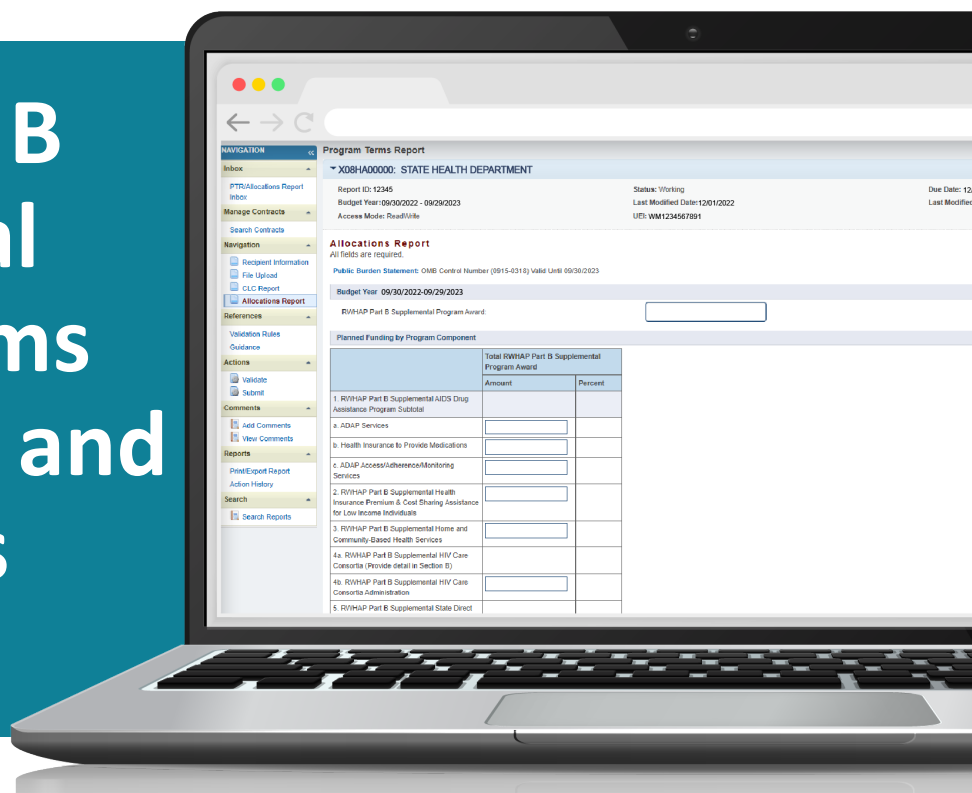


RWHAP Part B Supplemental Program Terms Report (PTR) and Expenditures Report



Instruction Manual 2022

Release Date: June 30, 2022

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0318, and the expiration date is 9/30/2023. Public reporting burden for this collection of information is estimated to average four hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, MD 20857.

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HRSA
Health Resources & Services Administration



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Icons Used in This Manual

The following icons alert you to important and/or useful information.



The note icon highlights information that you should know when completing this section.



The tip icon points out recommendations and suggestions that can make it easier to complete this section.



The question mark icon indicates common questions asked with answers provided.



All new text in the document is indicated with a gray highlight.



The no icon indicates answer options that cannot be selected or information that cannot be entered under certain circumstances.

Introduction

Ryan White HIV/AIDS Program (RWHAP) Part B Supplemental grant recipients must submit to HRSA the following program-specific reports pertaining to their grant:

1. RWHAP Program Terms Report (PTR)
2. RWHAP Expenditures Report

RWHAP Part B Supplemental recipients are required to submit an annual PTR and Expenditures Report. The annual PTR indicates how their funding will be distributed. The Expenditures Report shows how the recipient ultimately expended the funds to meet the needs of people with HIV. Funding can be allocated to three categories:

- Administrative and Technical Services
- Core Medical Services
- Support Services

RWHAP-specific core medical and support service categories are listed and explained in [Policy Clarification Notice \(PCN\) #16-02 “Eligible Individuals & Allowable Uses of Funds.”](#)

These reports serve as a reference to determine how recipients allocate and subsequently expend funds each budget period and allow HRSA to monitor and track the use of grant funds for compliance with program and grants policies and requirements as outlined in the 2009 legislation. It is important to note that the PTR and Expenditures Report do not serve as a source for determining the total amount of funds awarded and unspent by recipients. This manual provides instructions on how to access, complete, and submit the PTR and Expenditures Report.

Program Terms Report (PTR)

The Program Terms Report (PTR) is a single report that all recipients are required to submit within 90 days of the release of the final Notice of Award (NoA) as a requirement for the RWHAP Part B Supplemental Award. It combines all program term requirements into one report and must include all of the following according to the NoA:

- RWHAP Part B Supplemental Consolidated List of Contracts (CLC) (compiled from the GCMS)
- RWHAP Part B Supplemental Allocation Report
- RWHAP Part B Supplemental SF-424A
- RWHAP Part B Supplemental Budget Narrative Spreadsheet
- RWHAP Part B Supplemental Implementation Plan
- RWHAP Part B Supplemental Contract Review Certification (CRC)

You are required to submit the RWHAP Part B Supplemental PTR, with all items listed above, through the PTR web application. Submit the RWHAP Part B Supplemental Budget Narrative Spreadsheet as an Excel spreadsheet. See the [PTR File Upload](#) section for instructions.

The RWHAP Part B Supplemental Allocations Table, RWHAP Part B Supplemental SF-424A, and RWHAP Part B Supplemental Budget Narrative Spreadsheet must reflect the total amount indicated on the final NoA. Only enter RWHAP Part B Supplemental funds into these documents.



Do not include program income, pharmaceutical rebates, or any other federal, state, or local funding sources in these documents.



Your project officer must approve all the individual report items listed above before approving the entire PTR.

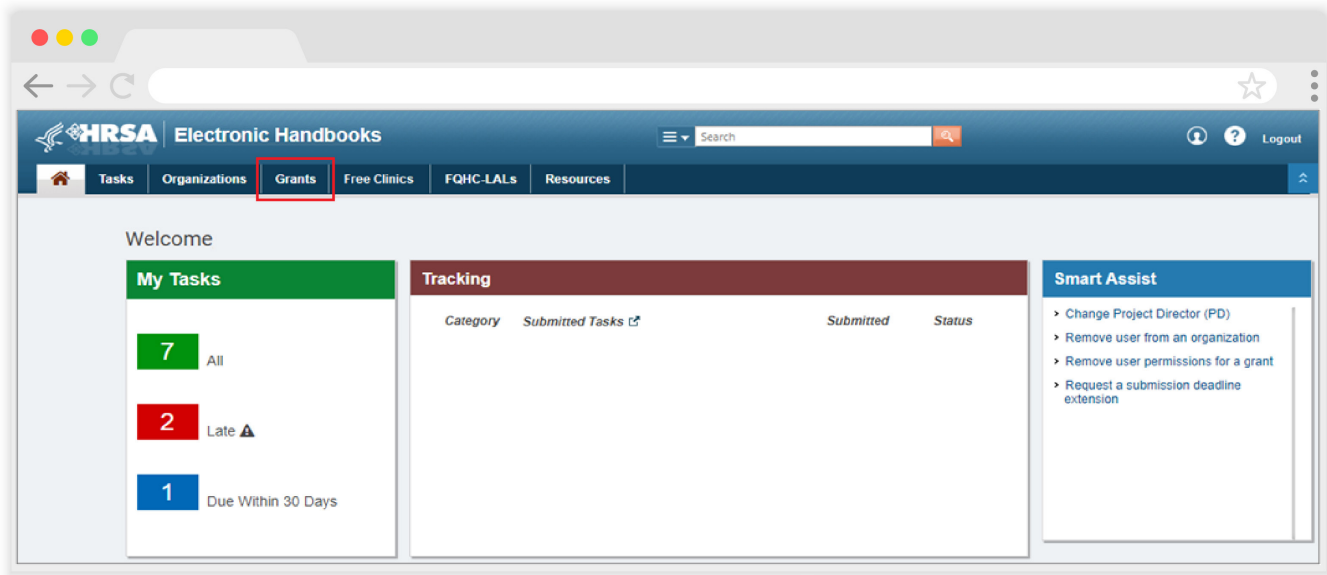
If you need to make revisions for individual report items, you must resubmit the entire report after you make the revisions.

If you need assistance or have questions about the required RWHAP Part B Supplemental PTR submission, contact your Division of State HIV/AIDS Programs project officer or contact Ryan White Data Support by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

Accessing the PTR

STEP ONE: Log in to the [HRSA Electronic Handbooks](#) (EHBs) site. From the EHBs homepage, hover your cursor over the “Grants” tab on the top-left side of the screen (see [Figure 1](#)).

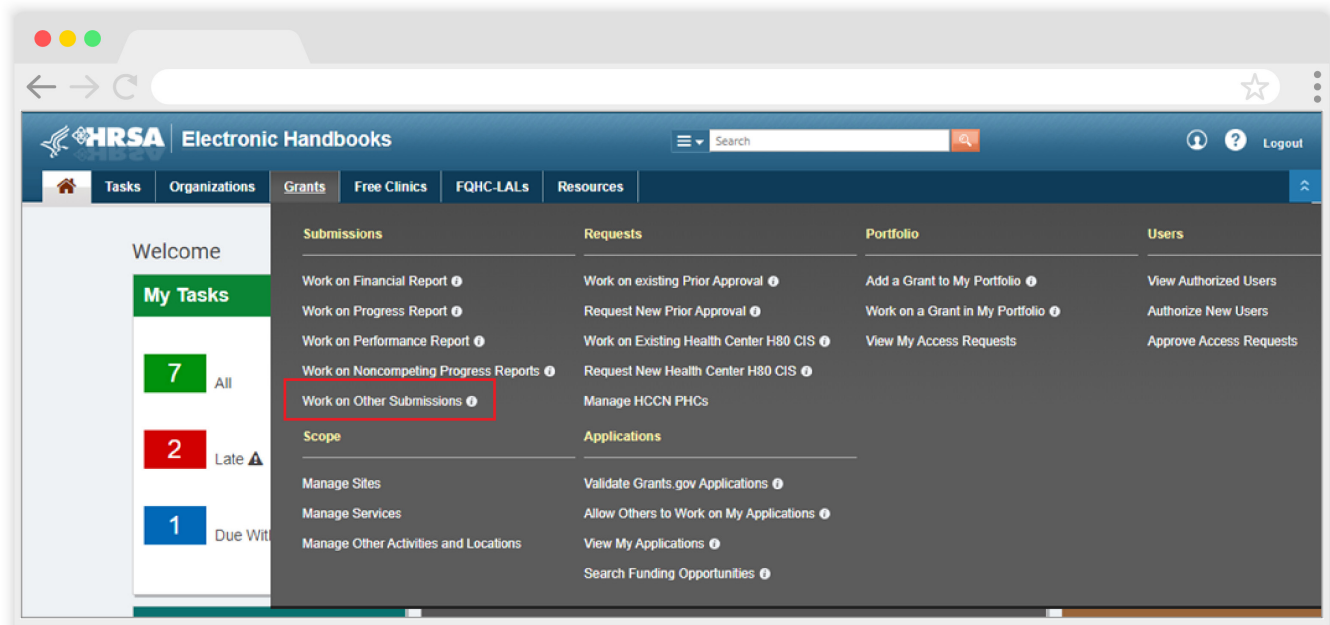
Figure 1. HRSA Electronic Handbooks: Screenshot of the Homepage



If you need help navigating the EHBs to find your annual PTR, call the EHBs Customer Support Center at 1-877-464-4772.

STEP TWO: From the resulting drop-down menu, under the “Submissions” header, select “Work on Other Submissions” (see Figure 2).

Figure 2. HRSA Electronic Handbooks: Screenshot of the Grants Drop-Down Menu



STEP THREE: On the bottom of the Submissions - All page, under “Submission Name,” locate the Part B Supplemental PTR submission you want to access. Then select “Start” or “Edit” under the “Options” header for your PTR submission to open the report. A new window will appear ([see Figure 3](#)).

Figure 3. HRSA Electronic Handbooks: Screenshot of the Submissions - All Page

The screenshot shows the 'Submissions - All' page in the HRSA Electronic Handbooks system. The page includes search filters, display options, and a table of submissions. The 'Submission Name' column is highlighted with a red box, and the 'Start' button in the 'Options' column is also highlighted with a red box.

Search Filters:

Basic Search Parameters

Grant Number (comma separated list) (e.g. C80CS10089) Submission Name Like

Submission Tracking Number Like

Submission Deadline (mm/dd/yyyy) Between And

Organization ☒ All ☒ State Health Department

Submission Type ☒ ☒ ☒

Advanced Search Parameters

Display Options

Sort Method (Grid | Custom)

Search Name: [Save Parameters](#) [Search](#)

[Export To Excel](#) [Search](#) [Saved Searches](#)

130 items in 9 page(s)

Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
FY 2022 Program Terms Report	Other Submissions	State Health Department	X08HA00000		09/30/2022-09/29/2023	12/30/2022		Not Started	Start



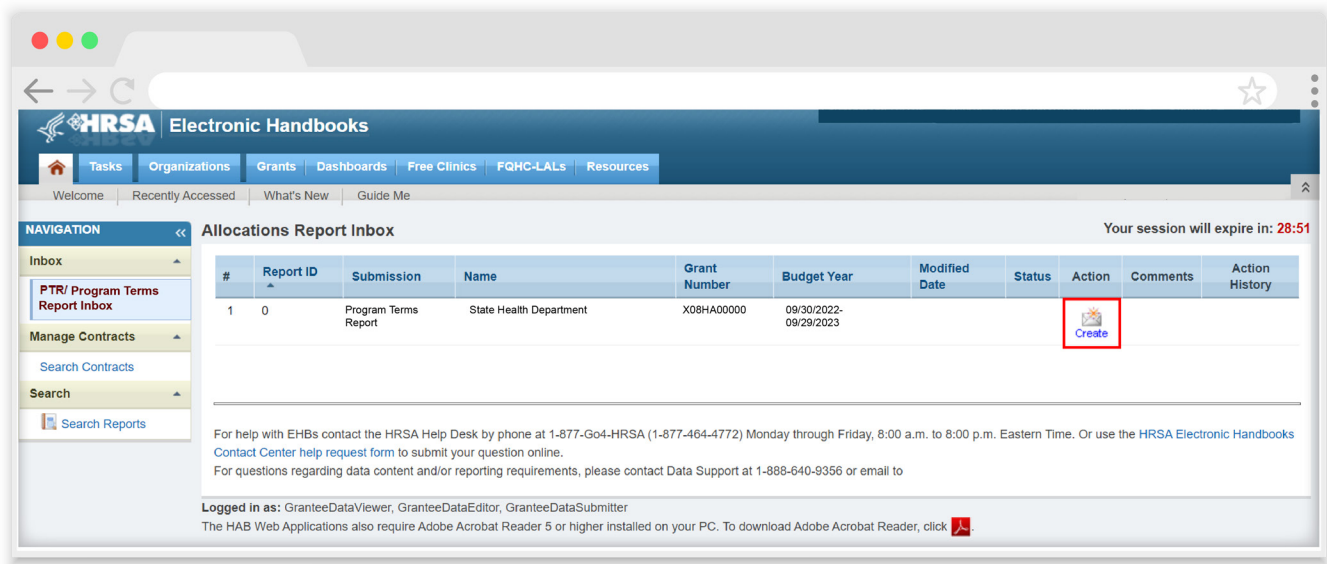
You can find your current PTR faster by searching for “Terms” in the filter header under “Submission Name.”



If you need help navigating the EHBs to find your annual PTR, call the EHBs Customer Support Center at 1-877-464-4772.

STEP FOUR: You are now in the PTR Inbox (see Figure 4). Locate the envelope icon under the “Action” column and select “Create” or “Open.” If you have not started your report, the envelope will read “Create.” If you are returning to continue working on the report, the envelope will read “Open.”

Figure 4. HRSA Electronic Handbooks: Screenshot of the PTR Inbox Page



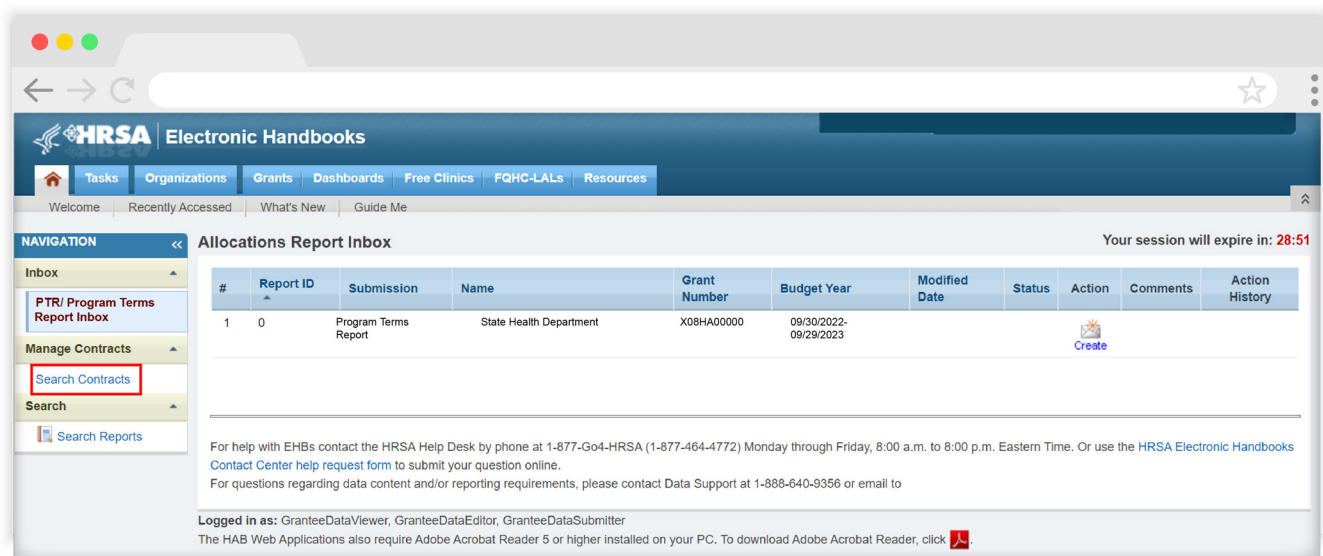
You are now within the PTR, where you will be able to upload required documents, enter administrative costs, synchronize modifications to contracts, and validate and submit your PTR to your project officer for review.

The Grantee Contract Management System (GCMS)

The Grantee Contract Management System (GCMS) is a data entry system that allows you to enter and maintain your agency's RWHAP contracts. The PTR is one of several RWHAP reports that are linked to the GCMS. The GCMS decreases the amount of data you need to enter by sharing information between multiple HRSA HAB reports. Before you enter your PTR, ensure that all your current RWHAP-funded contracts are entered into the GCMS. For a detailed explanation of the GCMS and how the system interacts with the PTR, refer to the [GCMS Manual](#) available on the [TargetHIV](#) website.

To access the GCMS via the PTR Inbox, locate the Navigation panel on the left side of the screen ([see Figure 5](#)). Under the "Manage Contracts" header, select "Search Contracts."

Figure 5. HRSA Electronic Handbooks: Screenshot of the PTR Inbox Page



After selecting “Search Contracts,” you have now accessed the GCMS and can search for and add, modify, and delete contracts ([see Figure 6](#)). For instructions on how to do this, refer to the [GCMS Manual](#) available on the [TargetHIV](#) website.

Figure 6. HRSA Electronic Handbooks: Screenshot of the GCMS Homepage



If you are attempting to create contracts in the GCMS *before* the submission period begins, you must access the GCMS through your previous year’s PTR or your most recent Ryan White HIV/AIDS Program Services Report (RSR).

PTR Recipient Information

Once you have opened the PTR, you will be navigated to the Recipient Information page (see Figure 7). This section is prepopulated with information from the HRSA EHBs and includes your organization's address, EIN, Unique Entity Identifier (UEI) number, and contact information of the person responsible for the PTR submission. Review all information and ensure it is accurate and up to date. Edit any of the fields by selecting the text box. Once you have finished reviewing and updating all information, select "Save" on the lower-right corner of the page.

Figure 7. HRSA Electronic Handbooks: Screenshot of the Recipient Information Page

The screenshot displays the 'Program Terms Report' interface for 'X08HA00000: STATE HEALTH DEPARTMENT'. The left sidebar contains a 'NAVIGATION' menu with 'Recipient Information' highlighted. The main content area shows pre-populated data for the 'Recipient Information' section, including official mailing address, organization identification (EIN, UEI), and contact information for Monica Perks, Director. The page includes a 'Cancel' button at the bottom left and a 'Save' button at the bottom right.

NAVIGATION

- Inbox
- PTR/Allocations Report
- Manage Contracts
- Search Contracts
- Navigation
- Recipient Information**
- File Upload
- CLC Report
- Allocations Report
- References
- Validation Rules
- Guidance
- Actions
- Validate
- Submit
- Comments
- Add Comments
- View Comments
- Reports
- Print/Export Report
- Action History
- Search
- Search Reports

Program Terms Report

X08HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345
Budget Year: 09/30/2022 - 09/29/2023
Access Mode: Read/Write

Status: Working
Last Modified Date: 12/01/2022
UEI: WM1234567891

Due Date: 12/30/2022
Last Modified By: monica@statehealthdepartment.gov

Your session will expire in: 29:37

Recipient Information

The data shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). Please verify that the information shown below is accurate. A field with an asterisk * before it is a required field. NOTE: Updating the information on this page does not update your information in the EHBs. You must revise your agency's information in the EHBs as well.

1. Official Mailing Address:

- a. Street: 1111 Perks Avenue
- b. City: Zion
- c. State: MO
- d. Zip Code: 12555-1234

2. Organization Identification:

- a. EIN: 123456789
- b. UEI: WM1234567891

3. Contact information of person responsible for this submission:

- a. Name: Monica Perks
- b. Title: Director
- c. Phone: 555-555-5555
- d. Fax: 555-555-5555
- e. E-mail: monica@statehealthdepartment.gov

Cancel Save



If you need help locating your organization's UEI, contact Ryan White Data Support for assistance by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

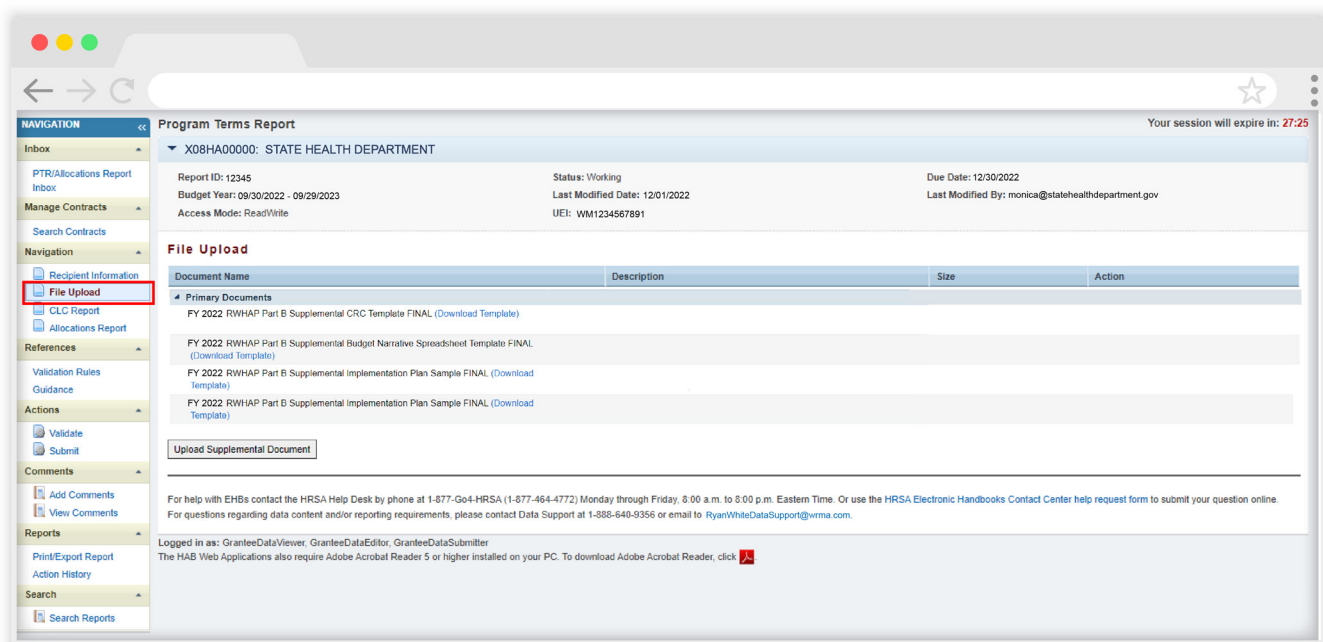
PTR File Upload

For RWHAP Part B Supplemental recipients, all required PTR forms including the SF-424A, Budget Narrative Spreadsheet, Implementation Plan, and Contract Review Certification must be uploaded to the PTR. Templates for these forms are available in the “File Upload” section next to the corresponding document.

To upload the required documents and templates, follow the steps below.

STEP ONE: On the Navigation panel on the left side of the screen, under the “Navigation” header, select “File Upload” to view a list of all required documents and templates (see Figure 8).

Figure 8. HRSA Electronic Handbooks: Screenshot of the File Upload Page



STEP TWO: Under the “File Upload” section, download and review the RWHAP Part B Supplemental PTR instructions by clicking “View” under the “Action” column. This document outlines specific instructions on how to complete the RWHAP Part B Supplemental PTR primary documents.

STEP THREE: Under the “Submission Components” section, locate the “Primary Documents” header. Select “Download Template” under the “Document Name” column for each required document to download a copy. Complete the template for each document listed and save them to a folder or drive on your computer that is easy to access.

STEP FOUR: Under the “Action” column, select “Upload,” and a new field will appear at the bottom of the page. Select “Browse” and locate the completed template you saved on your computer. Select “Submit” to upload the document.



The File Upload feature only stores the most recent version of a file you uploaded. The system does not store past versions of uploaded files.

STEP FIVE (OPTIONAL): Some agencies will be required to submit more documents than those listed under the “Primary Documents” header. If your project officer requires additional documentation or your agency would like to upload additional information, select “Upload Supplemental Document.”

A new field will appear at the bottom of the page. Select “Browse” and locate the additional file you want to upload. Select “Submit” to upload the document.

Consolidated List of Contracts (CLC)

The Consolidated List of Contracts (CLC) is a list of all RWHAP organizations that are funded with your agency’s RWHAP Part B Supplemental grant. The list is generated automatically based on the information you entered into the GCMS (see Figure 9). Review each organization listed using the instructions below.

Figure 9. HRSA Electronic Handbooks: Screenshot of the Consolidated List of Contracts Page

NAVIGATION

- Inbox
- PTR/Allocations Report
- Manage Contracts
- Search Contracts
- Navigation
- Recipient Information
- File Upload
- CLC Report**
- Allocations Report
- References
- Validation Rules
- Guidance
- Actions
- Validate
- Submit
- Comments
- Add Comments
- View Comments
- Reports
- Print/Export Report
- Action History
- Search
- Search Reports

Program Terms Report

X08HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345 Status: Working Due Date: 12/30/2022
 Budget Year: 09/30/2022 - 09/29/2023 Last Modified Date: 12/01/2022 Last Modified By: monica@statehealthdepartment.gov
 Access Mode: Read/Write UEI: WM1234567891

Consolidated List of Contractors

Review the list of your organization's contracts for the fiscal year. If a contract is missing, look for the missing contract by selecting the "Search Contracts" link under the Manage Contracts heading in the left menu.

Warning	Id	Funded By	Organization	Reference	Start	End	Services	Funded Through	Is Executed	Amount
+	11111	X08HA00000	Silver Clinic		09/30/2022	09/29/2023	6		Yes	\$50,000

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-840-9356 or email to DL_HS_HRSA_BHM_BRS@reisystems.com

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter
 The HSB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

To access the CLC, follow these steps:

STEP ONE: On the Navigation panel on the left side of the screen, under the “Navigation” header, select “CLC Report.”

STEP TWO: Within the CLC, on the left side of each organization listed, select the expansion button (the plus sign) to display the services for each organization ([see Figure 9](#)). Confirm that the services and funding amounts for each organization are correct. To make changes to the CLC, modify the associated contract(s) in the GCMS. See the [GCMS Manual](#) for more information.

If you made any changes to your contracts, you must synchronize the changes you made in the GCMS with the PTR. Once back on the CLC Report page, if a yellow warning banner is at the top of the page, the system is indicating you have changes to synchronize ([see Figure 10](#)). Select “Synchronize All” to synchronize all changes at once or synchronize changes individually by selecting the agency’s name in blue in the yellow warning banner. On the page that populates, review the changes for accuracy and select “Synchronize” on the bottom right of the page.

Figure 10. HRSA Electronic Handbooks: Screenshot of the Consolidated List of Contracts Page with Synchronization Warning Banner

Warning:

The program information displayed below does not match the program information in the Grantee Contract Management system (GCMS). Click the provider name listed in blue font below or select the icon in the "Warning" column below to review the updates for each provider and, if correct, synchronize the information. To synchronize program information across all providers, click the "Synchronize All" button. Please note that the synchronization process updates data for both the CLC Report and Allocation Report.

Silver Clinic (added)
Takoma Clinic, Inc. (Modified)

[Synchronize All](#)

X08HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345 Status: Accepted Due Date: 12/30/2022
 Budget Year: 09/30/2022 - 09/29/2023 Last Modified Date: 12/01/2022 Last Modified By: monica@statehealthdepartment.gov
 Access Mode: ReadOnly UEI: WM1234567891

Consolidated List of Contractors

Review the list of your organization's contracts for the fiscal year. If a contract is missing, look for the missing contract by selecting the "Search Contracts" link under the Manage Contracts heading in the left menu.

Warning	Id	Funded By	Organization	Reference	Start	End	Services	Funded Through	Is Executed	Amount
+	11111	X08HA00000	Silver Clinic	09/30/2022	09/29/2023	6	Yes			\$50,000

For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the [HRSA Electronic Handbooks Contact Center help request form](#) to submit your question online.
 For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-848-9356 or email to RyanWhiteDataSupport@hrma.com

Allocations Report

The Allocations Report has three components: *Award Information*, *Planned Funding by Program Component*, and *Breakdown for Consortia and State Direct Services Final Funding*. Each component captures budgetary information on the award amount allocated during the grant period for each category listed.

To complete the Allocations Report, follow the steps below.

STEP ONE: On the Navigation panel on the left side of the screen, under the “Navigation” header, select “Allocations Report” (see Figure 11).

Figure 11. HRSA Electronic Handbooks: Screenshot of the Allocations Report Page

Program Terms Report

Report ID: 12345 Status: Working Due Date: 12/30/2022
 Budget Year: 09/30/2022 - 09/29/2023 Last Modified Date: 12/01/2022
 Access Mode: Read/Write UEK: WM1234567891 Last Modified By: monica@statehealthdepartment.gov

Allocations Report
 All fields are required.
 Public Burden Statement: OMB Control Number (0915-0318) Valid Until 09/30/2023

Budget Year: 09/30/2022-09/29/2023

RWHAP Part B Supplemental Program Award:

Planned Funding by Program Component

	Total RWHAP Part B Supplemental Program Award	
	Amount	Percent
1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal		
a. ADAP Services	<input type="text"/>	
b. Health Insurance to Provide Medications	<input type="text"/>	
c. ADAP Access/Adherence/Monitoring Services	<input type="text"/>	
2. RWHAP Part B Supplemental Health Insurance Premium & Cost Sharing Assistance for Low Income Individuals	<input type="text"/>	
3. RWHAP Part B Supplemental Home and Community-Based Health Services	<input type="text"/>	
4a. RWHAP Part B Supplemental HIV Care Consortia (Provide detail in Section B)		
4b. RWHAP Part B Supplemental HIV Care Consortia Administration	<input type="text"/>	
5. RWHAP Part B Supplemental State Direct Services (Provide detail in Section B)		
6. RWHAP Part B Supplemental Clinical Quality Management	<input type="text"/>	
7. RWHAP Part B Supplemental Recipient Planning & Evaluation Activities	<input type="text"/>	
8. Recipient Administration	<input type="text"/>	
9. Total RWHAP Part B Supplemental Program Funding Amounts		

STEP TWO: The Allocations Report page has 10 editable fields that you must complete using your agency’s final NoA and final budget. All editable fields must have a numerical value as a response. If you do not allocate funding to a specific area, enter “0.”

Award Information

1. *Ryan White HIV/AIDS Part B Supplemental Program Award:* Enter the total amount of your agency's RWHAP Part B Supplemental Award as indicated on the final NoA.

Planned Funding by Program Component

1. *RWHAP Part B Supplemental AIDS Drug Assistance Program (ADAP) subtotals*
 - a. *ADAP Services:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated for ADAP medication purchases.
 - b. *Health Insurance to Provide Medications:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated for ADAP insurance purchases for clients.
 - c. *ADAP Access/Adherence/Monitoring Services:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated to support ADAP access, adherence, and monitoring activities.
2. *RWHAP Part B Supplemental Health Insurance Premium and Cost Sharing Assistance:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated for directly purchasing health insurance for clients and assisting with cost sharing.
3. *RWHAP Part B Supplemental Home and Community Based Services:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated for directly providing home- and community-based services.
- 4b. *HIV Care Consortia Administration:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated for HIV care consortia administrative costs.
6. *RWHAP Part B Supplemental Clinical Quality Management:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated to support clinical quality management activities.



The total amount expended on Clinical Quality Management must not exceed 5 percent of your total RWHAP Part B Supplemental Award amount or \$3 million, whichever is less.

7. *RWHAP Part B Supplemental Planning and Evaluation:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated to support planning and evaluation activities.



The total amount expended on Planning and Evaluation must not exceed 10 percent of your total award. When combined with Recipient Administration and HIV Care Consortia Administration the combined total must not exceed 15 percent of your total award.

8. *Recipient Administration:* Enter the amount of your agency's RWHAP Part B Supplemental Award that is allocated to support recipient administration activities.



The combined amount expended on HIV Care Consortia Administration and Recipient Administration must not exceed 10 percent of your total award.



The combined amount expended on Planning and Evaluation, HIV Care Consortia Administration, and Recipient Administration must not exceed 15 percent of your total award.

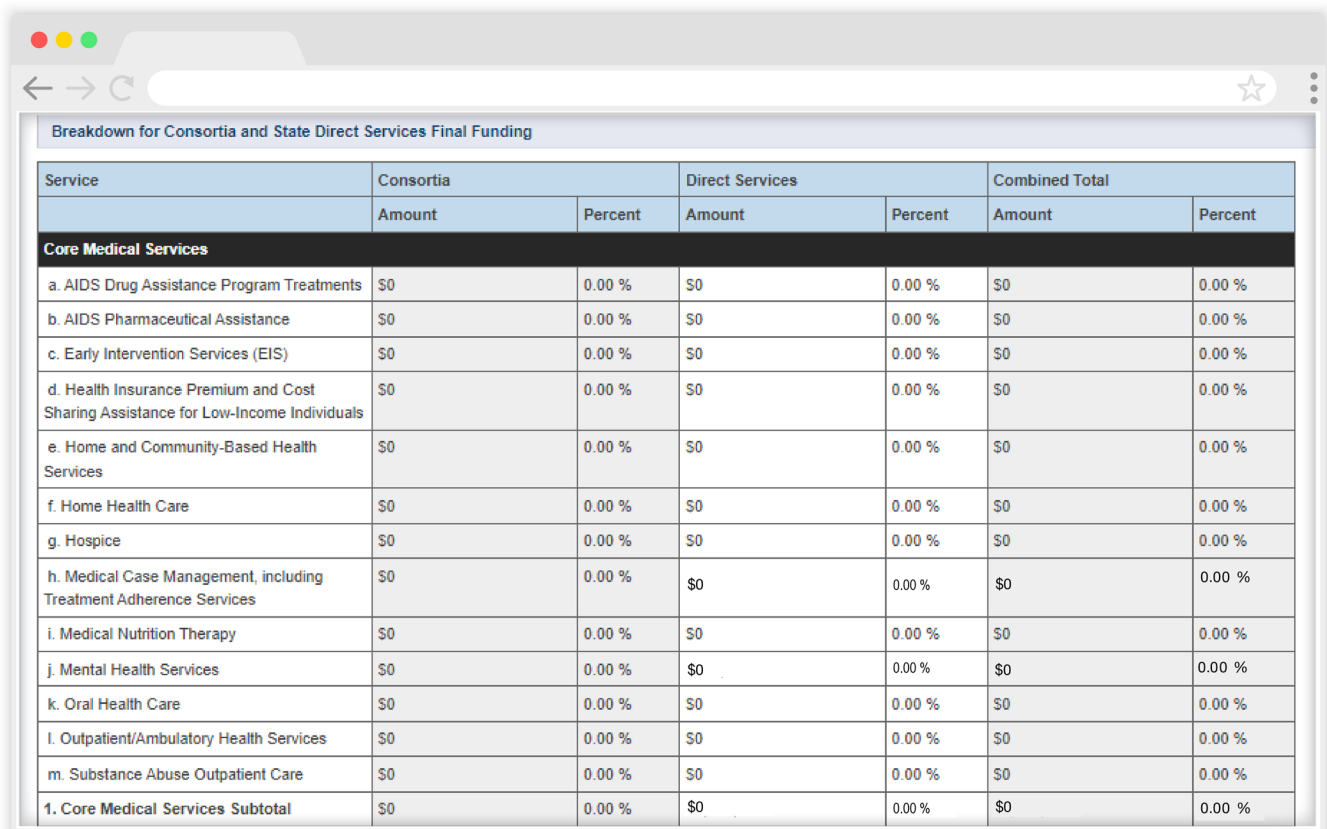


All editable fields must have a numerical value as a response. If you do not allocate funding to a specific area, enter "0."

Breakdown for Consortia and State Direct Services Final Funding

The breakdown of the funds used for Consortia and State Direct Services will appear in the next table ([see Figure 12](#)). All fields in this table are populated by the GCMS. Review the amounts listed here, and if you need to modify service category totals, modify the associated contract(s) in the GCMS for the subrecipient(s) providing the service. See the [GCMS Manual](#) for further assistance.

Figure 12. HRSA Electronic Handbooks: Screenshot of Breakdown for Consortia and State Direct Services Page



Service	Consortia		Direct Services		Combined Total	
	Amount	Percent	Amount	Percent	Amount	Percent
Core Medical Services						
a. AIDS Drug Assistance Program Treatments	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
b. AIDS Pharmaceutical Assistance	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
c. Early Intervention Services (EIS)	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
e. Home and Community-Based Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
f. Home Health Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
g. Hospice	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
h. Medical Case Management, including Treatment Adherence Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
i. Medical Nutrition Therapy	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
j. Mental Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
k. Oral Health Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
l. Outpatient/Ambulatory Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
m. Substance Abuse Outpatient Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
1. Core Medical Services Subtotal	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %



Only RWHAP-funded contracts will be imported from the GCMS. RWHAP-related funded services (program income and pharmaceutical rebates) as well as contracts that only contain RWHAP-related funded services will not populate in the PTR.

Below the Breakdown for Consortia and State Direct Services table, there is a checkbox that you can select if you have received a waiver for the 75 percent core medical services requirement (see Figure 13). You will receive a validation message on your report if you do not select the waiver checkbox and have not met the 75 percent core medical services requirement based on your allocations entered. If you are unsure if your organization received a waiver, please contact your project officer for further assistance.

Figure 13. HRSA Electronic Handbooks: Screenshot of Core Medical Services Requirement Waiver Checkbox

The screenshot shows a web browser window with a table titled "Support Services". The table has 7 columns: Service Name, Amount, Percentage, and three additional columns for amounts and percentages. All values are \$0 and 0.00 %.

Support Services						
a. Child Care Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
b. Emergency Financial Assistance	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
c. Food Bank/Home Delivered Meals	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
d. Health Education/Risk Reduction	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
e. Housing	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
f. Linguistic Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
g. Medical Transportation	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
h. Non-Medical Case Management Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
i. Other Professional Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
j. Outreach Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
k. Psychosocial Support Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
l. Referral for Health Care and Support Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
m. Rehabilitation Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
n. Respite Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
o. Substance Abuse Services (residential)	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
2. Support Services Subtotal	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
3. Total Service Allocations	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %

☐ Recipient received waiver for 75% core medical services requirement.



At least 75 percent of your total award must be allocated to core medical services. If you received a waiver for the 75 percent core medical services requirement, select the waiver checkbox.

STEP THREE: Once you have completed all editable fields, scroll to the bottom of the page and select "Save."

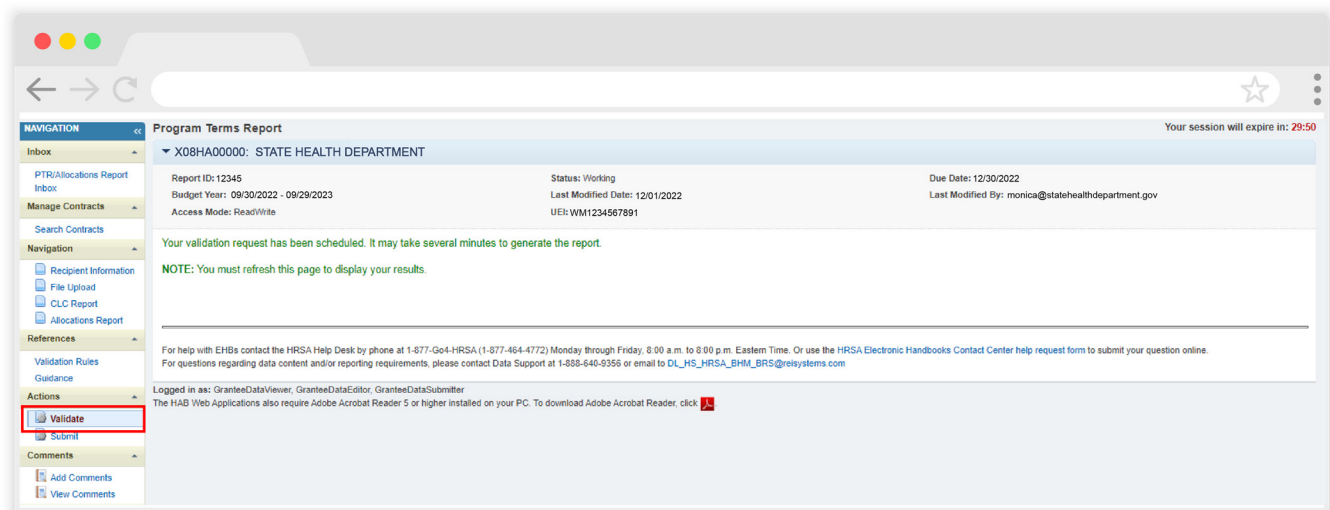
Validating and Submitting the PTR

After you have completed all required sections of your report, the next step is to validate it. The validation process looks for potential problems in the information you entered and lets you review it before the PTR is sent to your project officer.

To validate your PTR, follow the steps below.

STEP ONE: On the Navigation panel on the left of the screen, under the “Actions” header, select “Validate” (see Figure 14). A system message will appear indicating that you will need to refresh the page after several minutes. Select “Validate” again or refresh the page using your web browser. This will either display your validation results or ask you to continue to wait while the validation request continues to process.

Figure 14. HRSA Electronic Handbooks: Screenshot of the Validation Processing Page



STEP TWO: Once the system displays your validation results, it will sort validation problems into three categories: errors, warnings, and alerts.

- **Errors** must be corrected before submitting the PTR.
- **Warnings** should be addressed, if possible, to prevent your project officer from returning the report to you. You are still able to submit your report with warnings by adding a comment for each warning you receive.
- **Alerts** are informational, but you should still review and address them if necessary. You may submit the PTR with an alert.

To add a comment to a warning, select “Add Comment” under the “Actions” column to the right of the warning validation. A new window will appear for you to enter your comment. When finished, select “Save” at the bottom of the text box. In your comment, provide an explanation regarding the warning. The comment does not change the information in your report (see Figure 15).

If you make changes to the information in your report, you must validate your report again using these instructions. Once you have addressed all validation messages, as necessary, you are ready to submit your report.

Figure 15. HRSA Electronic Handbooks: Screenshot of the Validation Results Page

Program Terms Report

X08HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345 Status: Working Due Date: 12/30/2022
 Budget Year: 09/30/2022 - 09/29/2023 Last Modified By: monica@statehealthdepartment.gov
 Access Mode: Read/Write UEI: WM1234567891

Validation Results

You must fix all errors in your report before you can submit your data. Please fix all warnings as appropriate. For the warnings that you cannot or should not fix, enter a warning comment before you submit your data. To enter warning comments for a specific check, select the “Add Comment” link located in the Action column of the validation results table(s). Contact the help desk if you have questions about any of the validation errors, warnings, or alerts.

Recipient Information

Row No.	Check No.	Message	Type	Comment Count	Action
3		Recipient Information page: Title is missing			

Required Documents

Row No.	Check No.	Message	Type	Comment Count	Action
No report validation errors found.					

Consolidated List of Contractors

Row No.	Check No.	Message	Type	Comment Count	Action
No report validation errors found.					

Allocations Report

Row No.	Check No.	Message	Type	Comment Count	Action
46		At least 75% of your total award must be allocated to core medical services	Warning	0	Add Comment



If you need help understanding or resolving a specific validation message, contact Ryan White Data Support by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

STEP THREE: On the Navigation panel, under the “Action” header, select “Submit.” On the new page that appears, enter a comment in the comments text box with any meaningful feedback you have related to your PTR submission. Read and acknowledge the statement under the comment box by selecting the checkbox. Select “Submit Report” at the bottom of the page ([see Figure 16](#)).

Figure 16. HRSA Electronic Handbooks: Screenshot of the Submit Report Page

The screenshot shows a web application interface for submitting a report. On the left is a navigation menu with sections like 'Inbox', 'Navigation', 'References', 'Actions', 'Comments', 'Reports', and 'Search'. The 'Actions' section has 'Validate' and 'Submit' buttons, with 'Submit' highlighted by a red rectangle. The main content area is titled 'Program Terms Report' and shows details for 'X08HA00000: STATE HEALTH DEPARTMENT'. It includes fields for Report ID, Budget Year, Access Mode, Status, Last Modified Date, and User. Below this is the 'Submit Report' section, which contains a text area for comments and a 'Submit' button at the bottom. A checkbox for certifying the data is also present.



Frequently Asked Questions

Is my agency required to upload documents to complete the PTR?

Yes, RWHAP Part B Supplemental recipients must complete and upload the required documents as listed in the RWHAP Part B Supplemental PTR Instructions document in the “File Upload” section of the PTR. See the [PTR File Upload](#) section for details.

How can we correct funding amounts within the report if we need to make changes?

If your agency needs to change amounts allocated to administrative activities, update those amounts in the “Allocations Report” section of your PTR. If your agency needs to change amounts allocated to client services, update those amounts in the associated contract(s) in the GCMS. See the [GCMS Manual](#) for more details.

Why are we required to enter new contracts into the GCMS each year?

Your agency is required to enter new contracts for your own agency and/or subrecipients into the GCMS every year to ensure that the GCMS shows accurate funding amounts and subrecipient relationships.

In the Allocations Report, there are fields that I cannot edit, such as Core Medical Services. How do I edit them?

Funds allocated to core medical services and support services are captured in your contracts in the GCMS. Therefore, you will need to make the required updates in the GCMS. See the [GCMS Manual](#) for more details. Once you have updated any core medical or support services, you will need to synchronize the changes in the CLC.

The Allocations Report or CLC are not capturing my contracts even though I have entered them in the GCMS. What do I do?

Information entered into the GCMS is not automatically pulled into the Allocations Report or CLC once your agency's PTR has been opened. You will need to synchronize the changes you have made with your report. See the [CLC](#) section for details.

My PTR says that it is "locked" and I cannot edit anything. What does that mean?

Another user from your agency is accessing your report. If you believe this is an error, contact Ryan White Data Support by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

If my agency awards part of our grant to subrecipients, why is our agency not marked as an administrative agent, fiscal intermediary, or lead agency in the GCMS?

Based on HRSA HAB's reporting requirements, recipients cannot indicate themselves as an administrative agent, fiscal intermediary, or lead agency for their grant. As a recipient, your agency is expected to manage all RWHAP funds. Management of RWHAP funds includes but is not limited to selecting subrecipients, awarding contracts, providing clinical quality management guidelines, and ensuring subrecipient compliance with RWHAP policies. As a recipient, you may choose to delegate some of your agency's responsibilities. If your agency does choose to delegate some responsibilities to a third party, this third-party entity would be classified as an administrative agent, fiscal intermediary, or lead agency. See the [Glossary](#) for definitions of these terms.

How should we report if all of our Part B Supplemental Award goes to AIDS Drug Assistance Program (ADAP)?

If your agency's Part B Supplemental Award goes to ADAP, you will need to enter a contract in the GCMS for your organization as a placeholder by selecting an administrative or technical service. After creating the placeholder contract, you will enter the award amount that goes to ADAP in the editable boxes in the Allocations Report of the PTR.

Are the contracts I entered into the GCMS also used for other RWHAP reports?

Yes, the contract information entered into the GCMS populates the PTR, the Ryan White HIV/AIDS Program Services Report (RSR), and the EHE Triannual Report (if relevant). Please see the [GCMS Manual](#) for more details.

Do I need to enter contracts funded through RWHAP-related funding (program income and/or pharmaceutical rebates) in the PTR?

It is recommended to add services funded through RWHAP-related funding (program income and pharmaceutical rebates) to your contracts, though it is not required for your PTR submission. If these services are not added during the completion of your PTR, then these services will need to be entered into the contracts in the GCMS for the completion of the RSR.

I entered my RWHAP-related funded contracts into the GCMS. Why aren't they being imported to my CLC Report or Allocations Report?

The PTR only captures RWHAP funding so RWHAP-related funded services will not show up in your Allocations Report or CLC. Services funded with RWHAP-related funding (program income and pharmaceutical rebates) will be reported on in the RSR, so it is recommended that you indicate what those services are when completing your PTR, though it is not required. If there are any contracts in the GCMS funded via RWHAP-related funding, do not include any RWHAP-related funding amounts in those contracts or the Allocations Report. Agencies should develop policies to establish who will be responsible for entering RWHAP-related funded services into contracts.

Expenditures Report

The Expenditures Report is a single report submitted through the HRSA EHBs that all RWHAP Part B Supplemental recipients must submit as a requirement for their RWHAP Part B Supplemental Award. It serves as a reference to determine how recipients subsequently expended funds that were allocated to them for the budget period and initially reported on in the RWHAP Part B Supplemental PTR. The Expenditures Report includes the following components:

1. Recipient Information
2. File Upload
3. Expenditures Report Page

Expenditures are reported using the same funding categories as the Allocations Report section of the PTR; i.e., Administrative and Technical Services, Core Medical Services, and Support Services. Recipients must submit the Expenditures Report as specified in your NoA.

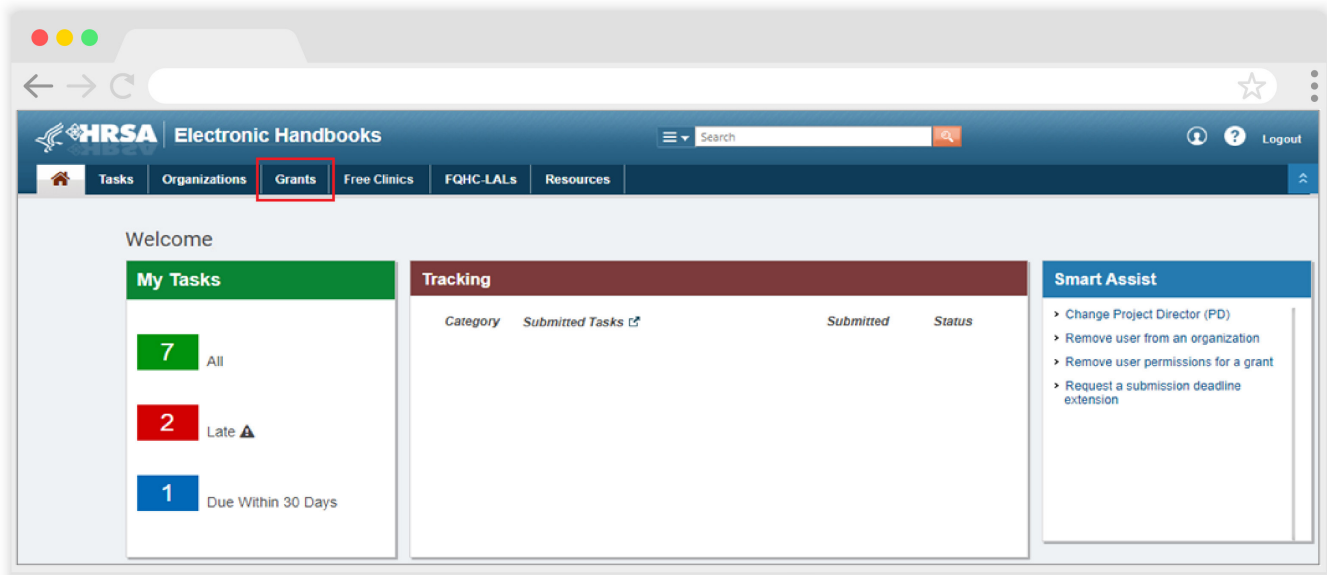
According to the NoA, the recipient must submit the RWHAP Expenditures Report no later than 120 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

If you need assistance or have questions about the required RWHAP Part B Supplemental Expenditures Report submission, please contact your Division of State HIV/AIDS Programs project officer or contact Ryan White Data Support by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

Accessing the Expenditures Report

STEP ONE: Log in to the [HRSA Electronic Handbooks](#) (EHBs) site. From the EHBs homepage, hover your cursor over the “Grants” tab on the top-left side of the screen (see [Figure 17](#)).

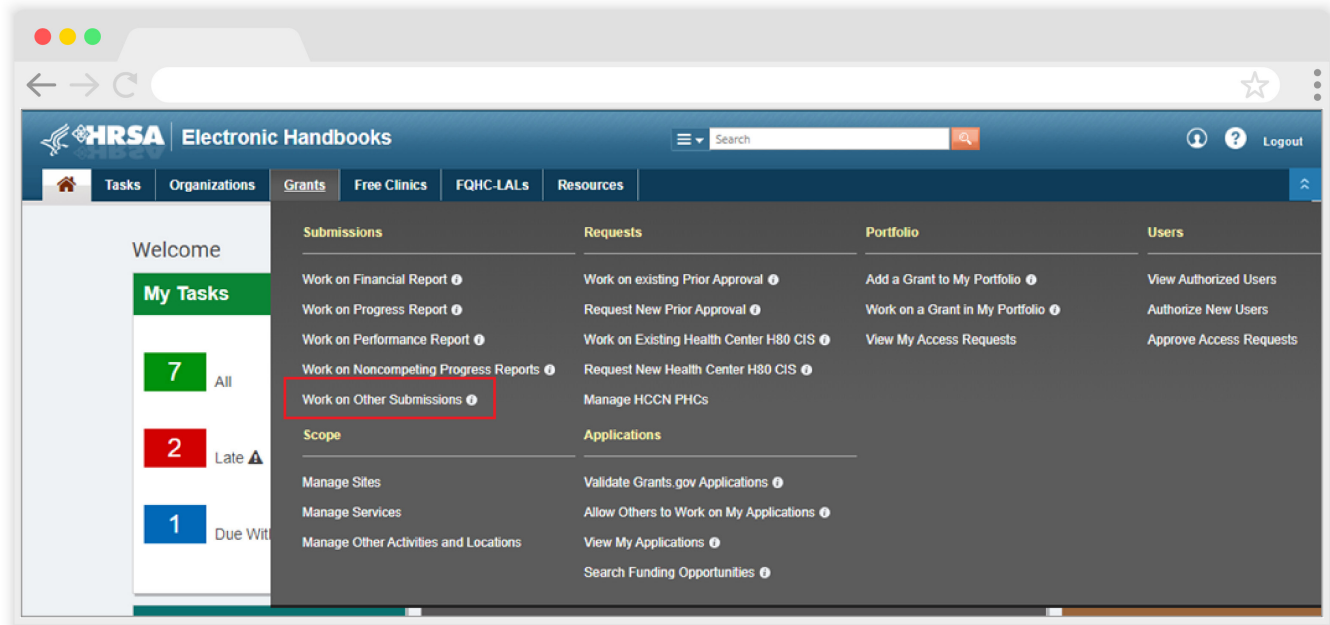
Figure 17. HRSA Electronic Handbooks: Screenshot of the Homepage



If you need assistance with your credentials for the EHBs, call the EHBs Customer Support Center at 1-877-464-4772.

STEP TWO: From the resulting drop-down menu, under the “Submissions” header, select “Work on Other Submissions” (see Figure 18).

Figure 18. HRSA Electronic Handbooks: Screenshot of the Grants Drop-Down Menu



STEP THREE: On the bottom of the Submissions - All page (see Figure 19) under the “Submission Name,” header, locate your 2021 Expenditures Report. Under the “Options” column on the right, select “Start” (to start a new report) or “Edit” (to continue a report already in progress).

Figure 19. HRSA Electronic Handbooks: Screenshot of the Submissions - All Page

The screenshot shows the 'Submissions - All' page in the HRSA Electronic Handbooks system. The page includes search filters for Grant Number, Submission Tracking Number, Submission Deadline, Submission Name, Organization, and Submission Type. Below the filters is a table of submissions. The first row in the table is highlighted, and the 'Start' button in the 'Options' column is highlighted with a red box.

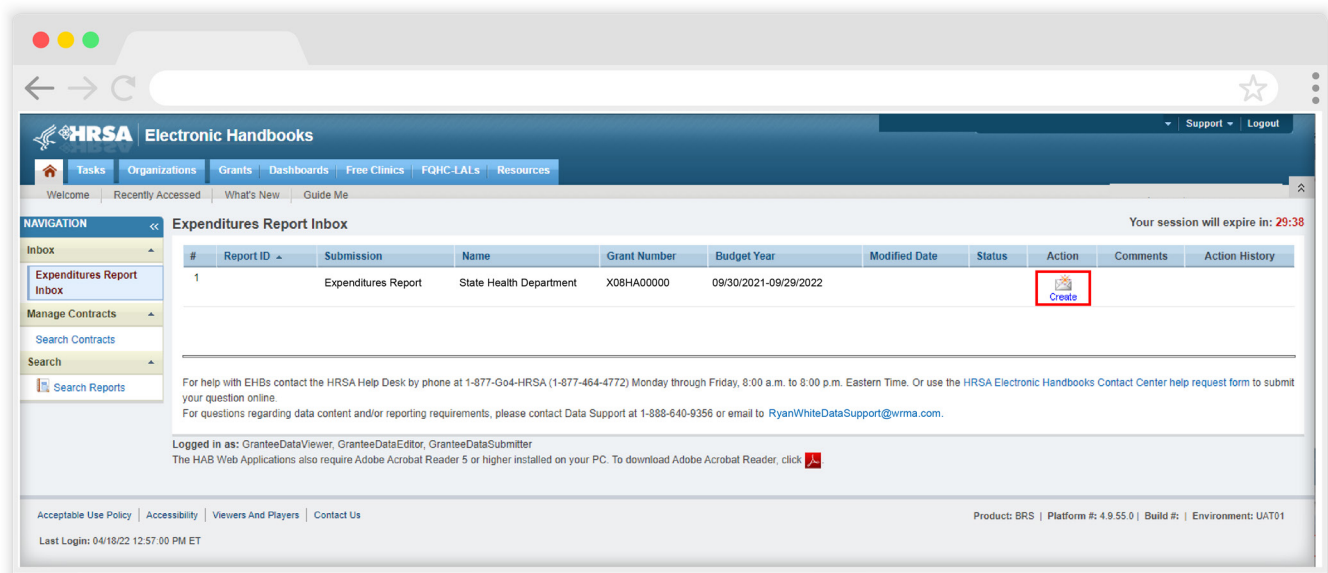
Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
FY 2021 Expenditures Report	Other Submissions	State Health Department	X08HA00000		09/30/2021-09/30/2022			Not Started	Start



If you need help navigating the EHBs to find your Expenditures Report submission, call the EHBs Customer Support Center at 1-877-464-4772.

STEP FOUR: You are now in the Expenditures Report Inbox (see Figure 20). Locate the envelope icon under the “Action” column and select “Create” or “Open.” If you have not started your report, the envelope will read “Create.” If you are returning to continue working on the report, the envelope will read “Open.”

Figure 20. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Inbox Page



You are now within the Expenditures Report, where you will be able to enter your expenditures, validate, and submit your report to your project officer for review.

All recipients must complete a separate Expenditures Report for each RWHAP grant they receive. Review [the Ryan White HIV/AIDS Treatment Extension Act of 2009](#) for more information on award requirements for specific categories.

Expenditures Report Recipient Information

Opening the Expenditures Report will bring you to the Recipient Information page (see Figure 21). This section is prepopulated from the HRSA EHBs and includes your organization's address, EIN, Unique Entity Identifier (UEI) number, and contact information of the person responsible for the Expenditures Report submission. Review all information and ensure it is accurate and up to date. Edit any field by selecting the text box. Once you have finished reviewing and updating all information, select "Save" on the lower-right corner of the page.

Figure 21. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Recipient Information Page

Expenditures Report

Report ID: 12345 Status: Working Due Date: 12/30/2022
 Budget Year: 09/30/2021 - 09/30/2022 Last Modified Date: 12/01/2022 Last Modified By: monica@statehealthdepartment.gov
 Access Mode: Read/Write UEI: WM1234567891

Recipient Information

The data shown below are pre-populated from the HRSA Electronic Handbooks (EHBs). Please verify that the information shown below is accurate. A field with an asterisk * before it is a required field. NOTE: Updating the information on this page does not update your information in the EHBs. You must revise your agency's information in the EHBs as well.

1. Official Mailing Address:

a. Street: 1111 Perks Avenue
 b. City: Zion
 c. State: MO
 d. Zip Code: 12555-1234

2. Organization Identification:

a. EIN: 123456789
 b. UEI: WM1234567891

3. Contact information of person responsible for this submission:

a. Name: Monica Perks
 b. Title: Director
 c. Phone: 555-555-5555
 d. Fax: 555-555-5555
 e. E-mail: monica@statehealthdepartment.gov

Cancel **Save**



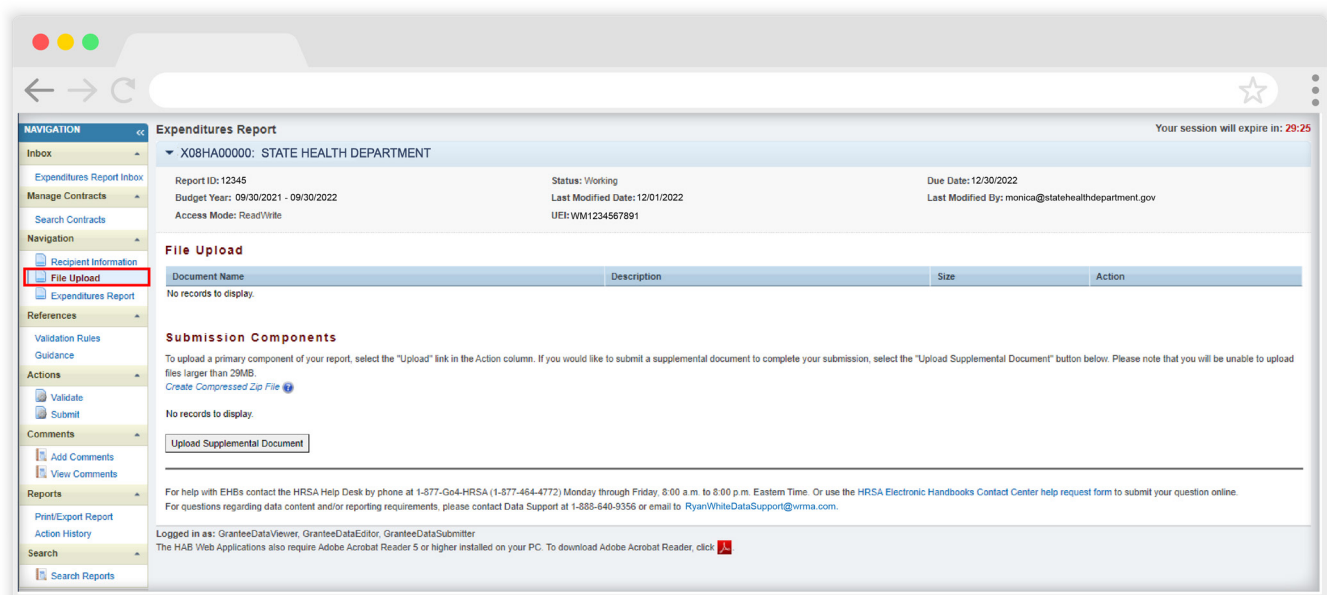
If you need help locating your organization's UEI, contact Ryan White Data Support for assistance by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

Expenditures Report File Upload

There are no required Expenditures Report files to upload to your report. If your project officer requires additional documentation or your agency wants to upload additional information, you may do so in the “File Upload” section ([see Figure 22](#)).

To access this feature, select “File Upload” in the Navigation panel on the left side of the screen under the “Navigation” header. Select “Upload Supplemental Document” and a new field will appear at the bottom of the page. Select “Browse” and locate the file you want to upload on your computer. Select “Submit” to upload the document.

Figure 22. HRSA Electronic Handbooks: Screenshot of the Expenditures Report File Upload Page



Expenditures Report

To access the Expenditures Report section, select “Expenditures Report” in the Navigation panel on the left side of the screen. The Expenditures Report comprises three editable sections: *Award Information*, *Part B Supplemental Program Total*, and *Part B Supplemental Expenditure Categories* including *Core Medical Services* and *Support Services*. Each component captures budgetary information on the award amount expended during the budget period for each category listed.

The Expenditures Report section has 122 editable fields that you must complete. All fields require a response. If you do not have any expenditures in a particular category, enter a “0” for that field. After entering a value for every field, select “Save” at the lower-right corner of the page.

Award Information

The *Award Information* section (see [Figure 23](#)) has two editable fields that you must complete:

1. *RWHAP Part B Supplemental Grant Award Amount*: Enter the total amount of your agency's RWHAP Part B Supplemental Award indicated on your agency's final NoA.
2. *RWHAP Part B Supplemental Approved Carryover Amount*: Enter the total unobligated RWHAP Part B Supplemental Award remaining at the end of the previous year's budget period that, with the approval of the Division of Grants Management Operations (DGMO) or grants management specialist (GMS), was carried forward to the current year's budget period to cover allowable costs of this budget period.

Figure 23. HRSA Electronic Handbooks: Screenshot of the Award Information Section

Budget Year 09/30/2021-09/30/2022 | Award Information

RWHAP Part B Supplemental Grant Award Amount:

RWHAP Part B Supplemental Approved Carryover Amount:

Total RWHAP Part B Supplemental Funds:



The *Total RWHAP Part B Supplemental Funds* field is calculated by the system after you have entered amounts for the *RWHAP Part B Supplemental Grant Award Amount* and *RWHAP Part B Supplemental Approved Carryover Amount*.

Part B Supplemental Program Total

The *Part B Supplemental Program Total* section ([see Figure 24](#)) contains 14 fields that must be completed:

1a. ADAP Services

- *Carryover*: Enter the approved amount of RWHAP Part B Supplemental Award carryover from the previous budget year that was expended on ADAP medication purchases in the current budget year.
- *Award*: Enter the amount of your agency's RWHAP Part B Supplemental Award that was expended on ADAP medication purchases.

1b. Health Insurance to Provide Medications

- *Carryover*: Enter the approved amount of RWHAP Part B Supplemental Award carryover from the previous budget year that was expended on ADAP insurance purchases for clients in the current budget year.
- *Award*: Enter the amount of your agency's RWHAP Part B Supplemental Award that was expended on ADAP insurance purchases for clients.

1c. ADAP Access/Adherence/Monitoring Services

- *Carryover*: Enter the approved amount of RWHAP Part B Supplemental Award carryover from the previous budget year that was expended to support ADAP access, adherence, and monitoring activities in the current budget year.
- *Award*: Enter the amount of your agency's RWHAP Part B Supplemental Award that was expended to support ADAP access, adherence, and monitoring activities.

2. RWHAP Part B Supplemental Health Insurance Premium & Cost Sharing Assistance

- *Carryover*: Enter the approved amount of RWHAP Part B Supplemental Award carryover from the previous budget year that was expended to directly purchase health insurance for clients and assist with cost sharing in the current budget year.
- *Award*: The amount of your agency's RWHAP Part B Supplemental Award that was expended to directly purchase health insurance for clients and assist with cost sharing.

3. RWHAP Part B Supplemental Home and Community-based Health Services

- *Carryover*: Enter the approved amount of RWHAP Part B Supplemental Award carryover from the previous budget year that was expended to directly provide home- and community-based health services in the current budget year.
- *Award*: Enter the amount of your agency's RWHAP Part B Supplemental Award that was expended to directly provide home- and community-based services.

4b. RWHAP Part B Supplemental HIV Care Consortia Administration

- **Award:** Enter the amount of your agency's RWHAP Part B Supplemental Award that was expended on HIV care consortia administration costs.

6. RWHAP Part B Supplemental Clinical Quality Management:

- **Award:** Enter the amount of your agency's RWHAP Part B Supplemental Award that was expended to support clinical quality management activities.



The amount expended on Clinical Quality Management must not exceed 5 percent of your total award or \$3 million (whichever is smaller).

7. RWHAP Part B Supplemental Recipient Planning & Evaluation Activities

- **Award:** Enter the amount of your agency's RWHAP Part B Supplemental Award that was expended to support planning and evaluation activities.



The amount expended on Recipient Planning and Evaluation must not exceed 10 percent of your total award.

8. Recipient Administration:

- **Award:** Enter the amount of your agency's RWHAP Part B Supplemental Award that was expended to support recipient administration activities.



The combined amount expended on HIV Care Consortia Administration and Recipient Administration must not exceed 10 percent of your total award.



The combined amount expended on Recipient Planning and Evaluation, HIV Care Consortia Administration and Recipient Administration must not exceed 15 percent of your total award.

Figure 24. HRSA Electronic Handbooks: Screenshot of the Part B Supplemental Program Total Section

Part B Supplemental Program Total				
	Total			
	Carryover	Award	Total	Percent
1. RWHAP Part B Supplemental AIDS Drug Assistance Program Subtotal				
a. ADAP Services	<input type="text"/>	<input type="text"/>		
b. Health Insurance to Provide Medications	<input type="text"/>	<input type="text"/>		
c. ADAP Access/Adherence/Monitoring Services	<input type="text"/>	<input type="text"/>		
2. RWHAP Part B Supplemental Health Insurance Premium & Cost Sharing Assistance	<input type="text"/>	<input type="text"/>		
3. RWHAP Part B Supplemental Home and Community-based Health Services	<input type="text"/>	<input type="text"/>		
4a. RWHAP Part B Supplemental HIV Care Consortia				
4b. RWHAP Part B Supplemental HIV Care Consortia Administration		<input type="text"/>		
5. RWHAP Part B Supplemental State Direct Services				
6. RWHAP Part B Supplemental Clinical Quality Management		<input type="text"/>		
7. RWHAP Part B Supplemental Recipient Planning & Evaluation Activities		<input type="text"/>		
8. Recipient Administration		<input type="text"/>		
9. Column Totals				100.00 %

Part B Supplemental Expenditures Categories

The *Part B Supplemental Expenditure Categories* section comprises two subsections: *Core Medical Services* (see Figure 25) and *Support Services* (see Figure 26). There are four fields (represented by the table columns) that you must fill in for each service category in the *Core Medical Services* and *Support Services* sections, as detailed below:

Consortia

- **Carryover:** Enter the approved amount of consortia RWHAP Part B Supplemental Award carryover from the previous year that was expended to support the service category in the current budget year.
- **Award:** Enter the amount of consortia funding from your RWHAP Part B base award that was expended to support the service category.

Direct Services

- **Carryover:** Enter the approved amount of direct services RWHAP Part B Supplemental Award carryover from the previous year that was expended to support the service category in the current budget year.
- **Award:** Enter the amount of direct services funding from your RWHAP Part B base award that was expended to support the service category.



At least 75 percent of your total award must be expended on core medical services.



The total expenditures amount must not exceed the total award amount.



To review the RWHAP core medical and support service categories, see [PCN #16-02](#) on the HRSA HAB website.

Figure 25. HRSA Electronic Handbooks: Screenshot of the Part B Supplemental Expenditure Categories Core Medical Services Subsection

Part B Supplemental Expenditure Categories								
	Consortia				Direct Services			
	Carryover	Amount	Total	Percent	Carryover	Amount	Total	Percent
Core Medical Services								
a. AIDS Drug Assistance Program Treatments	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
b. AIDS Pharmaceutical Assistance	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
c. Early Intervention Services (EIS)	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
e. Home and Community-Based Health Services	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
f. Home Health Care	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
g. Hospice	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
h. Medical Case Management, Including Treatment Adherence Services	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
i. Medical Nutrition Therapy	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
j. Mental Health Services	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
k. Oral Health Care	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
l. Outpatient/Ambulatory Health Services	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
m. Substance Abuse Outpatient Care	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>		
1. Core Medical Services Total								

Figure 26. HRSA Electronic Handbooks: Screenshot of Part B Supplemental Expenditure Categories Support Services Subsection

Support Services							
a. Child Care Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Emergency Financial Assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Food Bank/Home Delivered Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Health Education/Risk Reduction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Housing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Linguistic Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Medical Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Non-Medical Case Management Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Other Professional Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Outreach Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
k. Psychosocial Support Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
l. Referral for Health Care and Support Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m. Rehabilitation Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
n. Respite Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
o. Substance Abuse Services (residential)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Support Services Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Total Service Expenditures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Below the core medical and support services table, there is an additional table that will calculate your core medical and support services expenditures once you enter and save your expenditures data. Use this table to make sure you are in compliance with the 75 percent core medical services requirement. If your organization received a waiver for this requirement, select the checkbox below this table ([see Figure 27](#)) to indicate your organization received the 75 percent core medical services requirement waiver. You will receive a validation message on your report if you do not select the waiver checkbox and have not met the 75 percent core medical services requirement based on your expenditures entered. If you are unsure if your organization received a waiver, please contact your project officer for further assistance.

Figure 27. HRSA Electronic Handbooks: Screenshot of the Core Medical and Support Services Calculated Table and Core Medical Services Requirement Waiver Checkbox

The screenshot shows a web browser window with a table for calculating expenditures. The table has three columns: 'Core Medical Services Expenditures', 'Amount', and 'Percent (Amount/Total Service Expenditures)'. It lists various service categories and their totals. Below the table is a checkbox for the 75% core medical services requirement waiver.

