

# Ryan White HIV/AIDS Program

Overview

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- In response to the HIV epidemic, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990 to improve the quality and availability of care for low income, uninsured, and underinsured individuals and families affected by the HIV disease.
- The Ryan White legislation was amended and reauthorized in 1996, 2000, and 2006. In 2009, the legislation was reauthorized as the Ryan White HIV/AIDS Treatment Extension Act of 2009.
- The Ryan White HIV/AIDS program services an estimated 529,000 each year. People living with HIV/AIDS (PLWHA) are, on average, poorer than the general population. By statute, the programs funded under the Ryan White legislation are the “payer of last resort.”
- The Ryan White program is administered by the U. S. Department of Health and Human Services (DHHS) which funds two agencies primarily responsible for implementing this legislation: Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB).

# History of the Ryan White HIV/AIDS Program

- ▣ The Ryan White HIV/AIDS program is
- ▣ Largest federal program focused exclusively on HIV/AIDS care
- ▣ Helps individuals living with HIV/AIDS who have no health insurance, have insufficient coverage, and lack financial resources for care
- ▣ Fills gaps in care not covered by other funding sources

# Ryan White Program Structure

Ryan White Part A-Eligible Metropolitan Areas (EMA):	Part A provides grant funding for medical and support services to EMAs and transitional grant areas (TGAs)-populations that are most severely affected by the HIV/ AIDS epidemic.
Part B- States and Territories	Part B provides grants to States and Territories which include a base grant for core medical and support services; ADAP award; ADAP supplemental drug treatment for eligible entities; and grants to states with “emerging communities.”
Part C-Community Based Programs	This supports outpatient HIV early intervention services and ambulatory care. Part C grants are awarded directly to service providers, such as ambulatory medical clinics like Emory Midtown Infectious Diseases.
Part D- Women, Infants, Children, and Youth with HIV/ AIDS and their families	Provides family centered comprehensive care to children, youth, and women and their families.
Part F-SPNS grants	Special Projects of Significance (SPNS) grants support the demonstration and evaluation of innovative models of care and delivery for hard to reach populations. It can include developing EMRs (Electronic Medical Records).
Part F- Oral Health Funding	Program reimburses dental schools, hospitals with postdoctoral dental education programs, and community colleges with dental hygiene programs for a portion of uncompensated costs incurred in providing oral health treatment to PLWHA.

# Ryan White Program Structure cont.

AIDS Education and Training Centers  
(AETC)

AETC program supports a network of 11 regional centers and more than 130 local associated sites that conduct targeted, multi disciplinary education and training programs for health care providers treating PLWHA.

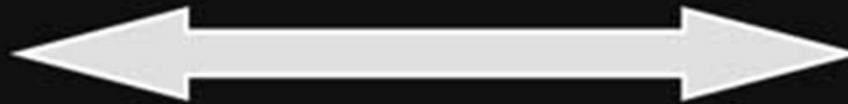
Minority AIDS Initiatives (MAI)

MAI was established in FY 1999 through congressional appropriations to improve access to HIV/ AIDS care and health outcome for disproportionately affected minority populations.

# HIV Continuum of Care

## Continuum Engagement in Care

**Not in  
Care**



**Fully  
Engaged**

Unaware of  
HIV status  
(not tested or  
never  
received  
results)

Aware of HIV  
status  
(not referred  
to care; didn't  
keep referral)

May be  
receiving  
other medical  
care but not  
HIV care

Entered HIV  
primary  
medical care  
but dropped  
out  
(lost to  
follow-up)

