**Instructions for the Ryan White Part B and State Services Administrative Agency Annual and**

**Semi-Annual Progress Report**

**Reporting Dates by Funding Source:**

**Annual Report: DUE MAY 15**

Ryan White Service Delivery (RWSD) Reporting Period: April 1 - March 31

State Services (SS) Reporting Period: September 1 – March 31

**Semi-Annual Report: DUE OCTOBER 30**

RWSD Reporting Period: April 1 - September 30

SS Reporting Period: September 1 – August 31

**General Instructions:**

* Respond to each section and follow instructions for submitting a narrative response, data in the *Data Reporting Sheet* Excel spreadsheet, or both.
* When requested, differentiate between funding sources (RWSD and SS).
* Do not change the font style, size, or formatting on the narrative form or the *Data Reporting Sheet*.
* Do not add a narrative to the *Data Reporting Sheet*.
* Both narrative and data responses should reflect activity and programming for the current reporting period only.
* The *Data Reporting Sheet* contains further instructions in the first worksheet tab (“Instructions”).

**Instructions for Submission:**

* **Email your narrative report, *Data Reporting Sheet*, and supporting materials to your Care Services Consultant and the report inbox,** [HIVSTDReport.Tech@dshs.texas.gov](mailto:HIVSTDReport.Tech@dshs.texas.gov), **by the due date.** The report is due on the next business day if the due date falls on a weekend or a holiday. Late submissions require prior approval from your DSHS HIV Care Services Consultant.
* For the **Annual Report,** complete **all sections** of the Narrative Progress Report and **all tabs** (blue and purple) in the *Data Reporting Sheet* for RWSD and SS.
* For the Semi-Annual Report, only complete **Sections I-III of the Narrative Progress Report** and the **blue tabs** in the *Data Reporting Sheet* for RWSD and SS.
* Submit the narrative report in Word and the *Data Reporting Sheet* in Excel. Do not convert either document to PDF.

**Narrative Response**

1. **Performance Measures for RWSD and SS**
   1. ***Unduplicated Clients (UDCs)*:** Enter data in the **UDC** tab of the *Data Reporting Sheet* for the applicable RWSD and SS timeframes for this reporting period. Enter the projected number of UDCs to be served for the entire grant period using data from your most recent Table 1s, then enter the actual number of UDCs served using the STAR Report from TCT for the indicated reporting period. The percentage of progress toward the goal will auto-calculate; please do not change the formula or add or delete columns.

Include a justification below for any past or current underperformance in UDCs per funded category. Describe and provide details on action steps (outreach activities, program changes, etc.) taken toward improvement. If the UDCs exceeded projected goals or improved from the previous reporting period, describe activities that have contributed to this success. *Do not use this space to report service numbers.*

* 1. ***Units of Service (UOS):*** Enter data in the **UOS** tab of the *Data Reporting Sheet* for the applicable RWSD and SS timeframes for this reporting period. Enter the projected number of UOS to be delivered during the entire grant period using data from your most recent Table 1s; then enter the actual number of UOS delivered using the STAR Report from TCT for the indicated reporting period. The percentage of progress toward the goal will auto-calculate; please do not change the formula or add or delete columns.

Include a justification below for any past or current underperformance in UOS per funded category. Describe and provide details on action steps (outreach activities, program changes, etc.) taken toward improvement. If UOS exceeded projected goals or improved from the previous reporting period, describe activities that have contributed to this success. *Do not use this space to report service numbers.*

* 1. ***ADAP:*** Share any challenges or successes subrecipients are experiencing with enrolling and maintaining clients in ADAP. This may include the ability to submit ADAP applications and recertifications promptly, complete eligibility recertifications and self-attestations on or before the lapse of ADAP benefits, submit applications that are complete and not missing documentation, follow up with applicants to obtain any missing documentation, and document all efforts related to ADAP in the client’s record or file. Include subrecipient progress enrolling clients in TIAP PLUS and any challenges identified. Include any additional successes or challenges not listed.

