

**Ryan White HIV/AIDS Treatment Modernization Act  
Part A Minority AIDS Initiative Program**

# Provider Manual Addendum



## Boston Public Health Commission AIDS Program

**FISCAL YEAR 2008  
Minority AIDS Initiative Program  
August 1, 2008 - July 31, 2009**

**BPHC AIDS Program  
Client Services  
1010 Massachusetts Avenue, 2nd Floor**

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## Introduction

Welcome to FY 2008 (Year 2) of the new Ryan White Part A MAI Program. This is the second year under the newly reauthorized and revised Ryan White HIV/AIDS Treatment Modernization Act of 2006. We will be faced with a number of challenges as the Federal government continues to implement all the requirements of the new law. We will continue to communicate with all of our providers as we learn of any changes.

We have put together this addendum to the Provider Training Manual for Boston Public Health Commission Part A funded MAI programs to provide your agency with all the information, tools, timelines and instructions that are needed to meet your contractual requirements. This addendum to the Provider Manual FY 2008 contains instructions and deadlines for completing all program, data, and fiscal reporting.

The addendum should be shared with all staff who are associated with Part A MAI programs, including those responsible for administering the program, producing program reports, entering and submitting program data, maintaining client files, and producing and submitting fiscal invoices.

Whether you are a newly funded agency or an agency that has been funded for many years, it is important to thoroughly review all sections of the FY 2008 Provider Manual in addition to the addendum. Policies and procedures are revised each year, and it is important that all providers operate with the same up-to-date information.

We encourage all providers to contact us if you have questions about any policies or procedures. We are available to provide technical assistance throughout the year.

During these times of stagnant resources, complete and accurate reporting on the services provided to people living with HIV is of vital importance. Reporting also allows us to document the need for and the success of our services. Under Ryan White Part A MAI guidelines, accurate reporting is critical for the ongoing receipt of these funds.

We will need to work together over the coming year to ensure that the system of care for PLWH adapts to the changing needs of consumers and the changing funding environment. Our shared goal is to ensure that PLWH have ongoing and coordinated access to medical care and health-related support services. We look forward to a year of partnership and collaboration between the BPHC and HIV/AIDS service providers under MAI.



Michael Goldrosen  
Director of Client Services

## Ryan White Part A Minority AIDS Initiative (MAI)

### FY 2008 Report Submission Dates

August 1, 2008 - July 31, 2009

Submission	Reporting Period	Due Date
1 <sup>st</sup> Quarterly Report	Aug 1 - Oct 31	Nov 15, 2008
2 <sup>nd</sup> Quarterly Report	Nov 1 - Jan 31	Feb 15, 2009
<b>1st Half Outcomes Report</b>	Aug 1 - Jan 31	Feb 15, 2009
3 <sup>rd</sup> Quarterly Report	Feb 1 - Apr 30	May 15, 2009
4 <sup>th</sup> Quarterly Report	May 1 - Jul 31	Aug 15, 2009
<b>2nd Half Outcomes Report</b>	Feb 1 - Jul 31	Aug 15, 2009

## Reporting Requirements

- **Each Quarter**, MAI programs will submit:
  - Two (2) copies of a Program Narrative. The narrative provides a detailed description of Part A MAI-funded activities during the quarter.
  - One (1) copy of Client Utilization Forms. This service utilization data will serve as a data submission.
  - One (1) copy of Joint HIV/AIDS Client Information Forms. These demographic forms should be submitted for all *NEW* clients and for clients with *UPDATED* information.
- **Every Six Months**, all MAI programs will also submit:
  - Two (2) copies of Outcome Measurement Reports. This client outcome data should be collected and submitted at the end of the 2<sup>nd</sup> and 4<sup>th</sup> Quarters only. Paper submission is unnecessary if submitted electronically.

All Programs will submit the Program Narrative, Client Data, and *Outcome Measurement Reports* (paper version only) to:

Michael Goldrosen, Director of Client Services  
 AIDS Program, Boston Public Health Commission  
 1010 Massachusetts Avenue, 2<sup>nd</sup> Floor  
 Boston, MA 02118

## Outcome Measurement Reports

Submission of *Outcome Measurement Reports* will continue twice per year. *Outcome Measurement Reports* provide a means for BPHC to track the health and quality of life outcomes of clients and report on the impact of services.

