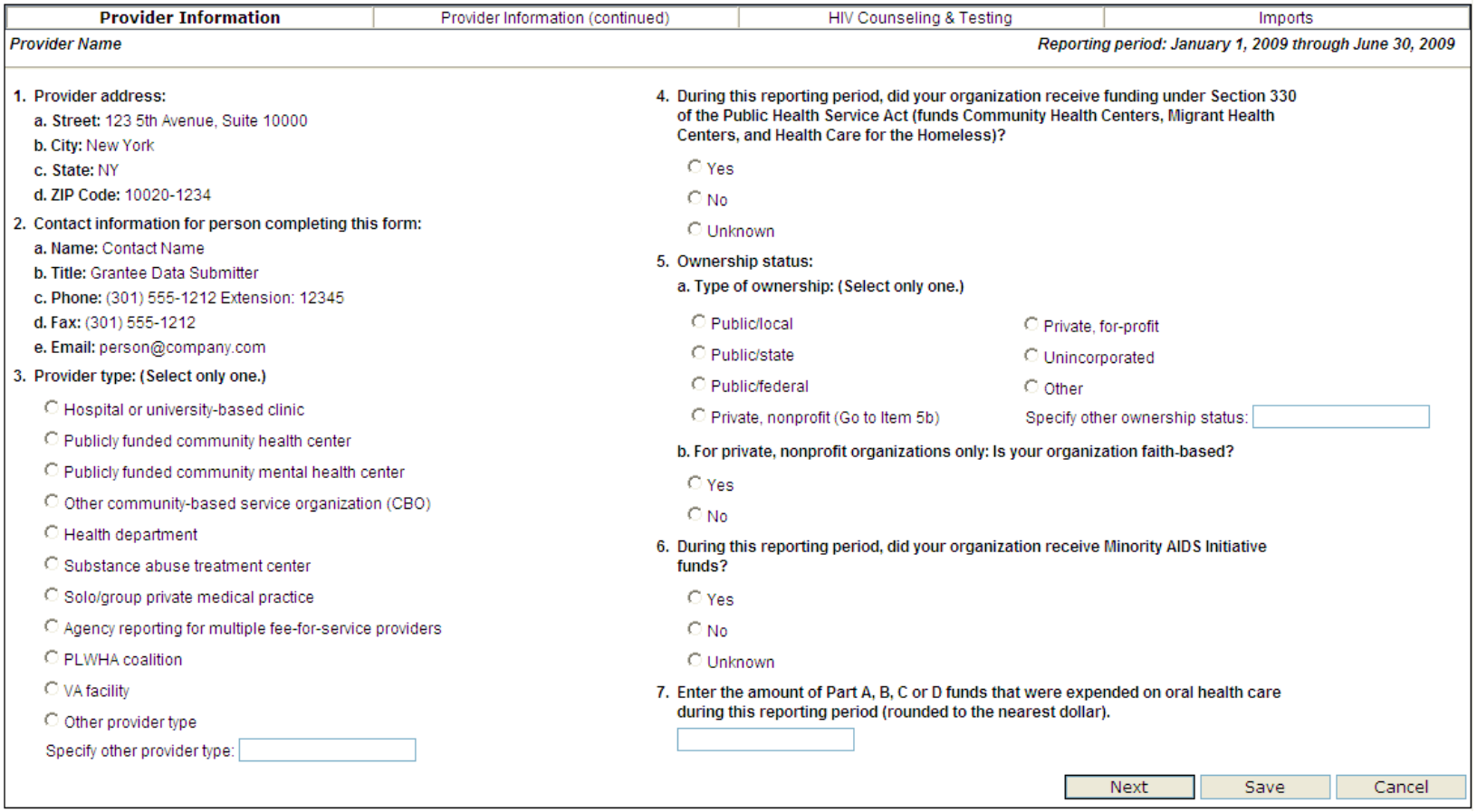
Health Resources and Services Administration (HRSA)
Ryan White HIV/AIDS Program Client-Level Data Report

