



Technical Training

Ryan White
Part B, Part C, Part D
and
DSHS State Services

Overview and
Required Data Elements

ARIES Version 2.6.8.0



**THE
RESOURCE
GROUP**

500 Lovett Blvd Ste 100
Houston TX 77006

713 526 1016

Required Element	Page
Client's full Name, Middle Initial and 1st 3 letters of Mother's Maiden Name	5
ZIP code of residence	3
County Name and HSDA designation	3
Gender	5
Ethnicity & race	5
Birth date	5
Third party or private insurance	10
Other public health insurance	10
Medicaid	10
Medicare	10
Intake date	7
Start date of services	7
Discharge date	7
Risk factors	13
Household income	9
Household size	9
HIV status	11
AIDS status	11
Syphilis	12
Hepatitis C	12
Other STD	12
CD4 lymphocyte count	12
Viral load Count	12
Homelessness	6
HIV counseling and testing	11
ART status	15
PAP smear	14
Referrals	17
Death date	5
CDC-defined Disease Stage	11
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TB Status & treatment	12
PPD Performed in last year	12
Client Allergic	12
Pregnancy Dates	14
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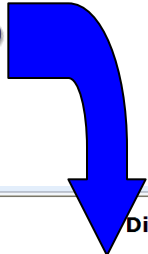
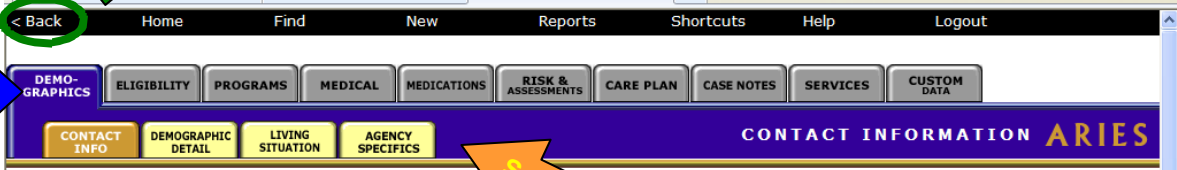
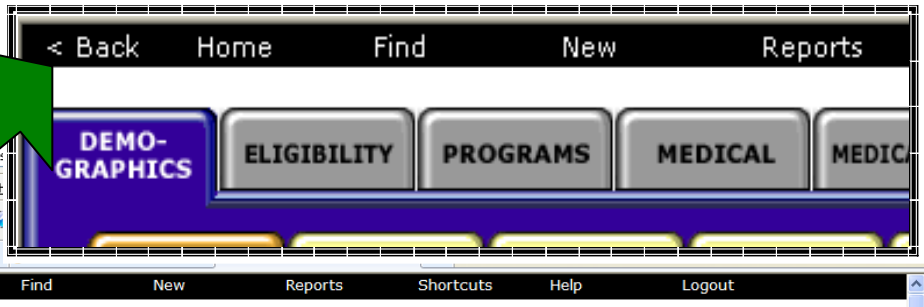
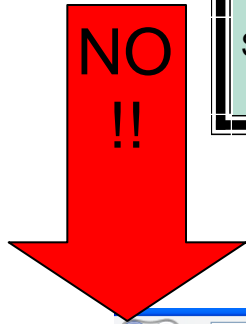


ARIES Conventions:

DO NOT USE the "Back" button on your browser.
 Use the "Back" button on the **ARIES Navigation bar**

Primary active tab is in dark blue
 Inactive tabs are grey

Secondary active tab is rust
 Inactive secondary tab is yellow



Dimitre C Andrayavich Contact Information

ADDRESSES

	Residence	Mailing	Previous	Emergency Contact
Since	1/1/2010	<input type="checkbox"/> Same as Residence	<input type="checkbox"/> Same as Residence	
Street 1	123 Main Street	123 Main Street	123 Main Street	
Street 2				
City	Houston	Houston	Houston	
State & Zip	TX 77006 *	TX 77006	TX	
County	Humboldt	Humboldt	Humboldt	
Geog Area/HSDA	4806-Houston	4806-Houston	4806-Houston	

