



COVID-19 Health Equity Technical Assistance

Quarterly Financial Reporting and Monthly Program Reports

April 22, 2022

Maine DHHS & Maine CDC Office of Population Health Equity



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Monthly Program
Report



Quarterly Financial
Report



Vaccine Event Form

A close-up photograph of a person's hands typing on a laptop keyboard. The person is wearing a ring on their left hand. The laptop is on a wooden desk, and there are some papers and a pair of glasses visible in the background. A large, semi-transparent white circle is overlaid on the left side of the image, containing the text.

Program Report & Form

- Monthly Program Reporting
- Vaccine Event Form
- Questions & Answers (Q&A)

Monthly Program Reporting

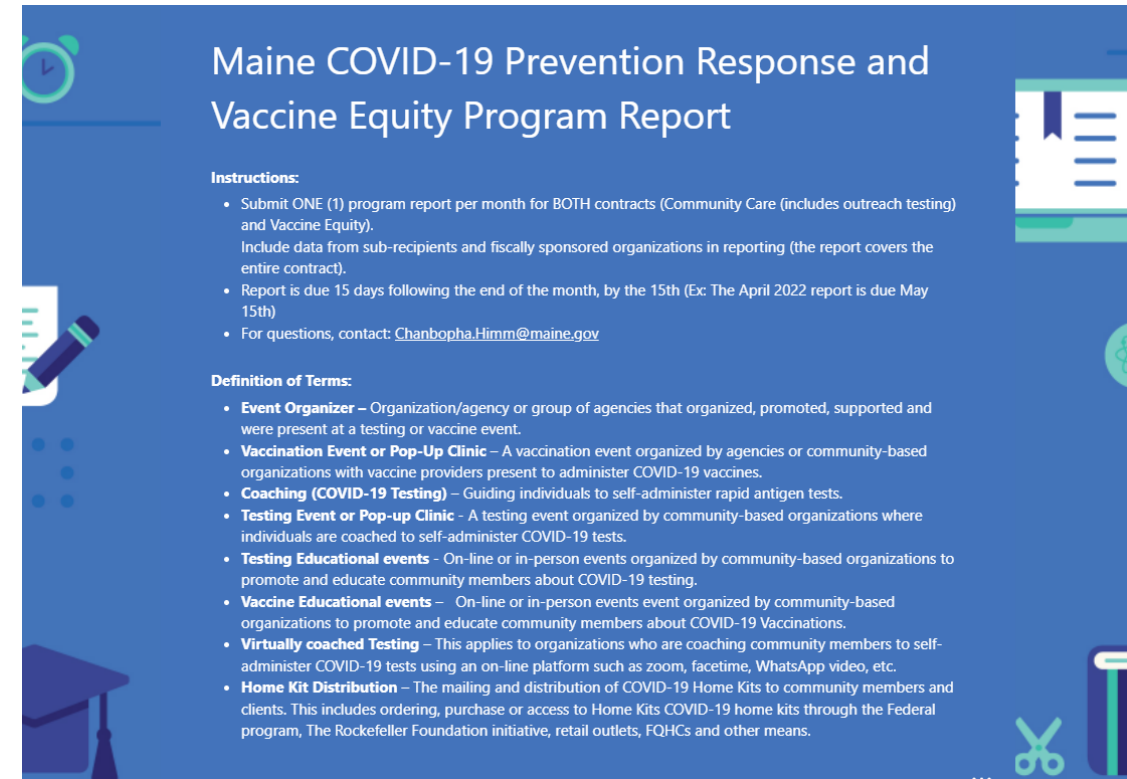
Providers are required to submit their Program Report each month via an [online survey form](#)

Key Points for Monthly Program Reporting:

- Submit only **ONE (1)** program report per month
- Due on the **15th** of the following month.
- If an extension is needed, please inform us via email prior to the due date with a new deadline.

What are the Changes :

- The monthly program report is now in a different platform
- You will see **ALL** the questions for both Community Care and Vaccine Equity Funding.
- Please fill out any questions that apply based on the funding your agency receives.
- If your agency isn't funded for the **required** questions, please put **"0"**
- Please feel free to mention any highlights or describe the impact your organization has had in your community.



The screenshot shows a blue-themed page titled "Maine COVID-19 Prevention Response and Vaccine Equity Program Report". It contains instructions for submitting reports, including a deadline of the 15th of the following month and contact information for Chanbopha Himm. It also includes a "Definition of Terms" section with definitions for Event Organizer, Vaccination Event or Pop-up Clinic, Coaching (COVID-19 Testing), Testing Event or Pop-up Clinic, Testing Educational events, Vaccine Educational events, Virtually coached Testing, and Home Kit Distribution.

