

### OVER VIEW OF THE RYAN WHITE program

On August 18, 1990, Congress enacted Public Law 101-381, **Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990**: This legislation was reauthorized in May 1996 as Public Law 104-146, the Ryan White CARE Act Amendments of 1996. The Ryan White CARE Act was renamed the **Ryan White HIV/AIDS Treatment Modernization Act of 2006** on December 19, 2006. The Program is named in honor of **Ryan White**, an Indiana teenager whose struggle with HIV and against HIV-related discrimination helped to educate our nation about the needs of people with HIV. Mr. White died on April 8, 1990, at the age of 19, just a few months before Congress passed the Act that bears his name.

The **Ryan White HIV/AIDS Program** is a Federal program that provides HIV-related health services. The program works with cities, states, and local community-based organization to provide services to more than half a million people each year. The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Ryan White fills gaps in care not covered by these other sources. The majority of Ryan White HIV/AIDS Program funds support primary medical care and essential support services. A smaller but equally critical portion is used to fund technical assistance, clinical training, and research on innovative models of care. Ryan White is administered by the **U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB)**. Federal funds are awarded to agencies located around the country, which in turn deliver care to eligible individuals under funding categories called Parts, as outlined below. First authorized in 1990, the Ryan White HIV/AIDS Program is currently funded at \$2.1 billion.

The Ryan White Program is intended States increase the availability of primary health care and support services, in order to reduce utilization of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life of those affected by the epidemic. The program represents the largest dollar investment made by the Federal Government to date specifically for the provisions of services for people living with HIV disease (PLWH).

- **Part A:** Provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic
  - To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000.
  - To be eligible as a TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years.

- **Part B:** Provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and 5 U.S. Pacific Territories or Associated Jurisdictions. Part B grants include
  - A base grant
  - AIDS Drug Assistance Program (ADAP) award
  - ADAP supplemental grants
  - Grants to States for Emerging Communities—those reporting between 500 and 999 cumulative reported AIDS cases over the most recent 5 years.

Part B funding is distributed via formula and other criteria. Part B funds may be used to fund 75 percent of “core medical services” which include outpatient and ambulatory health services; ADAP; AIDS pharmaceutical assistance; oral health care; early intervention services; health insurance premium and cost-sharing assistance; home health care; medical nutrition therapy; hospice care; community-based health services; substance abuse outpatient care; and medical case management, including treatment adherence services. The remaining 25 percent of funds must go to support services that are needed for people living with HIV/AIDS to achieve their medical outcomes, such as respite care, outreach services, medical transportation, linguistic services, and referrals for health care and support services.

- **Part C:** Provides grants directly to service providers such as ambulatory medical clinics to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which support

organizations in more effectively delivering HIV/AIDS care and services and capacity development grants to enhance a grantees capacity to develop, strengthen, or expand access to high quality HIV primary health care services for people living with HIV or who are at risk of infection in underserved or rural communities and communities of color.

- **Part D:** Provides family-centered care involving outpatient or ambulatory care (directly or through contracts) for women, infants, children, and youth with HIV/AIDS. Grantees are expected to provide primary medical care, treatment, and support services to improve access to health care. Part D funds the following services:
  - Family-centered primary and specialty medical care
  - Support services
  - Logistical support and coordination.In addition, grantees are to educate clients about research and research opportunities and inform all clients about the benefits of participation and how to enroll in research.