May we contact you by mail? No Yes
 Should mail be confidential? No Yes

Note: Good man who makes great Vodka

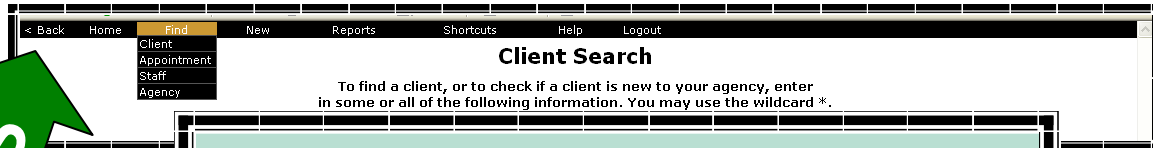
PHONE AND EMAIL

Phone Type	Allow Contact	Confid	Msgs OK

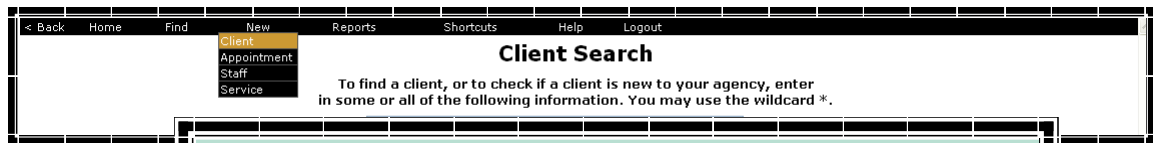
Required element(s):

1. Zip code
2. County
3. HSDA

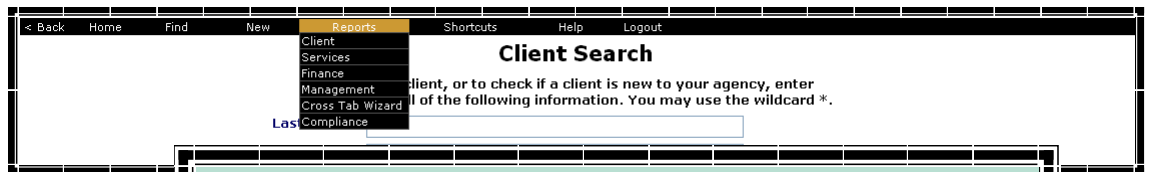
The ARIES navigation bar allows you to:



- Client Search**
To find a client, or to check if a client is new to your agency, enter in some or all of the following information. You may use the wildcard *.
- Find:**
1. A Client
 2. A Staff member of an agency
 3. An agency



- Client Search**
To find a client, or to check if a client is new to your agency, enter in some or all of the following information. You may use the wildcard *.
- New:**
1. Enter a new Client
 2. Enter a new Service



- Client Search**
To find a client, or to check if a client is new to your agency, enter in some or all of the following information. You may use the wildcard *.
- Report:**
1. Run/Print a Client report
 2. Run/Print a Service report
 3. Run/Print a Finance report
 4. Run/Print a Management report
 5. Run/Print a Cross Tab
 6. Run/Print a Compliance report



Demographics > Demographic Detail

Dimitre C Andrayavich

Identifiers
 Gender: Male
 Birth date: 4/28/1974 (36 years old)
 ARIES ID: 10004139

Demographics **Edit**

AKA:
 SSN:
 Hispanic: No
 Race: 1) White (Other) 2) 3)
 Marital Status: Single
 Sexual Orientation: Heterosexual
 Education Level:
 Veteran:
 Primary language: Other
 Secondary language: English
 Place of Death:
 Special needs:
 Notes:

The Blue Arrow indicates the resulting screen when the **Edit** button is pressed.

Dimitre C Andrayavich Demographics

AKA

Hispanic * **R**

Race **R**

1 * **R**

2

3

SSN

Marital Status

Sexual Orientation

Primary Language

Secondary Language

Place of Death

Other: **R**

Date of Death *

Nat'l Orig/Ethnic.

