## **Part B X08 Allocations Report**

## **FYXXXX RWHAP Part B Supplemental Program Award Allocations Report**

Recipient Name	
Preparer Name	
Preparer Phone Number	

## FY XXXX RWHAP Part B Supplemental Program Award

Section A: Planned Funding by Program Component	Total FY XXXX RWHAP Part B Supplement al Program Award Amo Per unt cent	
1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal	\$0	
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 for Low Income Individuals		-
3. RWHAP Part B Supplemental Home and Community-based Health Services		
4 RWHAP Part B Supplemental HIV Care Consortia (Provide detail in Section B)	\$0	
5. RWHAP Part B Supplemental State Direct Services (Provide detail in Section B)	\$0	
6. RWHAP Part B Supplemental Clinical Quality Management <sup>1</sup>		
7. RWHAP Part B Supplemental Recipient Planning & Evaluation Activities <sup>2</sup>		
8. Recipient Administration <sup>2</sup>		
9. Total RWHAP Part B Supplemental Program Funding Amounts	\$0	0.00

5	Section B: Breakdown for Consortia and State Direct Services Final	Consortia <sup>3</sup>	Direct
F	-unding		Services

	Amo unt	Per cent	Am oun t	Per cent
10. Core Medical Services Sub-total	\$0		\$0	
a. AIDS Drug Assistance Program (ADAP) Treatments				
b. AIDS Pharmaceutical Assistance				
c. Early Intervention Services				
d. Health Insurance Premium & Cost Sharing Assistance for Low Income Individuals				
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				
11. Support Services Sub-total	\$0		\$0	
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 Services (Residential)				
12. Total Funding Amounts	\$0		\$0	

<sup>(1)</sup> May not exceed 5% of the FY XXXX RWHAP Part B Supplemental Program award, or \$3 million, whichever amount is smaller.

<sup>(2)</sup> May not use more than 10% of the FY XXXX RWHAP Part B Supplemental Program award for either Planning and Evaluation or Recipient Administration; additionally, the combined costs for these two categories may not exceed 15% of the FY XXXX RWHAP Part B Supplemental award.

<sup>(3)</sup> All services in this column are considered Support Services.