PROVIDER FORM



Items 1 – 2 (display only): These items contain information saved in the Ryan White Client-level Data System (CLDS). To edit this information, providers must update their organization and user profiles in the CLDS.
Item 3: Select the provider type that best describes the organization. After the initial submission, this item will be pre-populated in subsequent data reports.
Item 4: Indicate if your organization received funding under Section 330 of the Public Health Service Act during the given reporting period.
Item 5: Select the category that best describes your organization's ownership status. If "Private, nonprofit" is selected, you must answer Item 5b. After the initial submission, this item will be pre-populated in subsequent data reports.
Item 6: Indicate if your organization received Minority AIDS Initiative (MAI) funds during the given reporting period.
Item 7: Enter the amount of Ryan White Program funds expended on oral health care during the given reporting period.

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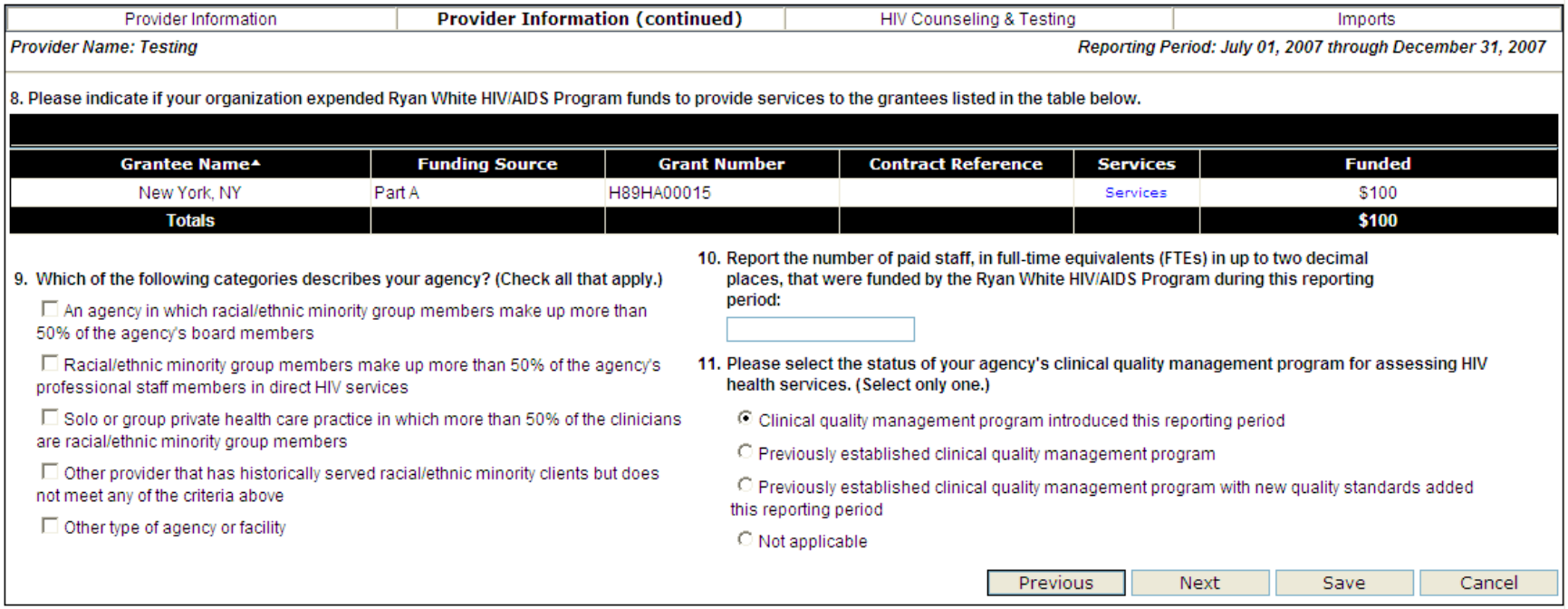

Provider Information | **Provider Information (continued)** | HIV Counseling & Testing | Imports

Provider Name: Testing — *Reporting Period: July 01, 2007 through December 31, 2007*

8. Please indicate if your organization expended Ryan White HIV/AIDS Program funds to provide services to the grantees listed in the table below.

