

The logo features a large, stylized red graphic element on the left, resembling a thick vertical bar with a horizontal bar extending to the right, forming a partial 'R' shape. The year '2018' is written vertically in light blue text within this graphic. To the right of the graphic, the word 'NATIONAL' is written in light blue, uppercase letters. Below 'NATIONAL', the name 'RYAN WHITE' is written in large, bold, white, uppercase letters. Underneath 'RYAN WHITE', the text 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue, uppercase letters. The entire logo is set against a dark blue background with a vertical red bar on the far left and a horizontal red bar at the bottom.

**2018** NATIONAL  
**RYAN WHITE**  
CONFERENCE ON HIV CARE & TREATMENT

# An Overview of the Ryan White HIV/AIDS Program Legislation

**Elizabeth H. Saindon and Melisa L. Thombley**

*U.S. Department of Health and Human Services*

*Office of the General Counsel, Public Health Division*

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Unsafe at any speed.

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May cause drowsiness.

# RWHAP Legislative Overview

Ryan White Comprehensive AIDS Resources Emergency Act-  
enacted on August 18, 1990

## Reauthorizations

- 1996-Ryan White CARE Act Amendments of 1996
- 2000-Ryan White CARE Act Amendments of 2000
- 2006-Ryan White HIV/AIDS Treatment Modernization Act of 2006
- 2009-Ryan White HIV/AIDS Treatment Extension Act of 2009

Codified in title XXVI of the Public Health Service (PHS) Act, referred to as the Ryan White HIV/AIDS Program (RWHAP)

# RWHAP Legislative Overview

## Grants under the RWHAP

- Part A—Mandatory awards to specific cities
- Part B—Mandatory awards to States/Territories
- Part C – Discretionary, competitive awards to providers
- Part D – Discretionary, competitive awards to providers with focus on women, infants, children and youth
- Part F –SPNS, AETCs, Dental Programs and MAI

## Other Grants

- Emergency Relief Funding – Discretionary, competitive awards to States

## Common Provisions

- Core Medical Services
- Payor of last resort
- Imposition of charges
- Clinical Quality Management and Administrative Cap

# Part A—Mandatory awards to specific cities

# RWHAP Legislative Overview

## Part A

- Funding to eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) that are severely & disproportionately affected by the HIV epidemic
  - 24 EMAs (> 2,000 cases of AIDS reported in the most recent 5 years)
  - 28 TGAs (1,000-1,999 cases of AIDS reported in the most recent 5 years)
- Components:
  - Formula funding
  - Supplemental funding
  - Minority AIDS Initiative funding

# RWHAP Legislative Overview

## Part A: EMAs and TGAs Losing Status

Need to fail two-part test for three consecutive years:

- EMA –
  - cumulative total of more than **2,000** cases in the most recent 5 year period **AND**
  - cumulative total of **3,000** or more living cases of AIDS as of 12/31 of the most recent calendar year
- TGA –
  - cumulative total of a least **1,000** but fewer than **2,000** cases of AIDS during the most recent 5 year period **AND**
  - cumulative total of between **1,400 -1,500** living cases of AIDS as of 12/31 of the most recent calendar year, if no unobligated balance (UOB) penalty (threshold is 1,500 cases if do have UOB penalty)



# RWHAP Legislative Overview

## Part A: Formula Funding

- Eligibility: all EMAs and TGAs that meet the criterion are eligible for formula funding.
- 66 2/3 percent of Part A funds for formula funding
- Formula: relative distribution of living HIV/AIDS cases

# RWHAP Legislative Overview

## Part A: Supplemental Funding

- Eligibility:
  - Submission of application
  - No formula UOB > 5% in prior FY
- 33⅓ percent of Part A funds for supplemental funding

# RWHAP Legislative Overview

## Part A: Supplemental Funding

- Competitive process
- Annual notice of funding opportunity describes the review criteria
  - Demonstrated need—weighted 33⅓ percent
  - Early identification of people living with HIV/AIDS—weighted 33⅓ percent
- Division of Independent Review (DIR) conducts the Objective Review Committee (ORC) Process
- Priority funding
  - Funds used to address the decline or disruption of services related to a decline in formula funding as compared to FY 2006
  - Calculated by HRSA as a relative distribution of living HIV/AIDS cases

# RWHAP Legislative Overview

## Part A: Minority AIDS Initiative (MAI)

- Distributed to all areas based on a relative distribution of living minority HIV/AIDS cases to improve HIV-related health outcomes and to reduce existing racial and ethnic health disparities

