

# Ryan White HIV/AIDS Services Reporting (RSR) Grantee Training

May 4, 2009

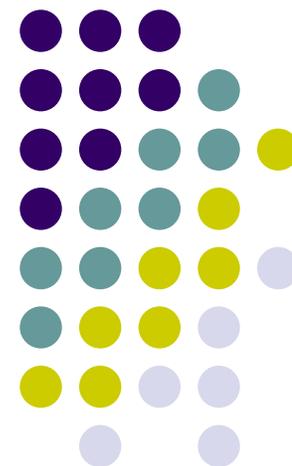
The Health Resources and Services Administration

HIV/AIDS Bureau

Developed for



by



# HAB Ryan White HIV/AIDS Services Reporting Introduction



- Grantee Report
- Provider Report
- Client-Level Data
- Client-Level Data Reports
- References
  - TARGET Web Site  
<http://careacttarget.org/rsr.asp>
  - HAB RSR Website  
<http://hab.hrsa.gov/manage/CLD.htm>

# Grantee Report

## EHB Login



The screenshot shows the login page for the HRSA Electronic Handbooks for Applicants/Grantee. The browser window is titled "Login - Microsoft Internet Explorer" and the address bar shows "https://ehbps.hrsa.gov/webexternal/login.asp". The page header includes the HRSA logo and the text "HRSA Electronic Handbooks for Applicants/Grantee". A navigation menu on the left lists "Login", "Forgot Password", and "Registration". The main content area features a "Login" section with a "Contact Us" box, a "Warning!" section, and a login form. The login form has two columns: "Already Registered?" and "Not Registered?". The "Already Registered?" column contains fields for "Username" and "Password", a "Login" button, and a "Forgot your password?" link. The "Not Registered?" column contains a "Create an Account" button and a list of instructions: "Registration is needed only once" and "Read the getting started guidelines for New Applicants and/or Existing Grantees".

Login to the HRSA Electronic Handbook (EHB) Website

<https://ehbps.hrsa.gov/webexternal/login.asp>

Enter Your Username and Password and Select 'Login'

Note: You must have the 'Grantee Data Submitter' Role.

# Grantee Report EHB View Portfolio



U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
NEW YORK CITY OFFICE OF THE MAYOR, NEW YORK, NY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HELP

Welcome Alison Chi (Last login date and time 4/21/2009 10:51:00 PM) --Tools Menu-- Go

**Welcome**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

**Contact Us:**  
Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373  
Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday  
Email: [CallCenter@HRSA.GOV](mailto:CallCenter@HRSA.GOV)

Applicant/Grantee Electronic Handbook (EHB) provides all potential and existing grantees a means to conduct various activities electronically.

**WHAT WOULD YOU LIKE TO DO TODAY?**

- Manage Competing Applications**
  - [Read Electronic Submission Guide](#)
  - [Verify Grants.gov Application \(if required per Guidance\)](#)
  - [Work on My Application](#)
  - [Allow Other Members of My Organization to Work on My Application](#)
  - [Search Funding Opportunities](#)
- Manage Grants Portfolio**
  - [Read About Grant Registration](#)
  - [Add a Grant to My Portfolio](#)
  - [View Grants in My Portfolio](#)
  - [Work on a Grant](#)
  - [Work on My Noncompeting Application](#)
  - [Work on Other Post Award Submissions](#)
- Manage My Profile**
  - [Update My Contact and Address Detail](#)
  - [Verify My Email Address](#)
  - [Change My Password/Security Question](#)
  - [Read About Multiple Organization Registrations](#)
  - [Associate My Account with Another Organization](#)
  - [Set My Default Organization](#)
- Manage Organization Profile**
  - [Read About Organization Profile Management](#)
  - [Update Organization Information on File](#)
  - [Change Communication Contact for Organization \(Why is the link disabled?\)](#)
  - [Manage Users of My Organization \(Why is the link disabled?\)](#)

[Acceptable Use Policy](#)



Select 'View Portfolio'

# Grantee Report

## EHB Open Grant Handbook



View Grant Portfolio - Microsoft Internet Explorer

Address: https://ehbps.hrsa.gov/webexternal/PostAward/ViewGrantPortfolio.asp

U.S. Department of Health and Human Services  
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E-HANDBOOK HOME

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Welcome Alison Chi (Last login date and time 4/21/2009 10:51:00 PM)

**View Portfolio**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following are the grants for which you have been registered either as a project director or an employee. Click on the "Open Grant Handbook" link to manage a grant.

**GRANTS LIST**

H89HA00015:Ryan White Part A HIV Emergency Relief Grant Program				Last Award Issued on: 02/10/2009
Project Period	4/4/1991-2/28/2009	Budget Period	3/1/2008-2/28/2009	<a href="#">Open Grant Handbook</a>
CRS EIN	1136400434B1	Number of Support Years	18	
Project Director	JoAnn Hilger, Email: reitester1@hotmail.com, Phone: (212) 788-4904			
Grant Contact	Djuana Gibson, Email: reitester1@hotmail.com, Phone: (301) 443-3243			
Program Contact	Kerry Hill, Email: reitester1@hotmail.com, Phone: (301) 443-0583			

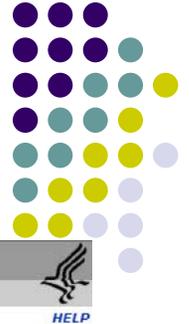
H3MHA08437:Ryan White Part A Minority AIDS Initiative Grant Program				Last Award Issued on: 01/16/2009
Project Period	8/1/2007-7/31/2010	Budget Period	8/1/2008-7/31/2009	<a href="#">Open Grant Handbook</a>
CRS EIN	1136400434B1	Number of Support Years	2	
Project Director	JoAnn Hilger, Email: reitester1@hotmail.com, Phone: (212) 788-4904			
Grant Contact	Djuana Gibson, Email: reitester1@hotmail.com, Phone: (301) 443-3243			
Program Contact	Kerry Hill, Email: reitester1@hotmail.com, Phone: (301) 443-0583			

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https://ehbps.hrsa.gov/webexternal/PeerAccess.asp

Select 'Open Grant Handbook'

# Grantee Report EHB Performance Reports



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HRSA Electronic Handbooks for Applicants/Grantee  
NEW YORK CITY OFFICE OF THE MAYOR, NEW YORK, NY

HELP

Welcome Alison Chi (Last login date and time 4/21/2009 10:51:00 PM)  
**Overview**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

**Grant Handbook H89HA00015**

**Grant Menu**

- Overview
- View Awards**
  - Last NGA
  - Award History
- Administer Submissions**
  - Monitor Schedules**
  - Performance Reports

**Return Home**

- View Portfolio
- Home

Logout

**Contact Us:**

Phone: 877-Go4-HRSA/877-464-4772; 301-998-7373	Time: 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday	Email: <a href="mailto:CallCenter@HRSA.GOV">CallCenter@HRSA.GOV</a>
------------------------------------------------------	-------------------------------------------------------------------------------	------------------------------------------------------------------------

Grant Electronic Handbook (EHB) provides authorized users of the grantee organization a means to conduct various activities electronically.

**Note:** You have multiple grants in your profile. Currently, you are working on Grant# H89HA00015. All data shown to you will be for this grant. To change to a different grant click [here](#).

**WHAT WOULD YOU LIKE TO DO TODAY?**

- View Grant Information**
  - [View Most Recent Notice of Grant Award](#)
  - [View Prior Notices of Grant Awards](#)
  - [Change/Control Who Can View this Information \(Why is the link disabled?\)](#)
- Administer Grant Handbook**
  - [Learn About Grant Access Privileges](#)
  - [Allow Other Users from My Organization to Work on this Grant \(Why is the link disabled?\)](#)
  - [Change/Control How Others Can Work on this Grant \(Why is the link disabled?\)](#)
- Manage Post Award Submissions**
  - [Learn About Post Award Submissions](#)
  - [View Available Post Award Submission Schedule](#)
  - [Work on Noncompeting Continuation Applications \(Why is the link disabled?\)](#)
  - [Work on Performance Report or Other Submissions](#)
  - [Control How Others Can Work on Submissions \(Why is the link disabled?\)](#)

[Acceptable Use Policy](#)

Select 'Performance Reports'

# Grantee Report EHB Edit Report



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 E-HANDBOOK HOME

HRSA Electronic Handbooks for Applicants/Grantee  
 NEW YORK CITY OFFICE OF THE MAYOR, NEW YORK, NY  
 HELP

Welcome Alison Chi (Last login date and time 4/21/2009 10:51:00 PM)  
**Performance Reports**  
[home](#) | [logout](#) | [contact us](#) | [glossary](#) | [help](#) | [questions/comments](#)

Following is the list of performance reports for this grant along with their statuses. Based on its status, you can edit or view the performance report by clicking on the appropriate link.

