

FY 2017 RWHAP Part B (X07) and MAI Allocations Report

Instructions are located in EHB: <https://grants.hrsa.gov/webexternal/Login.asp>

Section A: Identifying Information	
~ Enter Name of Recipient Here ~	
~ Enter Preparer's Name Here ~	
~ Enter Preparer's Phone Number Here ~	
~ Enter Preparer's Email Address Here ~	

Section B: Reporting Year Award Information	
1. Part B Base Award	
2. Part B ADAP Earmark Award	
3. Part B ADAP Supplemental Award	
4. Total ADAP Award (ADAP Base + Supplemental)	\$0
5. Part B Emerging Communities Award	
6. Total Part B X07 Funds	\$0
7. Part B MAI Award	
8. Total Part B X07 Award	\$0

Section C: Part B Allocations by Program Component	1. Base Award		2. ADAP + ADAP Supplemental Award		3. Emerging Communities Award (EC)		4. Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage	Amount	Percentage
1. Part B AIDS Drug Assistance Program Subtotal	\$0	--	\$0	--	\$0	--	\$0	--
a. ADAP Services		--		--		--	\$0	--
b. Health Insurance to Provide Medications		--		--		--	\$0	--
c. ADAP Access/Adherence/Monitoring Services		--		--		--	\$0	--
2. Part B Health Insurance Premium & Cost Sharing Assistance		--		--		--	\$0	--
3. Part B Home and Community-based Health Services		--		--		--	\$0	--
4a. Part B HIV Care Consortia/EC services (Provide detail in Section D, Column 1 or 3) <sup>1</sup>	\$0	--		--	\$0	--	\$0	--
4b. Part B HIV Care Consortia Administration <sup>2</sup>		--		--		--	\$0	--
5. Part B State Direct Services (Provide detail in Section D, Column 2) <sup>3</sup>	\$0	--		--		--	\$0	--
6. Part B Clinical Quality Management <sup>3</sup>		--		--		--	\$0	--
7. Part B Recipient Planning & Evaluation Activities <sup>4</sup>		--		--		--	\$0	--
8. Recipient Administration <sup>4</sup>		--		--		--	\$0	--
9. Column Totals	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	--
10. Total Part B X07 Allocations <sup>5</sup>	\$0							

Section D: Breakdown for Consortia, State Direct Services and Emerging Communities	1. Consortia <sup>7</sup>		2. Direct Services		3. Emerging Communities		4. Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage	Amount	Percentage
1. Core Medical Services Sub-total	\$0	--	\$0	--	\$0	--	\$0	--
a. AIDS Drug Assistance Program (ADAP) Treatments		--		--		--	\$0	--
b. AIDS Pharmaceutical Assistance (LPAP)		--		--		--	\$0	--
c. Early Intervention Services		--		--		--	\$0	--
d. Health Insurance Premium & Cost Sharing Assistance		--		--		--	\$0	--
e. Home and Community-based Health Services		--		--		--	\$0	--
f. Home Health Care		--		--		--	\$0	--
g. Hospice		--		--		--	\$0	--
h. Medical Case Management (including Treatment Adherence Services)		--		--		--	\$0	--
i. Medical Nutrition Therapy		--		--		--	\$0	--
j. Mental Health Services		--		--		--	\$0	--
k. Oral Health Care		--		--		--	\$0	--
l. Outpatient / Ambulatory Health Services		--		--		--	\$0	--
m. Substance Abuse Outpatient Care		--		--		--	\$0	--
2. Support Services Sub-total	\$0	--	\$0	--	\$0	--	\$0	--
a. Child Care Services		--		--		--	\$0	--
b. Emergency Financial Assistance		--		--		--	\$0	--
c. Food Bank/Home-Delivered Meals		--		--		--	\$0	--
d. Health Education/Risk Reduction		--		--		--	\$0	--
e. Housing		--		--		--	\$0	--
f. Linguistics Services		--		--		--	\$0	--
g. Medical Transportation		--		--		--	\$0	--
h. Non-Medical Case Management Services		--		--		--	\$0	--
i. Other Professional Services		--		--		--	\$0	--
j. Outreach Services		--		--		--	\$0	--
k. Psychosocial Support Services		--		--		--	\$0	--
l. Referral for Health Care and Support Services		--		--		--	\$0	--
m. Rehabilitation Services		--		--		--	\$0	--
n. Respite Care		--		--		--	\$0	--
o. Substance Abuse Services - residential		--		--		--	\$0	--
3. Total Services Allocations	\$0	--	\$0	--	\$0	--	\$0	--

Section E: MAI Allocations by Program Component	MAI Award	
	Amount	Percentage
1. Education to increase minority participation in ADAP		--
2. Outreach to increase minority participation in ADAP		--
3. Clinical Quality Management <sup>3</sup>		--
4. Recipient Planning & Evaluation Activities <sup>4</sup>		--
5. Recipient Administration <sup>4</sup>		--
6. Total MAI Allocations	\$0	0.00%

FOR OFFICE USE ONLY:  
 Recipient received waiver for 75% core medical services requirement.

