

**HIV/AIDS Bureau, Division of Service Systems
Monitoring Standards for Ryan White Part A and B Grantees:
Universal Standards
(Covers Both Fiscal and Program Requirements)**

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Standard	Performance Measure/ Method	Grantee Responsibility	Provider/Subgrantee Responsibility	Source Citation
Section A: Access to Care				
1. Structured and ongoing efforts to obtain input from clients in the design and delivery of services	<ul style="list-style-type: none"> • Documentation of Consumer Advisory Board and public meetings – minutes and/ or • Documentation of existence and appropriateness of a suggestion box or other client input 	<ul style="list-style-type: none"> • Review documentation at the subgrantee level to determine methods used for obtaining consumer input into the delivery of services • Use results of same or similar methods in the design and refinement of the HIV continuum of care 	<ul style="list-style-type: none"> • Maintain file of materials documenting Consumer Advisory Board (CAB) membership and meetings, including minutes • Regularly implement client satisfaction 	RW Part A 2602(b)(6) RW Part A 2605 (a)(7)(B) RW Part B 2616 (c)(4) RW Part B 2617 (b)(7)(A)

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	mechanism and/or <ul style="list-style-type: none"> • Documentation of content, use, and confidentiality of a client satisfaction survey or focus groups conducted at least annually 		survey tool, focus groups, and/or public meetings, with analysis and use of results documented <ul style="list-style-type: none"> • Maintain visible suggestion box or other client input mechanism 	
2. Provision of services regardless of an individual's ability to pay for the service	Provider billing and collection policies and procedures do not: <ul style="list-style-type: none"> • Deny services for non-payment • Deny payment for inability to produce income documentation • Require full payment prior to service • Include any other procedure that denies services for non-payment 	<ul style="list-style-type: none"> • Review provider's billing, collection, co-pay, and sliding fee policies and procedures to ensure that they do not result in denial of services • Investigate any complaints against the provider for denial of services • Review file of refused clients and client complaints 	<ul style="list-style-type: none"> • Have billing, collection, co-pay, and sliding fee policies that do not act as a barrier to providing services regardless of the client's ability to pay • Maintain file of individuals refused services with reasons for refusal specified; include in file any complaints from clients, with documentation of complaint review and decision reached 	RW Part A 2605(a)(7)(A)(i) RW Part B 2617(b)(7)(B)(i)
3. Provision of services regardless of the current or past health condition of the individual to be	<ul style="list-style-type: none"> • Documentation of eligibility and clinical policies to ensure that they do not: 	<ul style="list-style-type: none"> • Review provider eligibility and clinical policies • Investigate any complaints of provider "dumping" or "cherry picking" patients 	<ul style="list-style-type: none"> • Maintain files of eligibility and clinical policies • Maintain file of individuals refused 	RW Part A 2605(a)(7)(A) RW Part B 2617(b)(7)(B)(i)

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served	<ul style="list-style-type: none"> • Permit denial of services due to pre-existing conditions • Permit denial of services due to non-HIV-related conditions (primary care) • Provide any other barrier to care due to a person's past or present health condition 		services	
4. Provision of services in a setting accessible to low-income individuals with HIV disease	<ul style="list-style-type: none"> • A facility that is handicapped accessible, accessible by public transportation • Policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation • No policies that may act as a barrier to care for low-income individuals 	<ul style="list-style-type: none"> • Inspect service provider facility accessibility and with regard to access to public transportation • Review policies and procedures for providing transportation assistance if facility is not accessible by public transportation 	<ul style="list-style-type: none"> • Comply with Americans with Disabilities Act (ADA) requirements • Ensure that the facility is accessible by public transportation or provide for transportation assistance 	RW Part A 2605(a)(7)(B) RW Part B 2617(b) (7)(B)(ii) RW Part B 2616(c)(4)
5. Efforts to inform low-	Availability of	Review documents indicating	Maintain file	RW Part A 2605 (a)(7)(C)

