

**Instructions for Completing and Submitting the  
Texas Department of State Health Services (DSHS)  
Ryan White Administrative Agency  
Annual and Semi-Annual Progress Report**

**REPORTING DATES**

For this submission, please use the following dates for reporting each funding source the AA receives:

**Annual Report: DUE MAY 30**

RWSD and S-R Reporting Period: April 1 - March 31

SS Reporting Period: September 1 – March 31

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

RWSD and S-R Reporting Period: April 1 - September 30

SS Reporting Period: September 1 – August 31

**Grantee will submit the following reports as attachments:**

1. Annual and Semi-Annual QM committee meeting summaries;
2. Annual AA Client Satisfaction Survey results; and
3. Annual QM program/System Summary.

**GENERAL INSTRUCTIONS**

Provide responses for each section. Follow instructions as indicated for submitting a narrative response when applicable and/or data in the Data Reporting Sheet Excel spreadsheet. Differentiate between funding sources Ryan White Service Delivery (RWSD), State Rebate (S-R), and State Services (SS) when requested. Do not change the font style, size, or formatting on the narrative form or the Data Reporting Sheet. Do not add narrative to the Data Reporting Sheet; all written explanations belong in the narrative section.

Both narrative and data responses should reflect activity and programming for the current reporting period only.

For further instructions on the Data Reporting Sheet, see the first worksheet tab labeled “Instructions.”

**INSTRUCTIONS FOR SUBMISSION**

Email your narrative report, Data Reporting Sheet, and any supporting materials to your Care Services Consultant by the due date. Reporting due dates that fall on a weekend or a holiday are due the next business day. Late submissions require prior approval from your DSHS HIV Care Services Consultant.

For the RWSD and S-R Annual reporting period, complete all sections of the Narrative Progress Report and all tabs (blue and purple) in the Data Reporting Sheet for RWSD, S-R, and SS.

For the RWSD and S-R Semi-Annual reporting period, only complete Sections I-III of the Narrative Progress Report and the blue tabs in the Data Reporting Sheet for RWSD, S-R, and SS.

Submit the narrative report in Word and the Data Reporting Sheet in Excel. Do not convert either document to PDF.

**NARRATIVE RESPONSE**

**I. Performance Measures for Ryan White Service Delivery (RWSD), State Rebate (S-R), and State Services (SS).**

- a. *Unduplicated Clients (UCD)*: Contractor will provide at least one unit of service (UOS) to Unduplicated Clients (UDC) as specified in the contract. Please enter data in the UDC tab of the Data Reporting Sheet for the applicable RWSD, S-R, and SS timeframes for this reporting period. Enter the projected total number of UDC to be delivered for the entire grant period using data from your most recent Table 1s; then enter the actual number of UDC delivered using the STAR Report from ARIES for the indicated reporting period. Percentage of progress toward goal will auto calculate; please do not change the formula or add or delete columns.

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

- b. *Units of Service (UOS)*: Contractor shall provide the number of Units of Service (UOS) per contract year, as specified in contract. Please enter data in the UOS tab of the Data Reporting Sheet for the applicable RWSD, S-R, and SS timeframes for this reporting period. Enter the projected total 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 ARIES for the indicated reporting period. Percentage of progress toward goal will auto calculate; please do not change the formula or add or delete columns.

Include a justification below for any identified past/current underperformance regarding 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. *Please do not use this space to report service numbers.*

- c. *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 in a timely manner, 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. If subrecipients have successes or challenges not listed, please include those.

## II. Administrative Agency Performance Measures

- a. *Monitoring Visits:* List the dates of any scheduled and/or proposed monitoring visits completed or scheduled during the reporting period in the Monitoring Schedule tab of the Data Reporting Sheet. This includes Program, Fiscal, Clinical, and QM monitoring visits. Do not include monitoring conducted by DSHS or Germane Solutions.

Include monitoring completed or scheduled for the previous and current contract year if those visits took place or were scheduled during the reporting period. If the AA covers more than one HSDA, please list subrecipients by HSDA. You may add as many rows as needed. Please do not add or delete columns. You may attach your monitoring schedule instead if you have already created a separate document as long as all of the information in the Monitoring Schedule tab of the Data Reporting Sheet is included.