To search for a particular report, click on the search button and modify the search criteria to generate the results. For example, to search for submitted reports, click on the search button and select the "Submitted" option under the Schedule Status search criteria.

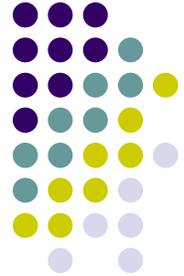
Displaying 1-2 of 2 Search

PERFORMANCE REPORT			
<b>Input Parameters:</b> ( <a href="#">Show Parameters</a> )			
<b>RDR Annual Submission</b>			<b>Schedule Status: In Progress</b>
Type	Performance Reports	Due Date	4/1/2009 6:00:00 PM <i>Late by: 22 days</i>
Available Date	12/8/2008 9:00:00 AM	Submission Tracking Number	00001701
Reporting Cycle	Calendar Year	Reporting Period	01/01/2008 - 12/31/2008
Online Submission	Yes (Preferred)	Submission Status	2 of 152 RDRs complete; 16 of 152 started.
Started by	Angelique Parks on 12/12/2008 12:30:42 PM		
<a href="#">Edit Report</a>   <a href="#">View Report</a>			
<b>CLD Report</b>			<b>Schedule Status: In Progress</b>
Type	Performance Reports	Due Date	9/15/2009 6:00:00 PM Due In: 145 days
Available Date	3/15/2009 11:27:00 AM	Submission Tracking Number	00000001
Reporting Cycle	Semi Annually	Reporting Period	03/15/2009 - 03/15/2010
Online Submission	Yes (Required)	Submission Status	0 of 152 Reports complete; 0 of 152 started.
Started by	on 3/25/2009 11:46:18 AM		
<a href="#">Submit Report</a>   <a href="#">Edit Report</a>   <a href="#">View Report</a>			

Page 1

Locate the CLD Report deliverable—which will be called the ‘RSR Semi-Annual Performance Report’—and Select ‘Start Report’

# Grantee Report Items 1 through 4



U.S. Department of Health and Human Services  
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E-HANDBOOK

Ryan White HIV/AIDS Services Reporting

Home | Provider Reports | Inbox | Reports | Logout

Your session will expire in: 29:36  
Technical Support | Help | Feedback

Grant Number: H89HA00015

**Grantee Report**

Report Status: working

You must certify the Grantee Report before performing any other actions. All restricted actions will result in redirection back to the Grantee Report.

Workflow: Certify, Print, Validate, Import

RSR Navigation: Section 1, Section 2

Data Entry Instructions: Logged in as: alichi, Role(s): Grantee Data Submitter, Grantee Data Editor, Grantee Data Viewer, Logout

**Grantee Information** | Providers Funded by Your Grant | Providers Funded through Your Fiscal Intermediaries

Grantee Name: NEW YORK CITY OFFICE OF THE MAYOR  
Funding Source: H89HA00015  
Reporting Period: 1 January 2009 through 30 June 2009

Please review items 1 through 3 and correct any changes in the Electronic Handbooks (EHB)s.

1. Grantee of record address:  
a. Street: 125 WORTH STREET  
b. City: NEW YORK  
c. State: NY  
d. ZIP Code: 10013-4006

2. DUNS Number: 08-348-9737

3. Contact information of person completing this form:  
a. Name: Alison Chi  
b. Title:  
c. Phone: (212) 385-4520 x234  
d. Fax:  
e. Email: reitester1@hotmail.com

4. Please select the status of your agency's clinical quality management program for assessing HIV health services. (Select only one.)  
 Clinical quality management program introduced this reporting period  
 Previously established quality management program  
 Previously established program with new quality standards added this reporting period  
 Not applicable

Next Page > | Save | Restore Initial Values

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Review Items 1 through 3 and Answer Item 4



## Grantee Report Items 1 through 3

If the information is available to HAB, selected items will be pre-populated in the Grantee Report. Items that are “display only” are pre-populated and cannot be modified directly within the RSR. Instead, the grantee must update these items in the EHBs.

**1. Grantee of record address** (display only):

This item shows the grantee address information stored in the Electronic Handbooks (EHBs). To edit this information, grantees need to update their agency information in the EHBs.

**2. DUNS number** (display only):

This item shows the DUNS number of the grantee of record that is stored in the EHBs. To edit this information, grantees need to update their agency information in the EHBs.

**3. Contact information of person completing this form** (display only):

This item shows the contact information stored in the EHBs for the person completing this form. To edit this information, grantees must update their user information in the EHBs.

# Grantee Report

## Item 4



4. **Select the status of your agency's clinical quality management program for assessing HIV health services.** (Select only one.)

Every RWHAP is required to have a clinical quality management program to assess the extent to which HIV health services provided to patients by medical providers and/or medical case managers under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS.

Indicate whether your agency:

- has established a new program to manage the clinical quality of RWHAP services during the reporting period;
- has a previously established clinical quality management program; or
- has recently updated an existing program with new quality standards.



# Grantee Report

## Item 5 – Provider Contracts

U.S. Department of Health and Human Services  
  
 Health Resources and Services Administration  
[E-HANDBOOK](#)

**Ryan White HIV/AIDS Services Reporting**

[Home](#) | [Provider Reports](#) | [Inbox](#) | [Reports](#) | [Logout](#)

Your session will expire in: 29:50 

[Technical Support](#) | [Help](#) | [Feedback](#)

**Grant Number**  
H89HA00015

**Workflow**

[Certify](#)  
[Print](#)  
[Validate](#)  
[Import](#)

**RSR Navigation**

[Section 1](#)  
[Section 2](#)

**Data Entry Instructions**

Logged in as: alichi  
 Role(s):  
 • Grantee Data Submitter  
 • Grantee Data Editor  
 • Grantee Data Viewer  
[Logout](#)

### Grantee Report

Report Status: working

You must certify the Grantee Report before performing any other actions. All restricted actions will result in redirection back to the Grantee Report.

Grantee Information
Providers Funded by Your Grant
Providers Funded through Your Fiscal Intermediaries

**Grantee Name:** NEW YORK CITY OFFICE OF THE MAYOR **Reporting Period:** 1 January 2009 through 30 June 2009  
**Funding Source:** H89HA00015

Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the **1 January 2009 through 30 June 2009** reporting period. Please add, edit, and remove provider contracts as appropriate. ⓘ

	Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed
	 AIDS CENTER OF QUEENS COUNTY, INC. 97-45 Queens Blvd. 12th Floor, Rego Par...		1/1/2009	6/30/2009	\$1,000	Services	<input type="checkbox"/>
	 AIDS Service Center Of Lower Manhattan... 80 Fifth Avenue 3rd Floor, New York NY 1...		1/1/2009	6/30/2009	\$0	Services	<input type="checkbox"/>
	 AIDS Treatment Data Network Inc. 611 Broadway Suite 613, New York NY 10...		1/1/2009	6/30/2009	\$0	Services	<input type="checkbox"/>
	 Alianza Dominicana Inc. 2410 Amsterdam Ave., New York NY 10033		1/1/2009	6/30/2009	\$0	Services	<input type="checkbox"/>
	 Argus Community, Inc. 760 East 160th Street, Bronx NY 10456		1/1/2009	6/30/2009	\$0	Services	<input type="checkbox"/>
					<b>\$1,000</b>		

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) [13](#) [14](#) [15](#) [16](#) [17](#) [18](#) [19](#) [20](#) [21](#) [22](#) [23](#) [24](#) [25](#) [26](#) [27](#) [28](#) [29](#) [30](#) [31](#)

[ADD PROVIDER CONTRACT](#)

[< Previous Page](#)
[Next Page >](#)
[Save](#)

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# Grantee Report

## Item 5 – Providers Funded by Your Grant

Grantee Information   **Providers Funded by Your Grant**   Providers Funded through Your Fiscal Intermediaries

Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH   Reporting Period: 1 January 2009 through 30 June 2009  
Funding Source: X07HA00011

Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the **1 January 2009 through 30 June 2009** reporting period. Please add, edit, and remove provider contracts as appropriate. ⓘ

Page Size: 5

Page 1 of 1 (Total 4 Records)

	Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed
	AIDS Project Rhode Island 232 West Exchange Street, Providence RI 02903	Gus rules the world	1/1/2009	6/30/2009	\$1,500,678	Services	<input checked="" type="checkbox"/>
	FACTS - AIDS Care Ocean State, Inc. 18 Parkis Avenue\n, Providence RI 02907	When in the course of huma...	1/1/2009	6/30/2009	\$2,147,483,...	Services	<input checked="" type="checkbox"/>
	Family Resources (Agape Center)	test test	1/1/2009	6/30/2009	\$100	Services	<input checked="" type="checkbox"/>
	NRI Community Services 21 Peace Street, Providence RI 02907		1/1/2009	6/30/2009	\$1	Services	<input type="checkbox"/>
					\$2,148,984,...		

