

Introduction to the Ryan White Data Report



Scottsdale, AZ
December 3, 2008

1

Session Overview

- ◆ Highlights of Ryan White Act
- ◆ Overview of Terms
- ◆ Grantee/Provider Relationships
- ◆ Understanding of Web Submission
- ◆ Sequence of Activities
- ◆ RDR Section Review

2

Materials

- ◆ 2008 RDR Form
- ◆ 2008 RDR Instructions
- ◆ Presentation Slides
- ◆ Vignette Worksheets
- ◆ 2008 RDR Timeline

3

Ryan White HIV/AIDS Treatment Modernization Act: Programs

- Part A: Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
- Part B: States and U.S. Territories
- Part C: Early Intervention Services (EIS)
- Part D: Services for Women, Infants, Children, Adolescents, Youth and Their Families (includes the Adolescent Initiative)

4

ORGANIZATIONAL TERMINOLOGY

- ◆ **Agency**
 - Refers to both grantees and providers
- ◆ **Grantee of Record**
 - Receives Federal funding directly from HRSA
 - May be the provider agency or may contract with another agency for services
- ◆ **Service Provider**
 - Provides services to clients
 - May be directly funded by the Ryan White HIV/AIDS Program or through subcontracts with grantees

5

CLIENT TERMINOLOGY

- ◆ **Infected client**
 - HIV-positive
 - Receives at least one core or support service
- ◆ **Indeterminate client**
 - Under the age of 2
 - HIV status is not yet determined
 - Born to an HIV-infected mother
- ◆ **Affected client**
 - Family member or partner of an infected client
 - Receives at least one support service
 - HIV-negative, or HIV status is unknown or unreported

6

DATA REPORT TERMINOLOGY

- ◆ **Ryan White Data Report (RDR)**
 - A report documenting the clients served and services provided.
 - Each agency submits one data report.
- ◆ **Section**
 - A group of related items within the report.
 - There are 7 sections in the data report.
- ◆ **Item**
 - An individual question in the report.
 - There are 82 items in the data report.
- ◆ **Data Quality Check**
 - A required relationship between data elements.
 - The checks ensure that data are internally consistent.

7

Reporting Scope

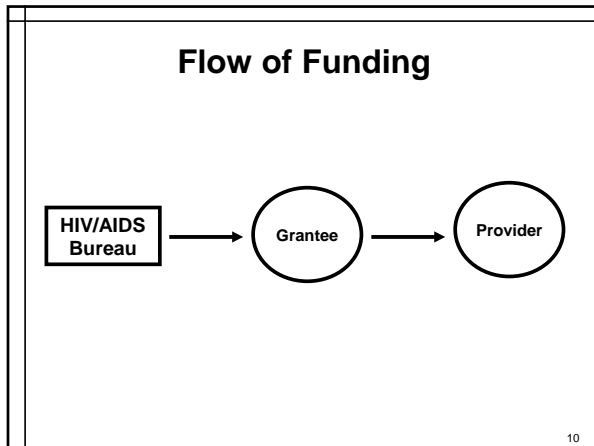
- ◆ Determines which services and clients are included in the data report
- ◆ Use Scope "01" to report
 - All clients receiving a service eligible for Ryan White HIV/AIDS Program funding
- ◆ Use Scope "02" to report
 - All clients receiving a service funded by the Ryan White HIV/AIDS Program

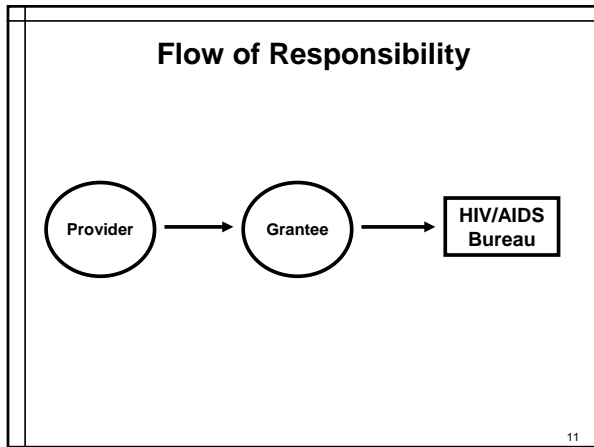
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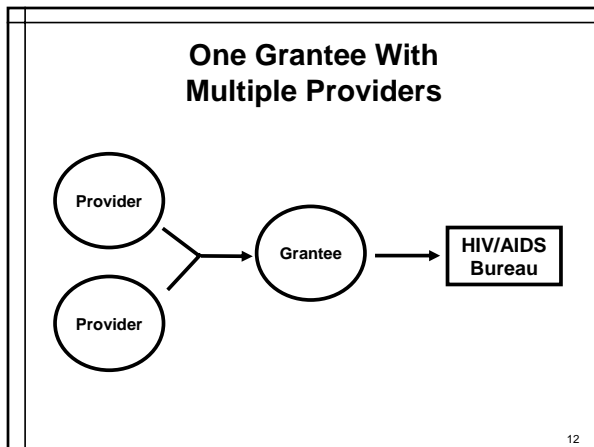
Grantee/Provider Relationships

