FY17 RWHAP Part B & MAI Expenditures Report

Detailed instructions for completing and submitting this report can be found in the Electronic Handbooks and download from the web: 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	Award Amount	Prior Year Carryover	Total Avail. Funds
1. RWHAP Part B Base Award			\$0
2. RWHAP Part B ADAP Earmark Award			\$0
3. RWHAP Part B ADAP Supplemental Award			\$0
4. Total RWHAP Part B Base + ADAP + ADAP Supplemental Funds	\$0	\$0	\$0
5. RWHAP Part B Emerging Communities Award			\$0
6. RWHAP Part B Supplemental Award			
7. Total RWHAP Part B Funds	\$0	\$0	\$0
8. RWHAP Part B MAI Award			\$0
9. Total RWHAP Part B + MAI Funds	\$0	\$0	\$0

Section C: RWHAP Part B Expenditures by Program Component	1. Base Award			2. ADAP Earmark + ADAP Supplemental		3. Emerging Communities Award		4. Total Prior Year Carryover		5. Total (including carryover)			
section c. RWHAF Part B Expenditures by Program component	Award	Carryover	Percent*	Award	Carryover	Percent*	Award	Carryover	Percent*	Amount	Percent	Amount	Percent
1. RWHAP Part B AIDS Drug Assistance Program Subtotal	\$0	\$0		\$C	\$0		\$0			\$0		\$0	
a. ADAP Services										\$0		\$0	
b. Health Insurance to Provide Medications										\$0		\$0	
c. ADAP Access/Adherence/Monitoring Services										\$0		\$0	
2. RWHAP Part B Health Insurance Premium & Cost Sharing Assistance										\$0		\$0	
3. RWHAP Part B Home and Community-based Health Services										\$0		\$0	
4. RWHAP Part B HIV Care Consortia (Provide service detail in Sec. D, Column 1 & 4) $^{\rm 1}$	\$0											\$0	
4a. RWHAP Part B HIV Care Consortia Administration, Planning & Evaluation ²										\$0		\$0	
5. RWHAP Part B State Direct Services (Provide detail in Sec. D, Column 2 & 4)'	\$0	\$0					\$0			\$0		\$0	
6. RWHAP Part B Clinical Quality Management ³										\$0		\$0	
7. RWHAP Part B Recipient Planning & Evaluation Activities⁴										\$0		\$0	
8. Recipient Administration 4										\$0		\$0	
9. Column Totals	\$0	\$0	0.00%	\$C	\$0	0.00%	\$0		0.00%	\$0	0.00%	\$0	0.00%
10.Total RWHAP Part B Expenditures (excluding carryover)	\$0												

Section D: Breakdown for Consortia, State Direct Services and	1. Consortia ^s 2. Direct Services 3. Emerging Communities ⁴		es⁴	4. Prior Yea	r Carryover	5. Total (includi	5. Total (including carryover)			
Emerging Communities	Award	Percent	Award	Percent	Award	Percent	Amount	Percent	Amount	Percent
1. Core Medical Services Sub-total	\$0		\$0		\$0		\$0		\$0	-
a. AIDS Drug Assistance Program (ADAP) Treatments									\$0	-
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 (incl. 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		\$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	\$0		\$0		\$0		\$0		\$0	

		MAI AWARD					
	REPORTING YEAR AWARD		PRIOR FY CARRYOVER		TOTAL		
Section E: MAI Expenditures by Program Component	Amount	Percent	Amount	Percent	Amount	Percent	
 Education to increase minority participation in ADAP 					\$0		
Outreach to increase minority participation in ADAP					\$0		
 Clinical Quality Management³ 					\$0		
 Recipient Planning & Evaluation Activities ⁴ 					\$0		
5. Recipient Administration 4					\$0		
5. Total MAI Expenditures	\$0	0.00%	\$0	0.00%	\$0	0.00%	
* Percent is calculated on the total of the current Fiscal Year award. The	percent does not	t include carryove	r award.				
1) In the Base Award column ONLY, this cell will automatically calculate	based on the de	tail you provide ir	Section D.				
2) Administration expenditures for first-line entities is capped at 10% of	the aggregate ar	nount allocated fe	or services. There	fore, Consortia A	dministration, Planning and Evaluation	n may not exceed	
3) May not exceed 5% of the RWHAP Part B award, or 3 million, whicher	ver amount is sm	aller.					
4) May not exceed 10% of the RWHAP Part B award for either Planning	& Evaluation or R	tecipient Admin.	Additionally, the o	combined costs fo	or these two categories may not excee	d 15% of the RW	
(5) All services in this column are considered Support Services.							
(c) All services in this column are considered support services. (d) In the Emergine Communities Column ONLY, the Total Allocations should equal the combined total of Rows 4 + 5 in Section C. Column 3.							

FOR OFFICE USE ONLY:

Recipient received waiver for 75% core medical services requirement.

LEGISLATIVE REQUIREMENTS CHECKLIST

INSTRUCTIONS: Recipients and Project Officers should use the following table to help determine whether or not the various RWHAP 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.

