

**Sample Letters for Requesting a Waiver of the Core Medical Services Requirement in the
Ryan White HIV/AIDS Program (RWHAP)**

<p>If you are requesting a waiver under this RWHAP Part:</p>	<p>Please consider these sections of this document:</p>
<p>Part A</p>	<ul style="list-style-type: none"> • #1, State ADAP (p. 2) • #2a, Planning Council (p. 3-4) • #3a, State HIV/AIDS Director (p. 6-7) • #4, Medicaid Director (p. 9) • #5, Other Benefits and Entitlement Providers (p. 10)
<p>Part B</p>	<ul style="list-style-type: none"> • #1, State ADAP (p. 2) • #2b, Planning Council (p. 5) • #3b, State HIV/AIDS Director (p. 8) • #4, Medicaid Director (p. 9) • #5, Other Benefits and Entitlement Providers (p. 10)
<p>Part C</p>	<ul style="list-style-type: none"> • #1, State ADAP (p. 2) • #2b, Planning Council (p. 5) • #3a, State HIV/AIDS Director (p. 6-7) • #4, Medicaid Director (p. 9) • #5, Other Benefits and Entitlement Providers (p. 10)

Instructions: Letter should be on appropriate letterhead and signed by the State ADAP Director. Contact information and letter content may be customized as needed, but **MUST** include a statement indicating that there is currently no ADAP waiting list in the state and none is anticipated.

Sample Letter #1: State ADAP

January 28, 2014

{Division Director}
Division of {Metropolitan, State, or Community} HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear {Division Director}:

This letter is being provided to {Grantee Name} for inclusion in their request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) core medical services requirement. In {State Name}, there are currently no waiting lists for medications on the AIDS Drug Assistance Program (ADAP) formulary. As of the date of this letter, we also do not anticipate that there will be an ADAP waiting list in the near future.

{Name of ADAP Program} supports {Grantee Name}'s request for a waiver of the core medical services requirement. We agree that a waiver of the core medical services requirement will allow {Grantee's Name} to better meet the needs of people living with HIV and AIDS (PLWH) in the state.

Please contact {name and title} at {insert phone/email or other contact information here} if you need additional information.

Sincerely,

{signed by ADAP Director}

{Name}
{Title}

Instructions: Letter should be on appropriate letterhead and signed by the Planning Council Chair. Contact information and letter content may be customized as needed, but **MUST** include a description of public input process that occurred in the Planning Council. The letter should also address the Planning Council’s discussions around the need for a waiver and the waiver application process.

**Sample Letter #2a: Public Input Process - Planning Council Chair Letter
Part A Grantee is Requesting Waiver**

January 28, 2014

{Division Director}
Division of {Metropolitan, State, or Community} HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear {Division Director}:

The {Name of Planning Council} is providing this letter of support of {Grantee’s Name}’s request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) core medical services requirement.

{Name of Grantee} undergoes an annual planning and resource allocation process through the Planning Council. As part of this process, the Planning Council gathers input from key stakeholders and the public. This process {briefly describe the overall public planning and input process}. The Planning Council gets input from the public by {describe how public comment/feedback is obtained}. The Planning Council also gets input from key stakeholders including {list RWHAP providers, consumers/people living with HIV and AIDS (PLWH), advocates, etc. who sit on planning groups or provide input} by {describe how these groups provide input}.

The Planning Council discussed the need for a core medical services waiver. These discussions were held {dates}. During these meetings, the Planning Council decided it was in the jurisdiction’s best interest to apply for a waiver because {describe key issues and decisions that made the group decide to apply for a waiver of core medical services requirement}. A waiver of the core medical services requirement will allow this jurisdiction to {explain how the waiver will be used in the jurisdiction}.

{Name of Planning Council} supports {Grantee Name}’s application for a waiver of the core medical services requirement. The Planning Council believes that core medical services are available to all eligible PLWH within {Grantee Name}’s jurisdiction and that a waiver of the

core medical services requirement will allow {Grantee's Name} to better meet the needs of people living with HIV in this community.

