On-Line Data Collection

U.S. Department of Health & Human Services
Administration for Children & Families
Mike Leavitt, Secretary | Daniel Schneider, Acting Asst. Secretary

Name: Demo User
Last Login: 07/17/11 06:29:33 PM

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End OLDC

OLDC Home

Report Form Entry

Analytical Reports

User / System Settings

End OLDC

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Accessibility

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On-Line Data Collection

You may change your password, correct contact information, and choose other system defaults to individually customize OLDC. Officials can make OLDC changes such as sharing permissions with others within your organization and address corrections.

NOTE: These screenshots are intended to provide a sense of the navigation and feel of an online data collection system. This tool is still in development. When these screenshots conflict with the Data Element Spreadsheet and other elements of this Information Collection Request, the Spreadsheet supersedes.

Screen 1

On-Line Data Collection

U.S. Department of Health & Human Services
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Help / FAQ
End OLDC

OLDC Home   Grantee Selection   **Report Selection**

Grant & Report Period Selection

Program Name: Health Insurance Exchange Establishment
Grantee Name: Alabama - No. 1
Report Name: CCIIO SF-PPR-B

Please use the drop-down lists below to make selections. Steps must be completed in order.

Step 1:   Funding / Grant Period: 10/01/2008 – 12/31/2011 AIP (0901ALAIPP)

Step 2:   Report Period:

Select	Reporting Period	Status
○	07/01/2011 - 09/30/2011	
●	04/01/2011 - 06/30/2011	
○	01/01/2011 - 03/31/2011	
○	10/01/2010 - 12/31/2010	
○	07/01/2010 - 09/30/2010	
○		

Step 3:   Select Action: New / Edit / Revise Report

Enter

Screen 2

Report Sections

Program Name: Health Insurance Exchange Establishment
Grantee Name: Alabama - No. 1
Report Name: CCIIO SF-PPR-B
Funding/Grant Period: 10/01/2008 - 12/31/2011 AIP (0901ALAIPP)
Report Period: 04/01/2011 - 06/30/2011
Report Status: Initialized

This table displays the sections of the report form and the status of each. Return to this screen to Validate, Certify, or Submit.

Selections in the dropdown lists may include:

- Create Section - Indicated by an asterisk (*), copies that section and creates a new blank section.
- Clear Section Data - Deletes all data saved for that section.
- Delete Section - Permanently deletes that section and data.
- Edit Section - Opens the form section in a data-entry version.
- Print Section - Opens a new browser window with the report in a print-friendly version.

View/Add Attachments   **Validate**   **Print Full Report**

Section Name:	Perform Action:	Section Status:
Grantee Information & Certification	Select Action: ▼ Go	**Initialized**
* A. Core Areas **0**	Select Action: ▼ Go	**Initialized**
C. Overall Project	Select Action: ▼ Go	**Initialized**

View/Add Attachments   **Validate**   **Print Full Report**

Screen 3 - This is the main navigational screen for grantees to move between sections of the report. Grantees can choose to return to this screen after completing each section.

View/Add Attachments **Validate** **Print Full Report**

Section Name:		Perfo
Grantee Information & Certification	Select Action: ⇕ **Go**	
* A. Core Areas 02. Stakeholder Consultation	Select Action: ⇕ **Go**	
* A. Core Areas 05. Exchange IT Systems	Select Action: ⇕ **Go**	
* A. Core Areas 03. Legislative/Regulatory Action	Select Action: ⇕ **Go**	
C. Overall Project	Select Action: ⇕ **Go**	

View/Add Attachments **Validate** **Print Full Report**

Web Accessibility | Privacy and Security Notice | Freedom of Information Act | Disclaimer

Section Name:	Perform Action:
Grantee Information & Certification	Select Action: ⇕ **Go**
* A. Core Areas 02. Stakeholder Consultation	Select Action: ⇕ **Go**
* A. Core Areas 05. Exchange IT Systems	**Go**
C. Overall Project	**Go**

Select Action:
✓ Create Section
Clear Section Data
Delete Section
Edit Section
Print Section

View/Add Attachments **Validate**

- Delete Section - Permanently deletes that section and data.
- Edit Section - Opens the form section in a data-entry version.
- Print Section - Opens a new browser window with the report in a print-friendly version.

