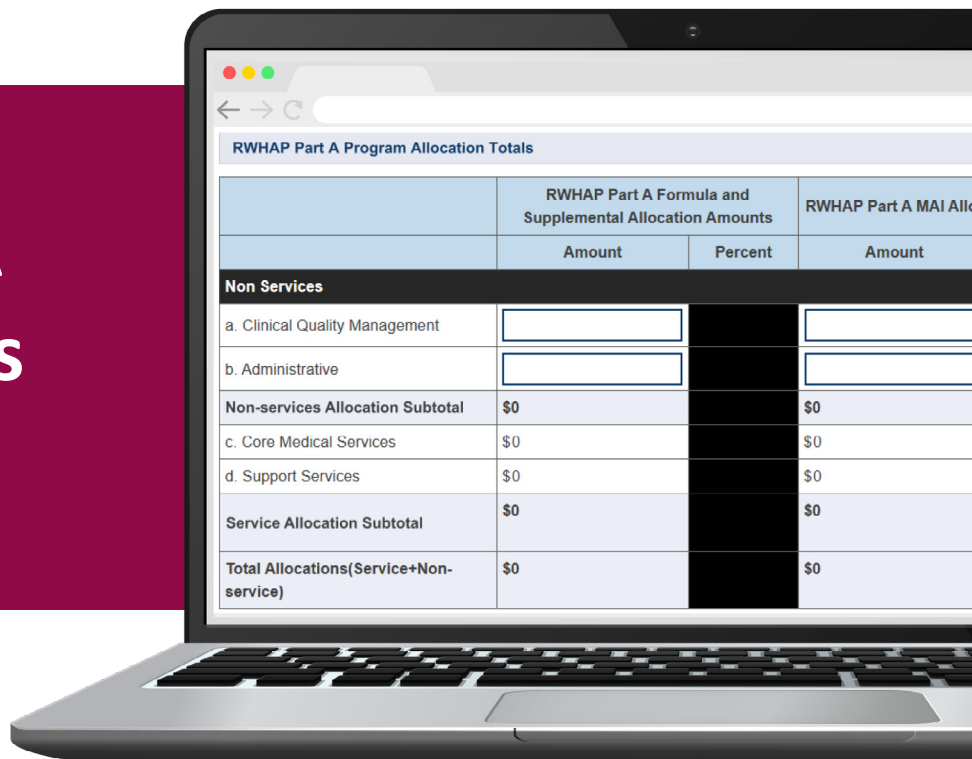


# RWHAP Part A Program Terms Report



| RWHAP Part A Program Allocation Totals |                                                          |         |                             |
|----------------------------------------|----------------------------------------------------------|---------|-----------------------------|
|                                        | RWHAP Part A Formula and Supplemental Allocation Amounts |         | RWHAP Part A MAI Allocation |
|                                        | Amount                                                   | Percent | Amount                      |
| <b>Non Services</b>                    |                                                          |         |                             |
| a. Clinical Quality Management         | <input type="text"/>                                     |         | <input type="text"/>        |
| b. Administrative                      | <input type="text"/>                                     |         | <input type="text"/>        |
| Non-services Allocation Subtotal       | \$0                                                      |         | \$0                         |
| c. Core Medical Services               | \$0                                                      |         | \$0                         |
| d. Support Services                    | \$0                                                      |         | \$0                         |
| Service Allocation Subtotal            | \$0                                                      |         | \$0                         |
| Total Allocations(Service+Non-service) | \$0                                                      |         | \$0                         |

## FY25 Instruction Manual

Release Date: August 5, 2025

Reporting period: 3/1/2025 - 2/28/2026

*Public Burden Statement:* An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0318, and the expiration date is 4/30/2026. 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 are used throughout this manual to 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 Ryan White HIV/AIDS Program (RWHAP) Part A funds grants to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) to provide medical and support services to people with HIV in cities and counties that are most severely affected by the HIV epidemic.

RWHAP Part A grant recipients are required as a condition of award to provide certain program and fiscal reports each year, including an annual Program Terms Report (PTR). The PTR is an aggregate report submitted through the Health Resources and Services Administration (HRSA) Electronic Handbooks (EHBs) that all RWHAP Part A recipients must submit within 60 days of the release of the final Notice of Award (NoA). It serves as a reference to determine how recipients allocate funds each budget period to meet the needs of people with HIV.

The RWHAP Part A PTR includes both the Consolidated List of Contractors (CLC) and the Allocations Report and is one of several RWHAP reports linked to the Grantee Contract Management System (GCMS). The GCMS decreases data entry burden by sharing information between multiple HRSA HIV/AIDS Bureau (HAB) reports. There are no changes to the FY2025 RWHAP Part A PTR from the previous year's version.

If you have programmatic questions about the RWHAP Part A PTR, please contact your Division of Metropolitan HIV/AIDS Programs (DMHAP) project officer. If you need additional assistance or have technical questions about the RWHAP Part A PTR, please contact RWHAP Data Support at 1-888-640-9356 or [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