**II.** **Administrative Agency Performance Measures**

1. ***Monitoring Visits*:** In the Monitoring Schedule tab of the *Data Reporting Sheet*, list the dates of **monitoring visits** completed or scheduled during the reporting period. This includes program, fiscal, clinical, and quality management (QM) monitoring visits. **Do not include monitoring conducted by DSHS or contracted monitor (e.g., Health Access).**

Include monitoring completed or scheduled for the previous and current contract year if those visits occurred or were scheduled during the reporting period. If your Administrative Agency (AA) covers more than one HIV Service Delivery Area (HSDA), list subrecipients by HSDA, adding as many rows as needed. Do not add or delete columns. You may attach a copy of your monitoring schedule instead of completing the *Monitoring Schedule tab* of the *Data Reporting Sheet* if it includes all required information.

In the space below, provide the results of any monitoring visits and describe improvements in the monitoring process during the previous and current contract year. This includes program, fiscal, clinical, and QM monitoring visits.

1. ***Contract Expenditures*:** No less than ninety-five percent (95%) of RWSD and SS will be expended by the end of the contract year. In the Contract Expenditures tab of the *Data Reporting Sheet*, enter the total amount of funds per contract for use by the AA (without subrecipient distributions) and the amount expended for the reporting period. Also, enter the total awarded contract for each funding source per subrecipient and the amount of those funds expended during the reporting period. The percentage of progress toward the goal will auto-calculate; please do not change the formula or add or delete columns.

Write a justification below for any under-expended funds for the AA or subrecipient and provide details on specific action steps (reallocation, procedure changes, etc.) taken toward improvement. *Do not use this space to report expenditures.*

**III. Technical Assistance**

1. **Technical Assistance *Provided*:** Describe below any training or technical assistance (TA) your AA provided to subrecipients during the reporting period. Training and TA may be provided either by the AA or another party to subrecipients to address deficiencies or increase service capabilities. This includes any training or TA activities related to TCT. Provide a copy of your training and TA log attached to this report and document changes made to the subrecipient training plan, including TCT training. If training has been provided in response to a Corrective Action Plan (CAP) from monitoring, please indicate that in the narrative below or the training and TA log.
2. **Technical Assistance *Received***: Describe below any specific DSHS or other technical assistance activity the AA received during the reporting period, including the purpose of the request and the subsequent outcome.
3. **Technical Assistance *Needed*:** Describe any training or TA needs of the AA or subrecipient service providers. This should include any concerns the AA or subrecipients have regarding budget, grant management, or administration (e.g., fiscal issues, budgeting, reporting).

**Note: Formal technical assistance requests must be submitted in writing to your DSHS Care Services Consultant separately from this report.**

***Items below this line are to be completed for the***

***RWSD Annual Progress Report (due May 15) only.***

1. **Administrative Agency Performance Measures**
2. The contractor will have subcontracted 100% of all RWSD and State Services funds no later than 30 days after the start of the respective contract year or 30 days after amendment execution, as applicable. A contract must be fully executed (both the AA and subrecipient have signed the contract), and funds must be accessible to the subrecipient agency within this timeframe. This will be verified and monitored through sub-recipient *data reports entered into TCT as the contract requires.*

Using the Contract Execution tab on the *Data Reporting Sheet*, enter the contract execution date and the date the contract was entered into TCT. Do not add or delete columns.

If any of these contracts were not executed within the required timeframe, use the space below to briefly describe the challenges experienced and the date of actual contract execution.