Other

Education Level

Veteran

Special Needs

Notes

Save + Next **Save + Done** **Cancel**

Use the *Demographic Detail* tab to enter/update **Required Elements** in *Demographics*:

1. Race
2. Ethnicity
3. Death date once entered, no services may be entered after date of death. Only Austin may remove this date of death. All Agencies who have this client will have the status on the Agency Specifics screen changed to Confirmed Deceased as of the date of death.



Demographics > Living Situation

Dimitre C Andrayavich

Living Situation [Edit](#)

Current Living Situation: **R** Housing Assistance:

Has signed lease/title/tax receipt: **R** HUD Application Date:

Living situation in last 12 months: Rented room **R**

Housing assistance:

rent or own, do you have a signed lease, title or tax receipt? **R**

Living Situation in last 12 months (check all that apply):

- Homeless from the streets
- Homeless from emergency shelter
- Transitional housing
- Psychiatric facility
- Substance abuse treatment facility
- Hospital or other medical facility
- Jail/Prison
- Living with relatives/friends
- Rental Housing
- Participant-owned housing
- Board care or assisted living
- Rented room
- Refused to answer
- Other
- Unknown

[Contact Information](#)

Done

Homeless status is a **required element**. Enter the date of situation. This must be updated each year for the RSR.

Related/Affected Individuals for Dimitre C Andrayavich

Last Name *

First Name *

Middle Initial

Date of Birth *

other's Maiden Name *

Gender *

Relationship *

Living with client

Disable ARIES capitalization, save name as entered

Street

City

State

ZIP Code

County *

Enrollment

Enrollment S

Status

Date of t

His

R

R

Enter family members here for your information. Once a person is entered as Related/Affected, they cannot become a client without contacting your AA and having the person promoted. Use of this feature is discouraged.



Demographics > Agency Specifics

Dimitre C Andrayavich

Agency Specifics [Edit](#)

Share Data: Yes
 Agency Name: Houston A
 Agency Status: Active as of 2010
 Reason for Status Change: Enrollment
 Agency Enrollment Date: 4/7/2010
 Referral:
 Client ID1: DimAnd1234
 Client ID2:
 Agency
 Agency

Agency Specifics for Dimitre C Andrayavich

Agrees to Share Data Yes No

Agency Status * Active Reason for Status Change Other **R**

R Status as of Date * 4/7/2010 **R** if Other New Enrollment **R**

Agency Enrollment Date * 4/7/2010 **R** Referral Date

R Agency Client ID 1 DimAnd1234 Referral Source

Agency Client ID 2 if Other

Agency User Field 1

Agency User Field 2

Client Alert

[Save + Next](#) [Save + Done](#) [Cancel](#)

- Required elements:**
1. Agency Status
 2. Reason for status change
 3. Status as of Date
 4. Agency Enrollment Date: this is the date of first service or In-take date (this does not change, ever, after the client is enrolled)
 5. Please use the Agency Client ID to enter your agency reference number. You may search on this to retrieve clients. You may use the Agency Client ID to post CD4s and Viral Load information.
 6. Use the Client Alert for messages to your AA or other staff.



Eligibility > Eligibility Documents

Dimitre C Andrayavich Eligibility Documents

Type	Doc Date	Obtained	Expires	Source	Location	Notes
ARIES Consent Form	3/12/2010	3/12/2010	3/12/2012		HOU	
Agency Consent Form						

Dimitre C Andrayavich Eligibility Documents

Type	Pending	Doc Dated	Obtained	Expires	Source	Location	Note
ARIES Consent Form	No	3/12/2010	3/12/2010	3/12/2012		HOU	
Agency Consent Form	No	3/12/2010	3/12/2010	3/12/2012		HOU	