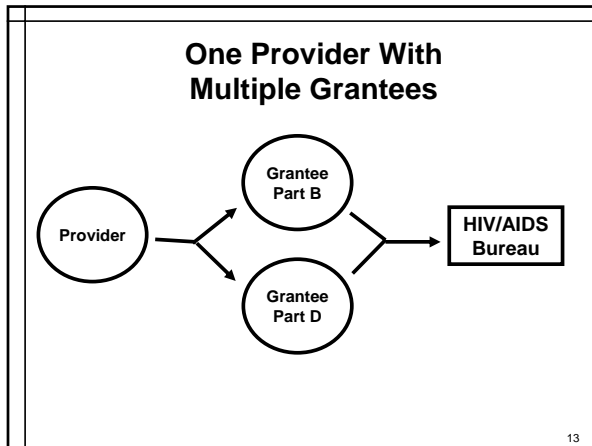
- ◆ Grantee is the service provider
- ◆ Grantee contracts with agencies to provide services
- ◆ Agency receives funding from more than one grantee
- ◆ Grantee contracts with fiscal intermediary provider

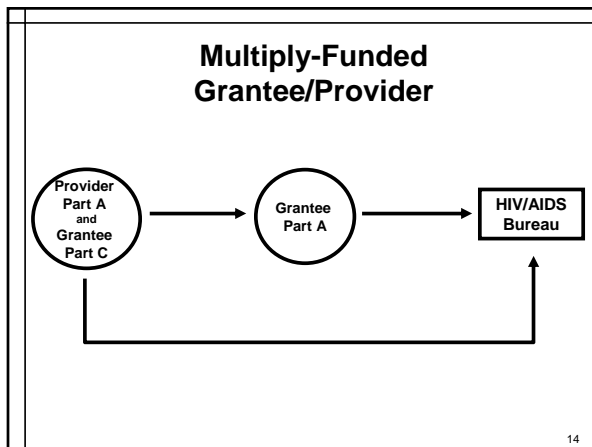
9

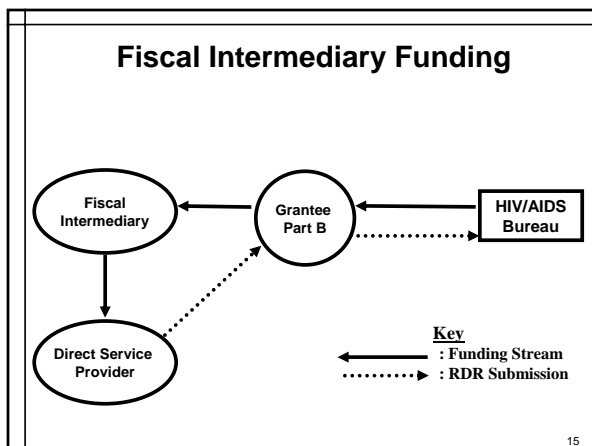


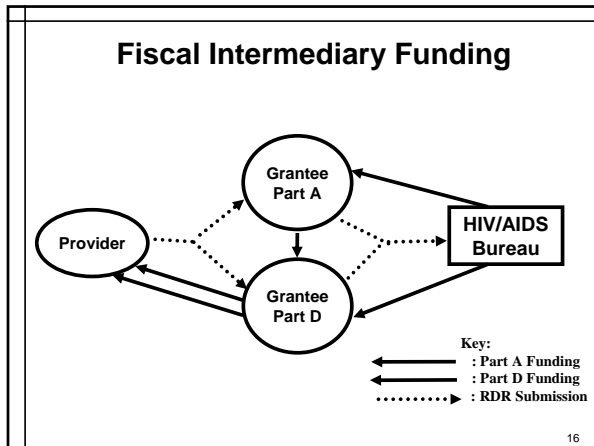












- ### How RDRs are Submitted
- ◆ RDRs are submitted electronically using the RDR Web system
 - ◆ Grantees access the RDR Web system via HRSA's Electronic Handbooks (EHBs)
 - ◆ Providers access the RDR Web system directly

- ### Understanding Web Submission: HRSA's Electronic Handbooks (EHBs)
- Online grants management system
- ◆ Funding opportunities
 - ◆ Notices of Grant Award (NGAs)
 - ◆ Administer user access to the grant
 - ◆ Non Competing Continuations
 - ◆ Monitor post-award activity schedule
 - ◆ Access and submit progress reports and other post-award deliverables

**Understanding Web Submission:
Ryan White Data Report Web System**

- ◆ Online data entry system
 - Manually enter data into the system; or
 - Upload XML data report into the system
- ◆ Grantees monitor the status of providers' data reports
- ◆ Grantees review & approve providers' data reports

19

Sequence of Activities

Annual training	Oct - Dec 2008
Annual mailing	Nov - Dec 2008
Provider list verification	Dec 2008
Prepare and submit data	Jan - Mar 2009
Review data reports	Mar 2009
Data report verification	April 2009

20

**How to Prepare for the
Web System Opening**

Upon receiving the annual mailing:

1. Grantees review provider lists;
 - Mail/fax Provider Verification Forms to Data Support
 - Make changes to the lists in the Web system;
2. Certify provider lists in EHBs;
3. Distribute registration codes to providers; and
4. Begin training providers.

21

Who Completes Each Section?

22

Data Reporting Responsibility

Program Parts	A	B	C	D
Section 1. Service Provider Information	✓	✓	✓	✓
Section 2. Client Information	✓	✓	✓	✓
Section 3. Service Information	✓	✓	✓	✓