**ADD PROVIDER CONTRACT**

Review the list of service provider contracts that were active during the given reporting period. (Note: In the first release of the system, you will be presented with a list of your providers as last saved in RDR; you will need to enter contract information)

If a contract is missing, add it using the ADD PROVIDER CONTRACT link located beneath the table on the left side of the screen. A second browser window will open with a search form that can be used to select a provider from the RWHAP provider directory. If the service provider you have contracted with is not listed in the directory, contact Ryan White Data Support to have the provider added to the directory.



# Grantee Report

## Item 5 – Providers Funded by Your Grant

Grantee Information    Providers Funded by Your Grant    Providers Funded through Your Fiscal Intermediaries

Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH    Reporting Period: 1 January 2009 through 30 June 2009  
Funding Source: X07HA00011

Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the **1 January 2009 through 30 June 2009** reporting period. Please add, edit, and remove provider contracts as appropriate. ⓘ

Page Size: 5

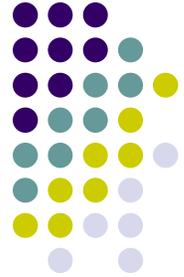
Page 1 of 1 (Total 4 Records)

	Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed
	AIDS Project Rhode Island 232 West Exchange Street, Providence RI 02903	Gus rules the world	1/1/2009	6/30/2009	\$1,500,678	Services	<input checked="" type="checkbox"/>
	FACTS - AIDS Care Ocean State, Inc. 18 Parkis Avenue\n, Providence RI 02907	When in the course of huma...	1/1/2009	6/30/2009	\$2,147,483,...	Services	<input checked="" type="checkbox"/>
	Family Resources (Agape Center)	test test	1/1/2009	6/30/2009	\$100	Services	<input checked="" type="checkbox"/>
	NRI Community Services 21 Peace Street, Providence RI 02907		1/1/2009	6/30/2009	\$1	Services	<input type="checkbox"/>
					\$2,148,984,...		

1

**ADD PROVIDER CONTRACT**

To remove a provider contract, click the Remove (trash) icon next to the provider's name.



# Grantee Report

## Item 5 – Providers Funded by Your Grant

Grantee Information		Providers Funded by Your Grant		Providers Funded through Your Fiscal Intermediaries				
Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH				Reporting Period: 1 January 2009 through 30 June 2009				
Funding Source: X07HA00011								
Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the <b>1 January 2009 through 30 June 2009</b> reporting period. Please add, edit, and remove provider contracts as appropriate.								
								Page Size: 5
Page 1 of 1 (Total 4 Records)								
		Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed
		AIDS Project Rhode Island 232 West Exchange Street, Providence RI 02903	Gus rules the world	1/1/2009	6/30/2009	\$1,500,678	Services	<input checked="" type="checkbox"/>
		FACTS - AIDS Care Ocean State, Inc. 18 Parkis Avenue\n, Providence RI 02907	When in the course of huma...	1/1/2009	6/30/2009	\$2,147,483,...	Services	<input checked="" type="checkbox"/>
		Family Resources (Agape Center)	test test	1/1/2009	6/30/2009	\$100	Services	<input checked="" type="checkbox"/>
		NRI Community Services 21 Peace Street, Providence RI 02907		1/1/2009	6/30/2009	\$1	Services	<input type="checkbox"/>
						\$2,148,984,...		
1								
<a href="#">ADD PROVIDER CONTRACT</a>								

After reviewing and updating your provider contract list. Verify the **contact information** for each of your providers. To edit a provider's address, select the "Edit" icon. This link will open another browser window where you can update the provider's contact information.

# Grantee Report

## Item 5 – Providers Funded by Your Grant

(continued)



Grantee Information		Providers Funded by Your Grant			Providers Funded through Your Fiscal Intermediaries			
Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH		Funding Source: X07HA00011			Reporting Period: 1 January 2009 through 30 June 2009			
Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the 1 January 2009 through 30 June 2009 reporting period. Please add, edit, and remove provider contracts as appropriate. ?								
								Page Size: 5
Page 1 of 1 (Total 4 Records)								
	Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed	
	AIDS Project Rhode Island 232 West Exchange Street, Providence RI 02903	Gus rules the world	1/1/2009	6/30/2009	\$1,500,678	Services	<input checked="" type="checkbox"/>	
	FACTS - AIDS Care Ocean State, Inc. 18 Parkis AvenueIn, Providence RI 02907	When in the course of huma...	1/1/2009	6/30/2009	\$2,147,483,...	Services	<input checked="" type="checkbox"/>	
	Family Resources (Agape Center)	test test	1/1/2009	6/30/2009	\$100	Services	<input checked="" type="checkbox"/>	
	NRI Community Services 21 Peace Street, Providence RI 02907		1/1/2009	6/30/2009	\$1	Services	<input type="checkbox"/>	
					\$2,148,984,...			1
ADD PROVIDER CONTRACT								

Next, verify your providers' contract information by reviewing the data in the following fields. The data in these fields may be edited at anytime.

**Contract Reference (optional):** You may want to enter a “contract reference” if you have multiple contracts with one of your service providers under a single grant. A contract reference number (or name) may make it easier for you and your provider to identify each particular contract.

**Contract Start and End Date:** Enter the start date and end date of the selected contract. Keep in mind that the contract period may begin before and/or extend beyond the reporting period dates.

**Amount:** Enter the total amount of funding allocated for the selected contract.



# Grantee Report

## Item 5 – Providers Funded by Your Grant

(continued)

Grantee Information		Providers Funded by Your Grant		Providers Funded through Your Fiscal Intermediaries				
Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH				Reporting Period: 1 January 2009 through 30 June 2009				
Funding Source: X07HA00011								
Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the <b>1 January 2009 through 30 June 2009</b> reporting period. Please add, edit, and remove provider contracts as appropriate. ?								
								Page Size: 5
Page 1 of 1 (Total 4 Records)								
		Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed
		AIDS Project Rhode Island 232 West Exchange Street, Providence RI 02903	Gus rules the world	1/1/2009	6/30/2009	\$1,500,678	<a href="#">Services</a>	<input checked="" type="checkbox"/>
		FACTS - AIDS Care Ocean State, Inc. 18 Parkis Avenue\n, Providence RI 02907	When in the course of huma...	1/1/2009	6/30/2009	\$2,147,483,...	<a href="#">Services</a>	<input checked="" type="checkbox"/>
		Family Resources (Agape Center)	test test	1/1/2009	6/30/2009	\$100	<a href="#">Services</a>	<input checked="" type="checkbox"/>
		NRI Community Services 21 Peace Street, Providence RI 02907		1/1/2009	6/30/2009	\$1	<a href="#">Services</a>	<input type="checkbox"/>
						\$2,148,984,...		
1								
<a href="#">ADD PROVIDER CONTRACT</a>								

**For each contract:** Grantees are required to specify the services the provider is authorized to deliver under the contract.

Select the “Services” link to open another screen.



# Grantee Report

## Item 5 – Providers Funded by Your Grant

(continued)

Funded	Service
<input checked="" type="checkbox"/>	Outpatient/ambulatory medical care
<input type="checkbox"/>	AIDS Pharmaceutical Assistance/dispense pharmaceuticals
<input type="checkbox"/>	Oral health care
<input checked="" type="checkbox"/>	Early intervention services (Parts A and B)
<input type="checkbox"/>	Health Insurance Premium & Cost Sharing Assistance
<input type="checkbox"/>	Home health care
<input type="checkbox"/>	Home and community-based health services
<input type="checkbox"/>	Hospice services
<input type="checkbox"/>	Mental health services
<input type="checkbox"/>	Medical nutrition therapy
<input type="checkbox"/>	Medical case management (including treatment adherence)
<input type="checkbox"/>	Substance abuse services-outpatient

[< Previous Page](#)   [Next Page >](#)   [Save](#)   [Restore Initial Values](#)

[Close Window and Return to Contracts Page](#)

Select all of the services the agency has been contracted to provide under this agreement. After saving information entered on the services web pages, simply close the browser window using the “Close Window and Return to Contracts Page” link to return to the “Providers Funded by Your Grant” page of the Grantee Report.