# Accessing the PTR

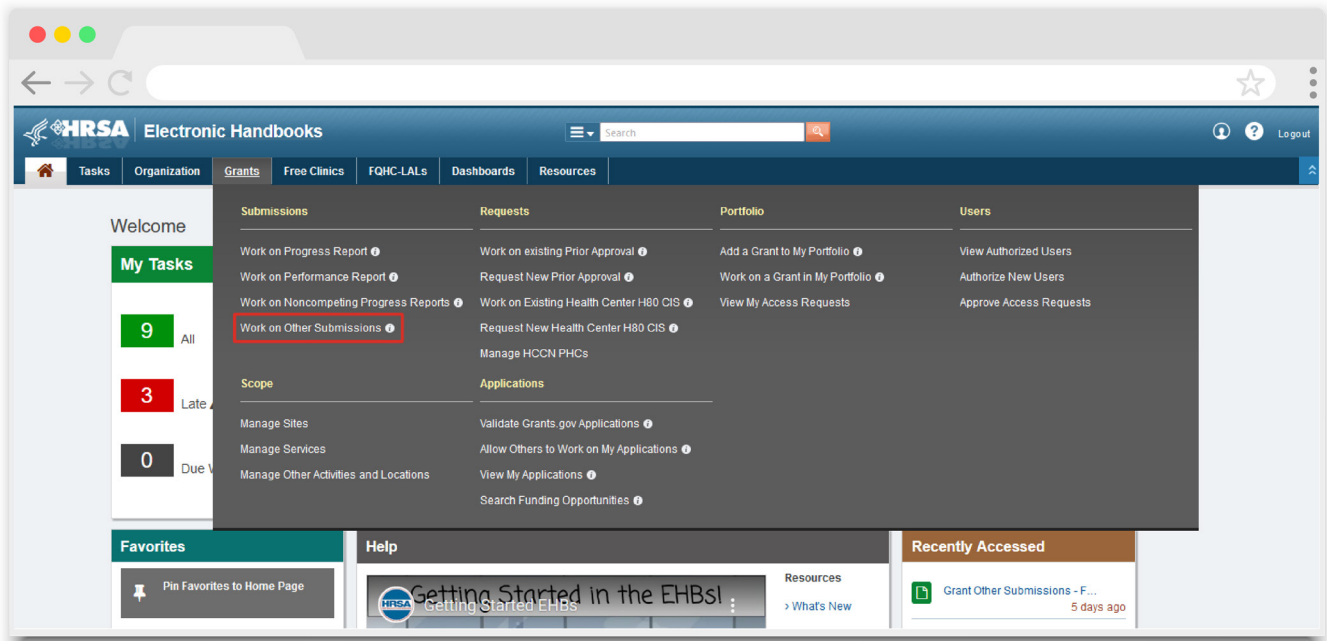
The RWHAP Part A PTR is accessible via the HRSA EHBs. You must have a HRSA EHBs account with the appropriate access to your agency's grant to view and complete the report. To access the RWHAP Part A PTR, follow the steps below:

**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 Login.gov username or password, contact the Login.gov Support Team at (844) 875-6446 or [submit a help ticket online](#).

**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 PTR you would like to access. 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).



If you are attempting to work on your GCMS contracts before the submission period begins, you must access the GCMS through your previous year’s PTR or your most recent RWHP Services Report (RSR).

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

**Submissions - All**

Not Completed Recently Completed All

**Search Filters:**

**Basic Search Parameters**

Grant Number (comma separated list) Submission Name Like

Submission Tracking Number Like Organization

Submission Deadline (mm/dd/yyyy) Between And Submission Type

**Advanced Search Parameters**

**Display Options**

Sort Method (Grid | Custom)

Search Name: Save Parameters Search

Export To Excel Search Saved Searches

55 items in 4 page(s)

| Submission Name              | Submission Type   | Organization           | Grant #    | Tracking # | Reporting Period        | Deadline   | Submitted Date | Status      | Options |
|------------------------------|-------------------|------------------------|------------|------------|-------------------------|------------|----------------|-------------|---------|
| FY 2024 Expenditures Report  | Other Submissions | City Health Department | H89HA00000 |            | 03/01/2024 - 02/29/2025 | 05/29/2025 |                | Not Started | Start   |
| FY 2025 Program Terms Report | Other Submissions | City Health Department | H89HA00000 |            | 03/01/2025 - 02/28/2026 | 05/30/2025 |                | Not Started | Start   |



Searching for “Terms” in the filter header under “Submission Name” may help you find your current Program Terms Report faster.



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

**STEP THREE:** You are now in the PTR Inbox ([Figure 3](#)). From here, you can access your contracts in the GCMS and your report. To access the GCMS, select “Search Contracts” in the Navigation panel on the left side of the page. To access your PTR, 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. RWHP Part A PTR: Screenshot of the PTR Inbox**

**HRSA Electronic Handbooks**

Support Logout

Welcome Recently Accessed What's New Guide Me

**NAVIGATION**

Search

Inbox

**PTR/Allocations Report Inbox**

Manage Contracts

Search Contracts

Search

Search Reports

**Program Terms Report Inbox**

Your session will expire in: 29:25

| # | Report ID | Submission           | Name                     | Grant Number | Budget Year             | Modified Date | Status      | Action | Comments | Action History |
|---|-----------|----------------------|--------------------------|--------------|-------------------------|---------------|-------------|--------|----------|----------------|
| 1 |           | Program Terms Report | County Health Department | H89HA00000   | 03/01/2025 - 02/28/2026 |               | Not Started | Create | Comment  | History        |

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](mailto: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](#).

# Completing the PTR

The RWHAP Part A PTR is an aggregate report that captures budgetary information on the allocation of grant funding for the specified budget year. The fiscal data submitted as part of the PTR are entered in two places in the RWHAP Part A PTR web system: within the PTR itself and in the agency's contracts in the GCMS.

RWHAP Part A recipients must have a contract in the GCMS for each agency funded to provide services with their RWHAP Part A award. These contracts include values for funding allocated to core medical and support services. Details from the GCMS contracts are then imported into the PTR, where recipients will also enter values for their total award amounts and funding allocated toward clinical quality management and recipient administration.

Once recipients have entered all values and completed their report, they can validate and submit it, at which point it is sent to their DMHAP project officer for review. If you need assistance or have questions about the required RWHAP Part A PTR submission, please contact your DMHAP project officer.

