



Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | OCTOBER 2014



PART A: GRANTS TO ELIGIBLE METROPOLITAN AREAS

Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) — locales that are most severely affected by the HIV/AIDS epidemic.

ELIGIBILITY

To qualify for EMA status, an area must have reported at least 2,000 AIDS cases in the most recent five years and have a population of at least 50,000. To be eligible for TGA status, an area must have reported 1,000 to 1,999 AIDS cases in the most recent five years and have a population of at least 50,000.

EMAs and TGAs range in size from one city or county to more than 26 different political entities; some span more than one state. The boundaries of EMAs and TGAs are based on the U.S. census designation of metropolitan statistical areas.

GRANTEES

Grants are awarded to the chief elected official (CEO) of the city or county that provides health care services to the greatest number of people living with AIDS in the EMA or TGA.

SERVICES

Part A funds may be used to provide a continuum of care (i.e., medical and support services) for people living with HIV disease. Core medical services are limited to the following:

- ▶ Outpatient and ambulatory medical care.
- ▶ AIDS Drug Assistance Program.
- ▶ AIDS pharmaceutical assistance.
- ▶ Oral health.
- ▶ Early intervention services.

THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 536,000 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 \$2.32 BILLION.

- ▶ Health insurance premium and cost-sharing assistance for low-income individuals.
- ▶ Medical nutrition therapy.
- ▶ Hospice services.
- ▶ Home and community-based health services.
- ▶ Mental health services.
- ▶ Substance abuse outpatient care.
- ▶ Home health care.
- ▶ Medical case management, including treatment-adherence services.

Support services must be linked to medical outcomes and may include outreach, medical transportation, linguistic services, respite care for caregivers of people with HIV/AIDS, referrals for health care and other support services, case management, and substance abuse residential services.

Grantees are required to spend at least 75% of their Part A grant funds allocated for services on core medical services and no more than 25% on support services.

HIV HEALTH SERVICES PLANNING COUNCILS ///

Each EMA Planning Council sets HIV/AIDS-related service priorities and allocates Part A funds on the basis of the size, demographics, and needs of people living with or affected by HIV, with particular focus on individuals who know their HIV status but are not in care. Planning Councils are required to jointly develop a comprehensive plan with the Part A grantee for the provision of services; the plan must include strategies for identifying HIV-positive people not in care and strategies for coordinating services to be funded through existing HIV prevention and substance abuse treatment programs. The 2009 Ryan White HIV/AIDS Treatment Extension Act requires Planning Councils to include in their comprehensive plan a strategy for the identification, diagnosis, and referral to care of all those who are unaware of their HIV status.

Planning Council membership must reflect the local epidemic demographically and include members with specific expertise

in health care planning, housing for the homeless, health care for incarcerated populations, and substance abuse and mental health treatment or members who represent other Ryan White HIV/AIDS Program Parts and other federal programs. At least 33% of the members must be consumers of Ryan White HIV/AIDS Program services.

TGAs are required to use a community planning process; use of Planning Councils is optional.

FUNDING CONSIDERATIONS //

Part A grants to EMAs and TGAs include formula and supplemental components as well as Minority AIDS Initiative (MAI) funds, which support services targeting minority populations. Formula grants are based on reported living HIV/AIDS cases in the EMA or TGA as of December 31 in the most recent calendar year for which data are available. Supplemental grants are awarded competitively on the basis of demonstrated need and other selective criteria. MAI funding is awarded by formula according to the distribution of living HIV/AIDS cases among racial and ethnic minorities. Approximately \$655.9 million was appropriated to Part A in fiscal year 2014.

Ryan White HIV/AIDS Program EMAs

Atlanta, GA	Ft. Lauderdale, FL	New Orleans, LA	San Diego, CA
Baltimore, MD	Houston, TX	New York, NY	San Francisco, CA
Boston, MA	Los Angeles, CA	Newark, NJ	San Juan, PR
Chicago, IL	Miami, FL	Orlando, FL	Tampa–St. Petersburg, FL
Dallas, TX	Nassau-Suffolk, NY	Philadelphia, PA	Washington, DC
Detroit, MI	New Haven, CT	Phoenix, AZ	West Palm Beach, FL

Ryan White HIV/AIDS Program TGAs

Austin, TX	Ft. Worth, TX	Middlesex–Somerset	Portland, OR
Baton Rouge, LA	Indianapolis, IN	Hunterdon, NJ	Riverside–San Bernardino, CA
Bergen-Passaic, NJ	Jacksonville, FL	Minneapolis–St. Paul, MN	Sacramento, CA
Charlotte–Gastonia, NC/SC	Jersey City, NJ	Nashville, TN	San Antonio, TX
Cleveland–Lorain–Elyria, OH	Kansas City, MO	Norfolk, VA	San Jose, CA
Columbus, OH	Las Vegas, NV	Oakland, CA	Seattle, WA
Denver, CO	Memphis, TN	Orange County, CA	St. Louis, MO