Section 4. HIV Counseling and Testing	✓	✓	✓	✓
Section 5. Medical Information	✓	✓	✓	✓
Section 6.1. Part C Information			✓	
Section 6.2. Part D Information				✓
Section 7. Health Insurance Program (HIP) Information	✓	✓	✓	

23

- ### Section Review
- ◆ Review selected items
 - ◆ Discuss how to accurately complete items
 - ◆ Explain data relationships
 - ◆ Complete vignette exercise to illustrate points to remember

24

Points to Remember: Section 2

- ◆ Report the status of clients at the end of the reporting period.
- ◆ Report infected and indeterminate clients together (HIV+/indeterminate).
- ◆ Report negative and unknown/unreported clients together (HIV-affected).
- ◆ Totals for all items (except Item 24) must equal total unduplicated clients in Item 23.

35

Vignette: Section 2

23. Total number of unduplicated clients:

315	HIV-positive
60	HIV-indeterminate (under 2 years)
10	HIV-negative (affected)
_____	Unknown/unreported (affected)
385	Total

36

27. Race and ethnicity:

a. Hispanic			b. non-Hispanic		
# of Clients	HIV-positive/ indeterminate	HIV-affected	# of Clients	HIV-positive/ indeterminate	HIV-affected
American Indian or Alaska Native			American Indian or Alaska Native		
Asian			Asian	30	
Black or African American	30		Black or African American	115	4
Native Hawaiian or Other Pacific Islander			Native Hawaiian or Other Pacific Islander		
White	35	5	White	145	
More than one race	10	1	More than one race		
Not Reported	5		Not Reported	15	
Total	80	6	Total	305	4

37

Section 3 Service Information

- ◆ Services eligible for funding (columns 1-2)
- ◆ Clients receiving services (column 3)
- ◆ Number of service visits (column 4)

FORM NO. 0000-0001
REV. 03/02/01

SECTION 3 - SERVICE INFORMATION

Service providers funded under all Parts should complete this section. If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits within each service category. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV/AIDS-related services on the HIV/AIDS column. Client services for affected clients are not eligible for Ryan White HIV/AIDS Program funding.