Please contact {name and title} at {insert phone/email or other contact information here} if you need additional information.

Sincerely,

{signed by Planning Council Chair}

Instructions: Letter should be on appropriate letterhead and signed by the Planning Council Chair. Contact information and letter content may be customized as needed, but MUST include a description of public input process that occurred in the Planning Council.

**Sample Letter #2b: Public Input Process - Planning Council Chair Letter
Part B or C Grantee is Requesting Waiver**

January 28, 2014

{Division Director}
Division of {Metropolitan, State, or Community} HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear {Division Director}:

The {Name of Planning Council} is providing this letter of support of {Grantee's Name}'s request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) core medical services requirement.

{Name of Grantee} undergoes an annual planning and resource allocation process through its Planning Council. As part of this process, the Planning Council gathers input from key stakeholders and the public. This process {briefly describe the overall public planning and input process}. As part of this planning process, the Planning Council gets input from the public by {describe how public comment/feedback is obtained}. The Planning Council also gets input from key stakeholders including {list RWHAP providers, consumers/people living with HIV and AIDS (PLWH), advocates, etc. who sit on planning groups or provide input} by {describe how these groups provide input}.

{Name of Planning Council} supports {Grantee Name}'s application for a waiver of the core medical services requirement. We believe that core medical services are available to all eligible individuals within {Grantee Name}'s {state, jurisdiction, service area} and that a waiver of the core medical services requirement will allow {Grantee's Name} to better meet the needs of people living with HIV in this community.

Please contact {name and title} at {insert phone/email or other contact information here} if you need additional information.

Sincerely,

{signed by Planning Council Chair}

Instructions: Letter should be on appropriate letterhead and signed by the State HIV/AIDS Director or his/her designee. Contact information and letter content may be customized as needed, but **MUST** include a description of public input process that occurred at the state level.

**Sample Letter #3a: Public Input Process – Letter from State HIV/AIDS Director
Part A or C Grantee is Requesting Waiver**

January 28, 2014

{Division Director}
Division of {Metropolitan, State, or Community} HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear {Division Director}:

This letter is being provided to {Grantee Name} for inclusion in their request for a waiver of the Ryan White HIV/AIDS Program (RWHAP) core medical services requirement.

{Name of State HIV/AIDS office} undergoes an annual planning process that informs resource allocation. As part of this process, we gather input from key stakeholders and the public. This process {briefly describe the overall public planning and input process}. As part of this planning process, the {Name of State HIV/AIDS office} gets input from the public by {describe how public comment/feedback is obtained}. We also get input from key stakeholders including {list RWHAP providers, consumers/people living with HIV and AIDS (PLWH), advocates, etc. who sit on planning groups or provide input} by {describe how these groups provide input}.

The {Name of State HIV/AIDS office} coordinates planning and availability of services with {Name of Grantee} by {describe how the state works with the grantee to ensure that core medical services are available and accessible}. A core medical services waiver will allow {Name of Grantee} to {describe how a core medical services waiver will help the grantee to provide non-core services to PLWH}.

{Name of State HIV/AIDS office} supports {Grantee Name}'s request for a waiver of the core medical services requirement. We believe that core medical services are available to all eligible individuals within {Grantee Name}'s {jurisdiction or service area} and that a waiver of the core medical services requirement will allow {Grantee's Name} to better meet the needs of people living with HIV in this community.

Please contact {name and title} at {insert phone/email or other contact information here} if you need additional information.

Sincerely,

{ signed by State HIV/AIDS Director }

{ Name }

{ Title }

Instructions: Letter should be on appropriate letterhead and signed by the State HIV/AIDS Director or his/her designee. Contact information and letter content may be customized as needed, but **MUST** include a description of public input process that occurred at the state level. Include details about waiver discussions, if they occurred.