### GENERAL REQUIREMENTS

- Providers must submit client-level *Outcome Measurement Reports* twice a year.
  - ✓ The first reporting period is August 1, 2008 – January 31, 2009. *Outcome Measurement Reports* are due February 15, 2009 as part of the 2<sup>nd</sup> Quarterly Report.
  - ✓ The second reporting period is from February 1, 2009 – July 31, 2009. *Outcome Measurement Reports* are due August 15, 2009 as part of the 4<sup>th</sup> Quarterly Report.
- Providers must report on all **nine (9)** outcomes for all of their clients.
- There are two options for submitting hard copies of Outcome data:
  - ✓ An agency may submit a single outcome form for clients receiving multiple Part A-funded services (check all relevant Part A services), or
  - ✓ An agency may submit separate forms for each client in each Part A funded service.
- The form is available in the Attachments section of the FY 2008 Provider Manual and on the BPHC website in MS Word.
- Along with your 2<sup>nd</sup> and 4<sup>th</sup> Quarterly Reports, send two copies of all *Outcome Measurement Reports* to the attention of:

**Michael Goldrosen, Director of Client Services**  
**Boston Public Health Commission**  
**1010 Massachusetts Ave, 2<sup>nd</sup> Floor**  
**Boston, MA 02118**

- If you choose to begin submitting outcomes electronically, contact Suffolk ([cpm@suffolk.edu](mailto:cpm@suffolk.edu)) and your Program Coordinator to initiate the process. You will receive training from Suffolk staff and an Excel spreadsheet customized for your agency. Outcomes submitted electronically should be sent via e-mail to Suffolk University ([cpm@suffolk.edu](mailto:cpm@suffolk.edu)) and to your Program Coordinator. Do NOT also send additional paper copies.

### CONTACT INFORMATION

For Technical Assistance:

- Suffolk University: Sandy Matava or Nicole Rivers at (617) 573-8330 or via email at [mmatava@suffolk.edu](mailto:mmatava@suffolk.edu) or [nrivers@suffolk.edu](mailto:nrivers@suffolk.edu)

For Policy and/or Reporting Requirement Information:

- BPHC: Michael Goldrosen, Director of Client Services or your Program Coordinator at (617) 534-4559

## Fiscal Rules FY 2008

The Boston Public Health Commission, AIDS Program (Grantee) expects that all Part A MAI contracted providers will expend 100% of their award in accordance with all Federal, Local and BPHC policies. The Grantee will only reimburse providers for deliverables that have been mutually agreed upon (see Scope of Services and Budget), upon receipt of appropriate invoices and “back-up” documentation. If the provider wishes to revise the Scope of Services or allowable costs, they must submit a proposal to revise the Scope and/or budget. In addition, it may be required that a program/agency audit be submitted. Failure to meet these expectations may result in suspension or termination of your provider contract.

### A. Invoicing

#### General Information

1. Agencies must use the Part A MAI standard invoice (available as an Excel spreadsheet on a CD) or an invoice format with the same information (i.e. budget, invoice amount, cumulative billing, remaining balance). Part A MAI contract payments are based on the approved budget. Invoices must be typed or printed by computer; hand written invoices are not acceptable. Only line item budgeted expenses are reimbursed.
2. Invoices are submitted monthly, within 15 days of the month's end. Invoices must represent actual monthly expenses. The final invoice is to be submitted by August 15, 2009.
3. Invoices without the required information or documentation are not processed. Instead, the agency is informed in writing of the deficiency to be corrected, and the invoice is held for **five business days**. At the end of the five business days, the invoice is then returned to the agency as a non-submission.
4. An invoice must be submitted to the grantee for each month in the contract period. If no contracted activities occurred in a given month, there would be no reimbursable costs; an invoice with a \$0 monthly total should be submitted.
5. Any revised or supplemental invoices are to be clearly labeled as such by including the word **“Revised”** or **“Supplemental”** in **“Billing Period”** notation. Retroactive billing may only occur when the expense is not billed to another funding source. Documentation of bills to other funding sources may be required.
6. Monthly invoices are paid within 30 days of receipt. Any pending checks are held if complete quarterly reports are not received when due and/or if fiscal documentation is incomplete, and agencies are informed in writing.
7. Invoices are sent to:

Fiscal Unit  
 Boston Public Health Commission  
 AIDS Program  
 1010 Massachusetts Ave, 2nd Floor  
 Boston, MA 02118

***Cost Reimbursement Invoicing***

1. Appropriate supporting documents for monthly cost reimbursement invoices include:
  - Payroll registers
  - Ad Hoc Labor Reports
  - Purchase requisitions/orders
  - Cancelled checks
  - Copies of original vendor invoices
  - Copies of original reimbursement/voucher forms
2. The budget on the invoice must be the approved contract budget. The name of each staff member must be noted next to each position on the budget. Actual monthly payroll expenses paid (not accrued) are billed on the invoice. The year-to-date amounts in the “Cumulative” billing column must be correct. Also, the salaries and FTEs which are billed must correspond to the approved contract budget. If any of these problems occur on an invoice, it will not be processed. A budget revision request and/or revised invoice may be submitted.
3. The fringe rate must be at the agency’s internal audited fringe rate, with a maximum of 34.5%. Verification of this rate is subject to audit. (Fringe is defined as government mandated and employer selected employee benefits including: social security, unemployment, workers, and disability compensation, retirement programs, and health insurance).
4. The following is required for any invoices submitted for the purchase of client related travel, meals/food, and other client consumables in below line items on any program budget:
  - Itemized Receipts
  - Itemized list indicating the client codes of those receiving the service and service utilization information (i.e. the dates and quantity of service provided to each client).

These are required at the time of billing for all (but not limited to) the following line items:

- Food/grocery vouchers
- Food provided with client activities (e.g., Peer Support group meals)
- Taxi Vouchers
- The Ride Tickets
- Commuter Rail
- Bus and Subway Fare
- Volunteer Mileage
- Contracted services rides

A sample itemized list of transportation and food vouchers is as follows:

<i>Client Code</i>	<i>Unit of Service Code</i>	<i>Date</i>	<i>Unit of Service</i>	<i>Amount</i>	<i>Vendor</i>
JUL1222678595	4442	03/21/08	Taxi to Medical Appointment	\$22.50	Boston Taxi
JUL1222678595	4228	03/27/08	Food Voucher	\$20	Market Basket

5. To bill for a consultant line, the following must be submitted along with the invoice:
  - A resume and list of qualifications for any consultant hired.
  - A detailed description of the services/activities performed by the consultant.

6. A contract's "Indirect" line item expense does not need to be documented. This line item is billed as the prorated monthly budgeted amount, except for months with no "Direct" expenses. If there is "Direct" expense billing each month, an agency is entitled to the full "Indirect" amount by year-end. An agency may request payment of the "Indirect" cost without "Direct" expense during a service's start-up period. Per Federal legislation the indirect rate can not exceed 10% of the total direct program costs.
7. Vehicle mileage is reimbursed at a maximum of \$0.585/mile.
8. Travel outside of the EMA is not allowed and will not be reimbursed. Exceptions to this may be made with the written prior approval from the Director of the AIDS Program, where travel outside the EMA is for necessary trainings which may be held in various parts of the State.

## B. Fiscal Compliance

1. Under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, there are significant penalties to the EMA if there are unexpended dollars at the end of the fiscal year. This includes the need to return unexpended dollars to the federal government. Therefore, all programs are expected to expend 100% of their contracted award. Contract expenses, as shown on invoices, are reviewed each quarter of the fiscal year. The agency is informed after the first quarter, in writing, of any under billing. Any contract under billed through the second quarter may be reduced. If the under billing is due to a late start, the contract is reduced by the amount of the unspent funds to date. If the under billing is chronic, the contract is reduced by both the unspent funds and the projected under spending to year-end. These unexpended funds are then reallocated to other provider contracts in accordance with the Part A HIV Planning Council's service priorities. Reallocations within individual categories and the resulting contract revisions do not require Planning Council approval.
2. Contract spending may differ from each personnel or expense line item by no more than 10% (i.e. if you are budgeted for a \$1,000 office supply line, you may spend up to \$1,100 in office supplies) as long as the total amount billed does not exceed the contract's maximum obligation. Overspending will not be reimbursed.
3. Contract funding for a Part A MAI fiscal year may not be used in a subsequent fiscal year. Fiscal years are discrete; the funding is separate and is not "carried over."