In the space below, report and/or update the results of any monitoring visits, as well as improvements in the monitoring process, which have occurred during the previous and current contract year. This includes Program, Fiscal, Clinical, and QM monitoring visits.

- b. *Contract Expenditures:* No less than ninety-five percent (95%) of RWSD, S-R, 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. Percentage of progress toward goal will auto calculate; please do not change the formula or add or delete columns.

Include 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. *Please do not use this space to report expenditures.*

- c. *Admin Expenditures:* Contractors shall ensure that no more than 10% of funds provided for RWSD and S-R, and SS funds are available for subrecipient administrative costs; however, up to 15% of SS funds may be expended with prior DSHS approval. In the Admin Expenditures tab of the Data Reporting Sheet, enter the total awarded contract (Admin and Direct) per funding source per subrecipient and the amount of Admin funds expended during the reporting period by each subrecipient. The percentage of funds expended for Admin will auto calculate.

Include a justification below for any over expended Admin funds, including specific plans to adjust spending. Note that individual subrecipients may exceed 10% in Admin expenditures,

providing the overall amount of Admin used across subrecipients is 10% or less. *Please do not use this space to report expenditures.*

### III. Technical Assistance

- a. Technical Assistance *Provided* - Describe below any trainings or technical assistance the AA provided to subrecipients during the reporting period. Training/TA may be provided either by the AA or another party to service providers/subrecipients to address deficiencies and/or increase service capabilities. This includes any trainings or TA activities related to ARIES. Provide a copy of your training/TA log as an attachment to this report as well as documented changes that have been made to the service provider/subrecipient training plan, including ARIES training. If training has been provided in response to a Corrective Action Plan (CAP) from monitoring, please indicate that in the narrative below or in the training/TA log.
- b. 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.
- c. Technical Assistance *Needed* – Describe any training or TA needs of the AA and/or subrecipient service providers (eligibility, HIPAA/Privacy/Security, mental health first aid, capacity building, CLAS, Standards of Care). This should include any concerns that the AA or subrecipients have regarding budget or 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 identified in Sections IV, V, and VI are to be completed for the RWSD Annual Progress Report (due May 30) only.***

.....

### IV. Administrative Agency Performance Measures

- a. The contractor will have subcontracted 100% of all RWSD, S-R, and State Services funds as applicable to the contract no later than 30 days after the start of the respective contract

year and/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 accessible to the subrecipient agency within this timeframe. *This will be verified and monitored through subrecipient data reports entered into ARIES as required by contract.*

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

If any of these contracts were not executed within the required timeframe, use the space below to briefly indicate why and when this measure will be completed.

**V. Comprehensive Plan Goals and Objectives**

- a. Using bullet points, list each of your goals/objectives and underneath each one, indicate the activity to meet this goal/objective, the status (not started, in progress and percentage completed, completed), and progress toward meeting the goal. Please be specific, but brief.
- b. List any modifications that have been made to the goals and objectives since the submission of your Comprehensive Plan.

**VI. Program Management**

- a. Describe efforts to date in each of the following areas. Please provide a short response under each question.
  - 1) Provide a bulleted list of services/measures for which quality measures are being measured, inclusive of the planned outcome measures identified in your current implementation plan.
  - 2) 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.
  - 3) Discuss how quality findings have been used to influence funding decisions and how the AA has used quality findings to enhance and improve specific service outcomes and improved health status in each of the local areas.

