



March 22, 2021

Dear Ryan White HIV/AIDS Program (RWHAP) Colleagues:

In February 2019, the Ending the HIV Epidemic (EHE) initiative was launched to further expand efforts to reduce HIV infections and achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. For the RWHAP, EHE expands the program's ability to specifically focus on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or diagnosed and in care but not yet virally suppressed, to HIV care, treatment, and support services needed to reach sustained viral suppression.

Starting in FY 2020, the Health Resources and Services Administration (HRSA) awarded cooperative agreements to the 39 RWHAP Part A recipients and 8 Part B recipients that encompass the 48 EHE counties; Washington, DC; San Juan, Puerto Rico; and 7 states that have a substantial rural HIV burden. As we enter into the second year of the initiative, HRSA's HIV/AIDS Bureau (HAB) would like to clarify how clients transition from EHE funding to RWHAP funding, including the AIDS Drug Assistance Program (ADAP).

HRSA HAB recommends that clients identified through the EHE initiative who are eligible for RWHAP be referred to and integrated into existing RWHAP services, including ADAP, as soon as possible. This approach leverages the EHE funds by maximizing their impact for those individuals who would not otherwise be eligible for RWHAP services, including ADAP.

The flexibilities provided through the EHE initiative (i.e., minimal eligibility requirements, exemption from recertification, and expanded service options) are only available when EHE funds are being used. If EHE funds are being used to fund existing RWHAP services (e.g., ADAP), RWHAP recipients can choose to apply the flexibilities provided by the EHE initiative to those RWHAP services funded by EHE, depending on how they want to implement their programs. For example, if an EHE-funded RWHAP Part A program chooses to provide EHE funds to ADAP to help cover the costs of clients identified through EHE, the Part A program and ADAP should discuss the advantages and disadvantages of applying the EHE flexibilities in whole or in part. If the EHE flexibilities are applied in whole or in part, the ADAP would need to track the EHE flexibilities applied for clients for whom EHE funding is used.

For data reporting purposes, HAB's expectation is that all clients served by an EHE-funded jurisdiction are identified as EHE clients, and that designation is maintained within the system regardless of whether the client is eventually deemed a RWHAP client.

HRSA HAB strongly encourages EHE-funded recipients to use the flexibilities EHE offers to enhance your systems of HIV care and treatment to ensure people with HIV within your jurisdictions successfully engage (or re-engage) in care and achieve viral suppression. We hope that you are actively working with the EHE Technical Assistance Provider (TAP) and Systems Coordination Provider (SCP) to help you achieve these goals.

Please contact your RWHAP and/or EHE project officer if you have any questions or are facing challenges concerning this issue.

Sincerely,

/Laura W. Cheever/

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