

April 26, 2012

Dear Ryan White Colleagues:

This letter addresses the use of funds and program activities for capacity development under Parts A, B and C of Title XXVI of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program).

Since December 2009, the HIV/AIDS Bureau (HAB) has continued to review the policies and provisions of the Ryan White HIV/AIDS Program that affect all Parts of the program and provide technical assistance, guidance and information to grantees for implementation. Released in July 2010, the National HIV/AIDS Strategy (NHAS) provides the nation's first-ever comprehensive coordinated HIV/AIDS roadmap and plan with clear and measurable objectives to be achieved by 2015. The goals of the NHAS are reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV and reducing HIV-related disparities and health inequities. Grantees need to consider these goals when planning for capacity development services.

*Programmatic Intent and Legislative Authority Regarding Capacity Development*

Parts A and B: There is no specific legislative language or authority for capacity development for Parts A and B. However, the Division of Service Systems (DSS)/HAB has reminded grantees and Part A HIV Planning Councils/planning bodies that system-wide program support or technical assistance may be considered capacity development activities.

DSS defines capacity development as activities that increase core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved persons living with HIV/AIDS.

Under Part A, planning for capacity development activities is expected to be identified primarily in two ways: 1) needs assessment process within the Eligible Metropolitan Area (EMA)/Transitional Grant Area (TGA) should identify disparities in access and services, and 2) establishment of priorities by the EMA/TGA Planning Council or other advisory body based on disparities identified in the needs assessment.

Examples of core competencies that may be considered appropriate for Part A providers are:

- Providing effective HIV/AIDS clinical services, including linkages to and retention in care
- Managing program finances
- Developing and implementing Quality Management and Improvement Programs
- Staff training
- Purchasing medical supplies and equipment
- Conducting service evaluations
- Developing culturally and linguistically appropriate services.

Under Part B, capacity development needs and activities resulting from disparities in the availability of HIV-related services in historically underserved communities and rural communities are expected to be included in the annual Part B Comprehensive Plan. This plan describes the organization and delivery of HIV health care and support services to be funded. Examples of infrastructure development for capacity development under Parts A and B may include:

- Service Delivery Systems
- Patient Self Management
- Cultural and Linguistic Competency
- Fiscal Accountability Systems
- Management Systems
- Evaluation Systems
- Staff Training

Other capacity development activities under Parts A and B may include but are not limited to:

- Identifying, establishing and strengthening clinical, administrative, managerial, and management information system (MIS) structures so that the grantee/subgrantee may become able to offer, enhance, or expand comprehensive HIV primary health care (i.e., medical record systems, QA systems, web-based systems, telehealth, etc.);
- Developing and enhancing a financial management and accountability system that is capable of managing multiple sources of funding for HIV core medical and support services;
- Developing and enhancing systems to assure compliance with HAB subgrantee monitoring standards;
- Developing and implementing a clinical quality management (CQM) program which, at a minimum, ensures implementation and adherence to all Public Health Service guidelines for care and treatment of HIV and related illnesses, including the development or improvement of HIV medical record systems;
- Increasing the capability of a grantee/subgrantee to oversee its HIV service provision, including development of an organizational strategic plan for HIV care, education of Board members regarding the HIV program, and staff training and development regarding HIV care as a package of activities designed to implement, expand, or enhance comprehensive HIV core medical and support services;
- Purchasing clinical supplies and equipment for the purpose of developing, enhancing, or expanding HIV primary care services (i.e., purchase of dental chairs and equipment to begin an HIV dental clinic; modification of a ventilation system to accommodate TB care, etc.);
- Developing a grantee's/subgrantee's strategic plan to address changes in the health care environment including those in the Affordable Care Act or changes in the HIV epidemic in a particular contained community;
- Developing a cultural and linguistic competency training program aimed at staff or other HIV provider partners. The cultural competency training could be designed to train staff in meeting the needs of consumers with HIV/AIDS of particular cultures and of which the organization has limited knowledge and experience in serving;

- Increasing the capability of a grantee/subgrantee to implement and/or manage consumer involvement. This may include staff training on the identification and retention of consumers; involvement of consumers in the development and implementation of the program, and in continuous quality improvement initiatives; and engagement and support of peers who serve on interdisciplinary care teams or
- Developing a Patient Self Management support program that emphasizes the patient's role in the management of their health.

Part C: The Part C Capacity Development Grant Program was first authorized by Congress in 2000. It is designed to assist public and nonprofit entities in their efforts to strengthen their organizational infrastructure and to increase their capacity to develop, enhance, 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.

Grant funding under this Part C program is not intended to support long-term or ongoing activities. Instead, the activities should be of a short-term nature and should be completed by the end of the one year grant period. Historically, HAB has funded various activities, including strategic planning, cultural sensitivity training, provider training, MIS, medical equipment/supplies, telemedicine equipment, patient self management, CQM and evaluation. Most recently, the Bureau has limited this funding to colposcopy equipment and training, dental equipment and electronic medical record systems. The maximum award has been \$100,000.

You may contact your HAB Project Officer to answer any specific questions or issues that you would like addressed regarding the use of funds and program activities for capacity development.

Sincerely,

Deborah Parham Hopson, PhD, RN, FAAN  
Associate Surgeon General  
Associate Administrator