Grantee Name	Funding Source	Grant Number	Contract Reference	Services	Funded
New York, NY	Part A	H89HA00015		Services	$100
Totals					**$100**

9. Which of the following categories describes your agency? (Check all that apply.)

- ☐ An agency in which racial/ethnic minority group members make up more than 50% of the agency's board members
- ☐ Racial/ethnic minority group members make up more than 50% of the agency's professional staff members in direct HIV services
- ☐ Solo or group private health care practice in which more than 50% of the clinicians are racial/ethnic minority group members
- ☐ Other provider that has historically served racial/ethnic minority clients but does not meet any of the criteria above
- ☐ Other type of agency or facility

10. Report the number of paid staff, in full-time equivalents (FTEs) in up to two decimal places, that were funded by the Ryan White HIV/AIDS Program during this reporting period:

11. Please select the status of your agency's clinical quality management program for assessing HIV health services. (Select only one.)

- ◉ Clinical quality management program introduced this reporting period
- ○ Previously established clinical quality management program
- ○ Previously established clinical quality management program with new quality standards added this reporting period
- ○ Not applicable

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Item 8: Grantee/contract information: This list of contracts is populated with information provided by Ryan White HIV/AIDS Program grantees. The contract reference, if specified, will help you report the data associated with a particular contract. (**Note**: For the purposes of the Ryan White Data Report, "contracts" include formal contracts, memorandum of understanding, and other agreements.)
Services: This link opens another screen (see pages 5 – 8). Select the services delivered under each agreement during the given reporting period.

Item 9: Select the categories that best describe your organization.
Item 10: Report the number of paid staff, in full-time equivalents (FTEs), funded by the Ryan White HIV/AIDS Program during the given reporting period.
Item 11: Select the status of your agency's clinical quality management program.

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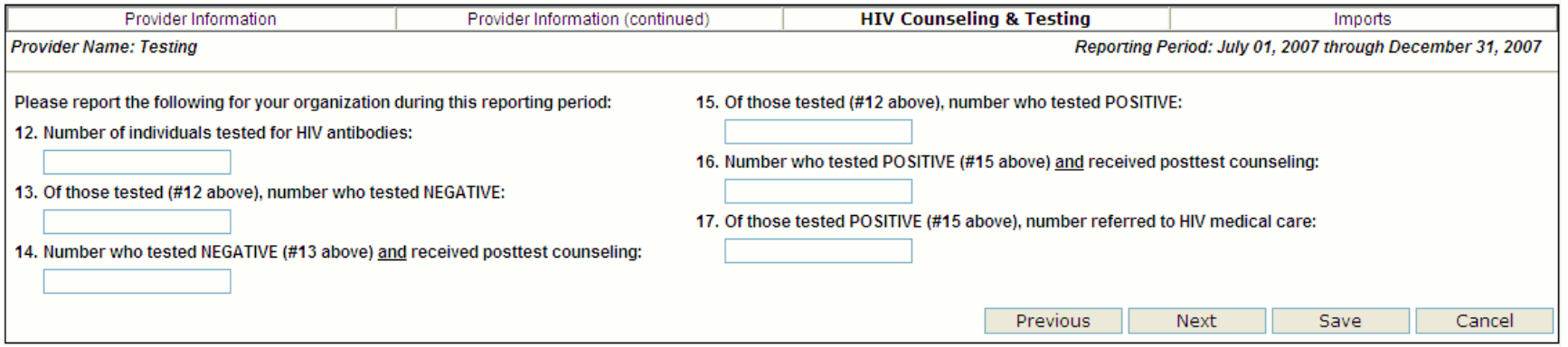

Items 12–17: If a grantee indicates that your organization was contracted to provide HIV counseling and testing services during the given reporting period, your organization must complete this section.