## GCMS Contracts

As part of the RWHAP Part A PTR submission, recipients must have contracts present in the GCMS for all agencies funded to provide services with their RWHAP Part A award. This includes providers of direct core medical and support services to clients as well as providers of administrative and clinical quality management services. Information from the contracts in the GCMS is imported into both the CLC and Allocations Report sections of the PTR.

Contracts are typically added by recipients to the GCMS during submission of the PTR. It is recommended that recipients add their contracts before beginning the PTR, as this saves you the extra step of synchronizing any contract updates with the report. Agencies should also be sure to align their contract dates in the GCMS with the dates of their award's budget period. Each provider should have a separate contract for each year they are funded to provide services. Do not reuse the prior year's contracts by updating the dates to the current year.

You can access the GCMS at any time in the RWHAP Part A PTR web system by selecting "Search Contracts" in the Navigation panel on the left side of the screen. For further instructions on adding your contracts to the GCMS, please see the GCMS Manual and the Completing the GCMS webinar available on the TargetHIV website.

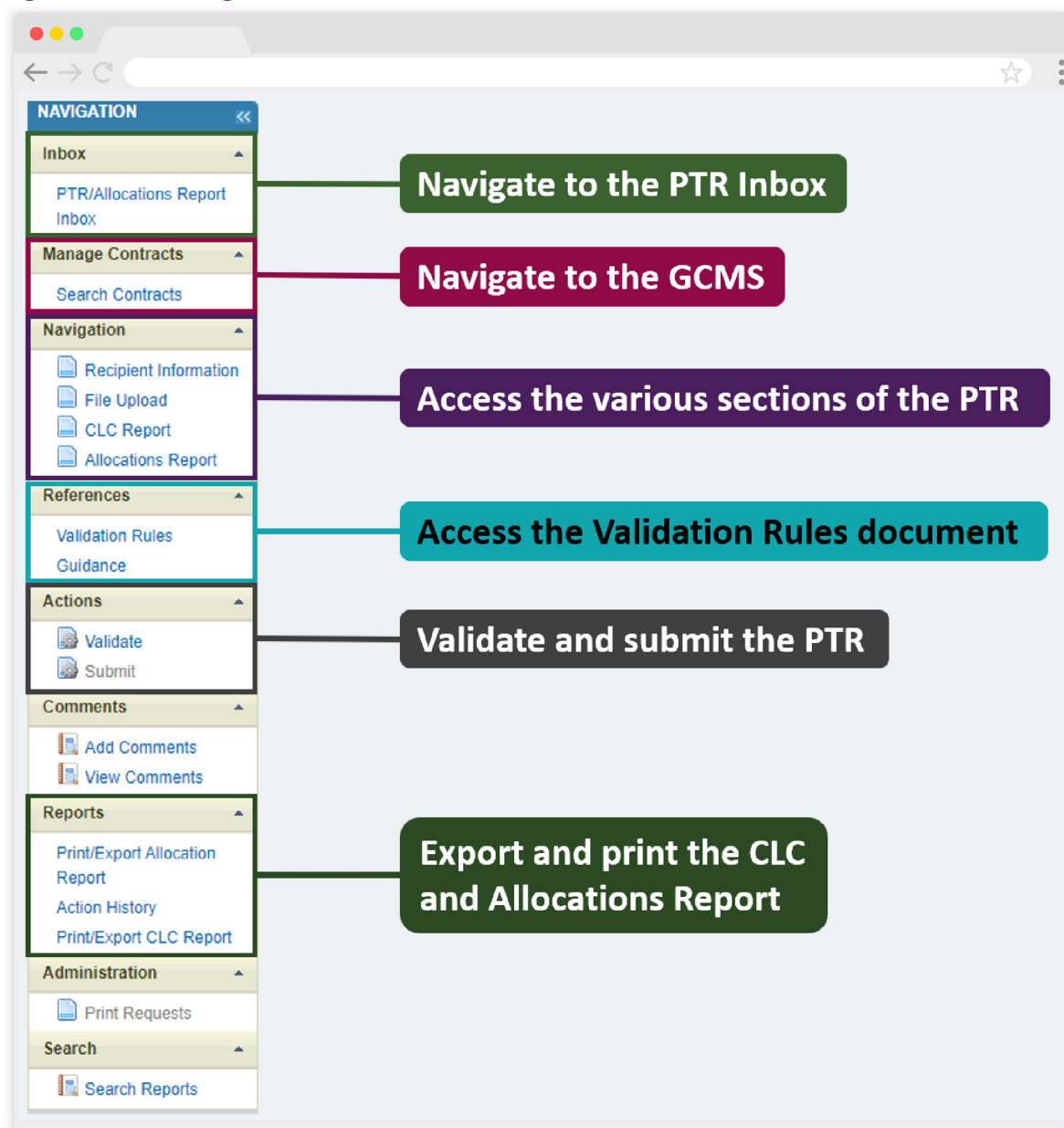
## PTR Navigation

Navigation through the PTR web system and within the PTR 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 PTR as well as validate and submit it.



