WILLIAM B. WALKER, M.D. HEALTH SERVICES DIRECTOR WENDEL BRUNNER, M.D. PUBLIC HEALTH DIRECTOR



# CONTRA COSTA PUBLIC HEALTH

HIV/AIDS AND STD PROGRAM 597 Center Avenue, Suite 200 Martinez, California 94553-4675

> PH 925 313-6771 FAX 925 313-6798

# REPORTING REQUIREMENTS FOR HIV PREVENTION CONTRACTS FOR THE PERIOD OF JANUARY 1 to DECEMBER 31, 2019

The following reports are required for agencies under contract with the Contra Costa County Health Services Department HIV/AIDS and STD Program to provide services funded through the California Department of Public Health, Office of AIDS. Note: funding cycles are in transition and documents will be revised and updated as needed.

#### **Monthly Requirements:**

1) Demand for Payment (Form D15) (Appendix A)

Due Dates: No later than 10 days from the end of the month in which the contract

services were rendered (e.g. March demand due no later than April

10th).

Submit To:

Contra Costa HIV/AIDS and STD Program

597 Center Avenue, Suite 200 Martinez, CA 94553-4669

For all cost based contracts, demands for payment should be in the same amount as the program expenditures during the month as indicated on the back-up documentation (e.g. payroll registers, paid invoices, receipts, statements, etc.). A signed Expenditure Report for the month being billed must accompany all Demands. Delays in processing your Demand for Payment may occur for the following reasons:

- 1. If the back-up documentation is not included or does not match the expenditures reported.
- 2. If service data is not entered into LEO by the due dates specified in this document (see Monthly Requirements #3).
- 3. If all required progress reports and expenditure reports are not submitted to the County by the due dates specified in this document (see Expenditure Reports/Narrative Reports section).
- 4. If your contract or contract amendment has not been finalized (e.g. agency signatures and returned to contracts and grants).



#### 2) Expenditure Report (please refer to Appendix B)

The *Expenditure Reports* are to be submitted to the County on a monthly basis with the Demand for Payment. These reports will assist in monitoring line-item budgets, expedite budget modifications or reallocations within programs, and serve as fiscal back up to the monthly Demand for Payment. The completed *Expenditure Report* should include the line item budget description and *include the staff title, name, and % FTE*. The additional columns include:

- A) 1. Approved Amount <u>Program</u> Expenses: The approved contract budget with line-item personnel costs, including benefits, and operating expenses;
  - 2. Approved Amount <u>Administrative</u> Expenses: The approved contract budget with line-item personnel costs, including benefits, and operating expenses.
- B) Total amount expended in prior quarters (this will be zero for the first expenditure report);
- C) Expenditures during the current reporting period (combination of A1 and A2);
- D) Total expenditures to date include the total amount expended in prior quarters (B) + total expenditures accrued during the current reporting period (C). (D=B+C)
- E) The current unexpended balance is equal to the approved contract amount (A) minus total expenditures to date (D). (E=A-D).

#### 3) LEO Data Collection and Reporting System

All Prevention Service Providers are required to use LEO, a web-based database system developed by the State of California and other governmental bodies. The State controls access to LEO to ensure security. Except as specifically noted in the scope of work, providers are responsible for entering their own client demographic, medical and service information within three working days of intake and/or provision of services. Monitors will run reports on the 8<sup>th</sup> of each month to review services provided during the previous month, **therefore, all monthly data should be reported by the 5<sup>th</sup> of each month.** 

#### **Quarterly Narrative Progress Reports and Year End Narrative Report:**

To determine if services meet the quantity and quality as defined in the agency work plan, the HIV/AIDS and STD Program will ask for two types of Narrative Reports. Quarterly, agencies will report on their progress and yearly agencies will submit a narrative report that follows their work plan objectives and activities.

## A. Quarterly Narrative Progress Report

The agency will report on each objective and activity listed in their work plan by providing the outcome data for each objective. For example if the objective is to report on the number of clients who received prevention services, the agency will run a LEO report to determine these calculations and report on them in this report along with suggestions if the agency is underperforming or is on target. In each Quarterly report, detail information concerning the clients your agency serves, the steps you have taken to meet your work plan goals and objectives, progress on outreach outcomes and quality improvement, any challenges you face in providing the contracted services, information concerning staffing, supervision and training, and any technical assistance the agency may require. Each Quarterly Report is created with the scope of work, and should be followed carefully being certain to report on all activities and to quantify service activities.

