

# THE RYAN WHITE HIV/AIDS PROGRAM

PROGRAM FACT SHEETS: JANUARY 2013

## PART C: CAPACITY DEVELOPMENT GRANT PROGRAM

The Part C Capacity Development Grant Program assists public and nonprofit entities in efforts to strengthen their organizational infrastructure and their capacity to develop, enhance, or expand access to high-quality HIV primary health-care services for people living with HIV/AIDS or at risk of infection in underserved or rural communities. For the purposes of the grant program, *capacity development* refers to activities that promote organizational infrastructure development leading to the delivery or improvement of HIV primary care services.

### ELIGIBILITY

Applicants must be public or private nonprofit entities that are or intend to become comprehensive HIV primary care providers. Current Ryan White Programs service providers, as well as faith-based and community-based organizations, are eligible to apply for funding.

### GRANTEES

Grantees are organizations seeking to expand or enhance their capacity to respond to the HIV/AIDS epidemic in their area.

### IMPLEMENTATION

Fundable activities include the following:

#### Management Systems

- Identifying, establishing, and strengthening clinical, administrative, managerial, and management information system structures.
- Developing a financial management unit to manage multiple funding sources for HIV primary care services.

#### Service Delivery Systems

- Increasing organizational capability to oversee HIV service provision, including development of an organizational

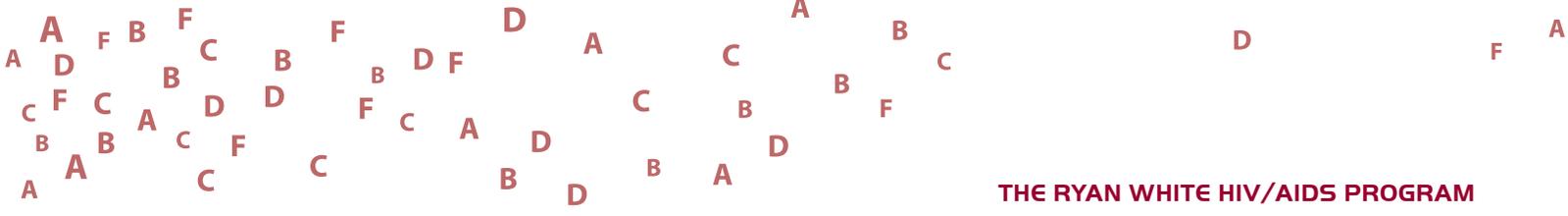
THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 529,000 PEOPLE EACH YEAR WHO DO NOT HAVE SUFFICIENT HEALTH-CARE COVERAGE OR FINANCIAL RESOURCES TO COPE WITH HIV DISEASE. THE MAJORITY OF RYAN WHITE HIV/AIDS PROGRAM 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. THE RYAN WHITE HIV/AIDS PROGRAM, FIRST AUTHORIZED IN 1990, IS CURRENTLY FUNDED AT \$2.35 BILLION.

strategic plan for HIV care, education of board members about the HIV program, and staff training and development on HIV care.

- Purchasing clinical supplies and equipment for the purpose of developing, enhancing, or expanding HIV primary care services (e.g., purchase of dental chairs and equipment to begin an HIV dental clinic; modification of a ventilation system to accommodate TB care).
- Gathering necessary documents and applying for Medicaid certification and, if applicable, appropriate State clinic licensing.
- Developing an organizational strategic plan to address managed care changes or changes in the HIV epidemic in a community.



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**Retention in Care**

- Establishing or enhancing infrastructure for ensuring comprehensive HIV primary health care (e.g., developing a patient self management support program; use of social media; use of evaluative measures to ensure clinet retention in care).

**Electronic Medical Records**

- Purchasing and implementing electronic medical records to improve the quality, safety, and efficiency of patient health care.

**Telehealth**

- Purchasing and implementing telehealth technologies to improve the quality and efficiency of patient health care.

**Dental Equipment for Expanding Dental Service Capacity**

- Purchasing dental equipment for the purpose of developing, enhancing, or expanding oral health-care services.

**Colposcopy or Anoscopy Services and/or Provider Training**

- Purchasing colposcopy or anoscopy equipment for the purpose of delivering or expanding cervical and anal screenings for people living with HIV or AIDS. Funds may also be used to develop policies and procedures, as well as train staff on the use of the colposcopy or anoscopy equipment.

**Cultural Competency**

- Developing cultural competency training programs aimed at staff or other HIV provider partners.

**FUNDING CONSIDERATIONS**

Program activities are intended to be short-term and should be completed by the end of the 1-year project period. Approximately \$205.6 million was appropriated in FY 2012.

\* Data retrieved from Health Resources and Services Administration data warehouse.