## C. Audits

Agencies must perform audits of agency financial records as described in the OMB Circular A-133 if they receive more than \$500,000 in federal funding. For agencies that receive less than \$500,000 in federal funding, the agency is required to have annual audits and financial statement prepared by independent auditors.

When completed, this audit must be sent to:

Gretchen Hartigan, Associate Director  
Director of Research, Grants Administration  
660 Harrison Avenue  
Boston, MA 02118

In addition, this audit and all required fiscal records must be available at the program location for review during the on site financial review.

## D. Budget Revisions

1. Contract budgets are not changed without the approval of the Boston Public Health Commission. A revised budget request in the same format as the contract budget and accompanied by line item explanations of proposed revisions is required.

Agency requests to revise contract budgets are made in writing to:

Michael Goldrosen, Director of Client Services  
AIDS Program  
Boston Public Health Commission  
1010 Massachusetts Ave, 2nd Floor  
Boston, MA 02118

2. Budget revision requests must include the following: (1) a letter with a detailed explanation for making the proposed revision; (2) a current budget with the proposed changes made in the same format; and (3) a detailed line item budget explanation attached.
3. Generally, appropriate requests are those which propose using different means to accomplish the specific program features which were approved and detailed in the original Scope of Services. In general, adding new line items is not an acceptable request. With prior approval, agencies are allowed to shift funds between existing line items due to evolving service needs.
4. Budget revisions will not be accepted after June 1, 2009.
5. Initial appeals of denied budget revision requests are made, in writing, to the Director of the Boston Public Health Commission AIDS Program. Further appeals may be submitted, in writing, to the Executive Director of the Boston Public Health Commission.

## E. Additional Funding Restrictions

1. Grant funds may not be used to supplant or replace current State or local HIV-related funding.
2. Funds may not be used to purchase or improve land or to purchase, construct, or make permanent improvement to any building except for minor remodeling.
3. Funds may not be used to make payments to recipients of services.
4. Recipients of grant funds must participate in a community-based continuum of care. A continuum of care is defined as:

*A comprehensive continuum of care includes primary medical care for the treatment of HIV infection that is consistent with Public Health Service guidelines. Such care must include access to antiretrovirals and other drug therapies, including prophylaxis and treatment of opportunistic infections as well as combination antiretroviral therapies. Comprehensive HIV/AIDS care also must include access to substance-abuse treatment, mental-health treatment, oral health, and home health or hospice services. In addition, this continuum of care should include supportive services that enable individuals to access and remain in primary medical care as well as other health or supportive services that promote health and enhance quality of life.*

5. Of the total amount of funds awarded to a service provider through Part A MAI, the total expenditures for administrative expenses shall not exceed 10 percent (without regard to whether any of these subcontractors expend more or less than 10 percent for such expenses). For the purposes of the 10% aggregate cost cap, administrative activities include:
  - a. usual and recognized overhead, including established indirect rates
  - b. management and oversight of specific programs funded under Part A MAI
  - c. other types of program support (e.g., capacity building; technical assistance; program evaluation, including outcome assessment; quality assurance; and assessment of service-delivery patterns that affect the care of the individuals in need).
6. If a particular service is available under the State Medicaid Plan, the political subdivision involved must either provide the service directly or must enter into an agreement with a public or private entity to provide the service. The subcontractor providing the service must enter into a participation agreement under the State Medicaid Plan and must be qualified to receive payment under the State Medicaid Plan.
7. Funds may not be used to provide items or services for which payment already has been made, or reasonably can be expected to be made, by third-party payers, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance. It is therefore incumbent upon recipients of Part A MAI funds to assure that eligible individuals are expeditiously enrolled in Medicaid and that Part A MAI funds are not used to pay for any Medicaid-covered services for Medicaid-eligible PLWH. Applicants are reminded that Part A MAI Grantees are subject to audit on this and other restrictions on use of funds.
8. If a Part A MAI service provider charges for services, it must do so on a sliding-fee schedule that is made available to the public. Individual, annual aggregate charges to clients receiving Part A MAI services must conform to statutory limitations (see chart). The intent is to establish a ceiling on the amount of charges to recipients of services funded under Part A MAI. Please refer to the following chart for allowable charges.

