

Sample Web Form for Part A MAI Annual Report

There are three steps included in the Part A MAI Annual Report (Step 1, Step 2A, Step 2B, and Step 3). Fields marked with a red asterisk (*) indicate that the field is editable and required. Some fields are pre-populated from the *Plan* report and are not editable during the *Annual Report*.

Step 1

Step 1 is the first page the user sees when they begin their Part A MAI Annual Report.

Figure 1: Step 1 in Part A MAI Annual Report

U.S. Department of Health and Human Services
HRSMA
 Health Resources and Services Administration
 E-HANDBOOK

HAB MAI
 Workflow | Administration | Logout
 Your session will expire in: 29:40
 Help

Grant Number

MAI Administration The grantee deadline for entering data for MAI Report is 01/29/2010 6:00PM EDT

View Summary
 Print PDF
 Upload Narrative
 View Narrative
 Add Comments
 View Comments
 Release Lock
 Validate
 Submit
 Download
 Workbook

MAI Navigation

Customize MAI
 - Step 1
 - Step 2A
 - Step 2B
 - Step 3

MAI Report Sheets
 - Medical-Hispanic
 - Medical-Indian

Logged in as:
 ElisaP_HCC
 Role(s):
 • SysAdmin
 Logout

2008 Annual Report (Go to Annual Plan)
 Step 1 of 3
 Access Mode: **edit** - Data can be edited by: **USER** only - MAI Status: **working**

CUSTOMIZE REPORT

This should be completed by all MAI Grantees.

Step 1: Grantee and Funding Information

Fields with a red star (*) are required

1A. Grantee Information:

a. Prepared By: *

b. Title: *

c. Email: *

d. Telephone: *

1B. Funding Information:

a. Part A MAI Award: \$

b. MAI \$\$ Approved For Carryover: \$

c. MAI Funds Spent on Grantee Administration: \$

Percentage of Administrative Funds 0%
 (can not exceed 10% of Part A MAI Award - \$21,129.80)

d. MAI Funds Spent on Clinical Quality Management: \$

Percentage of Clinical Quality Management 5.00%
 (may not exceed 5% of total budget amount OR \$3,000,000, whichever is lesser)

Step 2A

Step 2A is pre-populated with the service categories reported in the *Plan* report.

Figure 2: Step 2A in Part A MAI Annual Report

U.S. Department of Health and Human Services
HRS
Health Resources and Services Administration
E-HANDBOOK

HAB MAI
Workflow | Administration | Logout
Your session will expire in: 29:51
Help

Grant Number

MAI Administration
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MAI Navigation
Customize MAI
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MAI Report Sheets
- Medical-Hispanic
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ElisaP_HCC
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Logout

The grantee deadline for entering data for MAI Report is 01/29/2010 6:00PM EDT

2008 Annual Report (Go to Annual Plan)
Step 2A of 3
Access Mode: **edit** - Data can be edited by: **USER** only - MAI Status: **working**

CUSTOMIZE REPORT

Step 2A: Select Service Categories

Fields with a red star (*) are required

2A. Select Service Categories:

Core Medical Services

- Outpatient/Ambulatory Health Services
- Early Intervention Services
- AIDS Pharmaceutical Assistance (local)
- AIDS Drug Assistance Program (ADAP) Treatments
- Oral Health Care
- Health Insurance Premium & Cost Sharing Assistance
- Home Health Care
- Home and Community-based Health Services
- Hospice Services
- Mental Health Services
- Medical Case Management (including Treatment Adherence)
- Medical Nutrition Therapy
- Substance Abuse Services - outpatient

Support Services

- Case Management (non-Medical)
- Linguistics Services
- Rehabilitation Services
- Substance Abuse Services - residential
- Treatment Adherence Counseling
- Psychosocial Support Services
- Respite Care
- Emergency Financial Assistance
- Food Bank/Home-Delivered Meals
- Health Education/Risk Reduction
- Housing Services
- Outreach Services
- Referral for Health Care/Supportive Services
- Medical Transportation Services
- Child Care Services
- Legal Services

< Previous Page Next Page > Auto Fill Auto Cleanup JS Test Button Restore Initial Values

Step 2B

Step 2B is pre-populated with the race/ethnicity and level of effort data for each service category reported in the *Plan* report.

