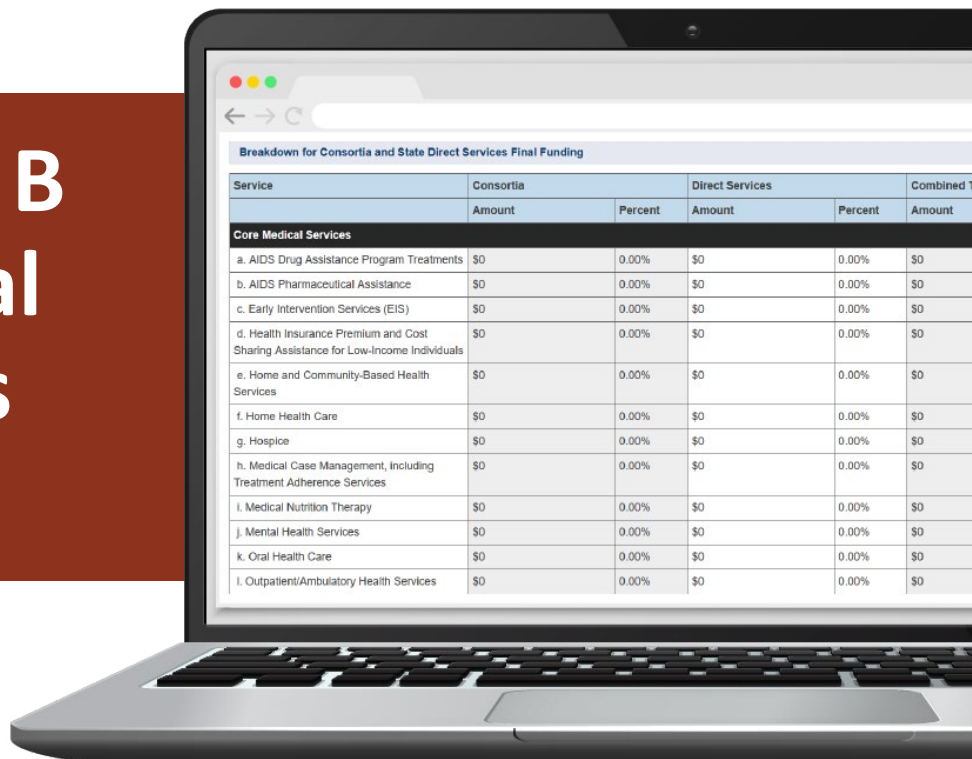


# RWHAP Part B Supplemental Expenditures Report



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

## 2022 Instruction Manual

Release Date: October 11, 2023

*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 0915-0390, and the expiration date is 7/31/2026. 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.

HIV/AIDS Bureau Division of Policy and Data  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
5600 Fishers Lane, Room 9N164A  
Rockville, MD 20857



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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.

# Background

The RWHAP Part B Supplemental Grant Program provides grants to states and territories to supplement formula-based funding provided through the HIV Care Grant Program – RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards. States/territories use RWHAP Part B Supplemental Grant Program funding in conjunction with RWHAP Part B HIV Care Grant Program funding to develop and/or enhance access to a comprehensive continuum of high-quality care and treatment services for low-income people with HIV. To obtain funding, states/territories must demonstrate that RWHAP Part B Supplemental funding is necessary to provide comprehensive HIV care and treatment services for people with HIV in the state/territory.


RWHAP Part B Supplemental grant recipients are required as a condition of award to provide certain program and fiscal reports each year, including an annual Expenditures Report. The Expenditures Report 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 Program Terms Report (PTR). RWHAP Part B Supplemental recipients must submit the Expenditures Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA Electronic Handbooks (EHBs).

If you need assistance or have questions about the RWHAP Part B Supplemental Expenditures Report, please contact your Division of State HIV/AIDS Programs (DSHAP) project officer or contact RWHAP Data Support at 1-888-640-9356 or [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

