FY 2017 RWHAP Part B (X07) and MAI Allocations Report

Instructions are located in EHB: https://grants.hrsa.gov/webexternal/Login.asp

| Section A: Identifying Information |
|---|
| ~ Enter Name of Recipient Here ~ |
| ~ Enter Preparer's Name Here ~ |
| ~ Enter Preparer's Phone Number Here ~ |
| ~ Enter Preparer's Email Address Here ~ |

| Section B: Reporting Year Award Information | | | |
|--|-----|--|--|
| 1. Part B Base Award | | | |
| 2. Part B ADAP Earmark Award | | | |
| 3. Part B ADAP Supplemental Award | | | |
| 4. Total ADAP Award (ADAP Base + Supplemental) | \$0 | | |
| 5. Part B Emerging Communities Award | | | |
| 6. Total Part B X07 Funds | \$0 | | |
| 7. Part B MAI Award | | | |
| 8. Total Part B X07 Award | \$0 | | |

| Section C: Part B Allocations by Program Component | | 1. Base Award | | 2. ADAP + ADAP Supplemental Award | | 3. Emerging Communities Award (EC) | | 4. Total | |
|---|--------|---------------|--------|--------------------------------------|--------|------------------------------------|--------|------------|--|
| | Amount | Percentage | Amount | Percentage | Amount | Percentage | Amount | Percentage | |
| 1. Part B AIDS Drug Assistance Program Subtotal | \$0 | | \$0 | | \$0 | | \$0 | - | |
| a. ADAP Services | | | | | | | \$0 | - | |
| b. Health Insurance to Provide Medications | | | | | | | \$0 | - | |
| c. ADAP Access/Adherence/Monitoring Services | | | | | | | \$0 | - | |
| 2. Part B Health Insurance Premium & Cost Sharing Assistance | | | | | | | \$0 | - | |
| 3. Part B Home and Community-based Health Services | | | | | | | \$0 | - | |
| 4a. Part B HIV Care Consortia/EC services (Provide detail in Section D, Column 1 or 3) ¹ | \$0 | | | | \$0 | | \$0 | - | |
| 4b. Part B HIV Care Consortia Administration ² | | | | | | | \$0 | - | |
| 5. Part B State Direct Services (Provide detail in Section D, Column 2) ¹ | \$0 | | | | | | \$0 | - | |
| 6. Part B Clinical Quality Management ³ | | | | | | | \$0 | - | |
| 7. Part B Recipient Planning & Evaluation Activities⁴ | | | | | | | \$0 | - | |
| 8. Recipient Administration ⁴ | | | | | | | \$0 | - | |
| 9. Column Totals | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | - | |
| 10.Total Part B X07 Allocations ⁵ | ¢0 | | | | | | | | |

| Section D: Breakdown for Consortia, State Direct Services and Emerging | 1. Cons | sortia ⁷ | 2. Direct | Services | 3. Emerging (| Communities | munities 4. Total | |
|--|---------|---------------------|-----------|------------|---------------|-------------|-------------------|------------|
| Communities | Amount | Percentage | Amount | Percentage | Amount | Percentage | Amount | Percentage |
| 1. Core Medical Services Sub-total | \$0 | | \$0 | | \$0 | | \$0 | |
| a. AIDS Drug Assistance Program (ADAP) Treatments | | | | | | | | |
| b. AIDS Pharmaceutical Assistance (LPAP) | | | | | | | \$0 | |
| c. Early Intervention Services | | | | | | | \$0 | |
| d. Health Insurance Premium & Cost Sharing Assistance | | | | | | | \$0 | |
| e. Home and Community-based Health Services | | | | | | | \$0 | |
| f. Home Health Care | | | | | | | \$0 | |
| g. Hospice | | | | | | | \$0 | |
| h. Medical Case Management (including Treatment Adherence Services) | | | | | | | \$0 | |
| i. Medical Nutrition Therapy | | | | | | | \$0 | |
| j. Mental Health Services | | | | | | | \$0 | |
| k. Oral Health Care | | | | | | | \$0 | |
| I. Outpatient /Ambulatory Health Services | | | | | | | \$0 | |
| m. Substance Abuse Outpatient Care | | | | | | | \$0 | |
| 2. Support Services Sub-total | \$0 | | \$0 | | \$0 | | \$0 | |
| a. Child Care Services | | | | | | | \$0 | |
| b. Emergency Financial Assistance | | | | | | | \$0 | |
| c. Food Bank/Home-Delivered Meals | | | | | | | \$0 | |
| d. Health Education/Risk Reduction | | | | | | | \$0 | |
| e. Housing | | | | | | | \$0 | |
| f. Linguistics Services | | | | | | | \$0 | |
| g. Medical Transportation | | | | | | | \$0 | |
| h. Non-Medical Case Management Services | | | | | | | \$0 | |
| i. Other Professional Services | | | | | | | \$0 | |
| j. Outreach Services | | | | | | | \$0 | |
| k. Psychosocial Support Services | | | | | | | \$0 | |
| I. Referral for Health Care and Support Services | | | | | | | \$0 | |
| m. Rehabilitation Services | | | | | | | \$0 | |
| n. Respite Care | | | | | | | \$0 | |
| o. Substance Abuse Services - residential | | | | | | | \$0 | |
| 3. Total Services Allocations | \$0 | | \$0 | | \$0 | | \$0 | |

