Ryan White Funding
Flexibility Under Current Law

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The AIDS Institute
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Introduction

• Ryan White program structure
• Focus on HRSA’s discretion
  – Supplemental funding
  – Parts C & D
  – ADAP Emergency Relief Funds
  – Part F - SPNS
• Opportunities for the Future
RWHAP Funding Framework

• Grants awarded on basis of living HIV/AIDS cases
  – Part A jurisdictions and Part B states/territories

• Competitive grants based on demonstrated need
  – Part A and Part B supplementals
  – Part C and Part D grantees

• Other competitive grants – Examples:
  – Minority AIDS Initiative
  – ADAP Emergency Relief Funds
  – Special Programs of National Significance
2014 Parts A & B Awards

Part A
- Formula: 61%
- Supplemental: 8%
- MAI: 31%

Part B
- ADAP Formula: 26%
- NonADAP Formula: 4%
- NonADAP Supplemental: 4%
- ADAP Supplemental: 8%
- Emergency: 26%
- MAI: 65%
Formula Grants 2014

• Part A Grants Based on Living HIV/AIDS Cases
  – $377.7 Million to 52 jurisdictions
  – 66.6% of Part A pool
  – $51.1 Million in MAI grants to 52 jurisdictions based on minority HIV/AIDS cases

• Part B Grants Based on Living HIV/AIDS Cases
  – $313.7 Million Base to States (non-ADAP)
  – $781.97 million ADAP Base to States
  – $5 million to States with emerging needs based on recent cases
Competitive Grants 2014
– Key Programs

• Part A Supplemental Grants
  – $189.7 Million to 52 Jurisdictions (Base Recipients)
  – 33.3% of Part A Pool
    • Pool may also include unobligated funds reverted to HHS from previous year

• Criteria
  – Demonstrated success in testing and linkage to care
  – Demonstrated need
Competitive Grants 2014 – Key Programs

• Part B Supplemental Grants (non-ADAP)
  – $44.5 Million to 27 States
    • Pool may also include unobligated funds reverted to HHS from previous year
    • Not all states applied
    • Not all states eligible due to unobligated funds

• Criteria
  – Demonstrated need
Competitive Grants 2014
– Key Programs

• Factors demonstrating need for Parts A and B supplemental awards may include:
  – Prevalence
  – Increasing case numbers, including those in emerging populations
  – Cost and complexity of delivering care
  – Rates of uninsurance
  – Other access limitations
  – Impact of homelessness, co-morbidities and justice involvement
  – Impact of reductions in base awards
Competitive Grants 2014 – Key Programs

• ADAP Supplemental
  – 5% set-aside for states demonstrating “severe need”
  – $41.35M to 26 states
  – Severe need determined based on one of following:
    • Client population <200% federal poverty level
    • Formulary limitations affecting availability of core ARTs
    • Waiting lists, enrollment caps, expenditure caps
    • Unanticipated increase in eligible individuals
Competitive Grants 2014 – Key Programs

- ADAP Emergency Relief Fund
  - Pool of money set aside through ADAP appropriations
  - $72.6 Million to 18 states
  - Awards made to eliminate or prevent ADAP waiting lists, and to fund cost-cutting or cost-saving activities
  - Funded activities include steps to enroll ADAP clients in insurance plans, as cost-saving measures.
Competitive Grants 2014
– Key Programs

- Part C Grants to Providers
  - Direct grants for services to underserved populations
  - $188.2 Million to 351 grantees
    - Preference for grantees in areas with increased HIV/AIDS burdens
  - Considerations by HRSA in determining awards include
    - Balance in allocations between rural and urban areas
    - Supporting early intervention in rural areas
    - Underserved areas
Competitive Grants 2014 – Key Programs

• Part D
  – Direct grants to providers for family-centered health care and supportive services for women, infants, children and youth
  – $68.8 Million to 115 community-based organizations
  – HRSA has broad discretion in directing Part D funds

• Part F – SPNS Innovation Grants
  – $25 Million to community-based organizations, health departments, community health centers, AIDS service organizations, academic centers
  – Models of care demonstrations and evaluations
Looking to the Future

- 2015 Part B Supplemental (non-ADAP)
  - FOA Issued April 29
  - $61 Million to distribute

- As of 9/9/15, awards announced for $27.54M for 11 states: AK, CA, FL, GA, MN, MS, NE, OR, SC, TN, WI

- Some comparisons of awards from 2014 to 2015
  - CA increased from $2M to $10M
  - GA increased from $2.7M to $6.1M
  - FL decreased from $7.6M to $4M
  - MS and NE were not grantees in previous two years
    - MS received $1.2M; NE received $270,000
Looking to the Future