*Important: The “Next Page”, “Previous Page” and “Save” buttons save changes that you have made to the services. Navigating between service categories using the tabs does **not** save your changes.*



# Grantee Report

## Item 5 – Contract Administrative and Technical Services

**Grantee:** STATE OF RHODE ISLAND DEPARTMENT OF HEALTH  
**Provider:** FACTS - AIDS Care Ocean State, Inc.

**Funding Source:** Part B  
**Grant #:** X07HA00011

**Administrative & Technical Services** | Core Medical Services | Support Services | HIV Counseling & Testing

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input type="checkbox"/>	Planning or evaluation
<input type="checkbox"/>	Administrative or technical support
<input type="checkbox"/>	Fiscal intermediary support
<input type="checkbox"/>	Other fiscal services
<input type="checkbox"/>	Technical assistance
<input type="checkbox"/>	Capacity development
<input type="checkbox"/>	Quality management

< Previous Page    Next Page >    Save    Restore Initial Values

[Close Window and Return to Contracts Page](#)



For providers who serve as fiscal intermediaries (pass-throughs), select “Fiscal Intermediary Support” as a service.



# Grantee Report

## Item 5 – Contract Core Medical Services

https://perf-test.hrsa.gov - HRSA HIV/AIDS Bureau - Ryan White Data Collection System - Microsoft Internet Explorer

Grantee: NEW YORK CITY OFFICE OF THE MAYOR  
Provider: AIDS CENTER OF QUEENS COUNTY, INC.

Funding Source: Part A  
Grant #: H89HA00015

Administrative & Technical Services | **Core Medical Services** | Support Services | HIV Counseling & Testing

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input checked="" type="checkbox"/>	Outpatient/ambulatory medical care
<input type="checkbox"/>	AIDS Pharmaceutical Assistance/dispense pharmaceuticals
<input type="checkbox"/>	Oral health care
<input type="checkbox"/>	Early intervention services (Parts A and B)
<input type="checkbox"/>	Health Insurance Premium & Cost Sharing Assistance
<input type="checkbox"/>	Home health care
<input type="checkbox"/>	Home and community-based health services
<input type="checkbox"/>	Hospice services
<input checked="" type="checkbox"/>	Mental health services
<input checked="" type="checkbox"/>	Medical nutrition therapy
<input checked="" type="checkbox"/>	Medical case management (including treatment adherence)
<input checked="" type="checkbox"/>	Substance abuse services-outpatient

< Previous Page    Next Page >    Save    Restore Initial Values

Close Window and Return to Contracts Page

Downloading picture https://perf-test.hrsa.gov/hab/rsrApp/xsl/images/BackOff.gif...    Internet

## Item 5 – Contract Core Medical Services



# Grantee Report

## Item 5 – Contract Support Services

https://perf-test.hrsa.gov - HRSA HIV/AIDS Bureau - Ryan White Data Collection System - Microsoft Internet Explorer

Grantee: NEW YORK CITY OFFICE OF THE MAYOR  
Provider: AIDS CENTER OF QUEENS COUNTY, INC.

Funding Source: Part A  
Grant #: H89HA00015

Administrative & Technical Services | Core Medical Services | **Support Services** | HIV Counseling & Testing

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Service
<input checked="" type="checkbox"/>	Case management (non-medical)
<input type="checkbox"/>	Child care services
<input type="checkbox"/>	Pediatric development assessment/early intervention services
<input type="checkbox"/>	Emergency financial assistance
<input type="checkbox"/>	Food bank/home-delivered meals
<input type="checkbox"/>	Health education/risk reduction
<input type="checkbox"/>	Housing services
<input type="checkbox"/>	Legal services
<input type="checkbox"/>	Linguistics services
<input checked="" type="checkbox"/>	Medical transportation services
<input type="checkbox"/>	Outreach services
<input type="checkbox"/>	Permanency planning
<input checked="" type="checkbox"/>	Psychological support services
<input checked="" type="checkbox"/>	Referral for health care/supportive services
<input type="checkbox"/>	Rehabilitation services
<input type="checkbox"/>	Respite care
<input type="checkbox"/>	Substance abuse services-residential
<input type="checkbox"/>	Treatment adherence counseling

< Previous Page    Next Page >    Save    Restore Initial Values

[Close Window and Return to Contracts Page](#)

Done    Internet

## Item 5 – Contract Support Services



# Grantee Report

## Item 5 – Contract HIV Counseling & Testing Services

https://perf-test.hrsa.gov - HRSA HIV/AIDS Bureau - Ryan White Data Collection System - Microsoft Internet Explorer

Grantee: NEW YORK CITY OFFICE OF THE MAYOR  
Provider: AIDS CENTER OF QUEENS COUNTY, INC.

Funding Source: Part A  
Grant #: H89HA00015

Administrative & Technical Services   Core Medical Services   Support Services   **HIV Counseling & Testing**

Check the box if this agency was funded to provide HIV Counseling and Testing services under this agreement.

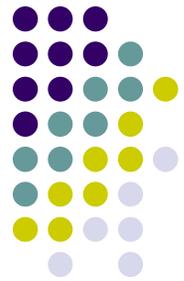
Funded	Service
<input type="checkbox"/>	HIV Counseling and Testing

< Previous Page   Next Page >   Save   Restore Initial Values

[Close Window and Return to Contracts Page](#)

Done   Internet

Item 5 – Contract HIV Counseling & Testing Services



# Grantee Report

## Item 5 – Provider Contracts

(continued)

Grantee Information   **Providers Funded by Your Grant**   Providers Funded through Your Fiscal Intermediaries

Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH   Reporting Period: 1 January 2009 through 30 June 2009  
Funding Source: X07HA00011

Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the **1 January 2009 through 30 June 2009** reporting period. Please add, edit, and remove provider contracts as appropriate.

Page Size: 5

Page 1 of 1 (Total 4 Records)

	Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed
	AIDS Project Rhode Island 232 West Exchange Street, Providence RI 02903	Gus rules the world	1/1/2009	6/30/2009	\$1,500,678	Services	<input checked="" type="checkbox"/>
	FACTS - AIDS Care Ocean State, Inc. 18 Parkis Avenue\n, Providence RI 02907	When in the course of huma...	1/1/2009	6/30/2009	\$2,147,483,...	Services	<input checked="" type="checkbox"/>
	Family Resources (Agape Center)	test test	1/1/2009	6/30/2009	\$100	Services	<input checked="" type="checkbox"/>
	NRI Community Services 21 Peace Street, Providence RI 02907		1/1/2009	6/30/2009	\$1	Services	<input checked="" type="checkbox"/>
					\$2,148,984,...		

1

**ADD PROVIDER CONTRACT**

After reviewing and updating, if necessary, the information for each contract, check the box in the “Completed” column.

Select the “Next” button to save the data and advance to the final page in the Grantee Report, “Providers Funded Through Your Fiscal Intermediaries.”



# Grantee Report

## Item 6 – Providers Funded through Your Fiscal Intermediaries

Grantee Information	Providers Funded by Your Grant	Providers Funded through Your Fiscal Intermediaries				
<b>Grantee Name:</b> STATE OF RHODE ISLAND DEPARTMENT OF HEALTH <b>Funding Source:</b> X07HA00011		<b>Reporting Period:</b> 1 January 2009 through 30 June 2009				
Review the list of contracts funded by your grant through your agency's fiscal intermediary service provider(s). This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the <b>1 January 2009 through 30 June 2009</b> reporting period. Please add, edit, and remove provider contracts as appropriate.						
<b>Fiscal Intermediary:</b> AIDS Project Rhode Island (Contract #17864) complete						
	Provider	Contract Reference	Start Date	End Date	Amount	Services
	House of Compassion 2510 Mendon Road, Cumberland RI 02864		1/1/2009	6/30/2009	\$ 0	Services
	Thundermist Health Associates, Inc. 383 Arnold Street\n, Woonsocket RI 02895		1/1/2009	6/30/2009	\$ 0	Services
					\$ 0	
<a href="#">ADD PROVIDER CONTRACT</a>						

If you have selected fiscal intermediary services for any of your providers, you will complete information on the “Providers Funded through your Fiscal Intermediaries” tab.

Select a contract for fiscal intermediary services from the list box near the top of the page. A list of contracts funded by your grant through the selected fiscal intermediary will be displayed. (Note: In the first system release, you will need to add this contract information.)