View/Add Attachments **Validate** **Print Full Report**

Section Name:	Perform Action:	
Grantee Information & Certification	Select Action: ⇕ **Go**	Sa
* A. Core Areas 02. Stakeholder Consultation	**Go**	Sa
* A. Core Areas 05. Exchange IT Systems	**Go**	Sa
* A. Core Areas 2	**Go**	Ini
C. Overall Project	Select Action: ⇕ **Go**	Sa

Select Action:
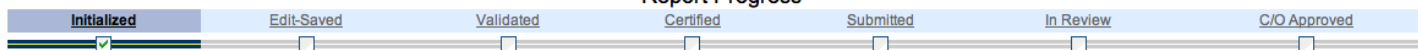Create Section
Clear Section Data
Delete Section
✓ Edit Section
Print Section

View/Add Attachments **Validate** **Print Full Report**

Web Accessibility | Privacy and Security Notice | Freedom of Information Act | Disclaimers

Screen 3 (Detail) – Grantees can add and edit sections, and only report on funded activities.

Report Name: CCIIO SF-PPR-B
Funding/Grant Period: 10/01/2008 - 12/31/2011 AIP (0901ALAIPP)
Report Period: 04/01/2011 - 06/30/2011
Report Status: Initialized
Section Status: Initialized

Report Progress

Initialized	Edit-Saved	Validated	Certified	Submitted	In Review	C/O Approved
✓	☐	☐	☐	☐	☐	☐

Save   View/Add Attachments   Validate   Next Section

PERFORMANCE PROGRESS REPORT SF-PPR		
1.Federal Agency and Organization Element to Which Report is Submitted Administration for Children and Families	**2. Federal Grant or Other Identifying Number Assigned by Federal Agency** 0901ALAIPP	**3a. DUNS Number** **3b. EIN** 1636000619A6
4. Recipient Organization **Address Line 1** **Address Line 2** **Address Line 3**		**5. Recipient Identifying Number or Account Number**

City Montgomery	**State** AL	**Zip Code** 36130	**Zip Ext.** 4000

6. Project/Grant Period Start Date: 10/01/2008	**6. Project/Grant Period End Date:** 09/30/2010	**7. Reporting Period End Date:** 06/30/2011	**8. Final Report?** ◯ Yes ⦿ No
			9. Report Frequency QUARTERLY

10. Performance Narrative (Attach a performance narrative as instructed by the awarding Federal Agency) 📎

11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency) 📎

Certification

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.	
12a. Typed or Printed Name and Title of Authorized Certifying Official	**12c. Telephone (area code, number and extension)**
	12d. Email Address
12b. Signature of Authorized Certifying Official	**12e. Date Report Submitted (Month, Day, Year)**

Save   View/Add Attachments   Validate   Next Section

Screen 4 – Because we chose a tool that's already being used to administrate this funding, much of this information will be pre-populated for the grantees.

| Previous Section | Save | View/Add Attachments | Validate | Next Section |

1. Federal Agency and Organization Element to Which Report is Submitted Administration for Children and Families	2. Federal Grant or Other Identifying Number Assigned by Federal Agency 0901ALAIPP	3a. DUNS 3b. EIN 1636000619A6	4. Reporting Period End Date 06/30/2011
A. Core Area with associated Milestones			

A. Core Areas

(1) Activity Number	(2) Question	(3) Response	(4) Explanation
CCIIO-A101	Core Area and Business Function	02. Stakeholder Consultation ▼	
CCIIO-A102-CC	What are the Primary strategies your Program has used to approach this Core Area?		
CCIIO-A103-CC	What are some of your Program's significant accomplishments or strengths in this Core Area?		
CCIIO-C106	What are some of the significant barriers your Program has encountered?		
CCIIO-C107	What strategies has your Program employed to deal with these barriers?		

B. Milestones

Activity Number	Milestone	Pre-established Milestone Completion	Target Completion	Status of Milestone	Documentation	Delete
CCIIO-B101- 1	Select ▼		Select ▼	Select ▼		

Add B. Milestones: [1 ▼] **Add** **Delete Marked Rows**

Screen 5 – Grantees are required to report on each Core Area for which they receive funding. This is modular and adjustable based on the scope of each grantee's project. Questions are standard across Core Areas. Because implementation tasks will differ, Milestones (Section B), differ for each Core Area.