The information is required for reporting purposes to the Office of AIDS Administration. The report may include information about outcome indicators; quality improvement and client satisfaction.

These reports will provide the agency and the HIV/AIDS and STD Program with a more frequent review of the quality of the services provided in relationship to the service outcomes. Each service category will have different outcomes, which are defined in the work plan. This report should be done in the same format as the Year End report using the far right column of the work plan to report on the agency progress. This report will be due by the 15<sup>th</sup> of the month following the end of the quarter (see table for specific dates).

#### B. <u>Year-End Narrative Report</u>

The Year-end Narrative report is similar to the Quarterly Narrative Progress Reports. You will again use your work plan to report on the services you delivered over the entire contract period. This report asks for an update on all objectives and activities of your work plan over the total contract period, including your accomplishments and any significant challenges you may have encountered in providing the contracted services. The report may include information about outcome indicators, quality improvement and client satisfaction or this information can be reported separately as previously indicated.

**Note:** Agencies should not wait until the mid-year to report any problems impacting the contract. The contract monitors want to work together to problem-solve any staffing, contract or service issues in a timely fashion. If you wish to make changes to your work plan or your budget, or if you are having problems with program implementation, these should be communicated to the contract monitor as soon as possible in order to resolve the problems in a way that will not interrupt service delivery.

# **Summary of Due Dates:**

Reports	Due Dates
Demand for Payment & Expenditure Reports	Monthly by the 10th
LEO Data Entry	3 days following the provision of service. (All monthly data complete by the 5 <sup>th</sup> of each month or reporting)
Quarterly Narrative Reports	Quarter 1 (1/1/19-3/31/19) Due April 15, 2019 Quarter 2 (4/1/19-6/30/19) Due July 15, 2019 Quarter 3 (7/1/19-9/30/19) Due October 15, 2019 Quarter 4 (10/1/19-12 /31/19) Due January 15, 2020
Year-End Narrative Report (From 1/1/19-12/31/2019)	January 15, 2020 along with Quarter 4 Report

#### E. Meetings/Trainings

There are a few required meetings and trainings for staff providing HIV prevention services. The purpose of the meetings are to provide an opportunity for service providers to coordinate client care, for community participation in service planning and prioritization and to receive current, up-to-date information regarding treatments for HIV disease, status of the epidemic in the County, and updates on changes made to the California State Office of AIDS or other funding sources program and reporting requirements.

#### Consortium General Meeting:

The Contra Costa HIV/AIDS Consortium advocates on behalf of people affected by HIV disease, plans and coordinates services, and advises government and community leaders on the direction and priorities for care and prevention for HIV/AIDS in Contra Costa and the regional planning body. The core activities of the Consortium include: assessing the care and prevention needs of people living with or at risk of HIV/AIDS; establishing priorities for Ryan White funds; developing and implementing a plan for reducing new HIV infections; and monitoring and evaluating the services provided with Ryan White and other funding. Prevention contractors are expected to take a lead role in prevention planning for priority populations.

Each agency funded under contract with the County HIV/AIDS and STD Program is expected to send a representative to the General Consortium meeting. The Consortium General Meetings are typically held the 2<sup>nd</sup> Monday of the month, 4-6 times each year. Committees may be formed as needed to address specific topics, e.g. allocations, medical case management, etc. There are 3 co-chairs who facilitate the meetings and who meet monthly as the Executive Committee. Contact Obiel Leyva to receive meeting notices and applications for membership 925-313-6771 or Obiel\_leyva@hsd.cccounty.us.

## Contractor's Meetings:

The County will hold at least one mandatory Contractor's Meeting each year. Attendance is required for all direct service providers and program managers. Program requirements and any changes in service delivery and policies will be presented and discussed in these meetings.

#### Special Meetings/Trainings

The County HIV/AIDS and STD Program may make attendance mandatory by some or all HIV Prevention Providers at periodic meetings or training sessions held during the year. Providers mandated to attend must be present at the sessions.