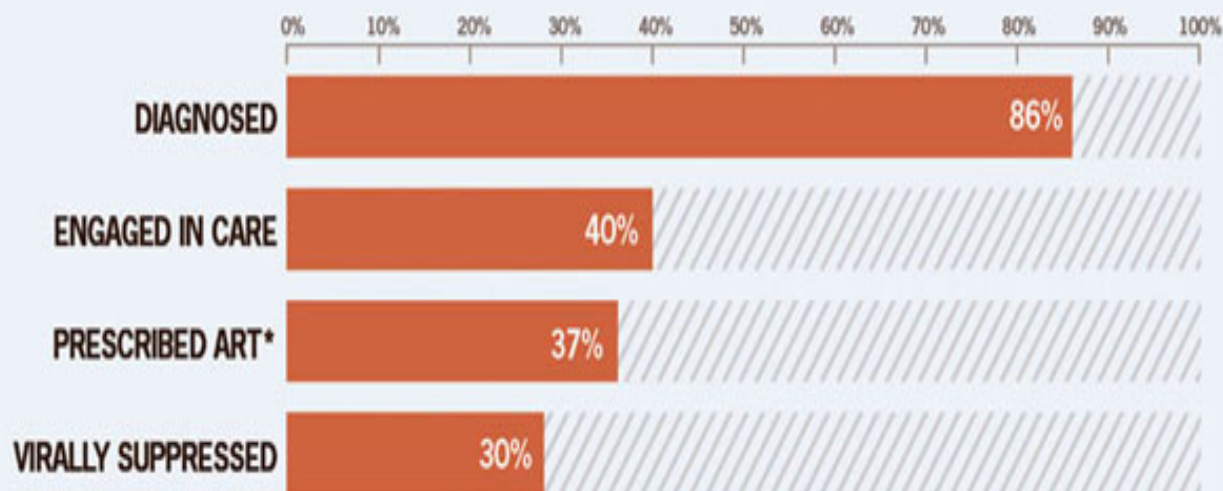
In and out of  
HIV care or  
infrequent  
user

Fully  
engaged in  
HIV primary  
medical care

# HIV Care Continuum Cont.

## HIV Care Continuum Shows Where Improvements are Needed

In the US, 1.2 million people are living with HIV. Of those:

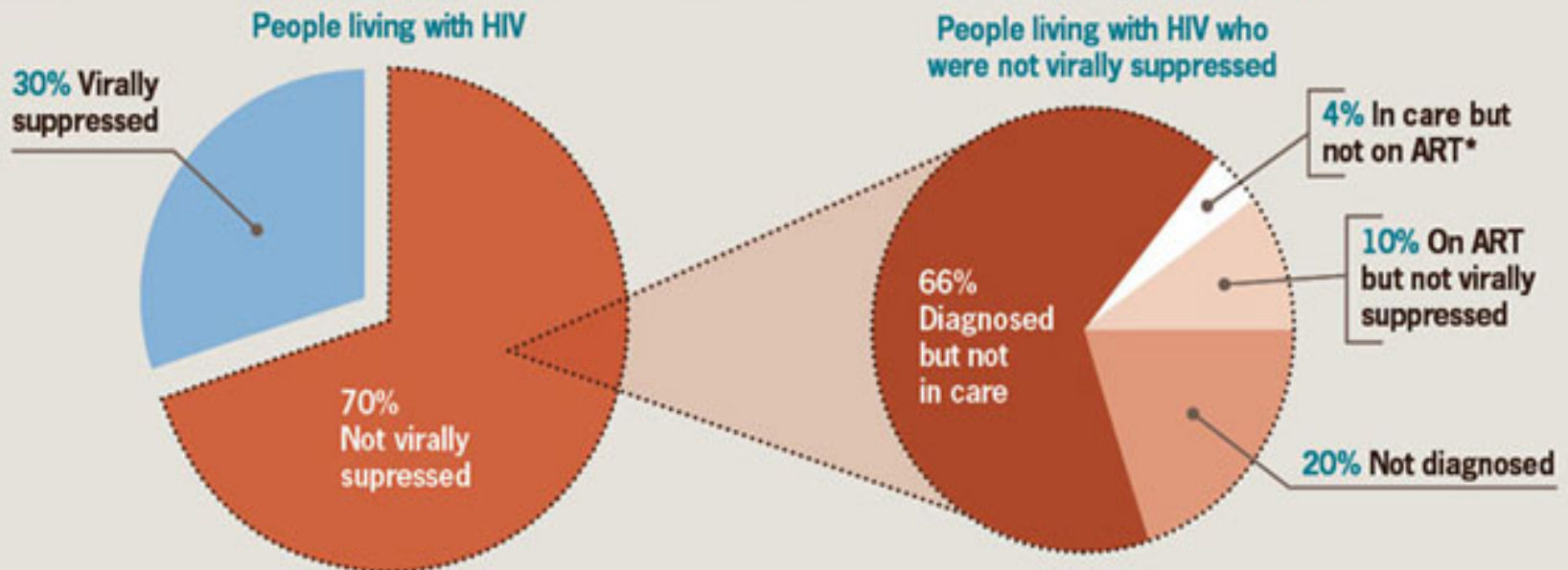


SOURCES: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

\*Antiretroviral therapy

# Achieving Viral Suppression

## Achieving Viral Suppression: More People with HIV Need to be in Medical Care



SOURCES: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

\* Antiretroviral therapy



# NATIONAL HIV/AIDS STRATEGY (NHAS)

- ▣ Four primary goals:
- ▣ To reduce the number of people who become infected with HIV.
- ▣ To increase access to care and to optimize health outcomes for people living with HIV.
- ▣ To reduce HIV-related health disparities.
- ▣ To achieve a more coordinated national response to the HIV epidemic

# Ryan White Program Eligibility

- ▣ In order to receive services funded thru Ryan White, clients must meet eligibility criteria which include:
  - Positive HIV sero-status
  - Residency within the eligible metropolitan area (Part A)
  - No residency or income condition ( Part C)
  - Income no greater than 400% of federal poverty level in the Atlanta EMA
  - Enrollment in primary medical care
- ▣ Clients must recertify every six months to maintain eligibility. This includes doctor's visit, proof of income, and proof of residency.

# New Requirements

- Title VI dissemination
- it is a requirement for recipients of Federal financial assistance to broadcast program information that they are in compliance with the Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987
- It states that that no person in the USA shall on the grounds of race, color, national origin, sex, age, or disability be excluded from the participation in or be denied the benefits or be otherwise subjected to discrimination under any of our programs or activities



# Provisional Enrollment

Ideally, all documentation should be provided prior to enrollment into services. However, lack of proper documentation **should not impede** enrollment into care. If a client is able to provide proof of HIV status but does not have income or residency documentation, that client may be enrolled into outpatient/ambulatory medical care, mental health services, substance abuse services, non-medical case management or medical case management only. It is understood that eligibility documentation **MUST** be provided at the next visit or the visit must be rescheduled until such time that documentation is provided.

# Provisional Enrollment cont.

All eligibility documentation must be provided prior to initiation of any other service

Note: In most instances antiretroviral therapies may not be initiated until full enrollment is completed. In rare and urgent instances, anti-retrovirals may be provided to a client by a clinician authorized in the State of Georgia to prescribe anti-retrovirals based upon the medical necessity for immediate initiation of therapy. The clinician's authorization must be maintained in the client chart/record. No more than a 30 day supply should be provided or prescribed. In the event that antiretroviral therapies are provided in these rare circumstances and it is later determined that the client is ineligible for Ryan White services it would be necessary for the agency to reimburse the Ryan White Part A Program for the cost of the medication(s).

# What Does Ryan White Cover?

- ▣ Outpatient Ambulatory Medical Care (i.e. - personnel costs, labs, specialty care, medical procedures, oral health, and mental health)
- ▣ Medications, copayment/deductible assistance, and health insurance premiums
- ▣ Supportive Services (i.e. – personnel costs, food, transportation, and consumer involvement activities)
- ▣ Medical case management

# What Does Ryan White NOT Cover?

- ▣ Inpatient (hospital stay) costs or emergency room costs
- ▣ PrEP Services
- ▣ Funds should NOT be used for off-premise social/recreational activities or to pay for a client's gym membership.
- ▣ Funds may NOT be used for household appliances, pet foods or other non-essential products. related medications.
- ▣ Per RW regulations, clients may not receive cash reimbursement for mileage costs; instead, other methods (such as vouchers or gas card) can be used to ensure that the support is used for the intended purpose.
- ▣ Ryan White HIV/AIDS Program funds may NOT be used to buy clothing.
- ▣ Payments of services if payment has been made.
- ▣ Costs of PLWA who are incarcerated.