# Accessing the Expenditures Report

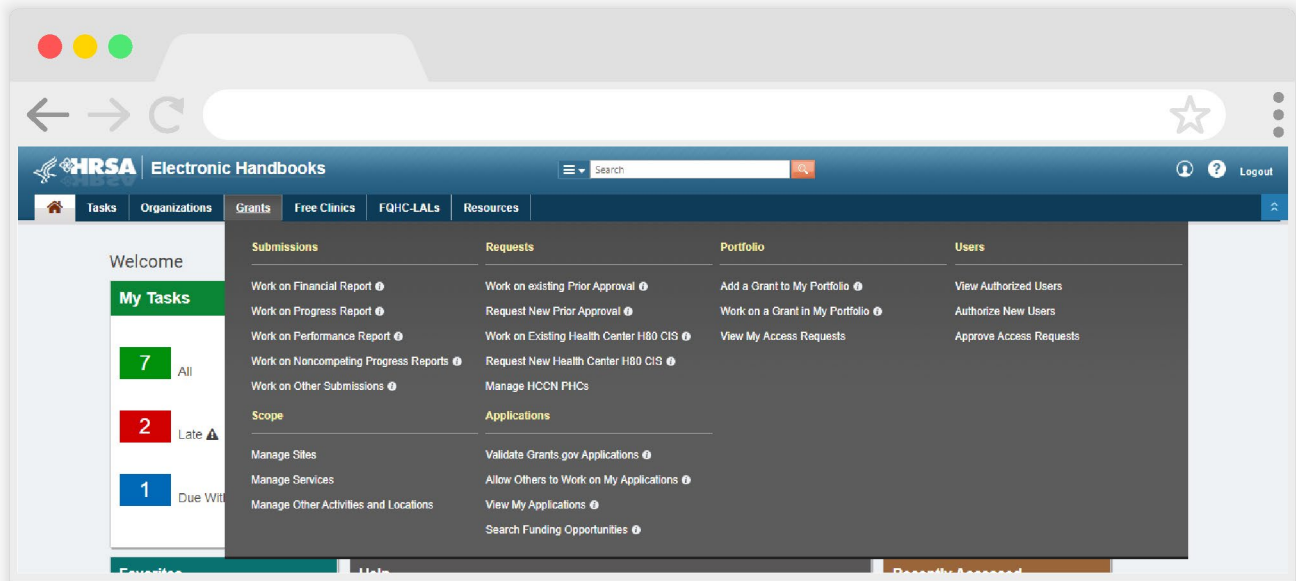
The RWHAP Part B Supplemental Expenditures Report is accessible via the HRSA EHBs. You must have an account with appropriate access to your agency’s grant to view and complete the report. To access the RWHAP Part B Supplemental Expenditures Report, follow the steps below:

**STEP ONE:** Log in to the [HRSA EHBs](#) site. From the HRSA EHBs homepage, hover your cursor over the “Grants” tab at the top of the screen and select “Work on Other Submissions” under the “Submissions” header ([Figure 1](#)).



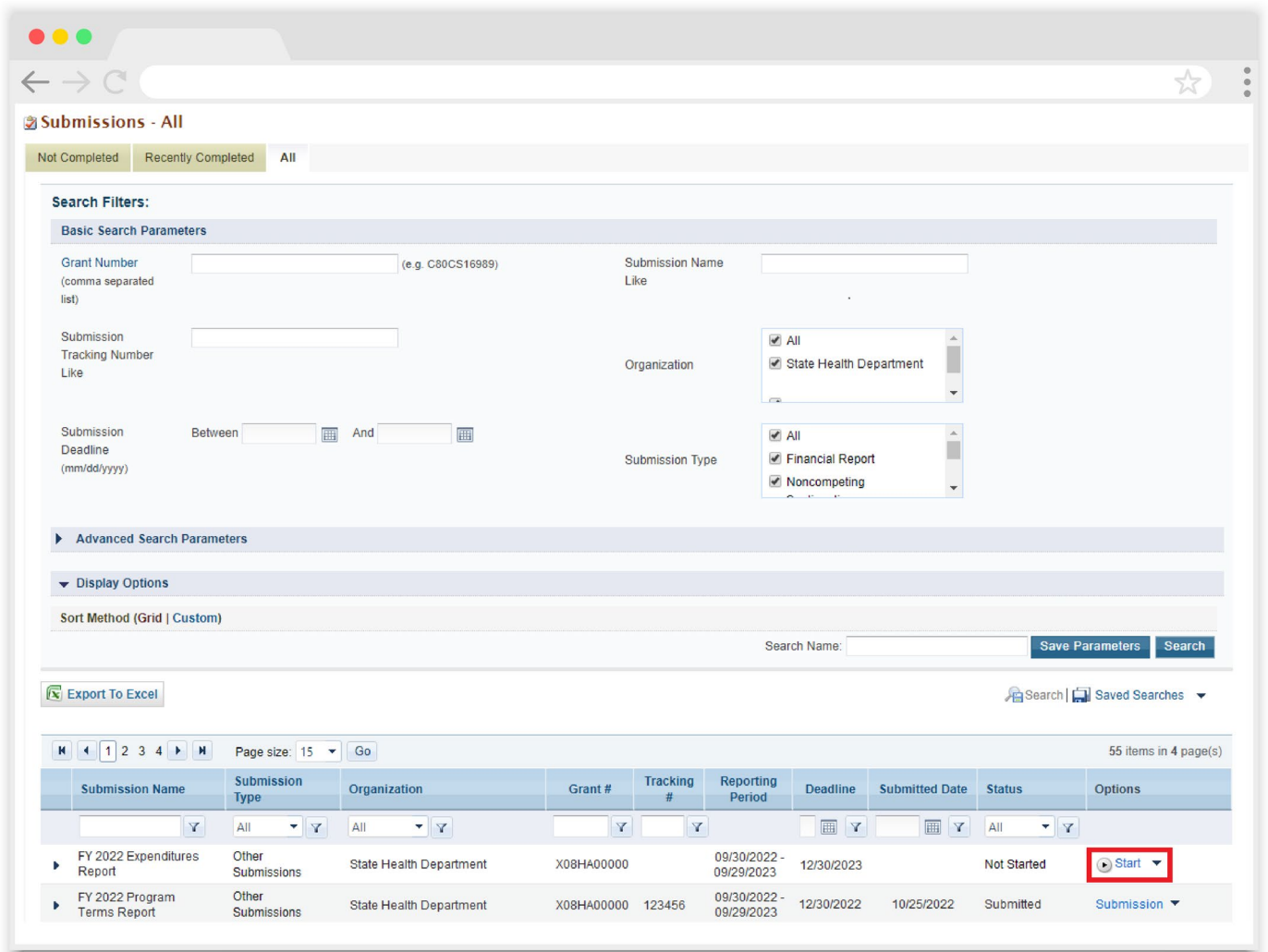
If you need assistance with your credentials or logging into the EHBs, contact the EHBs Customer Support Center at 1-877-464-4772.

