



Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | OCTOBER 2014



PART C: EARLY INTERVENTION SERVICES

The Part C Early Intervention Services (EIS) component of the Ryan White HIV/AIDS Program funds comprehensive primary health care in outpatient settings for people living with HIV disease.

ELIGIBILITY

The following organizations may receive Part C grants:

- ▶ Federally Qualified Health Centers funded under Section 1905(1)(2)(b) of the Social Security Act.
- ▶ Family planning grantees (other than states) funded under Section 1001 of the Public Health Service Act.
- ▶ Comprehensive Hemophilia Diagnostic and Treatment Centers.
- ▶ Rural health clinics.
- ▶ Health facilities operated by or pursuant to a contract with the Indian Health Service.
- ▶ Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to people infected with HIV/AIDS through intravenous drug use.
- ▶ Nonprofit private entities providing comprehensive primary care to populations at risk of HIV/AIDS, including faith-based and community-based organizations.

GRANTEES

Grantees are organizations seeking to enhance their response to the HIV/AIDS epidemic in their area through the provision of comprehensive primary HIV medical care and support services.

SERVICES AND IMPLEMENTATION

Grantees must allocate costs using the following Part C cost categories: EIS, core medical services, support services, quality management, and administration.

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.

EIS costs are those associated with the direct provision of medical care. They are required and must make up at least 50% of a grantee's budget. EIS costs cover services, including: primary care providers; lab, X-ray, and other diagnostic tests; medical and dental equipment and supplies; patient education in conjunction with medical care; transportation

\$201.1 million was appropriated to Part C in fiscal year 2014

10% By law, no more than 10% of a federal Part C EIS budget can be allocated to administrative costs

75% By law, at least 75% of the balance remaining after subtracting administrative and CQM costs must be used for core medical services

50% By law, at least 50% of an award must be EIS

for clinical care providers to provide care; and other HIV/AIDS-related clinical and diagnostic services and periodic medical evaluations of people with HIV.

Core Medical Services Costs are required and include those mentioned above as well as the following: HIV post-test counseling; medical case management, including treatment adherence; and certain core medical services historically paid by Part A or B and only provided by Part C with justification.

Clinical Quality Management (CQM) Costs are those required to maintain a CQM program, including continuous quality improvement activities, data collection for CQM purposes, and staff training and technical assistance.

Support Services Costs are costs for services that are needed for clients to achieve their medical outcomes, including outreach to identify people with or at risk of contracting HIV to educate them about the benefits of early intervention and link them into primary care, patient transportation to medical appointments, and translation services.

Administrative Costs are those not directly associated with service provision.

FUNDING CONSIDERATIONS

Approximately \$201.1 million was appropriated to Part C in fiscal year 2014. By law, no more than 10% of a federal Part C EIS budget can be allocated to administrative costs. Also by law, at least 75% of the balance remaining after subtracting administrative and CQM costs must be used for core medical services.

