



HRSA'S RYAN WHITE HIV/AIDS PROGRAM

On August 18, 1990, the Ryan White CARE Act was signed

Ryan White HIV/AIDS Program Service Areas

Community Voices Committee March 8, 2021

Common acronyms

RWHAP = Ryan White HIV/AIDS Program

PLWH = people living with HIV

HRSA = Health Resources and Services Administration

HAB = HIV AIDS Bureau

TGA = Transitional Grant Area

EMA = Eligible Metropolitan Area

PC = Planning Council

Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds

- Policy clarification notice (PCN) #16-02 revised October 22, 2018
- Defines and provides program guidance for each of the core medical and support services
- Services supported by RWHAP funds will:
 - Fall within the legislatively-defined range of services
 - For Part A, have been identified as a local priority by the planning council
 - For Part B, meet documented needs and contribute to the establishment of a continuum of care
- Must be able to make an explicit connection between any service supported with RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person with HIV

https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

Factors Affecting HIV/AIDS Services Nationally

1. Epidemic continues, especially among traditionally underserved and hard-to-reach populations – but important progress in prevention
2. Because of available and emerging therapies, people with HIV/AIDS can live long and productive lives
3. Treatment IS prevention – virally suppressed PLWH rarely infect other people – which means an increased focus on coordination and collaboration between prevention and care
4. Changes in the larger health care system and financing affect HIV services
5. Policy and funding increasingly are determined by clinical outcomes

Medical Model

Major focus on core medical services (medical model)

- 75% of funds must be spent on core medical services (waiver available)
- Support services must contribute to positive clinical outcomes
- Refinements to service categories and definitions in 2016 (PCN #16-02)

Core Medical Services: Parts A & B

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support Services

- **Must be:**
 - $\leq 25\%$ of total service expenditures
 - Approved by the Secretary of HHS
 - Needed to achieve medical outcomes
- **Medical outcomes** = outcomes affecting the *HIV-related clinical status* of an individual with HIV/AIDS
- Planning Councils need to know allowable service categories and service definitions
- Recipient and Planning Council need to be able to link funded support services to positive medical outcomes

Support Services: Parts A & B

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [e.g., Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

Priority Setting

- Planning Council responsibility
- Means determining what service categories are most important for PLWH in the EMA or TGA – unrelated to who provides the funding for these services
- Recipient provides information – especially service utilization data – and advice, but has no decision-making role
- Council must establish a sound, fair process for priority setting and ensure that decisions are data based
- Important to prioritize needed service categories even if there may not be enough money to fund them all, in case the PC is able to reallocate some funds into a previously unfunded category during the program year

Council Ranking for FY21-22	Core medical services	Council Ranking for FY19-20
1	Medical Case Management Services	1
2	AIDS Drug Assistance Program (ADAP)	2
3	Outpatient/Ambulatory Health Services	6
4	Early Intervention Services	5
5	Mental Health Services	4
6	Substance Abuse Services – Outpatient	8
7	Health Insurance Premium & Cost Sharing Assistance	3
8	Oral Health Care	7
9	Home & Community Based Health Services	9
10	Medical Nutrition Therapy	10
11	Home Health Care	11
12	Hospice Services	12

Council Ranking for FY21-22	Support services (Page 1 of 2)	Council Ranking for FY19-20
1	Housing Services	1
2	Emergency Financial Assistance	2
3	Food Bank/Home Delivered Meals	4
4	Medical Transportation	3
5	Case Management (Non-Medical)	6
6	Psychosocial Support	5
7	Health Education/Risk Reduction	7
8	Legal Services	10
9	Outreach	8
10 (tied)	Referral for Health Care/Supportive Services	9
10 (tied)	Substance Abuse Services – Residential	11
12	Child Care Services	12

Council Ranking for FY21-22	Support services (Page 2 of 2)	Council Ranking for FY19-20
13	Rehabilitation Services	13
14	Permanency Planning	16
15	Linguistic Services	14
16	Respite Care	15

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Service area not funded in FY21

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Service area not funded in FY21