**Figure 1. HRSA EHBs: Screenshot of the Grants Dropdown Menu**



**STEP TWO:** On the next page, “Submissions – All,” under the “Submission Name” column, locate the Expenditures Report you would like to access (Figure 2). Under the “Options” column, select “Start” or “Edit.” The first time the report is accessed the link will read “Start,” but once the report has been started, the link will instead read “Edit.” A new window will appear.

**Figure 2. HRSA EHBs: Screenshot of the Submissions - All Page**



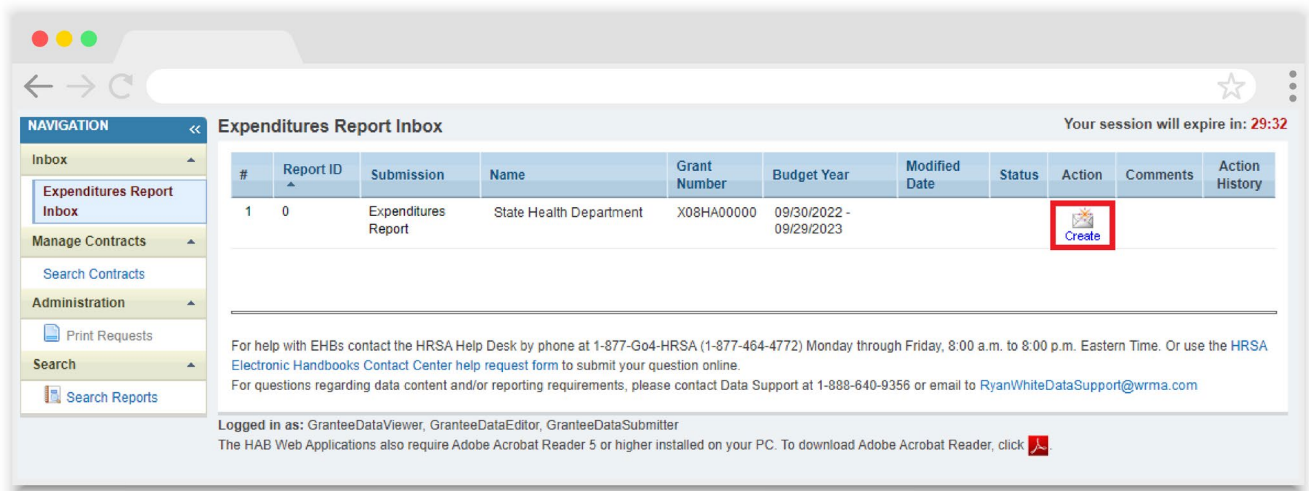
Searching for “Expenditures” in the filter header of the “Submission Name” column may help you find your current Expenditures Report faster.



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 THREE:** You are now in the Expenditures Report Inbox (Figure 3). To access your Expenditures Report, select the envelope icon under the “Action” column on the right side of the page. The first time you access the report, the envelope icon will read “Create,” but once the report has been started, the icon will instead read “Open.”

**Figure 3. RWHAP Part B Supplemental Expenditures Report: Screenshot of the Expenditures Report Inbox Page**



# Completing the Expenditures Report

The RWHAP Part B Supplemental Expenditures Report is an aggregate report that captures budgetary information on the expenditure of grant funding for the specified budget year. The fiscal data submitted as part of the Expenditures Report are entered directly into the report in the HRSA EHBs.