B. Milestones

Activity Number	Milestone	Pre-established Milestone Completion	Target Completion	Status of Milestone	Documentation	Delete
CCIIO-B101-1	001. Milestone 1		06/30 End of Second Quarter	2. Behind	See corrective action plan	

Add B. Milestones: 1 **Add** **Delete Marked Rows**

Previous Section **Save** **View/Add Attachments** **Validate** **Next Section**

| CCIIO-C107 | What strategies has your Program employed to deal with these barriers? | | | | | |

B. Milestones

Activity Number	Milestone	Pre-established Milestone Completion	Target Completion	Status of Milestone	Documentation	Delete
CCIIO-B101- 1	001. Milestone 1		06/30 End of Second Quarter	2. Behind	See corrective action plan	
CCIIO-B101- 2	002. Milestone 2		09/30 End of Third Quarter	3. On Schedule	N/A	
CCIIO-B101- 3	003. Milestone 3		09/30 End of Third Quarter	3. On Schedule	N/A	
CCIIO-B101- 4	004. Milestone 4		12/31 End of Fourth Quarter	3. On Schedule	N/A	

Add B. Milestones: 1 **Add** **Delete Marked Rows**

Previous Section **Save** **View/Add Attachments** **Validate** **Next Section**

Screen 5 Detail – Grantees can report on only the Milestones within the scope of their project and the work required during that reporting period.

Grantee Name: Alabama - No. 1
Report Name: CCIIO SF-PPR-B
Funding/Grant Period: 10/01/2008 - 12/31/2011 AIP (0901ALAIPP)
Report Period: 04/01/2011 - 06/30/2011
Report Status: Saved – Validated
Section Status: Saved – Validated

Report Progress

Initialized	Edit-Saved	Validated	Certified	Submitted	In Review	C/O Approved
☑	☑	☑	☐	☐	☐	☐

Previous Section　**Save**　**View/Add Attachments**　**Validate**

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date
Administration for Children and Families	0901ALAIPP	3b. EIN 1636000619A6	06/30/2011

A. Milestones (continued) Complete questions for each Milestone.

C. Overall Project

(1) Activity Number	(2) Question	(3) Response	(4) Explanation
CCIIO-C101	Status of Project	Select	
CCIIO-CC102	Percentage Completed	Select	
CCIIO-C103	Overall Progress Narrative		
CCIIO-C104	There have been substantive changes made to your Program's approved work plan	☐ Yes ☐ No	
CCIIO-C105	Request CCIIO consultation	☐ Yes ☐ No	Comments:

Previous Section　**Save**　**View/Add Attachments**　**Validate**

Screen 6 – Overall project updates.

Program Name: Health Insurance Exchange Establishment
Grantee Name: Alabama - No. 1
Report Name: CCIIO SF-PPR-B
Funding/Grant Period: 10/01/2008 - 12/31/2011 AIP (0901ALAIPP)
Report Period: 04/01/2011 - 06/30/2011

This screen displays the status of report forms and their revisions, along with attached files. To continue entering report form information, click on 'Grantee Selection'.

Report Submissions:	Report Status:	Status Date:	Action:	Print:
Edit Original	Saved – Validated	07/17/2011	**Delete Report**	Print as PDF ⬍ **Go**

Report Status History

Report Submissions:	Report Action:	Date/Time:	User Name:	Change (if known):
Original	Saved – Validated	07/17/2011 06:52:48 PM	Demo User	
Original	Saved – Validated	07/17/2011 06:52:35 PM	Demo User	
Original	Saved – Validated	07/17/2011 06:52:32 PM	Demo User	
Original	Saved	07/17/2011 06:52:07 PM	Demo User	
Original	Saved	07/17/2011 06:51:18 PM	Demo User	
Original	Saved	07/17/2011 06:50:26 PM	Demo User	
Original	Saved	07/17/2011 06:50:12 PM	Demo User	
Original	Saved – Validated	07/17/2011 06:48:22 PM	Demo User	

Contacts

Contact Name:	Telephone #:	E-mail:
Viji Palaniappan	(703) 333-4444 Ext. 0245	vijip@smdi.com
Test4 Test4	Not Available	brcoakley@acf.hhs.gov
Demo User	(202) 555-1345	Gary.Frederick@acf.hhs.gov

Remarks History

Remark ID:	Date/Time:	User Name:	Remarks:

Add remarks to history:

☑ Private: **Add Remarks**

Screen 7 – Grantees and the awarding agency are able to track report status and revisions, as well as export the data reported.