

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

GRANTEE FORM

The screenshot shows a web-based form interface with three tabs at the top: "Grantee Information" (selected), "Providers Funded by Your Grant", and "Providers Funded through Your Fiscal Intermediaries". Below the tabs is a grey instruction bar: "Please review items 1 through 3 and correct any changes in the Electronic Handbooks (EHB)s." The main content area contains four numbered items, each with a question mark icon:

- 1. Grantee of record address:**
 - a. Street: 1000 Maple Drive
 - b. City: Danville
 - c. State: AP
 - d. ZIP Code: 99999-9999
- 2. DUNS Number:** 11-111-1111
- 3. Contact information of person completing this form:**
 - a. Name: John Doe
 - b. Title: President and CEO
 - c. Phone: (555) 555-5555
 - d. Fax: (555) 555-5556
 - e. Email: doej@adoh.gov
- 4. 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 quality management program
 - Previously established program with new quality standards added this reporting period
 - Not applicable

At the bottom left is a "Cancel" button and at the bottom right is a "Save" button.

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

5. 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 **1/1/2013 through 12/31/2013** reporting period. Please add, edit, and remove provider contracts as appropriate.

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2 Contracts										
Select	Edit	Contract ID	Reg Code	Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed
<input type="checkbox"/>		10001	00000	City State College University Hospital 1000 Commercial Avenue, Some City XX 7...	Contract 1	7/1/2012	6/30/2013	\$100,000	Services	<input type="checkbox"/>
<input type="checkbox"/>		10002	00000	City State College University Hospital 1000 Commercial Avenue, Some City, XX...	Contract 2	7/1/2013	6/30/2014	\$100,000	Services	<input type="checkbox"/>
								\$200,000		

[ADD PROVIDER CONTRACT](#)
[DELETE SELECTED CONTRACT\(S\)](#)
[COPY SELECTED CONTRACT\(S\)](#)

Cancel
Save

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 Services Report System.) Add new provider contracts with the ADD PROVIDER CONTRACT link. Remove any provider contracts by checking the box next to the provider's name and selecting the DELETE SELECTED CONTRACT(S) link. Copy a contract by selecting the check the box next to the provider's name and selecting the COPY SELECTED CONTRACT(S) link. 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.

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

6. 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 **1/1/2013 through 12/31/2013** reporting period. Please add, edit, and remove provider contracts as appropriate.

Fiscal Intermediary: City State College University (Ref. Contract 1; Id: 10001) incomplete
City State College University (Ref. Contract 2; Id: 10002) incomplete

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Page Size: 5

Page 1 of 1 (Total 2 Records)

Select	Edit	Contract ID	Reg Code	Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed
<input type="checkbox"/>		20001	00001	Patient Medical Home Services 101 Maple St., Any Town XX 12345	Subcontract 1	6/1/2012	8/1/2013	\$25,000	Services	<input type="checkbox"/>
<input type="checkbox"/>		20002	00001	Patient Medical Home Services 101 Maple St., Any Town XX 12345	Subcontract 2	7/1/2013	6/30/2014	\$25,500	Services	<input type="checkbox"/>
								\$505,000		

[ADD PROVIDER CONTRACT](#)
 [DELETE SELECTED CONTRACT\(S\)](#)
 [COPY SELECTED CONTRACT\(S\)](#)

Cancel
Save

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: Appalachia Department of Health
 Provider: Appalachia Department of Health
 Contract ID: 349426

Funding Source: Part B
 Grant #: X07HA00000
 Contract Reference: Contract 1

Close Window and Return to Contracts Page

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

ADMINISTRATIVE SERVICES

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

CORE MEDICAL SERVICES

Funded	Service
<input checked="" 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 checked="" type="checkbox"/>	Mental health services
<input checked="" type="checkbox"/>	Medical nutrition therapy
<input checked="" type="checkbox"/>	Medical case management (including treatment adherence)
<input type="checkbox"/>	Substance abuse services-outpatient

SUPPORT SERVICES

Funded	Service
<input 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 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 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

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

Close Window and Return to Contracts Page

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

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

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.

CORE MEDICAL SERVICES	
Funded	Service
<input checked="" 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 checked="" type="checkbox"/>	Mental health services
<input checked="" type="checkbox"/>	Medical nutrition therapy
<input checked="" type="checkbox"/>	Medical case management (including treatment adherence)
<input type="checkbox"/>	Substance abuse services-outpatient

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	
Funded	Service
<input 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 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 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

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

HIV COUNSELING AND TESTING SERVICES	
Funded	Service
<input type="checkbox"/>	HIV Counseling and Testing

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