While the Expenditures Report system does provide access to the Grantee Contract Management System (GCMS), it is there solely for your reference. The RWHAP Part B Supplemental Expenditures Report does not utilize your agency's contracts in the GCMS, and all expenditures data are entered directly into your agency's Expenditures Report.

Once you have entered all values and completed your agency's report, you can validate and submit it, at which point it is sent to your DSHAP project officer for review. If you need assistance or have questions about the RWHAP Part B Expenditures Report submission, please contact your DSHAP project officer.



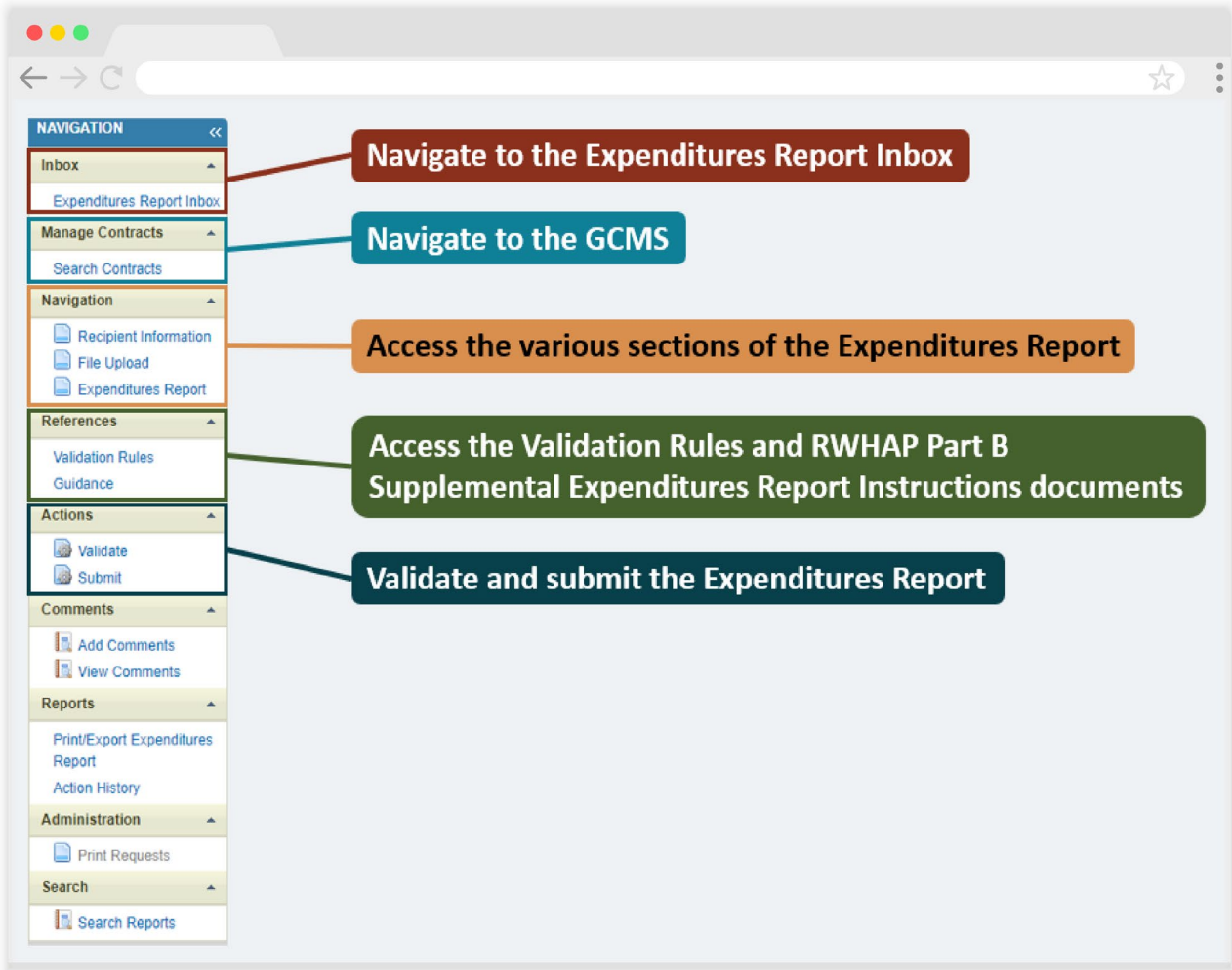
# Expenditures Report Navigation

Navigation through the Expenditures Report web system and within the Expenditures Report itself is done using the Navigation panel on the left side of the screen (Figure 4). Use the links in the Navigation panel to access the different sections of the Expenditures Report as well as to validate and submit it.



