HRSA's Ryan White HIV/AIDS Program Part D funds outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children, and youth living with HIV. Part D funding may also be used to provide support services to people living with HIV and their affected family members.

RECIPIENTS

Part D recipients are local, community-based organizations in 39 states and Puerto Rico seeking to enhance their response to the HIV epidemic in their area through providing family-centered primary medical care and support services to women, infants, children, and youth living with HIV when payments for such services are unavailable from other sources.

ELIGIBILITY

The following organizations may apply for funding:

- Public or private nonprofit entities that provide (directly, through contracts, or through memoranda of understanding) primary medical care for women, infants, children, and youth living with HIV.
- 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.

SERVICES AND IMPLEMENTATION

Part D divides allowable costs among four cost categories: medical services, clinical quality management, support services, and administrative.

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV who are uninsured and underserved. More than 551,000 people received services through the Ryan White HIV/AIDS Program in 2016. The Ryan White HIV/AIDS Program funds grants to states, cities/counties, and local community-based organizations to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. The Ryan White HIV/AIDS Program, first authorized in 1990, was funded at $2.36 billion in fiscal year (FY) 2017.

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

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

Support Service Costs are associated with services needed for individuals with HIV to achieve their HIV medical outcomes, including case management, patient transportation to medical appointments, and outreach to recruit and keep women, infants, children, and youth living with HIV in care.
Administrative Costs are those costs not directly associated with service provision. By HRSA’s Ryan White HIV/AIDS Program statute, no more than 10 percent of a Part D budget can be allocated to administrative costs.

FUNDING CONSIDERATIONS

All Part D funds are awarded competitively. Approximately $74.9 million was appropriated to Part D in FY 2017.