

**Care and Treatment Division
Ryan White Part A Monthly Narrative Report Template**

Organization: Click here to enter text.

Grant #: Click here to enter text.

Grant Program: Part A

Month /Year: Click here to enter text.

Name of Submitter: Click here to enter text.

Date of Submission: Click here to enter text.

Program Officer: Click here to enter text.

Grants Management Specialist: Click here to enter text.

SERVICE STATISTICS

Fee for Value

Outpatient/Ambulatory Health Services (OAHS)
Medical Case Management (MCM)
Non-Medical Case Management
Medical Nutrition Therapy
Food Bank and Home-Delivered Meals

Customer Targets Met

YES NO
 YES NO
 YES NO
 YES NO
 YES NO

Other EMA-Wide Services

Oral Health Services
Early Intervention Services
Medical Transportation
Emergency Financial Assistance

YES NO
 YES NO
 YES NO
 YES NO

**Jurisdictional Ryan White Core and Support Services
Washington, DC**

Substance Abuse Outpatient Care
Mental Health Services
Home and Community Based Health Services
Psychosocial Support Services
Other Professional Services

YES NO
 YES NO
 YES NO
 YES NO
 YES NO

Suburban, MD

Health Insurance Prem & Cost-Sharing Asst. (HIPCSA)
Outreach Services
Psychosocial Support Services

YES NO
 YES NO
 YES NO

HIV/AIDS, Hepatitis, STD and TB Administration

Northern Virginia

- Substance Abuse Outpatient Care YES NO
- Mental Health Services YES NO
- Psychosocial Support Services YES NO

West Virginia (Jefferson and Berkley Counties)

- Medical Case Management (MCM) YES NO
- Health Insurance Prem & Cost-Sharing Asst. (HIPCSA) YES NO
- Medical Nutrition Therapy YES NO
- Medical Transportation YES NO
- Outreach Services YES NO
- Emergency Financial Assistance YES NO

Minority AIDS Initiative (MAI)- Youth Reach (EMA Wide)

- Outpatient/Ambulatory Health Services (OAHS) YES NO
- Medical Case Management (MCM) YES NO
- Mental Health Services YES NO
- Substance Abuse Outpatient Care YES NO
- Early Intervention Services YES NO
- Psychosocial Support Services YES NO
- Non-Medical Case Management YES NO
- Medical Transportation YES NO

EXPENDITURES/FISCAL REPORT

- Invoice Submitted: YES NO
- Over- or Under-Spending: YES NO

If service targets were not met, please explain?

Click here to enter text.

If over- or under-spending occurred, please indicate the service category or categories involved and include a plan to address the variance

Click here to enter text.

PROGRAM IMPLEMENTATION PROGRESS

Provide a summary of program implementation activities by service category for the month.

Click here to enter text.

Provide a narrative response for each criterion below for the overall Part A program.

1. Linkage to Care Navigation

Click here to enter text.

2. Treatment Adherence and Retention Strategies

Click here to enter text.

3. Customer Re-engagement and Recapture Efforts

Click here to enter text.

CHALLENGES TO SERVICE DELIVERY

Describe any challenges to service delivery and include plans for addressing them.

Click here to enter text.

RED CARPET/RAPID ART (OAHS subrecipients ONLY)

Describe progress in implementation of Red Carpet/Rapid ART and any challenges.

Click here to enter text.

PERSONNEL

Any changes in personnel this month? YES NO

If yes, please complete the information below and submit a Personnel Amendment Form

Click here to enter text.

Include contact information (name, title, mailing address, email, and telephone) for each new staff person.

Click here to enter text.

REMEDICATION / CORRECTIVE ACTION

Provide an update regarding any open remediation/corrective actions, as applicable.

Click here to enter text.

CAPACITY BUILDING ASSISTANCE

Provide a summary of all capacity-building assistance received during the month.

Click here to enter text.

HIV CASE REPORTS

The number of HIV-positive cases reported to the Department of Health during this month.

Click here to enter text.

ADDITIONAL INFORMATION

Provide a summary of any additional substantive information to report.

Click here to enter text.