

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

GRANTEE FORM

Grantee Report

Report Status: certified on Mar 17 2010 5:23PM

Grantee Information	Providers Funded by Your Grant	Providers Funded through Your Fiscal Intermediaries
Grantee Name: GRANTEE NAME		Reporting Period: 1 January 2009 through 31 December 2009
Funding Source: GRANT NUMBER		
Please review items 1 through 3 and correct any changes in the Electronic Handbooks (EHB)s.		
<p>1. Grantee of record address:</p> <p>a. Street: 201 Monroe St</p> <p>b. City: Montgomery</p> <p>c. State: AL</p> <p>d. ZIP Code: 36104-3773</p>		<p>4. Please select the status of your agency's clinical quality management program for assessing HIV health services. (Select only one.)</p> <p><input type="radio"/> Clinical quality management program introduced this reporting period</p> <p><input checked="" type="radio"/> Previously established quality management program</p> <p><input type="radio"/> Previously established program with new quality standards added this reporting period</p> <p><input type="radio"/> Not applicable</p>
<p>2. DUNS Number: 61-384-2061</p>		
<p>3. Contact information of person completing this form:</p> <p>a. Name: Sharon Gunn</p> <p>b. Title: Branch Director</p> <p>c. Phone: (334) 206-2601</p> <p>d. Fax: (866) 674-4806</p> <p>e. Email: sharon.gunn@adph.state.al.us</p>		

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Save

Restore Initial Values

Grantees complete a separate grantee form for each Ryan White HIV/AIDS Program grant they receive from HRSA — e.g., an agency with only a Part C grant completes one grantee form; an agency with a Part C and Part D grant completes two grantee forms, one for its Part C grant and another for its Part D grant.

Items 1 – 3 (display only): These items show the grantee and user information stored in the HRSA Electronic Handbooks (EHBs). To edit this information, grantees must update their agency information and/or user profile in the EHBs.

Item 4: Select the status of your agency's clinical quality management program during this reporting period.

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Grantee Information	Providers Funded by Your Grant	Providers Funded through Your Fiscal Intermediaries									
Grantee Name: GRANTEE NAME		Reporting Period: 1 January 2010 through 31 December 2010									
Funding Source: Grant Number											
<p>Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the 1 January 2010 through 31 December 2010 reporting period. Please add, edit, and remove provider contracts as appropriate. ?</p> <p style="text-align: right;">View Page Validations</p>											
2 Contracts											
Select	Edit	Contract ID	Reg Code	Provider	Contract Reference	Start Date	End Date	Amount	MAI Amount	Services	Completed
<input type="checkbox"/>		Contract ID	Reg Code	Provider Name Provider Address		1/1/2010	6/30/2010	\$0	\$0	Services	<input type="checkbox"/>
<input type="checkbox"/>		Contract ID	Reg Code	Provider Name Provider Address		1/1/2010	6/30/2010	\$0	\$0	Services	<input type="checkbox"/>
								\$0	\$0		
ADD PROVIDER CONTRACT DELETE SELECTED CONTRACT(S) COPY SELECTED CONTRACT(S)											

Review the list of service provider contracts that were active during the given reporting period. (**Note:** For the initial report, this list will be pre-populated with the provider lists in the current Ryan White Data Report System.) Add new provider contracts with the ADD PROVIDER CONTRACT link. Remove any provider contracts by clicking the Remove icon next to the provider's name. Edit the provider address (and other provider information) by clicking the Edit icon. **Part C and D grantees must include its own organization on its provider contracts list.**

Update contract information (**Note:** For the purpose of the Ryan White Data Report, "contracts" include formal contracts, memorandum of understanding, or other agreements) by reviewing and editing:

- **Contract Reference (optional):** Specify a reference for use by your providers in reporting Ryan White HIV/AIDS Program data associated with this contract.
- **Contract Start and End Date:** Enter the actual start date and end date of the contract for each provider.
- **Services:** This link opens another screen (see pages 4 – 7). Select the services the agency has been contracted to provide under this agreement (check all that apply).
- **Amount:** Enter the total amount of funding for the selected contract.
- **MAI Amount:** Enter the total amount of funding for the selected contract. This field will be available to Part A and B grantees only.

After completing all information for each funded contract, check "Completed."