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income individuals of the availability of HIV-related services and how to access them	informational materials about provider services and eligibility requirements such as: <ul style="list-style-type: none"> • Newsletters • Brochures • Posters • Community Bulletins • Any other types of promotional materials 	activities for promotion and awareness of the availability of HIV services	documenting provider activities for the promotion of HIV services to low- income individuals, including copies of HIV program materials promoting services and explaining eligibility requirements	RW Part B 2617 (b)(7)(B)(iii) RW Part B 2616(c)(5)
Section B: Eligibility Determination/ Screening				
1. Screening and reassessment of clients to determine eligibility as specified by the EMA, TGA, state, or ADAP: <ul style="list-style-type: none"> • Screening of clients to determine eligibility for Ryan White services within a predetermined timeframe • Reassessment of clients every 6 months to determine 	<ul style="list-style-type: none"> • Documentation of eligibility required in client records, with copies of documents (e.g., proof of HIV status, proof of residence, proof of income eligibility based on the income limit established by the EMA, TGA, State or ADAP (for Part A can be 	<ul style="list-style-type: none"> • Establish an EMA, TGA or Statewide process and policies for determining eligibility • Conduct site visits to review client files for appropriate documentation that meets the requirements • Provide training to new and existing agencies and new staff on eligibility, assessment and reassessment of clients • Provide training to subgrantees on third party 	<ul style="list-style-type: none"> • Develop and maintain client files that contain documentation of client's eligibility, including the following: <ul style="list-style-type: none"> ○ HIV/AIDS diagnosis ○ Low income (Note: for ADAP supplemental, low income is defined as not more than 200% 	RW Part B 2616 (b) (1-2) RW Part B 2617 (b) (7) (B) RW Part B/ADAP 2616 (b) (1-2) PY 2010 Part A Application Guidance PY 2009 Part B Application Guidance

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continued eligibility	<p>established by the grantee or the planning council), proof of insurance, uninsured or underinsured), using approved documentation as required by the EMA, TGA or the State</p> <ul style="list-style-type: none"> • Eligibility and Determination and Enrollment forms for other third party payers such as Medicaid and Medicare • Eligibility policy and procedures on file • Documentation that all staff involved in eligibility determination has participated in required training • Provider client data reports are consistent with eligibility requirements specified by 	<p>payment sources</p> <ul style="list-style-type: none"> • Monitor the receipt and use of third party payments by providers as an indication of the use of third party payers by subgrantees • Review data reports for accuracy • Use monthly, and quarterly progress reports to identify and address problems in the process of determining eligibility • Work with fiscal department to ensure eligible clients are receiving allowable services that are fundable with Ryan White dollars • Monitor client utilization and expenditure reports by provider, by service category and by EMA, TGA or State 	<p>of the Federal Poverty Level)</p> <ul style="list-style-type: none"> ○ Uninsured or underinsured status (Insurance verification as proof) ○ Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare ○ For underinsured, ineligibility for service ○ Proof of compliance with eligibility as defined by the EMA, TGA or State • Document that the process for establishing eligibility, assessment, and reassessment takes place within time frames established 	

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	funder. <ul style="list-style-type: none"> • Documentation of reassessment of client's eligibility status every six months • Training provided by the Grantee/contractor to ensure understanding of the policy and procedures • 		by the EMA, TGA or State <ul style="list-style-type: none"> • Document that all staff involved in eligibility determination have participated in required training • Provider client data reports are consistent with eligibility requirements specified by funder, which demonstrates eligible clients are receiving allowable services [See Program Monitoring section for a list of allowable services.] • 	
2. Eligibility policies that do not deem a veteran living with HIV ineligible for Ryan White services due to eligibility for Department of Veterans Affairs (VA) health care benefits	Documented evidence that the provider's eligibility policies (written or verbal) do not consider VA health benefits as the veteran's primary insurance and deny access to Ryan White services citing "payer of last resort"	Ensure that those providers funded to assess eligibility are aware of and are consistently implementing the veteran classification policy	Ensure that policies and procedures classify veterans receiving VA health benefits as uninsured, thus exempting these veterans from the "payer of last resort" requirement	Policy 04-01 and Parham letter 8/04 Veterans Policy 07-07

