

**INSTRUCTIONS FOR FY 2016 RWHP PART B CONSOLIDATED LISTS OF CONTRACTS**

Please print this sheet to review the instructions.

The recipient shall complete a Consolidated List of Contracts (CLC), Fee for Service, Memorandum of Understanding (MOU), Memorandum of Agreement (MOA) or Letter of Agreement (LOA) for service providers receiving Ryan White HIV/AIDS Program (RWHP) Part B and MAI funding and providing direct Core Medical or Support services using the template format provided. The recipient will complete and return this spreadsheet in Excel format. **If there are any questions regarding how to complete this report, please contact your Project Officer.**

Please provide the requested information for each service provider contract, MOU, MOA and/or LOA for each service designated within that contract.

**For example:** if a provider has four contracts for the provision of four different services, the provider must be listed four times, once for each contracted service. Consortia and the funded service providers should also be listed on the CLC.

**Recipient:** Enter the name of the recipient using the name from the Notice of Award.

**Column 1:** Enter the full name of the contract/MOU/MOA and/or LOA subrecipient here.

**Column 2:** Enter the complete street address for the contract/MOU/MOA and/or LOA subrecipient.

**Column 3:** Enter the city for the contract/MOU/MOA and/or LOA subrecipient.

**Column 4:** Enter the state for the contract/MOU/MOA and/or LOA subrecipient here.

**Column 5:** Enter the zip code for the contract/MOU/MOA, and/or LOA subrecipient here.

**Column 6:** Enter the area code, telephone number, and extension (if any) of the contract/MOU/MOA and/or LOA subrecipient here.

**Column 7:** Enter the subrecipient's taxpayer identification number (EIN) here.

**Column 8:**

If the contract/MOU/MOA and/or LOA subrecipient does not provide Direct Client Services, enter "0" here for NO.

If the contract/MOU/MOA and/or LOA subrecipient does provide Direct Client Services, enter "1" here for YES.

If the contract is with a consortia, they should be listed as well as the service contracts that are funded.

**Column 9:** Use the appropriate letter code from the Service Provider Codes below to indicate the type of service that the agency/organization will provide under this contract/MOU/MOA and/or LOA service provider.

**Column 10:** Enter the amount of the contract, MOU, MOA and/or LOA for the service category.

**Column 11:**

If the contract/MOU/MOA and/or LOA service provider is a minority provider per the criteria presented below, enter "1" for YES.

If the contract/MOU/MOA and/or LOA service provider is not a minority provider per the criteria presented below, please enter "0" for NO.

To be considered a minority provider, an organization must:

- a) have more than 50 percent of positions on the executive board or governing body filled by persons of the racial/ethnic minority group to be served; and
- b) have more than 50 percent of key management, supervisory, and administrative positions (e.g. executive director, program director, fiscal director) and more than 50 percent of key service provision positions (staff members in HIV direct services) filled by persons of the racial/ethnic population(s) to be served.

**Column 12:**

If the contract/MOU/MOA and/or LOA service provider is a faith-based provider, enter "1" for YES.

If the contract/MOU/MOA and/or LOA service provider is not a faith-based provider, enter "0" for NO.


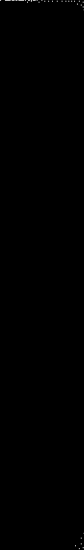
A faith based organization is one that is owned and operated by a religiously affiliated entity.

**Total For All Contracts Awarded:** This will pre-populate with the information provided in Column 10. Do not enter any information into this cell.

**Note:** This amount must equal the amount provided on the Contract Reviewing Certification (CRC) and the amount budgeted for direct Core Medical or Support service contracts in the FY 2016 RWHAP Part B Revised Budget Narrative Spreadsheet

**SERVICE PROVIDER CODES:**

CODE	CORE MEDICAL SERVICES	CODE	SUPPORT SERVICES
1a	Outpatient /Ambulatory Health Services	2a	Case Management (non-Medical)
1b	AIDS Drug Assistance Program (ADAP) Treatments	2b	Child Care Services
1c	Local AIDS Pharmaceutical Assistance (LPAPs)	2c	Emergency Financial Assistance
1d	Oral Health Care	2d	Food Bank/Home-Delivered Meals
1e	Early Intervention Services	2e	Health Education/Risk Reduction
1f	Health Insurance Premium & Cost Sharing Assistance	2f	Housing Services
1g	Home Health Care	2g	Legal Services
1h	Home and Community-based Health Services	2h	Linguistics Services
1i	Hospice Services	2i	Medical Transportation Services
1j	Mental Health Services	2j	Outreach Services
1k	Medical Nutrition Therapy	2k	Psychosocial Support Services
1l	Medical Case Management (including Treatment Adherence)	2l	Referral for Health Care/Supportive Services
1m	Substance Abuse Services—outpatient	2m	Rehabilitation Services
		2n	Respite Care
		2o	Substance Abuse Residential Services
		2p	Treatment Adherence—Counseling

	Education to increase minority participation in ADAP (MAI Funds)
	Outreach to increase minority participation in ADAP (MAI Funds)

### Core Medical Services

**Core Medical Services** are a set of essential, direct health care services provided to persons living with HIV/AIDS and specified in the Ryan White HIV/AIDS Treatment Modernization Act.

**1a. Outpatient/Ambulatory Health Services** include the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in their jurisdiction to prescribe ARV therapy in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

**1b. AIDS Drug Assistance Program (ADAP)** are programs that provides an approved formulary of medications to HIV- infected individuals for the treatment of HIV disease or the prevention of opportunistic infections, based on eligibility determination criteria, income guidelines and Federal Poverty Level (FPL) threshold set by the State.

