



Reporting Requirements for
Programs Funded by the
Ryan White HIV/AIDS Treatment Modernization Act, Part B



¹ www.hrsa.gov

² HIV/AIDS ribbon from clip art



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RYAN WHITE PART B CONSORTIA AND EMERGING COMMUNITIES REPORTING REQUIREMENTS FOR SERVICE YEAR 2011-12

Ryan White Part B (Part B) providers (Lead Agencies or Emerging Communities) are required to submit the following reports on behalf of their related consortium or emerging community project. Should existing reporting requirements change during the service year or additional reporting become necessary, providers are expected to comply with the changes or additions. Providers are required to establish and maintain reporting systems and procedures, including specifications for subcontractors, sufficient to ensure that required reporting is timely and accurate. These reports are used to complete the department's reports to the Health Resources and Services Administration (HRSA) per the Part B grants conditions of award. It is extremely important that these reports are accurate and submitted on time.

1. Minority Business Enterprise Report

Providers are required to submit monthly to the department, with the *Consortia and Emerging Communities Ryan White Part B Monthly Expenditure and Reimbursement Report*, a completed *Minority Business Enterprise Report*. Questions about the content or completion of the report may be directed to the Department of Health Minority Coordinator at (850) 245-4199.

2. Consortia and Emerging Communities Ryan White Part B Monthly Expenditure & Reimbursement Report (AIMS Submission Required)

Providers are required to submit monthly a *Consortia and Emerging Communities Ryan White Part B Monthly Expenditure & Reimbursement Report* that captures the number of clients served, number of units of service provided and number of FTEs providing services (as applicable)⁴ and the amount of expenditure by service category during the month being

³ www.microsoft.com/clipart

⁴ **Case Management Services must be reported by FTE's and Units of Service.**

reported. The report must be submitted through AIMS no later than the 20th of the month following the month being reported. In consortium areas having both a consortium and one or more emerging communities, each entity must produce and submit a separate reimbursement report. Area reports may not be combined.

Re-emphasized requirement

The *Consortia and Emerging Communities Ryan White Part B Monthly Expenditure & Reimbursement Report* as it is produced from AIMS is to be used as the monthly invoice submitted through the supporting fiscal office for reimbursement. AIMS produced invoices MUST contain the advances/reductions information called for in Section D of the invoice.

Providers that receive notification that a request for reimbursement has been paid for any amount other than that originally requested on the AIMS submitted invoice MUST immediately notify their contract manager and update this information in their monthly expenditure report. AIMS users, as appointed by their employers will be responsible for working with the Reporting and Information Systems Unit to bring the AIMS and the supporting fiscal office records into agreement.

3. *Ryan White Part B Income/Expenditure Report*

Consortia and Emerging Communities are required to use program income to provide additional services, of the type specified in their contract or memorandum of agreement, to eligible clients. Providers must maintain records documenting the kind and amount of any income received as a direct result of income/expenditure, which details the amount and disposition of all program income. Program income is to be reported on the *Program Income/Expenditure & Reimbursement Report*, which must be submitted to the Contract Manager each month with the *Consortia and Emerging Communities Ryan White Part B Monthly Expenditure & Reimbursement Report*.

4. *Consortia and Emerging Communities Ryan White Part B Monthly Demographic Report – also known as the First Time This Year (FTTY) report - (AIMS Submission Required)*

Providers are required to submit this report that captures demographic information for clients (unduplicated count) served with Ryan White Part B Consortia and Emerging Communities funds. The report must be submitted through AIMS no later than the 20th of the month following the month being reported. You will only count a client once each fiscal year. For example, if you count a client the first month of the fiscal year (April), he/she will not be counted again until the next fiscal year.

5. *Consortia and Emerging Communities Ryan White Part B Progress Reports (AIMS Submission Required)*

Providers are required to submit through AIMS the Mid-year and Final Progress Reports consisting of the three sections given below. These reports are due no later than October 14 and/or July 15 each contract year.

Re-emphasized requirement

If a Lead Agency becomes aware that they will not be able to meet the reporting deadline (October 14 and July 15), they must request an extension by e-mailing Marrissa_Walker@doh.state.fl.us and Joe_May@doh.state.fl.us giving the reason for the delay and giving the alternate date the data will be available. Requests may not be considered “approved” until an email notice of approval is received from Joe May or Marrissa Walker.

Progress Reports consist of three sections, each must be completed in its entirety; blank data fields will not be accepted. Submitted reports are to be accurate and free of spelling and grammatical errors. Reports not meeting this standard will not be approved until corrected by the provider.

*Implementation Plan Update
Progress Report for Part B Program
Challenges and Technical Assistance*

It is vital that all monthly expenditure reports and monthly demographic reports be successfully submitted via AIMS before any attempt is made to enter the Mid-Year Progress Report due October 14, 2011 or the Final Progress Report due July 15, 2012. For example, expenditure reports for April through September and the demographic reports for April through September must be entered in AIMS before the Mid-Year Progress Report can be posted. Similarly, expenditure reports for April through Final and demographic reports for April through Final must be entered in AIMS before the Final Progress Report can be posted.

6. *List of Contractors/Subcontractors (AIMS Submission Required)*

Consortia and Emerging Communities are required to report through AIMS information about contractors and subcontractors no later than May 30th of each contract year. Providers are to list all contractors and subcontractors serving HIV/AIDS clients and entities providing services through voucher or purchase order systems. The total of contracts amounts for providers listed must be equal to the Lead Agency’s annual contract amount. Submitted reports not providing subcontractor data in all data fields will not be approved until the missing/incomplete data is received from the provider. Providers are also required to submit updates no less than quarterly when additional subcontractors are added or subcontractors are deleted.

Re-emphasized requirement

If a Lead Agency becomes aware that they will not be able to meet the reporting deadline (May 30th) they must request an extension by e-mailing Marrissa_Walker@doh.state.fl.us and Joe_May@doh.state.fl.us giving the reason for the delay and giving the alternate date the data will be available. Requests may not be considered “approved” until an e-mail notice of approval is received from Joe May or Marrissa Walker.

7. Annual WICY Report

Consortia and Emerging Communities are required to report information related to the proportionate expenditure of Ryan White funds for services for Women, Infants, Children and Youth (WICY) on or before July 15 of each year following the close of the previous contract year. For example, the WICY report for the April 1, 2010 through March 31, 2011 contract year is due July 15, 2011.

The HRSA derived WICY data against which Florida will be measured in the 2010-2011 service year is unknown at this time. This information will not be available until each state has received the information from HRSA. Marrissa Walker or Joe May will email this information to each provider, along with the WICY format. Once completed, the provider will email the completed WICY worksheet to Marrissa_Walker@doh.state.fl.us.

Re-emphasized requirement:

If a Lead Agency becomes aware that they will not be able to meet the reporting deadline, they must request an extension by e-mailing [Marrissa Walker@doh.state.fl.us](mailto:Marrissa_Walker@doh.state.fl.us) and [Joe May@doh.state.fl.us](mailto:Joe_May@doh.state.fl.us) giving the reason for the delay and giving the alternate date the data will be available. Requests may not be considered “approved” until an e-mail notice of approval is received from Joe May or Marrissa Walker.

8. Ryan White HIV/AIDS Program Data Report (formerly known as the CADR)

Consortia and Emerging Communities and their contractors, subcontractors and, whenever possible, entities serving HIV/AIDS clients through voucher and/or purchase order systems, are required to submit the *Ryan White HIV/AIDS Program Data Report* to the Bureau of HIV/AIDS, Patient Care Resources Section, on or before February 1 of each year following the close of the previous calendar year. Lead agencies are responsible for coordinating the submission of the Program Data Report from providers in their area and should make every reasonable effort to see that all providers as defined above submit reports. For example, data for the year of January 1, 2011 through December 31, 2012 is due by February 1, 2012. The Bureau, as the Part B Grantee for the State of Florida, will submit the accumulated reports to the Health Resources and Services Administration (HRSA) by March 1, 2012.

HRSA has replaced the Program Data Report document of previous years with a version that became effective January 1, 2007. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 modified how Ryan White funds can be used. The updated 2007 Data Report form and instructions reflect these changes. These forms and instructions may be downloaded at <http://hab.hrsa.gov/tools.htm>. HRSA has provided an electronic means of submitting the Program Data Report through the Internet, Lead Agencies and providers are required to submit the report according to instructions issued by the Bureau of HIV/AIDS.

Important Health Resources and Services Administration (HRSA) Definitions

Reporting Scope

Reporting Scope 1 is the HRSA preferred reporting scope and the most commonly used. Under Scope 1 you must report all clients, whether funded by a CARE Act grant or some other funding source, who receive at least one Ryan White CARE Act-eligible SERVICE during the period being reported.

Reporting Scope 2 may only be used if your agency HAS PERMISSION FROM YOUR GRANTEE'S HRSA PROJECT OFFICER. Under this restricted scope, you report only clients who received services funded by Part A, B, C, and/or Part F. All definitions given for this report come directly from HRSA's Program Data Report.

9. Ryan White HIV/AIDS Client Level Data

Beginning January 1, 2009, Ryan White Program grantees and service providers began to use a new semiannual data collection and reporting system to report information on their programs and the clients they serve to the HIV/AIDS Bureau. Reports cover the first half of the calendar year and the full calendar year.

The Ryan White HIV/AIDS Program Services Report, or The Ryan White Services Report (RSR) for short, is comprised of the Grantee Report, the Service Provider Report, and the Client Report.

Providers may submit electronically using the CAREWare system, or may submit electronic data by the following methods:

- a. Develop an interface between their existing systems and CAREWare
- b. Develop an interface directly to HRSA's client level data system
- c. County Health Departments may use HMS

Instructions for Completion of the Minority Business Subcontractor Report

I. DEFINITIONS:

MINORITY PERSON Means a lawful, permanent resident of Florida who is:

- (A) **AN AFRICAN AMERICAN**, A person having origins in any of the racial groups of the African Diaspora.
- (B) **A HISPANIC AMERICAN**, A person of Spanish or Portuguese cultures with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race.
- (C) **AN ASIAN AMERICAN**, A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including the Hawaiian Islands prior to 1778.
- (D) **A NATIVE AMERICAN**, A person who has origins in any of the Indian tribes of North America prior to 1835, upon presentation of proper documentation thereof as established by rule of the Department of Management Services.
- (E) **AN AMERICAN WOMAN**.

SMALL BUSINESS Means an independently owned and operated business concern that employs 100 or fewer permanent full-time employees and has a net worth of not more than \$3,000,000 and an average net income, after federal income taxes, of not more than \$2,000,000.

CERTIFIED MINORITY BUSINESS ENTERPRISE Means a small business which is at least 51 percent owned and operated by a minority person(s), which has been certified by the certifying organization or jurisdiction in accordance with Section 287.0943(1), F.S.

NON-CERTIFIED MINORITY BUSINESS Means a small business which is at least 51 percent owned and operated by a minority person(s).

MINORITY NON-PROFIT ORGANIZATION Means a not-for-profit organization that has at least 51 percent minority board of directors, at least 51 percent minority officers, or at least 51 percent minority community served.

II. INSTRUCTIONS

- A) Enter the company name as it appears on your DOH contract.
- B) Enter the DOH contract number.
- C) Enter the time period that the current invoice covers.
- D) Enter certified minority business subcontractor expenditures for the time period covered by the invoice:
 - 1. Enter the CMBE subcontractor's name.
 - 2. Enter the subcontractor's CMBE number. The subcontractor can provide you with this number if they are certified.
 - 3. Enter the amount expended with the subcontractor for the time period covered by the invoice.
- E) Enter minority non-profit organization expenditures or non-certified minority expenditures:
 - 1. Enter the non-profit organization or non-CMBE subcontractor name as it appears on your DOH contract.
 - 2. Enter the subcontractor's FEID number or Social Security Number.
 - 3. Enter the amount expended with the subcontractor for the time period covered by the invoice.
- F) Enclose this form with your invoice and send to your DOH contract manager.

**Instructions for the
Consortia and Emerging Communities Ryan White Part B
Monthly Expenditure & Reimbursement Report**

Ryan White Part B Consortia and Emerging Communities must submit the Monthly Expenditure & Reimbursement Report through AIMS (AIDS Information Management System) no later than the 20th of the month following the month being reported. For example, the report for services provided during the period of April 1 – April 30, 2011 is due no later than May 20, 2011. When preparing to print the *Monthly Expenditure and Reimbursement Report* from AIMS, the items Total Advances and Current Reductions must be entered on the input screen. These items and the corresponding calculated Remaining Advances will be displayed on the printed invoice.

The *Consortia and Emerging Communities Ryan White Part B Monthly Expenditure & Reimbursement Report* produced in AIMS is to be used as the monthly invoice submitted through the supporting fiscal office for reimbursement. AIMS produced invoices MUST contain the advances/reductions information called for in Section D of the invoice. Contract managers who receive any document other than the AIMS produced “invoice” or invoices that do not contain the data in Section D for approval should reject the incorrect document back to the submitting agency immediately. Consortia areas that have a consortium and one or more Emerging Communities must submit separate reports for each program. Area reports may not be combined.

Providers that receive notification that a request for reimbursement has been paid for any amount other than that originally requested on the AIMS submitted invoice MUST immediately notify their contract manager and Marrison_Walker@doh.state.fl.us. AIMS users, as appointed by their employers, will be responsible for working with the Reporting and Information Systems Unit to bring the AIMS and the supporting fiscal office records into agreement.

An example of AIMS output of the *Consortia and Emerging Communities Ryan White Part B Monthly Expenditure & Reimbursement Report* is provided for information only. Because the information requested in this report represents federal requirements for the Ryan White Part B program, reporting accuracy and timely receipt are particularly important.

On the first invoice entry of the year Sections A, B and C (April 2011), you must enter your budget amounts in AIMS by service category as they are defined in your executed contract. These amounts should be entered as whole dollars only. Enter data in the form 6200, for example. AIMS will add comma separators and two decimal points so that your entry will be displayed as 6,200.00. In the month following, your budget amounts will be brought forward by the database. If you have had a contract amendment and need to change the budget amount for a line item, you may do so, but remember that you cannot reduce a budget amount to a figure less than the funds that have already been expended in that category. Also, you may not post changes that exceed your total contract amount. All changes must be reported to Marrison_Walker@doh.state.fl.us.

In Section B, you must submit the Number of Clients Served and Units of Service provided. Submitted reports that lack these data items will be rejected and remanded for correction. Expenditures may be posted in dollars and cents, in the form 1632.32. The database will display 1,632.32.

Section D of the report must be completed. Enter the total of advances received as of the date of your report; for example, 33,000. The database will return \$33,000.00. If in the next month’s posting you have received an additional \$33,000 then you would post the new advance 33,000, the database will return

\$66,000. Do not enter data in the Previous Reductions field, it will be calculated by the database. Enter any reductions reflected in the current invoice. The database will calculate the related fields on the right hand side of the invoice and display them.

After the proper approvals and signatures have been secured, submit the invoice through the supporting fiscal office.

*AIMS users must enter the [“Total Unduplicated Number of Clients Served for Direct Care Services.”](#) If the user fails to enter this data and attempts to submit the report, he or she will be referenced back to the sign on page and none of the data they previously submitted will be saved. If you are entering only Administrative Expenditures for a particular month, you will still need to enter a zero (0) for the [“Total Unduplicated Number of Clients Served for Direct Care Services”](#) before submitting your monthly report in AIMS. Failure to do so will result in an error message and the user having to reenter his/her expenditure information for that particular month.

When a lead agency receives notification that a request for reimbursement has been paid for any amount other than that originally requested, the agency must notify the contract manager and the Reporting and Information Systems Unit (Marrissa_Walker@doh.state.fl.us) immediately. It is the responsibility of the agency’s AIMS user to work with Reporting to bring the AIMS and the supporting fiscal office records into agreement.

CONSORTIA - Ryan White

Monthly Expenditure & Reimbursement Report

Month: July, 2009

ORG:

Contract #: All

OCA:

EO:



A. ADMINISTRATION

	Original Amount	Amended Amount	Expenditures this Report	Expenditures Year-To-Date	Contract Balance
1. Administrative Services	1,881,091.00	1,881,091.00	150,169.79	617,883.17	1,263,207.83
Subtotal Administration	1,881,091.00	1,881,091.00	150,169.79	617,883.17	1,263,207.83

B. DIRECT CARE

	Original Amount	Amended Amount	Units of Service	# of FTE	# of Clients	Expenditures this Report	Expenditures Year-To-Date	Contract Balance
1. Ambulatory/Outpatient Medical Care	4,493,107.00	4,490,627.00	6631.00	0.00	2474	330,980.08	1,145,750.42	3,344,876.58
2. AIDS Pharmaceutical Assistance (Local)	1,631,510.00	1,629,010.00	1922.00	0.00	694	112,539.80	307,786.52	1,321,223.48
3. Health Insurance Premium/Cost Sharing	1,343,841.00	1,343,884.00	27273.00	1.00	483	78,739.57	342,501.94	1,001,382.06
4. Home Health Care	59,889.00	59,889.00	96.00	0.00	8	1,641.43	5,057.45	54,831.55
5. Oral Health Care	1,020,780.00	1,005,760.00	577.00	0.00	396	107,955.35	262,814.34	742,945.66
6. Mental Health Services	185,516.00	185,516.00	201.00	0.00	125	15,108.16	43,411.82	142,104.18
7. Rehabilitation Services	157.00	157.00	0.00	0.00	0	0.00	0.00	157.00
8. Substance Abuse Services - Outpatient	52,945.00	50,445.00	8.00	0.00	4	440.00	990.00	49,455.00
9. Substance Abuse Services - Residential	51,570.00	54,070.00	205.00	0.00	8	8,661.25	37,105.00	16,965.00
10. Treatment Adherence Counseling	471,509.00	471,509.00	325.00	0.00	739	17,489.00	84,273.46	387,235.54
11. Child Care Services	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00
12. Psychosocial Support Services	19,157.00	59,512.00	267.00	0.00	50	10,614.00	13,644.00	45,868.00
13. Respite Care	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00
14. Early Intervention Services	66,157.00	66,157.00	62.00	0.00	71	1,174.44	12,407.64	53,749.36
15. Food Bank/Home Delivered Meals	546,456.00	546,456.00	3090.00	0.00	866	39,219.98	160,222.95	386,233.05
16. Health Education/Risk Reduction	115,424.00	115,424.00	134.00	0.00	43	1,375.12	16,607.15	98,816.85
17. Housing Services (not HOPWA)	12,357.00	12,357.00	1.00	0.00	1	137.03	5,768.88	6,588.12
18. Legal Services	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00
19. Outreach Services	152,397.00	152,397.00	232.00	1.00	105	7,882.76	39,446.13	112,950.87
20. Referral for Health Care/Support Services	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00
21. Medical Transportation Services	344,027.00	344,027.00	9472.00	1.00	817	28,417.55	110,631.00	233,396.00
22. AIDS Drug Assistance Program (ADAP) treatments	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00
23. Medical Case Management (including Treatment Adherence)	4,400,656.00	4,380,301.00	12580.00	766.00	4302	336,877.54	1,026,691.55	3,353,609.45
24. Case Management (non-medical)	1,320,251.00	1,320,251.00	2973.00	713.00	1773	102,008.54	353,411.49	966,839.51
25. Emergency Financial Assistance	3,800.00	3,800.00	0.00	0.00	0	0.00	0.00	3,800.00
26. Linguistics Services	11,000.00	10,957.00	0.00	0.00	0	0.00	0.00	10,957.00

Revised for 2011-2012

RW Part B Consortia and Emerging Communities



CONSORTIA - Ryan White
 Monthly Expenditure & Reimbursement Report

Month: July, 2009

ORG:

Contract #: All

OCA:

EO:

B. DIRECT CARE

	Original Amount	Amended Amount	Units of Service	# of FTE	# of Clients	Expenditures this Report	Expenditures Year-To-Date	Contract Balance
27. Home & Community Based Health Services	9,525.00	9,525.00	7.00	0.00	3	256.99	1,942.74	7,582.26
28. Medical Nutrition Therapy	80,262.00	80,262.00	4870.00	0.00	4870	3,183.23	21,105.07	59,156.93
29. Hospice Services	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00
Subtotal Direct Care	16,392,293.00	16,392,293.00	70926.00	1,482.00	17832	1,204,701.82	3,991,569.55	12,400,723.45

C. PROGRAM SUPPORT - STATE PRIORITIES

	Original Amount	Amended Amount				Expenditures this Report	Expenditures Year-To-Date	Contract Balance
1. Capacity Building	50,627.00	50,627.00				2,801.06	6,511.51	44,115.49
2. Case Management Coordination	63,400.00	65,900.00				3,650.28	24,653.95	41,246.05
3. Developing Standards of Care	0.00	0.00				0.00	0.00	0.00
4. Evaluation of Cost Effectiveness	33,635.00	33,635.00				4,624.43	5,374.43	28,260.57
5. Outcome Assessment	0.00	0.00				0.00	0.00	0.00
6. Planning and Development	203,761.00	203,761.00				14,531.37	49,588.65	154,172.35
7. Program Evaluation	85,108.00	85,108.00				3,017.23	15,435.28	69,672.72
8. Quality Assurance	87,762.00	85,262.00				4,396.67	21,624.49	63,637.51
9. Needs Assessment	73,335.00	73,335.00				5,880.31	9,496.51	63,838.49
10. Technical Assistance	12,057.00	12,057.00				0.00	0.00	12,057.00
11. Other Prog. Support - State Priorities (Specify)	148,675.00	148,675.00				12,181.24	46,263.14	102,411.86
Subtotal Program Support - State Priorities	758,360.00	758,360.00				51,082.59	178,947.96	579,412.04

TOTAL SECTIONS A, B, C

19,031,744.00 19,031,744.00 70926.00 1,482.00 17832 1,405,954.20 4,788,400.68

Total *unduplicated* number of clients served for **DIRECT CARE SERVICES: 13573**



CONSORTIA - Ryan White
 Monthly Expenditure & Reimbursement Report

Month: July, 2009

ORG:

Contract #: All

OCA:

EO:

D. ADVANCE(S) INFORMATION

Total Advances	2,364,987.56
Previous Reductions	98,747.43
Current Reductions	32,915.81
Remaining Advances	2,233,324.32

Total Contract Amount	19,031,744.00
Minus Expenditures Y-T-D	4,788,400.68
Minus UNPAID Advances	2,233,324.32
Balance to Draw	12,010,019.00

Total Expenditures this period: 1,405,954.20
 Less Advance Payback this period: 32,915.81

Type of Request: Regular

AMOUNT OF FUNDS REQUESTED THIS REPORT: 1,373,038.39

I certify that the above report is a true, accurate and correct reflection of the activities this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

 Signature & Title of Provider Agency Official

 Date

 Contract Manager Signature

 Date

 Contract Manager's Supervisor Signature

 Date

Instructions for the Ryan White Part B Program Income/Expenditure Report

Program income is income earned by the provider from an activity funded by a Ryan White Part B contract. Program income includes, but is not limited to, income derived from private insurance or patient service fees.

The provider is authorized to expend program income generated, provided that any expenditure of these funds meets the intent of the Ryan White Part B and augments the provision of services as listed in the HRSA list of authorized services.

The receipt and distribution of these funds must be reported monthly by the provider utilizing the Ryan White Part B Program Income/Expenditure Report.

Agency Reporting: Name of Agency preparing the report

Prepared by: Name of person preparing report

Phone: Give 10 digit phone number of person preparing report

Month Reporting: Show what month is being reported

Source of Program Income:

List all sources of program income for the month and the amount of income from each source.

Total Income this report: Show the total amount of income received for the month.

Service Category Paid From Program Income:

List the category of services for which the program income was utilized and show the corresponding amount by service category.

Total Expenditures This Report:

Show the total amount that was expended from the program income for the month.

Total Program Income Y-T-D:

Show the program income received YTD (beginning from April 1, 2011).

Total Program Income Expended Y-T-D

Show the program income expended YTD (beginning from April 1, 2011).

Balance:

Show balance between the amount received and the amount expended YTD.

This report must be submitted to the Contract Manager with the Consortia Ryan White Part B Monthly Expenditure & Reimbursement Report. Please attach a copy to the expenditure report.

**RYAN WHITE PART B
PROGRAM INCOME/EXPENDITURE REPORT**

Agency Reporting: _____

Prepared by: _____

Month Reporting: _____

Phone: _____

SOURCE OF PROGRAM INCOME:

INCOME AMOUNT:

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

TOTAL INCOME THIS REPORT:

\$ _____

**SERVICE CATEGORY PAID
FROM PROGRAM INCOME:**
(Must be one of HRSA service categories)

EXPENDITURE AMOUNT:

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

TOTAL EXPENDITURES THIS REPORT:

\$ _____

TOTAL PROGRAM INCOME Y-T-D

\$ _____

TOTAL PROGRAM INCOME EXPENDED Y-T-D

\$ _____

BALANCE

\$ _____

This report must be submitted with the monthly expenditure report/invoice.

Instructions for the Consortia and Emerging Communities Ryan White Part B FTTY (Monthly Demographic Report)

Ryan White Part B Consortia and Emerging Communities must submit the Monthly Demographic Report through **AIMS** on or before the 20th of the month following the month being reported. This report captures demographic information to meet federal reporting requirements; therefore, it is extremely important that the report be accurate and timely. The categorical definitions for the demographic report are taken directly from the Program Data Report.

The racial category descriptions used in the Program Data Report are required for all Federal reporting, as mandated by the Office of Management and Budget (for more information see www.whitehouse.gov/omb/fedreg/ombdir15.html).

Demographic Categories

Total Number of Unduplicated Clients

Enter the total number of unduplicated clients served in the month being reported by gender and HIV status. Once you report a client in April 2011, he or she will not be counted again until the new fiscal year (which begins April 2012). We only want the client counted once per fiscal year. Please remember: FTTY stands for First Time This Year (meaning First Time this fiscal Year).

*Recall that HIV-negative or affected persons are eligible for an extremely few number of services in special situations, so the vast majority of persons served should be HIV-positive. HIV-affected persons who receive services must have a documented tie to a specific HIV-positive client current in care. Clients self-disclose their gender.

WICY Reportable

The AIMS user will only enter the clients who are used to determine the WICY (Women, Infant, Children, & Youth) count. This will be a small percentage of clients. This count is also the clients who are used to complete the WICY Report at the end of each fiscal year to meet the reporting requirements of the Ryan White Part B grant award.

*****If the AIMS user does not count clients in this category, the client's count will automatically default to the "Non-WICY" category. The AIMS user will not see the "Other" category until he or she prints their area's FTTY report.***

Ethnicity

Hispanic or Latino(a) is a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

****A person can be counted in this category and again as being either White, Black, or Asian.***

****If the AIMS user does not count clients in this category, the client's count will automatically default to the "Other" category. The AIMS user will not see the "Other" category until he or she prints their area's FTTY report.***

Race

White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American is a person having origins in any of the black racial groups of Africa.

Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Clients who do not fall within the White, Black, or Asian races will automatically default to the "Other" category. The AIMS user will not see the "Other" category until he or she prints their area's FTTY report.*

CONSORTIA - Ryan White
Demographic Report

All Regions
June 2009

Report generated on 09/30/2008

DESCRIPTION	MALE			FEMALE			TOTAL
	AIDS	HIV+ not AIDS	HIV-	AIDS	HIV+ not AIDS	HIV-	
TOTAL							
Unduplicated clients	609	1,043	1	279	639	1	2,572
WICY							
WICY reportable	0	22	1	191	502	1	717
Non-WICY	609	1,021	0	88	137	0	1,855
ETHNICITY							
Hispanic	124	239	0	48	90	0	501
Non-Hispanic	485	804	1	231	549	1	2,071
RACE							
White	287	468	0	88	214	1	1,058
Black	225	397	1	155	369	0	1,147
Asian	4	7	0	3	5	0	19
Other	93	171	0	33	51	0	348

Instructions for the Consortia and Emerging Communities Ryan White Part B Mid-Year and Final Progress Reports

The Consortia and Emerging Communities progress reports due on or before October 14th and July 15th of each contract year are a condition of the Ryan White Part B award. Therefore, it is extremely important that they be accurate and timely. Progress reports must be submitted through AIMS.

Re-emphasized requirement

If a Lead Agency becomes aware that they will not be able to meet the reporting deadline (October 14th and/or July 15th) they must request an extension by emailing Joe May@doh.state.fl.us and Marrison Walker@doh.state.fl.us, giving the reason for the delay and giving the alternate date the data will be available. Requests may not be considered "approved" until an e-mail notice of approval is received from Joe May or Marrison Walker.