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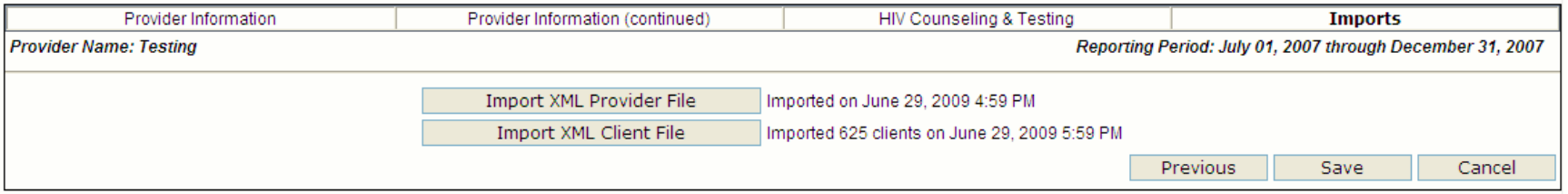

Grantees and/or providers have the option of importing provider data into the CLDS from their local system. The XML provider file includes:

- Provider organizational data (Items 3 – 7 and 9 – 11)
- Services provided with Ryan White funds under each agreement (Item 8)
- HIV counseling and testing data (Item 12 – 17)

In order to complete their submission, grantees must ensure that their providers' client-level data, if appropriate, are imported into the CLDS. The XML client file includes the proposed client-level data fields.

PROVIDER FORM— SERVICES

Administrative & Technical Services	Core Medical Services	Support Services	HIV Counseling & Testing

[Grantee Name]

Reporting period: January 1, 2009 through June 30, 2009

[Contract 1 of n - Contract Reference]

Please select the services delivered under this agreement during the given reporting period. (Check all that apply.)

ID▲	Delivered	Service
1	☐	Planning or evaluation
2	☐	Administrative or technical support
3	☐	Fiscal intermediary support
4	☐	Other fiscal services
5	☐	Technical assistance
6	☐	Capacity development
7	☐	Quality management

☐ Check this box if administrative and technical services are the only contracted services.

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Please select administrative and technical services delivered under this agreement during the given reporting period (check all that apply).

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PROVIDER FORM— SERVICES

Administrative & Technical Services	**Core Medical Services**	Support Services	HIV Counseling & Testing

[Grantee Name]

Reporting period: January 1, 2009 through June 30, 2009

[Contract 1 of n - Contract Reference]

Please select the services delivered under this agreement during the given reporting period. (Check all that apply.)

ID▲	Delivered	Service
1	☐	Outpatient/ambulatory medical care
2	☐	Local AIDS Pharmaceutical Assistance (not ADAP)
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 adherence)
12	☐	Substance abuse services-outpatient

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Please select the core medical services delivered under this agreement during the given reporting period (check all that apply).

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PROVIDER FORM— SERVICES

Administrative & Technical Services	Core Medical Services	**Support Services**	HIV Counseling & Testing

[Grantee Name]

Reporting period: January 1, 2009 through June 30, 2009

[Contract 1 of n - Contract Reference]

Please select the services delivered under this agreement during the given reporting period. (Check all that apply.)

ID▲	Delivered	Service
1	☐	Case management (non-medical)
2	☐	Child care services
3	☐	Pediatric development assessment/early intervention services
4	☐	Emergency financial assistance
5	☐	Food bank/home-delivered meals
6	☐	Health education/risk reduction
7	☐	Housing services
8	☐	Legal services
9	☐	Linguistic services
10	☐	Medical transportation services
11	☐	Outreach services
12	☐	Permanency planning
13	☐	Psychosocial support services
14	☐	Referral for health care/supportive services
15	☐	Rehabilitation services
16	☐	Respite care
17	☐	Substance abuse services-residential
18	☐	Treatment adherence counseling

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Please select the support services delivered under this agreement during the given reporting period (check all that apply).