3a. Services offered, number of clients served, and total number of visits during this reporting period:

Service Categories	Column 2 Service was offered	Column 3 Total # of uniquely served clients	Column 4 Total # of visits during reporting period	Column 5 # of visits received	
				HIV/AIDS	Other
CODE SERVICES					
1. HIV/AIDS-related services					
2. Local AIDS Pharmaceutical Assistance/Dispensing programs					
3. Oral health care					
4. Early intervention services (Parts A and B)					
5. Health Insurance Premium & Cost Sharing Assistance					
6. Home health care					
7. Home and community based health services					
8. Hospice services					
9. Mental health services					
10. Medical nutrition therapy					
11. Medical case management (including treatment coordination)					
12. Medication services					
13. Substance abuse services (including counseling)					
SUPPORT SERVICES					
14. Child care services					
15. Pediatric dental/oral/ophthalmology/audiology/physical therapy services					
16. Emergency financial assistance					
17. Food bank/home-delivered meals					
18. Health environmental reduction					
19. Housing services					
20. Legal services					
21. Linguistics services					
22. Medical transportation services					
23. Outreach services					
24. Peer-support programs					
25. Psychological support services					
26. Referral to health transportation services					
27. Rehabilitation services					
28. Respiratory care					
29. Substance abuse services (including counseling)					
30. Unknown					

Section 3 - Service Information

Points to Remember: Section 3

- ◆ All services eligible for Ryan White funding are listed.
- ◆ The services you report depend on:
 - Program Guidance
 - Reporting Scope

Vignette: Section 3

Heritage House (Part C) had a very busy day!

- ◆ 15 HIV-positive clients had their weekly visits with staff psychiatrists
 - 10 of these 15 clients returned to attend group therapy with the psychiatrist in the late afternoon
- ◆ 8 new clients had CD4 counts taken
 - 4 of these new clients were also screened for TB
- ◆ 10 clients met with their case managers to follow-up on new drug regimens
 - 5 of these clients met with the dietician for nutritional supplements

How are these services reported in Item 33?

42

Section 4

HIV Counseling & Testing Information

- ◆ Provision & Funding (Items 34-35)
- ◆ Confidential & Anonymous Services (Items 36-40)
- ◆ Partner Notification (Item 41)

44

OMB No. 0933-0047
Form 0028-0001

SECTION 4 HIV COUNSELING AND TESTING

Items 34, 35, 36, 37, and 38 are service providers that received the eligible reporting range "0" in Item 3, and provided HIV counseling and testing during this reporting period, must report on all items in Section 4. Those who selected the default reporting range "0" in Item 3, and provided HIV counseling and testing, but did not use Item 3 HIV/AIDS Program funds for testing during this reporting period, should respond "Yes" to Item 34, "No" to Item 35, and then skip to Section 5.

Report the number of individuals who received HIV counseling and testing during the reporting period. This number should include ALL individuals who received HIV counseling and testing in your program, whether or not they were reported as clients in Item 3. This is the only section of the Ryan White HIV/AIDS Program Data Report where individuals who are not confidential clients may be reported.

NOTE: HIV counseling and testing are included as components of Early Intervention Services for Parts A and B. HIV counseling and testing are required components of a Part C program. Part C clients may be used to report these activities.

34. a. Were HIV counseling and testing provided as part of your program during this reporting period?

Yes (Continue.) No (Skip to Section 5.)

35. b. Indicate the total number of infants tested during this reporting period.

Number of infants tested: _____

36. Where Ryan White HIV/AIDS Program funds were used to support HIV counseling and testing services during this reporting period?

Yes (Continue.) No (Skip to Section 5 if you selected option "0" in Item 3.)

37. How many individuals received HIV pretest counseling during this reporting period?

Number of: Confidential _____ Anonymous _____

38. How many individuals were tested for HIV during this reporting period?

Number of: Confidential _____ Anonymous _____

39. Of the individuals who were tested for HIV (Item 37), how many received HIV pretest counseling during this reporting period, regardless of test result?

Number of: Confidential _____ Anonymous _____

40. Of the individuals who tested POSITIVE (Item 38) during this reporting period, how many did NOT return for HIV pretest counseling during this reporting period?