If you need help navigating the Expenditures Report web system, contact RWHAP Data Support for assistance at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

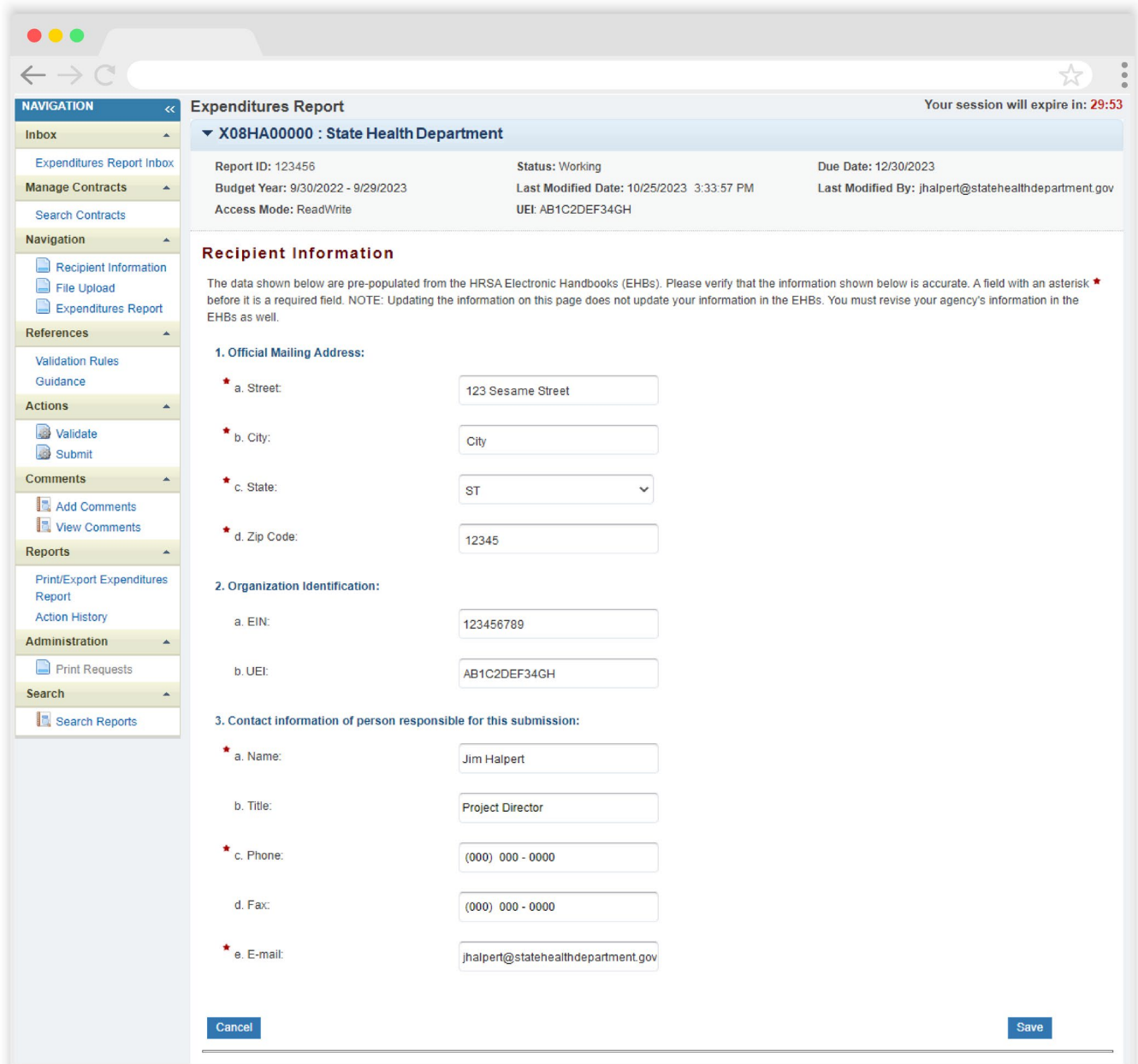
Figure 4. Expenditures Report Navigation Panel Guide



# Recipient Information

Once you open the Expenditures Report, you will be taken to the Recipient Information section of the report (Figure 5). This section is pre-populated with information from the HRSA EHBs. 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 making any necessary updates, select “Save” on the lower-right corner of the page.