**Sample Letter #3b: Public Input Process – Letter from State HIV/AIDS Director
Part B Grantee is Requesting Waiver**

January 28, 2014

{Division Director}
Division of {Metropolitan, State, or Community} HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear {Division Director}:

{Name of State HIV/AIDS office} undergoes an annual planning process that informs resource allocation. As part of this process, we gather input from key stakeholders and the public. This process {briefly describe the overall public planning and input process}. As part of this planning process, the {Name of State HIV/AIDS office} gets input from the public by {describe how public comment/feedback is obtained}. We also get input from key stakeholders including {list RWHAP providers, consumers/people living with HIV and AIDS (PLWH), advocates, etc. who sit on planning groups or provide input} by {describe how these groups provide input}.

The {Name of State HIV/AIDS office} publically discussed the need for a core medical services waiver. These discussions were held {dates}. During these meetings, the {Name of State HIV/AIDS office} decided it was in the state’s best interest to apply for a waiver because {describe key issues and decisions that made the group decide to apply for a waiver of core medical services requirement}. A waiver of the core medical services requirement will allow this state to {explain how the waiver will be used in the state}.

Please contact {name and title} at {insert phone/email or other contact information here} if you need additional information.

Sincerely,

{signed by State HIV/AIDS Director}

{Name}
{Title}

Instructions: Letter should be on appropriate letterhead and signed by the State Medicaid director or his/her designee. Contact information and letter content may be customized as needed, but MUST indicate that the writer believes that core medical services are available and accessible in the grantee's jurisdiction. The writer should also indicate how his/her organization contributes to the availability of core medical services in the community, if appropriate. Grantees may wish to provide a list of core medical services to the Medicaid director, if they are not familiar with which services are included in this list.

Sample Letter #4: State Medicaid Director

January 28, 2014

{Division Director}
Division of {Metropolitan, State, or Community} HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear {Division Director}:

This letter is being provided to {Grantee Name} for inclusion in their request for a waiver of their Ryan White HIV/AIDS Program (RWHAP) core medical services requirement.

{Provide a brief description of the Medicaid services provided to people living with HIV and AIDS (PLWH) and a brief description of who is eligible for these services}. {Describe how these services contribute to the availability of core medical services in the community}.

{Name of State Medicaid program} supports {Grantee Name}'s request for a waiver of the core medical services requirement. We believe that core medical services are available to all eligible PLWH within {Grantee Name}'s {state, jurisdiction, service area} and that a waiver of the core medical services requirement will allow {Grantee's Name} to better meet the needs of PLWH in this state. {If known, provide a description of how the waiver will better meet the needs of the community}.

Please contact {name and title} at {insert phone/email or other contact information here} if you need additional information.

Sincerely,

{signed by Medicaid Director or their designee}

{Name}

{Title}

Instructions: Letter should be on appropriate letterhead and signed by the organization's lead official or his/her designee. Contact information and letter content may be customized as needed, but **MUST** indicate that the writer believes that core medical services are available and accessible in the grantee's jurisdiction. The writer should also indicate how the provider contributes to the availability of core medical services in the community, if appropriate. Grantees may wish to provide a list of core medical services to the entitlement provider, if they are not familiar with which services are included in this list.

Sample Letter #5: Other Benefits and Entitlement Providers

January 28, 2014

{Division Director}
Division of {Metropolitan, State, or Community} HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear {Division Director}:

This letter is being provided to {Grantee Name} for inclusion in their request for a waiver of their Ryan White HIV/AIDS Program (RWHAP) core medical services requirement.

{Provide a brief description of the services the entitlement or benefit provider offers, including number of people served and who is eligible}. {Describe how the entitlement or benefit provider contributes to the availability of core medical services in the community}.

{Name of entitlement or benefit provider} supports {Grantee Name}'s application for a waiver of the core medical services requirement. We believe that core medical services are available to all eligible people living with HIV and AIDS (PLWH) within {Grantee Name}'s {state, jurisdiction, service area} and that a waiver of the core medical services requirement will allow {Grantee's Name} to better meet the needs of PLWH in this community. {If known, provide a description of how the waiver will better meet the needs of the community}.

Please contact {name and title} at {insert phone/email or other contact information here} if you need additional information.

Sincerely,

{signed}

{Name}
{Title}