Footnotes:  
 (1) The total services amounts will automatically be calculated based on the details you provide in Section D, column 1 or 2 or 3.  
 (2) Consortia/Emerging Communities Administration, Planning and Evaluation costs may not exceed 10% of their respective total funds.  
 (3) Clinical Quality Management may not exceed 5% of the Part B X07 award, or 3 million, whichever amount is smaller.  
 (4) Planning & Evaluation or Recipient Administration may not exceed 10% of the Part B X07 award. Additionally, the combined costs for these two categories may not exceed 15% of the Part B X07 award.  
 (5) This amount must equal the recipient's total Part B X07 Award.  
 (7) All services in this column are considered Support Services.

## LEGISLATIVE REQUIREMENTS CHECKLIST

**INSTRUCTIONS:** Recipients and Project Officers should use the following table to help determine whether or not the various Part B legislative spending requirements have been met. For more information on each of these requirements, please refer to the Ryan White HIV/AIDS Treatment Extension Act of 2009.

CORE MEDICAL SERVICES	Amount	Percentage (Amount / Total Service Allocations)
ADAP (H16)	\$0	--
Home-and Community-based Health Services (H21)	\$0	--
Health Insurance Premium & Cost Sharing Assistance (H20)	\$0	--
State-Direct Services: Core Medical Services (D33)	\$0	--
Emerging Communities: Core Medical Services (F33)	\$0	--
<b>Total Core Medical Services Allocations</b>	<b>\$0</b>	<b>--</b>

Support Services Allocations	Amount	Percent
Consortia Services (B22) + Consortia Administration (B23)	\$0	--
State-Direct Services: Support Services (D47)	\$0	--
Emerging Communities: Support Services (F47)	\$0	--
MAI Allocations for Education + Outreach Services (B67 + B68)	\$0	--
<b>Total Support Services Allocations</b>	<b>\$0</b>	<b>--</b>

<b>Total Service Allocations</b>	<b>\$0</b>
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### CLINICAL QUALITY MANAGEMENT

Total Clinical Quality Management allocations must be 5% of the total X07 award or \$3 million (whichever is smaller.) **\$0** (Capped Amount)

To the right in red, is the maximum (Capped Amount) that may be allocated to Clinical Quality Management (the lesser of I11 \* .05 or \$3 million) as well as the amount of Current Fiscal Year dollars allocated (CQM Allocations) on Clinical Quality Management (H25+B69). Please check to make sure the Allocations do not exceed the Capped Amount. **\$0** (CQM Allocations)

### PLANNING AND EVALUATION / RECIPIENT ADMINISTRATION

Total Part B X07 Planning and Evaluation allocations and total Recipient Administration allocations must each be 10% or less than the total X07 award. Planning and Evaluation and Recipient Administration do not necessarily need to be 10% of each funding stream as long as the combined total of each is 10% or less of the total X07 award. In addition, Planning and **\$0** **0.0%** (Planning & Evaluation)

Evaluation and Recipient Administration allocations combined must not exceed 15% of the total X07 award. **\$0** **0.0%** (Recipient Administration)

To the right in red, is the percentage of Planning and Evaluation allocations divided by the Total X07 award (H26 + B70) / I11 and Recipient Administration allocations divided by the Total X07 award (H27 + B71) / I11. Please check to make sure these percentage are not greater than 10%. Also shown is the percentage of the combined Planning and Evaluation and Recipient Administration allocations divided by the Total X07 Award (H26 + H27 + B70 + B71) / I11. Please check to make sure this percentage is not greater than 15%. **\$0** **0.0%** (Planning & Evaluation + Recipient Administration)

### CONSORTIA ADMINISTRATION

Consortia administration allocations must be 10% or less than the total Consortia funds.

To the right in red, is the percentage of consortia administration allocations divided by the consortia allocations (B23 / B22). Please check to make sure this percentage does not exceed 10%. **\$0** **0.0%** (Consortia Administration)

### EC ADMINISTRATION

EC administration allocations must be 10% or less than the total EC funds.

To the right in red, is the percentage of EC administration allocations divided by the EC award (F27 / I8). Please check to make sure this percentage does not exceed 10%. **\$0** **0.0%** (EC Administration)

**INSTRUCTIONS FOR FY 2017 RWHAP PART B SUPPLEMENTAL PROGRAM AWARD**

Please print this sheet to review the instructions.

**Allocations Report**

Recipients shall provide an Supplemental Allocations Report (blue tab) for the FY 2017 Ryan White HIV Supplemental Program Award using the following template format provided.