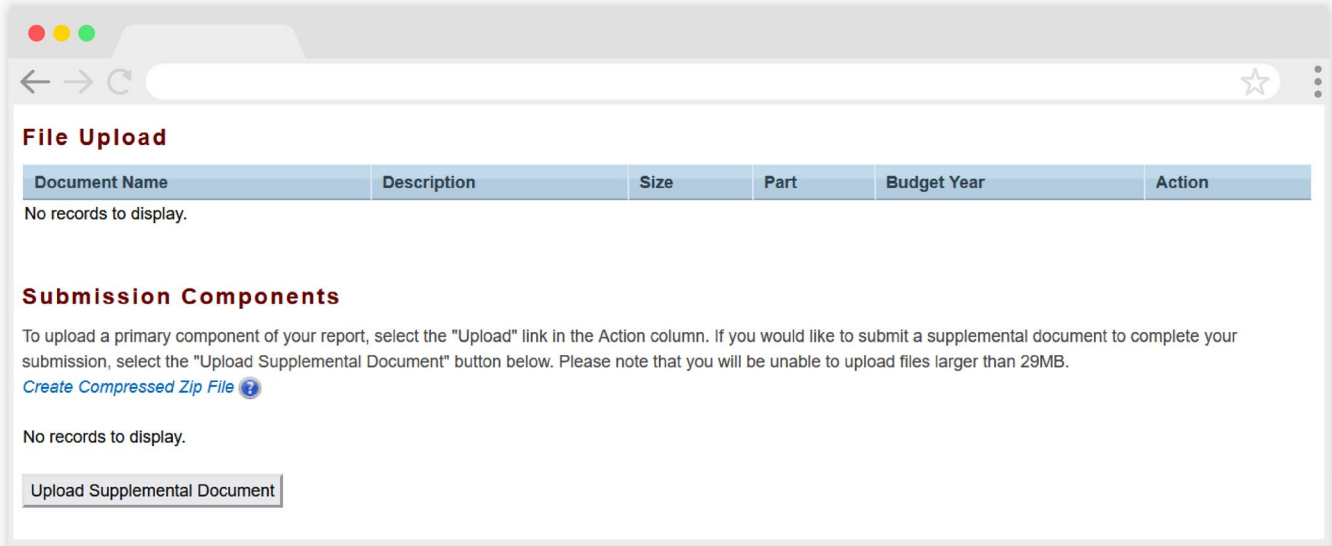
**Figure 5. RWHAP Part B Supplemental Expenditures Report: Screenshot of the Recipient Information Page**



# File Upload

For the RWHAP Part B Supplemental Expenditures Report, there are no required additional forms to upload. In rare instances, your project officer may request additional supplemental documentation as part of your Expenditures Report submission. In these cases, use the supplemental document upload feature in the File Upload section of the report. Select "File Upload" in the Navigation panel on the left side of the screen and then select the "Upload Supplemental Document" button at the bottom of the page. Locate and select the supplemental documentation saved on your computer to add it to your report.

**Figure 6. RWHAP Part B Supplemental Expenditures Report: Screenshot of the 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 under the “Navigation” header. The RWHAP Part B Supplemental Expenditures Report comprises three editable sections: *Award Information*, *Part B Supplemental Program Total*, and *Part B Supplemental Expenditure Categories*. Each component captures budgetary information on the award amount expended during the budget period for each category listed.

The RWHAP Part B Supplemental Expenditures Report section contains 122 editable fields that you must complete with 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 ([Figure 7](#)) has two editable fields that you must complete:

- *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 notice of award (NoA).
- *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 7. RWHAP Part B Supplemental Expenditures Report: Screenshot of the Award Information Section**

The screenshot shows a web browser window displaying the 'Award Information' section for the budget year 09/30/2022 - 09/29/2023. The form contains the following fields:

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

## Part B Supplemental Program Total

The *Part B Supplemental Program Total* section ([Figure 8](#)) 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:* Enter 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 health 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 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 planning and evaluation, HIV care consortia administration, and recipient administration must not exceed 15 percent of your total award.

Figure 8. RWHAP Part B Supplemental Expenditures Report: Screenshot of the Part B Supplemental Program Total Section

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



The additional fields in this table are calculated by the system once you have entered and saved your expenditures data.

## Part B Supplemental Expenditures Categories

The *Part B Supplemental Expenditure Categories* section comprises two subsections: *Core Medical Services* ([Figure 9](#)) and *Support Services* ([Figure 10](#)). 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 Supplemental 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 Supplemental award that was expended to support the service category.



At least 75 percent of your total award (not including clinical quality management, recipient administration, and planning and evaluation) must be expended on core medical services.



Expenditure amounts for ADAP Treatments, Health Insurance Premium and Cost Sharing Assistance, and Home and Community-Based Health Services from your Direct Services funding are entered into the Part B Supplemental Program Total table of the Expenditures Report unless used for consortia.