CORE MEDICAL SERVICES	Amount	Percentage (Amount / Total Service Expenditures)
ADAP (M16-K16)	\$0	
Home-and Community-based Health Services (M21-K21)	\$0	
Health Insurance Premium & Cost Sharing Assistance (M20 - K20)	\$0	
State-Direct Services: Core Medical Services (D33)	\$0	
Emerging Communities: Core Medical Services (F33)	\$0	
Total Core Medical Services Expenditures	\$0	
Support Services Expenditures	Amount	Percent
Support Services Expenditures Consortia Services (B22) + Consortia Administration (B23)	Amount \$0	Percent
Consortia Services (B22) + Consortia Administration (B23)	\$0	
Consortia Services (B22) + Consortia Administration (B23) State-Direct Services: Support Services (D47)	\$0 \$0	

CLINICAL QUALITY MANAGEMENT

Total Clinical Quality Management expenditures must be 5% of the total X07 award or \$3 million (whichever is smaller.)		\$0	(Capped Amount)
To the right in red, is the maximum (Capped Amount) that you can spend on Clinical Quality Management (the lessor of G12 * .05 or \$3 million) as well as the Current Fiscal Year dollars spent (CQM Expenditures) on Clinical Quality Management (M25 - K25) + (F70 - D70). Carryover dollars are excluded from this control please check to make sure the Expenditures do not exceed the Capped Amount.	amount of alculation.	\$0	(CQM Expenditures)
PLANNING AND EVALUATION / GRANTEE ADMINISTRATION			
	\$0	0.0%	(Planning & Evaluation)
Total RWHAP Part B X07 Planning and Evaluation expenditures and total Recipient Administration expenditures must each be 10% or less than the total X07 award. Planning and Evaluation and Recipient Administration do not necessarily need to be 10% of each funding stream as long as the combined total of each is 10% or less of the total X07 award. In addition, Planning and Evaluation and Recipient Administration expenditures and total of each is 10% or less of the total X07 award.			
To the right in red, is the percentage of Planning and Evaluation expenditures divided by the Total X07 award (M26-K26) / G12 and Recipient Administration expenditures divided by the Total X07 award (M27-K27) / G12. Please check to make sure these percentage are not greater than 10%. Also shown is the percentage of the combined Planning and Evaluation and Recipient Administration expenditures divided by the Total X07 award (M26+M27-K26-K27) / G12. Carryover dollars are excluded from this calculation. Please check to make sure this percentage is not greater than 15%.	\$0	0.0%	(Recipient Administration)
	\$0	0.0%	(Planning & Evaluation + Recipient Administration)
CONSORTIA ADMINISTRATION			
Consortia administration expenditures must be 10% or less than the total Consortia funds. To the right in red, is the percentage of consortia administration expenditures divided by the consortia expenditures (B23/B22). Carryover dollars are excluded from this calculation. Please check to make sure this percentage does not exceed 10%.	\$0	0.0%	(Consortia Administration)
EC ADMINISTRATION			
EC administration expenditures must be 10% or less than the total EC funds. To the right in red, is the percentage of EC administration expenditures divided by the EC award (H27/G8). Carryover dollars are excluded from this calculation. Please check to make sure this percentage does not exceed 10%.	\$0	0.0%	(EC Administration)

FY 2017 RWHAP PART B SUPPLEMENTAL EXPENDITURE REPORT Please print this sheet to review instructions.

Recipients should complete the Suppl Expenditures Report (blue tab) to prepare the required "FY 2017] Part B Supplemental Expenditures Report". Complete steps 1-4 below and fill the areas or cells highlight

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

Identifying information (yellow section): Enter the name of the recipient, name of the preparer, and pr

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

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

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

Reminder: The legislation mandates that ALL Consortia Funding be considered 'Support Service *Consortia and Direct Services* because those funding amounts are already accounted for in Section A. (*Cost Sharing Assistance*) and 10e (*Home and Community-based Health Services*) are blocked for *Direct* are already accounted for in Section A.

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

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

INSTRUCTIONS

Ryan White HIV/AIDS Program (RWHAP) hted in light yellow with appropriate data.

rmulas.

'eparer's phone number.

amount.

the RWHAP Part B Supplemental award.

nding amounts not captured in Section A. *Direct Services* final funding. The grantee ection A row 4a (*RWHAP Part B* en you provide a detailed breakdown of ore Medical Services; rows 11a-o are ervices (row 11); calculate column

s.' Notes: (1) Row 10a is blocked for
2) Rows 10d (*Health Insurance Premium & t Services* because these funding amounts

Cable (blue-tab), formulas will automatically nt for Core Medical Services and for

he RWHAP Part B Supplemental Award.

Enter Recipient's

Enter Prep

Enter Preparer's Ph

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 Activities^{Footnote 2}

8. Recipient Administration^{Footnote 2}

9. Total RWHAP Part B Supplemental Funding Amounts

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

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 P additionally, the combined costs for these two categories may not exceed 15% of the FY 2017 RWHAP Par (3) All services in this column are considered Support Services.

mental Expenditures Report

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Total FY 2017 RWHAP Part B Supplemental Award				
Amount	Percent			
\$0				
\$0				
\$0				
\$0	0.00%			

Consorti	a Footnote 3	Direct S	Services
Amount	Percent	Amount	Percent
\$0		\$0	
\$0		\$0	

\$0	 \$0	

e**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 (blu

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

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

ıe tab).

Amount / Total Service Funding

Percent