| | MAI A | ward |
|--|--------|------------|
| Section E: MAI Allocations by Program Component | Amount | Percentage |
| Education to increase minority participation in ADAP | | |
| Outreach to increase minority participation in ADAP | | |
| 3. Clinical Quality Management ³ | | |
| 4. Recipient Planning & Evaluation Activities ⁴ | | |
| 5. Recipient Administration ⁴ | | |
| 6. Total MAI Allocations | \$0 | 0.00% |

FOR OFFICE USE ONLY:

Recipient received waiver for 75% core medical services requirement.

- Footnotes:

 (1) The total services amounts will automatically be calculated based on the details you provide in Section D, column 1 or 2 or 3.

 (2) Consortia/Emerging Communities Administration, Planning and Evaluation costs may not exceed 10% of their respective total funds.

 (3) Clinical Quality Management may not exceed 5% of the Part B X07 award, or 3 million, whichever amount is smaller.

 (4) Planning & Evaluation or Recipient Administration may not exceed 10% of the Part B X07 award. Additionally, the combined costs for these two categories may not exceed 15% of the Part B X07 award.

 (5) This amount must equal the recipient's total Part B X07 Award.

 (7) All services in this column are considered Support Services.

LEGISLATIVE REQUIREMENTS CHECKLIST

INSTRUCTIONS: Recipients and Project Officers should use the following table to help determine whether or not the various Part B legislative spending requirements have been met. For more information on each of these requirements, please refer to the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Amount

\$0

CORE MEDICAL SERVICES

ADAP (H16)

Percentage (Amount / Total Service Allocations)