- **Part F:** Funds four programs:
  - **Special Projects of National Significance (SPNS)** advance knowledge and skills in the delivery of health and support services to underserved populations diagnosed with HIV infection. SPNS grants fund innovative models of care and support the development of effective delivery systems for HIV care. The SPNS Program provides the mechanisms to:
    - ❖ Quickly respond to emerging needs of individuals receiving assistance under this title
    - ❖ Fund special programs to develop a standard electronic client information data system to improve the ability of grantees under this title to report client-level data
    - ❖ Advance knowledge and skills in the delivery of health and support services to people with HIV who are underserved by promoting the dissemination and replication of effective models of HIV care
    - ❖ Support, assess, and evaluate the effectiveness of innovative program designThe SPNS Program is an integral link to all Ryan White HIV/AIDS programs, providing opportunities to develop new services while assessing the effectiveness of models of care and promoting their replication. To meet program goals, funded organizations must contain a strong evaluation component and disseminate information necessary for effective replication. As grantees develop innovative services, the SPNS Program provides the funding and expertise for grantees to evaluate innovations and disseminate findings to the HIV community.
  - **AIDS Education and Training Centers (AETC)** Program supports a network of 11 regional centers (and more than 130 local associated sites) that conduct targeted, multidisciplinary education and training programs for health care providers treating people living with HIV/AIDS. The AETCs serve all 50 States, the District of Columbia, the Virgin Islands, Puerto Rico, and the 6 U.S. Pacific Jurisdictions. The AETC Program increases the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV disease, and to help prevent high-risk behaviors that lead to HIV transmission.
  - **Dental Programs:** Two programs that specifically focus on funding oral health care for people with HIV:
    - ❖ the Dental Reimbursement Program (DRP) and
    - ❖ the Community-Based Dental Partnership Program (CBDPP).Funding of services and of education and training for oral health providers are key program elements. Eligible applicants for both programs include institutions that have dental or dental hygiene education programs accredited by the Commission on Dental Accreditation (e.g., dental schools, hospitals with postdoctoral dental residency programs, and community colleges with dental hygiene programs).
  - **Minority AIDS Initiative:** Provides funding for activities to evaluate and address the disproportionate impact of HIV/AIDS on racial and ethnic minorities. Through Parts A and B, metropolitan areas and states will be able to compete for funding to address disparities in access, treatment, care, and health outcomes.

## **Policy & Procedure Manual**

## **Southwest/Piedmont HIV Care Consortium**

**General:** The Southwest/Piedmont HIV Care Consortium covers 29 counties and 13 independent cities in southwest, southside, and central Virginia. This largely rural region is the home to more than one million people. The region extends from Appomattox to Lee County and from Alleghany to Pittsylvania County. The Consortium is guided by a lead agency contracted with the **Virginia Department of Health (VDH), Division of Disease Prevention (DDP), Healthcare Services (HCS)**.

**Consortia Administration, Planning and Evaluation:** The lead agency is contracted by VDH to develop a regional response to the HIV epidemic. This response includes subcontracts to agencies providing services in communities which either provide services directly or through third party providers. Other contracted duties include:

- Producing a regional Request For Proposals (RFPs) for service providers at the local level in even numbered years and extends subcontract in odd numbered years
- Appointing independent review committees for subcontractor proposal review and awards
- Monitoring and technical support on subcontractor workplan progress
- Compiling and reporting financial and service data and submits invoices to VDH
- Monitors cost analysis and containment of client medical expenses
- Composing regional grant proposals, workplans, service plans and progress reports for VDH
- Conducting regional needs assessment of client met and unmet needs with annual updates
- Providing technical support to subcontractors on outcomes measurement
- Conducting a periodic regional client satisfaction survey and providing technical support to subcontractor surveys
- Carrying out other data gathering activities at the direction of the Consortium and/or VDH.

### **Consortium Quality Management:**

- Annually reviewing each subcontractor on site for fiscal and contract compliance, including chart audits focusing quality management indicators
- Assisting the statewide Peer Review Committee in the review of each subcontractor on a two-year cycle (50% of the number of subcontractors per year).
- Convenes a Quality Management Committee for the Consortium

**Consortia Membership:** Membership is open to any organization or individual who is infected, affected or has a vested interest in HIV. The lead agency and all subcontractors are automatically members of the Consortium by their contractual relationship. Membership is renewed annually with the Consortium's agreement of participation.