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

**Figure 4. PTR Navigation Panel Guide**



## Recipient Information

Once you open the PTR, 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 A PTR: Screenshot of the Recipient Information Page**

**Program Terms Report** Your session will expire in: 29:40

▼ H89HA00000 : City Health Department

|                                   |                                          |                                       |
|-----------------------------------|------------------------------------------|---------------------------------------|
| Report ID: 123456                 | Status: Working                          | Due Date: 5/30/2025 11:59:58 PM       |
| Budget Year: 3/1/2025 - 2/28/2026 | Last Modified Date: 3/18/2025 4:09:14 PM | Last Modified By: user@cityhealth.gov |
| Access Mode: ReadWrite            | UEI: AB1C2DEF3GH                         |                                       |

### 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.

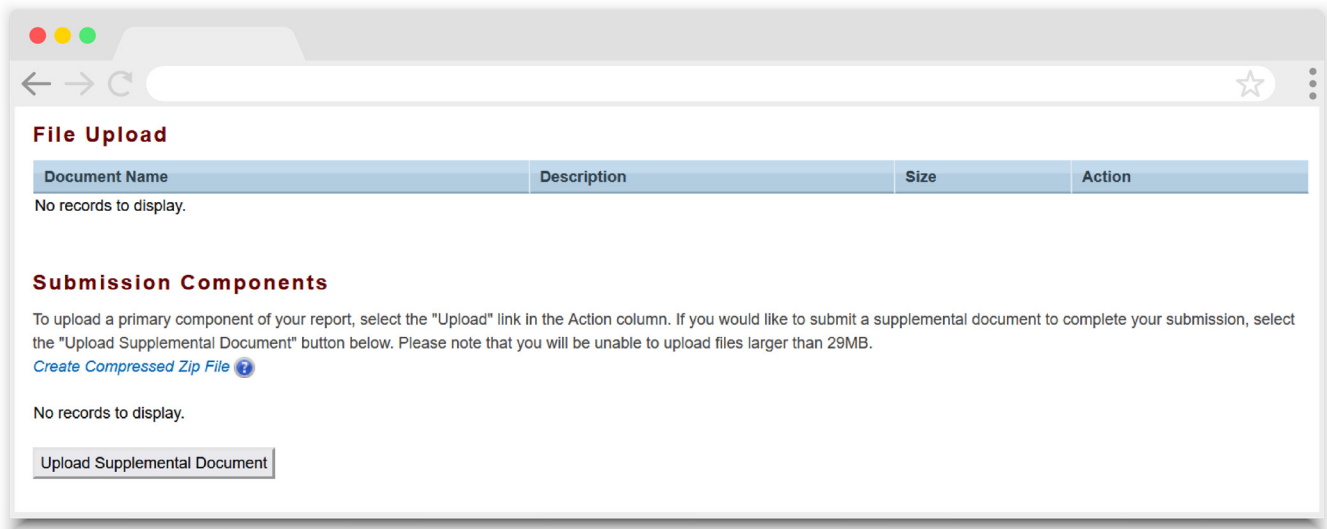
- Official Mailing Address:**
  - \* a. Street: 888 5th Street
  - \* b. City: City
  - \* c. State: ST
  - \* d. Zip Code: 12345-6789
- Organization Identification:**
  - a. EIN: 123456789
  - b. UEI: AB1C2DEF3GH
- Contact Information of person responsible for this submission:**
  - \* a. Name: Reginald Reginald
  - b. Title: Fiscal Manager
  - \* c. Phone: (000) 000 - 0000
  - d. Fax: (000) 000 - 0000
  - \* e. E-mail: user@cityhealth.gov

Cancel Save

## File Upload

For the RWHAP Part A PTR, there are no forms required in the File Upload section of the report. In rare instances, your project officer may request additional supplemental documentation as part of your PTR submission. In these cases, use the supplemental document upload feature in the File Upload section of the PTR. 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 A PTR: Screenshot of the File Upload Page**



## Consolidated List of Contractors (CLC) Report

To access the Consolidated List of Contractors (CLC) Report, select “CLC Report” in the Navigation panel on the left side of the screen. The CLC is a list of all organizations that are funded to provide services with your agency’s RWHP Part A grant, including providers of core medical and support services to clients as well as providers of administrative and technical services. The list is generated automatically based on the information entered in the GCMS.

Review the CLC Report ([Figure 7](#)) for accuracy and completeness, paying attention to the contract dates, funding amounts, and funded services (select the expansion button to view for each provider). All agencies funded to provide services with your RWHP Part A award (including your own organization if it provides services) should have a contract in the GCMS and be listed in the CLC Report. The contract dates should align with your budget year to prevent future reporting issues. Non-HIV service contracts should be entered with a value of zero dollars.

To update the CLC, you must modify the associated contract(s) in the GCMS. For further instructions on editing contracts, see the [GCMS Manual](#).

**Figure 7. RWHP Part A PTR: Screenshot of the Consolidated List of Contractors Page**

**Program Terms Report** Your session will expire in: 29:37

H89HA00000 : City Health Department

### 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         |
|---|---------|--------|------------|------------------------|-----------|----------|-----------|----------|----------------|-------------|----------------|
| + |         | 111111 | H89HA00000 | City Health Department |           | 3/1/2025 | 2/28/2026 | 6        |                | No          | \$1,400,000.00 |
| + |         | 111112 | H89HA00000 | Local Hospital         |           | 3/1/2025 | 2/28/2026 | 2        |                | No          | \$500,000.00   |
| + |         | 111113 | H89HA00000 | Regional Clinic        |           | 3/1/2025 | 2/28/2026 | 3        |                | No          | \$700,000.00   |
| + |         | 111114 | H89HA00000 | Food Bank Support      |           | 3/1/2025 | 2/28/2026 | 3        |                | No          | \$300,000.00   |

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@wma.com](mailto:RyanWhiteDataSupport@wma.com)

If you make any changes to your contracts in the GCMS after starting your PTR, you will need to synchronize these changes to add them to your report. You will know that you have pending changes to synchronize if a yellow warning banner is present at the top of the page (Figure 8). Select the “Synchronize All” button to synchronize all changes at once or synchronize changes individually by selecting the agency’s name in blue in the yellow warning banner. On the next page (Figure 9), review the changes for accuracy and select the “Synchronize” button to add the contract updates to your report.