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<p>Section C: Anti-Kickback Statute</p>				
<p>1. Demonstrated structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement) in any federally funded program</p>	<ul style="list-style-type: none"> • Employee Code of Ethics including: <ul style="list-style-type: none"> ○ Conflict of Interest ○ Prohibition on use of provider property, information or position without approval or to advance personal interest ○ Fair dealing – engaged in fair and open competition ○ Confidentiality ○ Protection and use of company assets ○ Compliance with laws, rules, and regulations ○ Timely and truthful disclosure of significant accounting deficiencies 	<ul style="list-style-type: none"> • Require by contract that subgrantees have: <ul style="list-style-type: none"> ○ Employee Code of Ethics ○ For Medicare and Medicaid providers, a Corporate Compliance Plan ○ Bylaws and policies that include ethics standards or business conduct practices • During site visits, verify compliance with contract anti-kickback conditions 	<ul style="list-style-type: none"> • Maintain and review file documentation of: <ul style="list-style-type: none"> ○ Corporate Compliance Plan (required by CMS if providing Medicare- or Medicaid-reimbursable services) ○ Personnel Policies ○ Code of Ethics or Standards of Conduct ○ Bylaws and Board policies ○ File documentations of any employee or Board Member violation of the Code of Ethics or Standards of Conduct ○ Documentation of any complaint of violation of the 	<p>42 USC 1320a 7b(b)</p>

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	<ul style="list-style-type: none"> ○ Timely and truthful disclosure of non-compliance 		<p>Code of Ethics or Standards of Conduct and its resolution</p> <ul style="list-style-type: none"> • For not-for-profit contractors/grantee organizations, ensure documentation of provider Bylaws, Board Code of Ethics, and business conduct practices 	
<p>2. Prohibition of employees (as individuals or entities), from soliciting or receiving payment in kind or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering, of any goods, facility services, or items.</p>	<ul style="list-style-type: none"> • Any documentation required by the Compliance Plan or employee conduct standards that prohibits employees from receiving payments in kind or cash from suppliers and contractors of goods or services 	<p>Maintain file documentation and do on-site assessment that cover:</p> <ul style="list-style-type: none"> • Contracts, MOU, agreements • Recruitment policies and procedures that discourage signing bonuses • Conflict of interest • Prohibition of exorbitant signing packages • Policies that discourage the use of two charge masters, one for self pay clients and a higher one for insurance companies. • Proof of employee background checks • Purchasing policies that 	<ul style="list-style-type: none"> • Have adequate policies and procedures to discourage soliciting cash or in-kind payments for: <ul style="list-style-type: none"> ○ Awarding contracts ○ Referring clients ○ Purchasing goods or services and/or ○ Submitting fraudulent billings • Have employee policies that discourage: <ul style="list-style-type: none"> ▪ The hiring of persons with a criminal record 	<p>42 USC 1320 7b(b)</p>

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		discourage kickbacks and referral bonuses	<ul style="list-style-type: none"> ○ The hiring of persons being investigated by Medicare or Medicaid ● Large signing bonuses 	
Section D: Grantee Accountability				
1. Proper stewardship of all grant funds including compliance with programmatic requirements	Policies, procedures, and contracts that require: <ul style="list-style-type: none"> ● Timely submission of detailed fiscal reports by funding source, with expenses allocated by service category ● Timely submission of programmatic reports ● Documentation of method used to track unobligated balances and carryover funds ● A documented reallocation process ● Report of total number of funded 	<ul style="list-style-type: none"> ● Track and be able to provide financial information to the federal government: <ul style="list-style-type: none"> ○ By funding source (formula, supplemental, MAI, ADAP and ADAP Supplemental) ○ By allowable uses core, support, administration ○ By service categories (outpatient medical care, etc.) ● Provide reports that include financial information as needed to meet federal requirements ● Include in provider contracts clear and concise language that outlines programmatic 	<ul style="list-style-type: none"> ● Meet contracted programmatic and fiscal requirements, including: <ul style="list-style-type: none"> ○ Provide financial reports that specify expenditures by service category and use of Ryan White funds as specified by the grantee ○ Develop financial and provider Policies and Procedures Manual that meet federal and Ryan White 	45 CFR 74.21 45 CFR 92.20 2 CFR 215.200 Part A 2010 Guidance Section II.3(b) Title II Manual 2003 Section II 4

