

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

Grant Number

MAI Administration
 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

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

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: \$ 211298

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)

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

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

The screenshot displays the HAB MAI web application interface for Step 2A of the 2008 Annual Report. The top navigation bar includes the HRSA logo, "HAB MAI", and links for Workflow, Administration, and Logout. A session expiration timer shows 29:51 remaining. The left sidebar contains a "Grant Number" section with a list of actions (View Summary, Print PDF, Upload Narrative, etc.) and a "MAI Navigation" section with links to Step 1, Step 2A (selected), Step 2B, and Step 3. Below this, it shows the user is logged in as ElisaP_HCC with the role SysAdmin. The main content area features a red alert message about the grantee deadline (01/29/2010 6:00PM EDT). It then displays the "2008 Annual Report (Go to Annual Plan)" and "Step 2A of 3". A "CUSTOMIZE REPORT" button is visible. The section "2A. Select Service Categories:" includes a note that fields with a red star (*) are required. It lists two categories: "Core Medical Services" and "Support Services", each with a list of sub-services and checkboxes. The "Core Medical Services" list includes Outpatient/Ambulatory Health Services (checked), 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, and Substance Abuse Services - outpatient. The "Support Services" list includes 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, and Legal Services. At the bottom, there are buttons for "< Previous Page", "Next Page >", "Auto Fill", "Auto Cleanup", "JS Test Button", and "Restore Initial Values".

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

HAB MAI

Workflow | Administration | Logout

Your session will expire in: 29:51

Help

Grant Number

MAI Administration

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

View Summary
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MAI Navigation

Customize MAI

- Step 1
 - Step 2A
 - Step 2B
 - Step 3

MAI Report Sheets

- Medical-Hispanic
 - Medical-Indian

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Logout

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

Attachment A

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

**HRSA**

Health Resources and Services Administration

E-HANDBOOK

HAB MAI

Workflow | Administration | Logout

Your session will expire in: 29:54

Help

Grant Number

MAI Administration

[View Summary](#)
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[Upload Narrative](#)
[View Narrative](#)
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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	☐ New ☐ Expanded ☐ Continuing
American Indian or Alaska Native	☐ New ☐ Expanded ☐ Continuing
Black or African American	☐ New ☐ Expanded ☐ Continuing
Hispanic or Latino(a)	☐ New ☐ Expanded ☐ Continuing
Native Hawaiian/Other Pacific Islander	☐ New ☐ Expanded ☐ Continuing
More than one race	☐ New ☐ Expanded ☐ Continuing

[< Previous Page](#) [Next Page >](#) [Auto Fill](#) [Auto Cleanup](#) [Save](#) [JS Test Button](#) [Restore Initial Values](#)

MAI Navigation

☒ [Customize MAI](#)
- [Step 1](#)
- [Step 2A](#)
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- [Step 3](#)

MAI Report Sheets

- [Medical-Hispanic](#)
- [Medical-Indian](#)

Logged in as:
ElisaP_HCC

Role(s):
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Logout

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					
4A. FY MAI funds budgeted for this service to this client group:	Plan \$ 3000.00	Annual			
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					
7A. Total Unduplicated Number of Clients:	Plan 150	Annual *			
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
Auto Fill		Auto Cleanup		Save	JS Test Button
				Restore Initial Values	