

## Instructions for Preparing:

### Part B Grant Program Allocations Report Part B Grant Program Expenditures Report

**PUBLIC BURDEN STATEMENT:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to be 12 hours per response for Part B and 4 hours per response for the Part B MAI report. These estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments to HRSA Reports Clearance Officer, Health Resources and Services Administration, Room 10-33, 5600 Fishers Lane, Rockville, MD. 20857.

#### INTRODUCTION

Grantees that received fiscal year Part B-related awards under the Ryan White HIV/AIDS Treatment Modernization Act must submit two reports to HRSA describing 1) how these funds were allocated, and 2) how these funds were spent.<sup>1</sup> Grantees **must** submit an electronic copy of each report using the MS Excel templates provided no later than the due dates shown below:

- 1) **Part B & MAI Allocations Report**
  - a. Part B section only - due 90 days after the Part B grant budget period start date.
  - b. MAI section (must include the previously completed Part B section) - due 60 days after the Part B MAI grant budget period start date.
  
- 2) **Part B & MAI Expenditures Report**
  - a. Part B section only - due 150 days after each budget period end date.
  - b. MAI section (must include the previously completed Part B section) - due 60 days after the Part B MAI grant budget period end date.

#### GETTING STARTED

- 1) **Log into the HRSA Electronic Handbook (EHB):** Log into the EHB to locate the report that is due.
- 2) **File formats:** Both report templates were created with Excel-XP, but can be opened using an earlier version of Excel. The files were sent as an attachment in an email from HRSA. Contact your Project Officer if you did not receive the file.
- 3) **Open, rename and save the files:** Open the file you wish to work on and save it using a name that will identify your State, the fiscal year, and the report name (e.g. Florida FY08 Part B Allocations Report or Florida FY08 Part B Expenditures Report). This will enable HRSA to distinguish and track your report submissions.
  - a) After you open the file, click on File on your toolbar and select Save As.
  - b) When the dialogue box opens, click on the drop-down button next to Save In and choose the directory location and file folder where you want to store your file. If possible, choose a location on a secure network that is automatically and routinely backed up.

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<sup>1</sup> Please see the Conditions of Award attached to your Notice of Grant Award.

- c) Point and click in the File Name box to create a new name for your file, and when you are finished click Save.

- 4) **Familiarize yourself with the worksheets:** The spreadsheet contains one worksheet that will be printed as one page.

The “Freeze Frame” function is turned on in both worksheets. This means the column headings will remain visible on the screen as you move down each column entering data. When you need to go back to the top of the worksheet at any time, click on the up/down arrows on the right side of your screen; or, use the up/down arrows on your keyboard. To move back and forth across the columns, click on the right or left arrows at the bottom of your screen, or use the right/left arrows on your keyboard.

When you open the file the first time, your cursor will most likely be at the top of the worksheet. If you are not where you need to be, use the arrows to the right of your screen or on your keyboard to locate the correct cell; then point and click in the cell. Once you begin entering data and save your file, the next time you open it your cursor will be in the last place you were working when you **saved** the file.

- 5) **Formatting, formulas, and data restrictions:** Point and click or use the arrows on your keyboard to move the cursor into the cell where you want to begin or continue entering data. Note the following:
  - a. The cells are already formatted for currency. For example, if you type in 100000 and hit the enter key, it will appear as \$100,000.00 on your screen. Use the decimal point only if the number is not a whole dollar amount.
  - b. Data cannot be entered in cells that contain formulas. Those cells will calculate percentages and totals and cannot be changed.
  - c. Data cannot be entered in blocked-out cells. Data can only be entered in cells that are empty.
  - d. Percentages will be generated as you enter amounts in each column, but will be inaccurate until ALL amounts are entered.
  - e. Do NOT leave any blank cells. If no funds were allocated to a service/activity, then enter zero (0).

## ENTERING DATA

### 1) Allocations Report

- a) In Section A, enter the name of the grantee, the preparer’s name, the preparer’s phone number, and the preparer’s email address.
- b) In Section B, enter the amount of your Part B grant awards when reporting your Part B allocations and your Part B MAI grant request/award when reporting your Part B MAI allocations.
- c) In Section C, column 1, enter the amount of your total Part B base award that was allocated to each program component.
- d) In Section C, column 2, enter the amount of your total ADAP Earmark plus Supplemental award that was allocated to each program component.
- e) In Section C, column 3, enter the amount of your Emerging Communities award (if applicable) that

was allocated to each program component.

- f) In Section D, column 1, enter the amount of your Part B base award, allocated to the HIV Care Consortia that was allocated to each core and support service. The totals for this column will pre-populate line 4 in Section C, column 1.
- g) In Section D, column 2, enter the amount of your Part B base award, allocated to Direct Services, that was allocated to each core and support service. The totals for this column will pre-populate line 5 in Section C, column 1.
- h) In Section D, column 3, enter the amount of Emerging Communities funds allocated to HIV Care Consortia and State Direct Services that were allocated to each core and support service. The total of this column should equal the combined total of lines 4 and 5 in Section C, Column 3.
- i) If you receive a Part B MAI award, you will also be asked to complete Section E of this same form within 60 days of the MAI award budget period start date.
- j) Prior to submitting your report, click on the worksheet titled CORE MEDICAL CALCULATION. You do not need to complete this worksheet. It is provided so that you can check so see that you have met specific legislative spending requirements.
- k) You must allocate your entire award.
- l) DO NOT include funds from prior fiscal years. Those funds (referred to as "Carryover") should only be recorded in the Expenditures Report.
- m) For definitions of service categories, see Appendix A.