Buttons: Save + Next, Save + Done, Cancel

Dimitre C Andrayavich Eligibility Documents

Type	Pending	Doc Dated	Obtained	Expires	Source	Location	Note
ARIES Consent Form	No	3/12/2010	3/12/2010	3/12/2012		HOU	
Agency Consent Form	No	3/12/2010	3/12/2010	3/12/2012		HOU	
ADAP						HOU	

Buttons: Save, Cancel

Dropdown menu items: ADAP, Agency Consent Form, ARIES Consent Form, Client Rights, CMP Consent Form, CSP Consent Form, EIP Consent Form, Grievance Procedures, HIPAA, HIV Letter of Diagnosis, HOPWA, MCWP Consent Form, Picture ID, Proof of Disability, Proof of Income, Proof of Residency, Release of Information

The following Eligibility Documents are **required elements**:

1. Agency Consent for Services Form
2. ARIES Consent Form
3. HIV Letter of Diagnosis
4. Proof of Income
5. Proof of Residency
6. Picture Identification

Eligibility > Financial

Dimitre C Andrayavich

Financial

Employment:
Public Assistance:
Children in Household:
HIV+ People in Household:
Current Income (Monthly)

Type	Amount	Shared by	Poverty Index
Client			
Household			
Family			

Income Detail/Assets (Client has no income)

Source (Monthly):	Amount:
Total	
Owens house:	
Owens car:	
Dollar Amount of Other Assets:	

Financial for Dimitre C Andrayavich

CLIENT INCOME

(Amounts are monthly)

Employed	Public Assistance
Employment/Wages <input type="text"/> Supp Security Income/SSI <input type="text"/> Soc Sec Disability Ins/SSDI <input type="text"/> Social Security Retirement <input type="text"/> Gen Assist/Gen Relief GA/GR <input type="text"/> Unemployment/UI <input type="text"/> Total <input type="text" value="0.00"/>	State Disability Ins/SDI <input type="text"/> Long-term Disability/LTD <input type="text"/> Worker's Compensation <input type="text"/> TANF CalWORKS <input type="text"/> Veterans Benefits/VA <input type="text"/> Alimony/Child Support <input type="text"/> <input type="checkbox"/> No source of income
	Retirement <input type="text"/> Investment <input type="text"/> Gift <input type="text"/> other 1 <input type="text"/> other 2 <input type="text"/> other 3 <input type="text"/> Food Stamps <input type="text"/>

HOUSEHOLD INCOME

Monthly Household Income * <input type="text"/>	Percent Federal Poverty Level <input type="text" value="calculated"/>
# People in Household * <input type="text"/>	# HIV+ People in Household <input type="text"/>
# Children in Household <input type="text"/>	

FAMILY INCOME

Monthly Family Income <input type="text"/>	Percent Federal Poverty Level <input type="text" value="calculated"/>
# People in Family <input type="text"/>	

ASSETS

Do you own: a house? a car? Do you have other assets?

The following elements are required:

1. Household Income is monthly income.
2. Household size includes the client in the count.

Income is now longitudinal, meaning it will show a history of the income and dates on this screen.



Eligibility > Insurance

The screenshot shows the ARIES web application interface. At the top, there is a navigation bar with tabs for DEMOGRAPHICS, ELIGIBILITY, PROGRAMS, MEDICAL, MEDICATIONS, RISK & ASSESSMENTS, CARE PLAN, CASE NOTES, SERVICES, and CUSTOM DATA. Below this is a secondary navigation bar with tabs for ELIGIBILITY DOCUMENTS, FINANCIAL, and INSURANCE. The main content area displays the name 'Dimitre C Andrayavich' and an 'Insurance' tab with an 'Edit' button. Below the tab is a table header with columns: Source, Type, Pending, Prim Ins, Prim HIV Ins, Carrier, Policy #, Start / End, Prem, and Note. A blue arrow points from the 'Insurance' tab to a larger, detailed view of the insurance form below.