**Figure 8. RWHP Part A PTR: Screenshot of the Consolidated List of Contractors Page with Synchronization Warning Banner**

The screenshot displays the 'Program Terms Report' interface. A yellow warning banner at the top states: '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.' Below the warning, a link 'Health and Happiness Clinic (Added)' is visible. A red box highlights the 'Synchronize All' button. The main content area is titled 'H89HA00000 : City Health Department' and 'Consolidated List of Contractors'. It includes a brief instruction: '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.' Below this is a table with the following data:

| Warning | Id     | Funded By  | Organization           | Reference | Start    | End       | Services | Funded Through | Is Executed | Amount         |
|---------|--------|------------|------------------------|-----------|----------|-----------|----------|----------------|-------------|----------------|
| +       | 111111 | H89HA00000 | City Health Department |           | 3/1/2025 | 2/28/2026 | 6        |                | No          | \$1,400,000.00 |
| +       | 111112 | H89HA00000 | Local Hospital         |           | 3/1/2025 | 2/28/2026 | 2        |                | No          | \$500,000.00   |
| +       | 111113 | H89HA00000 | Regional Clinic        |           | 3/1/2025 | 2/28/2026 | 3        |                | No          | \$700,000.00   |
| +       | 111114 | H89HA00000 | Food Bank Support      |           | 3/1/2025 | 2/28/2026 | 3        |                | No          | \$300,000.00   |

**Figure 9. RWHP Part A PTR: Screenshot of the Synchronize Contract Page**

**Program Terms Report** Your session will expire in: 29:57

▼ H89HA00000 : County Health Department

|                                   |                                          |                                         |
|-----------------------------------|------------------------------------------|-----------------------------------------|
| Report ID: 123456                 | Status: Working                          | Due Date: 5/30/2025 11:59:58 PM         |
| Budget Year: 3/1/2025 - 2/28/2026 | Last Modified Date: 3/18/2025 3:40:47 PM | Last Modified By: user@countyhealth.gov |
| Access Mode: Read/Write           | UEI: AB1CDE23FGH4                        |                                         |

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

**The following contract(s) have been modified**

▶ Health and Happiness Clinic (Contract ID: 907654)

Start Date: 3/1/2025  
End Date: 2/28/2026

| Change    | Service Name                                                    | Funding Type |
|-----------|-----------------------------------------------------------------|--------------|
| Added     | Administrative or technical support                             | RWHP         |
| Unchanged | Outpatient/Ambulatory Health Services                           | RWHP         |
| Unchanged | Home Health Care                                                | RWHP         |
| Unchanged | Mental Health Services                                          | RWHP         |
| Unchanged | Medical Case Management, including Treatment Adherence Services | RWHP         |
| Unchanged | Child Care Services                                             | RWHP         |
| Unchanged | Medical Transportation                                          | RWHP         |
| Unchanged | Outreach Services                                               | RWHP         |
| Unchanged | Other Professional Services                                     | RWHP         |

## Allocations Report

To access the Allocations Report, select "Allocations Report" in the Navigation panel on the left side of the screen. The RWHP Part A Allocations Report comprises four sections:

- *Award Information*
- *RWHP Part A Program Allocation Totals*
- The core medical and support services table
- *Legislative Requirements Checklist.*

Only whole number values are allowed in the editable fields. Each field requires a response. Therefore, if you don't receive an award type or don't have any allocations to report for a specific category, enter a "0."



Do not leave any fields blank. Enter a "0" for any field for which your agency does not have any allocations to report.

The Allocations Report contains seven editable fields that you must complete using your most recent or final Notice of Award (NoA):

## Budget Year Award Information

- *RWHAP Part A Formula Award Amount:* Enter the total RWHAP Part A formula award amount indicated on your agency's final NoA.
- *RWHAP Part A Supplemental Award Amount:* Enter the total RWHAP Part A supplemental award amount indicated on your agency's final NoA.
- *RWHAP Part A MAI Award Amount:* Enter the total RWHAP Part A MAI award amount indicated on your agency's final NoA.

Figure 10. RWHAP Part A PTR: Screenshot of the Award Information Section

| Budget Year Award Information          | Award Amount         |
|----------------------------------------|----------------------|
| RWHAP Part A Formula Award Amount      | <input type="text"/> |
| RWHAP Part A Supplemental Award Amount | <input type="text"/> |
| RWHAP Part A MAI Award Amount          | <input type="text"/> |
| Total RWHAP Part A Funds:              | \$0                  |

## RWHAP Part A Program Allocation Totals

### a. Clinical Quality Management

- *RWHAP Part A Formula and Supplemental Allocation Amounts:* Enter the combined amount from your agency's RWHAP Part A formula and supplemental awards that is allocated to clinical quality management activities.
- *RWHAP Part A MAI Allocation Amounts:* Enter the amount of your agency's RWHAP Part A MAI award that is allocated to clinical quality management activities.



The total combined amount allocated to clinical quality management must not exceed 5 percent of your agency's total grant award or \$3 million (whichever is smaller).

### b. Administrative

- *RWHAP Part A Formula and Supplemental Allocation Amounts:* Enter the combined amount of your agency's RWHAP Part A formula and supplemental awards that is allocated to recipient administration.
- *RWHAP Part A MAI Allocation Amounts:* Enter the amount of your agency's RWHAP Part A MAI award that is allocated to recipient administration.



The total combined amount allocated to recipient administration must not exceed 10 percent of your agency's total grant award.



For more information on clinical quality management and administrative services, please see [PCN #15-02](#) and [#15-01](#) respectively.

