



# Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | OCTOBER 2014



## PART D: SERVICES FOR WOMEN, INFANTS, CHILDREN, YOUTH AND THEIR FAMILIES

**R**yan White HIV/AIDS Program Part D grantees provide outpatient or ambulatory family-centered primary medical care (directly or through contracts or memoranda of understanding) for women, infants, children, and youth with HIV/AIDS. Part D funds (1) family-centered primary and specialty medical care and (2) support services.

### ELIGIBILITY

The following organizations may apply for funding:

- ▶ Public or private nonprofit entities that provide (directly or through contracts or memoranda of understanding) primary medical care for HIV-positive women, infants, children, and youth.
- ▶ State and local governments and their agencies, as well as Indian tribes or tribal organizations with or without federal recognition.
- ▶ 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 family-centered primary medical care and support services to women, infants, children, and youth with HIV/AIDS when payments for such services are unavailable from other sources. Grantees must educate clients about research opportunities and inform all clients about the benefits of participation in research studies and how to enroll in them.

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.

GRANTEES ARE ORGANIZATIONS SEEKING TO ENHANCE THEIR RESPONSE TO THE HIV/AIDS EPIDEMIC IN THEIR AREA.

**\$75.1 million** was appropriated in fiscal year 2014

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

**SERVICES AND IMPLEMENTATION** //

The Part D program divides the allowable costs among four Part D cost categories: medical service costs; clinical quality management costs; support service costs; and administrative costs.

*Medical Service Costs* are those associated with providing family-centered care, including access to primary medical care and support services for HIV-infected women, infants, children, and youth.

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

*Support Service Costs* are costs for services that are needed for individuals with HIV/AIDS to achieve their HIV medical outcomes, including case management, patient transportation to medical appointments, and outreach to recruit and retain in care women, infants, children, and youth with HIV.

*Administrative Costs* are those costs not directly associated with service provision.

**FUNDING CONSIDERATIONS** //

By law, no more than 10% of a federal Part D budget can be allocated to administrative costs. Approximately \$75.1 million was appropriated to Part D in fiscal year 2014.