**V. Comprehensive Plan Goals and Objectives**

1. Using bullet points, list each of your goals or objectives, and underneath each one, indicate the activity to meet this goal or objective, the status (not started, in progress and percentage completed, completed), and progress toward meeting the goal. Be specific but brief.
2. List any modifications that have been made to the goals and objectives since the submission of your Comprehensive Plan.
3. **Program Management**
4. Describe efforts to date in the following areas, using a short response under each question.
   * Provide a bulleted list of services for which quality measures are being measured and the measures, including the planned outcome measures identified in your current implementation plan.
   * Describe any significant health disparities (related to race or ethnicity, gender identification, sexual orientation, age, disability, socioeconomic status, and geographic location) among populations within your jurisdiction’s HIV care continuum and current or planned activities targeted to address these disparities.
   * Discuss how quality findings have been used to influence funding decisions and how your AA has used quality findings to enhance and improve specific service outcomes and health status in each local area.
   * Provide information on the clinical quality assurance and quality management activities undertaken during the current reporting period.
   * Describe any activities that will address the needs of priority populations identified in the Texas HIV Plan (White MSM, Latinx MSM, Black MSM, Black Women, and Transgender Individuals).
   * Describe any outreach and enrollment activities to enroll clients into health plans.
   * How has the service area used quality findings to enhance and improve specific health outcomes and health status? Describe ongoing or planned quality improvement projects to strengthen health outcomes or improve health status. Include copies of most current QM documents, such as the QM Plan, Work Plan, and QM Annual Summary/Evaluation. *Note: This pertains to your QM Program/Plan, not agency monitoring site visits/corrective actions.*
5. Describe community input, public advisory planning processes, and needs assessment activities. Include any activities conducted to assess client needs for medical care or support services, such as:
   * Examination of the current care delivery systems;
   * Assessment of client needs for HIV core medical or supportive services; and
   * Assessment related to addressing unmet need populations (assessments of barriers to enrollment in care, examinations of linkage systems, etc.).
6. Describe activities to bring out-of-care individuals into the care system. Please include the information below for each activity described.
   * *Describe what your AA and subrecipients are doing to bring out-of-care individuals into care and to reduce the number of persons out of care. Include results and challenges experienced.*
   * *Describe how these activities will ensure geographic parity in access to HIV services throughout your HSDA(s).*

d. Describe new access points created for funded services. Provide specific information on new points of entry into the HIV care system in your HSDA(s), particularly the points of entry that allow increased access to DSHS-funded HIV services or to clients receiving DSHS-funded HIV services (new clinic opening, extended hours added, new program focused on youth, rapid start programs, etc.).

e. Describe specific DSHS-funded HIV services that were added or removed. Describe any changes to services (service categories) offered to clients, changes in providers, or changes in where or how clients enter the system.

f. Provide specific information on the type of evaluation activity being conducted in each of the four areas below, with anticipated start dates, progress, and data results, if available. Enclose any data or documents that have been published measuring impact in these areas:

1) revising care systems to meet emerging needs;

2) ensuring access to quality HIV/AIDS care;

3) coordinating DSHS-funded HIV services with other healthcare delivery systems to ensure compliance with payor of last resort (e.g., Marketplace health insurance); and

4) evaluating the impact of DSHS-funded HIV services and working with subrecipients to make needed improvements identified through data collection and assessment.

g. Describe any concerns related to staffing at the AA or subrecipient level that may affect service delivery.

h. Describe any audit findings related to TCT monitoring. Provide in an attachment any changes (e.g., accelerated monitoring) to the TCT quality assurance schedule that have been made.

i. Describe any concerns related to TCT. This should include issues associated with the security of data, TCT operation, or data input that DSHS needs to be aware of or address.

j. Provide specific information on the successes your program has achieved in the following areas:

* + Revising care systems to meet emerging needs
  + Ensuring access to quality HIV/AIDS care
  + Coordinating RWHAP Part B services with other healthcare delivery systems
  + Evaluating the impact of RWHAP Part B funds and making needed improvements.

k. Discuss three to five program challenges in addressing program goals in relation to the areas of demonstrated need.

* For each program area where you did not meet targeted numbers or expenditures, describe the challenges faced in meeting targets. This response should include systemic issues, such as community education issues, barriers to service, initiatives that did not yield an anticipated outcome, legislative barriers, etc. Enclose copies of reports and other documents related to the challenge(s) you described.