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GRANTEE FORM

Grantee Information	Providers Funded by Your Grant	Providers Funded through Your Fiscal Intermediaries									
Grantee Name: GRANTEE NAME Funding Source: X07HA00052		Reporting Period: 1 January 2010 through 31 December 2010									
<p>Review the list of contracts funded by your grant through your agency's fiscal intermediary service provider(s). This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the 1 January 2010 through 31 December 2010 reporting period. Please add, edit, and remove provider contracts as appropriate. </p>											
Fiscal Intermediary: <input style="width: 500px; height: 40px;" type="text" value="Provider Name () incomplete"/>											
View Page Validations											
Page Size: 5											
Page 1 of 1 (Total 1 Records)											
Select	Edit	Contract...	Reg Code	Provider	Contract Reference	Start Date	End Date	Amount	MAI Amount	Services	Completed
<input type="checkbox"/>		64698	70063	Provider Name Provider Address		1/1/2010	12/31/2010	\$0	\$0	Services	<input type="checkbox"/>
								\$0	\$0		
ADD PROVIDER CONTRACT DELETE SELECTED CONTRACT(S) COPY SELECTED CONTRACT(S)											

Grantees that contract with an agency to provide fiscal intermediary services (i.e., grantees that utilize a pass-through agency) must also enter the list of contracts funded by their grant through the selected fiscal intermediary (FI) service provider(s).

Select a contract for FI services from the list box. A list of contracts funded by your grant through the selected FI service provider will be displayed.

Review the service provider contracts under the selected FI provider to ensure that:

1. All contracts that were active during the given reporting period are listed; and,
2. The services each agency was contracted to provide under each agreement have been selected.

After completing all information for each contract, check "Completed."

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GRANTEE FORM — SERVICES

Grantee: Grantee Name Provider: Provider Name Contract ID: Contract ID	Funding Source: Part Grant #: Grant Number Contract Reference: Contract Reference
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ADMINISTRATIVE SERVICES

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input type="checkbox"/>	Planning or evaluation
<input type="checkbox"/>	Administrative or technical support
<input type="checkbox"/>	Fiscal intermediary support
<input type="checkbox"/>	Other fiscal services
<input type="checkbox"/>	Technical assistance
<input type="checkbox"/>	Capacity development
<input type="checkbox"/>	Quality management

CORE MEDICAL SERVICES

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input type="checkbox"/>	Outpatient/ambulatory medical care
<input type="checkbox"/>	Local AIDS Pharmaceutical Assistance
<input type="checkbox"/>	Oral health care
<input type="checkbox"/>	Early intervention services (Parts A and B)
<input type="checkbox"/>	Health Insurance Premium & Cost Sharing Assistance
<input type="checkbox"/>	Home health care
<input type="checkbox"/>	Home and community-based health services
<input type="checkbox"/>	Hospice services
<input type="checkbox"/>	Mental health services
<input type="checkbox"/>	Medical nutrition therapy
<input type="checkbox"/>	Medical case management (including treatment adherence)
<input type="checkbox"/>	Substance abuse services-outpatient

SUPPORT SERVICES

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input checked="" type="checkbox"/>	Case management (non-medical)
<input type="checkbox"/>	Child care services
<input type="checkbox"/>	Pediatric development assessment/early intervention services
<input type="checkbox"/>	Emergency financial assistance
<input type="checkbox"/>	Food bank/home-delivered meals
<input checked="" type="checkbox"/>	Health education/risk reduction
<input type="checkbox"/>	Housing services
<input type="checkbox"/>	Legal services
<input type="checkbox"/>	Linguistics services
<input type="checkbox"/>	Medical transportation services
<input checked="" type="checkbox"/>	Outreach services
<input type="checkbox"/>	Permanency planning
<input type="checkbox"/>	Psychosocial support services
<input type="checkbox"/>	Referral for health care/supportive services
<input type="checkbox"/>	Rehabilitation services
<input type="checkbox"/>	Respite care
<input type="checkbox"/>	Substance abuse services-residential
<input type="checkbox"/>	Treatment adherence counseling

HIV COUNSELING AND TESTING SERVICES

Check the box if this agency was funded to provide HIV Counseling and Testing services under this agreement.

Funded	Service
<input type="checkbox"/>	HIV Counseling and Testing

Check all of the services that this agency is contracted to provide.