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



**Figure 9. RWHAP Part B Supplemental Expenditures Report: 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
<b>Core Medical Services</b>								
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"/>		
<b>1. Core Medical Services Total</b>								

**Figure 10. RWHAP Part B Supplemental Expenditures Report: Screenshot of the Part B Supplemental Expenditure Categories Support Services Subsection**

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

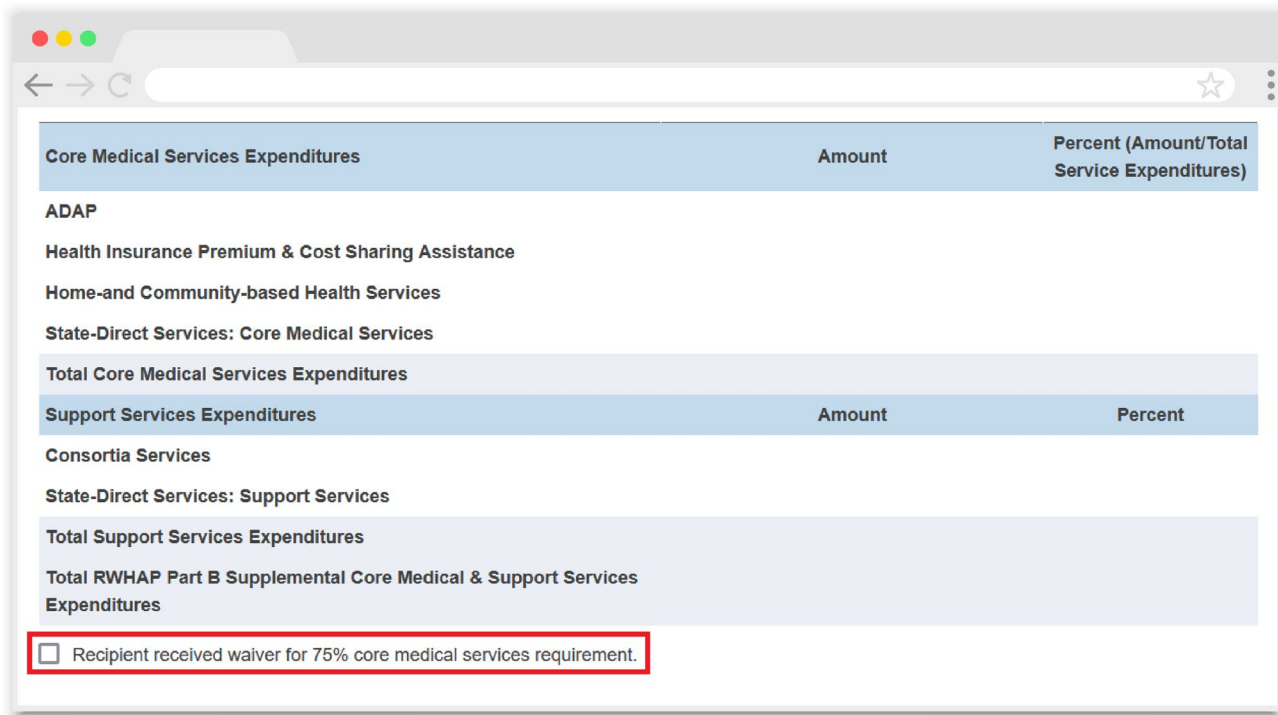
Below the core medical and support services table, there is an additional table that will calculate your core medical and support services expenditures once you enter and save your expenditures data. Use this table to make sure you are in compliance with the 75 percent core medical services requirement. If your organization received a waiver for this requirement, select the checkbox below this table (Figure 11) 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 DSHAP project officer for further assistance.



For the purposes of the 75 percent core medical services requirement, all consortia services are considered support services.

**Figure 11. RWHAP Part B Supplemental Expenditures Report: Screenshot of the Core Medical Services Requirement Table and Waiver Checkbox**



Core Medical Services Expenditures	Amount	Percent (Amount/Total Service Expenditures)
<b>ADAP</b>		
Health Insurance Premium & Cost Sharing Assistance		
Home-and Community-based Health Services		
State-Direct Services: Core Medical Services		
<b>Total Core Medical Services Expenditures</b>		
Support Services Expenditures	Amount	Percent
<b>Consortia Services</b>		
State-Direct Services: Support Services		
<b>Total Support Services Expenditures</b>		
<b>Total RWHAP Part B Supplemental Core Medical &amp; Support Services Expenditures</b>		
<input type="checkbox"/> Recipient received waiver for 75% core medical services requirement.		

# Validating and Submitting the Expenditures Report

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

Select “Validate” in the Navigation panel on the left side of the screen to begin the validation process. Wait a few minutes for the process to complete and then refresh the page by selecting “Validate” in the Navigation panel again. The system will either display your validation results or ask you to continue to wait while the validation request continues to process.

If you receive a green congratulations message, then you can proceed to submitting your report. Alternatively, you will see a table of validation results ([Figure 12](#)). Validation messages are sorted into categories: errors, warnings, and alerts.

- **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 12. RWHAP Part B Supplemental Expenditures Report: Screenshot of the 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
No report validation errors found.					