| Home-and Community-based Health Services (H21) | \$0 | | | | | |
|---|--|--|-----------------------|------------|--|--|
| Health Insurance Premium & Cost Sharing Assistance (H20) | \$0 | | 7 | | | |
| State-Direct Services: Core Medical Services (D33) | \$0 | | 7 | | | |
| Emerging Communities: Core Medical Services (F33) | \$0 | | 7 | | | |
| otal Core Medical Services Allocations | \$0 | | | | | |
| | | | _ | | | |
| upport Services Allocations | Amount | Percent | | | | |
| Consortia Services (B22) + Consortia Administration (B23) | \$0 | | | | | |
| State-Direct Services: Support Services (D47) | \$0 | | 7 | | | |
| Emerging Communities: Support Services (F47) | \$0 | | 7 | | | |
| MAI Allocations for Education + Outreach Services (B67 + B68) | \$0 | | 7 | | | |
| Total Support Services Allocations | \$0 | | | | | |
| Total Service Allocations | \$0 | | | | | |
| CLINICAL QUALITY MANAGEMENT | | | | | | |
| | | | | | (Capped Amount) | |
| | | Fotal Clinical Quality Management allocations must be 5% of the total X07 award or \$3 million (whichever is smaller.) | | | | |
| Total Clinical Quality Management allocations must be 5% of the total X07 awa | ard or \$3 million (whiche | ever is smaller.) | | \$0 | (саррошланошно, | |
| fo the right in red, is the maximum (Capped Amount) that may be allocated to million) as well as the amount of Current Fiscal Year dollars allocated (CQM Alla | Clinical Quality Manage | ement (the lessor of | | \$0 \$0 | (CQM Allocations) | |
| To the right in red, is the maximum (Capped Amount) that may be allocated to nillion) as well as the amount of Current Fiscal Year dollars allocated (CQM Alleheck to make sure the Allocations do not exceed the Capped Amount. | Clinical Quality Manage ocations) on Clinical Qua | ement (the lessor of | | • | | |
| To the right in red, is the maximum (Capped Amount) that may be allocated to million) as well as the amount of Current Fiscal Year dollars allocated (CQM Allocheck to make sure the Allocations do not exceed the Capped Amount. PLANNING AND EVALUATION / RECIPIENT ADMINISTRATION Total Part B X07 Planning and Evaluation allocations and total Recipient Admin | Clinical Quality Manage ocations) on Clinical Qua | ement (the lessor of ality Management (H st each be 10% or les | 25+B69). Please | • | | |
| Total Clinical Quality Management allocations must be 5% of the total X07 awa To the right in red, is the maximum (Capped Amount) that may be allocated to million) as well as the amount of Current Fiscal Year dollars allocated (CQM Allo check to make sure the Allocations do not exceed the Capped Amount. PLANNING AND EVALUATION / RECIPIENT ADMINISTRATION Total Part B X07 Planning and Evaluation allocations and total Recipient Administratic funding stream as long as the combined total of each is 10% or less of the t Evaluation and Recipient Administration allocations combined must no | Clinical Quality Manage ocations) on Clinical Qua listration allocations muon do not necessarily ne total X07 award. In addi | ement (the lessor of lality Management (Hanagement (Ha | 25+B69). Please | \$0 | (CQM Allocations) | |
| To the right in red, is the maximum (Capped Amount) that may be allocated to million) as well as the amount of Current Fiscal Year dollars allocated (CQM Allocheck to make sure the Allocations do not exceed the Capped Amount. PLANNING AND EVALUATION / RECIPIENT ADMINISTRATION Total Part B X07 Planning and Evaluation allocations and total Recipient Administratic funding stream as long as the combined total of each is 10% or less of the t | Clinical Quality Manage ocations) on Clinical Quality Manage ocations) on Clinical Quality Manage ocations must on do not necessarily netotal X07 award. In addit exceed 15% of the total X07 H27 + B71) / 111. Please f the combined Planning 127 + B70 + B71) / 111. Pl | st each be 10% or lesed to be 10% of eaction, Planning and al X07 award. award (H26 + B70) / e check to make sure; and Evaluation and | \$0 \$0 \$0 | \$0 | (CQM Allocations) (Planning & Evaluation) | |
| to the right in red, is the maximum (Capped Amount) that may be allocated to nillion) as well as the amount of Current Fiscal Year dollars allocated (CQM Allock to make sure the Allocations do not exceed the Capped Amount. PLANNING AND EVALUATION / RECIPIENT ADMINISTRATION Fotal Part B X07 Planning and Evaluation allocations and total Recipient Administration than the total X07 award. Planning and Evaluation and Recipient Administratic funding stream as long as the combined total of each is 10% or less of the textual to the right in red, is the percentage of Planning and Evaluation and Recipient Administration allocations divided by the Total X07 award (111 and Recipient Administration allocations divided by the Total X07 award (126 + H sure this percentage is not greater than 10%. Also shown is the percentage of Recipient Administration allocations divided by the Total X07 Award (1426 + H sure this percentage is not greater than 10%). | Clinical Quality Manage ocations) on Clinical Quality Manage ocations) on Clinical Quality Manage ocations must on do not necessarily netotal X07 award. In addit exceed 15% of the total X07 H27 + B71) / 111. Please f the combined Planning 127 + B70 + B71) / 111. Pl | st each be 10% or lesed to be 10% of eaction, Planning and al X07 award. award (H26 + B70) / e check to make sure; and Evaluation and | \$0 \$ \$ \$ | 0.0% | (CQM Allocations) (Planning & Evaluation) (Recipient Administration) (Planning & Evaluation + Recipient | |
| To the right in red, is the maximum (Capped Amount) that may be allocated to million) as well as the amount of Current Fiscal Year dollars allocated (CQM Allatheck to make sure the Allocations do not exceed the Capped Amount. PLANNING AND EVALUATION / RECIPIENT ADMINISTRATION Total Part B X07 Planning and Evaluation allocations and total Recipient Administration than the total X07 award. Planning and Evaluation and Recipient Administratic funding stream as long as the combined total of each is 10% or less of the tevaluation and Recipient Administration allocations combined must no To the right in red, is the percentage of Planning and Evaluation allocations do 111 and Recipient Administration allocations divided by the Total X07 award (H16 and Recipient Administration allocations divided by the Total X07 Award (H26 + H | istration allocations must on do not necessarily neces | st each be 10% or lested to be 10% of eaction, Planning and al X07 award. award (H26 + B70) / e check to make sure; and Evaluation and Please check to make | \$0 \$ \$ \$ | 0.0% | (CQM Allocations) (Planning & Evaluation) (Recipient Administration) (Planning & Evaluation + Recipient | |

