## FY17 RWHAP Part B & MAI Expenditures Report

	Prior Year Carryover	Award Amount	Total Avail. Funds
1. RWHAP Part B Base Award			
2. RWHAP Part B ADAP Earmark Award			
3. RWHAP Part B ADAP Supplemental Award			
4. Total RWHAP Part B Base + ADAP + ADAP Supplemental Funds			
5. RWHAP Part B Emerging Communities Award			
6. RWHAP Part B Supplemental Award			
7. Total RWHAP Part B Funds			
8. RWHAP Part B MAI Award			
9. Total RWHAP Part B + MAI Funds			

11. Total Unobligated Carryover Funds

OMB Number 0915-0318 Expiration date XX/XX/202X

	1. Base Award		2. AD	2. ADAP Earmark + ADAP Supplemental		3. Emerging Communities Award		4. Total Prior Year Carryover		5. Total (including carryover)			
	Carryover	Award	Percent	Carryover	Award	Percent	Carryover	Award	Percent	Amount	Percent	Amount	Percent
. RWHAP Part B AIDS Drug Assistance Program Subtotal													
a. ADAP Services													
b. Health Insurance to Provide Medications													
c. ADAP Access/Adherence/Monitoring Services													
2. RWHAP Part B Health Insurance Premium & Cost Sharing Assistance													
3. RWHAP Part B Home and Community-based Health Services													
1. RWHAP Part B HIV Care Consortia													
a. RWHAP Part B HIV Care Consortia Administration, Planning & Evaluation													
i. RWHAP Part B State Direct Services													
i. RWHAP Part B Clinical Quality Management													
7. RWHAP Part B Recipient Planning & Evaluation Activities													
3. Recipient Administration													
. Column Totals													
10.Total RWHAP Part B Expenditures (excluding carryover)	•			•	•				-	validation: Total Prior ye	ear Carryover Expenditure s	nould be <= Prior Year Carry	over award amo

- Need to confirm logic. Correct

- validation: total exp should not be > grant award amount 2

	I I I I I I I I I I I I I I I I I I I									
	1.	Consortia	2. Direct	: Services	3. Emerging	Communities	4. Prior Yea	r Carryover	5. Total (inclu	ding carryover)
	Award	Percent	Award	Percent	Award	Percent	Amount	Percent	Amount	Percent
Core Medical Services										
a. AIDS Drug Assistance Program (ADAP) Treatments										
o. AIDS Pharmaceutical Assistance (LPAP)										
c. Early Intervention Services										
I. Health Insurance Premium & Cost Sharing Assistance										
e. Home and Community-based Health Services										
. Home Health Care										
. Hospice										
n. Medical Case Management (incl. Treatment Adherence Services)										
. Medical Nutrition Therapy										
. Mental Health Services										
. Oral Health Care										
Outpatient /Ambulatory Health Services										
n. Substance Abuse Outpatient Care										
. Core Medical Services Total										
Support Services										
a. Child Care Services										
o. Emergency Financial Assistance										
. Food Bank/Home-Delivered Meals										
I. Health Education/Risk Reduction										
e. Housing										
. Linguistics Services										
g. Medical Transportation										
n. Non-Medical Case Management Services										
. Other Professional Services										
. Outreach Services										
Psychosocial Support Services										
. Referral for Health Care and Support Services										
n. Rehabilitation Services										
n. Respite Care										
o. Substance Abuse Services - residential										
2. Support Services Total										
3. Total										

MAI AWARD									
	PRIOR FY C	ARRYOVER	REPORTING '	YEAR AWARD	TOTAL				
	Amount	Percent	Amount	Percent	Amount	Percent			
Education to increase minority participation in ADAP									
2. Outreach to increase minority participation in ADAP									
3. Clinical Quality Management									
4. Recipient Planning & Evaluation Activities									
5. Recipient Administration									
6. Total MAI Expenditures									
7. Total Unobligated Carryover Funds	•								

rt B Supplemental Grant Award Amount
--------------------------------------

OMB Number 0915-0318

Expiration date XX/XX/202X

	То	tal
	Award	Percent
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		
4b. RWHAP Part B Supplemental HIV Care Consortia/EC		
Administration		
5. RWHAP Part B Supplemental State Direct Services		
6. RWHAP Part B Supplemental Clinical Quality		
Management		
7. RWHAP Part B Supplemental Recipient Planning &		
Evaluation Activities		
8. Recipient Administration		
9. Column Totals		

No carry over total

	Cons	sortia	Direct S	Services
	Amount	Percent	Amount	Percent
Core Medical Services				
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				
I. Outpatient /Ambulatory Health Services				
m. Substance Abuse Outpatient Care				
1. Core Medical Services Total				
Support Services				
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		
I. Referral for Health Care and Support Services		
m. Rehabilitation Services		
n. Respite Care		
o. Substance Abuse Residential Services		
2. Support Services Total		
3. Total Service Expenditures		

Core Medical Services Expenditures	Amount	Percentage (Amount / Total Service Expenditures)
ADAP		
Health Insurance Premium & Cost Sharing Assistance		
Home-and Community-based Health Services		
State-Direct Services: Core Medical Services		
Total Core Medical Services Expenditures		
Support Services Expenditures	Amount	Percent
Consortia Services		
State-Direct Services: Support Services		
Total Support Services Expenditures		
Total RWHAP Part B Supplemental Core Medical & Support Services Expenditures		

Public Burden Statement: The purpose of this data collection system is to collect aggregate data on the number of new and existing clients, and clients who have been out of care treated with EHE initiative funding. HAB will use these data to show the impact of the increased funding on reducing new HIV infections, identifying new HIV infections, engaging clients in care and treatment. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0318 and it is valid until XX/XX/202X. This information collection is mandatory (through increased Authority under the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov