


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

RYAN WHITE HIV/AIDS PROGRAM (RWHAP)
HRSA HIV/AIDS BUREAU
JULY 7, 2022



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Welcome to today's webinar. Thank you so much for joining us today!

Overview

PTR & Expenditures Report Overview

Accessing the PTR & Expenditures Reports

Grantee Contract Management System (GCMS)

Completing the PTR & Expenditures Report

TA Resources

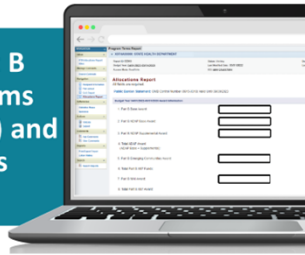
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Thanks everyone for joining today's webinar.

Today, we will go over completing the Part B and Part B Supplemental Program Terms Report, also known as PTR and Expenditures Report. We'll begin with an overview of the PTR and the Expenditures Report . Next, I'll go over accessing the PTR and Expenditures Reports. After, I will quickly review the Grantee Contract Management System, also known as GCMS. Following that I will walk through Completing the PTR & Expenditures Report. And finally, we'll end the presentation by reviewing TA Resources available to assist you.

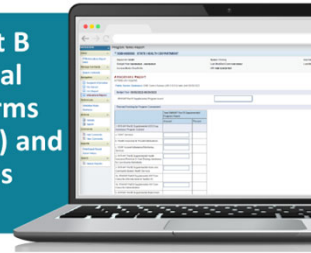
Instruction Manuals

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



Available on the [TargetHIV](#) website

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



Available on the [TargetHIV](#) website

Before we begin, I wanted to bring everyone's attention to the Part B and Part B Supplemental PTR and Expenditures Report instruction manuals which are available on the TargetHIV website. These manuals are essential resources to use while completing the PTR and Expenditures reports; therefore' I recommend downloading them before you begin your reports.

PTR & Expenditures Report Overview

- All RWHAP Part B (X07) and Part B Supplemental (X08) grant recipients must complete a PTR and Expenditures Report
- Reports serve as a reference for how recipients allocate and expend RWHAP funds
- Accessed and submitted via the HRSA Electronic Handbooks (EHBs)



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Now let's begin today's presentation with an overview of the PTR and Expenditures Report. A recipient must complete a PTR and Expenditures Report for their Part B Base (X07) and Part B Supplemental (X08) award. Furthermore, you must complete a separate PTR and Expenditures Report for each grant you receive. These reports serve as a reference for how recipients allocated and expended their grant funding.

Both the PTR and Expenditures Report are both annual reports completed via the HRSA Electronic Handbooks, also known as EHBs.

PTR & Expenditures Report Overview

PTR

1. Access the PTR
2. Enter contracts into the GCMS
3. Complete the PTR
4. Submit the PTR

Expenditures Report

1. Access the Expenditures Report
2. Complete the Expenditures Report
3. Submit the Expenditures Report

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Before we move on to going over how to access the reports, I wanted to take a moment to provide a quick overview of the PTR and Expenditures Report.

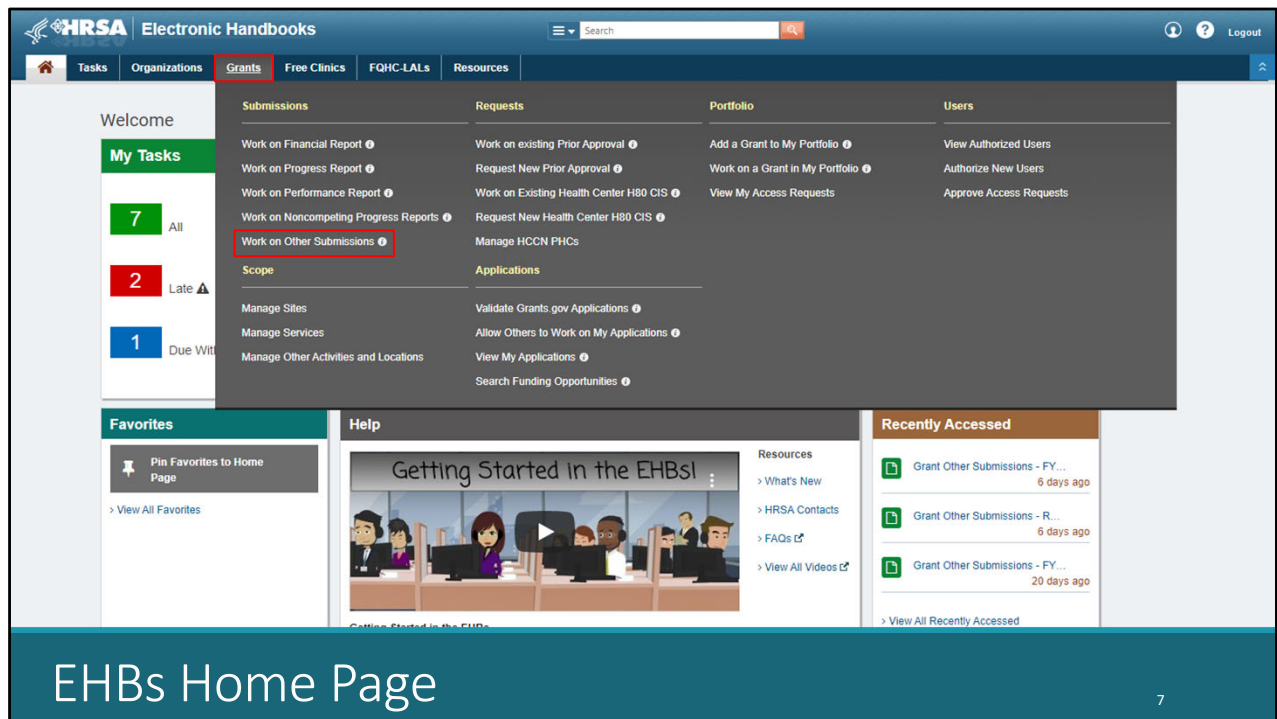
For the PTR, recipients will start off by accessing the PTR system. Unlike the Expenditures Report, the PTR is one of the reports that utilize the GCMS. The GCMS is a data storage system for recipient contract information. Once the PTR is created, the contracts entered in the GCMS populate into the PTR. Once your contracts have been entered in the GCMS, you can complete the PTR sections and then submit to your project officer for review.

Moving along to the Expenditures Report, you will access it via the same system as the PTR in the HRSA EHBs. As mentioned, the Expenditures Report does not utilize the GCMS; therefore, you won't add any contracts to the GCMS for this report. Once opening the report, you can move forward with completing the required sections and submitting the report to your project officer for review.

Accessing the PTR and Expenditures Report System

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Now let's continue the presentation with reviewing how to access the PTR and Expenditures Reports.



Recipients will access both the PTR and Expenditures Report through the HRSA EHBs. After logging in, you will need to hover your mouse over the Grants tab at the top of the page. From here, a drop-down menu will appear, and you will click on Work On Other Submissions under the Submissions header.

Submissions - All

Not Completed Recently Completed All

Search Filters:

Basic Search Parameters

Grant Number (comma separated list) (e.g. C00CS16989)

Submission Name Like

Submission Tracking Number Like

Organization ☒ All ☒ State Health Department

Submission Type ☒ All ☒ Financial Report ☒ Noncompeting

Submission Deadline (mm/dd/yyyy) Between And

Advanced Search Parameters

Display Options

Sort Method (Grid | Custom)

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

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

Page size: 15 Go 55 items in 4 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	X07HA00000		04/01/2022-03/31/2023	07/30/2022		Not Started	Start
Unobligated Balances	Other Submissions	State Health Department	X07HA00000	00103921	03/01/2011 - 02/29/2012			In Progress	Request Extension

Submissions-All Page

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After clicking on the Work on other submissions link, you will be navigated to the Submissions-All page, where you will see a list of submissions for your organization. From this page, you will scroll down to locate your FY 2022 PTR. Once you have located the 2022 PTR Submission, you will either select Start if you are attempting to access the report for the first time or edit if you have accessed the report already under the options header. The report listed here is for the X07 Part B grant; however, the instructions on how to access the PTR are the exact same for accessing the X08 Part B Supplemental Grant. Furthermore, it is the exact same steps on accessing the Expenditures Report. Rather than saying PTR submission, it would say FY 2021 Expenditures Report.

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Health Resources and Services Administration

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Program Terms Report Inbox

Your session will expire in: 28:43

#	Report ID	Submission	Name	Grant Number	Budget Year	Modified Date	Status	Action	Comments	Action History
1	0	Program Terms Report	State Health Department	X07HA00000	04/01/2022-03/31/2023			Create		

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

Acceptable Use Policy
Accessibility
Viewers And Players
Contact Us

Product: BRS | Platform #: 4.9.50.0 | Build #: | Environment:

Last Login:

PTR Inbox

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After clicking either start or edit, you will be taken to the PTR Inbox, where you will see your organization’s PTR. Like mentioned earlier, we always recommend adding your organization’s contracts in the GCMS before starting the report.

Completing the PTR



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Now let's go over completing the Part B and Part B Supplemental PTR. I did want to point out that for today's presentation I will be using the Part B (X07) report as an example for completing and submitting the PTR, however I do plan to point out the differences between the Part B and Part B Supplemental PTR in the upcoming slides.

GCMS Resources



- Available on the [TargetHIV](#) website
- Review the [Completing the Grantee Contract Management System \(GCMS\)](#) webinar

So before walking through how to complete the PTR, I will provide you with a quick overview of the GCMS and how the contract information in the GCMS populates into the PTR.

Today, we won't walk through the process of adding a contract in the GCMS; however, I do recommend reviewing the GCMS Instruction Manual and reviewing the Completing the Grantee Contract Management webinar that is available on the TargetHIV website that provides a step-by-step process of accessing, adding, editing, and deleting contracts into the GCMS.

GCMS Overview

- Available year-round
- Data storage system for RWHAP contracts that populates multiple reports including the:
 - PTR/Allocations Report
 - RWHAP Services Report (RSR)
 - Ending the HIV Epidemic (EHE) Triannual Report
- Recipients enter funding amounts for core medical and support services for each organization funded by their grant

The screenshot shows the 'Grantee Contract Management System' interface. It contains several input fields for contract information:

- Grant Number: X07HA00000
- Org ID: (empty field, with '(comma separated list)' text to the right)
- Registration Code: (empty field, with '(comma separated list)' text to the right)
- Organization Name: (empty field)
- Funded Through: (empty field)
- Contract ID: (empty field, with '(comma separated list)' text to the right)
- Reference: (empty field)
- Range Start Date: (empty field with a calendar icon)
- Range End Date: (empty field with a calendar icon)
- Project Officer: All Project Officers (dropdown menu)

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As mentioned earlier in the presentation, The GCMS is a data storage system for RWHAP contract information available year-round to RWHAP recipients. The information in the GCMS is used to populate multiple reports, including the PTR/Allocations Report, RWHAP Services Report (or RSR), and the EHE Triannual Report. The contract information is shared between multiple reports; therefore, it helps to cut down on reporting burden for recipients.

Essential information for the PTR, such as funded services and funding amounts for core medical and support services for each sub-recipient, is housed in the GCMS. The information in the GCMS populates into the PTR, which is why we recommend reviewing and updating your contracts for each organization providing services with your grant funding before starting your report. As a reminder, as the recipient, you must add a new contract each year for your subrecipients.

Services Table

Services

Select the core medical and essential support services for this contract that are funded either through RWHAP or RWHAP-related expenditures (Program Income and Pharmaceutical Rebates). For each service category funded through RWHAP, enter a funding amount in the corresponding column. The award amount should reflect the current year and should not include carryover funds or RWHAP-related expenditures.

[Done updating services](#)

* Your changes will not be saved until you select the "Save" button on the contract details page.

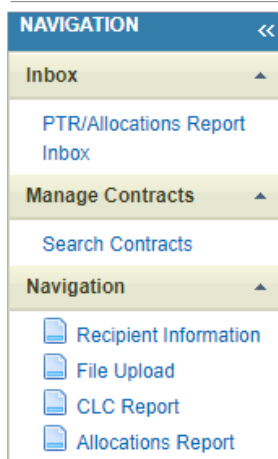
Service Name	RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	Consortia (Do not include Program Income and Pharmaceutical Rebates dollars)	Direct Service (Do not include Program Income and Pharmaceutical Rebates dollars)	Emerging Communities (Do not include Program Income and Pharmaceutical Rebates dollars)	Total
Service Category: Core Medical Services						
Outpatient/Ambulatory Health Services	<input type="checkbox"/>	<input type="checkbox"/>				
AIDS Pharmaceutical Assistance	<input type="checkbox"/>	<input type="checkbox"/>				
Oral Health Care	<input type="checkbox"/>	<input type="checkbox"/>				
Early Intervention Services (EIS)	<input type="checkbox"/>	<input type="checkbox"/>				

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I won't provide too much information on updating the contracts in the GCMS. I did, however, want to point out the Services Table that holds the Core Medical and Support services along with the funding amounts that pull into the PTR. The table shown is the table for X07 Part B grants. For X08 Part B Supplemental recipients, the Emerging Communities column is not included.

To provide a bit more information, there are two columns with checkboxes, one for RWHAP funding and one for RWHAP-related funding (including program income and pharmaceutical rebates), and then columns to the right for funding amounts which currently are all grayed out and not editable. For each service that you fund an organization with your base award, you'll select the checkbox under the RWHAP funding column and then enter a funding amount in the columns to the right. Also, I did want to emphasize that RWHAP-related funding doesn't get pulled into the PTR. So just to clarify, do not enter any funding amounts for RWHAP-related funding in any of three columns. However, you can add information on RWHAP-related funded services when you're adding contracts for the PTR. Again, for more information on the GCMS, please review the GCMS instruction manual that goes into further detail. Now let's move onto reviewing the sections of the PTR.

PTR Sections



1. Recipient Information

- Includes general information about the organization

2. File Upload

- Upload required PTR documents.

3. CLC Report

- Lists all organizations funded through the grant. Populated from the GCMS.

4. Allocations Report

- Breakdown of funding by service category. Partially populated from the GCMS.

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The PTR is comprised of four sections. First is the Recipient Information section. This section includes general information about your organization, such as the address and contact information of the person responsible for completing the report. Next is the File Upload section. This is where you will upload all of your required documents for the PTR. After that is the CLC Report, also known as the Consolidated List of Contracts. This section is entirely populated from the GCMS and lists all of the organizations you had a contract with for the budget period and their funded services. And lastly is the Allocations Report. This section, which is partially populated from your contracts in the GCMS, is a breakdown of your grant funding by service category.

Now let's take a look at how to complete the PTR.

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Program Terms Report Inbox

Your session will expire in: 28:43

#	Report ID	Submission	Name	Grant Number	Budget Year	Modified Date	Status	Action	Comments	Action History
1	0	Program Terms Report	State Health Department	X07HA00000	04/01/2022-03/31/2023			<div>Create</div>		

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 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter

The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click [here](#)

Acceptable Use Policy | Accessibility | Viewers And Players | Contact Us

Product: BRS | Platform #: 4.9.50.0 | Build #: | Environment:

Last Login:

PTR Inbox

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Back in the PTR inbox, we'll now open the report by selecting the envelope icon under the "Action" column.

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Search Reports

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: 123456489

b. UEI: MW1234567891

3. Contact information of person responsible for this submission:

* a. Name: Monica Perks

b. Title: Director

* c. Phone: 555-555-5555

d. Fax:

* e. E-mail: user@statehealthdepartment.org

Cancel Save

Recipient Information

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After clicking on the envelope icon, you will be navigated to the first section of the report, which is Recipient Information. This section prepopulates from information listed in the HRSA EHBs. So please make sure to review it for accuracy and make any adjustments as needed. Included in this section are the recipient mailing address, the EIN and Unique Entity Identifier, also known as UEI number which recently replaced the DUNS number, and the contact information for the person responsible for the submission. If you make any changes to this section, make sure to save them by selecting the “Save” button down on the right.

Now let’s move on to the next section, which is the File Upload.

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Program Terms Report

Your session will expire in: 29:49

X07HA00000 : STATE HEALTH DEPARTMENT

Report ID: 12345

Status: Working

Due Date:

Budget Year: 04/01/2022-03/31/2023

Last Modified Date: 07/01/2022

Last Modified By: user@statehealthdepartment.org

Access Mode: ReadWrite

UEI: MW1234567891

File Upload

Document Name	Description	Size	Part	Budget Year	Action
FY 2022 RWHAP Part B Implementation Plan Sample FINAL.docx	Part B - FY22 Implementation Plan (Sample)	28.36 KBs	Part B		View
FY 2022 RWHAP Part B Program Terms Report Instructions.docx	Part B - FY22 Program Terms Report Instructions	69.44 KBs	Part B		View
FY 2022 RWHAP Part B Standard Outcomes Measures.docx	Part B - FY22 Standard Outcome Measures	32.26 KBs	Part B		View

Submission Components

To upload a primary component of your report, select the "Upload" link in the Action column. If you would like to submit a supplemental document to complete your submission, select the "Upload Supplemental Document" button below. Please note that you will be unable to upload files larger than 29MB.

Create Compressed Zip File

Document Name	Description	Uploaded File	Size	Date Attached	Action
Primary Documents					
FY 2022 RWHAP Part B CRC Template(Download Template)	Part B - FY22 CRC Template				Upload
FY 2022 RWHAP Part B Implementation Plan (Download Template)	Part B - FY22 Implementation Plan				Upload
FY 2022 RWHAP Part B Budget Narrative SpreadSheet (Download Template)	Part B - FY22 Budget Narrative Spreadsheet				Upload
SF424A (Download Template)	Part B - FY22 SF-424A				Upload

[Upload Supplemental Document](#)

File Upload

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Continuing along to the File Upload section, you will notice there are two different parts to this section. The File Upload section shown on the screen is for an X07 Part B report. However, the X08 Part B Supplemental section functions the same way. In the first table, there are a few different helpful documents for your PTR submission and the File Upload. You can review any of these documents by selecting View under the Action column on the right.

The second part of the page, which is Submission Components, is where you're going to upload your required documents. For each one here, you can select the "Download Template" link to get a template of the required document. You will need to save the document somewhere on your computer where you can easily access it and complete it. Once you have filled out the document and are ready to upload it, you can select the "Upload" link on the right under the Action column. Also, if your project officer requires any additional documents, you can upload them by using the "Upload Supplemental Document" button listed at the bottom of the page.

Also, we always recommend reaching out to your project officer if you have any questions about the required documents for your PTR submission.

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X07HA00000: STATE HEALTH DEPARTMENT

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Due Date:

Budget Year: 04/01/2022-03/31/2023

Last Modified Date: 07/01/2022

Last Modified By: user@statehealthdepartment.org

Access Mode: ReadWrite

UEI: MW1234567891

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
+		12345	X07HA00000	Silver Clinic		04/1/2022	03/31/2023	2		Yes	\$100,000.00

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Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter

The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

CLC Report

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The next section we will go over is the CLC Report. The CLC Report is going to display all the contracts in the GCMS for the reporting period of this report. In this example, this recipient has only one provider listed. You can review the information here including the funding amount and the funded services by clicking on the plus icon. If you notice that you need to make any edits to the information in this section, you'll have to make changes to your contracts in the GCMS. If you need any assistance with updating the contracts in the GCMS, we recommend reviewing the GCMS instruction manual and/or reaching out to Ryan White Data Support for further assistance.

When you open your report for the first time, all of the contract information from the GCMS will populate into the section. However, if you make changes to your contracts after your report has already been opened, then you'll have to synchronize those changes.

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Program Terms Report

Your session will expire in: 28:50

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.

Highlands Area Food Bank (Added)

Synchronize All

X07HA00000 : STATE HEALTH DEPARTMENT

Report ID: 12345

Status: Working

Due Date:

Budget Year: 04/01/2022-03/31/2023

Last Modified Date: 07/01/2022

Last Modified By: user@statehealthdepartment.org

Access Mode: ReadWrite

UEI: MW123456791

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
	12345	X07HA00000	Silver Clinic		04/01/2022	03/31/2023	2		Yes	\$100,000.00

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Synchronize All

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When you have a change that needs to be synchronized, you'll see this yellow warning banner at the top of the page. The message in this banner lets you know that changes were made to the GCMS that need to be synchronized with your report. If you skip this synchronization step, your contract updates will not reflect in your report so please make sure to synchronize before you submit your report.

As shown on the screen, there was a contract added for an additional provider. To synchronize the changes, we'll select the "Synchronize All" button in the yellow banner.

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X07HA00000 : STATE HEALTH DEPARTMENT

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Last Modified Date: 07/01/2022

Last Modified By: user@statehealthdepartment.org

Access Mode: ReadWrite

UE: MW123456791

Synchronize Contract(s)

Review the changes below and click the "Synchronize" button to synchronize these data.

The following contract has been added.

Highlands Area Food Bank (Contract ID: 234567)

Start Date: 04/01/2022

End Date: 03/31/2023

Reference: None

Is Executed: Yes

Lead Agency Type: None

Prime Contractor: None

Direct Services: Yes

Change	Service	Consortia	Direct Services	Emerging Communities
Added	Administrative or technical support	\$0.00	\$0.00	\$0.00
Added	Emergency Financial Assistance	\$0.00	\$10,000.00	\$0.00
Added	Food Bank/Home Delivered Meals	\$0.00	\$50,000.00	\$0.00

Synchronize

Cancel

Synchronize Contracts

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After clicking on "Synchronize All", you will be taken to the synchronize contracts page, where you can review the changes to make sure that they are accurate. We see here a contract was added in the GCMS including a few RWHAP funded services and their funding amounts. Since the updates look correct, I'll go ahead and click the "Synchronize" button to finish adding those changes to the report.

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Warning	Id	Funded By	Organization	Reference	Start	End	Services	Funded Through	Is Executed	Amount
+	12345	X07HA00000	Silver Clinic		04/01/2022	03/31/2023	2		Yes	\$100,000.00
+	23456	X07HA00000	Highlands Area Food Bank		04/01/2022	03/31/2023	3		Yes	\$60,000.00

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For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@vrma.com

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter

The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

Updated CLC

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Now that we have synchronized the contract, you can see there are two contracts listed in the CLC Report.

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Program Terms Report

Your session will expire in: 23:19

▼ X07HA00000 : STATE HEALTH DEPARTMENT

Report ID: 12345

Status: Working

Due Date:

Budget Year: 04/01/2022-03/31/2023

Last Modified Date: 07/01/2022

Last Modified By: user@statehealthdepartment.org

Access Mode: Read/Write

UE: MW123456791

Allocations Report

All fields are required.

Public Burden Statement: OMB Control Number (0915-0318) Valid Until 09/30/2023

Budget Year 04/01/2022 - 03/31/2023 Award Information

1. Part B Base Award:

2. Part B ADAP Base Award:

3. Part B ADAP Supplemental Award:

4. Total ADAP Award (ADAP Base + Supplemental):

5. Part B Emerging Communities Award:

6. Total Part B X07 Funds:

7. Part B MAI Award:

8. Total Part B X07 Award:

RWHAP Part B Allocations Report

22

Let's move along to the last section of the report, which is the Allocations Report. Shown on the screen is the X07 Part B Allocations Report. I will go over the Part B Allocations Report first and then we will review the X08 Part B Supplemental Allocations report.

There are four components to complete for the Part B Allocations Report. Every field on the page does require a response so if you don't have allocations for a field or don't receive a specific award type, just enter a zero for that field.

Beginning with the Award information. This component is for your total award amounts. In each box here, you'll enter the specified total award amount, such as your Part B base award and ADAP base award. The additional fields here will automatically calculate once you have entered and saved values for each of these fields.

Service	Base Award Amount	Base Award Percentage	ADAP + ADAP Supplemental Award Amount	ADAP + ADAP Supplemental Award Percentage	Emerging Communities Award(EC) Amount	Emerging Communities Award(EC) Percentage	Total Amount	Total Percentage
1. Part B AIDS Drug Assistance Program Subtotal								
a. ADAP Service	<input type="text"/>		<input type="text"/>		<input type="text"/>			
b. Health Insurance to Provide Medications	<input type="text"/>		<input type="text"/>		<input type="text"/>			
c. ADAP Access/Adherence/Monitoring Services	<input type="text"/>		<input type="text"/>		<input type="text"/>			
2. Part B Health Insurance Premium & Cost Sharing Assistance	<input type="text"/>				<input type="text"/>			
3. Part B Home and Community-based Health Services	<input type="text"/>				<input type="text"/>			
4a. Part B HIV Care Consortia					<input type="text"/>			
4b. Part B HIV Care Consortia Administration	<input type="text"/>				<input type="text"/>			
5. Part B Emerging Community Services								
6. Part B State Direct Services								
7. Part B Clinical Quality Management	<input type="text"/>		<input type="text"/>		<input type="text"/>			
8. Part B Recipient Planning & Evaluation Activities	<input type="text"/>		<input type="text"/>		<input type="text"/>			
9. Recipient Administration	<input type="text"/>		<input type="text"/>		<input type="text"/>			
10. Column Totals								
11. Total Part B X07 Allocations								

RWHAP Part B Allocations by Program Component

23

The next component of the Allocations Report is the Allocations by Program Component. There are three editable columns here: Base Award, ADAP + ADAP Supplemental Award, and Emerging Communities Award. In each field, you'll enter your allocations for each service as listed on the left. The fields that need to be completed includes ADAP services (medication, health insurance, and access/adherence/monitoring services), Health Insurance Premium and Cost Sharing Assistance, Home and Community-based Health Services, Consortia funding including Consortia Administration, and then the admin services, CQM, planning and evaluation, and recipient administration.

I did want to emphasize that for Health Insurance Premium & Cost Sharing Assistance and for Home and Community-based Health Services, no funding amount should be entered in the Direct Services and/or the Emerging Communities columns in the GCMS except for the consortia column. If you attempt to insert those funding amounts into the GCMS, you will run into issues. Therefore, please make sure to add those funding amounts directly into the Allocations Report.

Furthermore, some of the fields in this table are automatically calculated from values entered into the GCMS, like the Part B State Direct Services and Emerging Communities Services.

Breakdown for Consortia, State Direct Services and Emerging Communities								
Service	Consortia		Direct Service		Emerging Communities		Combined Total	
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
Core Medical Services								
a. AIDS Drug Assistance Program Treatments	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
b. AIDS Pharmaceutical Assistance	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
c. Early Intervention Services (EIS)	\$0	0.00 %	\$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 %	\$0	0.00 %
e. Home and Community-Based Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
f. Home Health Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
g. Hospice	\$0	0.00 %	\$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 %	\$0	0.00 %
i. Medical Nutrition Therapy	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
j. Mental Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
k. Oral Health Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
l. Outpatient/Ambulatory Health Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
m. Substance Abuse Outpatient Care	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
1. Core Medical Services Subtotal	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
Support Services								
a. Child Care Services	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
RWHAP Part B Breakdown for Consortia, State Direct Services, & Emerging Communities 24								

Moving along to third component of the Allocations Report, we have the Breakdown for Consortia, State Direct Services, and Emerging Communities. All of the information from this table including core medical and support services is going to populate from the GCMS. So, if a value here isn't correct, you'll have to make changes to the corresponding contract(s) in the GCMS.

MAI Allocations by Program Component		
	MAI Award Amount	MAI Award Percentage
1. Education to increase minority participation in ADAP	<input type="text"/>	
2. Outreach to increase minority participation in ADAP	<input type="text"/>	
3. Clinical Quality Management	<input type="text"/>	
4. Recipient Planning & Evaluation Activities	<input type="text"/>	
5. Recipient Administration	<input type="text"/>	
6. Total MAI Allocations		

RWHP Part B MAI Allocations
25

And finally, the last section of the Part B Allocations Report, is the MAI Allocations by Program Component. This is specifically for your MAI Award funding. Just to clarify, MAI Award funding is not entered in the contracts in the GCMS. Therefore, you will enter the funding into this table here which has rows for MAI education, outreach, CQM, planning and evaluation, and administration.

☐

Recipient received waiver for 75% core medical services requirement.

Core Medical Services Requirement Waiver Checkbox

26

Another thing to point out below the MAI table is the checkbox for the 75% core medical services requirement. If you have received a waiver for that 75% core medical services requirement for your report, then make sure to select this checkbox at the bottom of the page. If you are unsure if your organization received a waiver for that requirement, please reach out to your project officer for assistance.

Once you have completed all the required components of the Part B Allocations report, then you can save your report.

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Program Terms Report

Your session will expire in: 23:19

▼ X08HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345

Status: Working

Due Date:

Budget Year: 09/30/2022-09/28/2023

Last Modified Date: 11/1/2022

Last Modified By: user@statehealthdepartment.org

Access Mode: Read/Write

UE: WM123456791

Allocations Report

All fields are required.

Budget Year 09/30/2022 - 09/28/2023 Award Information

Enter your Ryan White HIV/AIDS Part B Supplemental Program Award:

Funding by Program Component

Service	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 Part B Supplemental Funding Amounts		

RWHAP Part B Supplemental Allocations Report

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Now we will review the X08 Part B Supplemental Allocations Report which is simpler than the Part B Allocations Report, it includes three components. At the top, there is only one award type under the Award Information which is your total Part B Supplemental award. Below the award information, there is the second component which is the Funding by Program Component section. There is one award type, so you just have one column to enter any funding amounts.

Breakdown for Consortia and State Direct Services Final Funding						
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 %

RWHAP Part B Supplemental Breakdown for Consortia & State Direct Services
28

The third component of the Part B Supplemental Allocations Report is the breakdown for consortia and direct services funding. Just like for Part B, the core medical and support services and their funding amounts populate from the contracts in the GCMS and will automatically populate into the Allocations Report. Also, at the bottom of the Breakdown for Consortia and State Direct Services table, there is the checkbox for the 75% core medical services requirement. If you received a waiver, make sure to select the checkbox. Once you have completed all the components of the Part B Supplemental Allocations Report, make sure to save your report.

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Program Terms Report

X07HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345	Status: Working	Due Date:
Budget Year: 04/01/2022-03/31/2023	Last Modified Date: 07/01/2022	Last Modified By: user@statehealthdepartment.org
Access Mode: ReadWrite	UEI: MW123456791	

Your validation request has been scheduled. It may take several minutes to generate the report.

NOTE: You must refresh this page to display your results.

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 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter

The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

Validating the PTR

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Once you have completed the Allocations Report, you can move forward with validating your report by clicking on Validate on the left navigation panel. Once you do, the system will let you know that it is processing your validation request and it may take a few minutes to complete. You can refresh the page to see your results by clicking on “Validate” again or refreshing your browser. Now let’s continue by reviewing two types of validation results you may receive for your report.

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Program Terms Report

Your session will expire in: 29:49

X08HA00000 : STATE HEALTH DEPARTMENT

Report ID: 12345
Status: Working
Due Date:

Budget Year: 04/01/2022-03/31/2023
Last Modified Date: 07/01/2022
Last Modified By: user@statehealthdepartment.org

Access Mode: Read/Write
UEI: MW123456791

Congratulations! No errors, warnings, or alerts were found in your report.

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 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter

The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click

Validation Congratulations Message
30

One type of validation result you may see is the Congratulations message. If you see this message, you can move forward with submitting your report.

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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
No report validation errors found.					

Required Documents

Row No.	Check No.	Message	Type	Comment Count	Action
1		SF424A is required and must be uploaded.	Warning		Add Comment

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
1		No more than 5% of your total award or \$3 million (whichever is smaller) can be allocated to clinical quality management.	Error		

Validation Results Page

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Now shown on the screen is another type of validation result that might appear which includes a few validation messages. For both the Part B and Part B Supplemental, there are two types of validation messages you may receive: errors and warnings.

Errors must be corrected. You cannot submit your report with an error. So, in this example, we allocated more than 5% of our award to Clinical Quality Management (CQM), which is not allowable. Therefore, this will need to be corrected before we can submit our report.

Now with warnings you must either correct or provide a comment explaining why it can't be corrected. You must correct warnings whenever possible. Even though you may be able to submit your report with a warning, your project officer can still return your report to you to correct it. In this example, we received a warning for not uploading a required document into the system. Again, if for some reason you can't upload the document, then you can enter a comment.

If you any make updates to your report in response to your validation results, you'll need to validate your report again before submitting. Just click the "Validate" link in the Navigation panel to start the validation process again.

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Report ID: 12345 Status: Working Due Date:
Budget Year: 04/01/2022-03/31/2023 Last Modified Date: 07/01/2022
Access Mode: Read/Write UEI: MW1234567891 Last Modified By: user@statehealthdepartment.org

Submit Report

A field with an asterisk * before it is a required field.

Please enter comments regarding your certification.