Number of: _____

41. a. Did your program offer partner notification services during this reporting period?

Yes No (Skip to Section 5.)

b. If "Yes" in Item 41a, how many at-risk partners were notified during this reporting period?

Number of: _____

Section 4 HIV Counseling and Testing 7 Ryan White HIV/AIDS Program Data Report

45

Points to Remember: Section 4

- ◆ Include **ALL** individuals who received HIV counseling and/or testing, whether or not they received another core or support service
- ◆ Section 4 has no data relationship with Section 2

46

Vignette: Section 4

Heritage House (Part C) uses reporting scope 01 and provided counseling and testing to 10 individuals with non-Ryan White funds:

- ◆ 6 individuals received anonymous pretest counseling; 4 individuals received anonymous testing
- ◆ 4 individuals received confidential pretest counseling and testing; they all tested positive and were referred for medical care.

How would Heritage House complete Items 34–37?

47

Section 5

Medical Information

- ◆ Outpatient/ambulatory Clients and Visits (Items 42-45)
- ◆ Medical Testing and Treatment (Items 46-48)
- ◆ Client Status (Items 49-51)
- ◆ Females and Births (Items 52-53)
- ◆ Quality Management (Item 54)

49

Vignette: Section 5

Heritage House reimbursed Dr. Huxtable on a fee-for-service basis for services provided in 2008.

Is Dr. Huxtable required to submit a data report? Why or why not?

Section 6

Part-Specific Data for Parts C and D

- ◆ 6.1 Part C Information (Items 55-65)
- ◆ 6.2 Part D Information (Items 66-73)

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 Rev. Date: 01/20/2011

SECTION 6. DEMOGRAPHIC TABLES/PART-SPECIFIC DATA FOR PARTS C AND D

Section 6.1 should be completed by Part C grantee/service providers. Section 6.2 should be completed by Part D, including sub-grantee, sub-grantee/service providers, Part D, and Part B grantees should skip to Section 7.

Section 6.1: Part C Information

Section 6.1 should be completed only by Part C grantee/service providers that provide primary health care services with Part C funds. Exclude all other clients who are HIV-positive or HIV-indefinite and have received at least one primary health care service during the reporting period, regardless of the funding source for that service. Primary health care services include medical, and specialty care, chronic care, mental health and substance abuse services, medical case management, and pharmacy services as well as radiology, laboratory and other tests for diagnosis and treatment planning; STD counseling and testing; and the use of testing and tracking technology for medical care. An individual may count in a cell under the age of 5, born to a mother who is HIV-infected, and whose status is not yet definite.

The number of clients reported in Sections 6.1 and 6.2 should be less than or equal to the number of unaplicated HIV-positive/indefinite clients reported in Section 3.

If the number of clients reported in Section 6.1 is equal to the number of unaplicated HIV-positive/indefinite clients reported in Section 3, check here: (Skip to Item 25)

<p>6a. Total number of unaplicated clients during this reporting period who were:</p> <p><input type="checkbox"/> HIV-positive</p> <p><input type="checkbox"/> HIV-indefinite (under 2 years)</p> <p>6b. Number of unaplicated HIV-positive/indefinite clients who were <u>DOB</u> clients during this reporting period:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Unknown/unreported</p> <p><input type="checkbox"/> Total</p> <p>6c. Age (of HIV-positive/indefinite clients) reported in Item 6b:</p> <p><input type="checkbox"/> Under 2 years</p> <p><input type="checkbox"/> 2-12 years</p> <p><input type="checkbox"/> 13-24 years</p> <p><input type="checkbox"/> 25-44 years</p> <p><input type="checkbox"/> 45-64 years</p> <p><input type="checkbox"/> 65 years or older</p> <p><input type="checkbox"/> Unknown/unreported</p> <p><input type="checkbox"/> Total</p>	<p>6d. Race and ethnicity of HIV-positive/indefinite clients) reported in Item 6b:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left; font-size: small;">Number of clients</th> <th style="text-align: left; font-size: small;">Hispanic</th> <th style="text-align: left; font-size: small;">Non-Hispanic</th> </tr> </thead> <tbody> <tr><td>American Indian or Alaska Native</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Asian</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Black or African American</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Native Hawaiian or Other Pacific Islander</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>White</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>More than one race</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Not reported</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Total</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Number of clients	Hispanic	Non-Hispanic	American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	More than one race	<input type="checkbox"/>	<input type="checkbox"/>	Not reported	<input type="checkbox"/>	<input type="checkbox"/>	Total	<input type="checkbox"/>	<input type="checkbox"/>
Number of clients	Hispanic	Non-Hispanic																										
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>																										
Asian	<input type="checkbox"/>	<input type="checkbox"/>																										
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>																										
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>																										
White	<input type="checkbox"/>	<input type="checkbox"/>																										
More than one race	<input type="checkbox"/>	<input type="checkbox"/>																										
Not reported	<input type="checkbox"/>	<input type="checkbox"/>																										
Total	<input type="checkbox"/>	<input type="checkbox"/>																										

