

Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program Client-Level Data Report

GRANTEE FORM

Grantee Information	Providers Funded by Your Grant	Providers Funded through Your Fiscal Intermediaries
[Grantee Name]		Reporting period: January 1, 2009 through June 30, 2009
[Funding Source - Grant Number]		
<p>1. Grantee of record address:</p> <p>a. Street: 123 Some Street, Suite 10000</p> <p>b. City: City</p> <p>c. State: State</p> <p>d. ZIP Code: 10020-1234</p> <p>2. DUNS Number: 12-123-1234</p> <p>3. Contact information of person completing this form:</p> <p>a. Name: Grantee Contact Name</p> <p>b. Title: Grantee Data Submitter</p> <p>c. Phone: (301) 555-1212 Extension: 12345</p> <p>d. Fax: (301) 555-1212</p> <p>e. Email: person@organization.com</p>	<p>4. Please select the status of your agency's clinical quality management program for assessing HIV health services. (Select only one.)</p> <p><input type="radio"/> Clinical quality management program introduced this reporting period</p> <p><input type="radio"/> Previously established clinical quality management program</p> <p><input type="radio"/> Previously established clinical quality management program with new quality standards added this reporting period</p> <p><input type="radio"/> Not applicable</p>	
<div style="display: flex; justify-content: flex-end; gap: 10px;"> Next Save Cancel </div>		

Grantees complete a separate grantee form for each Ryan White HIV/AIDS Program grant they receive from HRSA — e.g., an agency with only a Part C grant completes one grantee form; an agency with a Part C and Part D grant completes two grantee forms, one for its Part C grant and another for its Part D grant.

Items 1 – 3 (display only): These items show the grantee and user information stored in the HRSA Electronic Handbooks (EHBs). To edit this information, grantees must update their agency information and/or user profile in the EHBs.

Item 4: Select the status of your agency's clinical quality management program during this reporting period.

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[Grantee Name]		Reporting period: January 1, 2009 through June 30, 2009							
[Funding Source - Grant Number]									
Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the January 1, 2009 through June 30, 2009 reporting period. Please add, edit, and remove provider contracts as appropriate.									
Page 1 of 1 (Total 3 Records)									
Remove	Edit	Provider Name	Address^	Contract Reference	Contract Start Date	Contract End Date	Services	Amount	Completed
		Service Provider Name 1	123 Beech Street, Rockville, MD 20850	Contract 1	01/01/2009	12/31/2009	Services	\$100,000	<input checked="" type="checkbox"/>
		Service Provider Name 2	123 Elm Street, Rockville, MD 20850	Contract 2	07/01/2008	06/30/2009	Services	\$200,000	<input checked="" type="checkbox"/>
		Service Provider Name 3	123 Maple Street, Rockville, MD 20850				Services		<input type="checkbox"/>
Totals								\$0	
ADD PROVIDER CONTRACT									
					<input type="button" value="Previous"/>	<input type="button" value="Next"/>	<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	

Review the list of service provider contracts that were active during the given reporting period. (**Note:** For the initial report, this list will be pre-populated with the provider lists in the current Ryan White Data Report System.) Add new provider contracts with the **ADD PROVIDER CONTRACT** link. Remove any provider contracts by clicking the Remove icon next to the provider's name. Edit the provider address (and other provider information) by clicking the Edit icon. **Part C and D grantees must include its own organization on its provider contracts list.**

Update contract information (**Note:** For the purpose of the Ryan White Data Report, "contracts" include formal contracts, memorandum of understanding, or other agreements) by reviewing and editing:

- **Contract Reference (optional):** Specify a reference for use by your providers in reporting Ryan White HIV/AIDS Program data associated with this contract.
- **Contract Start and End Date:** Enter the start date and end date of the contract for each provider.
- **Services:** This link opens another screen (see pages 4 – 7). Select the services the agency has been contracted to provide under this agreement (check all that apply).
- **Amount:** Enter the total amount of funding for the selected contract.

After completing all information for each funded contract, check "Completed."

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[Grantee Name]		Reporting period: January 1, 2009 through June 30, 2009							
[Funding Source - Grant Number]									
Fiscal Intermediary: Fiscal Intermediary 1 (Contract Reference) - incomplete Fiscal Intermediary 1 (Contract Reference) - complete Fiscal Intermediary 2 (Contract Reference) - incomplete 									
Review the list of contracts funded by your grant through your agency's fiscal intermediary service provider(s). This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the January 1, 2009 through June 30, 2009 reporting period. Please add, edit, and remove provider contracts as appropriate.									
Page 1 of 1 (Total 3 Records)									
Remove	Edit	Provider Name	Address*	Contract Reference	Contract Start Date	Contract End Date	Services	Amount	Completed
		Service Provider Name 1	123 Beech Street, Rockville, MD 20850	Contract 1.1	01/01/2009	12/31/2009	Services	\$100,000	<input checked="" type="checkbox"/>
		Service Provider Name 2	123 Elm Street, Rockville, MD 20850	Contract 1.2	01/01/2009	12/31/2009	Services	\$200,000	<input checked="" type="checkbox"/>
		Service Provider Name 3	123 Maple Street, Rockville, MD 20850				Services		<input type="checkbox"/>
Totals								\$0	
ADD PROVIDER CONTRACT									
					<input type="button" value="Previous"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>				

Grantees that contract with an agency to provide fiscal intermediary services (i.e., grantees that utilize a pass-through agency) must also enter the list of contracts funded by their grant through the selected fiscal intermediary (FI) service provider(s).