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	providers <ul style="list-style-type: none"> • A-133 or single audit • Auditor management letter 	and fiscal requirements, including requirements for: <ul style="list-style-type: none"> ○ A programmatic and fiscal monitoring system that includes monthly and or quarterly timeframes for ensuring compliance ○ Reports that provide financial information as needed to enable grantee to meet federal requirements ○ An independent audit, which shall be an A-133 audit for those meeting financial thresholds <ul style="list-style-type: none"> • Review A-133 or other audits when submitted by providers 	program requirements <ul style="list-style-type: none"> ○ Closely monitor any subcontractors ○ Commission an independent audit; for those meeting thresholds, an audit that meet A-133 requirements 	
2. Grantee accountability for the expenditure of funds it shares with lead agencies (usually health departments), providers, and/or consortia	<ul style="list-style-type: none"> • A copy of each contract • Fiscal, program site visit reports and action plans • Audit reports • Documented reports that track funds by formula, supplemental, service categories • Documented reports that track unobligated 	<ul style="list-style-type: none"> • Ensure timely submission to HRSA of fiscal and programmatic reports • Include clear and concise contract language that outlines programmatic and fiscal requirements • Develop a programmatic and fiscal monitoring system that includes monthly and or quarterly timeframes for ensuring compliance • Review A-133 and other audits submitted by 	Establish and implement:: <ul style="list-style-type: none"> • Fiscal and general policies and procedures that include compliance with federal and Ryan White programmatic requirements. • Flexible fiscal reporting systems that allow the tracking of 	Title II Manual 2003 Section II Chapter 4 Part A Manual 2009 Section II (1)(D)

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	balance and carryover funds <ul style="list-style-type: none"> • Documented reallocation process • Report of total number of funded providers • Grantee A-133 or single audit conducted annually and made available to the state every two years • Auditor management letter 	providers <ul style="list-style-type: none"> • Submission of provider audit reports to the State every two years 	unobligated balances and carryover funds and detail service reporting of funding sources <ul style="list-style-type: none"> • Timely submission of independent audits (A-133 audits if required) to grantee 	
3. Business management systems that meet the requirements of the Office of Management and Budget code of federal regulations, programmatic expectations outlined in the grantee assurances and the Notice of Grant Award	<ul style="list-style-type: none"> • Review of subgrantee contracts • Fiscal and program site visit reports and action plans • Policies and Procedures that outline compliance with federal and Ryan White programmatic requirements • Independent audits • Auditor management letter 	<ul style="list-style-type: none"> • Comply with and require subgrantee compliance with the requirements in the following documents. • Ryan White Part A and B assurances • 45 CFR 74 or 45 CFR 92 or • 2 CFR 215 or 230 or 220 • HHS Grant Policy Statement (Terms and Conditions) • Notice of Award (NOA) Program conditions, terms and reporting requirements 	Ensure that the following are in place: documented policies and procedures and fiscal/programmatic reports that provide effective control over and accountability for all funds in accordance with federal and Ryan White programmatic requirements	2 CFR 215.17(b)3 OMB A-102 45 CFR 92.3