The progress report consists of three sections:

- Implementation Plan Update
- Progress Report for Part B Program
- Challenges and Technical Assistance

An example of AIMS output of the three sections of the Progress Report is provided for information only.

Implementation Plan Update

AIMS will provide the identifying data and dates required in the header of this report. It is imperative that the expenditure reports for the previous months have been entered and approved by the Bureau of HIV/AIDS before the AIMS user is allowed to enter the Progress Reports. For example, if the AIMS user has not entered the April-September Expenditure reports, he/she will not be allowed to enter the Mid-year Progress Report (which covers April-September). If the AIMS user has not entered the April-Final Expenditure reports, he/she will not be allowed to enter the Final Progress Report (which covers April-March).

The AIMS user only has to enter the total number of unduplicated clients served in each Direct Care Service Category for that particular cycle. AIMS will supply the user with the following data:

1. Direct Care Service categories in which the area provided services
2. The unit definition for each Direct Care Service line item displayed
3. Total number of service units for each Direct Care Service line item displayed
4. Total Expended YTD amount for each Direct Care Service line item displayed

Ryan White Implementation Plan FY 2010 - 11

Agency: Help Me Now (Area 22A)
Period: April 1, 2010- March 31, 2011

State: Florida
Prepared by : John Doe
Ph No: (555) 555-5555

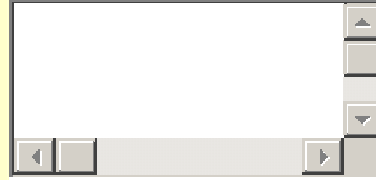
SERVICE CATEGORY	UNIT DEFINITION	# OF PERSONS SERVED	# OF SERVICE UNITS	AMOUNT YTD
Ambulatory/Outpatient Medical Care	1 visit/1 FTE, physician or nurse	220	3,640.00	586,380.06
Mental Health Services	1 visit	71	505.75	14,985.00
Case Management	# of FTE's	6	84.50	303,529.94
Food Bank/Home Delivered Meals	dollars	250	1,550.00	49,300.00
Health Education/Risk Reduction	15 minute increments	150	100.00	10,000.00
Outreach Services	15 minute increments	189	304.00	50,368.00
AIDS Pharmaceutical Assistance (Local)	1 script	45	110.00	54,186.17
Oral Health Care	1 visit	55	114.00	34,700.00
Medical Transportation Services	1 trip	65	1,022.00	4,474.15

Mid-year Progress Report For 2011-2012 Part B Program

Please provide the following information in narrative form:

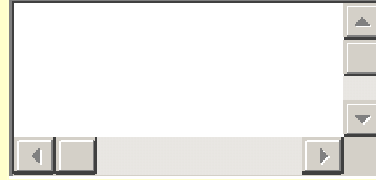
New services added or deleted:

Provide a description of specific RW funded services added or deleted in the new grant year, beginning 4/1/08. If applicable, note Emerging Communities funded services added or deleted as well.



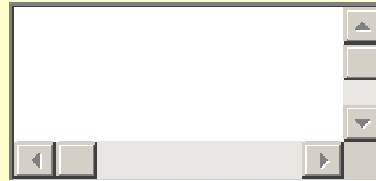
New access points created to Part B funded care/services:

Provide specific information on new points of entry into the HIV care system in the state/territory, in particular, the points of entry that allow increased access to Ryan White services or to clients receiving Ryan White services. Note if funded through the Emerging Communities award. If applicable, note Emerging Communities funded services added or deleted as well.



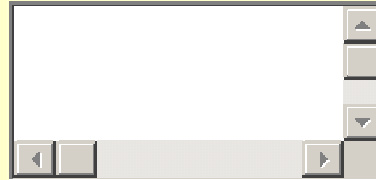
WICY Tracking and reporting expenditure mechanisms:

Briefly describe process and method for tracking and reporting WICY expenditure information.



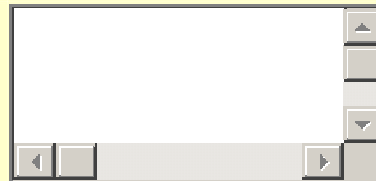
Other accomplishments:

Provide any additional information on successes your program has achieved that are not covered above. Please enclose copies of reports and other documents that reflect and/or were a component of the accomplishment you have described.



Contract Monitoring Activities:

Provide information on fiscal and program monitoring activities that took place during reporting period, (i.e, number of contractor site visits for fiscal monitoring purposes; corrective actions; improvements in monitoring process etc).



Deficit Reduction Act (DRA):

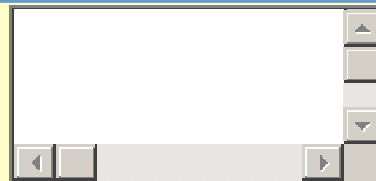
Describe any involvement you have had with your State Medicaid office in addressing the challenges in entitlement programs, i.e. Medicare, Medicaid and Social Security, and the DRA mandate to reduce growth in Medicare and Medicaid programs.

Final Progress Report For 2010-2011 Part B Program

Please provide the following information in narrative form:

New services added or deleted:

Provide a description of specific RW funded services added or deleted in the new grant year, beginning 4/1/08. If applicable, note Emerging Communities funded services added or deleted as well.



New access points created to Part B funded care/services:

Provide specific information on new points of entry into the HIV care system in the state/territory, in particular, the points of entry that allow increased access to Ryan White services or to clients receiving Ryan White services. Note if funded through the Emerging Communities award. If applicable, note Emerging Communities funded services added or deleted as well.

WICY Tracking and reporting expenditure mechanisms:

Briefly describe process and method for tracking and reporting WICY expenditure information.

Other accomplishments:

Provide any additional information on successes your program has achieved that are not covered above. Please enclose copies of reports and other documents that reflect and/or were a component of the accomplishment you have described.

Contract Monitoring Activities:

Provide information on fiscal and program monitoring activities that took place during reporting period, (i.e, number of contractor site visits for fiscal monitoring purposes; corrective actions; improvements in monitoring process etc).

Status of evaluation activities measuring the impact(s) of Part B funds:

As you are aware, HRSA has identified the following four guiding principles as having significant implications for HIV/AIDS services and treatments. Provide specific information on the type of evaluation activity being conducted in each of the four areas noted below with anticipated start dates, progress made since last report and results of data if available. Enclose any data or documents that have been published measuring impact in these four areas.

- 1.Revising care systems to meet emerging needs.
- 2.Ensuring access to quality HIV/AIDS care.
- 3.Coordinating CARE Act services with other health-care delivery.
- 4.Evaluating the impact of CARE Act funds and making needed improvements.

Challenges and Technical Assistance For 2010-2011 Part B Program

The Department of Health (DOH) requires that contract providers employ sound management practices to ensure that program objectives are met and that project funds are properly spent. To the extent possible, DOH places reliance on the controls and policies established by contract lead agencies. However, in order to fulfill their role in regard to the stewardship of federal funds, the DOH awarding offices monitor their contracts to identify potential problems and areas where technical assistance might be necessary.

A Identify challenges experienced during this reporting period in implementing program goals and objectives with specific focus on the following areas:

- a. Challenges in complying with the 75%/25% Core services mandate, service definitions or other reauthorization issues.

Continued challenges with service definitions.