This screenshot provides a detailed view of the insurance form. The title is 'Dimitre C Andrayavich Insurance'. The form includes a table header with columns: Source, Type, Pending, Prim Ins, Prim HIV Ins, Carrier, Policy #, Start Date, End Date, Mo. Premium, and Note. Below the header, there are input fields for 'if other:', 'Start Date', and 'End Date'. A dropdown menu for 'Type' is open, showing a list of insurance options: ADAP, Ryan White, Public 2, Private 1, Private 2, Private 3, Vision, Dental, Medi-Cal/Medicaid, Veteran, Medicare, Other public insurance, Other, Unknown, and No insurance. At the bottom right, there are 'Save' and 'Cancel' buttons. A blue arrow points from the 'Type' dropdown in this view to the 'Type' column in the table above.

Ryan White is the payer of last resort.

Required element(s):

1. Any third party, private or other public health insurance must be entered here



Medical > Basic Medical

< Back Home Find New Reports Shortcuts Help Logout

DEMO-GRAPHICS ELIGIBILITY PROGRAMS **MEDICAL** MEDICATIONS RISK & ASSESSMENTS CARE PLAN CASE NOTES SERVICES CUSTOM DATA

BASIC MEDICAL MEDICAL HISTORY OB/GYN & PREGNANCY **BASIC MEDICAL ARIES**

Dimitre C Andrayavich

Basic Medical [Edit](#)

Primary Medical Care:
 Provider and Last Visit Date: The Peoples Clinic Dah;
 Primary HIV Care:
 Provider and Last Visit Date:
 CDC Disease Stage: CDC-Defined AIDS
 Acuity:
 Medically unable to work:
 Current Weight:
 Usual weight:
 AIDS Diagnosis: (per)
 Year First Tested HIV+: 2001
 Partner Notification Offered:
 # Partners to be notified by client:
 # Partners to be notified by health dept.
 Date health dept. notified:
 Other Chronic Medical Conditions:

The following elements are required:

1. CDC Stage of illness is critical for RSR and RDR
2. AIDS Status and diagnosis date
3. HIV Status
4. HIV counseling and testing

Dimitre C Andrayavich Basic Medical

Name	Phone	Last Visit
Primary Med Care	The Peoples Clinic Dah	
Primary HIV Care		
CDC Disease Stage *	CDC-Defined AIDS	
Date First HIV+	Year First HIV+ 2001	
AIDS Diag Date *	County State Source	

HIV TESTS

HIV Test Date *	Result	County	State	Source	Pre-test Counseling *	Post-test Counseling *

AIDS DEFINING CONDITIONS

AIDS Defining Condition *	Diagnosis Date *	Treatment Date

Acuity Scale Acuity Score Date Weight Date

Usual Weight Partner Notification Offered Dated

HIV TESTS

HIV Test Date *	Result	County	State	Source	Pre-test Counseling *	Post-test Counseling *

AIDS DEFINING CONDITIONS

Save Cancel

Medical > OB/GYN & Pregnancy

Dimitre C Andrayavich
Ob/Gyn & Pregnancy **Edit**

Primary OB/GYN:
Pap Smear/Pelvic exams:

Pregnancy History

- Date first reported pregnant
- Estimated Date of Conception
- Estimated Delivery Date
- HIV Status During Pregnancy
- Date Prenatal Care Began
- Number of Prenatal Care Visits in Reporting Month
- ART Counseling to prevent HIV transmission to infant
- Date Received ART Counseling
- ART Offered
- Date Started ART Treatment
- Pregnancy Outcome
- Outcome Date
- Newborn HIV Status

Ob/Gyn & Pregnancy for Dimitre C Andrayavich

Primary Ob/Gyn: Phone:

Pap Smear & Pelvic Exam Dates: Result: **R** **New**

Primary healthcare provider strictly an Ob/Gyn practitioner

Pregnancy History

- Date first reported pregnant *
- Estimated Date of Conception *
- Estimated Delivery Date [Date Calculator](#) *
- HIV Status During Pregnancy *
- Date Prenatal Care Began *
- Number of Prenatal Care Visits in Reporting Month *
- ART Counseling offered to reduce HIV transmission to infant *
- Date Received ART Counseling *
- ART was offered to reduce vertical transmission to infant *
- Date Started ART Treatment *
- Pregnancy Outcome *
- Date of Pregnancy Outcome *
- Newborn HIV Status *