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<p>4. Responsibility for activities that are supported under the Ryan White Program as outlined by Office of Management and Budget, Code of Federal Regulations, HHS Grant Policy Statement (Terms and Conditions), Program Assurances, and Notice of Grant Award (NGA)</p>	<p>Desk audits of budgets, applications, yearly expenses, programmatic reports; audit reports or on-site review when assessing compliance with fiscal and programmatic requirements:</p>	<ul style="list-style-type: none"> • Develop monitoring systems to enforce and ensure compliance • Ensure that systems require the maintenance of documentation that supports proof of compliance • Include contract language that requires compliance with OMB, CFR, program assurances, Notice of Grant Award terms, and standards 	<p>Ensure policies and procedures and flexible fiscal and programmatic systems that can meet compliance with federal and Ryan white programmatic requirements</p>	<p>2 CFR 215.17(b)3 OMB A-102 45 CFR 92.3 45 CFR 74.2</p>
Section E: Reporting				
<p>1. Submission of standard reports as required in circulars as well as program-specific reports as outlined in the Notice of Grant Award</p> <p>See Appendix Tables for Report Due Dates:</p> <p>Parts A/MAI &</p>	<p>Records that contain and adequately identify the source of information pertaining to:</p> <ul style="list-style-type: none"> • Federal award revenue, expenses, obligations, unobligated balances, assets, outlays, program income, interest • Client level data 	<ul style="list-style-type: none"> • Assess financial and program performance of recipients (grantees, subgrantees/ providers), who are required to submit the grantor standard report • Comply with HRSA/HAB/DSS annual instruction and formats for the Part A program reporting requirements • Obtain from subgrantees the information (data or 	<p>Ensure:</p> <ul style="list-style-type: none"> • Submission of timely provider reports • File documentation or data containing analysis of required reports to determine accuracy and any reconciliation with existing financial or programmatic data. Example: Test 	<p>Part A Manual 2009 Section VI (2) Part A Manual 2009 Section III 2-4 A-C Title II Manual 2003 Section III 1-4 45 CFR 74.50-51 45 CFR 92.40-41</p>

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<p>B/MAI ADAP</p> <p>Quarterly ADAP reports : Due the last day of the month following the end of the quarters, which are April-June, July-September, October-December, and January-March, since April 1 is the start date</p>	<ul style="list-style-type: none"> Aggregate data on services provided; clients served, client demographics, and selected financial information 	<p>reports) needed to meet Ryan White Part A, Part B, and ADAP reporting requirements</p>	<p>program income final FFR with calendar year RDR.</p> <ul style="list-style-type: none"> Submission of periodic financial reports that document the expenditure of Ryan White funds, positive and negative spending variances, and how funds have been reallocated to other line-items or service categories 	
<p>2. Federal Funding Accountability and Transparency Act of 2006 (FATA)</p>				
<p>Section F: Monitoring</p>				
<p>1. Any provider or individual receiving federal funding required to monitor for compliance with federal requirements and programmatic</p>	<p>Development and consistent implementation of policies and procedures that establish uniform administrative</p>	<ul style="list-style-type: none"> Develop policies and procedures that establish uniform administrative requirements Document in subgrant agreements or service contracts the frequency, 	<ul style="list-style-type: none"> Participate in and provide all material necessary to carry out monitoring activities. Monitor any service contractors for 	<p>45 CFR 74.51 45 CFR 92.40 2 CFR 215.51</p> <p>Part B 2009 Guidance p10</p> <p>Part A 2010 Guidance</p>

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expectations	requirements governing the monitoring of awards	reports and expectations of monitoring activities	compliance with federal and programmatic requirements	Title II Manual 2003 Sec II Chapter 5 Part A Manual 2009 II 3 A-D
<p>2. Monitoring activities expected to include annual site visits of all Provider/Sub grantee.</p> <p>Note: Code of Federal Regulations (45 CFR 74.51; 92.40 and 215.51) states that the HHS awarding agency will prescribe the frequency of monitoring activities</p>	<p>Review of the following program monitoring documents and actions:</p> <ul style="list-style-type: none"> • Policies and procedures • Tools, protocols, or methodologies • Reports • Corrective site action plans • Progress on meeting goals of corrective action plans 	<ul style="list-style-type: none"> • Use a combination of several of the following to monitor program compliance: program reports, annual site visits, client satisfaction reviews, capacity development/ technical assistance, and chart or records reviews • Keep to a reasonable level the time and resources contractors must spend to meet their reporting obligations • Review the following program monitoring documents: <ul style="list-style-type: none"> ▪ Policies and procedures ▪ Tool, protocol, or methodology ▪ Reports ▪ Corrective site action plan <p>Progress on meeting goals of corrective action plan</p>	<ul style="list-style-type: none"> • Establish policies and procedures to ensure compliance with federal and programmatic requirements • Submit auditable reports <p>Provide the grantee access to financial documentation</p>	<p>Part A Manual 2009 II 3 A</p> <p>Inspector General 2004 OEI-02-01-00641</p> <p>DSS Expectations</p> <p>45 CFR 74.51 45 CFR 92.40 2 CFR 215.51</p>
3. Performance of fiscal monitoring activities to ensure	Review of the following fiscal monitoring documents	<ul style="list-style-type: none"> • Have documented evidence of: <ul style="list-style-type: none"> ○ Fiscal monitoring 	Have documented evidence that federal funds have been used	Part A Manual 2009 Introduction 3 A-D II

