FYXX 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. Total RWHAP Part B Funds | | | |
| 7. RWHAP Part B MAI Award | | | |
| 8 Total RWHAP Part R + MAI Funds | | | |

OMB Number 0915-0318 Expiration date 09/30/2023

| | 1. Base Award | | 2. ADAP Earmark + ADAP Supplemental | | 3. Emerging Communities Award | | ard | 4. Total Prior Year Carryover | | 5. Total (including carryover) | | | |
|--|---------------|-------|-------------------------------------|-----------|-------------------------------|---------|-----------|-------------------------------|---------|--------------------------------|---------|--------|---------|
| | Carryover | Award | Percent | Carryover | Award | Percent | Carryover | Award | Percent | Amount | Percent | Amount | Percent |
| 1. 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 | | | | | | | | | | | | | |
| 4. RWHAP Part B HIV Care Consortia | | | | | | | | | | | | | |
| 4a. RWHAP Part B HIV Care Consortia Administration | | | | | | | | | | | | | |
| 5. RWHAP Part B State Direct Services | | | | | | | | | | | | | |
| 6. RWHAP Part B Clinical Quality Management | | | | | | | | | | | | | |
| 7. RWHAP Part B Recipient Planning & Evaluation Activities | | | | | | | | | | | | | |
| 8. Recipient Administration | | | | | | | | | | | | | |
| 9. Column Totals | | | | | | | | | | | | | |
| 10.Total RWHAP Part B Expenditures (excluding carryover) | | | | | | | | | | • | | | |

| | 1. Consortia | | 2. Direct Services | | 3. Emerging Communities | | 4. Prior Year Carryover | | 5. Total (including carryover) | |
|--|--------------|---------|--------------------|---------|-------------------------|---------|-------------------------|---------|--------------------------------|---------|
| | Award | Percent | Award | Percent | Award | Percent | Amount | Percent | Amount | Percent |
| Core Medical Services | | | | | | | | | | |
| . AIDS Drug Assistance Program (ADAP) Treatments | | | | | | | | | | |
| o. AIDS Pharmaceutical Assistance (LPAP) | | | | | | | | | | |
| . Early Intervention Services | | | | | | | | | | |
| . Health Insurance Premium & Cost Sharing Assistance | | | | | | | | | | |
| Home and Community-based Health Services | | | | | | | | | | |
| Home Health Care | | | | | | | | | | |
| Hospice | | | | | | | | | | |
| . 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 | | | | | | | | | | |
| . Child Care Services | | | | | | | | | | |
| . Emergency Financial Assistance | | | | | | | | | | |
| Food Bank/Home-Delivered Meals | | | | | | | | | | |
| . Health Education/Risk Reduction | | | | | | | | | | |
| . Housing | | | | | | | | | | |
| Linguistics Services | | | | | | | | | | |
| . Medical Transportation | | | | | | | | | | |
| . Non-Medical Case Management Services | | | | | | | | | | |
| Other Professional Services | | | | | | | | | | |
| Outreach Services | | | | | | | | | | |
| Psychosocial Support Services | | | | | | | | | | |
| Referral for Health Care and Support Services | | | | | | | | | | |
| . Rehabilitation Services | | | | | | | | | | |
| . Respite Care | | | | | | | | | | |
| . Substance Abuse Services - residential | | | | | | | | | | |
| . Support Services Total | | | | | | | | | | |
| . Total | | | | | | | | | | |

| MAI AWARD | | | | | | | | |
|---|--------------------|---------|-----------|------------|--------|---------|--|--|
| | PRIOR FY CARRYOVER | | REPORTING | YEAR AWARD | TOTAL | | | |
| | Amount | Percent | Amount | Percent | Amount | Percent | | |
| 1. 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 | | | | | | | | |

Public Burden Statement: The purpose of this data collection system is to collect allocations/expenditures information regarding Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D grant funding. HAB will use these data to show the impact of RWHAP funding on the care and treatment of people with HIV in the United States. 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 09/30/2023. 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 4 hours 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.g