

## H25 – General Administrative 10% Cap

- Up to 10% of RWHAP Part B funds for payment of administrative costs in any given grant year, with a total of 15% of the Part B grant used for the combination of administration (H25) and P&E (079) activities. CQM (K18) is lessor of 5% or \$3 mil and not included with H25 and 079 caps;
- Preparation of required programmatic and financial reports, including RWHAP data reports; compliance with grant conditions and (fiscal) audit requirements;
- Activities associated with the grantee's contract award procedures, including the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, development and implementation of grievance procedures, monitoring of contracts through telephone consultation, written documentation or on-site visits, reporting on contracts, and funding reallocation activities;
- Subrecipient monitoring including telephone consultation, written documentation, and onsite visits to meet grant terms and conditions but not intended to improve health outcomes (if purpose for monitoring is to assess or monitor the CQM program, it falls under K18);
- **Indirect Costs:** Costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization;
- Includes general administration and expenses such as the director's office, accounting, receipt and disbursement of program funds, personnel and all other types of expenditures not listed specifically under one of the subcategories.

*References: 2015 RSR Manual, Part B Manual, Part B Program and Fiscal Monitoring Standards*

## 079 – Planning & Evaluation (P&E)

- Capacity-building to ↑ services availability
- Technical assistance (TA) to contractors
- Program evaluation
- Assessment of service delivery patterns
- Assessment of need
- Obtaining community input
- Drug utilization reviews

P&E is systematic collection of information about the characteristics, activities, and outcomes of services or programs to assess the extent to which objectives have been achieved, to identify needed improvements, and/or to make decisions about future programming.

**TA** identifies the need for and the delivery of practical program and technical support to the Ryan White community. These services should help grantees, planning bodies, and communities affected by HIV to design, implement, and evaluate RWHAP-supported planning and primary care service-delivery systems.

**Capacity building** is to develop a set of core competencies that in turn help organizations foster effective HIV health care services (quality, quantity, and cost-effectiveness) and sustain the infrastructure and resource base necessary to develop and support these services. Core competencies include management of program finances; effective HIV service delivery, including quality assurance, personnel management, and board development; resource development, including preparation of grant applications to obtain resources and purchase supplies/equipment; service evaluation; and development of cultural competency.

## K18 – (Clinical) Quality Management (CQM)

- Capacity building (see definition under P&E)
- Management of CQM Program (e.g. convening a quality committee, working with first line entities, implementing quality improvement projects, etc.)
- Data management for QM purposes (performance measure data collection, extraction, aggregation, analysis, and reporting)
- CQM site visit (patient chart audits, meeting with patients, etc.)
- Estimated patient experience (surveys, focus groups, patient interviews, etc.)
- Training (clinical care and quality-related)

QM is comprised of systematic processes with identified leadership, accountability, and dedicated resources using data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. QM programs should focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement, and they need to adapt to change.

QM is a continuous process to improve how a health or social service meets or exceeds established professional standards and user expectations. The purpose of a QM program is to ensure that (1) services adhere to PHS guidelines and established clinical practice; (2) program improvements include supportive services; (3) supportive services are linked to access and adherence to medical care; and (4) demographic, clinical, and utilization data are used to evaluate and address characteristics of the local epidemic. For further information on CQM, please refer to PCN #15-02 and the resources available at

<http://hab.hrsa.gov/deliverhivaidscare/qualitycare.html>.