- b. Administrative structure of Part B program (e.g., key staff vacancies, lack of qualified personnel with specialized knowledge, geographic challenges related to Consortia distribution)

At present all staff positions are filled and have specialized knowledge.

- c. Financial management systems (e.g., difficulty generating HRSA required information through existing financial management systems)

Continued clarification and updates needed.

- d. Contract monitoring, including program and fiscal monitoring (e.g., difficulty conducting site visits because of staff shortages)

Updated contract monitoring tools needed.

- e. Area-wide data collection (e.g., lack of coordination among Ryan White Programs)

Lead Agency should have HMS access to the DOH data system.

- f. Clinical Quality Management and evaluation mechanisms

Clarification needed in state-wide status of QM- in short, what's happening? Communication needed.

B Identify technical assistance support that would help you to address these

challenges during the next reporting period:	
1. Conference calls with HIV/AIDS Contract Manager	<input type="text" value="Yes"/>
2. On-site assessment by HIV/AIDS Contract Manager	<input type="text" value="Yes"/>
3. Peer Assistance	<input type="text" value="Yes"/>
4. Technical Assistance Visit by HIV/AIDS Contract Manager	<input type="text" value="Yes"/>
5. Conference calls with HIV/AIDS Patient Care Community Programs Staff	<input type="text" value="Yes"/>
6. Technical Assistance Visit HIV/AIDS Patient Care Community Programs Staff	<input type="text" value="Yes"/>
7. Publications	
Would this technical assistance support help you to:	
a. Respond to Health Resources and Services Administration (HRSA) and/or Department of Health (DOH) requirements	<input type="text" value="Yes"/>
b. Administer/manage your program	<input type="text" value="Yes"/>
c. Improve your program	<input type="text" value="Yes"/>
d. Expand and/or enhance your program	<input type="text" value="Yes"/>

FOR FURTHER INFORMATION, DIRECT QUESTIONS TO YOUR ASSIGNED HIV/AIDS FIELD SERVICES COORDINATOR THROUGH YOUR CONTRACT MANAGER.

Instructions for the List of Contractors/Subcontractors and Worksheet

The List of Contractors/Subcontractors is due from Consortia and Emerging Communities by May 30 of each contract year and is a condition of the Ryan White Part B award; therefore, it is extremely important that the data be accurate and timely.

The List of Contractors/Subcontractors must be submitted through AIMS. Providers are to list all contractors and subcontractors serving HIV/AIDS clients and entities providing services through voucher or purchase order systems. The total of funding to all contractors and sub-contractors listed should equal the total allocated amount of the provider's Ryan White Part B contracts for the year being reported.

Re-emphasized Language:

If a Lead Agency becomes aware that they will not be able to meet the reporting deadline (May 30) they must request an extension by e-mailing Joe May@doh.state.fl.us and Marrison Walker@doh.state.fl.us and giving the reason

for the delay and giving the alternate date the data will be available. Requests may not be considered “approved” until an e-mail notice of approval is received from Joe May or Marrison Walker.

An example of AIMS output of the Contractor/Subcontractor Report is provided for information only. The names of individual medical providers have been intentionally deleted from the example.

Identification of the Report:	Enter the name of the Consortium or Emerging Community reporting the contractors/subcontractors, the lead agency submitting the data on behalf of the consortium and the name and phone number of the individual submitting the report.
General Information:	All providers receiving contracts funded by Ryan White Part B are to be included in the report. Provide the requested information for each contractor and for each service designated within the contract. If a provider has four contracts for the provision of four different services, the provider would be listed four times, once for each contracted service. Information must also be submitted for all subcontractors funded through Ryan White Part B. List the Lead Agency of the consortium and then each subcontractor.
Contract Number:	List the contract number of each contractor/subcontractor.
Name of Contractor/Subcontractor:	Give the name of the contractor/subcontractor as recorded in the contract. Remember to list the lead agency first, then all subcontractors.
Address, City, State, Zip Code, Federal FEIN Number:	List the full physical address, city, state, zip code and Federal FEIN number of each contractor/subcontractor.
Provide Direct Services:	Indicate if the contractor/subcontractor provides direct client services as opposed to grant administration or program support services. 0=No 1=Yes
Service Code:	Using the appropriate code from the Service Provider Codes designated by HRSA, indicate the type of service the contractor/subcontractor provides. These codes are always preset in AIMS.
Contract Amount:	Enter the amount of the contract/subcontract.
Minority Provider:	Indicate if the contractor/subcontractor is a minority provider using the following criteria: An organization must meet all of the following criteria to be considered a minority provider: A. have more than 50 percent of positions of the executive board or governing body filled by persons of the racial/ethnic minority group to be served, and B. have more than 50 percent of key management,

supervisory and administrative positions filled by persons of the racial/ethnic minority to be served, and

- C. have more than 50 of key service provision positions filled by persons of the racial/ethnic minority to be served.

0=No 1=Yes

Contact Person, Phone Number, Fax Number: Give the name, phone number and fax number of the contract person for each contract/subcontract listed.

Faith-Based Org Indicate whether or not the contracted organization is faith-based. A faith-based organization is one that is owned and operated by a religiously affiliated entity.

0=No 1=Yes

CBC/MAI Org Indicate whether or not the contracted organization is the recipient of Congressional Black Caucus/Minority AIDS Initiative Funds.

0=No 1=Yes

Total of Contracts/Subcontracts Awarded: AIMS will calculate the total of the contracts/subcontracts awarded. Under no circumstances should the total calculated be more or less than the exact amount of the provider's contractual funding.

FY 20011-2012 Service Provider Codes:

<u>Code</u>	<u>Service</u>
12a	Ambulatory/Outpatient Medical Care
12b	AIDS Drug Assistance Program (ADAP) Treatments
12c	AIDS Pharmaceutical Assistance (local)
12d	Oral Health Care
12e	Early Intervention Services
12f	Health Insurance Premium & Cost Sharing Assistance
12g	Home Health Care
12h	Home and Community-based Health Services
12i	Hospice Services
12j	Mental Health Services
12k	Medical Nutrition Therapy
12l	Medical Case Management (including Treatment Adherence)
12m	Substance Abuse Services – outpatient
13a	Case Management (non-Medical)
13b	Child Care Services
13c	Emergency Financial Assistance
13d	Food Bank/Home-Delivered Meals
13e	Health Education/Risk Reduction
13f	Housing Services
13g	Legal Services
13h	Linguistics Services
13i	Medical Transportation Services
13j	Outreach Services
13k	Psychosocial Support Services
13l	Referral for Health Care/Supportive Services

13m Rehabilitation Services
13n Respite Care
13o Substance Abuse – Residential
13p Treatment Adherence Counseling
No code Grantee Administration
No code Planning and Evaluation