# Part B—Mandatory awards to States/Territories

# RWHAP Legislative Overview

## Part B

- Components:
  - Part B base formula funding
    - Mandatory award; all States and Territories eligible
  - AIDS Drug Assistance Program (ADAP) formula funding
    - Mandatory award; all States and Territories eligible
  - ADAP supplemental formula funding
    - Limited eligibility

# RWHAP Legislative Overview

## Part B

- Components cont'd:
  - Part B supplemental funding
    - Competitive award with statutory priority
    - Limited eligibility
  - Emerging Communities (EC) formula funding
    - Limited eligibility
  - MAI formula funding

# RWHAP Legislative Overview

## Part B

- Part B base formula
  - Includes a minimum award for certain states/territories
  - Attempts to address potential double-counting for those States that also contain an area that receives funding under RWHAP Part A.



# RWHAP Legislative Overview

## Part B

Other formulas (ADAP, ADAP supplemental, EC) are relative case distributions based on living HIV/AIDS cases

MAI formula is relative distribution based on living minority HIV/AIDS cases

- For supplemental support education and outreach services to increase the number of eligible racial and ethnic minorities who have access to medications under ADAP

# RWHAP Legislative Overview

## Part B: Matching

- States with more than 1% of the total HIV/AIDS cases in the US are required to match (PR is statutorily excluded)
  - Match applies to Part B Base, ADAP and EC
  - Match varies, depending on length of match, but years do not need to be consecutive
- ADAP Supplemental Match
  - Required at \$1:\$4 by all recipients, unless request waiver.
  - Waiver permitted only if required to meet Part B Base match and do meet that match
- For both matches, recipients may request an amount less than they would otherwise be entitled to, up to the amount that they can match.

# RWHAP Legislative Overview

## Part B: Supplemental Funding

- Eligibility:
  - Submission of application
  - No UOB > 5% in prior FY
- Competitive process
- Annual notice of funding opportunity describes the review criteria
- DIR conducts the ORC Process

# RWHAP Legislative Overview

## Part B: Supplemental Funding

- Priority funding
  - Funds used to address the decline or disruption of services related to a decline in formula funding as compared to FY 2006
  - Calculated by HRSA as a relative distribution of living HIV/AIDS cases

# RWHAP Legislative Overview

## Parts A and B: Obligation and Expenditure of Grant Funds

- Added to address the issue of very large unobligated balances (UOB) in cities and States, even as the epidemic was increasing
- To implement, Part A and Part B funds have 3-year availability (unusual for HHS funds)
  - For carrying out title XXVI of the PHS Act with respect to the Ryan White HIV/AIDS program, \$2,318,781,000, of which \$1,970,881,000 shall remain available to the Secretary through September 30, 2021, for parts A and B of title XXVI of the PHS Act, and of which not less than \$900,313,000 shall be for State AIDS Drug Assistance Programs under the authority of section 2616 or 311(c) of such Act.

# RWHAP Legislative Overview

## Parts A and B: Obligation and Expenditure of Grant Funds

- Gives the Secretary the authority to recoup unused funds, and re-award them without violating appropriation law
- Creates onerous tracking responsibilities on all parties (recipients, POs, and GMOs)

# RWHAP Legislative Overview

## Parts A and B: Obligation and Expenditure of Grant Funds

- Formula funds may be carried over (if request submitted before the end of the grant year)
  - The FFR must note carryover request
  - DGMO must also be notified
- Supplemental funds may NOT be carried over

# RWHAP Legislative Overview

## Parts A and B: Obligation and Expenditure of Grant Funds

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### Exception for Rebates

- If the UOB is a result of the expenditure of rebate funds, which are required to be spent prior to grant funds, UOB penalty is reduced



# Emergency Relief Funding – Discretionary, competitive awards to States

# RWHAP Legislative Overview

## Additional Grant Award: Emergency Relief Funding

- Discretionary awards to States to address potential ADAP waiting lists
  - Awarded under § 311(c) of the PHS Act pursuant to appropriation law
  - Three-year availability of funds
  - Competitive/formula
  - Separate application process
  - Not part of title XXVI of the PHS Act, but supports the ADAP activities