Figure 3: Step 2B in Part A MAI Annual Report

U.S. Department of Health and Human Services
HRS
 Health Resources and Services Administration
 E-HANDBOOK

HAB MAI
 Workflow | Administration | Logout
 Your session will expire in: 29:54
 Help

Grant Number

MAI Administration
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 Logout

The grantee deadline for entering data for MAI Report is 01/29/2010 6:00PM

2008 Annual Report (Go to Annual Plan)
 Step 2B of 3
 Access Mode: **edit** - Data can be edited by: **USER** only - MAI Status: **working**

CUSTOMIZE REPORT

Step 2B: Select Race Ethnicity
 Fields with a red star (*) are required

2B. Select Race Ethnicity:

Outpatient / Ambulatory Health Services	Effort
Asian	<input type="radio"/> New <input type="radio"/> Expanded <input type="radio"/> Continuing
American Indian or Alaska Native	<input type="radio"/> New <input type="radio"/> Expanded <input type="radio"/> Continuing
Black or African American	<input type="radio"/> New <input type="radio"/> Expanded <input type="radio"/> Continuing
Hispanic or Latino(a)	<input type="radio"/> New <input type="radio"/> Expanded <input type="radio"/> Continuing
Native Hawaiian/Other Pacific Islander	<input type="radio"/> New <input type="radio"/> Expanded <input type="radio"/> Continuing
More than one race	<input type="radio"/> New <input type="radio"/> Expanded <input type="radio"/> Continuing

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Step 3

Step 3 is the process of filling out the report sheets. There is one report sheet for each race/ethnicity group for each service category. Some fields are pre-populated from the *Plan*.

Figure 4: Step 3 in Part A MAI Annual Report

2008 Annual Report (Go to Annual Plan) Access Mode: **edit** - Data can be edited by: **USER** only - MAI Status: **working**

COMPLETE REPORTS

Data Entry: Please use the form below to complete each report you selected Fields with a red star (*) are required

I have completed the data entry task for this report sheet.

Current Sheet Status: **Not Started**

Report Sheet: **Medical-Hispanic** Add Comment to this report sheet

Service Information

1. Service or Activity:	Outpatient / Ambulatory Health Services
2. Ethnic or Racial Community To Receive This Service	Hispanic or Latino(a)
3. New, Continuing, or Expanded Effort	Continuing

Budget and Expenditure Information

	Plan	Annual
4A. FY MAI funds budgeted for this service to this client group:	\$ 3000.00	
4B. MAI carryover budgeted for this service to this client group:	\$ *	
4C. Total MAI funds budgeted or spent for this service to this client group:	\$3,000.00	\$ *

Service Units

5. Service Unit Name and Definition: 1 unit = 1 visit

Reason for Using Non-Standard Definition:

6. Record of service units provided: 200 *

Record of Clients Served

	Plan	Annual
7A. Total Unduplicated Number of Clients:	150	*
7B. Total Unduplicated Number of Women:	60	*
7C. Total Unduplicated Number of Infants:	20	*
7D. Total Unduplicated Number of Children:	0	*
7E. Total Unduplicated Number of Youth:	10	*

Planned Outcomes

8A. PLANNED CLIENT LEVEL OUTCOMES	Target Percent
#1. Other: Among new PLWH clients served who are also newly released from incarceration, an increased percentage will keep at least two medical appointments during the 12-month reporting period.	60 %
#2. NULL: Increase in the percentage of clients with improved or stable viral load test results	75 %
#3. NULL: Increase in the percentage of new clients whose initial medical evaluation meets age and gender-specific P	80 %

Year-End Outcome Results

9A. Narrative Description of Outcomes Achieved	9B. No. of Clients Served in Target Population	9C. No. of Clients Achieving Outcome	9D. Percent	9E. Was Outcome Met, Exceeded, Not Met?
#1. Planned outcome # 1: Other: Among new PLWH clients served who are also newly released from incarceration, an increased percentage will keep at least two medical appointments during the 12-month reporting period.	[]	[]	%	[Select an ou]
#2. Planned outcome # 2: Increase in the percentage of clients with improved or stable viral load test results	[]	[]	%	[Select an ou]
#3. Planned outcome # 3: Increase in the percentage of new clients whose initial medical evaluation meets age and gender-specific PHS Clinical Guidelines for HIV/AIDS	[]	[]	%	[Select an ou]