## 2) Expenditures Report

- a) In Section A, enter the name of the grantee, the preparer's name, the preparer's phone number, and the preparer's email address.
- b) In Section B, enter the amount of your total Part B grant awards when reporting your Part B expenditures and your Part B MAI grant award when reporting your Part B MAI expenditures. Also report any **approved** carryover funds from the prior fiscal year.
- c) In Section C, column 1, enter the amount of your total Part B base award that was allocated to each program component. In the AMOUNT section, list the fiscal year for which you are reporting, and in the CARRYOVER section, list the prior year approved carryover funds.
- d) In Section C, column 2, enter the amount of your total ADAP Earmark plus Supplemental award that was allocated to each program component. In the AMOUNT section, list the fiscal year for which you are reporting, and in the CARRYOVER section, list the prior year approved carryover funds.
- e) In Section C, column 3, enter the amount of your Emerging Communities award (if applicable) that was allocated to each program component. In the AMOUNT section, list the fiscal year for which you are reporting, and in the CARRYOVER section, list the prior year approved carryover funds.
- f) In Section D, column 1, enter the amount of your Part B base award, allocated to the HIV Care Consortia that was allocated to each core and support service. The totals for this column will pre-populate line 4 in Section C, column 1.
- g) In Section D, column 2, enter the amount of your Part B base award, allocated to Direct Services, that was allocated to each core and support service. The totals for this column will pre-populate line 5 in Section C, column 1.
- h) In Section D, column 3, enter the amount of Emerging Communities funds allocated to HIV Care Consortia and State Direct Services that were allocated to each core and support service. The total of this column should equal the combined total of lines 4 and 5 in Section C, Column 3.
- i) If you receive a Part B MAI award, you will also be asked to complete Section E of this same form

within 60 days of the MAI award budget period start date.

- j) Prior to submitting your report, click on the worksheet titled CORE MEDICAL CALCULATION. You do not need to complete this worksheet. It is provided so that you can check so see that you have met specific legislative spending requirements.
- k) You must allocate your entire award.
- l) For definitions of service categories, see Appendix A.

## REVIEWING AND SAVING YOUR WORK

- 1) **Preview your worksheets:** Click on File and select Print Preview. Use the Zoom on your toolbar for a close-up view. When finished, click “Close” to return to the worksheet.
- 2) **Save your files:** It is a good idea to set the defaults in Excel so that a backup will be created automatically when you save the file with any new information. To do that, click on Tools on the toolbar and choose Options from the drop-down menu. When the dialogue box opens, click on the General tab and select the Always create backup check box. Click OK, and then click Save. We also suggest saving your file periodically as you work, in case of an unexpected power or system failure. Finally, make sure you save the file before you close it each time.

## HOW TO SUBMIT THE REPORTS

Log into HRSA’s Electronic Handbook (EHB) and upload your report.

<https://grants.hrsa.gov/webexternal/Login.asp>

## HOW THIS DATA IS USED

The allocation and expenditure information reported by Part B grantees is used by HRSA to prepare an annual *Report to Congress on the Use of Part B Funds* as required, as well as to respond to inquiries from the Congress, Department of Health and Human Services, grantees, the media and the public-at-large.

## MORE INFORMATION

If you need additional assistance or have questions about the allocation and expenditure reporting requirements, please contact your project officer.

## APPENDIX A: SERVICE CATEGORY DEFINITIONS

### 1) Core Services

- a) Outpatient/Ambulatory medical care (health services) is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. NOTE: Early Intervention Services provided by Ryan White Part C and Part D Programs should be included here under Outpatient/ Ambulatory medical care.
- b) AIDS Drug Assistance Program (ADAP treatments) is a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.
- c) AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.
- d) Oral health care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
- e) Early intervention services (EIS) include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. **NOTE:** EIS provided by Ryan White Part C and Part D Programs should NOT be reported here. Part C and Part D EIS should be included under Outpatient/ Ambulatory medical care.
- f) Health Insurance Premium & Cost Sharing Assistance is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
- g) Home Health Care includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.
- h) Home and Community-based Health Services include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day

treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are NOT included.

- i) Hospice services include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.
- j) Mental health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.
- k) Medical nutrition therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.
- l) Medical Case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.
- m) Substance abuse services outpatient is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

## 2) **Support Services**

- a) Case Management (non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
- b) Child care services are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training.

NOTE: This does not include child care while a client is at work.

- c) Emergency financial assistance is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities,

housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available. **NOTE:** Part A and Part B programs must be allocated, tracked and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formally Policy No. 97-02).

- d) Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.
- e) Health education/risk reduction is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.
- f) Housing services are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.
- g) Legal services are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.
- h) Linguistics services include the provision of interpretation and translation services.
- i) Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
- j) Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.
- k) Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.
- l) Referral for health care/supportive services is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.
- m) Rehabilitation services are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of

life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

- n) Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.
- o) Substance abuse services – residential is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).
- p) Treatment adherence counseling is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.