Provider / Sub Contractor Report for 2008-2009

Consortium Name: *Anywhere Consortium*

Contract#	Name (Contractor/ Subcontractor)	Federal FEIN#	Service code	Budget Amount	Provide Direct Client Services	Minority Provider	Faith-Based Organization	CBC/MAI Organization
Address	City	State	Zip code	Contact Person	Phone#	Fax#		
XXXXX 0809	Pooh's Medical Center	89-9999999	12a	1,000.00	Yes	No	No	No
<i>111 Main Street</i>	<i>Anwhere</i>	<i>FL</i>	<i>32063</i>	<i>Majestic Village</i>	<i>(888)555-5555</i>	<i>(888)555-5555</i>		
XXXXX 0809	Pooh's Clinic	89-9999999	12c	1,000.00	Yes	No	No	No
<i>111 Main Street</i>	<i>Anywhere</i>	<i>FL</i>	<i>32063</i>	<i>Piglet Anderson</i>	<i>(888)555-5555</i>	<i>(888)555-5555</i>		
XXXXX 0809	Pooh's Clinic	89-9999999	13a	1,000.00	Yes	No	No	No
<i>111 Main Street</i>	<i>Anywhere</i>	<i>FL</i>	<i>32063</i>	<i>Christopher Robbins</i>	<i>(888)555-5555</i>	<i>(888)555-5555</i>		
XXXXX 0809	Pooh's Clinic	89-9999999	12a	1,000.00	Yes	No	No	No
<i>111 Main Street</i>	<i>Anywhere</i>	<i>FL</i>	<i>32035</i>	<i>Tigger Tiger</i>	<i>(888)555-5555</i>	<i>(888)555-5555</i>		
XXXXX 0809	Pooh's Clinic	89-9999999	12c	1,000.00	Yes	No	No	No
<i>111 Main Street</i>	<i>Anywhere</i>	<i>FL</i>	<i>32035</i>	<i>Bunny Rabbit</i>	<i>(888)555-5555</i>	<i>(888)555-5555</i>		
XXXXX 0809	Pooh's Clinic	89-9999999	12d	1,000.00	Yes	No	No	No
<i>111 Main Street</i>	<i>Anywhere</i>	<i>FL</i>	<i>32035</i>	<i>Fig Newton</i>	<i>(888)555-5555</i>	<i>(888)555-5555</i>		
XXXXX 0809	Pooh's Clinic	89-9999999	13a	1,000.00	Yes	No	No	No
<i>111 Main Street</i>	<i>Anywhere</i>	<i>FL</i>	<i>32035</i>	<i>Pooh Bear</i>	<i>(888)555-5555</i>	<i>(888)555-5555</i>		
XXXXX 0809	Pooh's Clinic	89-9999999	13i	1,000.00	Yes	No	No	No
<i>111 Main Street</i>	<i>Anywhere</i>	<i>FL</i>	<i>32035</i>	<i>Wood Forest</i>	<i>(888)555-5555</i>	<i>(888)555-5555</i>		
Anywhere Consortia				8,000.00				

Instructions for the Annual WICY (Women, Infant, Children, & Youth) Report

In the October 2000, reauthorization of the Ryan White CARE Act new provisions were added to the requirement that a proportionate amount of Part B funds be used to provide services to specific HIV infected populations. Specific populations have been redefined to include youth and the acronym WICY (Women, Infants, Children and Youth) adopted to reference those populations.

WICY populations are defined as follows:

- Infants: under 2 years of age
- Children: 2 to 12 years of age
- Youth: 13 to 24 years of age
- Women: Females 25 and older

In each contract year, grantees must demonstrate that expenditures for WICY were not less than the percentage constituted by the ratio of the WICY population to the general population with acquired immune deficiency syndrome.

Consortia and Emerging Communities are required to document their compliance with this requirement and to report annually expenditures by individual WICY population component and service category no later than July 15th following the close of the previous contract year.

**At this time, an example is not available. An electronic copy of the Excel worksheet will be emailed to all Lead Agencies by Marrison Walker as soon as it is received from HRSA. This report may not be submitted via AIMS, but must be forwarded as an attachment to an email to Marrison Walker.*

At this time, the benchmarks for Florida are not available. Each Lead Agency will be notified once this information is received from HRSA.

The Ryan White HIV/AIDS Program Services Report (RSR)

The Service Provider Report. Service providers will complete this report online. In addition to providing some basic information about their organization, providers will view a pre-filled list of their active service provider contracts for the most recent reporting period. For each of the service contracts, providers will view a list of Ryan White Program services and check the boxes next to all services that their organization delivered to RW Program clients during the reporting period.

The Client Report. Each service provider will submit this report online as an electronic file upload using a standard format. Each upload file will contain one record per client. Each client record will include information on demographic status, HIV clinical information, HIV-care medical and support services received, and the client's 'UCI', an encrypted, unique client identifier.

Data Elements for Client-level Data Export (Submitted to OMB)

A client report must be submitted by all agencies that provide services directly to clients. This document outlines the data fields that will be submitted in the XML file. The client report will contain one de-identified record for each client who received a Ryan White HIV/AIDS Program-funded core medical service or support service during the reporting period.

The data elements reported per client will depend upon the specific RWHAP-funded service(s) the client received at the agency. HAB used the Privacy Rule's safe-harbor method of de-identification as a guide when determining the client level data elements to be reported by Ryan White Program service providers. The information being reported in the selected client level data elements cannot be used alone or in combination to re-identify specific Ryan White clients. For detailed information about these data elements and reporting client-level data, refer to "The Client Report" section in the RSR Instruction Manual.

Field #	Variable Description	Coding	Rationale ¹
SV1	Reporting Period	Jan 1 – Jun 30, 20XX Jan 1 – Dec 31, 20XX	
SV2	Unique Provider ID	unique provider number	
Client Demographics			
SV3	Unique client ID (UCI)	TBD	
1.	Date of client's first service visit at this provider's agency or organization	__/__/____ MM/DD/YYYY (If only month and year are known, enter "01" as the day.) Unknown	Necessary for identifying new clients 2006 Ryan White Legislation requirement Necessary for all performance measures relevant to new clients as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical Performance Measures Tier 1 Group 1
2.	What was the client's vital enrollment status at the end of this reporting period?	Active, continuing in program Referred to another program or services Removed from treatment due to violation of rules Incarcerated Relocated Deceased Unknown	Necessary to track enrollment or vital status over the course of the reporting period Informs the denominator of other items
3.	If response is "deceased" in Q2, then answer: What was the client's date of death, if known?	__/__/____ MM/DD/YYYY	
4.	Client's year of birth	____ YYYY Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement

Field #	Variable Description	Coding	Rationale
5.	What is the client's ethnicity?	Hispanic/Latino Non-Hispanic/Latino Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement Necessary for all performance measures relevant to new clients as required for: <input type="checkbox"/> PART
6.	What is the client's race? (<i>Select one or more</i>)	White Black or African American Asian Native Hawaiian/ Pacific Islander American Indian or Alaska Native Unknown	Used to identify important population subgroups Necessary for performance measures relevant to ethnicity as required for: <input type="checkbox"/> PART
7.	What is the client's current gender?	Male Female Transgender Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement Necessary for performance measures relevant to gender as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical Performance Measures Tier 1 Group 1
8.	If response is "Transgender" in Q7, then answer: What is the client's transgender subgroup, if known?	Male to female Female to male	
9.	Client's percent of the Federal poverty level at the end of the reporting period	Equal to or below the Federal poverty level 101-200% of the Federal poverty level 201-300% of the Federal poverty level More than 300% of the Federal poverty level Unknown	Used to identify an important population subgroup 2006 Ryan White Legislation requirement
10.	Client's housing status at the end of the reporting period	Stable/permanent Temporary Unstable Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement
11.	What was the geographic unit code of the client's residence at the end of this reporting period? If the client's housing is "unstable," enter the geographic unit code of the place the client considered his/her residence or "home base" at the end of this reporting period.	— — —	Used to measure and assess the extent of out-of-service area utilization. Used to determine areas of eligibility