# Grantee Report

## Item 6 – Providers Funded through Your Fiscal Intermediaries

Grantee Information	Providers Funded by Your Grant	Providers Funded through Your Fiscal Intermediaries			
<b>Grantee Name:</b> STATE OF RHODE ISLAND DEPARTMENT OF HEALTH <b>Funding Source:</b> X07HA00011		<b>Reporting Period:</b> 1 January 2009 through 30 June 2009			
Review the list of contracts funded by your grant through your agency's fiscal intermediary service provider(s). This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the <b>1 January 2009 through 30 June 2009</b> reporting period. Please add, edit, and remove provider contracts as appropriate.					
<b>Fiscal Intermediary:</b> AIDS Project Rhode Island (Contract #17864) complete					
Provider	Contract Reference	Start Date	End Date	Amount	Services
House of Compassion 2510 Mendon Road, Cumberland RI 02864		1/1/2009	6/30/2009	\$ 0	Services
Thundermist Health Associates, Inc. 383 Arnold Street\n, Woonsocket RI 02895		1/1/2009	6/30/2009	\$ 0	Services
				\$ 0	
<b>ADD PROVIDER CONTRACT</b>					

If a contract is missing, add it using the ADD PROVIDER CONTRACT link located beneath the table on the left side of the screen. A second browser window will open with a search form that can be used to select a provider from the RWHAP provider directory. If the service provider you have contracted with is not listed in the directory, contact Ryan White Data Support to have the provider added to the directory in the RSR system.



# Grantee Report

## Item 6 – Providers Funded through Your Fiscal Intermediaries

Grantee Information	Providers Funded by Your Grant	Providers Funded through Your Fiscal Intermediaries				
Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH Funding Source: X07HA00011		Reporting Period: 1 January 2009 through 30 June 2009				
Review the list of contracts funded by your grant through your agency's fiscal intermediary service provider(s). This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the <b>1 January 2009 through 30 June 2009</b> reporting period. Please add, edit, and remove provider contracts as appropriate.						
Fiscal Intermediary: AIDS Project Rhode Island (Contract #17864) complete						
	Provider	Contract Reference	Start Date	End Date	Amount	Services
	House of Compassion 2510 Mendon Road, Cumberland RI 02864		1/1/2009	6/30/2009	\$ 0	Services
	Thundermist Health Associates, Inc. 383 Arnold Street\n, Woonsocket RI 02895		1/1/2009	6/30/2009	\$ 0	Services
						\$ 0
<a href="#">ADD PROVIDER CONTRACT</a>						

To remove a provider contract for this fiscal intermediary, click the Remove icon next to the provider's name.

After reviewing and updating the provider contract list associated with this fiscal intermediary, verify the **contact information** for these providers. To edit a provider's address, select the "Edit" icon. This link will open another browser window where you can update the provider's contact information.



# Grantee Report

## Item 6 – Providers Funded through Your Fiscal Intermediaries

(continued)

Grantee Information	Providers Funded by Your Grant	Providers Funded through Your Fiscal Intermediaries			
Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH Funding Source: X07HA00011		Reporting Period: 1 January 2009 through 30 June 2009			
Review the list of contracts funded by your grant through your agency's fiscal intermediary service provider(s). This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the <b>1 January 2009 through 30 June 2009</b> reporting period. Please add, edit, and remove provider contracts as appropriate.					
Fiscal Intermediary: AIDS Project Rhode Island (Contract #17864) complete					
Provider	Contract Reference	Start Date	End Date	Amount	Services
House of Compassion 2510 Mendon Road, Cumberland RI 02864		1/1/2009	6/30/2009	\$ 0	Services
Thundemist Health Associates, Inc. 383 Arnold Street\n, Woonsocket RI 02895		1/1/2009	6/30/2009	\$ 0	Services
				\$ 0	1
<a href="#">ADD PROVIDER CONTRACT</a>					

Next, verify the contract information for this fiscal intermediary’s contracts by reviewing the data in the following fields. The data in these fields may be edited at anytime.

**Contract Reference (optional):** You may want to enter a “contract reference” if you have multiple contracts with one of your service providers under a single grant. A contract reference number (or name) may make it easier for you and your provider to identify each particular contract.

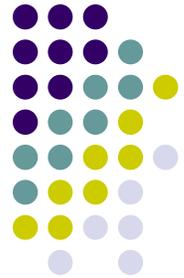
**Contract Start and End Date:** Enter the start and end dates of the selected contract. (The contract period may begin before and/or extend beyond the reporting period dates.)

**Amount:** Enter the total amount of funding allocated for the selected contract.

# Grantee Report

## Item 6 – Providers Funded through Your Fiscal Intermediaries

(continued)



Grantee Information		Providers Funded by Your Grant		Providers Funded through Your Fiscal Intermediaries			
Grantee Name: STATE OF RHODE ISLAND DEPARTMENT OF HEALTH				Reporting Period: 1 January 2009 through 30 June 2009			
Funding Source: X07HA00011							
Review the list of contracts funded by your grant through your agency's fiscal intermediary service provider(s). This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the <b>1 January 2009 through 30 June 2009</b> reporting period. Please add, edit, and remove provider contracts as appropriate.							
Fiscal Intermediary:		AIDS Project Rhode Island (Contract #17864) complete					
		Provider	Contract Reference	Start Date	End Date	Amount	Services
		House of Compassion 2510 Mendon Road, Cumberland RI 02864		1/1/2009	6/30/2009	\$ 0	Services
		Thundermist Health Associates, Inc. 383 Arnold Street\n, Woonsocket RI 02895		1/1/2009	6/30/2009	\$ 0	Services
						\$ 0	
1							
<b>ADD PROVIDER CONTRACT</b>							

**For each contract:** Grantees are required to specify the services the fiscal intermediary providers are authorized to deliver under the contract.

To do this, select the “Services” link to open another screen.

# Grantee Report

## Item 6 – Providers Funded through Your Fiscal Intermediaries

(continued)



Administrative & Technical Services				Core Medical Services				Support Services				HIV Counseling & Testing			
Select the services this agency was funded to provide under this agreement. (Check all that apply.)															
Funded	Delivered	Service													
<input type="checkbox"/>	0	Outpatient/ambulatory medical care													
<input type="checkbox"/>	0	AIDS Pharmaceutical Assistance/dispense pharmaceuticals													
<input type="checkbox"/>	0	Oral health care													
<input type="checkbox"/>	0	Early intervention services (Parts A and B)													
<input type="checkbox"/>	0	Health Insurance Premium & Cost Sharing Assistance													
<input type="checkbox"/>	0	Home health care													
<input type="checkbox"/>	0	Home and community-based health services													
<input type="checkbox"/>	0	Hospice services													
<input type="checkbox"/>	0	Mental health services													
<input type="checkbox"/>	0	Medical nutrition therapy													
<input type="checkbox"/>	0	Medical case management (including treatment adherence)													
<input type="checkbox"/>	0	Substance abuse services-outpatient													

[< Previous Page](#)   [Next Page >](#)   [Save](#)   [Restore Initial Values](#)

[Close Window and Return to Contracts Page](#)

Select all of the services the agency has been contracted to provide under this agreement.

After saving information entered on the services web pages, simply close the browser window using the “Close Window and Return to Contracts Page” link to return to the “Providers Funded through Your Fiscal Intermediary” page of the Grantee Report.

*Important: The “Next Page”, “Previous Page” and “Save” buttons save changes that you have made to the services. Navigating between service categories using the tabs does **not** save your changes.*



# Grantee Report Validation and Certification

**Grant Number**  
X07HA00011

**Workflow**

- Certify
- Print
- Validate
- Import

**RSR Navigation**

- Section 1
- Section 2
  - By Grant
  - By FI

**Data Entry Instructions**

Logged in as: bluebird

**Role(s):**

- Provider
- Grantee Data Submitter
- Grantee Data Editor
- Grantee Data Viewer

Logout

## Grantee Report

**Report Status:** working

You must certify the Grantee Report before performing any other actions. All restricted actions will result in redirection back to the Grantee Report.

**Grantee Information** | **Providers Funded by Your Grant** | **Providers Funded through Your Fiscal Intermediaries**

**Grantee Name:** STATE OF RHODE ISLAND DEPARTMENT OF HEALTH  
**Funding Source:** X07HA00011  
**Reporting Period:** 1 January 2009 through 30 June 2009

Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the **1 January 2009 through 30 June 2009** reporting period. Please add, edit, and remove provider contracts as appropriate.

Page Size: 5

Page 1 of 1 (Total 4 Records)								
	Provider	Contract Reference	Start Date	End Date	Amount	Services	Completed	
	AIDS Project Rhode Island 232 West Exchange Street, Providence RI 02903	Contract #17864	1/1/2009	6/30/2009		Services	<input checked="" type="checkbox"/>	
	FACTS - AIDS Care Ocean State, Inc. 18 Parkis Avenue(n, Providence RI 02907	When in the course of human...	1/1/2009	6/30/2009	\$2,147,483,647	Services	<input checked="" type="checkbox"/>	
	Family Resources (Agape Center)	test test	1/1/2009	6/30/2009	\$100	Services	<input checked="" type="checkbox"/>	
	NRI Community Services 21 Peace Street, Providence RI 02907		1/1/2009	6/30/2009	\$1	Services	<input checked="" type="checkbox"/>	
					\$2,148,984,4...			