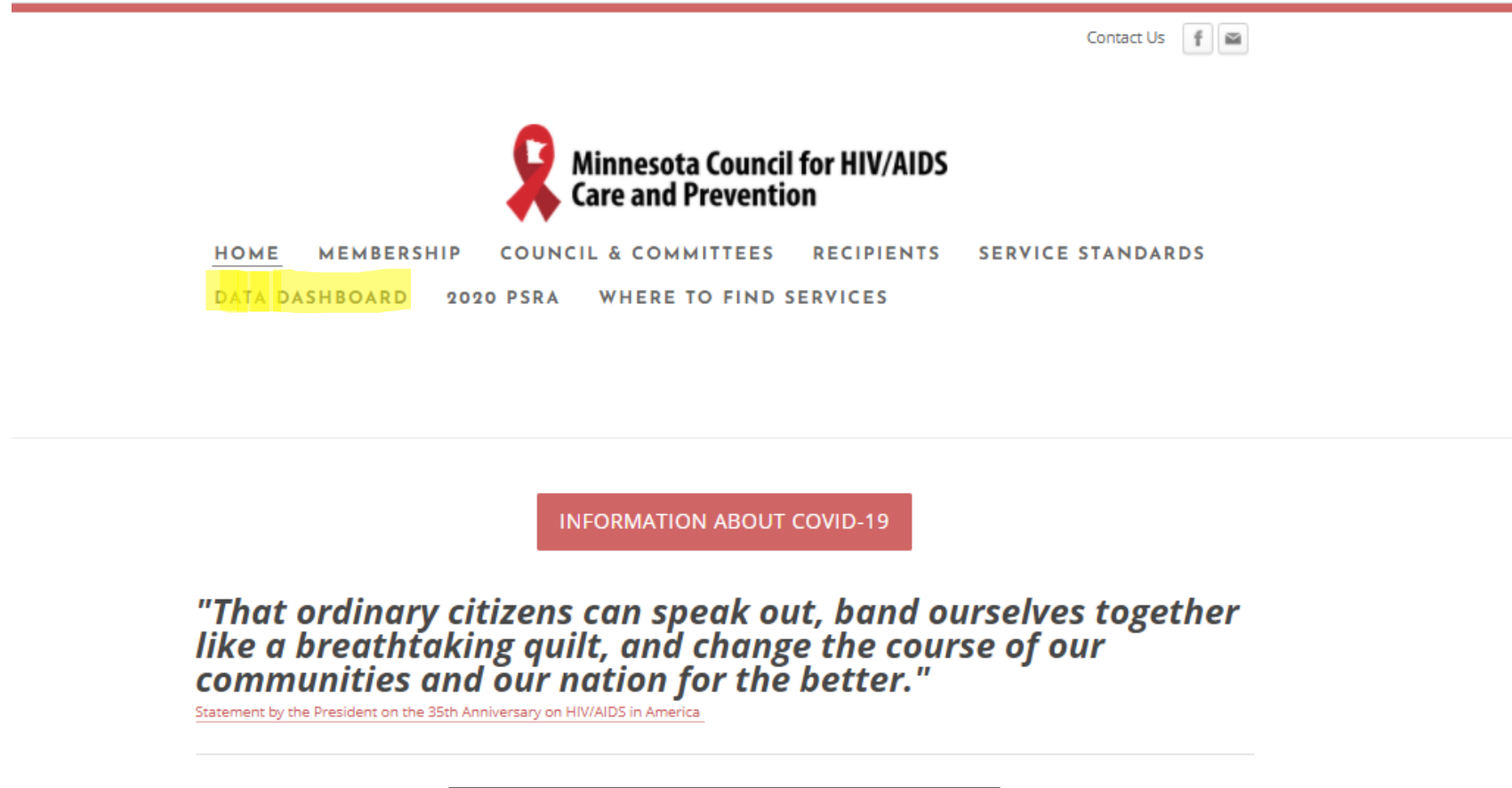
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Service standards

- Service standards guide providers in implementing funded services.
- They address elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities.
- Ensure all RWHAP service providers offer the same fundamental components of a given service.
- <http://www.mnhivcouncil.org/standards-of-care.html>

Data dashboard: www.mnhivcouncil.org





Questions?