

## Allocations Rep

Grant Number and Name:

Report Status: Accepted

| Contact Information of the Person Responsible for This Submission |
|---|
| Preparer's Name:  |
| Preparer's Phone:   |
| Preparer's Email:   |

| RWHAP Part A Program Alloc                       |  |         |
|--|--|---------|
|  | RWHAP Part A Formula and Supplemental Allocation Amounts |         |
|  | Amount   | Percent |
| <b>Non-Services</b>                              |  |         |
| a. Clinical Quality Management                   |  |         |
| b. Administrative                                |  |         |
| <b>Non-services Allocation Subtotal</b>          |  |         |
| c. Core Medical Services                         |  |         |
| d. Support Services                              |  |         |
| <b>Service Allocation Subtotal</b>               | \$0.00   |         |
| <b>Total Allocations (Service + Non-service)</b> | \$0.00   |         |

| RWHAP Part A and MAI Service Cat   |  |         |
|--|--|---------|
|  | RWHAP Part A Formula and Supplemental Allocation Amounts |         |
| Service  | Amount   | Percent |
| <b>Core Medical Services</b>   |  |         |
| a. AIDS Drug Assistance Program Treatments   |  |         |
| b. AIDS Pharmaceutical Assistance  |  |         |
| c. Early Intervention Services (EIS)   |  |         |
| d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals |  |         |
| e. Home and Community-Based Health Services  |  |         |
| f. Home Health Care  |  |         |
| g. Hospice Services  |  |         |
| 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                  |               |              |
| <b>1. Core Medical Services Allocation Subtotal</b> | <b>\$0.00</b> | <b>0.00%</b> |
| <b>Support Services</b>                             |               |              |
| a. Child Care Services                              |               | --           |
| b. Emergency Financial Assistance                   |               | --           |
| c. Food Bank/Home Delivered Meals                   |               | --           |
| d. Health Education/Risk Reduction                  |               | --           |
| e. Housing  |               | --           |
| f. Linguistic Services                              |               | --           |
| g. Medical Transportation                           |               | --           |
| 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 Services (residential)           |               | --           |
| <b>2. Support Services Allocation Subtotal</b>      | <b>\$0.00</b> | <b>0.00%</b> |
| <b>3. Service Allocations Total</b>                 | <b>\$0.00</b> | <b>--</b>    |

Recipient received waiver for 75% core medical services requirement:

|   |
|---|
| <b>Legislative Requirements Ch</b>  |
| <b>Core Medical Services (CMS) Allocation Requirement: At least 75% of your total service allocations must be allocat</b>   |
| When reporting CMS allocations, the Total RWHAP Part A Allocation Amounts for CMS must be at least 75% of Total S<br>To the right is the percentage of your Current Fiscal Year (FY) CMS Allocations divided by your Total Part A Formula, Si |

|  |
|--|
| <b>Clinical Quality Management (CQM) Allocation Requirement: No more than 5% of your total award or \$3 million (w</b>                               |
| When reporting CQM allocations, the Total RWHAP Part A Allocation Amounts for CQM must not exceed 5% of the to                                       |
| Below is the maximum amount (Capped Amount) you can allocate to CQM. The capped amount will be 5% of the tota<br>does not exceed your Capped Amount. |
| <b>Recipient Clinical Quality Management Capped Amount</b>   |
| <b>Recipient Clinical Quality Management Allocation Amount</b>   |

|  |
|--|
| <b>Administration Allocation Requirement: No more than 10% of your total award can be allocated to recipient admin</b> |
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When reporting recipient administration allocations, the Total RWHAP Part A Allocation Amounts for Administration r  
Below is the percentage of your Current Fiscal Year recipient administration allocations divided by your Total Part A A

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**Recipient Administration Allocation Amount**

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**Public Burden Statement:**

The purpose of this data collection system is to collect allocations/expenditures information reg  
HAB will use these data to show the impact of RWHAP funding on the care and treatment of pe  
and a person is not required to respond to, a collection of information unless it displays a currer  
information collection is 0915-0318 and it is valid until 09/30/2023. This information collection  
Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). Public reportin  
per response, including the time for reviewing instructions, searching existing data sources, and  
regarding this burden estimate or any other aspect of this collection of information, including su  
Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov

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|               |              |               |              |
|---------------|--------------|---------------|--------------|
|               |              | \$0.00        | --           |
|               |              | \$0.00        | --           |
| <b>\$0.00</b> | <b>0.00%</b> | <b>\$0.00</b> | <b>0.00%</b> |
|               |              |               |              |
| --            |              | \$0.00        | --           |
| --            |              | \$0.00        | --           |
| --            |              | \$0.00        | --           |
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| --            |              | \$0.00        | --           |
| --            |              | \$0.00        | --           |
| --            |              | \$0.00        | --           |
| <b>\$0.00</b> | <b>0.00%</b> | <b>\$0.00</b> | <b>0.00%</b> |
| <b>\$0.00</b> | --           | <b>\$0.00</b> | --           |

No

|   |         |
|---|---------|
| <b>Checklist</b>  |         |
| <b>Allocation on core medical services (unless a Core Medical Services waiver has been approved).</b> |         |
| Service Allocations unless a CMS waiver was approved.<br>Supplemental, and MAI allocations.           | #DIV/0! |

|   |     |
|---|-----|
| <b>(whichever is smaller) can be allocated to CQM.</b>  |     |
| Total award amount or \$3 million (whichever is smaller).                                       |     |
| Total award or \$3 million, whichever is smaller. Please check to make sure your CQM allocation |     |
|   | \$0 |
|   | \$0 |

**Registration.**

must not exceed 10% of the total award amount.  
award. Please check to make sure this percentage is not greater than 10%.

|  |     |         |
|--|-----|---------|
|  | \$0 | #DIV/0! |
|--|-----|---------|

Regarding Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D grant funding. People with HIV in the United States. An agency may not conduct or sponsor, or collect information that does not have a currently valid OMB control number. The OMB control number for this collection is mandatory (through increased Authority under the Public Health Service Act). The burden for this collection of information is estimated to average 4 hours per response, including reviewing the collection of information. Send comments and suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600