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| **QUARTERLY MONITORING REPORT FORM** | |
| **Reporting Period:** Choose an item. | |
| **SUBRECIPIENT INFORMATION** | |
| **Agency Name:** |
| **Agency Contact:** |  |
| **CALL INFORMATION** | |
| **Date & Time:** |  |
| **DHE Project Officer:** |  |
| **Attendees:** |  |

Each subrecipient submitted a **Work Plan** that includes goals objectives, target number of clients served and target number of service units to provide. Using the ***Client Services and Count Report***in e2Fulton, report the number of clients and services during the quarter for each funding source. Instructions for e2Fulton are provided below. Compare the actual number of clients served and service units provided to those submitted in the *Work Plan*. If any goal is not being met, please list the goal/objective, and explain in the section titled “Programmatic/Fiscal Update”

1) reason(s) for non-compliance,

2) corrective actions to be taken to bring your agency into compliance; and

3) estimated timetable for completion of corrective action.

If any goal/objective is being exceeded by 20%, provide an explanation and a revised goal/objective.

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| **e2Fulton *CLIENT AND SERVICES COUNT REPORT.***  Run a report for each funding source (RWPA, MAI, EHE)  **Steps:**   * **Select timeframe of the quarter**   + Q1: March 1, 2025 – May 31, 2025   + Q2: June 1, 2025 – August 31, 2025   + Q3: September 1, 2025 – November 30, 2025   + Q4: December 1, 2025 – February 28, 2026 * **Select funding source (RWPA, MAI, EHE)**   + RWPA: Select all funding sources that state Part A (Multiple Funding Part A, Part B, Part C; Part D)   + MAI: Select Part A – MAI   + EHE: Select EHE * **Run Report** * **Export Report to PDF. You should have one report per funding source.** |

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| **DATA/EVALUATION UPDATE** |
| **If you have OAHS funding, please pull internal reports from your EMR (Ryan White Part A, MAI, & EHE clients only) to prepare for this discussion. Be prepared to speak on the following:**   * Target vs. actuals for number of clients served and services provided (see instructions above) * Agency performance measures   + Viral Load Suppression   + Prescribed ART   + Annual retention in care * Progress on RSR * Speak in depth on:   + Unmet goals   + Low performance measures   + Missing & untimely data submissions |

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| **PROGRAMMATIC/FISCAL UPDATE** |
| **Challenges to meeting goals and objectives:**  **Accomplishments:**  *(Increased numbers of people in care, new services added, and new access points to Part A care services, etc.)*  **Detail your agency’s impact on HIV Care Continuum to improving Health Outcomes and provide data to show progress on:** *Linkage to HIV Medical Care, Engaged in Care, Annual*  *Retention in Care, Prescribed Antiretroviral Therapy (ART)*  **Describe your agency’s practices towards achieving Viral Load Suppression:**  **Do you have any staff vacancies (RWA/MAI/EHE)? How long has the position been vacant? What are your plans to fill the position?**  **Is your agency on a Corrective Action Plan? If so, are there any areas off track? What is the status of the recommended improvements? What is the projected timeframe for completion of the CAP?** |
| **Status of complaints against the agency through its grievance procedure:** |
| **For each funded priority category, when is the first available appointment for new clients?**  **For each funded priority category, when is the first available appointment for existing clients?**  **If your OAHS appointment times are after 3 days, please explain the reason for the service delay?**  **Provide the names of the agency designees that attended this quarter’s required committee meetings:** |
| Assessment Committee – |
| Comprehensive Planning Committee – |
| Quality Management Committee – |
| **BUDGET–AT–A–GLANCE**  *(Complete the table below to include your agency expenditures to-date for ALL funding sources)* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Fund Source** | **Award Amount** | **Expenditures To-Date** | **Remaining Amount** | **Percentage Spent to Date** | | **RWA** | $ | $ | $ | % | | **MAI** | $ | $ | $ | % | | **EHE** | $ | $ | $ | % | | **Total:** | $ | $ | $ | % | |
| **Do you have any (RWA/MAI/EHE) Budget Revision requests?**  **Summarize any budget re-allocations/changes to the goals and objectives:** |

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| **QUALITY MANAGEMENT UPDATE** |
| **Does leadership attend your agency’s quality management committee meeting? (Provide minutes)**  **Detail your agency’s process in conducting quality checks to ensure that all eligible documents in your agency’s database system is uploaded in e2fulton:**  **Are these documents up to date? If no, please explain:**  **How does your agency involve consumers in its quality management process?**  **QM Project Updates (Part A/MAI/EHE) - Provide a summarized update on your DHE-funded QI Project?**  **How do you intend to utilize the results from this QI project(s) to impact the health outcomes of clients?** |

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| **TECHNICAL ASSISTANCE NEEDS** |
| **Any Technical Assistance (TA) needs?**  **What Topic(s) would you like discussed during a webinar type training or provider’s meeting?**  **Any feedback regarding Quarterly Monitoring Call Schedule? (Is every quarter sufficient for monitoring calls or is there a need for more frequent monitoring calls?)** |
| **Programmatic Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Fiscal Designee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Data Designee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **QM Designee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **DHE Staff Only** | |
| **Action Items & Notes:** |  |