Maine COVID-19 Prevention Response and Vaccine Equity Program Report

Instructions:

- Submit ONE (1) program report per month for BOTH contracts (Community Care (includes outreach testing) and Vaccine Equity). Include data from sub-recipients and fiscally sponsored organizations in reporting (the report covers the entire contract).
- Report is due 15 days following the end of the month, by the 15th (Ex: The April 2022 report is due May 15th)
- For questions, contact: Chanbopha.Himm@maine.gov

Definition of Terms:

- **Event Organizer** – Organization/agency or group of agencies that organized, promoted, supported and were present at a testing or vaccine event.
- **Vaccination Event or Pop-up Clinic** – A vaccination event organized by agencies or community-based organizations with vaccine providers present to administer COVID-19 vaccines.
- **Coaching (COVID-19 Testing)** – Guiding individuals to self-administer rapid antigen tests.
- **Testing Event or Pop-up Clinic** – A testing event organized by community-based organizations where individuals are coached to self-administer COVID-19 tests.
- **Testing Educational events** - On-line or in-person events organized by community-based organizations to promote and educate community members about COVID-19 testing.
- **Vaccine Educational events** – On-line or in-person events organized by community-based organizations to promote and educate community members about COVID-19 Vaccinations.
- **Virtually coached Testing** – This applies to organizations who are coaching community members to self-administer COVID-19 tests using an on-line platform such as zoom, facetime, WhatsApp video, etc.
- **Home Kit Distribution** – The mailing and distribution of COVID-19 Home Kits to community members and clients. This includes ordering, purchase or access to Home Kits COVID-19 home kits through the Federal program, The Rockefeller Foundation initiative, retail outlets, FQHCs and other means.

For assistance, email CDC-OPHE-Support@maine.gov

Example

The April 2022 report is due May 15th

Monthly Program Reporting

Key Dates and Deadlines



When: Due on the 15th day of the of following month

If the Monthly Program is turned in late, your payment could be delayed.

Reporting Timelines for Community Care:

- January- March 2022, Due April 30th
- April 2022, Due May 15th
- May 2022, Due June 15th
- June 2022, Due July 15th
- July 2022, Due August 15th
- August 2022, Due September 15th
- September 2022, Due October 15th
- October 2022, Due November 15th
- November 2022, Due December 15th
- December 2022, Due January 15, 2023

Reporting Timelines for Vaccine Equity:

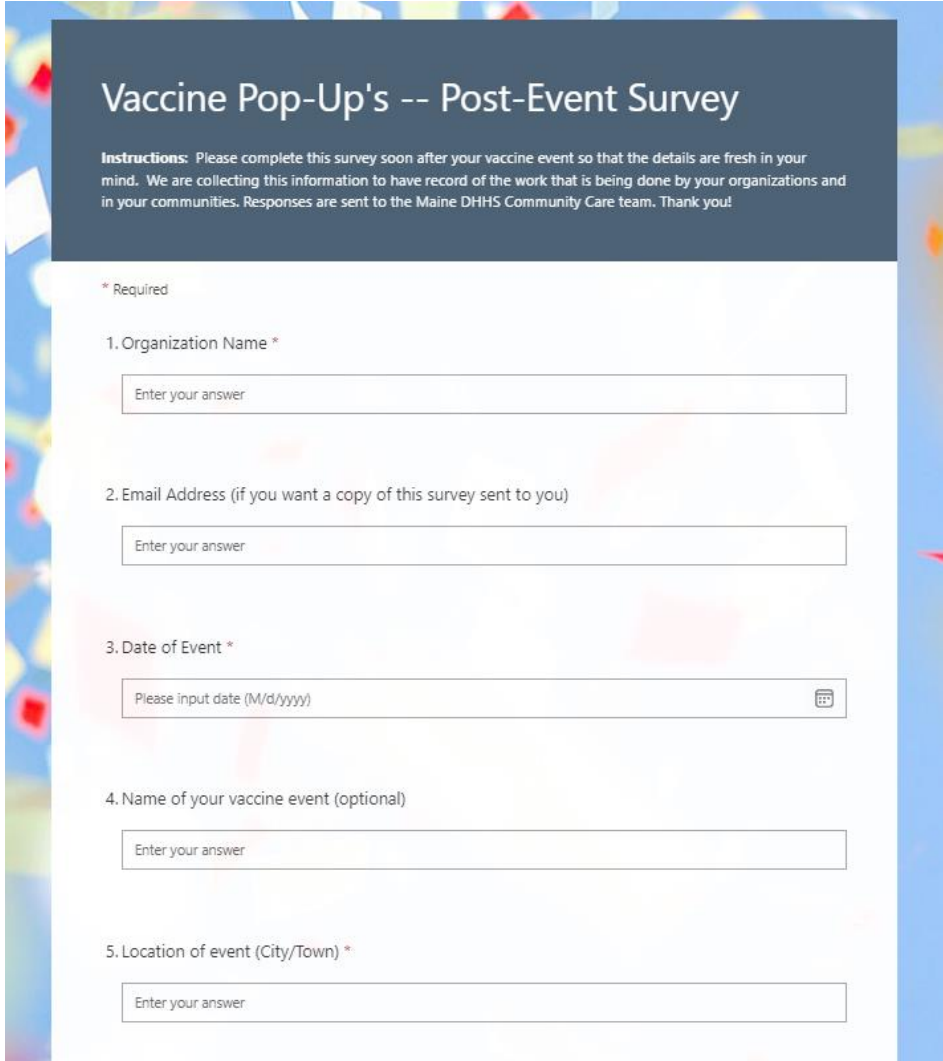
- January- March 2022, Due April 30th
- April 2022, Due May 15th
- May 2022, Due June 15th
- June 2022, Due July 15th