# Part C – Discretionary, competitive awards to providers

# RWHAP Legislative Overview

## Part C

- Discretionary, competitive grant program
- Eligible entities:
  - Federally qualified health centers
  - Family planning organizations (other than States)
  - Comprehensive hemophilia diagnostic and treatment centers
  - Rural health clinics
  - Health facilities operated by or through contract with the Indian Health Service
  - Community-based organizations, clinics, hospitals and other health facilities that provide early intervention services to people living with HIV/AIDS
  - Nonprofit private entities that provide comprehensive primary care services

# RWHAP Legislative Overview

## Part C

- Must be eligible to bill Medicaid unless operate as a free clinic
  - Can provide services directly
  - Can provide services through contract
    - May contract with for-profits only if no other provider of quality HIV care in the area
- Competitive awards include MAI funding distributed to all recipients based on a relative distribution of living minority HIV/AIDS cases

**Part D – Discretionary, competitive awards to providers with focus on women, infants, children and youth**

# RWHAP Legislative Overview

## Part D

- Discretionary, competitive grant program for the purpose of providing family-centered care involving outpatient or ambulatory care for women, infants, children and youth with HIV/AIDS.
- Eligible entities:
  - Public and nonprofit private entities including health facilities operated by or through contract with the Indian Health Service
- Competitive awards include MAI funding distributed to all recipients based on a relative distribution of living minority HIV/AIDS cases

# RWHAP Legislative Overview

## Part D

- Additional services for patients and families
- Family-centered care including case management
- Referrals for additional services, including inpatient services and social and support services
- Additional services designed to recruit and retain youth with HIV
- Provision of information and education on opportunities to participate in HIV/AIDS-related clinical research



# Part F –SPNS, AETCs, Dental Programs and MAI

# RWHAP Legislative Overview

## Part F: Special Projects of National Significance

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- Statutory set aside for projects that
  - Quickly respond to emerging needs of individuals receiving assistance
  - Improve the ability to report client-level data
- Requirement for replication
- Eligible entities:
  - Entities eligible for funding under Parts A, B, C and D

# RWHAP Legislative Overview

## Part F: AIDS Education and Training Centers

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- Provide health professional and allied personnel training and technical assistance; includes MAI funding
- Eligible entities:
  - Public and nonprofit private entities and schools and academic health science centers

# RWHAP Legislative Overview

## Part F: Dental Reimbursement Program (DRP) and Community-Based Dental Partnership Program (CBDPP)

- DRP provides unreimbursed costs of oral health care provided to people with HIV/AIDS by eligible entities
- CBDPP provides grants to eligible entities to provide dental care to people with HIV/AIDS and training of dental students and residents
- Eligible entities:
  - Accredited dental schools and dental hygiene programs

# Common Provisions

# RWHAP Legislative Overview

## Parts A, B, C and sometimes D

- Recipients must comply with various statutory requirements:
  - **Core medical services**
  - Comprehensive planning processes, which include public input
  - Focus on Early Identification of Individuals with HIV/AIDS
  - Maintenance of effort
  - **Imposition of charges**
  - **Administrative cost caps**
  - **Clinical Quality Management**
  - **Payor of last resort**

# RWHAP Legislative Overview

## Core Medical Services

### Parts A, B, and C

- Requirement to use not less than 75 percent of funding for Core Medical Services (defined) unless waiver is granted
- Secretarial waiver is permitted if (1) no waiting lists for ADAP and (2) core medical services are available to all individuals identified and eligible in an applicant's service area.

# RWHAP Legislative Overview

## Imposition of Charges

### Parts A, B, and C

- Recipients must impose a charge for services on patients with an individual annual income of over 100% of the FPL
- Only exception – recipients operating as free clinics with a waiver issued by HHS
- Charges imposed are subject to a cap on charges, which is based on individual annual income
- Charges *may* be nominal (but the charge itself is required)
- Imposition of charges is not required for Parts D and F



# RWHAP Legislative Overview

## Administrative Costs

### Parts A, B, C, and D

- Administrative costs: capped at 10%
  - For Part B, combined planning and evaluation plus administrative costs: capped at 15% (or one full-time-equivalent employee)
- Clinical Quality Management
  - For Parts A and B, capped at 5% or \$3,000,000