R

Save & Next > Save & Done Cancel

Required elements:

1. Pregnancy and pregnancy history with dates
2. Pap Smears with results



Medications > ART

< Back Home Find New Reports Shortcuts Help Logout

DEMO-GRAPHICS ELIGIBILITY PROGRAMS MEDICAL **MEDICATIONS** RISK & ASSESSMENTS CARE PLAN CASE NOTES SERVICES CUSTOM DATA

ART OTHER MEDICATIONS

Dimitre C Andrayavich
 ART Medications
 Pharmacies:
 Allergies:
 Adherence to ART Medications:
 Adherence to HIV Treatment:
 Resistance Testing Performed:

Required element(s):

- ART information and status
 Add as many as necessary
 Be sure to update this information with each script renewal. The RSR and RDR use this information.

Dimitre C Andrayavich ART Medications

Name	Phone	Allergies
Pharmacy 1	<input type="text"/>	<input type="text"/>
Pharmacy 2	<input type="text"/>	<input type="text"/>
Pharmacy 3	<input type="text"/>	<input type="text"/>

ART TYPE

ART Type	Reason not on HAART	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ANTI-RETROVIRAL DRUGS

Anti-retroviral Drugs	Prescribed by	Side Effects	Start Date	End Date	Dosage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Adherence

In the last three days, not including today, how many days did you take your ART medications at the times and in the amounts prescribed by your doctor? as of

Adherence to HIV Treatment: Percent of doses taken in the past four weeks Date

Genotypic/Phenotypic testing performed to determine resistance to HIV medications Date of Test: Notes

Medication List:
 Agenerase (amprenavir) (d04428)
 Aptivus (tipranavir) (d05538)
 Atripla (tenofovir DF/emtricitabine/efavirenz) (d05538)
 Combivir (lamivudine-zidovudine) (d04219)
 Crivivan (indinavir) (d03985)
 Emtriva (emtricitabine) (d04884)
 Epivir (lamivudine) (d03958)
 Epizoom (abacavir-lamivudine) (d03854)
 Fortovase (niravirase/saquinavir) (d03880)
 Fuzeon (enfuvirtide) (d04853)
 HIVID (ddC, zalcitabine) (d00127)
 Intelence (etravirine) (d07078)
 Isentress (raltegravir) (d07048)
 Kaletra (lopinavir-ritonavir) (d04717)
 Lexiva (fosamprenavir) (d04901)
 Norvir (ritonavir) (d03984)
 Other (Other) (d99999)
 Prezista (darunavir, TMC-114) (d05825)
 Rescriptor (delavirdine) (d04119)
 Retrovir (AZT, ZDV, zidovudine) (d00034)
 Reyataz (atazanavir) (d04882)
 Belzentry (maraviroc) (d06852)
 Sustiva (efavirenz) (d04355)
 Trizivir (abacavir/lamivudine/zidovudine) (d04727)
 Truvada (emtricitabine-tenofovir) (d05352)
 Videx (ddI, didanosine, deoxyinosine) (d00078)
 Viracept (nelfinavir) (d04118)
 Viramune (nevirapine) (d04029)
 Viread (tenofovir) (d04774)

Save Cancel

R

Risk & Assessments > Risk Factors

Navigation: < Back Home Find New Reports Shortcuts Help Logout

Menu: DEMOGRAPHICS ELIGIBILITY PROGRAMS MEDICAL MEDICATIONS **RISK & ASSESSMENTS** CARE PLAN CASE NOTES SERVICES CUSTOM DATA

Sub-menu: **RISK FACTORS** SUBSTANCE ABUSE MENTAL HEALTH ASSESSMENTS

RISK & ASSESSMENTS ARIES

Dimitre C Andrayavich

Risk Factors **Edit**

Pediatric: No

Factors (behaviors client engaged in prior to first HIV+ test result):