Vaccine Event Form

Any vaccine pop-up events conducted must be reported upon shortly afterwards using the **Post-Event Form**.

This brief survey documents information about the event, including:

- Date and location
- Providers
 - If two or more provider collaborate on an event, **each provider** may submit their own survey.
- Number of vaccinations issued
- Post-event reflection
- Providers may [complete the survey here](#)



The screenshot shows a digital survey form titled "Vaccine Pop-Up's -- Post-Event Survey". At the top, there is a dark blue header with the title in white. Below the header, a dark blue box contains "Instructions" in white text, asking respondents to complete the survey soon after the event. The main body of the form is white and contains five numbered questions, each with a text input field. A legend indicates that an asterisk (*) denotes a required field. The questions are: 1. Organization Name (required), 2. Email Address (optional), 3. Date of Event (required), 4. Name of your vaccine event (optional), and 5. Location of event (City/Town) (required). The date field includes a calendar icon, and the other fields have a placeholder "Enter your answer".

Vaccine Pop-Up's -- Post-Event Survey

Instructions: Please complete this survey soon after your vaccine event so that the details are fresh in your mind. We are collecting this information to have record of the work that is being done by your organizations and in your communities. Responses are sent to the Maine DHHS Community Care team. Thank you!

* Required

1. Organization Name *

Enter your answer

2. Email Address (if you want a copy of this survey sent to you)

Enter your answer

3. Date of Event *

Please input date (M/d/yyyy) 📅

4. Name of your vaccine event (optional)

Enter your answer

5. Location of event (City/Town) *

Enter your answer



Quarterly Financial Reports

-
- What's New to Cost Settled Reporting
 - How to Complete Revenue & Expenses
 - Submitting QFRs
 - Adjustments
 - Dates & Deadlines
 - Next Month Upcoming TA
 - Questions & Answers (Q&A)

Quarterly Financial Reporting

What's New to Cost Settled (CS):

- No monthly invoice
- No monthly financial reports (MFR)
- Within the financial report, there is no more “Actual Monthly Expense” column.
- No narrative tab
- Only Quarterly Financial Reports (QFR)
- Within the Quarterly Financial Reports, there is an “Accrual Year to Date” column.

AGREEMENT BUDGET	ACTUAL MONTHLY EXPENSE	ACCRUAL CUMULATIVE FOR COMPONENT PERIOD	EXPENSES AS % OF COMPONENT PERIOD
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AGREEMENT BUDGET	ACCRUAL YEAR TO DATE	EXPENSES AS % OF BUDGET
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Helpful Hint : The **WHITE** area within the QFR is where providers can input their numbers. The **YELLOW** area is all formula based. Line 139 is ONLY for Budget Team use.