- 4) Provide information on the clinical quality assurance/quality management activities undertaken during the current reporting period.
  - 5) Describe any activities which will address the needs of priority populations identified in the Texas HIV Plan (White MSM, Latinx MSM, Black MSM, Black Women, and Transgender Individuals.
  - 6) Describe any Outreach and Enrollment activities to enroll clients into health plans.
  - 7) How has the service area used quality findings to enhance and improve specific health outcomes and improve health status? Include copies of most current QM documents, such as QM Plan, QM Work Plan, and QM Annual Summary/Evaluation. *Note: This pertains to your QM Program/Plan, not agency monitoring site visits/corrective actions.*
- b. Describe community input, public advisory planning processes, and needs assessment activities. Include any activities conducted to assess client need for medical care or support services, such as:
    - Examination of the current care delivery systems;
    - Assessment of client need 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.)
  - c. Describe activities to bring individuals who are out of care into the care system. Please include the information below for each activity described.
    - Describe what the AA and service providers/subrecipients are doing to bring out of care individuals into care and to reduce the number of persons out of care.
    - Include any results or challenges experienced because of these activities.
    - Describe how these activities will ensure geographic parity in access to HIV services throughout the HSDA(s).
  - d. Describe new access points created for funded care/services. Provide specific information on new points of entry into the HIV care system in the HSDA, 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. Provide a description of specific DSHS-funded HIV services that were added and/or deleted to the service system. Describe any changes to services (service categories) that are offered to clients, changes in providers, and/or changes in where/how clients are entering into 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 results of data, if available. Enclose any data or documents that have been published measuring impact in these areas:
  - 1) Revising care systems to meet emerging needs, ensuring access to quality HIV/AIDS care;
  - 2) Coordinating DSHS-funded HIV services with other healthcare delivery systems to ensure compliance with Payer of Last Resort (e.g. ACA);
  - 3) Evaluating the impact of DSHS-funded HIV services; and
  - 4) Working with service providers/subrecipients to make needed improvements identified through data collection and assessment.
- g. Describe any concerns related to staffing at the AA or service provider/subrecipient level that may affect service delivery.
- h. Describe any audit findings related to ARIES monitoring. Provide in an attachment any changes (e.g., accelerated monitoring) to the ARIES quality assurance schedule that may have been made.

- i. Describe any concerns related to ARIES. This should include concerns related to security of data, ARIES operation, or data input that DSHS needs to be aware of or address.
- j. Program accomplishments – 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 health-care delivery systems
  - Evaluating the impact of RWHAP Part B funds and making needed improvements.
- k. Program challenges and barriers - Discuss three to five program challenges in addressing program goals in relation to the areas of demonstrated need. For each program area for which you did not meet the targeted numbers and/or expenditures, describe the challenges faced in meeting targeted numbers and/or expenditures. This response should include systemic issues. Challenges hindering your progress may include community education issues, barriers to service, initiatives that did not yield an anticipated outcome, legislative barriers, etc. Enclose copies of reports and other documents that reflect and/or were a component of the challenge(s) you described.

**VII. ADAP Liaison**

The AA's ADAP Liaison is responsible for reporting the progress of the following to the DSHS HIV Care Services Consultants on the semi-annual report, and on the annual report:

- i. ADAP Liaison's attendance at 80% of monthly regional calls coordinated by the THMP;
- ii. ADAP Liaison's attendance at 100% of required trainings annually, or arrangements made for an appropriate makeup;
- iii. ADAP Liaison's submittal of a yearly QA/QI Schedule to the THMP, which includes AEW performance measure reporting; and
- iv. ADAP Liaison's submittal of quarterly reports and outcomes from the QA/QI schedule. This will include technical assistance visits to agencies and pharmacies in assigned area.

The AA's ADAP Liaison is further responsible to ensure that the following thresholds are met or surpassed for the AEWs:

- i. 90% or more of new enrollee and recertification ADAP applications are accepted by the THMP as complete upon initial submission;
- ii. 90% or more of new enrollee applications are submitted within ten (10) business days of initial contact with the Client;
- iii. 90% or more of ADAP eligibility recertifications and self-attestations are completed on or before the lapse of ADAP program benefits;



## DSHS AA Annual and Semi-Annual Narrative Progress Report

---

- iv. 90% or more of applications are reviewed and signed by a second AEW or supervisor before submission;
- v. 100% of applications rejected or held by the THMP because of missing or inaccurate documentation are followed up with the Client within two (2) business days of notice from the THMP; and
- vi. All efforts made on behalf of the Client are documented in the appropriate file (e.g., medical record) within one (1) business day of occurrence.

Any staff vacancy shall be reported to DSHS within one (1) week of the position becoming vacant.