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

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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}
{Name}
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}
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}
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}
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}
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}
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}