Section 6.1: Part C Information 10 2008 Ryan White HIV/AIDS Program Data Report

OMB No. 0915-0047
Rev. 06/20/04

Section 8.2 - Part D Information

Section 8.2 should be completed only by Part D, including additional facilities, grantee/tertiary providers. Report the Part D clients who were HIV positive or HIV indeterminate at entry to their city and primary facility (see 8.2.1). Exclude only those clients who reported Part D entry to the treatment center or to other sites on the last 30 days of reporting. Do not include data on HIV treatment and those clients who are reported.

The number of clients reported in Section 8.2 should be less than or equal to the number of unduplicated clients reported in Section 8.1.

If the number of unduplicated clients reported in Section 8.2 is equal to the number of unduplicated clients reported in Section 2, check here: Yes No

86. Total number of unduplicated clients during this reporting period who were:

_____	HIV positive	
_____	HIV indeterminate (under 2 years)	
_____	HIV negative/unknown	

87. Total number of HIV unduplicated clients during this reporting period who were:

_____	HIV positive	
_____	HIV indeterminate (under 2 years)	
_____	HIV negative/unknown	

88. Gender:

Number of clients	HIV positive/indeterminate	HIV affected

_____	Male	
_____	Female	
_____	Transgender	
_____	Unknown/unreported	
_____	Total	

89. Age:

Number of clients	HIV positive/indeterminate	HIV affected

_____	Under 2 years	
_____	3-12 years	
_____	13-24 years	
_____	25-44 years	
_____	45-64 years	
_____	65 years or older	
_____	Unknown/unreported	
_____	Total	

Section 8.2 - Part D Information 17 2008 Ryan White HIV/AIDS Program Data Report

OMB No. 0915-0047
Rev. 06/20/04

Section 8.2 - Part D Information

94. Number of clients during this reporting period by gender, HIV status, and age:

Gender	HIV Status	Under 2 years	3-12 years	13-24 years	25-44 years	45-64 years	65 years and older	Age unknown	Total
Male	HIV indeterminate								
	HIV unknown								
	HIV positive								
Female	HIV indeterminate								
	HIV unknown								
	HIV positive								
Transgender	HIV indeterminate								
	HIV unknown								
	HIV positive								
Unknown/unreported	HIV indeterminate								
	HIV unknown								
	HIV positive								
Total	HIV indeterminate								
	HIV unknown								
	HIV positive								

95. Number of clients during this reporting period by race, ethnicity, HIV status, and age:

Number of HISPANIC clients

Race	HIV Status	Under 2 years	3-12 years	13-24 years	25-44 years	45-64 years	65 years and older	Age unknown	Total
American Indian or Alaska Native	HIV indeterminate								
	HIV unknown								
	HIV positive								
Asian	HIV indeterminate								
	HIV unknown								
	HIV positive								
Black or African American	HIV indeterminate								
	HIV unknown								
	HIV positive								
Native Hawaiian or Other Pacific Islander	HIV indeterminate								
	HIV unknown								
	HIV positive								
White	HIV indeterminate								
	HIV unknown								
	HIV positive								
More than one race	HIV indeterminate								
	HIV unknown								
	HIV positive								
Not reported	HIV indeterminate								
	HIV unknown								
	HIV positive								
Total	HIV indeterminate								
	HIV unknown								
	HIV positive								