**Individual/Family Annual Gross Income  
And Total Allowable Annual Charges**

Individual/Family Annual Gross Income	Total Allowable Annual Charges
Equal to or below the official poverty line	No charges permitted
101 to 200 percent above the official poverty line	5% or less of gross income
201 to 300 percent above the official poverty line	7% or less of gross income
More than 300 percent above the official poverty line	10% or less of gross income

Establishing a fee schedule should not result in a bureaucratic system to means-test individuals or families before Part A MAI supported services are provided. A simple application that requests information on the annual gross salary of the individual/family should provide the baseline by which the caps on fees will be established. The client should ensure that the information provided is accurate.

9. Funds are to be used in a manner consistent with current and future program policies developed for Part A MAI regarding allowable categories of services and eligibility for services. Please review all current HRSA/HAB and BPHC program policies.
9. All travel must be local (within the EMA) and directly related to the services provided under the specific contract.

## Program Rules FY 2008

### Reporting

1. Reporting shall be considered a deliverable under this agreement for purposes of determining fulfillment of the Subcontractor's obligations. Failure to produce timely and adequate reports may jeopardize the Subcontractor's funding during the current award period as well as its eligibility or consideration for funding in subsequent years and shall result in a delay in payment as described in the Compensation article below.
2. Furthermore, the Boston Public Health Commission reserves the right to withdraw an award if it determines the Subcontractor has failed to make substantial progress on its goals and objectives, that such failure is unreasonable, and the Subcontractor does not demonstrate an adequate strategy to address problems and/or obstacles to that progress.
3. The Subcontractor shall submit quarterly narrative progress and statistical reports in writing. Statistical reports shall include at a minimum, the submission of (1) Client Information: including a unique client code, client demographics, exposure category, diagnostic information, housing status, and insurance status and (2) Client Utilization data: including units of service delivered, dates of service, and number of units. Narrative reports shall include a description of the progress made and efforts undertaken to meet goals and objectives for each activity or service funded, including summary of services provided and those served, any problems, obstacles or barriers to meeting such goals and objectives, and any actions taken or to be taken to resolve such problems, obstacles, or barriers. The Boston Public Health Commission may request additional information at any time.
4. All quarterly reports shall contain narrative descriptions, which are concise and informational with sufficient detail to allow evaluation of funded efforts. Tables and exhibits may be substituted for narrative descriptions, where appropriate. Also, the Subcontractor shall include a description of the implementation and progress on any Plans of Corrective Action submitted to the Boston Public Health Commission. Furthermore, while funding through other sources that complement Part A MAI funded activities may be cited, the application of Part A MAI funds shall be made explicit and documented separately in reports. The Boston Public Health Commission may provide specific formats for submitting reports, which the Subcontractor shall be required to follow. The Subcontractor shall be required to adhere to new reporting requirements in submitting their quarterly reports subsequent to that date. Training will be provided.
5. Quarterly reports shall be submitted within fifteen (15) days after the end of the quarter. If applicable, annual reports shall be submitted within fifteen (15) days of the close of the reporting period. All reports shall be submitted to the Boston Public Health Commission.
6. Programs funded with unit rate contracts must submit a combined fiscal and data report within fifteen (15) days after the end of each month, and a quarterly narrative report within fifteen (15) days of the close of each quarter.
7. All Subcontractors will be expected to complete the annual Ryan White HIV/AIDS Program Data Report (RDR) at the end of the calendar year. Additional information will be provided prior to submission.
8. Client level outcome measures have been developed for all service categories. Subcontractors shall submit reports on outcome measures within fifteen (15) days after the end of the six month reporting period.

## Monitoring

1. The Boston Public Health Commission or other entities on behalf of the Boston Public Health Commission will conduct site visits. The Subcontractor will receive no fewer than one (1) site visit during the period of performance. Site visits include a review of both fiscal and programmatic documentation. Key personnel involved in implementation of the Scope of Services at any and all locations where funded activities occur as well as appropriate records should be available for site visits.