Core Medical Services Expenditures	Amount	Percent (Amount/Total Service Expenditures)
ADAP		
Health Insurance Premium & Cost Sharing Assistance		
Home-and Community-based Health Services		
State-Direct Services: Core Medical Services		
Total Core Medical Services Expenditures		
Support Services Expenditures	Amount	Percent
Consortia Services		
State-Direct Services: Support Services		
Total Support Services Expenditures		
Total RWHAP Part B Supplemental Core Medical & Support Services Expenditures		

☐ Recipient received waiver for 75% core medical services requirement.

Validating and Submitting the Expenditures Report

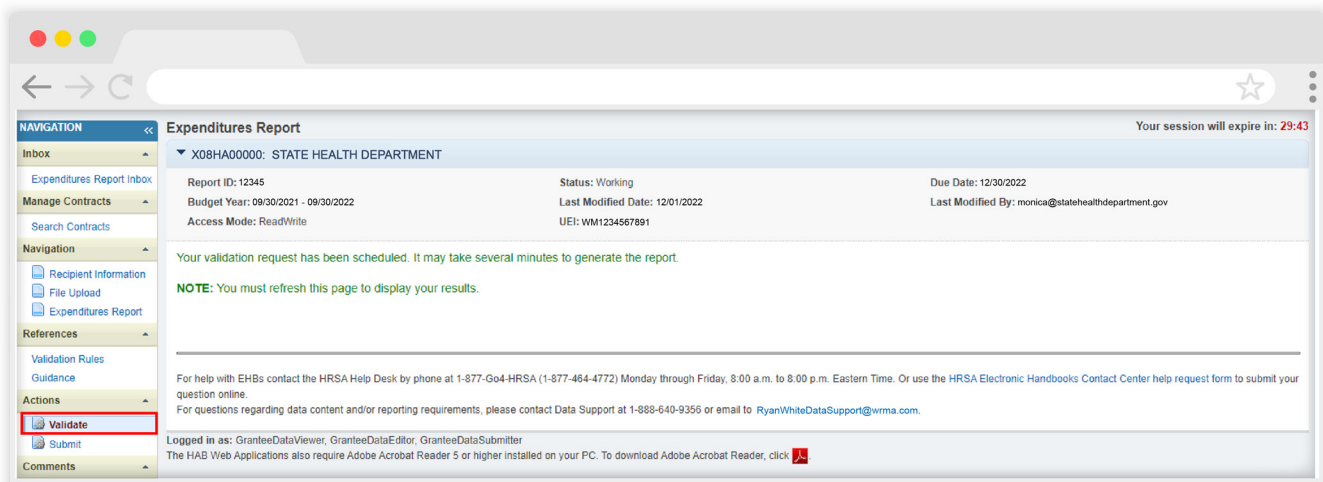
After you complete all the report's required sections, the next step is to validate it. The validation process looks for potential problems in the information you entered and lets you review your report before it is sent to your project officer.

To validate and submit your Expenditures Report, follow the steps below.

STEP ONE: In the Navigation panel on the left of the screen, under the "Actions" header, select "Validate." A system message will appear indicating your validation request is processing ([see Figure 28](#)) and that you will need to refresh the page to see your results after several minutes.

Select "Validate" again or refresh the page using your web browser. If your validation request has processed, you will see your results. If your validation results are not displayed, continue to wait and refresh the page until the process completes.

Figure 28. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Validation Processing Page



STEP TWO: If you receive a congratulations message and have no validations to address, you are ready to move on to submitting your report (Step Three). Otherwise, the system will sort your validation results into three categories (see [Figure 29](#) for sample validation results):

- **Errors** must be corrected before submitting the Expenditures Report.
- **Warnings** should be addressed, if possible, to prevent your project officer from returning the report to you. You are still able to submit your report with warnings by adding a comment for each one that you receive.
- **Alerts** are informational, but you should still review and address them, if necessary. You may submit the Expenditures Report with an alert.

To add a comment to a warning, select “Add Comment” under the “Actions” column to the right of the warning validation. A new window will appear for you to enter your comment. When finished, select “Save” at the bottom of the text box. In your comment, provide an explanation regarding the warning. The comment does not change the information in your report.

If you make changes to the information in your report, you must validate your report again using these instructions. Once you have addressed all validation messages, as necessary, you are ready to submit your report.

Figure 29. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Validation Results Page

Validation Results

You must fix all errors in your report before you can submit your data. Please fix all warnings as appropriate. For the warnings that you cannot or should not fix, enter a warning comment before you submit your data. To enter warning comments for a specific check, select the “Add Comment” link located in the Action column of the validation results table(s). Contact the help desk if you have questions about any of the validation errors, warnings, or alerts.

Recipient Information

Row No.	Check No.	Message	Type	Comment Count	Action
1	3	Recipient Information page. Title is missing	Alert	0	

Required Documents

Row No.	Check No.	Message	Type	Comment Count	Action
No report validation errors found.					

Expenditures Report

Row No.	Check No.	Message	Type	Comment Count	Action
No report validation errors found.					



If you need assistance resolving or understanding a specific validation message, contact Ryan White Data Support for assistance by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

STEP THREE: In the Navigation panel on the right side of the screen, under the “Action” header, select “Submit.” On the new page that appears (see Figure 30), enter a comment in the comments text box with any meaningful feedback you have related to your Expenditures Report submission. Read and acknowledge the statement under the comment box by checking the box. Select “Submit” at the bottom of the page.

Figure 30. HRSA Electronic Handbooks: Screenshot of the Expenditures Report Submit Report Page

The screenshot shows the 'Expenditures Report' page in the HRSA Electronic Handbooks system. The navigation panel on the left includes sections for 'Inbox', 'Manage Contracts', 'Navigation', 'References', 'Actions', 'Comments', and 'Reports'. The 'Submit' button in the 'Actions' section is highlighted with a red box. The main content area displays report details for 'X08HA00000: STATE HEALTH DEPARTMENT' and a 'Submit Report' section with a text box for comments and a 'Submit' button. A session expiration timer is visible in the top right corner.



Frequently Asked Questions

Is the Expenditures Report linked to the GCMS?

No, unlike the PTR, the Expenditures Report is not linked to the contracts in the GCMS.

Should I enter RWHAP-related funding (program income and/or pharmaceutical rebates) in the Expenditures Report?

No, recipients should not enter any RWHAP-related funding (program income and/or pharmaceutical rebates) in the Expenditures Report.

My Expenditures Report says it is “locked” and I cannot edit anything. What does that mean?

Another user from your agency is accessing your report. If you believe this is an error, contact Ryan White Data Support by phone at 1-888-640-9356 or via email at RyanWhiteDataSupport@wrma.com.

Glossary

Administrative Agent: An entity that functions to assist the grant recipient, consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing funding announcements, and monitoring contracts).

Administrative and Technical Services: Providing quality and responsive support services to an organization. These may include human resources, financial management, and administrative services (e.g., property management, warehousing, printing/publications, libraries, claims, medical supplies, and conference/training facilities).

Allocations: The proposed allotment of funds to their different service categories.

Clinical Quality Management (CQM): Coordinating activities aimed at improving patient care, health outcomes, and patient satisfaction. To be effective, a CQM program requires:

- Specific aims based in health outcomes
- Support by identified leadership
- Accountability for CQM activities
- Dedicated resources
- Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above

Consolidated List of Contracts (CLC): Summarizes each RWHAP-funded contract, the contract amount, and the service(s) provided under the contract.

Consortia: An association of public and nonprofit health care and support service providers and community-based organizations with which the state/territory establishes a legal agreement to conduct specific activities outlined in the RWHAP legislation for a specific region(s) or the entire state/territory.

Core Medical Services: A set of essential, direct health care services provided to people with HIV and specified in the Ryan White HIV/AIDS Treatment Extension Act.

Expenditures: The actual allotment of funds to their different service categories after they have been spent.

Fiscal Intermediary: An administrative agent that acts on the behalf of the recipient to monitor the use of its RWHAP funds.

Grantee Contract Management System (GCMS): A data-storage system that allows recipients to enter and maintain RWHAP recipient and subrecipient contracts.

Lead Agency: An entity with which the state/territory establishes a legal agreement to do one or more of the following: conduct needs assessments, engage in planning activities, manage procurement processes, ensure delivery of comprehensive services to people with HIV, and/or conduct program and fiscal monitoring.

Notice of Award (NoA): An official document from Health Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB), stating an agency's RWHAP funding amount, funding terms, and conditions.

Pharmaceutical Rebates: A return of a part of a payment. ADAPs that purchase medications through a retail pharmacy network at a price higher than the 340B price can submit claims to drug manufacturers for pharmaceutical rebates on full pay medications or medication copayments, coinsurance, or deductibles to achieve cost savings comparable to those received by ADAPs that directly purchase medications at the 340B price. See PCN 15-04 "Utilization and Reporting of Pharmaceutical Rebates" for additional information.

Program Income: Program income means gross income earned by the non-federal entity that is directly generated by a supported activity or earned as a result of the federal award during the period of performance except as provided on 45 CFR §75.307(f). Except as otherwise provided in federal statutes, regulation, or the terms and conditions of the federal award, program income does not include pharmaceutical rebates, credits, discounts, and interest earned on any of them. See PCN 15-03 "Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income" for additional information.

Provider: The agency that provides direct services to clients (and their families). A provider may receive funds as a grant recipient (such as under Part B Supplemental) or through a contractual relationship with a grant recipient funded directly by HRSA's RWHAP. Also see "subrecipient."

Recipient: An organization receiving financial assistance directly from an HHS-awarding agency to carry out a project or program. A recipient also may be a recipient-provider if it provides direct services in addition to administering its grant. Recipient of record (or recipient) replaces the term "grantee of record."

Recipient Administration (Administrative): Activities relating to routine grant administration and monitoring activities.

RWHAP-related Funding of Services: Refers to RWHAP-eligible services that are funded with program income or pharmaceutical rebates, as distinguished from direct RWHAP grant funds. See PCN 15-03 (Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income) and PCN 15-04 (Utilization and Reporting of Pharmaceutical Rebates) for additional information.

Subrecipient: The legal entity that receives RWHAP funds from a recipient and is accountable to the recipient for the use of the funds. Subrecipients may provide direct client services or administrative services directly to a recipient.

Support Services: A set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person with HIV.

Synchronization: The process of incorporating changes made in the GCMS into the report being updated: the RSR, PTR, or Allocations Report.

Unique Entity Identifier (UEI): The Unique Entity Identifier is a new 12-digit alphanumeric identifier that SAM.gov will provide to all entities that register to do business with the federal government. It replaces the DUNS number.

Validation: A system-administered check that reviews all data entered into the PTR/ Allocations Report for consistency with RWHAP guidelines.