Comments:

Design Preview

Characters remaining: 3000

☐ I certify that the data in this report is accurate and complete. I understand that reporting accurate and complete data is a condition of this grant award and is subject to federal audit.

Submit

Submit PTR

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Once you have completed the required sections and validated the report, you can move forward with submitting. To do that, click on the “Submit” link in the Navigation panel on the left side of the screen. In order to submit your report, you must enter a comment. We always recommend entering a meaningful comment that you have regarding the submission process. After you enter a comment, you will select the checkbox at the bottom certifying that the data in the report are accurate and complete. Once you do, you can click the “Submit” link at the bottom of the page and then you have successfully completed the PTR. Your report will now be sent to your project officer for review.

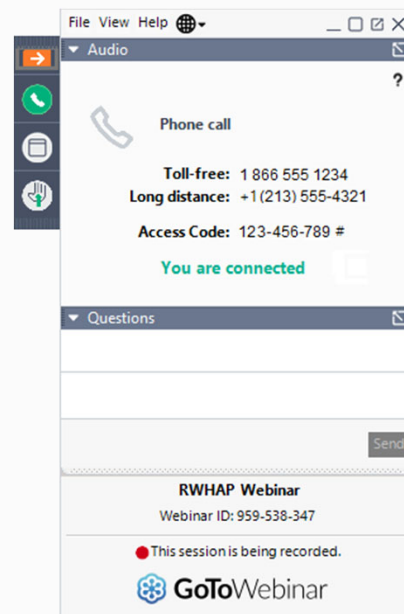
Now before going over how to complete the Expenditures Report, we will stop for a Q&A.

PTR Questions?

Please use the “raise hand”
function to speak. We will
unmute you in the order that
you appear.

OR

Type your question in the
question box.

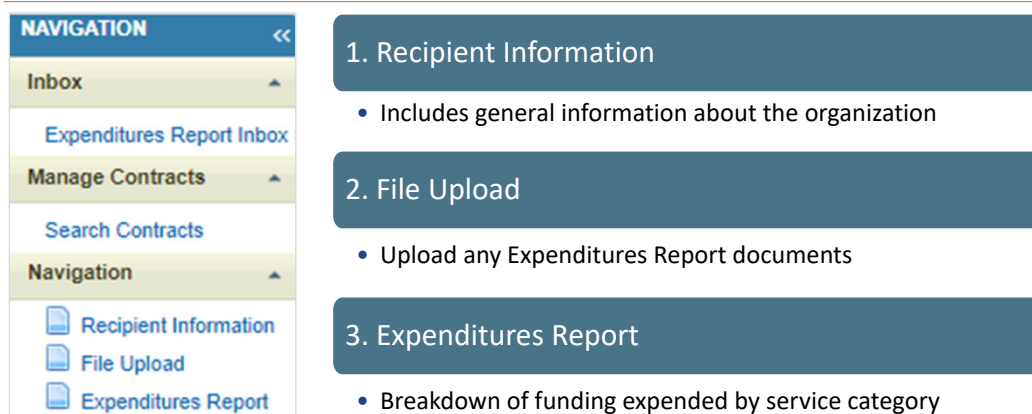


Completing the Expenditures Report

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Now that we have gone over how to complete the PTR, we will review how to complete the Part B and Part B Supplemental Fiscal Year 2021 Expenditures Report. I did want to point out that we are reviewing how to complete the 2021 Expenditures Report since you will be responsible for indicating how you expended the funding during the budget period.

Expenditures Report Sections



The screenshot displays the 'Expenditures Report' interface. On the left is a 'NAVIGATION' sidebar with a double-left arrow icon. It contains the following items: 'Inbox' (with an up arrow), 'Expenditures Report Inbox' (highlighted in blue), 'Manage Contracts' (with an up arrow), 'Search Contracts' (highlighted in blue), and 'Navigation' (with an up arrow). Below these are three links with document icons: 'Recipient Information', 'File Upload', and 'Expenditures Report'. To the right of the sidebar are three dark blue rectangular boxes, each representing a section of the report:

- 1. Recipient Information**
 - Includes general information about the organization
- 2. File Upload**
 - Upload any Expenditures Report documents
- 3. Expenditures Report**
 - Breakdown of funding expended by service category

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The Expenditures Report is comprised of three sections.

Just like for the PTR, the Expenditures Report begins with the Recipient Information section, which includes general information about your organization. Next is the File Upload section where you can upload any Expenditures Report files. And lastly, is the Expenditures Report. This section includes a breakdown of the funding expended during the budget period by service category.

Now let's go over how to complete the Expenditures Report.

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Expenditures Report Inbox Your session will expire in: 28:43

#	Report ID	Submission	Name	Grant Number	Budget Year	Modified Date	Status	Action	Comments	Action History
1	0	Expenditures Report	State Health Department	X07HA00000	04/30/2021-03/31/2022			 Create		

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 1-888-640-9356 or email to RyanWhiteDataSupport@wrma.com

Logged in as: GranteeDataViewer, GranteeDataEditor, GranteeDataSubmitter

The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click 

Acceptable Use Policy | Accessibility | Viewers And Players | Contact Us

Product: BRS | Platform #: 4.9.50.0 | Build #: | Environment:

Last Login:

Expenditures Report Inbox

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If you recall, as mentioned earlier in the presentation, you will follow the same steps demonstrated for the PTR to access your Expenditures Report. Rather than selecting the 2022 PTR submission from the Submissions-All Page, you will select the FY 2021 Expenditures Report Submission. Once you do, you will be navigated to the Expenditures Report inbox, where you will see your Expenditures Report listed.

Before we select the envelope icon, I just wanted to point out again that the contracts listed in the GCMS do not populate into the Expenditures Report as it does for the PTR. There is no CLC section in the Expenditures Report. Therefore, you do not have to add or modify any contracts for the Expenditures Report submission. Now let's move forward with opening our report by clicking on the envelope icon.

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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: 2222 Perks Avenue

* b. City: Zion

* c. State: MO

* d. Zip Code: 12555-1234

2. Organization Identification:

a. EIN: 123456489

b. UEI: MW1234567891

3. Contact information of person responsible for this submission:

* a. Name: Monica Perks

b. Title: Director

* c. Phone: 555-555-5555

d. Fax:

* e. E-mail: user@statehealthdepartment.org

Cancel Save

Recipient Information

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After clicking on the envelope icon, you will be navigated to the Recipient Information section. Just like for the PTR, the information listed including official mailing address, organization identification information, and contact information of person responsible for the submission, populates from the information listed in the HRSA EHBs. Therefore, we recommend reviewing the information listed for accuracy and saving it if you made any updates before moving onto the next section.