Section 8.2 - Part D Information 18 2008 Ryan White HIV/AIDS Program Data Report

OMB No. 0915-0047
Rev. 06/20/04

Section 8.2 - Part D Information

96. Number of HISPANIC clients:

Race	HIV Status	Under 2 years	3-12 years	13-24 years	25-44 years	45-64 years	65 years and older	Age unknown	Total
American Indian or Alaska Native	HIV indeterminate								
	HIV unknown								
	HIV positive								
Asian	HIV indeterminate								
	HIV unknown								
	HIV positive								
Black or African American	HIV indeterminate								
	HIV unknown								
	HIV positive								
Native Hawaiian or Other Pacific Islander	HIV indeterminate								
	HIV unknown								
	HIV positive								
White	HIV indeterminate								
	HIV unknown								
	HIV positive								
More than one race	HIV indeterminate								
	HIV unknown								
	HIV positive								
Not reported	HIV indeterminate								
	HIV unknown								
	HIV positive								
Total	HIV indeterminate								
	HIV unknown								
	HIV positive								

97. Number of clients who were ~~UNDESIRABLE~~ ~~UNDETERMINATE~~ during this reporting period by HIV exposure category and age:

HIV Exposure Category	Under 2 years	3-12 years	13-24 years	25-44 years	45-64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)								
Injection drug use (IDU)								
MSM and IDU								
Heroin/opioid addiction disorder								
Injection drug use (IDU)								
Receipt of transfusion of blood, blood components or tissue								
Multiple unful risk for HIV infection (parenteral medications)								
Other								
Unknown/unreported								
Total								

STOP HERE IF YOU DO NOT PROVIDE HEALTH INSURANCE PROGRAM (HIP) SERVICES TO YOUR CLIENTS!

Section 8.2 - Part D Information 19 2008 Ryan White HIV/AIDS Program Data Report

Points to Remember: Section 6

- ◆ Part C providers that provide primary health services with Part C funds complete Section 6.1.

- ◆ Part C providers report all HIV positive/indeterminate clients receiving primary health care services, regardless of funding source.

- ◆ Part D providers include **ONLY** Part D clients in Section 6.2.

63

Item 33			Vignette: Section 6			Item 64		
1	2	3a		Yes, within the EIS program	Yes, through referral	No		
Service Categories	Check if service was offered	Total # of clients						
Core Services								
a. Outpatient/ambulatory medical care	<input checked="" type="checkbox"/>	100	a. Outpatient/ambulatory medical care	<input checked="" type="checkbox"/>				
b. Local AIDS Pharmaceutical Assistance/dispense pharmaceuticals			b. Dermatology					
c. Oral health care	<input checked="" type="checkbox"/>	50	c. Dispensing of pharmaceuticals	<input checked="" type="checkbox"/>				
d. Early intervention services (Part A and B)			d. Gastroenterology					
e. Health Insurance Premium & Cost Sharing Assistance			e. Medical case management		<input checked="" type="checkbox"/>			
f. Home health care			f. Medical nutrition therapy	<input checked="" type="checkbox"/>				
g. Home and community-based health services			g. Mental health services	<input checked="" type="checkbox"/>				
h. Hospice services			h. Neurology					
i. Mental health services	<input checked="" type="checkbox"/>	75	i. Obstetrics/gynecology					
j. Medical nutrition therapy			j. Optometry/ophthalmology					
k. Medical case management (including treatment adherence)	<input checked="" type="checkbox"/>	100	k. Oral health care					<input checked="" type="checkbox"/>
l. Substance abuse services-outpatient			l. Substance abuse services					
			m. Other services					

64

Section 7

Health Insurance Program (HIP) Information

- ◆ Client Information (Items 74-78)

- ◆ Funding Information (Items 79-82)

66

Technical Support & Resources

Data Support: (888) 640-9356
ryanwhitedatasupport.wrma@csrincorporated.com

HRSA Call Center: (877) 464-4772
CallCenter@HRSA.gov

CAREWare Help Desk: (877) 294-3571
cwhelp@jprog.com

70

Resources

- ◆ HAB Web site:
 - <http://hab.hrsa.gov/tools.htm>
 - Instructions, Forms, and HAB Information E-mails/Policy Notices
- ◆ HAB Project Officer:
 - Program Guidance, Conflicting Instructions
- ◆ TA Web site:
 - <https://datasupport.hab.hrsa.gov>
 - Important Notices, Dates to Remember, Training Materials

71