\$0

0.0%

(EC Administration)

EC administration allocations must be 10% or less than the total EC funds.

To the right in red, is the percentage of EC administration allocations divided by the EC award (F27 / I8). Please check to make sure this percentage does not exceed 10%.

FY 2017 RWHAP PART B SUPPLEMENTAL EXPENDITUR

Please print this sheet to review instruc

Recipients should complete the Suppl Expenditures Report (blue tab) to prepare the required Part B Supplemental Expenditures Report". Complete steps 1-4 below and fill the areas or complete steps 1-4 below and fill the areas of th

NOTE: Please do not enter any information into cells highlighted in gray, as these cells

Identifying information (yellow section): Enter the name of the recipient, name of the prepared

Award Amounts (gold and yellow sections): Enter the FY 2017 RWHAP Part B Supplemental Supplement

Section A - Expenditures by Program Component (sky blue section): Enter the amounts For (Section A) rows 4a & 5 are automatically populated from (Section B).

Section B - Breakdown of Final Funding (light green section): This section provides deta Use the columns provided to enter amounts spent by service category in relation to *Consorti* should use the calculated amount of Total RWHAP Part B Program Supplemental final func *Supplemental HIV Care Consortia*) and row 5 (*RWHAP Part B Supplemental State Direct S* final funding in Section B for Consortia and Direct Services respectively. Rows 10a-m are a allowable Support Services. Formulas will generate sub-totals for Core Medical (row 10) an percentages; and sum column totals (row 12).

Reminder: The legislation mandates that ALL Consortia Funding be considered 'Supp Consortia and Direct Services because those funding amounts are already accounted for in Services, because only Consortia funds in (Health Insurance Premium & Cost Sharing Assistance) and 10e (Home and Community-by because these funding amounts are already accounted for in Section A.

Core Medical Services Calculation (yellow tab worksheet): As amounts are entered in the calculate the amount and percentage of total RWHAP Part B Supplemental service dollars the Support Services in FY 2017.

Reminder: Recipients are reminded that the 75% Core Medical Services Requirement is ap

E REPORT INSTRUCTIONS

tions.

1 "FY 2017 Ryan White HIV/AIDS Program (RWHAP) cells highlighted in light yellow with appropriate data.

s contain formulas.

parer, and preparer's phone number.

ental award amount.

spent from the RWHAP Part B Supplemental award.

ails about funding amounts not captured in Section A. ia and State Direct Services final funding. The grantee ling from Section A row 4a (RWHAP Part B lervices) when you provide a detailed breakdown of allowable Core Medical Services; rows 11a-o are d Support Services (row 11); calculate column

Nort Services.' Notes: (1) Row 10a is blocked for Section A. (2) Row 10b. (*AIDS Pharmaceutical* 1ay be used to provide LPAP services. (3) Rows 10d *ased Health Services*) are blocked for *Direct Services*

ne Funding Table (blue-tab), formulas will automatically nat were spent for Core Medical Services and for

plicable to the RWHAP Part B Supplemental Award.