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Expenditures Report

Your session will expire in: 23:00

X07HA00000: STATE HEALTH DEPARTMENT

Report ID: 12345	Status: Working	Due Date: 07/31/2022
Budget Year: 04/01/2021-03/31/2022	Last Modified Date: 06/31/2022	Last Modified By: user@statehealthdepartment.org
Access Mode: ReadWrite	UEI: MW1234567891	

File Upload

Document Name	Description	Size	Action
No records to display.			

Submission Components

To upload a primary component of your report, select the "Upload" link in the Action column. If you would like to submit a supplemental document to complete your submission, select the "Upload Supplemental Document" button below. Please note that you will be unable to upload files larger than 29MB.

[Create Compressed Zip File](#)

No records to display.

Upload Supplemental Document

File Upload

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The next section of the Expenditures Report is the File Upload section. For both Part B and Part B Supplemental, there are no required uploads; however, if your project officer requests you to upload a file, you can do so by clicking on the Upload Supplemental Document.

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Expenditures Report

Report ID: 12345

Budget Year: 04/01/2021-03/31/2022

Access Mode: Read/Write

Status: Working

Last Modified Date: 06/31/2022

UEI: MW1234567891

Due Date: 07/31/2022

Last Modified By: user@statehealthdepartment.org

Public Burden Statement: OMB Control Number (0915-0318) Valid Until 09/30/2023

Budget Year 04/01/2021 - 03/31/2022 Award Information

	Prior Year Carryover	Award Amount	Total Avail. Funds
1. RWHAP Part B Base Award			\$0
2. RWHAP Part B ADAP Earmark Award			\$0
3. RWHAP Part B ADAP Supplemental Award			\$0
4. Total RWHAP Part B Base + ADAP + ADAP Supplemental Funds	\$0	\$0	\$0
5. RWHAP Part B Emerging Communities Award			\$0
6. Total RWHAP Part B Funds	\$0	\$0	\$0
7. RWHAP Part B MAI Award			\$0
8. Total RWHAP Part B + MAI Funds	\$0	\$0	\$0

RWHAP Part B Expenditures Report

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Now moving along to the final section which is the Expenditures Report. I will begin by reviewing the X07 Part B Expenditures Report and then I'll go over the X08 Part B Supplemental Expenditures Report. The data entry is completed entirely in the Expenditures Report section. All the fields require a response so if you have no expenditures to report, enter a zero. The Part B Expenditures Report includes four components. As shown on the screen you will begin with the award information where you will enter the amount expended towards the services listed in the table. Each column represents a different funding source which are the carryover and the total award amount. Also, I wanted to point out that the non-editable fields included in the Award Information are automatically calculated once you save the Expenditures Report section.

Part B Program Total													
	1. Base Award			2. ADAP Earmark + ADAP Supplemental			3. Emerging Communities Award			4. Total Prior Year Carryover		5. Total (including carryover)	
	Carryover	Award	Percent	Carryover	Award	Percent	Carryover	Award	Percent	Amount	Percent	Amount	Percent
1. RWHAP Part B AIDS Drug Assistance Program Subtotal										\$0	0.00 %	\$0	0.00 %
a. ADAP Services										\$0	0.00 %	\$0	0.00 %
b. Health Insurance to Provide Medications										\$0	0.00 %	\$0	0.00 %
c. ADAP Access/Adherence/Monitoring Services										\$0	0.00 %	\$0	0.00 %
2. RWHAP Part B Health Insurance Premium & Cost Sharing Assistance										\$0	0.00 %	\$0	0.00 %
3. RWHAP Part B Home and Community-based Health Services										\$0	0.00 %	\$0	0.00 %
4. RWHAP Part B HIV Care Consortia		\$0	0.00 %							\$0	0.00 %	\$0	0.00 %
4a. RWHAP Part B HIV Care Consortia Administration												\$0	0.00 %
5. RWHAP Part B State Direct Services	\$0	\$0	0.00 %					\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
6. RWHAP Part B Clinical Quality Management												\$0	0.00 %
7. RWHAP Part B Recipient Planning & Evaluation Activities												\$0	0.00 %
8. Recipient Administration												\$0	0.00 %
9. Column Totals	\$0	\$0	0.00 %	\$0	\$0	0.00 %	\$0	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %

RWHAP Part B Program Total
40

The next component of the Part B Expenditures Report is the Part B Program total. Here you will enter the amount expended for the listed services using the three editable funding source columns shown which are Base Award, ADAP Earmark + ADAP Supplemental, and Emerging Communities. All three columns include fields where you will enter funding amounts under Carryover and Award amount. As noted for the award information section, the non-editable fields will automatically populate once the report has been saved.

Part B Expenditure Categories										
	1. Consortia		2. Direct Services		3. Emerging Communities		4. Prior Year Carryover		5. Total (including carryover)	
	Award	Percent	Award	Percent	Award	Percent	Amount	Percent	Amount	Percent
Core Medical Services										
a. AIDS Drug Assistance Program Treatments									\$0	0.00 %
b. AIDS Pharmaceutical Assistance									\$0	0.00 %
c. Early Intervention Services (EIS)									\$0	0.00 %
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals									\$0	0.00 %
e. Home and Community-Based Health Services									\$0	0.00 %
f. Home Health Care									\$0	0.00 %
g. Hospice									\$0	0.00 %
h. Medical Case Management, including Treatment Adherence Services									\$0	0.00 %
i. Medical Nutrition Therapy									\$0	0.00 %
j. Mental Health Services									\$0	0.00 %
k. Oral Health Care									\$0	0.00 %
l. Outpatient/Ambulatory Health Services									\$0	0.00 %
m. Substance Abuse Outpatient Care									\$0	0.00 %
1. Core Medical Services Total	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %
Support Services										
a. Child Care Services									\$0	0.00 %
b. Emergency Financial Assistance									\$0	0.00 %
c. Food Bank/Home Delivered Meals									\$0	0.00 %

RWHAP Part B Expenditure Categories
41

The next component of the Expenditures Report is the Part B Expenditure Categories which include the core medical and support services. For this section, you will enter the amount expended towards each service category for each funding source which are Consortia, Direct Services, Emerging Communities, and Prior Year Carryover.

MAI AWARD						
	PRIOR FY CARRYOVER		REPORTING YEAR AWARD		TOTAL	
	Amount	Percent	Amount	Percent	Amount	Percent
1. Education to increase minority participation in ADAP	<input type="text"/>		<input type="text"/>		\$0	0.00 %
2. Outreach to increase minority participation in ADAP	<input type="text"/>		<input type="text"/>		\$0	0.00 %
3. Clinical Quality Management			<input type="text"/>		\$0	0.00 %
4. Recipient Planning & Evaluation Activities			<input type="text"/>		\$0	0.00 %
5. Recipient Administration			<input type="text"/>		\$0	0.00 %
6. Total MAI Expenditures	\$0	0.00 %	\$0	0.00 %	\$0	0.00 %

RWHAP Part B MAI Award

42

The final section of the Part B Expenditures Report is the Part B MAI Award. For this table, you will enter the amount expended on each service listed for each funding source which includes carryover in the left column and reporting year award in the right column.