**Figure 11. RWHAP Part A PTR: Screenshot of the RWHAP Part A Program Allocation Totals Section**

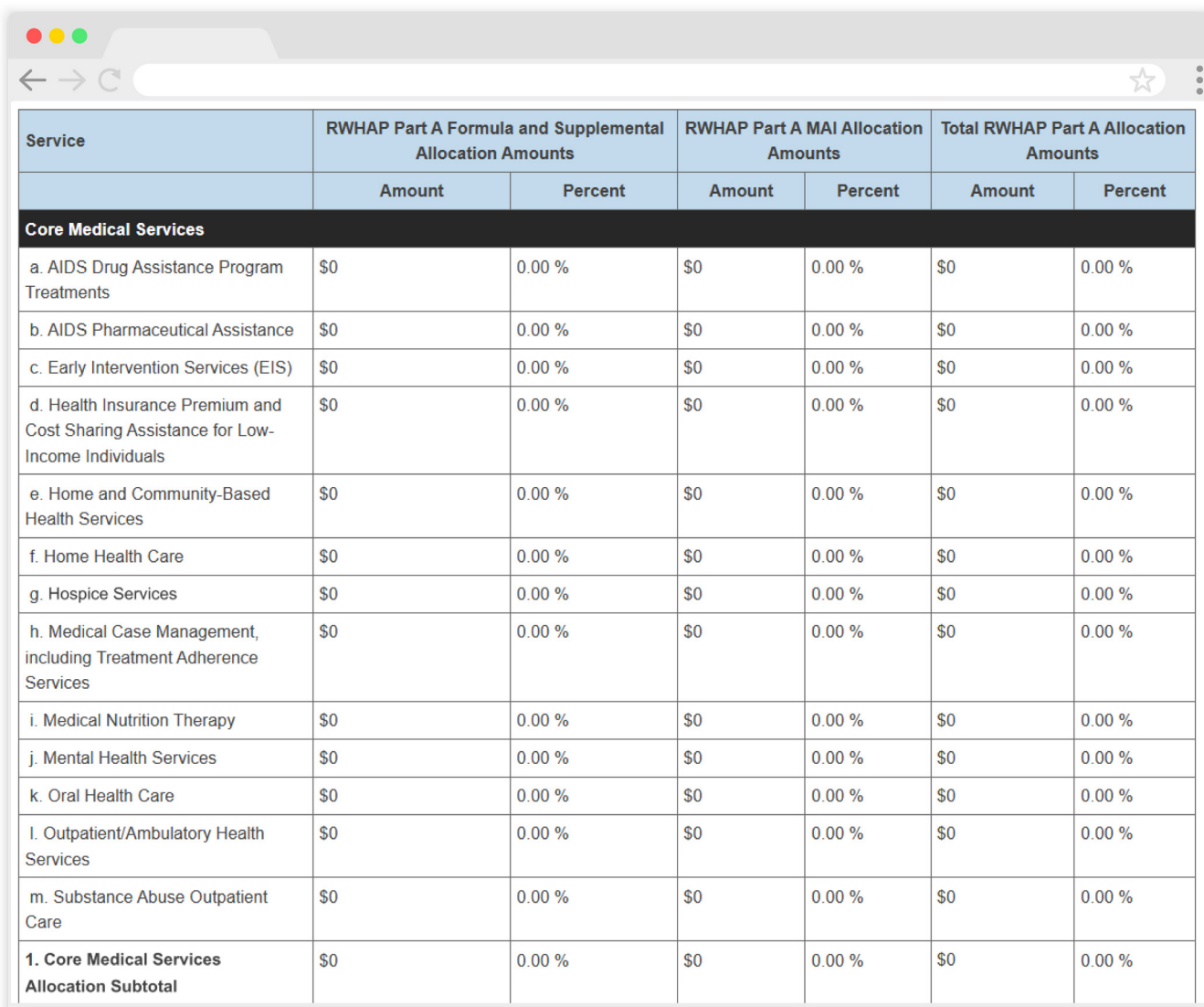
| RWHAP Part A Program Allocation Totals        |                                                          |         |                                     |         |                                       |          |
|-----------------------------------------------|----------------------------------------------------------|---------|-------------------------------------|---------|---------------------------------------|----------|
|                                               | RWHAP Part A Formula and Supplemental Allocation Amounts |         | RWHAP Part A MAI Allocation Amounts |         | Total RWHAP Part A Allocation Amounts |          |
|                                               | Amount                                                   | Percent | Amount                              | Percent | Amount                                | Percent  |
| <b>Non Services</b>                           |                                                          |         |                                     |         |                                       |          |
| a. Clinical Quality Management                | <input type="text"/>                                     |         | <input type="text"/>                |         | \$0                                   | 0.00 %   |
| b. Administrative                             | <input type="text"/>                                     |         | <input type="text"/>                |         | \$0                                   | 0.00 %   |
| <b>Non-services Allocation Subtotal</b>       | \$0                                                      |         | \$0                                 |         | \$0                                   | 0.00 %   |
| c. Core Medical Services                      | \$0                                                      |         | \$0                                 |         | \$0                                   |          |
| d. Support Services                           | \$0                                                      |         | \$0                                 |         | \$0                                   |          |
| <b>Service Allocation Subtotal</b>            | \$0                                                      |         | \$0                                 |         | \$0                                   | 100.00 % |
| <b>Total Allocations(Service+Non-service)</b> | \$0                                                      |         | \$0                                 |         | \$0                                   |          |

## Core Medical and Support Services Table

The additional core medical and support services table ([Figure 12](#) and [Figure 13](#)) contains the amount of your award allocated to the core medical and support service categories. This table is populated with information from your agency's contracts entered in the GCMS. Review the amounts listed here. If you need to modify any amount in this table, then you must modify the associated contract(s) in the GCMS. Please see the [GCMS Manual](#) for further assistance modifying contracts.