Please see the following pages for magnified views of each service section.

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GRANTEE FORM — SERVICES

Grantee: Grantee Name Provider: Provider Name Contract ID: Contract ID	Funding Source: Part Grant #: Grant Number Contract Reference: Contract Reference																
ADMINISTRATIVE SERVICES Select the services this agency was funded to provide under this agreement. (Check all that apply.)																	
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:10%;">Funded</th><th>Service</th></tr></thead><tbody><tr><td align="center"><input type="checkbox"/></td><td>Planning or evaluation</td></tr><tr><td align="center"><input type="checkbox"/></td><td>Administrative or technical support</td></tr><tr><td align="center"><input type="checkbox"/></td><td>Fiscal intermediary support</td></tr><tr><td align="center"><input type="checkbox"/></td><td>Other fiscal services</td></tr><tr><td align="center"><input type="checkbox"/></td><td>Technical assistance</td></tr><tr><td align="center"><input type="checkbox"/></td><td>Capacity development</td></tr><tr><td align="center"><input type="checkbox"/></td><td>Quality management</td></tr></tbody></table>		Funded	Service	<input type="checkbox"/>	Planning or evaluation	<input type="checkbox"/>	Administrative or technical support	<input type="checkbox"/>	Fiscal intermediary support	<input type="checkbox"/>	Other fiscal services	<input type="checkbox"/>	Technical assistance	<input type="checkbox"/>	Capacity development	<input type="checkbox"/>	Quality management
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Funded	Service																

If this agency is contracted to provide administrative services, please select the service(s) funded under this agreement.

When entering & verifying Provider contracts and services in **Item 5**, Grantees *may* select a Provider organization to perform as a **fiscal intermediary**. To do this, when you are selecting the Services for the Provider that is a fiscal intermediary, select the **“Fiscal Intermediary Support”** checkbox on the Administrative & Technical Services portion of the tab.

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GRANTEE FORM — SERVICES

Capacity development

Quality management

CORE MEDICAL SERVICES

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input type="checkbox"/>	Outpatient/ambulatory medical care
<input type="checkbox"/>	Local AIDS Pharmaceutical Assistance
<input type="checkbox"/>	Oral health care
<input type="checkbox"/>	Early intervention services (Parts A and B)
<input type="checkbox"/>	Health Insurance Premium & Cost Sharing Assistance
<input type="checkbox"/>	Home health care
<input type="checkbox"/>	Home and community-based health services
<input type="checkbox"/>	Hospice services
<input type="checkbox"/>	Mental health services
<input type="checkbox"/>	Medical nutrition therapy
<input type="checkbox"/>	Medical case management (including treatment adherence)
<input type="checkbox"/>	Substance abuse services-outpatient

SUPPORT SERVICES

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input checked="" type="checkbox"/>	Case management (non-medical)

If this agency is funded to provide core medical services, please select the service(s) funded under this agreement. Check all that apply.

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GRANTEE FORM — SERVICES

SUPPORT SERVICES

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input checked="" type="checkbox"/>	Case management (non-medical)
<input type="checkbox"/>	Child care services
<input type="checkbox"/>	Pediatric development assessment/early intervention services
<input type="checkbox"/>	Emergency financial assistance
<input type="checkbox"/>	Food bank/home-delivered meals
<input checked="" type="checkbox"/>	Health education/risk reduction
<input type="checkbox"/>	Housing services
<input type="checkbox"/>	Legal services
<input type="checkbox"/>	Linguistics services
<input type="checkbox"/>	Medical transportation services
<input checked="" type="checkbox"/>	Outreach services
<input type="checkbox"/>	Permanency planning
<input type="checkbox"/>	Psychosocial support services
<input type="checkbox"/>	Referral for health care/supportive services
<input type="checkbox"/>	Rehabilitation services
<input type="checkbox"/>	Respite care
<input type="checkbox"/>	Substance abuse services-residential
<input type="checkbox"/>	Treatment adherence counseling

HIV COUNSELING AND TESTING SERVICES

Check the box if this agency was funded to provide HIV Counseling and Testing services under this agreement.

Funded	Service
<input type="checkbox"/>	HIV Counseling and Testing

If this agency is funded to provide support services, please select the service(s) funded under this agreement. Check all that apply.

Check the box if the agency is funded to provide HIV counseling and testing services.