**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
1	56	All required fields in the Expenditures Report page must be answered.	Error	0	



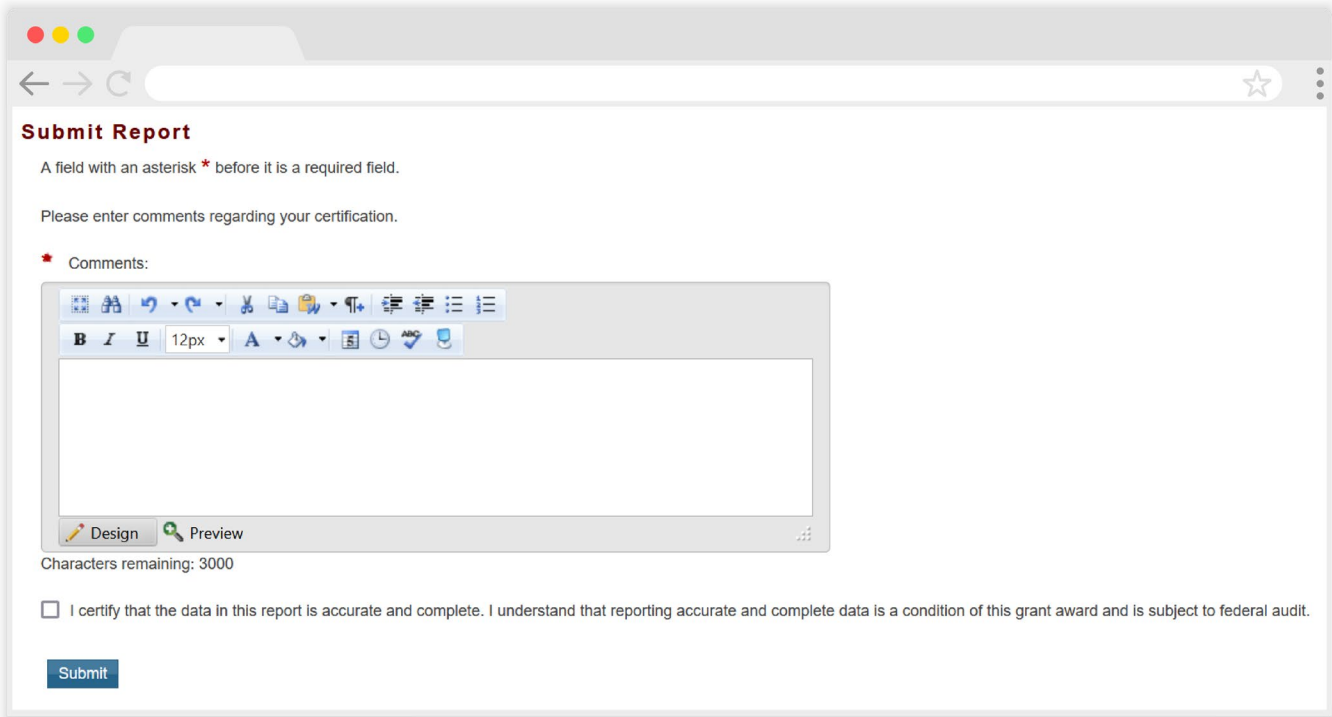
If you need assistance resolving or understanding a specific validation message, contact RWHAP Data Support at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).



If you make any changes to your report after validating, you must revalidate your report before submitting.

Once you have addressed all validation messages, you are ready to submit your report. To submit the report, select "Submit" in the Navigation panel on the left side of the screen. On the next page (Figure 13), enter a comment in the text box with any meaningful feedback you have related to your Expenditures Report submission. Read and acknowledge the statement under the comment box by selecting the checkbox. Once done, select the "Submit" button at the bottom of the page.

**Figure 13. RWHAP Part B Supplemental Expenditures Report: Screenshot of the Submit Report Page**





## 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](mailto:RyanWhiteDataSupport@wrma.com).

### **Can I edit my report after I submit it?**

No. Once your report has been submitted, you cannot edit it. However, you may ask your DSHAP project officer to return your report to you for changes.

# 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, monitoring contracts).

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

**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.

**Emerging Community Funding:** Funding distributed to the states or territories for communities that report between 500 and 999 cumulative reported AIDS cases over the most recent five years.

**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 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.

**Minority AIDS Initiative (MAI):** A national Department of Health and Human Services (HHS) initiative that provides special resources to reduce the spread of HIV and improve health outcomes for people with HIV within communities of color. MAI was enacted to address the disproportionate impact of the disease on such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

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

**Provider:** An agency funded to provide services. Services may include direct core medical and support services to clients as well as administrative and technical services.

**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 Administration:** 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:** An organization 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.

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

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