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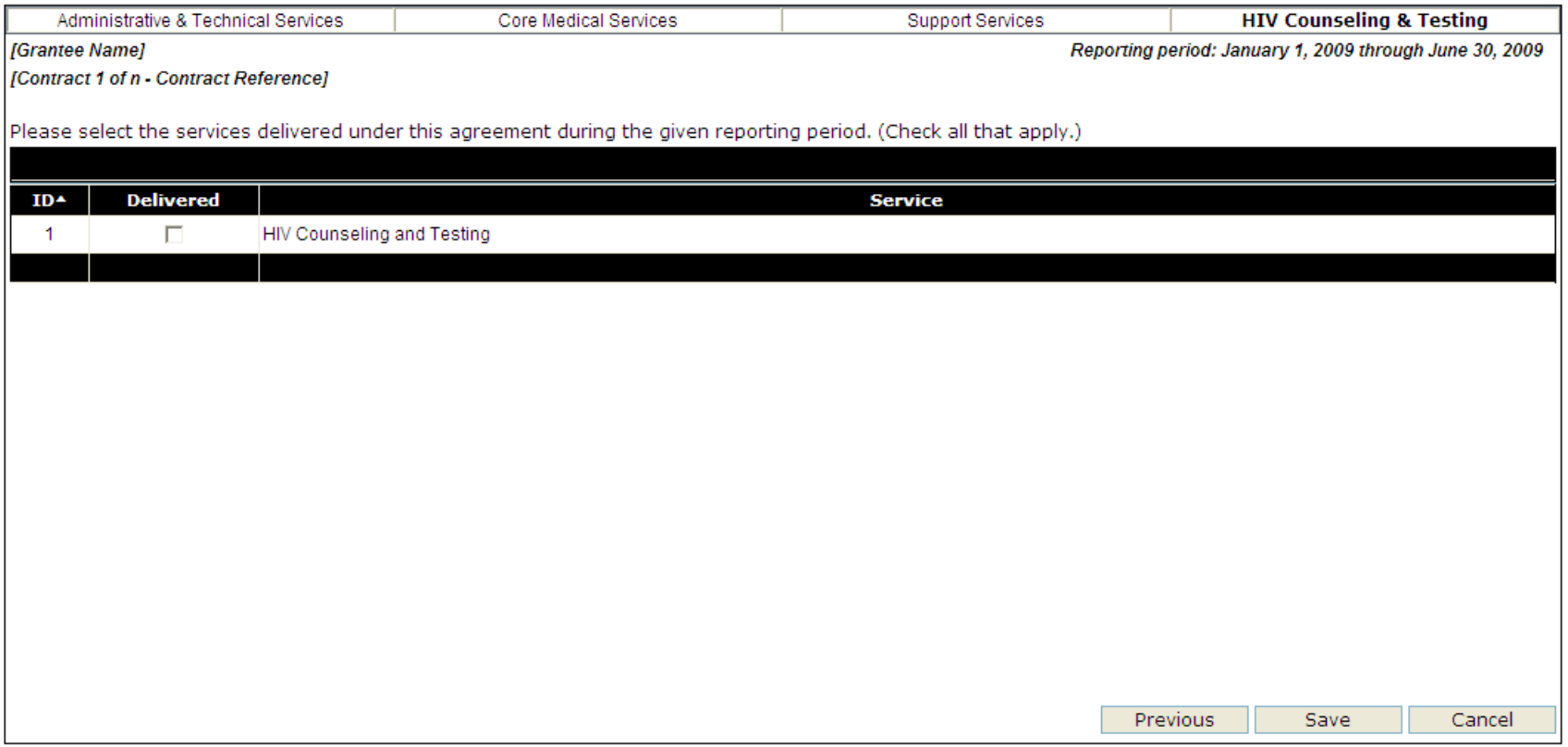

Please indicate if you delivered HIV counseling and testing services under this agreement during the given reporting period.