Field #	Variable Description	Coding	Rationale
12.	What was the client's HIV/AIDS status at the end of the reporting period?	HIV negative HIV +, not AIDS HIV-positive, AIDS status unknown CDC-defined AIDS HIV indeterminate (infants only) Unknown	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to HIV/ AIDS status as required for: <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1
13.	If response is "CDC-defined AIDS" in Q12, then answer: What is the year of the client's AIDS diagnosis, if known?	____ YYYY	
14.	What is the client's risk factor for HIV infection (select one or more)	Male who has sex with male(s) (MSM) Injecting drug use (IDU) Hemophilia/coagulation disorder Heterosexual contact Receipt of blood transfusion, blood components, or tissue Mother w/at risk for HIV infection (perinatal transmission) Other Unknown	Used to identify important population subgroups
15.	Indicate all sources of the client's health insurance during this reporting period:	Private Medicare Medicaid Other Public No Insurance Other Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement
Core Services: Only report data for the services your agency has been funded to provide.			
16.	Outpatient ambulatory health services	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement Necessary for performance measures relevant to number of visits as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures, Tier 1 Group 1
17.	Oral health care	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement

Field #	Variable Description	Coding	Rationale
18.	Early intervention services (Parts A and B)	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
19.	Home health care	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
20.	Home and community-based health services	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
21.	Hospice services	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
22.	Mental health services	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
23.	Medical nutrition therapy	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
24.	Medical case management (including treatment adherence)	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
25.	Substance abuse services--outpatient	Number of visits in each quarter of reporting period ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
26.	Did the client receive Local AIDS Pharmaceutical Assistance (APA, not ADAP) at any time during each quarter of this reporting period?	Yes No Unknown ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
27.	Was Health Insurance Program (HIP) funding provided for this client each quarter during this reporting period?	Yes No Unknown ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
Support Services: Only report data for the services your agency has been funded to provide.			
28.		Yes No Unknown ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement
29.	Received Child care services each quarter during this reporting period	Yes No Unknown ____ ____	Accountability, use of funds 2006 Ryan White Legislation requirement

Field #	Variable Description	Coding	Rationale
30.	Received Developmental assessment/ early intervention services each quarter during this reporting period	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
31.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
32.	Received Food bank/home-delivered meals each quarter during this reporting period	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
33.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
34.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
35.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
36.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
37.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
38.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
39.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
40.		Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement

Field #	Variable Description	Coding	Rationale
41.	Received Referral for health care/supportive services each quarter during this reporting period	___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
42.		___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
43.		___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
44.		___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
45.	Received Treatment adherence counseling each quarter during this reporting period	___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
Clinical information: Outpatient/ambulatory medical care providers should report clinical data for HIV-positive and indeterminate clients only.			
46.	Was HIV risk reduction screening/counseling provided to this client during this reporting period?	Yes No Unknown _____	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to new clients as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1
47.	Date of the client's first outpatient /ambulatory care visit at this provider agency	__/__/____ MM/DD/YYYY (If only month and year are known, enter "01" as the day.) Unknown	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to medical visits as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1

Field #	Variable Description	Coding	Rationale
48.	List all the dates of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider during this reporting period.	__/__/__ MM/DD/YYYY	Necessary for performance measures relevant to number of visits as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1
49.	Report all CD4 counts and their dates for this client during this report period.	Value ____ Date __/__/__ MM/DD/YYYY	Necessary for performance measures relevant to number of visits for care as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1
50.	Report all Viral Load counts and their dates for this client during this report period	Value ____ Date __/__/__ MM/DD/YYYY	Necessary for performance measures relevant to number of visits for care as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1
51.	Was the client prescribed PCP prophylaxis at any time during this reporting period?	Yes No Not medically indicated No, client refused Unknown	Necessary for performance measures relevant to PCP prophylaxis screening as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1
52.	Was the client prescribed HAART at any time during this reporting period?	Yes No, not medically indicated No, not ready (as determined by clinician) No, client refused No, intolerance, side-effect, toxicity No, HAART payment assistance unavailable No, other reason Unknown	Necessary for performance measures relevant to client's HAART status as required in: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1

Field #	Variable Description	Coding	Rationale
53.	Was the client screened for TB during this reporting period?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to TB screening as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 2
54.	If response is “no” or “not medically indicated” in Q53, then answer: Has the client been screened for TB since his/her HIV diagnosis ?	Yes No Not medically indicated Unknown	
55.	Was the client screened for syphilis during this reporting period? (exclude all clients under the age of 18 who are not sexually active)	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to syphilis screening as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 2
56.	Was the client screened for Hepatitis B during this reporting period?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to Hep B screening as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 3
57.	If response is “no” or “not medically indicated” in Q56, then answer: Was the client screened for Hepatitis B since his/her HIV diagnosis ?	Yes No Not medically indicated Unknown	
58.	Has the client completed the vaccine series for Hepatitis B?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to Hep B as required for: <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 2
59.	Was the client screened for Hepatitis C during this reporting period?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to TB screening as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 2
60.	If response is no” or “not medically indicated” in Q59, then answer: Has the client been screened for Hepatitis C since his/her HIV diagnosis ?	Yes No Not medically indicated Unknown	
61.	Was the client screened for substance use (alcohol and drugs) during this reporting period?	Yes No Not medically indicated Unknown	2006 Ryan White Legislation requirement Necessary for performance measures relevant to substance use screening as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 3

Field #	Variable Description	Coding	Rationale
62.	Was the client screened for mental health during this reporting period?	Yes No Not medically indicated Unknown	2006 Ryan White Legislation requirement Necessary for performance measures relevant to mental health screening as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 3
63.	(For HIV+ women only) Did the client receive a Pap smear during this reporting period?	Yes No Not medically indicated Not applicable Unknown	Necessary for performance measures relevant to Pap smears as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 2
64.	(For HIV+ women only) Was the client pregnant during this reporting period?	Yes No Not applicable Unknown	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to pregnant clients as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1
65.	(For HIV+ women only) If response is “yes” in Q64, then answer: When did the client enter prenatal care?	First trimester Second trimester Third trimester At time of delivery Not applicable Unknown	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to appropriate services to reduce perinatal transmission as required for: <input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1
66.	(For HIV+ women only) If response is “yes” in Q64, then answer: Was the client prescribed antiretroviral therapy to prevent maternal to child (vertical) transmission of HIV?	Yes No Not applicable Unknown	<input type="checkbox"/> GPRA <input type="checkbox"/> PART <input type="checkbox"/> HAB Core Clinical performance measures Tier 1 Group 1

* Ryan White legislation: Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

GPRA: The Government Performance and Results Act (GPRA), enacted in 1993, requires Federal agencies to establish standards measuring their performance and effectiveness.

PART: The Program Assessment Rating Tool (PART) was developed to assess and improve program performance so that the Federal government can achieve better results.

HAB Core Clinical Performance Measures provide an indication of an organization’s performance in relation to a specified process or outcome. HAB is releasing the performance measures in phases to allow for staged implementation by service providers. Providers can review the HAB Core Clinical Performance Measures that have been released at <http://hab.hrsa.gov/special/habmeasures.htm>.