Select a contract for FI services from the list box. A list of contracts funded by your grant through the selected FI service provider will be displayed.

Review the service provider contracts under the selected FI provider to ensure that:

1. All contracts that were active during the given reporting period are listed; and,
2. The services each agency was contracted to provide under each agreement have been selected.

After completing all information for each contract, check "Completed."

**Health Resources and Services Administration (HRSA)
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GRANTEE FORM — SERVICES

Administrative & Technical Services	Core Medical Services	Support Services	HIV Counseling & Testing
[Provider Name]		Reporting period: January 1, 2009 through June 30, 2009	
[Contract 1 of n - Contract Reference]			
Please select the services this agency was funded to provide under this agreement. (Check all that apply.)			
ID^	Funded	Service	
1	<input type="checkbox"/>	Planning or evaluation	
2	<input type="checkbox"/>	Administrative or technical support	
3	<input type="checkbox"/>	Fiscal intermediary support	
4	<input type="checkbox"/>	Other fiscal services	
5	<input type="checkbox"/>	Technical assistance	
6	<input type="checkbox"/>	Capacity development	
7	<input type="checkbox"/>	Quality management	
<input type="button" value="Next"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>			

If this agency is contracted to provide administrative and technical services, please select the service(s) funded under this agreement. Check all that apply.

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GRANTEE FORM — SERVICES

Administrative & Technical Services	Core Medical Services	Support Services	HIV Counseling & Testing
[Provider Name]		Reporting period: January 1, 2009 through June 30, 2009	
[Contract 1 of n - Contract Reference]			
Please select the services this agency was funded to provide under this agreement. (Check all that apply.)			
ID^	Funded	Service	
1	<input type="checkbox"/>	Outpatient/ambulatory medical care	
2	<input type="checkbox"/>	Local AIDS Pharmaceutical Assistance (not ADAP)	
3	<input type="checkbox"/>	Oral health care	
4	<input type="checkbox"/>	Early intervention services (Parts A and B)	
5	<input type="checkbox"/>	Health Insurance Premium & Cost Sharing Assistance	
6	<input type="checkbox"/>	Home health care	
7	<input type="checkbox"/>	Home and community-based health services	
8	<input type="checkbox"/>	Hospice services	
9	<input type="checkbox"/>	Mental health services	
10	<input type="checkbox"/>	Medical nutrition therapy	
11	<input type="checkbox"/>	Medical case management (including treatment adherence)	
12	<input type="checkbox"/>	Substance abuse services-outpatient	
		<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>	

If this agency is funded to provide core medical services, please select the service(s) funded under this agreement. Check all that apply.

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GRANTEE FORM — SERVICES

Administrative & Technical Services	Core Medical Services	Support Services	HIV Counseling & Testing
[Provider Name]		Reporting period: January 1, 2009 through June 30, 2009	
[Contract 1 of n - Contract Reference]			
Please select the services this agency was funded to provide under this agreement. (Check all that apply.)			
ID^	Funded	Service	
1	<input type="checkbox"/>	Case management (non-medical)	
2	<input type="checkbox"/>	Child care services	
3	<input type="checkbox"/>	Pediatric development assessment/early intervention services	
4	<input type="checkbox"/>	Emergency financial assistance	
5	<input type="checkbox"/>	Food bank/home-delivered meals	
6	<input type="checkbox"/>	Health education/risk reduction	
7	<input type="checkbox"/>	Housing services	
8	<input type="checkbox"/>	Legal services	
9	<input type="checkbox"/>	Linguistic services	
10	<input type="checkbox"/>	Medical transportation services	
11	<input type="checkbox"/>	Outreach services	
12	<input type="checkbox"/>	Permanency planning	
13	<input type="checkbox"/>	Psychosocial support services	
14	<input type="checkbox"/>	Referral for health care/supportive services	
15	<input type="checkbox"/>	Rehabilitation services	
16	<input type="checkbox"/>	Respite care	
17	<input type="checkbox"/>	Substance abuse services-residential	
18	<input type="checkbox"/>	Treatment adherence counseling	
<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>			

If this agency is funded to provide support services, please select the service(s) funded under this agreement. Check all that apply.

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GRANTEE FORM — SERVICES

Administrative & Technical Services	Core Medical Services	Support Services	HIV Counseling & Testing
[Provider Name]		Reporting period: January 1, 2009 through June 30, 2009	
[Contract 1 of n - Contract Reference]			
Check the box if this agency was funded to provide HIV Counseling and Testing services under this agreement.			
ID^	Funded	Service	
1	<input type="checkbox"/>	HIV Counseling and Testing	
		Previous	Save
		Cancel	

Check the box if the agency is funded to provide HIV counseling and testing services.