Submitting QFRs

- Providers must certify that all reported expenses are accurate and allowable for the applicable program.
- When the Budget Team has completed their review, they will sign and date the Quarterly Financial Report (QFR) and return it to the provider.
- Email reports to Contract-Budgets.DHHS@maine.gov & CDC-OPHE-Support@maine.gov

134	TOTAL EXPENSES	auto calculated	\$ -	\$ -
135	TOTAL ADJUSTMENTS	auto calculated	\$ -	\$ -
136	NET REIMBURSABLE EXPENSES (TOTAL EARNED BY PROVIDER)	auto calculated	\$ -	\$ -
137	Negotiated % (Enter % Agreement State and Agreement Federal funds from Rider F-1 Agreement Settlement Form)			
138	CASH REIMBURSABLE AMOUNT = NEGOTIATED % X NET REIMBURSABLE EXPENSES		\$ -	
139	Total Agreement Amount received by provider for Service Months in Reporting Period (Quarters 1 - 3 Entered by AA, Quarter 4 Entered by Provider)		\$ -	
140	Subrecipient Awards		\$ -	
141	Net Agreement Amount Retained by Provider		\$ -	
142	AMOUNT DUE TO AGENCY/(AMOUNT DUE TO DHHS)	to be completed by DHHS	\$ -	
143	I certify that these reported expenses are accurate and allowable for this program.			
144	Report completed by: _____		Date _____	
145	I certify that I have reviewed this report on behalf of the Maine Department of Health and Human Services.			
146	DHHS Reviewer: _____		Date _____	
147	Last Updated: 01/18/2022		Vs. 2022-1	
148				
149				
150				
151				
152				
153				
154				

How to Complete Revenue & Expenses

AGREEMENT BUDGET	ACCRUAL YEAR TO DATE	EXPENSES AS % OF BUDGET
\$ -	\$ -	
\$ -	\$ -	

Agreement Budget	Accrual Year to Date	Expenses as % of Budget
Enter amounts from your approved budget into the (for each line item).	Total revenue or expenditures for each line item (accumulated since the start of the contract)	Will automatically calculate

Accrual Year to Date should include the following numbers:

Community Care providers:

- QFR 1 January-March expenditures
- QFR 2 January-June expenditures
- QFR 3 January-September expenditures
- QFR 4 January-December expenditures

Vaccine Equity providers:

- QFR 1: Accrued expenses for your Dec 31, 2021 and January-March expenditures
- QFR 2: 2021 and January-June expenditures

Example

The Q2 report will contain total revenue and expenditures for **Q1 + Q2**

Adjustments

		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
TOTAL ADJUSTMENTS	<i>auto calculated</i>	\$ -	\$ -	
CASH REIMBURSEMENT				
TOTAL EXPENSES	<i>auto calculated</i>	\$ 44,951.00	\$ 10,596.72	24%
TOTAL ADJUSTMENTS	<i>auto calculated</i>	\$ -	\$ -	
NET REIMBURSABLE EXPENSES (TOTAL EARNED BY PROVIDER)	<i>auto calculated</i>	\$ 44,951.00	\$ 10,596.72	24%
Negotiated % (Enter % Agreement State and Agreement Federal funds from Rider F-1 Agreement Settlement Form)		100.00%		
CASH REIMBURSABLE AMOUNT = NEGOTIATED % X NET REIMBURSABLE EXPENSES		\$ 10,596.72		
Total Agreement Amount received by provider for Service Months in Reporting Period (Quarters 1 - 3 Entered by AA, Quarter 4 Entered by Provider)		\$ 11,237.75		
Subrecipient Awards		\$ -		
Net Agreement Amount Retained by Provider		\$ 11,237.75		
AMOUNT DUE TO AGENCY/(AMOUNT DUE TO DHHS)		\$ (641.03)		
		<i>to be completed by DHHS</i>		
I certify that these reported expenses are accurate and allowable for this program.				
Report completed by: _____		Date _____		
I certify that I have reviewed this report on behalf of the Maine Department of Health and Human Services.				
DHHS Reviewer _____		Date _____		

Formula

Total Agreement Divided by Months of the Contracts = Monthly Expense

Ex: Overpayment under \$1,000

Budget is for \$44,951.00.

\$44,951.00 divided by 12 = \$3,745.91

January-March: \$3,745.91 x 3 = \$11,237.75

Line 139 – State paid out January-March (\$11,237.75) and organization expensed \$10,596.72.

The state overpaid the agency by \$641.03.

This is less than 1k, so no adjustment needs to be made in May (next month)

May Payment \$3,745.91

Line 139 is determined by the Budget team. This total is from the payments paid out of the MainePay System.

Adjustments

TOTAL EXPENSES	<i>auto calculated</i>	\$ 44,951.00	\$ 9,000.00	20%
TOTAL ADJUSTMENTS	<i>auto calculated</i>	\$ -	\$ -	
NET REIMBURSABLE EXPENSES (TOTAL EARNED BY PROVIDER)	<i>auto calculated</i>	\$ 44,951.00	\$ 9,000.00	20%
Negotiated % (Enter % Agreement State and Agreement Federal funds from Rider F-1 Agreement Settlement Form)				100.00%
CASH REIMBURSABLE AMOUNT = NEGOTIATED % X NET REIMBURSABLE EXPENSES				\$ 9,000.00
Total Agreement Amount received by provider for Service Months in Reporting Period (Quarters 1 - 3 Entered by AA; Quarter 4 Entered by Provider)				\$ 10,596.72
Subrecipient Awards				\$ -
Net Agreement Amount Retained by Provider				\$ 10,596.72
AMOUNT DUE TO AGENCY/(AMOUNT DUE TO DHHS)		<i>to be completed by DHHS</i>		\$ (1,596.72)

I certify that these reported expenses are accurate and allowable for this program.