Below this table, there is an additional checkbox ([Figure 13](#)). Select this box if your agency received a waiver for the 75 percent core medical services requirement.

**Figure 12. RWHAP Part A PTR: Screenshot of the Core Medical Services Allocations Table**



| Service                                                                            | RWHAP Part A Formula and Supplemental Allocation Amounts |         | RWHAP Part A MAI Allocation Amounts |         | Total RWHAP Part A Allocation Amounts |         |
|------------------------------------------------------------------------------------|----------------------------------------------------------|---------|-------------------------------------|---------|---------------------------------------|---------|
|                                                                                    | Amount                                                   | Percent | Amount                              | Percent | Amount                                | Percent |
| <b>Core Medical Services</b>                                                       |                                                          |         |                                     |         |                                       |         |
| 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 Services                                                                | \$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 %  |
| <b>1. Core Medical Services Allocation Subtotal</b>                                | \$0                                                      | 0.00 %  | \$0                                 | 0.00 %  | \$0                                   | 0.00 %  |

**Figure 13. RWHP Part A PTR: Screenshot of the Support Services Allocations Table and Core Medical Services Requirement Waiver Checkbox**

The screenshot displays a web-based interface for the RWHP Part A PTR. At the top, there is a browser window with a back arrow, forward arrow, and refresh button. Below the browser window is a table titled "Support Services". The table has 7 columns: Service Name, Amount, Percentage, Amount, Percentage, Amount, and Percentage. The table lists various support services (a. Child Care Services through o. Substance Abuse Services (residential)) and their respective allocations, all showing \$0 and 0.00%. Below the table is a section titled "2. Support Services Allocation Subtotal" showing \$0 and 0.00%. At the bottom of the table is a row titled "3. Service Allocations Total" showing \$0, 100.00%, \$0, 100.00%, \$0, and 100.00%. Below the table is a checkbox labeled "Recipient received waiver for 75% core medical services requirement." which is currently unchecked.

| Support Services                                 |            |                 |            |                 |            |                 |
|--------------------------------------------------|------------|-----------------|------------|-----------------|------------|-----------------|
| a. Child Care Services                           | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| b. Emergency Financial Assistance                | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| c. Food Bank/Home Delivered Meals                | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| d. Health Education/Risk Reduction               | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| e. Housing                                       | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| f. Linguistic Services                           | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| g. Medical Transportation                        | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| h. Non-Medical Case Management Services          | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| i. Other Professional Services                   | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| j. Outreach Services                             | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| k. Psychosocial Support Services                 | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| l. Referral for Health Care and Support Services | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| m. Rehabilitation Services                       | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| n. Respite Care                                  | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| o. Substance Abuse Services (residential)        | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| <b>2. Support Services Allocation Subtotal</b>   | \$0        | 0.00 %          | \$0        | 0.00 %          | \$0        | 0.00 %          |
| <b>3. Service Allocations Total</b>              | <b>\$0</b> | <b>100.00 %</b> | <b>\$0</b> | <b>100.00 %</b> | <b>\$0</b> | <b>100.00 %</b> |

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



Recipients will receive a validation message in their report's validation results if they do not select the waiver checkbox and have not met the 75 percent core medical services requirement.



RWHP-related funded services and contracts funded solely through RWHP-related funding will not populate in the PTR.

The last section of the Allocations Report, the Legislative Requirements Checklist (Figure 14), is there for your reference when completing the PTR. You can quickly view the capped amounts that pertain to each legislative requirement to make sure your agency is in compliance.

Once you have completed all editable fields, scroll to the bottom of the Allocations Report page and select “Save.”

**Figure 14. RWHP Part A PTR: Screenshot of the Legislative Requirements Checklist**

**Legislative Requirements Checklist**

**Core Medical Services (CMS) Allocation Requirement:** At least 75% of your total service allocations must be allocated on core medical services (unless a Core Medical Services waiver has been approved).

When reporting CMS allocations, the Total RWHP Part A Allocation Amounts for CMS must be at least 75% of Total Service Allocations unless a CMS waiver was approved.

To the right is the percentage of your Current Fiscal Year (FY) CMS Allocations divided by your Total Part A Formula, Supplemental, and MAI allocations.

|  |  |        |
|--|--|--------|
|  |  | 0.00 % |
|--|--|--------|

**Clinical Quality Management (CQM) Allocation Requirement:** No more than 5% of your total award or \$3 million (whichever is smaller) can be allocated to CQM.

When reporting CQM allocations, the Total RWHP Part A Allocation Amounts for CQM must not exceed 5% of the total award amount or \$3 million (whichever is smaller).

Below is the maximum amount (Capped Amount) you can allocate to CQM. The capped amount will be 5% of the total award or \$3 million, whichever is smaller. Please check to make sure your CQM allocation does not exceed your Capped Amount.

|                                                                |     |        |
|----------------------------------------------------------------|-----|--------|
| <b>Recipient Clinical Quality Management Capped Amount</b>     | \$0 | 0.00 % |
| <b>Recipient Clinical Quality Management Allocation Amount</b> | \$0 | 0.00 % |

**Administration Allocation Requirement:** No more than 10% of your total award can be allocated to recipient administration.

When reporting recipient administration allocations, the Total RWHP Part A Allocation Amounts for Administration must not exceed 10% of the total award amount.