☐

Recipient received waiver for 75% core medical services requirement.

Core Medical Services Requirement Waiver Checkbox

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Also, under the MAI Award table, there is the 75% core medical services requirement checkbox that you will select if you did receive a waiver for the requirement.

Legislative Requirements Checklist		
Core Medical Services Expenditures	Amount	Percent (Amount/Total Service Expenditures)
ADAP	\$0	0.00 %
Home-and Community-based Health Services	\$0	0.00 %
Health Insurance Premium & Cost Sharing Assistance	\$0	0.00 %
State-Direct Services: Core Medical Services	\$0	0.00 %
Emerging Communities: Core Medical Services	\$0	0.00 %
Total Core Medical Services Expenditures	\$0	0.00 %
Support Services Expenditures	Amount	Percent
Consortia Services + Consortia Administration	\$0	0.00 %
State-Direct Services: Support Services	\$0	0.00 %
Emerging Communities: Support Services	\$0	0.00 %
MAI Allocations for Education + Outreach Services	\$0	0.00 %
Total Support Services Expenditures	\$0	0.00 %
Total Service Expenditures (excludes carryover dollars)	\$0	0.00 %

RWHAP Part B Legislative Requirements

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For Part B recipients, under the MAI Award table, there is a legislative requirements checklist that you can use to make sure that you are meeting various legislative requirements. The information listed in the table automatically populates once the expenditures report section has been saved. Now that we have gone over the Part B Expenditures Report, let's take a look at the Part B Supplemental Expenditures Report.

Budget Year 09/30/2021-09/29/2022 Award Information	
RWHAP Part B Supplemental Grant Award Amount:	<input type="text"/>
RWHAP Part B Supplemental Approved Carryover Amount:	<input type="text"/>
Total RWHAP Part B Supplemental Funds:	

RWHAP Part B Supplemental Award Information

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The Part B Supplemental Expenditures Report includes three components which begin with the Award Information that includes the total award amounts for Part B Supplemental Grant Award and Part B Supplemental Carryover.

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 %

RWHAP Part B Supplemental Program Total
46

Now the next component is the Part B Supplemental Program total. This is where you will enter the amount expended for the listed services in the funding source columns which are the total carryover and total award. You will need to scroll down to complete all the fields. Just like for the Part B Expenditures Report, the non-editable fields will automatically populate once the report has been saved.

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								
b. AIDS Pharmaceutical Assistance								
c. Early Intervention Services (EIS)								
d. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals								
e. Home and Community-Based Health Services								
f. Home Health Care								
g. Hospice								
h. Medical Case Management, including Treatment Adherence Services								
i. Medical Nutrition Therapy								
j. Mental Health Services								
k. Oral Health Care								
l. Outpatient/Ambulatory Health Services								
m. Substance Abuse Outpatient Care								
1. Core Medical Services Total								

RWHAP Part B Supplemental Expenditure Categories
47

The last component of the Part B Supplemental Expenditures Report is the Part B Supplemental Expenditure Categories which includes the core medical and support services. For this section, you will enter the amount expended towards each service category for the two funding sources which are Consortia and Direct Services.

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.

RWHAP Part B Supplemental Core Medical Services Expenditures
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And finally, below the Part B Supplemental Expenditure Categories, there is an additional table that will automatically calculate your core medical and support services expenditures once the Expenditures Report is saved. This table can be utilized to make sure you are in compliance with the 75% core medical services requirement. If you did receive a waiver for this requirement, you can select the checkbox below the table.

The screenshot displays the HRSA Electronic Handbooks interface. The top navigation bar includes links for Home, Tasks, Organizations, Grants, Free Clinics, FQHC-LALs, and Resources. The main content area is titled "Expenditures Report" and shows details for report X07HA00000: STATE HEALTH DEPARTMENT. The report ID is 12345, status is Working, and the due date is 07/31/2022. A message states: "Your validation request has been scheduled. It may take several minutes to generate the report." A note follows: "NOTE: You must refresh this page to display your results." The left navigation panel has a red box around the "Validate" button. The bottom of the page features a large blue banner with the text "Validation Processing Page" and the number "49".

Once you have completed the Expenditures Report, you can move forward with validating your report by clicking on Validate on the left navigation panel. Once you do, the system will let you know that it is processing your validation request and it may take a few minutes to complete. You can refresh the page to see your results by clicking on “Validate” again or refreshing your browser. Also, I just wanted to quickly point out that for both the Part B and Part B Supplemental Expenditures Report, a new validation message has been added, which includes check numbers 137 and 138, “The Total expenditures amount must be less than or equal to the total award.”

TA Resources

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We went over a lot of information today so let's end the presentation by reviewing helpful TA Resources to use while completing both the PTR and Expenditures Report.

Online Resources

	
<u>TargetHIV Website</u> <ul style="list-style-type: none">• <u>Part B PTR and Expenditures Report Manual</u>• <u>Part B Supplemental PTR and Expenditures Report Manual</u>• <u>GCMS Manual</u>	<u>HRSA HAB Website</u> <ul style="list-style-type: none">• <u>PCN #16-02</u>• <u>PCN #15-01</u>

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Shown on the screen are the links for the PTR/Expenditures Report and GCMS instruction Manuals as well as the TargetHIV website which contains a lot of additional resources on the RWHAP and data reporting. Furthermore, there's also a link for the HRSA HAB website as well as for PCN #16-02 and PCN 15-01. These two documents house the definitions for all the administrative and technical services and various core medical and support service categories and are the best resources if you have questions about those definitions.

TA Resources

Ryan White Data Support

- 888-640-9356
- RyanWhiteDataSupport@wrma.com

EHBs Customer Support Center

- 877-464-4772
- [Online TA Request](#)



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Here are a few additional TA resources. Please reach out to Ryan White Data Support if you need assistance with your PTR, working on your contracts in the GCMS, or your Expenditures Report. We can assist you with the process of completing both the PTR and Expenditures Report.

And if you need assistance with your EHBs account, such as registering, resetting your password, or requesting permissions, we recommend reaching out to the EHBs Customer Support Center.



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Finally, to connect with and find out more about HRSA, check out HRSA.gov.

I'd like to take a moment thank everyone for joining us on today's presentation and I will now turn it back over to April for the Q&A portion of the webinar.

Expenditures Report Questions?

Please use the “raise hand”
function to speak. We will
unmute you in the order that
you appear.

OR

Type your question in the
question box.

