



Overview of the Ryan White HIV/AIDS Program (RWHAP)

Agenda



- General program goals
- Review Ryan White Parts (different funding streams)
- Ryan White eligibility



Well, What is it?



- The Ryan White HIV/AIDS Program is a federally funded program that provides primary and supportive care for those infected with and affected by HIV/AIDS.

What's Our Overall Goal?



- To work with cities, states, and local CBOs to provide services to PWH who do not have sufficient health care coverage or financial resources to manage the disease.
- To expand services and increase the quality of those services.
- To ensure that newly diagnosed individuals are rapidly linked to care.
- To solicit community input on an ongoing basis to ensure that we provide the best quality prevention and patient care planning process.



How Did it Start?



- First authorized in 1990, was amended and reauthorized in 1996, 2000 and 2006.
 - In 2009, it was reauthorized as the *Treatment Extension Act of 2009* (Public Law 111-87).
- The legislation created a number of programs, called “parts”, to meet the needs of different communities and populations.
 - The parts are: A, B, C, D, E, and F





The Ryan White Parts





The Ryan White Program

(In General)

- Ryan White HIV/AIDS Program grantees must seek payment from other sources before using Ryan White HIV/AIDS Program funds.
- 75% of funding under RW programs must be allocated to core services. 25% may be allocated to support services
- Each RW grant allows a small portion of funds to be used for Administrative services and Clinical Quality Management services (totaling 15% of the total award).
 - Part B also has Planning & Evaluation funding.

