

Policy Notice 12-01: The Use of Ryan White HIV/AIDS Program Funds for Outreach Services

History: This policy was previously published as Policy Notice 02-01 and Policy Notice 07-06.

This updated policy reflects the changes in Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) and establishes updated guidelines for the use of Ryan White HIV/AIDS Program funds for allowable expenditures for outreach services for all of the Parts, except for the Special Projects of National Significance Program.

This policy also clarifies the updated guidelines for allowable expenditures for outreach services in the context of the National HIV/AIDS Strategy (NHAS). The NHAS has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people with HIV, and 3) reducing HIV-related health disparities.

In applying for Ryan White HIV/AIDS Program Part A and B funding, applicants must include a description of the strategy, plan, and data associated with the early identification of individuals who are unaware of their HIV/AIDS status. Early Identification of Individuals with HIV/AIDS (EIIHA) is the identifying, counseling, testing, informing, and referring of diagnosed and undiagnosed individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to medical care. The goals of this initiative are to increase: 1) the number of individuals who are aware of their HIV status, 2) the number of HIV positive individuals who are in medical care, and 3) the number of HIV negative individuals referred to services that contribute to keeping them HIV negative. When funding outreach in support of the EIIHA initiative, grantees must structure outreach activities targeting specific at risk populations in accordance with their EIIHA strategy and plan.

The purpose of all Ryan White HIV/AIDS Program funds is to address the unmet care and treatment needs of persons living with HIV/AIDS who are uninsured or underinsured and therefore unable to pay for HIV/AIDS health care and vital health-related supportive services. Outreach services are designed to identify persons at high risk for HIV and provide an array of early intervention and prevention services. Outreach services include services to both HIV-infected persons who know their status and are not in care and HIV-infected persons who are unaware of their status and are not in care.

Outreach services are considered to be support services under the Ryan White HIV/AIDS Program legislation. As such, in the absence of a core medical services waiver, Parts A, B and C grantees are required to limit their expenditures for all support services to 25 percent of available service dollars. Conversely, these grantees are required to expend 75 percent of their service dollars on core medical services, placing the emphasis of Ryan White HIV/AIDS Program funding on life-saving and life-extending services.

Outreach Service Guidance for Grantees

All Ryan White HIV/AIDS Program Grantees may continue to use funds to pay for HIV counseling and testing, outreach, and referral services, as provided in the Ryan White HIV/AIDS Program legislation however, Parts A, B and C Grantees are limited to the percentage of grant funds that may be expended for outreach and other support services. As such, these Grantees are expected to prioritize the support services most appropriate for their geographical area and client needs and fund those services first. Grantees may continue to target and identify individuals who may or may not know their HIV status and are not in care, have not returned for treatment services or do not adhere with treatment requirements, if they determine that these services are needed for the populations they serve.

The Use of Ryan White HIV/AIDS Program Funds for Outreach Services

Federal funds received under the Ryan White HIV/AIDS Program may continue to be used for outreach activities which have as their principal purpose targeting activities, under specific needs assessment-based service categories, that can identify individuals with HIV disease. This includes those who know their HIV status and are not in care as well as those individuals who are unaware of their HIV status, so that they become aware of the availability of HIV-related services and enroll in primary care, AIDS Drug Assistance Programs, and support services that enable them to remain in care.

1. Goal of Outreach Services

The goal of outreach services continues to be to link individuals into care that would ultimately result in ongoing primary care and increased adherence to medication regimens. Outcome measures need to be defined by grantees that reflect the goal to evaluate the success of outreach activities. Broad activities such as providing "leaflets at a subway stop" or "a poster at a bus shelter" would not meet the intent of the law. This policy continues to give grantees flexibility to target and identify individuals who may or may not know their HIV status and are not in care, have not returned for treatment services or do not adhere with treatment requirements; however, HAB encourages grantees to coordinate outreach activities with Center for Disease Control and Prevention (CDC)-funded and State-funded providers where there is a greater emphasis on outreach and case finding than the Health Resources and Services Administration-funded programs.