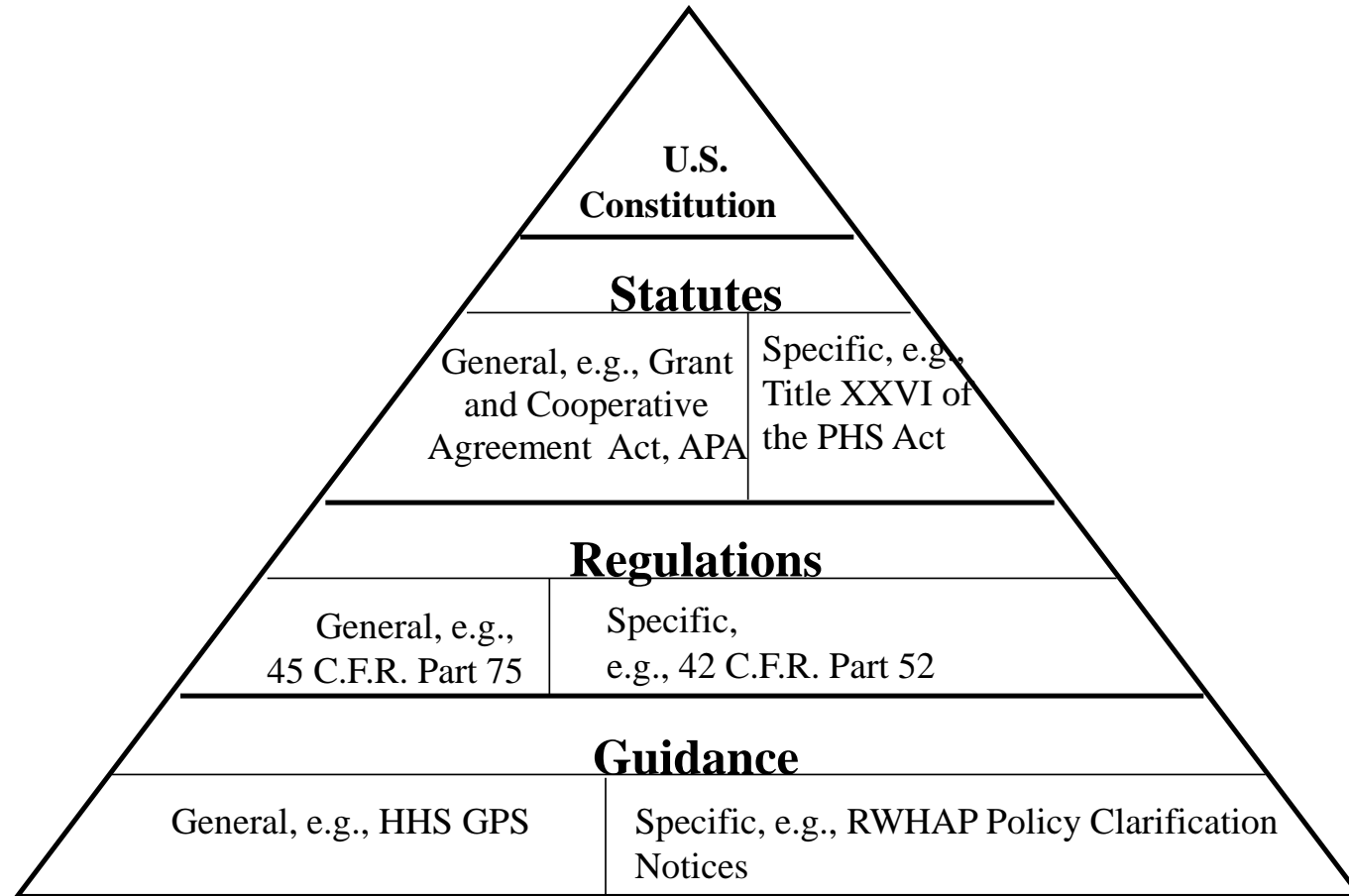
# RWHAP Legislative Overview

## Payor of Last Resort

### Parts A, B, C and D

- By statute, RWHAP funds may not be used *“for any item or service to the extent that payment has been made, or can reasonably be expected to be made. . . under any State compensation program, under an insurance policy, or under any Federal or State health benefits program. . . . or by an entity that provides health services on a prepaid basis”*
- Statutory exception for Indian Health Service
- Recipients must vigorously pursue enrollment in other relevant funding sources
- RWHAP recipients must assess individual clients that are not eligible for public programs for eligibility for private insurance
- The RWHAP will continue to pay for items or services received by individuals who remain uninsured or underinsured

# RWHAP Legislative Overview



# RWHAP Legislative Overview

- Statute contains significant detail. Look there first, it may have the answer you need.
- Also look to HRSA HAB Policy Notices and Program Letters for interpretive guidance on how to implement the statute.
- <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>
- Contact your project officer for additional training and technical assistance needs