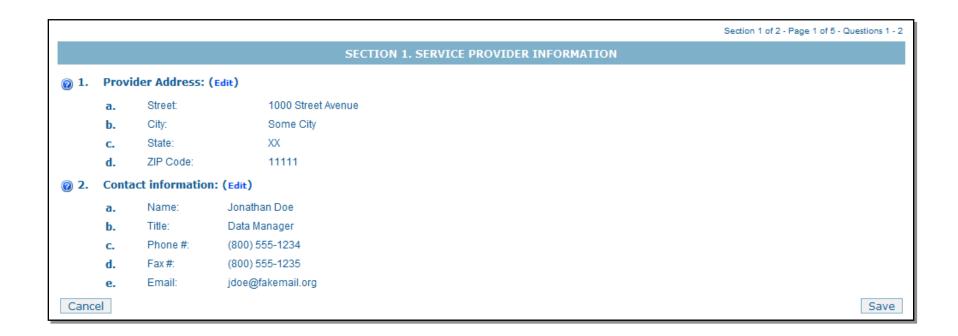
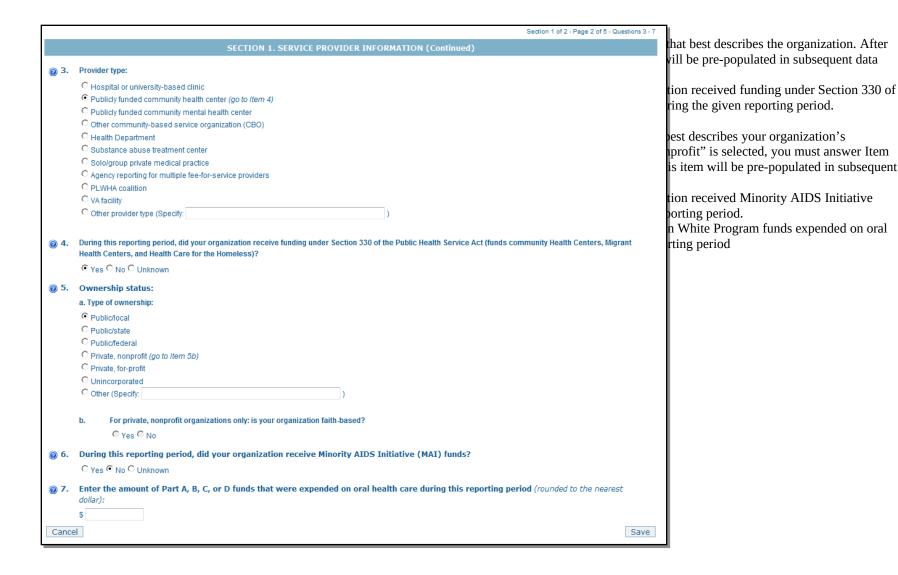
## Proposed changes:

We are proposing adding three new responses/questions below:

- 1) Within your organization/agency, identify the number of physicians, nurse practitioners, or physician assistants who obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications (medication assisted treatment [MAT], e.g. buprenorphine) specifically approved by the U.S. Food and Drug Administration (FDA).;
- 2) How many of the above physicians, nurse practitioners, or physician assistants prescribed MAT (e.g. buprenorphine, vivitrol) for opioid use disorders in the reporting year?; and
- 3) How many clients were treated with MAT during the reporting period?
- 4)



**Items 1 – 2:** If the information in Item 1 or Item 2 is incorrect, it <u>must</u> be corrected. Providers may edit the information by selecting the "edit" link next to the Item.



7\*: Within your organization/agency, identify the number of physicians, nurse practitioners, or physician assistants who obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications (medication assisted treatment [MAT], e.g. buprenorphine) specifically approved by the U.S. Food and Drug Administration (FDA).

7\*\*: How many of the above physicians, nurse practitioners, or physician assistants prescribed MAT (e.g. buprenorphine, vivitrol) for opioid use disorders in the reporting period?