2. Appropriate Support Services

An outreach component is not a requirement for Ryan White HIV/AIDS Program-funded grantees. Each individual Ryan White HIV/AIDS Program grantee under Parts A, B, C, D and F (except SPNS programs) should determine if outreach services are an appropriate support service for funding in their service area. As noted above, Parts A, B, and C grantees of the Ryan White HIV/AIDS Program must expend 75 percent of available service dollars on core medical services for their clients. Support services may be funded out of the remaining 25 percent of grant funds and may include in addition to outreach services, such services as: respite care for persons caring for individuals with HIV/AIDS, medical transportation, linguistic services, and referrals for

health care and support services. This is not an all inclusive list of support services and grantees must determine which of the support services they will implement based on services that are needed for individuals with HIV/AIDS to achieve their medical outcomes.

3. Outreach activities supported with Ryan White HIV/AIDS Program funds must continue to be:

a. Planned and delivered in coordination with State and local HIV prevention outreach activities to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes;

b. Directed to populations known, through local epidemiological data or through review of service data or through a strategic planning process, to be at disproportionate risk for HIV infection; the National HIV/AIDS Strategy identifies the following disproportionate at risk populations: Gay and Bisexual Men, Transgender Individuals, Black Americans, Latino Americans, Substance Abusers, Asian Americans, Pacific Islander and American Indian, and Alaska Natives;

c. Conducted in such a manner, (i.e., time of day, month, events, sites, method, culturally/linguistically appropriate) among those known to have delayed seeking care relative to other populations, etc., and continually reviewed and evaluated in order to maximize the probability of reaching individuals infected with HIV who are unaware of their serostatus or know their status but are not actively in treatment;

d. Designed to:

1. Establish and maintain an association with entities that have effective contact with persons found to be disproportionately impacted by HIV or disproportionately differ in local access to care, e.g., prisons, homeless shelters, substance abuse treatment centers, etc.
2. Direct individuals to early intervention services (EIS) or primary care (HIV counseling and testing, diagnostic, and clinical ongoing prevention counseling services with appropriate providers of health and support services).
3. Include appropriately trained and experienced workers to deliver the access to care message when applicable.
4. Provide quantifiable outcome measures (tracking and data collection) such as the number of individuals reached of previously unknown HIV status who now know they are positive, and/or the number of HIV positive individuals not in care who are now in care;

e. Determined to be a priority service by Part A planning bodies, Part B grantees and State planning bodies, and be necessary to implement the EMA, TGA, or State wide comprehensive plan and associated strategies.

4. Points of Entry

If and when Part A, Part B, and Part C Grantees determine that outreach services are appropriate and should be funded with allotted support service funds, then coordination with early intervention services and other points of entry into care is still applicable.

Ryan White HIV/AIDS Program Parts A and B grantees are still allowed to fund outreach services to link persons with HIV disease into care. Current legislation includes language under Early Intervention Services (EIS) which identifies the entities through which individuals may access HIV-related health services such as, public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV/AIDS counseling and testing sites, health care points of entry specified by eligible areas, federally qualified health centers, and other points of access to care identified through referral mechanisms. Grantees should coordinate outreach services such that they include these and all other key points of entry as sites where targeted outreach activities are coordinated and conducted.

5. Early Intervention Services (EIS):

The grantee can use outreach to identify and refer individuals to new and existing early intervention services. Early intervention services stress the importance of bringing persons into care earlier in HIV disease progression. Outreach services are aimed at identifying persons with HIV who may know or be unaware of their status and are not in care. Early intervention services, i.e. providing HIV counseling and testing, diagnostic, and clinical ongoing prevention counseling services and linkages to care with appropriate providers of health and support services are eligible services for all Parts under the Ryan White HIV/AIDS Program.

6. Prohibited Use of Funds

a. Funds awarded under the Ryan White HIV/AIDS Program may not be used for outreach activities that exclusively promote HIV prevention education. Broad scope awareness activities that address the general public (poster campaigns for display on public transit, billboards, TV or radio announcements, etc.) may be funded provided that they are targeted and contain HIV information with explicit and clear links to health care services and assist to optimize health outcomes.

b. Outreach activities should supplement, and not supplant, such activities that are carried out with amounts appropriated under Section 317 of the Public Health Service Act, "Project Grants for Preventive Health Services" administered by the CDC or with other Federal, State or local funds.

7. Payer of Last Resort

The grantee must ensure that Ryan White HIV/AIDS Program funds, including those funds used for outreach services remain the payer of last resort.

If you have any questions regarding the content of this HAB Policy Notice, please contact your project officer.