2. Additional information may be requested prior to, at, or subsequent to said site visit (s). The Subcontractor will have a reasonable time to produce such information. The Subcontractor shall also receive reasonable notice prior to each site visit. The Boston Public Health Commission shall take care to schedule site visits at such times as may be mutually agreed upon, so long as such scheduling does not result in delay, in which case the Boston Public Health Commission shall specify a date and time for the site visit. The Boston Public Health Commission also has the right to visit at a time of its choosing and without advance notice.

## MINORITY AIDS INITIATIVE (MAI)

**Boston Part A EMA HIV/AIDS Services Planning Council Service Category Definition:**

### Case Management Services

Unit of Service	Code	Definition
Initial Intake, Started	4080	Enter one (1) when initial intake begins.
Assessment, Completed	4081	Enter one (1) when assessment is completed.
Visit, General	4082*	A face-to-face session between provider and client where case management services are provided. One Unit = One Hour.
Phone, Follow-up	4083	Enter one (1) for each non-initial telephone encounter which provides client-centered assistance. One Unit = One Phone Call
Reassessment/Follow-up Service Plan, Completed	4084	Enter one (1) when reassessment/follow-up service plan is completed.

### Peer Support Services

Unit of Service	Code	Definition
Peer Support Session, Group	4361*	A regularly scheduled meeting for three or more people with HIV/AIDS and facilitated by someone who is HIV infected. One Group Unit = One Hour.‡
Peer Support Session, Individual	4365*	Any face-to-face session between an HIV infected peer advocate and client where peer support services are provided. One Unit = One Hour.

\***Time based units** may be reported using increments other than one hour.  
For example: 1.5 units = 90 minutes, 0.5 units = 30 minutes, or 0.25 units = 15 minutes.

‡ **Group units** are calculated on a “client basis.” This means that if three clients attend a group session, three client codes and corresponding units must be included in the billing.

## Staff Contact List FY 2008

### ADMINISTRATIVE CONTACTS

Michael Goldrosen	Director of Client Services	MGoldrosen@bphc.org
Catherine Cairns	Senior Program Coordinator	CCairns@bphc.org
Tanya Gayle	Administrative Assistant	TGayle@bphc.org

### PROGRAM CONTACTS

Jessica Kraft	Client Services Manager	JKraft@bphc.org
Frantzou Balthazar –Toussaint	Senior Program Coordinator	FBalthazar@bphc.org
John Kuehnle	Senior Program Coordinator	JKuehnle@bphc.org
Eric Thai	Program Coordinator	EThai@bphc.org
Marcus Rennick	Program Coordinator	MRennick@bphc.org
Benn Grover	Program Coordinator	BGrover@bphc.org
TBD	Program Coordinator	TBD

### QUALITY MANAGEMENT CONTACTS

Danielle Towne	Program Coordinator	DTowne@bphc.org
Sharon Asonganyi	Program Coordinator	SAsonganyi@bphc.org

### FISCAL CONTACTS

Rosa Stamatou	Fiscal Manager	RStamatou@bphc.org
Regis Jean-Marie	Fiscal Coordinator	RJeanmarie@bphc.org
TBD	Fiscal Coordinator	TBD
Monica Guerrero	Fiscal Assistant	MGuerrero@bphc.org

### DATA CONTACTS

Irina Neshcheretnaya	Data Manager	INeshcheretnaya@bphc.org
Marie Geneus	Data Entry Coordinator	MGeneus@bphc.org
Cesarina Nolasco	Data Entry Clerk	CNolasco@bphc.org
Sabrina White	Data Entry Clerk	SWhite@bphc.org

Boston Public Health Commission AIDS Program  
1010 Massachusetts Avenue, 2nd Floor  
Boston, MA 02118

[P] 617-534-4559  
[F] 617-534-2480  
www.bphc.org

# Attachments

Important Part A MAI Submission Dates

Cost Reimbursement Reporting Checklist

Outcome Measurement Report Form

Case Management Assessment Tool

Case Management Re-Assessment Tool

Joint HIV/AIDS Client Information Form

Client Utilization Form

**Important Part A Minority AIDS Initiative (MAI) Submission Dates  
FY 2008**

**August 1, 2008- July 31, 2009**

<b>Submission</b>	<b>Reporting Period</b>	<b>Due Date</b>
1 <sup>st</sup> Quarterly Report *	Aug 1 - Oct 31	Nov 15, 2008
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