**ADD PROVIDER CONTRACT**

< Previous Page | Next Page > | Save

After reviewing and updating, if necessary, the information for each fiscal intermediary contract, check the box in the “Completed” column.

Validate your Grantee Report by clicking on the “Validate” link at the top left of the page in the “Workflow” section. Resolve all validation errors and – to the best of your ability – all validation warnings.



## Grantee Report Validation and Certification

Once all validation errors have been resolved and you have completed entering all information; certify that the Grantee Report is complete using the “Certify” link at the top left of the page.

You may print your report by using the “Print” command located in the top left corner of the page.

*Important: Provider Reports may **not** be submitted until the Grantee Report has been “certified”.*

**Grant Number**  
X07HA00011

**Workflow**

- Certify
- Print
- Validate
- Import

**RSR Navigation**

- Section 1
- Section 2
  - By Grant
  - By FI

**Data Entry Instructions**

Logged in as: bluebird

Role(s):

- Provider
- Grantee Data Submitter
- Grantee Data Editor
- Grantee Data Viewer

Logout

### Grantee Report

**Report Status:** working

You must certify the Grantee Report before per

Grantee Information		Providers Fu
<b>Grantee Name:</b> STATE OF RHODE ISLAND D		
<b>Funding Source:</b> X07HA00011		
Review the list of your agency's service provider contracts that were active at a appropriate. ⓘ		
		Provider
🗑️	📄	AIDS Project Rhode Island 232 West Exchange Street,
🗑️	📄	FACTS - AIDS Care Ocean S 18 Parkis Avenue\n, Provide
🗑️	📄	Family Resources (Agape Ce
🗑️	📄	NRI Community Services 21 Peace Street, Providence

# Provider Report HAB RSR Login



**HRSA HIV/AIDS Bureau**

Welcome to the HAB RSR Web Application

Username:

Password:  [I forgot my username/password](#)

If you do not have an account, please use the [Registration Form](#).

Select Application:

**Ryan White HIV/AIDS Grantees cannot access the HAB Web Application system through this login page. If you are a grantee you must access the HAB Web Application through HRSA's Electronic Handbooks (EHBs).**

If you are a provider who receives funding from a Ryan White HIV/AIDS grantee, you may use this web system to enter, validate and submit your Ryan White HIV/AIDS Report(s) for the 2009 reporting period. To access the system, enter your **username** and **password** in the text boxes above, then click **'Log In'**. If you forgot your password, or need help logging in, call the HRSA Call Center at **1-877-Go4-HRSA (1-877-464-4772)**.

If you are a provider but do not have a username and password, you must register to create one. You will need your **registration code**. If you wish to register but do not have a registration code, contact your grantee. For more information, contact the Ryan White HIV/AIDS Data Support Line at **1-888-640-9356**.

**\*\*\*WARNING\*\*\* \*\*\*WARNING\*\*\* \*\*\*WARNING\*\*\***

This is a Health Resources and Services Administration (HRSA) computer system. HRSA computer systems are provided for the processing of Official U.S. Government information only. All data contained on HRSA computer systems is owned by HRSA and may be monitored, intercepted, recorded, read, copied or captured in any manner and disclosed in any manner, by authorized personnel. THERE IS NO RIGHT OF PRIVACY IN THIS SYSTEM. System personnel may give law enforcement officials any potential evidence of crime found on the HRSA computer systems. USE OF THIS SYSTEM BY ANY USER, AUTHORIZED OR UNAUTHORIZED, CONSTITUTES CONSENT TO THIS MONITORING, INTERCEPTION, RECORDING, READING, COPYING, OR CAPTURING and DISCLOSURE.

**\*\*\*WARNING\*\*\* \*\*\*WARNING\*\*\* \*\*\*WARNING\*\*\***

The HAB RSR Web Application supports Microsoft Internet Explorer Browsers, Version 5.5 and above. To download the latest version of Microsoft Internet Explorer, click the following link:

Login to the HAB RSR Website

<https://perf-test.hrsa.gov/regloginapp/admin/login.aspx>

Enter Your Username and Password and Select 'Login'

Note: You must be a registered RSR Provider.



# Provider Report

## HAB RSR Provider Task List

### Inbox

Task List	Grantee List	Print Request	Un-Submit Request	Change Request
View Task List details   [Help]				
Task Name	Action			Status
Gather Information Needed for Provider Report				Completed? Yes <input type="radio"/> No <input checked="" type="radio"/>
Finish Provider Report Data Entry	<a href="#">Go Perform Task</a>			Completed? Yes <input type="radio"/> No <input checked="" type="radio"/>
Upload Client-Level Data	<a href="#">Go Perform Task</a>			Completed? Yes <input type="radio"/> No <input checked="" type="radio"/>
Validate and Correct Provider Report (if necessary)	<a href="#">Go Perform Task</a>			Completed? Yes <input type="radio"/> No <input checked="" type="radio"/>
Submit Provider Report to Grantee(s) for Review	<a href="#">Go Perform Task</a>			Completed? Yes <input type="radio"/> No <input checked="" type="radio"/>
Monitor Provider Report through Deadline	<a href="#">Go Perform Task</a>			Completed? Yes <input type="radio"/> No <input checked="" type="radio"/>
Modify, Validate and Re-Submit Provider Report (if necessary)	<a href="#">Go Perform Task</a>			Completed? Yes <input type="radio"/> No <input checked="" type="radio"/>
<input type="button" value="Update Task Status"/> <input type="button" value="Reset"/>				

Click on “Go Perform Task” next to “Finish Provider Report Data Entry.”



# Provider Report

## Item 1 – Provider Address and Item 2 – Contact Information

Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK

Ryan White HIV/AIDS Services Reporting

Home | Provider Report | Inbox | Reports | Logout

RSR Administration  
Validate  
Import Clients  
Import Provider  
Un-Submit  
Submit

RSR Navigation  
[-] Section 1  
- Q1-2  
- Q3-7  
- Q8 Contracts  
- Q9-11  
[+] Section 2

Data Entry Instructions  
Logged in as: provider1  
Role(s):  
• Provider  
Logout

The deadline to submit the RSR to your grantee is September 01, 2009 06:00 PM EDT  
The deadline to un-submit your RSR is September 09, 2009 06:00 PM EDT

Section 1 of 2 - Page 1 of 5 - Questions 1 - 2      Access Mode: **edit** - Data can be edited by: **provider1** only - RSR Status: **working**

Provider Name: Health Equity Partnership      Reporting Period: 1 January 2009 through 30 June 2009

**SECTION 1. SERVICE PROVIDER INFORMATION**

Fields with a red star (\*) are required

**1. Provider Address: (Edit)**

a. Street: 345 Main Street  
b. City: Rockville  
c. State: MD  
d. ZIP Code: 20852

**2. Contact information: (Edit)**

a. Name: mike provider  
b. Title: master & lord  
c. Phone #: (301) 555-1111  
d. Fax #:  
e. Email: dolism@saic.com

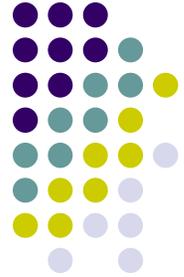
< Previous Page    Next Page >    Save    Restore Initial Values

For technical help please call 1-877-Go4-HRSA (1-877-464-4772). For data support, please call 1-888-640-9356

Verify the contents of Items 1 and 2. Edit if necessary.  
Click “Next Page” to save your changes and advance to the next page.