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that Ryan White funding being used for approved purposes	and actions: <ul style="list-style-type: none"> • Fiscal monitoring policy and procedures • Fiscal monitoring tool or protocol • Fiscal monitoring reports • Fiscal monitoring corrective action plans • Compliance with goals of corrective action plans 	activities <ul style="list-style-type: none"> ○ Records reviews ○ Supporting documentation of paid expenditures ○ An annual financial audit by a qualified independent accountant • Have on file a copy of all subgrantee procurement documents including subgrant agreements/ contracts, letters of agreements, MOUs, and fiscal, program and annual site visit reports • Report to HRSA as part of every application efforts to monitor subgrantees in accordance with these standards 	for allowable services and spent in accordance with Federal requirements and Ryan White expectations	Title II Manual 2003 Section II PY Part B 2009 Guidance PY Part A 2010 Guidance Inspector General 2004 OEI-02-01-00641
4. Corrective actions taken when provider outcomes do not meet program objectives and grantee expectations, which may include: <ul style="list-style-type: none"> • Improved oversight • Redistribution of funds • A "corrective action" letter 	<ul style="list-style-type: none"> • Review corrective action plans • Review resolution of issues identified in corrective action plan • Policies that describe actions to be taken when issues are not resolved in a timely manner 	<ul style="list-style-type: none"> • Establish and implement monitoring policies that require a compliance report that lists in order of gravity the identified non-compliance activities, requires a corrective action plan, and establishes a time limit for response and implementation of measures that will bring subgrantee into compliance • Provide the awarding 	Prepare and submit: <ul style="list-style-type: none"> • Timely and detailed response to monitoring findings • Timely progress reports on implementation of corrective action plan 	Part A Manual 2009 II. Introduction 3 A A-D Title II Manual 2003 Section II

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<ul style="list-style-type: none"> Sponsored technical assistance 		agency with monitoring reports, corrective action plans, and progress reports on the resolution of any findings of a monitoring report		
Federal Funding Accountability and Transparency Act Implementation (FFATA)	*Ryan White Programs Part A and Part B are not currently affected. They will, however, be subject to this requirement in the future. Please stay tuned for more information.			http://www.hrsa.gov/grants/ffata.html

Appendix 1

Table 1

Parts A/MAI & B/MAI Reports	Due Date
Revised Budget narrative	90 days after budget start period
Planned allocations A/MAI & B/MAI	90 days after budget start period
Implementation Plan	90 days after budget start period
List Providers and CRC	90 days after budget start period
Final FFR and Carryover Request	90 days after end of budget period
WICY Report	120 days after end of budget period
Final Annual Progress Report	150 days after end of budget period

MAI Annual Report	120 days after end of budget period
Final Expenditures	150 days after end of budget period
Interim FSR	150 days after start of budget period
Part B mid-year progress report	210 days after start of budget period
Calendar year RDR	March of following calendar year
MAI Final Expenditure Report	120 days after end of budget period

Table 2

ADAP Reporting	Due Date
Quarterly Report	Due 30 days after the end of each three month reporting period. Example dates: 7/29/20xx; 10/31/20xx; 1/31/20xx; 4/30/20xx