

HRSA's Ryan White HIV/AIDS Program

Part A: Grants to Eligible Metropolitan and Transitional Areas

Program Fact Sheet | April 2020



The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—approximately 519,000 people in 2018—received services through RWHAP. The RWHAP funds grants to states, cities/counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. The RWHAP, first authorized in 1990, was funded at \$2.3 billion in fiscal year (FY) 2019.

Part A of the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Treatment Extension Act of 2009 provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely impacted by the HIV epidemic. Approximately 72 percent of all people with diagnosed HIV in the United States are living in EMAs and TGAs.

RECIPIENTS AND ELIGIBILITY

Grants are awarded to the chief elected official of the city or county, who designates a lead agency to administer the funds.

The boundaries of EMAs and TGAs are based on the U.S. Census designation of Metropolitan Statistical Areas and may span more than one state.

- ▶ 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.

SERVICES

Part A funds must be used to provide core medical and support services for people with HIV. Core medical services include the following:

- ▶ AIDS Drug Assistance Program Treatments
- ▶ AIDS Pharmaceutical Assistance
- ▶ Early Intervention Services
- ▶ Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- ▶ Home- and Community-Based Health Services
- ▶ Home Health Care
- ▶ Hospice Services
- ▶ Medical Case Management, including Treatment Adherence Services
- ▶ Medical Nutrition Therapy
- ▶ Mental Health Services
- ▶ Oral Health Care
- ▶ Outpatient/Ambulatory Health Services
- ▶ Substance Abuse Outpatient Care

Support services must be linked to medical outcomes and may include outreach, medical transportation, linguistic services, food bank/home-delivered meals, housing, non-medical case management, psychosocial support services, referral for health care and support, rehabilitation services, respite care, and substance abuse services (residential). Recipients are required to spend at least 75 percent of their Part A grant funds allocated for services on core medical services and no more than 25 percent on support services, unless they receive an approved waiver of this requirement.

HIV HEALTH SERVICES PLANNING COUNCILS

Each EMA Planning Council sets HIV-related service priorities and allocates Part A funds based on the number, demographics, and needs of people with HIV.

Planning Council membership must reflect the demographics of the local epidemic and include members with specific expertise in healthcare planning, housing for the homeless, healthcare for incarcerated populations, and substance use and mental health treatment, as well as members who represent other Ryan White HIV/AIDS Program Parts and other federal programs. At least 33 percent of members must be unaligned and receive Ryan White HIV/AIDS Program services.

TGAs are required to implement a comprehensive community planning process, but the Planning Council structure and process, while strongly encouraged, is optional.

FUNDING CONSIDERATIONS

Part A grants to EMAs and TGAs include formula and supplemental components and Minority AIDS Initiative funds, which support services for minority populations. Approximately \$655.9 million was appropriated to Part A in FY 2020.

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