# Continued...

- Ryan White HIV/AIDS Program funds may NOT be used to support employment, vocational, or employment-readiness services.
- Ryan White HIV/AIDS Program funds may not **be used under Part B to provide** clinician prescribed developmental support services for HIV-positive infants/children, even when such services are not otherwise covered by specific State and Federal legislation that mandates health care coverage for all children with developmental disabilities. (This service is only available to Part D-funded projects).
- Ryan White HIV/AIDS Program funds may NOT be used for funeral, burial, cremation, or related expenses.
- Vehicles Funds awarded under the Ryan White HIV/AIDS Program may NOT be used for direct maintenance expense (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees. This restriction does not apply to vehicles operated by organizations for program purposes.
- Property Taxes Funds awarded under the Ryan White HIV/AIDS Program may NOT be used to pay local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)



# Ryan White Care Act- Change and Progress



- ▣ Over the past 25 years, the Ryan White HIV/AIDS Program has played a critical role in the domestic response to HIV.
- ▣ In early 1996, the first highly active antiretroviral- HAART- was introduced on the market.
- ▣ When these drugs were available, the RWHAP had built an infrastructure within communities to deliver care and treatment to severely underserved PLWHA.

# What We Have Achieved and Where We Are Today

- ▣ Today the Ryan White HIV/AIDS Program is the largest Federal program serving low-- income people living with the disease
- ▣ Working with cities, states, and local community-based organizations, the Program funds a coordinated and comprehensive system of care and treatment for more than half a million people living with HIV each year.
- ▣ A smaller but critical portions is used to fund technical assistance, clinical training, and the development of innovative models of care.

# Ryan White HIV/AIDS Program - Who We Serve

- ▣ The Ryan White HIV/AIDS Program served half a million (524,675) people in 2013, reaching 56% of people of those diagnosed with HIV in the U.S.
- ▣ Close to 90% are living at or below 200% of the Federal Poverty Level
- ▣ 71% are from racial/ethnic minority populations
- ▣ 47% Black/African American and 23% are Hispanic
- ▣ 72% have some form of health care coverage
- ▣ 55% are between the ages of 35--54

# Ryan White HIV/AIDS Program Moving Forward

- ▣ The Ryan White HIV/AIDS Program continues to provide a dynamic array of services that facilitate and maximize positive health outcomes as part of a public health--oriented response to HIV in the U.S.
- ▣ The need for an HIV care system for low--income people living with HIV remains until the outcomes on the HIV care continuum are addressed and there is a cure.



# Ryan White HIV/AIDS Program and the Affordable Care Act



- ▣ The Affordable Care Act ended the denial of health coverage due to pre-existing conditions – something that had prevented people living with HIV from accessing health insurance.
- ▣ It is critical that the Ryan White HIV/AIDS Program and the Affordable Care Act work in a complementary manner to assure treatment is available for all.
- ▣ An interdisciplinary system of care like the Ryan White HIV/AIDS Program is necessary to support a public health approach that facilitates progress along the HIV Care Continuum.

# Ryan White HIV/AIDS Program

## Moving Forward Challenges

- ▣ Documenting Impact of Individual Support Services and the Ryan White HIV/AIDS Program
- ▣ Tackling Unmet Needs
- ▣ Improving Retention in Care
- ▣ Addressing Stigma



# Ryan White HIV/AIDS Program Moving Forward

- ▣ To continue to enhance and strengthen the Ryan White HIV/AIDS Program, we not only must continue to address and improve disparities, but we must also refine our ability to highlight key services used by the Program's clients.
- ▣ The Ryan White HIV/AIDS Program is not only important to improve the health, the quality of life, and the survival of those people living with HIV, it is also a critical piece in the United States' response to ending the HIV epidemic.

# Addressing the Impact of Stigma

## **NATIONAL HIV/AIDS STRATEGY** for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015





# Addressing Stigma

- ▣ Promote evidence-based public health approaches to HIV prevention and care.
- ▣ Strengthen enforcement of civil rights laws, and assist States in protecting people living with HIV from violence, retaliation, and discrimination associated with HIV status.
- ▣ Mobilize communities to reduce HIV-related stigma.
- ▣ Promote public leadership of people living with HIV.



# Questions?

- ▣ Thank you for your time and attention