**1c. Local AIDS Pharmaceutical Assistance Programs (LPAPs, not ADAP)** are local pharmacy assistance programs implemented by an RWHPAP Part A or B recipient or a Part B consortium to provide HIV/AIDS medications to clients. These organizations administering an LPAP may or may not provide other services (e.g., primary care or case management) to the clients that they serve through a RWHPAP contract with their grantee.

Programs are considered LPAPs if they provide HIV/AIDS medications to clients and meet all of the following criteria:

- Have a client enrollment and eligibility process;
- Have uniform benefits for all enrolled clients;
- Have a record system for distributed medications; and
- Have a drug distribution system.
- Have a statement of need in the annual application
- Have coordination with ADAP
- Have an advisory board that is responsible for the purpose, structure, financing, eligibility criteria, formulary, quality assurance and quality management

Programs are not LPAPs if they dispense medications in one of the following situations:

- As a result or component of a primary medical visit;
- On an emergency basis (defined as a single occurrence of short duration); or
- By giving vouchers to a client to procure medications.
- Provide medications while awaiting ADAP eligibility

Local LPAP are similar to AIDS Drug Assistance Programs (ADAPs) in that they provide medications for the treatment of HIV disease. However, local LPAPs are not paid for with Part B funds "earmarked" for ADAP.

**1d. Oral Health** care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists, and auxiliaries, and other trained primary care providers.

**1e. Early Intervention Services** for RWHPAP Parts A and B include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, test to diagnose the extent of immune deficiency, and tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measure.

**1f. Health Insurance Premium & Cost Sharing Assistance** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

**1g. Home Health Care** is the provision of services in the home by licensed health care workers, such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

**1h. Home and Community-Based Health Services** includes skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include: durable medical equipment; home health aide services and personal care services; home intravenous and aerosolized drug therapy, including prescription drugs administered as part of such therapy; routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services.

**NOTE:** Inpatient hospital services, nursing home, and other long-term care facilities are not included as home and community-based health services.

**1i. Hospice Services** are end-of-life care provided to clients in terminal stage of an illness. It includes room, board, nursing care, counseling, physician services and palliative therapeutics. Services may be provided in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services.

**1j. Mental Health Services** are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting, and provided a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

**1k. Medical Nutrition Therapy including nutritional supplements** is provided by licensed Registered Dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, Registered Dietitian.

Nutritional services and nutritional supplements not provided by a licensed, Registered Dietitian shall be considered a support service. Food not provided pursuant to a physician's recommendation and nutritional plan developed by a licensed, Registered Dietitian also shall be considered a support service.

**1l. Medical Case Management Services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

**1m. Substance Abuse Services (outpatient)** is the provision of medical or other treatment and/or counseling to address substance abuse problem (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel.

#### Support Services

**Support Services** are a set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS.

**2a. Case Management Services (non-medical)** include the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

**2b. Child Care Services** are the provision of care for the children of clients who are HIV-positive while the clients are attending medical or other appointments or attending RWHAP-related meetings, groups, or training. This does not include child care while the client is at work.

**2c. Emergency Financial assistance** is the provision of short-term payments to agencies or the establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication, when other resources are not available. RWHAP Part B and Part B programs must allocate, track and report these funds under specific service categories as described under 2.6 in Program Policy Guidance No. 2 (formerly Policy No. 97-02).

**2d. Food Bank/Home-Delivered Meals** are the provision of actual foods or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, also should be included in this item.

**2e. Health Education/Risk Reduction** is the provision of services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information about medical and psychosocial support service and counseling to help clients living with HIV improve their health status.



**2f. Housing Services** are the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services.

**2g. Legal Services** are the provision of services to individual with respect to powers of attorney, do not resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White HIV/AIDS Program.

**NOTE:** Legal services do not include any legal services to arrange for guardianship or adoption of children after the death of their normal caregiver.

**2h. Linguistics Services** include the provision interpretation and translation services, both oral and written.

**2i. Medical Transportation** are conveyance services provided, directly, or through voucher, to a client so that he or she may access health care service. Medical transportation is classified as a support service and is used to provide transportation for eligible Ryan White HIV/AIDS Program clients to core medical services and support services. Medical transportation must be reported as a support services in all cases, regardless of whether the client transported to a medical core service or to a support service.

**2j. Outreach Services** are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

**2k. Psychosocial Support Services** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. It includes nutrition counseling provided by a non-registered dietitian, but it excludes the provision of nutritional supplements.

**2l. Referrals for Health Care/Supportive Services** are the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals for health care/supportive services that were not part of ambulatory/outpatient medical care services or case management services (medical or non-medical) should be reported under this item. Referrals for health care/supportive services provided by outpatient/ambulatory medical care providers should be included under outpatient/ambulatory medical care service category. Referrals for health care/supportive services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category. Medical Case Management or Case Management (non-medical).

**2m. Rehabilitation Services** are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

**2n. Respite Care** is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day to day care of a client living with HIV/AIDS.

**2o. Substance Abuse Services (residential)** are the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

**NOTE: RWHAP Part C programs are not eligible to provide substance abuse services (residential).**

~~2p. Treatment Adherence Counseling~~ is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

**E1 & E2. Minority AIDS Initiative (MAI)** fund outreach and education services designed to increase minority access to needed HIV/AIDS medications through state Part B AIDS Drug Assistance Programs (ADAP).