Client Risk Factors:

- Sex with Male
- Sex with Female
- Injected nonprescription drugs
- Received clotting factor for hemophilia/coagulation disorder
- Received transfusion of blood/blood components (other than clotting factor), transplant of tissue/organs or artificial insemination
- Worked in healthcare or clinical lab setting
- Mother HIV infected/Perinatal transmission
- Sexual abuse (pediatric only)
- Other
- Unknown

Sex Partner Risk Factors, Heterosexual Contact ONLY:

- Intravenous/injection drug user
- Bisexual Male
- Person with AIDS or documented HIV
- Other (person with hemophilia/coagulation disorder, transfusion recipient with documented HIV infection, Transplant recipient with documented HIV infection)
- Unknown

Dimitre C Andrayavich Risk Factor

Pediatric

* What behaviors did the client engage in prior to his/her first HIV positive test result? Check all that apply:

Client Risk Factors

- Sex with Male
- Sex with Female
- Injected nonprescription drugs
- Received clotting factor for hemophilia/coagulation disorder
- Received transfusion of blood/blood components (other than clotting factor), transplant of tissue/organs or artificial insemination
- Worked in healthcare or clinical lab setting
- Mother HIV infected/Perinatal transmission
- Sexual abuse (pediatric only)
- Other
- Unknown

Sex Partner Risk Factors, Heterosexual Contact ONLY

- Intravenous/injection drug user
- Bisexual Male
- Person with AIDS or documented HIV
- Other (person with hemophilia/coagulation disorder, transfusion recipient with documented HIV infection, Transplant recipient with documented HIV infection)
- Unknown

Primary HIV Exposure: [Dropdown]

Secondary HIV Exposure: [Dropdown]

Buttons: Save + Next, Save + Done, Cancel

Required elements:

1. Risk Factor(s)

Choose one or more from the list then be sure to choose the Primary and Secondary HIV Exposure.



Risk & Assessments > Substance Abuse

Dimitre C Andrayavich
Substance Abuse [Edit](#)

Treatment Status:
Most Recent SAMISS:

Substance Abuse Screening

Date	Screening Outcome

Dimitre C Andrayavich Substance Abuse

Treatment Status: [Dropdown] Date: [Calendar]

Screen Date: [Calendar] Screening Outcome: [Dropdown]

Save Cancel

- In treatment
- Waiting list for treatment
- Refused treatment
- Completed treatment
- Pre-treatment process
- Dropped out of treatment
- No active treatment or counseling
- Resumed treatment
- Other
- Unknown
- Not applicable

Contact Information

Dimitre C Andrayavich
Mental Health [Edit](#)

Treatment Status:
Most Recent SAMISS:

Mental Health Screening

Date	Screening Outcome

Dimitre C Andrayavich Mental Health

Treatment Status: [Dropdown] Date: [Calendar]

Screen Date: [Calendar] Screening Outcome: [Dropdown]

Save Cancel

- In treatment
- Waiting list for treatment
- Refused treatment
- Completed treatment
- Pre-treatment process
- Dropped out of treatment
- No active treatment or counseling
- Resumed treatment
- Other
- Unknown
- Not applicable

Contact Information

Care Plan > Referrals

Navigation: < Back Home Find New Reports Shortcuts Help Logout

Menu: DEMO-GRAPHICS ELIGIBILITY PROGRAMS MEDICAL MEDICATIONS RISK & ASSESSMENTS CARE PLAN CASE NOTES SERVICES CUSTOM DATA

Sub-menu: NEEDS ASSESSMENT CARE PLAN REFERRALS

REFERRALS ARIES

Dimitre C Andrayavich

Referrals **New**

Date	Service	Referred to	Target Date	Outcome
------	---------	-------------	-------------	---------

Contact Information

Dimitre C Andrayavich Referral

R Referral Date

Program

Primary Service

Secondary Service

Refer To **R**

(other)

Target/Appt. Date

Follow-up Date

PSC Code

Reason

Outcome Date **R**

Outcome

Notes

Save Cancel

Required element(s):

1. Referral Tracking is critical for Ryan White Part C
Not only will this track, but will provide you with a follow up date to better serve your client.