Below is the percentage of your Current Fiscal Year recipient administration allocations divided by your Total Part A Award. Please check to make sure this percentage is not greater than 10%.

|                                                   |     |        |
|---------------------------------------------------|-----|--------|
| <b>Recipient Administration Allocation Amount</b> | \$0 | 0.00 % |
|---------------------------------------------------|-----|--------|

Cancel Save



If you need help completing the Allocations Report, contact [RWHP Data Support](#) for assistance at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com).

## Validating and Submitting the PTR

After you have completed all required sections of the PTR, 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 PTR is sent to your 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 15](#)). Validation messages are sorted into categories. For the RWHAP Part A PTR, there are three categories of validation messages:

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

**Figure 15. RWHAP Part A PTR: 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. |           |         |      |               |        |

**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       | 13        | The total reported for RWHAP Part A Formula Award Amount and RWHAP Part A Supplemental Award Amount should equal to the calculated amount that is displayed in the Total Allocations (Service + Non-service) RWHAP Part A Formula and Supplemental Allocation Amounts column. Review the Allocation Report section for accuracy. | Alert | 0             |        |

If you make changes to your report after validating it, then you must validate your report again. Once you have addressed all validation messages as necessary, you are ready to submit your report.



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

To submit the report, select “Submit” in the Navigation panel on the left side of the screen. On the next page ([Figure 16](#)), enter a comment in the text box with any meaningful feedback you have related to your PTR submission. Read and acknowledge the statement under the comment box by selecting the checkbox. Once done, select the “Submit” button at the bottom of the page.

**Figure 16. RWHAP Part A PTR: Screenshot of the Submit Report Page**

**Submit Report**

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

Please enter comments regarding your certification.

\* Comments:

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**

# Frequently Asked Questions

## **Are MAI funds captured within the GCMS or the PTR?**

For RWHAP Part A, MAI funds allocated to core medical and support services are entered into the contracts in the GCMS under Question 9 in the MAI funding column. These values from your agency's contracts will populate the Allocations Report. Values for the RWHAP Part A MAI total award as well as amounts for your RWHAP Part A MAI award allocated to clinical quality management and recipient administration are entered directly in the Allocations Report section of the PTR.

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

If your agency needs to make changes to amounts allocated to clinical quality management or recipient administration activities, update those amounts in the Allocations Report section of the PTR. If your agency needs to make changes to amounts allocated to core medical or support services, update those amounts in the associated contract(s) in the GCMS. See the [GCMS Manual](#) for more details.

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

Your agency is required to enter new contracts to keep an accurate record of its funded activities. Other HRSA HAB reports may utilize the previous year's contracts. See the [GCMS Manual](#) for more instructions on the GCMS.

## **How do I add a new organization to the Grantee Contract Management System provider directory?**

Contact [RWHAP Data Support](#) via email at [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com) to have the organization added to the directory. In the email, be sure to include the organization's full name, complete street address, federal Employer Identification Number (EIN), and a person of contact for the provider including their name, title, phone number, and email address.

## **In the Allocations Report, there are fields that I cannot edit. How do I edit them?**

Funds allocated to core medical and support services are captured in your agency's contracts in the GCMS. The values in the Allocations Report are pulled from the contracts in the GCMS. You must edit the associated contract(s) in the GCMS if you need to make updates to the values for core medical or support services. Please see the [GCMS Manual](#) for more details on editing and adding contracts.

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

Information entered into the GCMS is not automatically pulled into the Allocations Report or CLC after your agency's PTR has been started. You must synchronize the changes that you have made into the report. See [Consolidated List of Contractors \(CLC\) Report](#) for details.

**Do I complete a separate PTR/Allocations Report for each of my RWHAP grants?**

Yes. You must complete a separate PTR/Allocations Report for every RWHAP grant you receive. Each RWHAP part has its own version of the PTR/Allocations Report.

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

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

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

Yes, RWHAP Part A contract information is also used to populate the RWHAP Services Report (RSR).

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

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

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

The PTR only captures RWHAP funding. RWHAP-related funded services will not show up in your Allocations Report or CLC. Services funded with RWHAP-related funding are reported on the RSR. It is not required to enter information on RWHAP-related funded services for completion of the PTR, but it must be done before completion of the RSR. Do not enter any funding amounts for RWHAP-related funding into the GCMS or PTR. Agencies should develop policies to establish who will be responsible for entering RWHAP-related funded services into contracts. Please contact [RWHAP Data Support](#) at 1-888-640-9356 or email [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com) if you have any questions.

# Glossary

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

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

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

**Consortia:** Groups of providers, consumers, and others who perform a planning and advisory function to regions or the entire state in determining needs and planning for the delivery of essential health and support services for people with HIV.

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

**Fiscal Intermediary:** An administrative agent that acts on 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 organization that provides fiscal and administrative management, monitoring, and oversight to providers of direct RWHAP services on behalf of a RWHAP recipient or consortia with which it has contracted.

**Minority AIDS Initiative (MAI):** MAI is statutorily required funding “[f]or the purpose of carrying out activities ... To evaluate and address the disproportionate impact of HIV/AIDS on, and the disparities in access, treatment, care and outcomes, for racial and ethnic minorities.” 42 U.S.C. 300ff-121. By law, “the Secretary shall provide [MAI funding] for ... emergency assistance under Part A.” 42 U.S.C. 300ff-121(b)(1)(A).

**Notice of Award (NoA):** An official document from HRSA 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 (Administrative):** Activities relating to routine grant administration and monitoring activities.

**RWHAP-related funding (program income and pharmaceutical rebates):** Program income means gross income earned by the non-federal entity that is directly generated by a supported activity or earned as a result of the federal award during the period of performance except as provided on 45 CFR §75.307(f). 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.

**Synchronization:** The process of incorporating changes made in the GCMS into the report being updated.

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