7\*\*\*: How many clients were treated with MAT during the reporting period?

Section 1 of 2 - Page 3 of 5 - Question 8

## SECTION 1. SERVICE PROVIDER INFORMATION (Continued)

Please indicate if your organization expended Ryan White HIV/AIDS Program funds to provide services funded by the grantees listed below by selecting the "Services" link for each contract.

Contract ID	Grantee Name	Funding Source	Grant Number	Contract Reference	Start Date	End Date	Services	Amount Funded
77245	STATE HEALTH SERVICES, DEPARTMENT OF (Funded through Regional Administrative Agent)	Part B	X00HA0000	BY12-13 Part B	09/01/2012	08/31/2013	Services (5)	\$ 233,433
77284	STATE HEALTH SERVICES, DEPARTMENT OF (Funded through Regional Administrative Agent)	Part B	X00HA00000	BY13-14 Part B	09/01/2013	08/31/2014	Services (6)	\$ 299,675

To view the crosswalk of services Funded, Delivered and Uploaded grouped by Contract, <u>click here</u>. To view the crosswalk of services Funded, Delivered and Uploaded grouped by Service, <u>click here</u>.

NOTE: If your agency indicates that it only provides administrative and technical services under all contracts, STOP HERE. You are not required to complete the remainder of this report. You are NOT required to submit client data records.

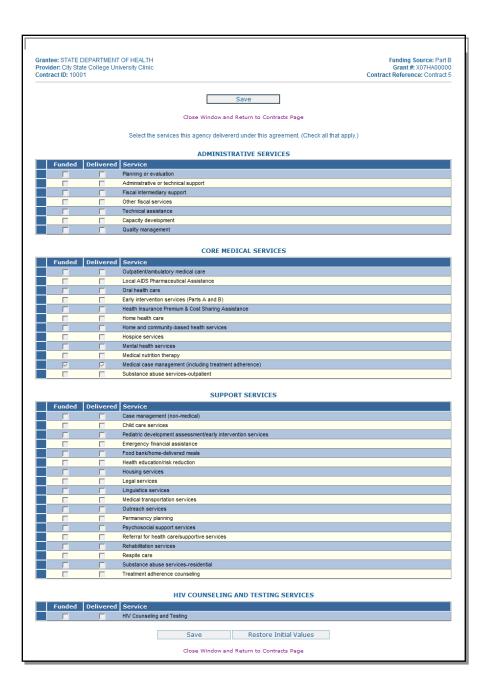
Cancel

Save

**Item 8: Grantee/contract information:** This list of contracts is populated with information provided by Ryan White HIV/AIDS Program grantees. The contract reference, if specified, will help you report the data associated with a particular contract. (**Note**: For the purposes of the Ryan White Data Report, "contracts" include formal contracts, memorandum of understanding, and other agreements.)

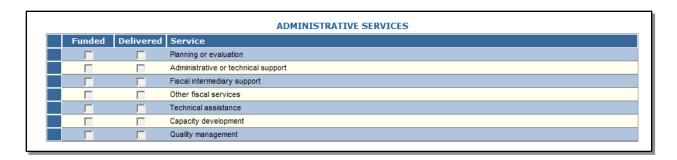
**Services:** This link opens another screen (see page 3).

<sup>\*:</sup> Fiscal Intermediary service has been selected.



 Select the services delivered under each agreement during the given reporting period.

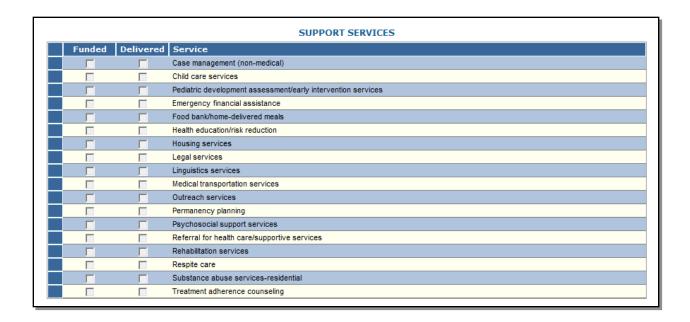
Please see the following pages (pgs. 5-6) for magnified views of each service section.