Services

< Back Home Find New Reports Shortcuts Help Logout

DEMO-GRAPHICS ELIGIBILITY PROGRAMS MEDICAL MEDICATIONS RISK & ASSESSMENTS CARE PLAN CASE NOTES SERVICES CUSTOM DATA

Dimitre C Andrayavich

Services **New**

Date [] and [] Staff []

Program [] Primary [] Search

Date	Staff	Category	UOS	Total
------	-------	----------	-----	-------

Service

Client Name * Andrayavich, Dimitre

Client Andrayavich, Dimitre

Staff * Willis, Jim Site AA

Date of Service * 8/30/2010 Days to Next Service [] date []

Contract Name * 10-11 Part B Created Date []

Program * Ryan White

Primary Service * Medical Transportation Services

Secondary Service * Medical Transportation Services

Agency Subservice * Buss Tokens/Pass

Units of Service * Gas Voucher 1.00 Transaction = \$ 15.00 Total

Client Payment Van/Car Ride CARE/HIPP Co

Daily Service End Date [] Actual Minutes Spent []

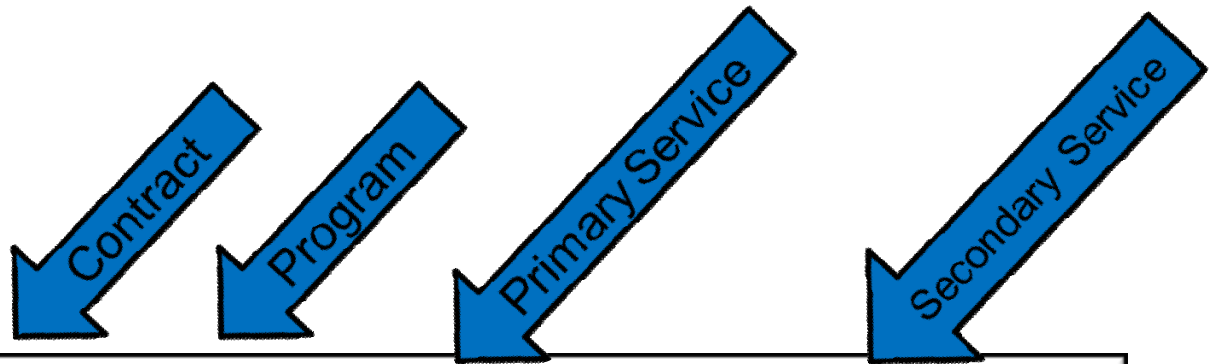
Service Notes

Save - Done Save + Another Cancel

Callouts:

- Date of Service
- Contract Primary service Secondary Service
- Choose Sub Service

Services



Contract 10-11 Part B >> Ryan White -> Medical Transportation Services -> Medical Transportation Services

Bus Tokens/Pass	One Way	1	\$2.00	100	50	\$200.00
Gas Voucher	One Way	1	\$15.00	100	50	\$1500.00
Van/Car Ride	One Way	1	\$55.00	50	25	\$750.00

Date of Service * 8/30/2010

Contract Name * 10-11 Part B

Program * Ryan White

Primary Service * Medical Transportation Services

Secondary Service * Medical Transportation Services

Agency Subservice * Buss Tokens/Pass

Units of Service * Gas Voucher 15.00 per Transaction = \$ 15.00

Client Payment CARE/HIPP Co-Payment *

Daily Service End Date **Actual Minutes Spent**

Days to Next Service

Created Date



Should you have questions, please contact:

Jim Willis

713 526 1016 x 114 JWillis@hivresourcegroup.org

We also design custom reports for your needs.

Smooth seas do not make skillful sailors.

– African Proverb