Enter Recipient's

Enter Prep

Enter Prep

Enter FY 2017 RWHAP Part B Supplemental

Section A: Expenditures by Program Component

1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal

- a. ADAP Services
- b. Health Insurance to Provide Medications
- c. ADAP Access/Adherence/Monitoring Services
- 2. RWHAP Part B Supplemental Health Insurance Premium & Cost Sharing Assistance
- 3. RWHAP Part B Supplemental Home and Community-based Health Services
- 4a. RWHAP Part B Supplemental HIV Care Consortia (Provide detail in Section B)
- 4b. RWHAP Part B Supplemental HIV Care Consortia/EC Administration
- 5. RWHAP Part B Supplemental State Direct Services (Provide detail in Section B)
- 6. RWHAP Part B Supplemental Clinical Quality Management Footnote 1
- 7. RWHAP Part B Supplemental Recipient Planning & Evaluation ActivitiesFootnote 2
- 8. Recipient AdministrationFootnote 2
- 9. Total RWHAP Part B Supplemental Funding Amounts

Section B: Breakdown for Consortia, State Direct Services, and Emerging Communities Final Funding

10. Core Medical Services Sub-total

- a. AIDS Drug Assistance Program (ADAP) Treatments
- b. AIDS Pharmaceutical Assistance (LPAP)
- c. Early Intervention Services
- d. Health Insurance Premium & Cost Sharing Assistance
- e. Home and Community-based Health Services
- f. Home Health Care
- g. Hospice
- h. Medical Case Management (including Treatment Adherence Services)
- i. Medical Nutrition Therapy
- j. Mental Health Services
- k. Oral Health Care
- l. Outpatient /Ambulatory Health Services
- m. Substance Abuse Outpatient Care

11. Support Services Sub-total

- a. Child Care Services
- b. Emergency Financial Assistance
- c. Food Bank/Home-Delivered Meals
- d. Health Education/Risk Reduction

| e. Housing |
|--|
| f. Linguistics Services |
| g. Medical Transportation Services |
| h. Non-Medical Case Management Services |
| i. Other Professional Services |
| j. Outreach Services |
| k. Psychosocial Support Services |
| l. Referral for Health Care and Support Services |
| m. Rehabilitation Services |
| n. Respite Care |
| o. Substance Abuse Residential Services |
| 12 Total Funding Amounts |

(1) May not exceed 5% of the FY 2017 RWHAP Part B Supplemental award, or \$3 million, whichever amo (2) May not use more than 10% of the FY 2017 RWHAP Program Part B Supplemental award for either F additionally, the combined costs for these two categories may not exceed 15% of the FY 2017 RWHAP Part (3) All services in this column are considered Support Services.

| Total FY 2017 RWHAP Part B Supplemental Award | | | |
|---|--|--|--|
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| Percent | | | |
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| Consorti | a Footnote 3 | Direct S | Services |
|----------|--------------|----------|----------|
| Amount | Percent | Amount | Percent |
| \$0 | | \$0 | |
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|-----|---|-----|--|
| | - | | |
| | | | |
| | | | |
| \$0 | | \$0 | |

r.
Evaluation or Grantee Administration; ental award.

Automatic Calculation of FY 2017 RWHAP Part B Supplementa

Recipient Name:

This table is provided for grantees to automatically calculate their final Core Medical Service f service dollars.

The cell numbers referenced are shown in blue and come from Suppl Expenditures Report (blue

| Core Medical Services Expenditures | Amount |
|--|--------|
| ADAP (B12) | \$0 |
| Health Insurance Premium & Cost Sharing Assistance (B16) | \$0 |
| Home-and Community-based Health Services (B17) | \$0 |
| State-Direct Services: Core Medical Services (D29) | \$0 |
| Total Core Medical Services Expenditure Amount | \$0 |

| Support Services Expenditures | Amount |
|---|--------|
| Consortia Services (B18) | \$0 |
| State-Direct Services: Support Services (D43) | \$0 |
| Total Support Services Expenditure Amount | \$0 |

| Total FY 2017 RWHAP Part B Supplemental Core Medical & Support | |
|--|-----|
| Services Expenditure Amount | \$0 |

al Core Medical & Support Services Expenditures

funding/percentages across all FY 2017 RWHAP Part B Supplemental Award

ıe tab).

| Percent Amount / Total Service Funding |
|--|
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| Percent |
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