# Provider Report

## Item 3 through Item 7



U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK

**Ryan White HIV/AIDS Services Reporting**

Home | **Provider Report** | Inbox | Reports | Logout

Your session will expire in: 29:02  
Technical Support | Help | Feedback

---

**RSR Administration**  
Validate  
Import Clients  
Import Provider  
Un-Submit  
Submit

**RSR Navigation**  
Section 1  
- Q1-2  
- Q3-7  
- Q8 Contracts  
- Q9-11  
Section 2

Data Entry Instructions  
Logged in as: provider1  
Role(s):  
• Provider  
Logout

The deadline to submit the RSR to your grantee is September 01, 2009 06:00 PM EDT  
The deadline to un-submit your RSR is September 09, 2009 06:00 PM EDT

Section 1 of 2 - Page 2 of 5 - Questions 3 - 7      Access Mode: **edit** - Data can be edited by: **provider1** only - RSR Status: **working**  
Provider Name: Health Equity Partnership      Reporting Period: 1 January 2009 through 30 June 2009

**SECTION 1. SERVICE PROVIDER INFORMATION (Continued)**

**3. Provider type:**

- Hospital or university-based clinic
- Publicly funded community health center (*go to Item 4*)
- Publicly funded community mental health center
- Other community-based service organization (CBO)
- Health department
- Substance abuse treatment center
- Solo/group private medical practice
- Agency reporting for multiple fee-for-service providers
- PLWHA coalition
- VA facility
- Other provider type (Specify:  )

**4. During this reporting period, did your organization receive funding under Section 330 of the Public Health Service Act (funds community Health Centers, Migrant Health Centers, and Health Care for the Homeless)?** (Clear my answer)

Yes  No  Unknown

**5. Ownership status:**

**a. Type of ownership:**

- Public/local
- Public/state
- Public/federal
- Private, nonprofit (*go to Item 5b*)
- Private, for-profit
- Unincorporated
- Other (Specify:  )

**b. For private, nonprofit organizations only: is your organization faith-based?** (Clear my answer)

Yes  No

**6. During this reporting period, did your organization receive Minority AIDS Initiative (MAI) funds?**

Yes  No  Unknown

**7. Enter the amount of Part A, B, C, or D funds that were expended on oral health care during this reporting period** (rounded to the nearest dollar):

\$

---

For technical help please call 1-877-Go4-HRSA (1-877-464-4772). For data support, please call 1-888-640-9356.

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Answer Item 3 through Item 7.  
Click “Next” to save your changes and advance to the next page.

# Provider Report

## Item 8 – Contract Services



HRSA HIV/AIDS Bureau - Ryan White Data Collection System - Microsoft Internet Explorer

Address: https://perf-test.hrsa.gov/hab/rsrApp/UI/rsr.aspx

U.S. Department of Health and Human Services  
**HRSA**  
 Health Resources and Services Administration  
 E-HANDBOOK

Ryan White HIV/AIDS Services Reporting

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**RSR Administration**  
 Validate  
 Import Clients  
 Import Provider  
 Un-Submit  
 Submit

**RSR Navigation**  
 Section 1  
 - Q1-2  
 - Q3-7  
 - Q8 Contracts  
 - Q9-11  
 Section 2

Data Entry Instructions  
 Logged in as: provider1  
 Role(s):  
 • Provider  
 Logout

The deadline to submit the RSR to your grantee is September 01, 2009 06:00 PM EDT  
 The deadline to un-submit your RSR is September 09, 2009 06:00 PM EDT

Section 1 of 2 - Page 3 of 5 - Question 8 Access Mode: **edit** - Data can be edited by: provider1 only - RSR Status: working

Provider Name: Health Equity Partnership Reporting Period: 1 January 2009 through 30 June 2009

**SECTION 1. SERVICE PROVIDER INFORMATION (Continued)**

**8. Please indicate if your organization expended Ryan White HIV/AIDS Program funds to provide services to the grantees listed in the table below.**

Grantee Name	Funding Source	Grant Number	Contract Reference	Services	Amount Funded
Tri-City Health Center	Part C EIS	H76HA00160		Services (8*)	\$ 0
Family Care Network-Children's Hospital Oakland	Part D	H12HA00072		Services (3*)	\$ 0
				<b>Total Funded:</b>	<b>\$0</b>

< Previous Page Next Page > Save Restore Initial Values

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Complete Item 8 by selecting the “Services” link for each contract and indicating the services that you delivered under each contract.



# Provider Report

## Item 8 – Contract Services

https://perf-test.hrsa.gov - HRSA HIV/AIDS Bureau - Ryan White Data Collection System - Microsoft Internet Explorer

Grantee: Tri-City Health Center  
Provider: Health Equity Partnership

Funding Source: Part C EIS  
Grant #: H76HA00160

Administrative & Technical Services | Core Medical Services | Support Services | HIV Counseling & Testing

Select the services this agency was funded to provide under this agreement. (Check all that apply.)

Funded	Delivered	Service
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Planning or evaluation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Administrative or technical support
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fiscal intermediary support
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other fiscal services
<input type="checkbox"/>	<input type="checkbox"/>	Technical assistance
<input type="checkbox"/>	<input type="checkbox"/>	Capacity development
<input type="checkbox"/>	<input type="checkbox"/>	Quality management

< Previous Page | Next Page > | Save | Restore Initial Values

Close Window and Return to Contracts Page

Done | Internet

Check the box in the “Delivered” column next to each service that you delivered during the reporting period. The “Funded” column indicates those services that you were funded to deliver during the reporting period. Use the “Close Window and Return to Contracts Page” to return to the Provider Report.

*Important: You must save your changes before closing this window using either the “Previous Page”, “Next Page” or “Save” buttons. Changing category services using the tabs does not save your changes.*



# Provider Report

## Item 9 through Item 11

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RSR Administration  
Validate  
Import Clients  
Import Provider  
Un-Submit  
Submit

RSR Navigation  
Section 1  
- Q1-2  
- Q3-7  
- Q8 Contracts  
- Q9-11  
Section 2

Data Entry Instructions  
Logged in as: provider1  
Role(s):  
• Provider  
Logout

The deadline to submit the RSR to your grantee is September 01, 2009 06:00 PM EDT  
The deadline to un-submit your RSR is September 09, 2009 06:00 PM EDT

Section 1 of 2 - Page 4 of 5 - Questions 9 - 11      Access Mode: **edit** - Data can be edited by: **provider1** only - RSR Status: **working**

Provider Name: Health Equity Partnership      Reporting Period: 1 January 2009 through 30 June 2009

**SECTION 1. SERVICE PROVIDER INFORMATION (Continued)**

**9. Which of the following categories describes your agency? (Check all that apply.)**

- An agency in which racial/ethnic minority group members make up more than 50% of the agency's board members
- Racial/ethnic minority group members make up more than 50% of the agency's professional staff members in HIV direct services
- Solo or group private health care practice in which more than 50% of the clinicians are racial/ethnic minority group members
- Other "traditional" provider that has historically served racial/ethnic minority clients but does not meet any of the criteria above
- Other type of agency or facility

**10. Report the number of paid staff, in full-time equivalents (FTEs) in up to two decimal places, that were funded by the Ryan White HIV/AIDS Program during this reporting period:**

**11. Please select the status of your agency's clinical quality management program for assessing HIV health services. (Select only one)(Clear my answer)**

- Clinical quality management program introduced this reporting period
- Previously established quality management program
- Previously established program with new quality standards added this reporting period
- Not applicable

< Previous Page    Next Page >    Save    Restore Initial Values

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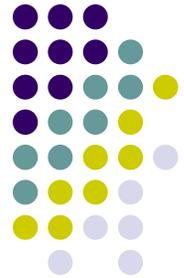
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Answer Item 9 through Item 11.  
Click "Next" to save your changes and advance to the next page.

# Provider Report

## Item 12 through Item 17



HRSA HIV/AIDS Bureau - Ryan White Data Collection System - Microsoft Internet Explorer

Address: https://perf-test.hrsa.gov/hab/rsrApp/UI/rsr.aspx?command=dataEntry&pageNum=5&RSRID=9139

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**RSR Administration**

- Validate
- Import Clients
- Import Provider
- Un-Submit
- Submit

**RSR Navigation**

- Section 1
- Section 2 - Q12-17

Data Entry Instructions

Logged in as: provider1  
Role(s): Provider  
Logout

The deadline to submit the RSR to your grantee is September 01, 2009 06:00 PM EDT  
The deadline to un-submit your RSR is September 09, 2009 06:00 PM EDT

Section 2 of 2 - Page 5 of 5 - Questions 12 - 17 Access Mode: **edit** - Data can be edited by: **provider1** only - RSR Status: **working**

Provider Name: Health Equity Partnership Reporting Period: 1 January 2009 through 30 June 2009

**SECTION 2. HIV Counseling & Testing**

**12. Number of individuals tested for HIV:**

**13. Of those tested (#12 above), number who tested NEGATIVE:**

**14. Number who tested NEGATIVE (#13 above) and received posttest counseling:**

**15. Of those tested (#12 above), number who tested POSITIVE:**

**16. Number who tested POSITIVE (#15 above) and received posttest counseling:**

**17. Of those tested POSITIVE (#15 above), number referred to HIV medical care:**

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Answer Item 12 through Item 17 if you delivered any HIV Counseling and Testing Services.

Click "Save" to save your changes.

This section will be disabled if you did not indicate that you deliver these services.



