 45 CFR§ 75.302(b).

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[8] [FAQ March 21, 2016 Policy Clarification Notices (PCNs) 15-03 and 15-04](#)
[9] [FAQ March 21, 2016 Policy Clarification Notices (PCNs) 15-03 and 15-04](#)

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ADMINISTRATIVE FISCAL REPORT **FY 2023-2024**

I. Contact Information Page 1 of 3

1. Agency Name:	2. Phone Number:	3. Date Prepared:
4. Street Address, City, State and Zip Code	5. Contact Person: Title: E-mail:	6. Reporting Period: ☐ Quarter 1 (Jul-Sept) ☐ Quarter 2 (Oct-Dec) ☐ Quarter 3 (Jan-Mar) ☐ Quarter 4 (Apr-Jun)
7. Contract/Program Element Number:	8. Award Amount: $	
9. CAREWare Financial Reports included:	☐ Current Quarter	☐ Year to Date

II. Case Management	Current <u>Quarter</u> Exp.	Year to Date Exp. (beginning July 1, 2023)
1. Direct Service Costs Case Management-Core Medical Salary & Fringe		
2. Direct Service Costs Case Management-Non Medical Salary & Fringe		
3. Direct Service Costs Non-Case Management and/or Supervisory Salary & Fringe		
4. Direct Program Costs-Case Management Materials, Equipment and Supplies		
5. Sub-Contracted Services-Case Management As approved by OHA Program Manager		
6. Administrative Costs		
7. TOTAL CASE MANAGEMENT SERVICES Sum Line 1 through Line 6		

III. Support Services	Current <u>Quarter</u> Exp.	Year to Date Exp. (beginning July 1, 2023)
8. Direct Client Service Costs-Support Services Support Services Expenditures provided to clients and entered in to CAREWare		
9. Sub-Contracted Services-Support Services As approved by OHA Program Manager		
10. Administrative Costs		
11. TOTAL SUPPORT SERVICES Sum Line 8 through Line 10		

IV. Oral Health Care Services	Current Quarter Exp.	Year to Date Exp. (beginning July 1, 2023)
12a. Direct Client Service Costs- **Oral Health Care Services** Oral Health Care expenditures provided to clients and entered in to CAREWare HIV Alliance – LCC Phase 2 & Other		
12b. HIV Alliance only **Direct Client Service Costs-LCC Phase 1** Oral Health Care expenditures provided to clients and entered in to CAREWare with $0 per service		
12c. HIV Alliance only **Dental Case Management** Personnel and Travel expenditures		
12d. HIV Alliance only **Direct Client Service Costs-Travel/Lodging Part B Service Area** Expenditures for clients entered in to CAREWare		
13. Administrative Costs		
14. TOTAL ORAL HEALTHCARE SERVICES Sum Lines 12a. (HIV Alliance only include: 12b., 12c., 12d.) and 13		
15. TOTAL CASE MANAGEMENT, SUPPORT SERVICES AND ORAL HEALTHCARE SERVICES THIS PERIOD Add Line 7, Line 11, and Line 14		
16. Percentage of FY Award amount (listed in section I, 8) expended	%	%

(REPORT CONTINUED ON PAGE 3)

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INVENTORY OF PAYMENT CARDS RECONCILIATION
(STORE/GAS "GIFT" CARDS, VOUCHERS, TICKETS, COUPONS[10])   Page 3 of 3

V. Inventory of Purchased Store/Gas Cards, Vouchers, Tickets, Coupons, etc.	Current Quarter Activity	Year to Date (beginning July 1, 2023)
1. Beginning Value of Inventory on Hand (Carried over from prior Quarter)		
2. Add: New Inventory Purchased this Period		
3. Total Inventory IN Add Lines 1 and 2		
4. Less: Inventory OUT, Items Distributed to Clients this Period[11]		
5. Adjustment: Replacement Cards or Unused Items reversed from or added to Client Records		
6. END VALUE INVENTORY BALANCE on hand[12] Sum Line 3, Line 4, and Line 5.		

Reconciliation: It is expected that total Support Services and Oral Health Care Services expenditures reported on the Administrative Fiscal Form will match the data entered in to the CAREWare database. Further, totals reported should also match the amounts paid to your organization for the reporting periods.

Store/Gas "Gift" Cards: Store/Gas value cards and other vouchers, coupons, or such items allowed per the Support Services Guidance may be purchased in bulk and dispersed to clients as needed, however, bulk purchases are intended to be utilized in the same fiscal year they are purchased. Any remaining items left over at the end of the fiscal year must be reported on the Quarter 4 Administrative Fiscal Form to reconcile the discrepancies between total expenditures reported and the data entered in to the CAREWare database. Please explain any Reconciliation discrepancies in the area provided below.

Please explain Reconciliation discrepancies and your plan for reconciliation, including any changes to your process to ensure future reconciliation plan of correction:

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[10] RWHAP recipients are advised to administer voucher and store "gift" card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for any purpose other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

[11] V. 4. should match CAREWare and should be included in the County program PHD Expenditure & Revenue Report (aka FFR) or the Regional Programs' Reconciliation worksheet. If allocated but not redeemed yet, please note reconciliation discrepancies below

[12] This figure should match balances brought forward in the next quarter. It is expected that inventory balances would be reasonably depleted in the current fiscal year to avoid large carryover amounts from year to year.

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340B PROGRAM INCOME – HIV ALLIANCE ONLY
(SEPARATELY ACCOUNTED FOR FROM OHA RYAN WHITE AWARD)

VI. 340B Program Income	Current Quarter Activity	Year to Date (beginning July 1, 2023)
1. Beginning Balance		
2. Add: 340B Program Income Received this period		
3. Subtotal - Total 340B Program Income Add Lines 1 and 2		
4. Less: Expenditures[13]		
5. Adjustment: (*provide narrative in item 7.1)*		
6. NET 340B Program Income BALANCE* ***should be $0.00** (*if not, provide narrative in item 7.2)* Sum Line 3, Line 4, and Line 5.		
7. Program Income Narrative for the current Quarter Activity:		
7.1 Explain Adjustments to 340B Program Income (received or spent):		
7.2 Explain plan to resolve Item #6 Net 340B Program Income Balance if amount is not zero ($0.00):		
7.3 Describe how your organization tracks Program Income separately from RWHAP Part B awards grant income, and other funding sources. Include any discrepancies in tracking that were identified this quarter and plan for resolution.		
7.4 Describe fiscal procedures in place which prevent duplicate discounts with other agencies, providers or organizations, to include Medicaid and Medicare. Include any duplicate discounts that were identified this quarter and plan for resolution.		

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[13] *See "Important" section in instructions about use of funds*