

Instructions for Completion of Offline Health Care Quality Account Progress Report or Final Report

If you have any question(s) regarding how to complete this format for a Health Care Quality Account progress report or final report, please send an email message that includes your question(s) to hcqa.grants@maryland.gov. If you need to speak directly with someone at the Maryland Office of Health Care Quality, please call 410-402-8116. We will aim to respond to your question(s), whether via email and/or teleconferencing, soon thereafter.

Build your report on separate 8.5" x 11" pages. Although the content of the report may be hand-written, we prefer that the content be typed on a computer using a simple 11 or 12 point font with 1" margins. Line spacing may be single or double; however, we prefer double spacing.

Each underlined item (see below) of the report format must be completed in the sequence presented below. Do not re-organize the order or the wording of each item, and do not skip any item.

Suggestion: If using a computer, cut and paste each underlined item as it is presented below onto the page where the response to each item is to be added.

The printed report needs to be signed and dated by the proposed project director, and then mailed to: Health Care Quality Account Grants Program, Quality Initiatives Unit, Office of Health Care Quality, 7120 Samuel Morse Drive, 2nd Floor, Columbia, Maryland 21046.

Information re: Grantee Organization and Its Grant-Funded Project

Project Title: Indicate the title of your project as you did when you submitted the application.

Full Legal Name of Your Organization: If your organization is a registered entity, it has a legal name. Indicate the complete legal name of your organization. This legal name may be different from how your organization is typically named or otherwise identified.

Entity Identification Number (EIN) of Your Organization: If your organization is a registered entity, it has an entity identification number for tax-reporting and other purposes. Enter your organization's EIN.

Mailing Address of Your Organization: If your organization's mailing address has changed at all since your application was approved and funded, indicate its current complete mailing address, including floor and/or suite number if applicable. All HCQA-related correspondence mailed in the future will be sent to this revised address. If your organization's address has remained the same since your application or most recent progress report was submitted, please indicate "Same as Before."

Website Address of Your Organization: Indicate your organization's current complete website address, if any. Or, indicate that your organization does not have a website. If there has not been any change in your organization's website address since your application or most recent progress report was submitted, please indicate "Same as Before."

Name of Project Director: Indicate the name of the person who has most recently led the project team and currently serves as the principal point-of-contact for your organization. If there has not been any change in project leadership since your application or most recent progress report was submitted, please indicate "Same as Before."

Email Address of Project Director: Indicate the at-work email address of the current project director. All future emailed HCQA-related correspondence will be sent to this address. If there has not been any

change in the project director's email address since your application or most recent progress report was submitted, please indicate "Same as Before."

Telephone Number of Project Director: Indicate the most preferred at-work telephone number of the project director, including area code. If this telephone number has not changed since your application or most recent progress report was submitted, please indicate "Same as Before."

Name of Grant Manager/Administrator of Your Organization: If your organization has a designated grant manager/administrator other than the previously indicated project director, indicate the name of this designated grant manager/administrator. Otherwise, indicate "Not Applicable." If the name of this grant manager/administrator has not changed since your application or most recent progress report was submitted, please indicate "Same as Before."

Email Address of Grant Manager/Administrator of Your Organization: Indicate the at-work email address of the grant manager/administrator, if applicable. Otherwise, indicate "Not Applicable." If the email address of this grant manager/administrator has not changed since your application or most recent progress report was submitted, please indicate "Same as Before."

Telephone Number of Grant Manager/Administrator of Your Organization: Indicate the preferred at-work telephone number of the grant manager/administrator, if applicable. Otherwise, indicate "Not Applicable." If the telephone number of this individual has not changed since your application or most recent progress report was submitted, please indicate "Same as Before."

Required Report Elements

Reporting On Progress Toward Achievement of Project Goals and Objectives

Briefly state each observable, measurable goal and objective just as each was presented in your initial proposal or has been added since the grant was awarded. Then, describe progress toward or achievement of each stated goal and objective to date, in relation to your defined activity, process and outcomes evaluation measures. *Please limit length of entry to approximately: 300-375 words*

Reporting On Changes To Approved/Funded Project Plan

Briefly describe any significant changes to date in the previously approved budget plan, including changes in project goals and objectives, timelines, deliverables and evaluation measures. *100-125 words*

Reporting on Project-Related Expenditures to Date

Describe in detail project-related expenditures to date, in relation to each itemized category presented via the initial budget plan that was approved and funded. Highlight expenditures to date that are significantly (10% or more) above or below the amounts previously awarded. *MS Word or MS Excel Table(s) up to 10,000 characters*

In the context of the final report, ensure that all expenditures to date are fully reconciled against the approved project budget. Unspent funds, if any, are to be returned via a check issued by the grantee organization drawn to the "Department of Health and Mental Hygiene, State of Maryland" (for replenishment of the appropriate HCQA sub-account). On the refund check, please note: "Health Care Quality Account" plus the title of your project.

Assurance of Non-Supplantation

If true, attest and sign that project activities to date have not re-defined, displaced or replaced current responsibilities of any participating organization, team or individual to meet Medicare or Medicaid requirements, or other statutory or regulatory requirements. *50-65 words*

Electronic Signature

The project director must sign the completed, to-be-submitted progress or final report using: (1) a mouse-driven cursor, (2) fingertip or (3) stylus.