**Do not enter information into the gray cells, as they contain formulas and will automatically pop**

**Recipient Name:** Enter the name of the recipient using the name from the Notice of Award (NoA).

**Preparer Name:** Enter the name of the preparer.

**Preparer Phone Number:** Enter the phone number (including area code) of the preparer.

**FY 2017 RWHAP Part B Supplemental Program Award:** Enter the FY 2017 RWHAP Part B Supplemental Program Award NoA.

**Section A: Planned Funding by Program Component**

Enter the amounts allocated from the RWHAP Part B Supplemental Award using the components listed below. RWHAP Part B HIV Care Consortia (# 4a) & RWHAP Part B State Direct Services (# 5) are automatically populated. **of Funding.**

**Section B: Breakdown of Funding**

Enter the amount breakdown for funding for Core Medical Services and Support Services.

**Notes**

1. All services delivered for or through Consortia (including Core Medical Services) are deemed to be State Direct Services.
2. AIDS Drug Assistance Program (ADAP) Treatments funding is accounted for in Section A.
3. AIDS Pharmaceutical Assistance (local or LPAP) is not allowed as a Direct Service. Only Consortia services.
4. Health Insurance and Home/Community Based Health are not allowed as a Direct Service. If these services are provided, they are accounted for in Planned Funding by Program Component (Section A).

**Core Medical Calculation**

This calculation sheet (yellow tab) provides an overview of the funding for FY 2017 RWHAP Part B Supplemental Program Award Core Medical & Support Services. Amounts for this tab will auto-populated from the Allocations Report.

**Recipient Name:** Enter the name of the recipient using the name from the NoA.

**Reminder:** The 75/25 Core Medical Services Requirement applies to the RWHAP Part B Supplemental Program Award.

	Recip
	Prep
	Preparer Pho

**FY 2017 RWHAP Part B Supplemental Prog**

**Section A: Planned Funding by Program Component**

<b>1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal</b>
a. ADAP Services
b. Health Insurance to Provide Medications
c. ADAP Access/Adherence/Monitoring Services
<b>2. RWHAP Part B Supplemental Health Insurance Premium &amp; Cost Sharing Assistance</b>
<b>3. RWHAP Part B Supplemental Home and Community-based Health Services</b>
<b>4a. RWHAP Part B Supplemental HIV Care Consortia (Provide detail in Section B)</b>
<b>4b. RWHAP Part B Supplemental HIV Care Consortia/EC Administration</b>
<b>5. RWHAP Part B Supplemental State Direct Services (Provide detail in Section B)</b>
<b>6. RWHAP Part B Supplemental Clinical Quality Management <sup>1</sup></b>
<b>7. RWHAP Part B Supplemental Recipient Planning &amp; Evaluation Activities<sup>2</sup></b>
<b>8. Recipient Administration<sup>2</sup></b>
<b>9. Total RWHAP Part B Supplemental Program Funding Amounts</b>

**Section B: Breakdown for Consortia, State Direct Services, and Emerging Communities Final Fund**

<b>10. Core Medical Services Sub-total</b>
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
l. Outpatient /Ambulatory Health Services
m. Substance Abuse Outpatient Care
<b>11. Support Services Sub-total</b>
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
l. Referral for Health Care and Support Services
m. Rehabilitation Services
n. Respite Care
o. Substance Abuse Residential Services
<b>12. Total Funding Amounts</b>

- (1) May not exceed 5% of the FY 2017 RWHAP Part B Supplemental Program award, or \$3 million, v**
- (2) May not use more than 10% of the FY 2017 RWHAP Part B Supplemental Program award for eith**  
**combined costs for these two categories may not exceed 15% of the FY 2016 RWHAP Part B Suppl**
- (3) All services in this column are considered Support Services.**

ocations Report


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Total FY 2017 RWHAP Part B Supplemental Program Award	
Amount	Percent
\$0	--
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\$0	--
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\$0	--
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\$0	0.00%

Consortia <sup>3</sup>		Direct Services	
Amount	Percent	Amount	Percent
\$0	--	\$0	--
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\$0	--	\$0	--
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**Automatic Calculation of FY 2017 RWHAP Part B Supplemental Program  
Core Medical & Support Services**

**Recipient Name:**

This table is provided for grantees to automatically calculate their total Core Medical & Support Services Supplemental Program Award service dollars.

The figures below reflect the amounts entered in the Suppl Allocations Report (yellow

<b><i>Core Medical Services Allocations</i></b>	<b>Amount</b>
ADAP (B12)	\$0
Health Insurance Premium & Cost Sharing Assistance (B16)	\$0
Home-and Community-based Health Services (B17)	\$0
State-Direct Services: Core Medical Services (D29)	\$0
<b>Total Core Medical Services Allocations</b>	<b>\$0</b>

<b><i>Support Services Allocations</i></b>	<b>Amount</b>
Consortia Services (B18) + Consortia Administration (B19)	\$0
State-Direct Services: Support Services (D43)	\$0
<b>Total Support Services Allocations</b>	<b>\$0</b>

<b><i>Total FY 2017 RWHAP Part B Supplemental Program Award Core Medical &amp; Support Services Allocations Amount</i></b>	<b>\$0</b>
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## um Award Allocations

Service allocations/percentages across all FY 2017 RWHAP Part

tab).

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Percentage (Amount / Total Service Allocations)
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Percent
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