Report completed by: _____ Date _____

I certify that I have reviewed this report on behalf of the Maine Department of Health and Human Services.

DHHS Reviewer: _____ Date _____

Last Updated: 01/18/2022

Vs. 2022-1

Example: \$1k Overpayment

Budget is for \$44,951.00 divided by 12 = \$3,745.91.

January-March \$3,745.91 x 3= \$11,237.75

Line 139 amount is \$9,000.00, but the state paid the organization \$10,596.72

January-March caused an overpayment of \$1,596.72. Therefore, the May payment (next month) will be adjusted.

May payment adjusted will be \$3,745.91 - \$1,596.72 = \$2,149.19

June payment \$3,745.91

Adjustments

TOTAL EXPENSES	<i>auto calculated</i>	\$ 44,951.00	\$ 10,596.72	24%
TOTAL ADJUSTMENTS	<i>auto calculated</i>	\$ -	\$ -	
NET REIMBURSABLE EXPENSES (TOTAL EARNED BY PROVIDER)	<i>auto calculated</i>	\$ 44,951.00	\$ 10,596.72	24%
Negotiated % (Enter % Agreement State and Agreement Federal funds from Rider F-1 Agreement Settlement Form)				100.00%
CASH REIMBURSABLE AMOUNT = NEGOTIATED % X NET REIMBURSABLE EXPENSES			\$ 10,596.72	
Total Agreement Amount received by provider for Service Months in Reporting Period (Quarters 1 - 3 Entered by AA; Quarter 4 Entered by Provider)				\$ 9,000.00
Subrecipient Awards				\$ -
Net Agreement Amount Retained by Provider				\$ 9,000.00
AMOUNT DUE TO AGENCY/(AMOUNT DUE TO DHHS)			<i>to be completed by DHHS</i>	\$ 1,596.72

I certify that these reported expenses are accurate and allowable for this program.

Report completed by: _____ Date _____

I certify that I have reviewed this report on behalf of the Maine Department of Health and Human Services.

DHHS Reviewer: _____ Date _____

Last Updated: 01/18/2022

Vs. 2022-1

For Example, Under Payment :

Budget is for 44,951.00 divd by 12
= 3,745.91 Jan-Mar 3,745.91 x 3=
11,237.75

Line 139 – State paid out Jan-Mar
9,000.00 and organization exp.
10,596.72

The state under paid the agency by
1,596.72 over 1k

May adjustment 3,745.91 +
1,596.72 = 5,342.62 for May
payment

June payment 3,745.91

Quarterly Financial Reporting

Key Dates and Deadlines



When: Due on the 30th day of the ***month following*** the end of the quarter

○ **If the QFR is turned in late, it could delay your payment!**

Q1: January-March → Due April 30 (May payment might be adjusted)

Q2: April-June → Due July 30 (August payment might be adjusted)

Q3: July-September → Due Oct 30 (November payment might be adjusted)

Q4: October-December → Due Jan 30th (Feb payment adjusted) unless the contract or component ends 12/31.

- If contract ends on 6/30, the final QFR and ACR are due 8/30. There is no adjustment to the last quarter. The final QFR and ACR are processed in the closeout process.
- If a component or contract ends on 12/31, the final QFR and the ACR will instead be due 60 days after end (3/1 or 3/2).

Questions and Additional Support

Questions may be directed to: CDC-OPHE-Support@maine.gov

Cost Settled Contract Financial & Supporting Documents:

- <https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents>

COST SETTLED CONTRACTS: FINANCIAL REPORTS		
Quarterly Financial Report		Excel

AGREEMENT CLOSE-OUT REPORTS		
Agreement Closeout Report - Cost Settled		Excel

Friendly Reminder:

Social Support Contract end on 12/31/21 – Please submit your Agreement Close Out Report .This was due on 03/01/22 Budget Team will be sending out another reminder shortly.

Upcoming TA Sessions!

- **Feedback from the QFR Reporting,**
- **EFT**
- **PayMode**
- **Allowable Costs and Contract Deliverables**