# Provider Report

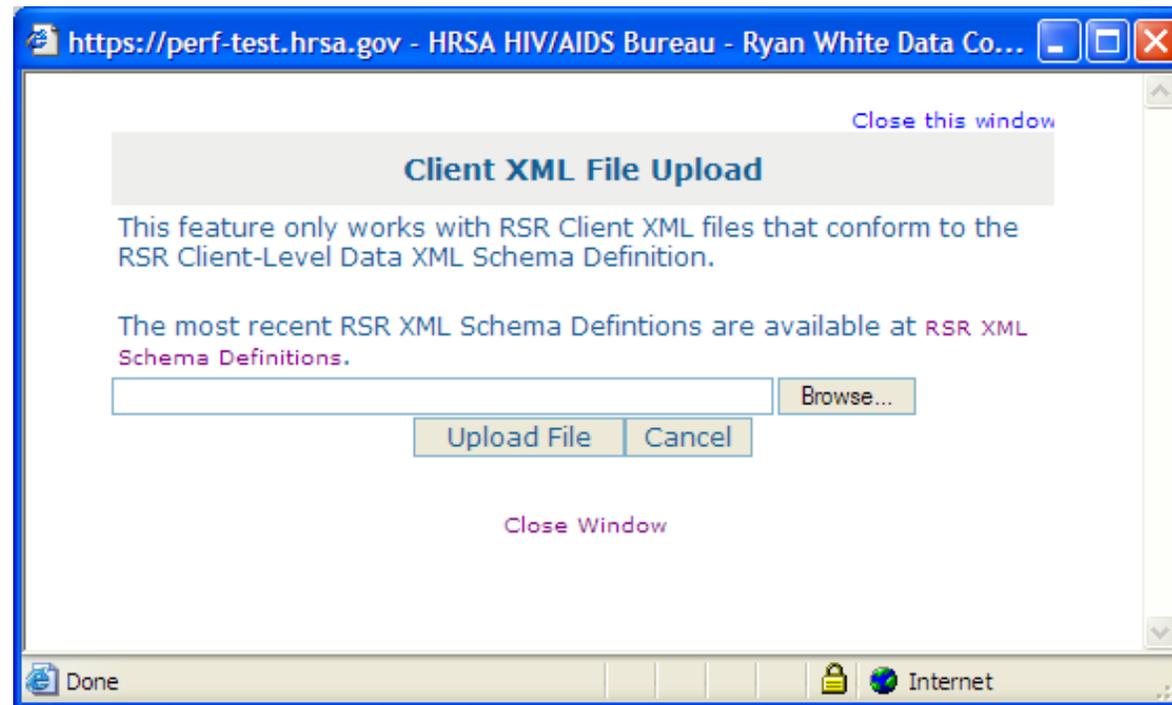
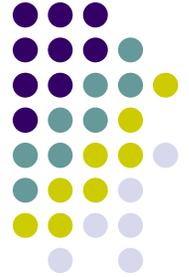
## Import Client-Level Data

If you were funded for Outpatient Ambulatory Medical Services or Case Management Services (medical or non-medical), import your client-level data (XML file) by clicking on the “Import Clients” link at the top left of the page.

The screenshot shows the HRSA E-HANDBOOK interface. At the top, it says "U.S. Department of Health and Human Services" and "HRSA Health Resources and Services Administration E-HANDBOOK". On the left side, there is a navigation menu with the following items: "RSR Administration", "Validate", "Import Clients" (highlighted with a red arrow), "Import Provider", "Un-Submit", "Submit", "RSR Navigation", "Section 1", "Section 2 - Q12-17", "Data Entry Instructions", "Logged in as: provider1", "Role(s): Provider", and "Logout". On the right side, there is a form with the following text: "The deadline to submit the RSR to your grant is Sept 15, 2017. The deadline to un-submit your RSR is Sept 15, 2017.", "Section 2 of 2 - Page 5 of 5 - Questions 12 - 16", "Provider Name: Health Equity Partnership", "12. Number of individuals tested for HIV (including those who tested negative)", "13. Of those tested (#12 above), number who tested POSITIVE", "14. Number who tested NEGATIVE (including those who tested positive)", "15. Of those tested (#12 above), number who tested POSITIVE", and "16. Number who tested POSITIVE (including those who tested negative)".

# Provider Report

## Import Client-Level Data

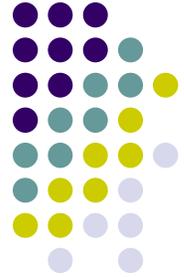


Browse to the location of your Client-Level Data XML file using the “Browse” button; select the file; and click on the “Upload File” button.

It may take several minutes, depending on the number of records you are importing. A status message will be displayed once the upload has completed, indicating the number of records processed, or an error has occurred.

# Provider Report

## Client-Level Data Reports



U.S. Department of Health and Human Services  
**HRSA**  
Health Resources and Services Administration  
E-HANDBOOK

Logged in as:  
provider1  
Role(s):  
• Provider  
Logout

U.S. Department of Health and Human Services  
**Ryan White HIV/AIDS Services Reporting**  
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**RSR Client-Level Data Quality Reports**

1. Client-Level Data Summary Report
2. Client Ethnicity Breakdown
3. Client Gender Breakdown
4. Client Race Breakdown
5. Distribution of Client Services Delivered
6. Distribution of Client Service Visits
7. HIV Risk Breakdown
8. HIV Status Breakdown
9. Percentage of Clinical Data Reported

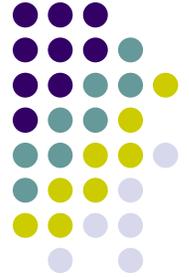
For technical help please call 1-877-Go4-HRSA (1-877-464-4772). For data support, please call 1-888-640-9356.

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You can access the Client-Level Data Reports by clicking on the “Reports” menu at the top of the page.

Review, at a minimum, the Client-Level Data Summary Report before returning to the Provider Report to perform the final steps: validation and submission.

# Provider Report Validate and Submit



Validate your Provider Report by clicking on the “Validate” link at the top left of the page.

Resolve all validation errors and, to the best of your ability, all validation warnings.

The screenshot shows the HRSA E-HANDBOOK interface. At the top, it says "U.S. Department of Health and Human Services" and "HRSA Health Resources and Services Administration E-HANDBOOK". On the left, there is a navigation menu under "RSR Administration" with options: "Validate", "Import Clients", "Import Provider", "Un-Submit", and "Submit". A red arrow points to the "Validate" link. Below this is "RSR Navigation" with expandable sections for "Section 1" and "Section 2 - Q12-17". Further down are "Data Entry Instructions", "Logged in as: provider1", "Role(s): Provider", and "Logout". On the right side, there is a header with a deadline notice: "The deadline to submit the RSR to your grant is Sept 15, 2017. The deadline to un-submit your RSR is Sept 15, 2017." Below that is "Section 2 of 2 - Page 5 of 5 - Questions 12-17" and "Provider Name: Health Equity Partnership". The main content area contains several questions with input fields: "12. Number of individuals tested for HIV (n=12)", "13. Of those tested (#12 above), n=13", "14. Number who tested NEGATIVE (n=14)", "15. Of those tested (#12 above), n=15", and "16. Number who tested POSITIVE (n=14)".



## Provider Report Validate and Submit

Once all validation errors have been resolved and you have completed entering all information, submit the Provider Report by using the “Submit” link at the top left of the page.

U.S. Department of Health and Human Services  
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**RSR Administration**  
Validate  
Import Clients  
Import Provider  
Un-Submit  
**Submit**

**RSR Navigation**  
+ Section 1  
- Section 2  
- Q12-17

Data Entry Instructions

Logged in as:  
provider1  
Role(s):  
• Provider  
Logout

The deadline to submit the RSR to your grant is Sept 15, 2017.  
The deadline to un-submit your RSR is Sept 15, 2017.

Section 2 of 2 - Page 5 of 5 - Questions 12 - 16

Provider Name: Health Equity Partnership

**12. Number of individuals tested for HIV (n = 12)**  
12

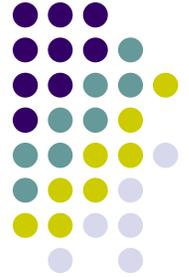
**13. Of those tested (#12 above), n = 13**  
13

**14. Number who tested NEGATIVE (n = 14)**  
14

**15. Of those tested (#12 above), n = 15**  
15

**16. Number who tested POSITIVE (n = 1)**  
1

# HAB Ryan White HIV/AIDS Services Reporting References



- TARGET Web Site  
<http://careacttarget.org/rsr.asp>
- HAB RSR Website  
<http://hab.hrsa.gov/manage/CLD.htm>

# **HAB Ryan White HIV/AIDS Services Reporting (RSR) Web Application Training**



# **Thank you!**