• Please select the administrative services delivered under this agreement during the given reporting period (check all that apply).



• Please select the core medical services delivered under this agreement during the given reporting period (check all that apply).



• Please select the support services delivered under this agreement during the given reporting period (check all that apply).



• Please check the box if this agency delivered HIV Counseling and Testing Services during the given reporting period.

## **Items 9 through 11** – Core Medical Services

If you indicated in Item 8 (services delivered), that you delivered ONLY "Administrative Services" and/or "Support Services," then Items 9 through 17 are <u>not</u> required.

You will STOP here.

Conversely, if you indicated that you did deliver "Core Medical Services," then Items 9 through 11 will be required.

	Section 1 of 2 - Page 4 of 5 - Questions 9 - 11				
	SECTION 1. SERVICE PROVIDER INFORMATION (Continued)				
	f your agency indicates that it only provides administrative and technical services under all contracts, <b>STOP HERE</b> . You are not required to complete the remainder of this You are <b>NOT</b> required to submit client data records.				
<b>2</b> 9.	Which of the following categories describes your agency? (Check all that apply.)				
	An agency in which racial/ethnic minority group members make up more than 50% of the agency's board members				
	Racial/ethnic minority group members make up more than 50% of the agency's professional staff members in HIV direct services				
	Solo or group private health care practice in which more than 50% of the clinicians are racial/ethnic minority group members				
	Other "traditional" provider that has historically served racial/ethnic minority clients but does not meet any of the criteria above				
	☐ Other type of agency or facility				
<b>②</b> 10.	Report the number of paid staff, in full-time equivalents (FTEs) in up to two decimal places, that were funded by the Ryan White HIV/AIDS Program during this reporting period:  2.00				
② 11.	. Please select the status of your agency's clinical quality management program for assessing HIV health services. (Select only one)				
	<ul> <li>Clinical quality management program introduced this reporting period</li> <li>Previously established quality management program</li> <li>Previously established program with new quality standards added this reporting period</li> <li>Not applicable</li> </ul>				

**Item 9**: Select the categories that best describe your organization. **Item 10**: Report the number of paid staff, in full-time equivalents (FTEs), funded by the Ryan White HIV/AIDS Program during the given reporting period.

Cancel

**Item 11**: Select the status of your agency's clinical quality management program

Save

	Section 2 of 2 - Page 5 of 5 - Questions 12 - 17						
SECTION 2. HIV Counseling & Testing							
Counseling and Testing delivered through Part A (H89HA00029)							
<b>②</b> _12. Number of individuals tested for HIV:							
1000							
②_13. Of those tested (#12 above), number who tested NEGATIVE:							
995							
<b>14.</b> Number who tested NEGATIVE (#13 above) <u>and</u> received posttest counseling:							
990							
<b>②</b> _15. Of those tested (#12 above), number who tested POSITIVE:							
5							
5							
@_17. Of those tested POSITIVE (#15 above), number referred to HIV medical care:							
5							
End of Report. Upload client-level data if required.							
Cancel							

**Items 12–17**: If a grantee indicates in **Item 8** that your organization was contracted to provide HIV counseling and testing services during the given reporting period, your organization then **Items 12 through 17** ARE required.

Conversely, if you indicated that you did NOT deliver "HIV Counseling and Testing", then Items 12 through 17 will be disabled.

- **Item 12** Number Tested for HIV
- **Item 13** Number of Test Results Negative
- Item 14 Number of Results Negative & Received Counseling
- **Item 15** Number of Test Results Positive
- **Item 16** Number of Test Results Positive & Received Counseling
- **Item 17** Number of Test Results Positive and Referred