



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.

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

RECIPIENTS AND ELIGIBILITY

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 HIV medical care and support services to women, infants, children, and youth with HIV when payments for such services are unavailable from other sources.

The following types of organizations may apply for funding:

- ▶ Public or nonprofit entities that provide (directly, through contracts, or through memoranda of understanding) primary medical care for women, infants, children, and youth with HIV.
- ▶ State and local governments and their agencies, as well as Indian tribes or tribal organizations with or without federal recognition.
- ▶ Faith- and community-based organizations.

SERVICES AND IMPLEMENTATION

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

- ▶ **Medical Service Costs** are associated with providing family-centered care, including access to primary medical care services for women, infants, children, and youth with HIV.
- ▶ **Clinical Quality Management Costs** are those 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 and patient transportation to medical appointments, as well as outreach to get and keep women, infants, children, and youth with HIV in care.
- ▶ **Administrative Costs** are those costs not directly associated with service provision. By HRSA's RWHAP 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 \$75.1 million was appropriated to Part D in FY 2020.