## **RHWAP-Related Contract Request Form**

Instructions to Ryan White HIV/AIDS Program (RWHAP) Providers: The Health Resources and Services Administration (HRSA) now requires providers to include data on RWHAP eligible clients who receive services funded by program income and pharmaceutical rebates on their annual Ryan White Services Report (RSR). To set up contracts using Ryan White Related funding and track these RWHAP-related services using the AIDS Regional Information and Evaluation System (ARIES), complete this form and submit it to your administrative agency or <a href="mailto:aries@cdph.ca.gov">aries@cdph.ca.gov</a>.

Agency Information					
1.	Agency Name (as it appears in ARIES)				
2.	Contact Name		3. Phone Number		
Co	ntact Information				
4.	Contract Name (check one)	RWHAP-Related	Program Income 20YY	☐ Drug Rebates 20YY	
5.	Funding Source	RWHAP-Related			
6.	Start Date	X January 1, 20YY	7. End Date	December 31, 20YY	
8. What calendar year does this contract cover?					
9.	What position do you want t on the Service screen dropdo		First	Last	
10.	. Flags				
Services					
Sei	rvices				
	What level of detail do you w (check one)	vant to track? Only	y Primary Service Prim	ary and All Secondary Services	
11.	What level of detail do you w	s below that may be funde	ed by RWHAP-related program		
11.	What level of detail do you w (check one)  Check all the primary service	s below that may be funde ervices, refer to Policy Clari	ed by RWHAP-related program	n income or pharmaceutical	
11.	What level of detail do you w (check one)  Check all the primary service rebates. For descriptions of services	s below that may be funde ervices, refer to Policy Clari	ed by RWHAP-related program ification Notice 16-02.	n income or pharmaceutical	
11.	What level of detail do you w (check one)  Check all the primary service rebates. For descriptions of services	s below that may be funde ervices, refer to Policy Clari	ed by RWHAP-related program ification Notice 16-02.  Medical Transportation S	n income or pharmaceutical ervices	
11.	What level of detail do you w (check one)  Check all the primary service rebates. For descriptions of services  AIDS Pharmaceutical Assistance Child Care Services	s below that may be funde ervices, refer to <u>Policy Clar</u> i e	ed by RWHAP-related program ification Notice 16-02.  Medical Transportation S  Mental Health Services	n income or pharmaceutical ervices	
11.	What level of detail do you we (check one)  Check all the primary service rebates. For descriptions of services  AIDS Pharmaceutical Assistance Child Care Services  Early Intervention Services	s below that may be funde ervices, refer to <u>Policy Clari</u> re	ed by RWHAP-related program ification Notice 16-02.  Medical Transportation S  Mental Health Services  Non-Medical Case Manag  Oral Health Care	n income or pharmaceutical ervices	
11. 12.	What level of detail do you we (check one)  Check all the primary service rebates. For descriptions of services  AIDS Pharmaceutical Assistance Child Care Services  Early Intervention Services  Emergency Financial Assistance	s below that may be funde ervices, refer to Policy Clari re	ed by RWHAP-related program ification Notice 16-02.  Medical Transportation S  Mental Health Services  Non-Medical Case Manag  Oral Health Care	ervices gement Services es (e.g., legal, tax preparation)	
11 12	What level of detail do you we (check one)  Check all the primary service rebates. For descriptions of services  AIDS Pharmaceutical Assistance Child Care Services  Early Intervention Services  Emergency Financial Assistance Food Bank/Home-Delivered Metals	s below that may be funde ervices, refer to Policy Clari re	ed by RWHAP-related program ification Notice 16-02.  Medical Transportation S Mental Health Services Non-Medical Case Manag Oral Health Care Other Professional Service	ervices gement Services es (e.g., legal, tax preparation)	
11 12	What level of detail do you we (check one)  Check all the primary service rebates. For descriptions of services  AIDS Pharmaceutical Assistance Child Care Services  Early Intervention Services  Emergency Financial Assistance Food Bank/Home-Delivered Mellones	s below that may be funde ervices, refer to Policy Clari re	ed by RWHAP-related program ification Notice 16-02.  Medical Transportation S Mental Health Services Non-Medical Case Manag Oral Health Care Other Professional Service Outpatient/Ambulatory H	ervices gement Services es (e.g., legal, tax preparation) Health Services	
11 12	What level of detail do you we (check one)  Check all the primary service rebates. For descriptions of services  AIDS Pharmaceutical Assistance Child Care Services  Early Intervention Services  Emergency Financial Assistance Food Bank/Home-Delivered Mellone Education/Risk Reduction Health Insurance Premium and	s below that may be funde ervices, refer to Policy Clari re	ed by RWHAP-related program ification Notice 16-02.  Medical Transportation S Mental Health Services Non-Medical Case Manag Oral Health Care Other Professional Service Outpatient/Ambulatory H	ervices gement Services es (e.g., legal, tax preparation) Health Services	

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☐ Housing Services	Respite Care
Linguistic Services	Substance Abuse Services – Outpatient
☐ Medical Case Management Services	Substance Abuse Services – Residential
☐ Medical Nutrition Therapy	

**Instructions to Administrative Agencies and the ARIES Help Desk:** When setting up RHWAP-Related Contracts, set them up like you would other contracts with the following exceptions:

- 1. Use the Year (Box 8) when creating the Contract Name (Box 4), Start Date (Box 6), and End Date (Box 7).
- 2. If Box 10 is marked First, enter 1 in the Display Order field. If Box 10 is marked Last, enter 15 in the Display Order field.
- 3. Only check the boxes next to "Is Ryan White Related Funded" and "Is Ryan White Eligible"; nothing else should be checked.
- 4. When selecting the services, only check boxes under the Ryan White column (i.e., left side of the screen). If "Only Primary Service" is checked for Box 12, check only the first box under Primary Service. If "Primary and All Secondary Services" is checked for Box 12, check all the boxes under the Primary Service.

Only Primary Service	Primary and All Secondary Services
RYAN WHITE  AIDS Drug Assistance Program  Medication Child Care Services Child Care Services Informal Child Care Licensed Provider Early Intervention Services Appointment Assistance	RYAN WHITE  AIDS Drug Assistance Program  Medication Child Care Services Child Care Services Informal Child Care Licensed Provider Early Intervention Services Appointment Assistance

5. When the contract is set up, e-mail the requestor confirmation that the work is complete.

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