• The End of Hold-Harmless
  – Part A and Part B Supplemental pools are larger, no longer offset by hold-harmless provisions for formula grants

• Opportunity to revisit how supplemental awards are determined and factors for assessing need

• Similar assessment of how HRSA applies criteria for all competitive grants
March 6, 2015

Mary Wakefield, Ph.D., R.N.
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Re: Distribution of Ryan White HIV/AIDS Program Part B Supplemental Funding

Dear Dr. Wakefield:

The 38 undersigned organizations represent national, local and community-based HIV/AIDS medical, dental and other service providers; public health agencies; community-based advocates; and people living with HIV/AIDS. We are writing to ask you to ensure that Ryan White HIV/AIDS Program Part B Supplemental funding is awarded to those states most in need of funding to improve the continuum of care for people living with HIV. While most funding under the Ryan White Program is distributed based on HIV and AIDS cases, Supplemental Part B funding is distributed based on “demonstrated need” as defined by the law. (Section 2620(b))

Due to the fact that funding to support hold-harmless is no longer needed and subtracted from the Part B Supplemental account, the overall total for Part B Supplemental funding has nearly tripled, from $15.4 million in 2013 to $44.6 million in 2014. While this amounts to less than 2 percent of all Ryan White Program funding, it presents an opportunity to increase the impact of Part B Supplemental in states that demonstrate the greatest needs.

We are asking HRSA to undertake an immediate review of how these funds have been distributed in the past, and to consider measures that will improve the process for the future in order to benefit clients in states with the most need. Such a review of the application and grant process would also provide an opportunity to ensure that new and innovative strategies are being used to improve continuum of care for people living with HIV.

Sincerely,

The undersigned organizations:
Looking to the Future

• March 6, 2015, letter to HRSA Administrator
  – 38 organizations signed on

• Asking for review of how “need” criteria applied and consideration of possible changes for Part B Supplemental
  – “… Such a review of the application and grant evaluation process is critical at this time. While the landscape for health coverage is rapidly changing, it appears that any legislative changes to the Ryan White Program will not be enacted in the near future. HRSA, however, can respond through its authority to direct Part B Supplemental funding based on need. …”

• HRSA in its discretion should adjust how awards made
  – Similar requests from other advocates have been made

• May 20, 2015, response letter not received until August
MAY 20 2015

Carl Schmid, M.B.A.
Deputy Executive Director of
The AIDS Institute
1705 DeSales Street, NW, Ste. 700
Washington, DC 20036

Dear Mr. Schmid & Colleagues:

Thank you for your letter requesting that the Health Resources and Services Administration (HRSA) review the process for the distribution of Ryan White HIV/AIDS Program (RWHAP) Part B Supplemental Funding. As your letter indicated, the RWHAP Part B Supplemental funding is distributed based on “demonstrated need” as defined by the law in section 2620(b) of the Public Health Service (PHS) Act.

As defined by statute, the RWHAP Part B Supplemental funding includes demonstrated need criteria that are sufficiently comprehensive to encompass changes in the healthcare landscape and other impacts on the health outcomes of people living with HIV. HRSA has encouraged states/territories to include these data and justifications in their Part B Supplemental application.

The Funding Opportunity Announcement (FOA) issued by HRSA for the RWHAP Part B Supplemental funding sets out the ten legislative criteria indicated for “demonstrated need.” HRSA does not impose different values on these ten criteria, as the combined effect of these factors create the totality of the applicant’s demonstrated need; and the legislation does not rank one criterion as more important than any other. Applicants must respond to these legislative criteria in the Introduction, the Needs Assessment, the Methodology, the Work plan, and the
Looking to the Future

National HIV/AIDS Strategy 2020 – Goals and Actions

1. Prevention
   Allocate public funding geographically and to high-risk groups

2. Access to Care
   Support patient-centered care, medical and non-medical

3. Reduce Disparities
   Address social determinants of health affecting Black women and girls, and gay and bisexual men

4. Coordinated National Response
   Review funding methods and direct resources to states and localities with greatest burden of disease.
Looking to the Future

- Indications HRSA HIV/AIDS Bureau is open to making adjustments in distributing some discretionary Ryan White funding
- Evaluation of methods may include looking at Part C awards
  - Acknowledged current practice that Part C providers generally continue to be funded after initial award
- Part A FOA for 2016 has new way to calculate unmet need, with data on clients lost to care as well as not linked
- Ryan White Work Group subgroup exploring strategies to redirect supplemental funding
THANK YOU

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