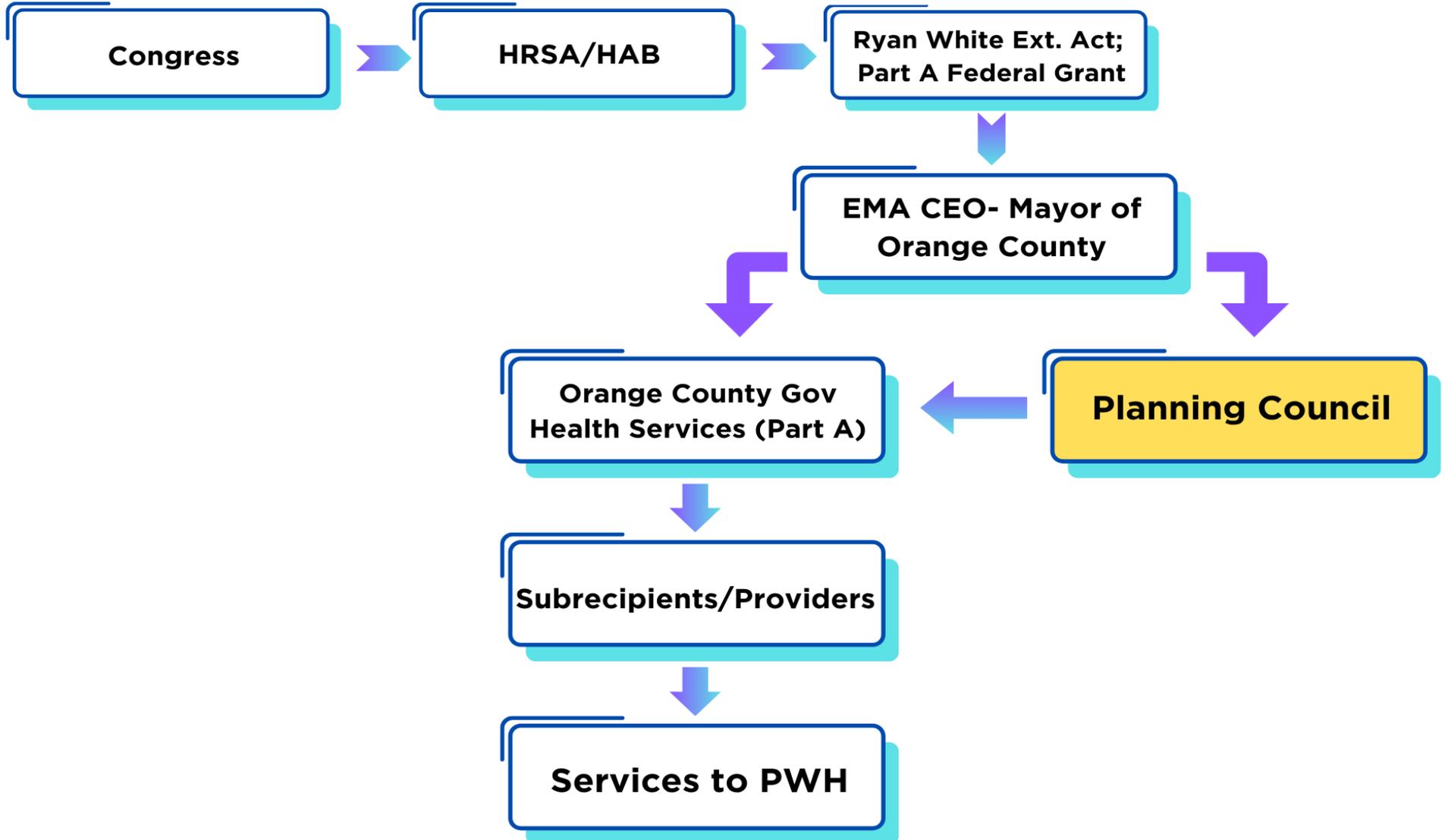


Part A

Eligible Metropolitan Areas (EMAs)

- Emergency assistance to EMAs and Transitional Grant Areas (TGAs) that are severely and disproportionately affected by the HIV epidemic.
 - Part A provides funds to eligible metropolitan areas (EMAs) with a population of at least 50,000 that have had more than 2,000 reported AIDS cases in the prior five years.
 - TGAs are defined as metropolitan areas with at least 1,000 but fewer than 2,000 cumulative AIDS cases during the most recent five calendar years.
 - Part A funds (including Minority AIDS Initiative or “MAI”) are governed by the planning council that makes final decisions on allocations.

Ryan White Part A Program Flow



Who's Eligible for Part A?



- HIV+ Status
- Income at or below 400% FPL
- Must live within the EMA/TGA
- Must recertify for RW Part A services annually

Part B

Grants to States



Provide grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the US Virgin Islands and 5 US Pacific Territories to improve the quality, availability and organization of HIV health care and support services.

- Congress earmarks a percentage of the total Part B amount to fund the AIDS Drug Assistant Program (ADAP).
- Funding is governed by an advisory body or a consortium that makes recommendations to the Lead Agency.
- Grants can include: a base grant, the ADAP award, and supplemental grants to States with “emerging communities” reporting between 500-999 cumulative AIDS cases within the last 5 years.



Ryan White Part B Program Flow *(In General Continued)*



Who's Eligible for Part B?



- HIV+ Status
- Income at or below 400% FPL
- Must live in Florida
- Must recertify for RW Part B services annually



Part C

Early Intervention Services



Provides comprehensive primary health care in an outpatient setting for PWH – Part C Early Intervention Services

- Also provides funds to be used to strengthen organizational infrastructure and to strengthen their capacity to develop, enhance, or expand access to high-quality primary healthcare services, i.e. Part C Capacity Development Grants.
- Eligible to receive Part C EIS funding: FQHCs; Family Planning Recipients; Hemophilia Diagnostic & Treatment Centers; Rural Health Clinics; Indian Health Services health facilities; CBOs, clinics, hospitals, and other health facilities; Nonprofit private entities providing comprehensive primary care to populations at risk of HIV/AIDS, including faith-based and CBOs.
- EIS costs associated with direct provision of medical care and must be 50% of the award.

Who's Eligible for Part C?



- HIV+ Status
- Fees for payment determined based on sliding fee scale
- No geographical boundaries
- Must recertify for RW Part C services annually



Part D

Women, Infants, Children, & Youth

Provides family-centered care involving outpatient or ambulatory care for women, infants, children, and youth with HIV/AIDS.

- Services may include core medical and support services.
- Must educate consumers about research opportunities, the benefits of participation & how to enroll.
- Costs divided into medical services, clinical quality management, support services and administrative.
- Does not have the 75:25 percent rule but administrative cost is limited to 10%.
- No geographical boundaries.

Who's Eligible for Part D?



- HIV+ Status
- Fees for payment determined based on sliding fee scale
- No geographical boundaries
- Must recertify for RW Part D services annually

Part E Explained



In the past, Part E authorized grants for emergency response employees and established procedures for notifications of infectious diseases exposure; Part E was never funded.

- The 2006 reauthorization deleted the sections of Part E on emergency response and inserted into Part E several sections, with some text changes, from Part D (on coordination, audits, definitions, and a prohibition on promotion of intravenous drug use or sexual activity) and two new sections on public health emergencies and certain privacy protections.
- Provides funding to HRSA for:
 - Coordination
 - Audits
 - Severity of Need Index
- Does **not** provide funding for grants

Part F

Demonstration & Training



Ryan White Part F covers a multitude of services:

- Special Projects of National Significance (SPNS)
- AIDS Education and Training Centers (AETC)
- Dental Schools – dental care in the context of education
- Dental Reimbursement Program (DRP)
- Community-Based Dental Partnership Program (CBDPP)
- Minority AIDS Initiative (MAI)



questions