

Ryan White HIV/AIDS Program Overview and Update

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National Webinar
Sponsoring committee: Policy

March 1, 2022



Housekeeping

- Participants lines are muted during the webinar
- Please type questions and comments in the Question or Chat area
- There will be a Q & A session at the end of the webinar, if time allows



Continuing Nursing Education

Upon full participation in this webinar & completion of an evaluation, participants will be awarded 1.0 contact hours. You will be sent an email with the link to the evaluation.

The Association of Nurses in AIDS Care is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.





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Vision: Healthy Communities, Healthy People



Learning Objectives

Participants will:

- **Describe updated Ryan White HIV/AIDS Program (RWHAP) polices**
- **Discuss relevant RWHAP best practices and clinical guidelines and impact on HIV practices**
- **Discuss the role of the RWHAP in EHE**

Vision, Mission, Strategic Priorities, and Who We Serve



HRSA HIV/AIDS Bureau (HAB) Mission and Vision

Vision

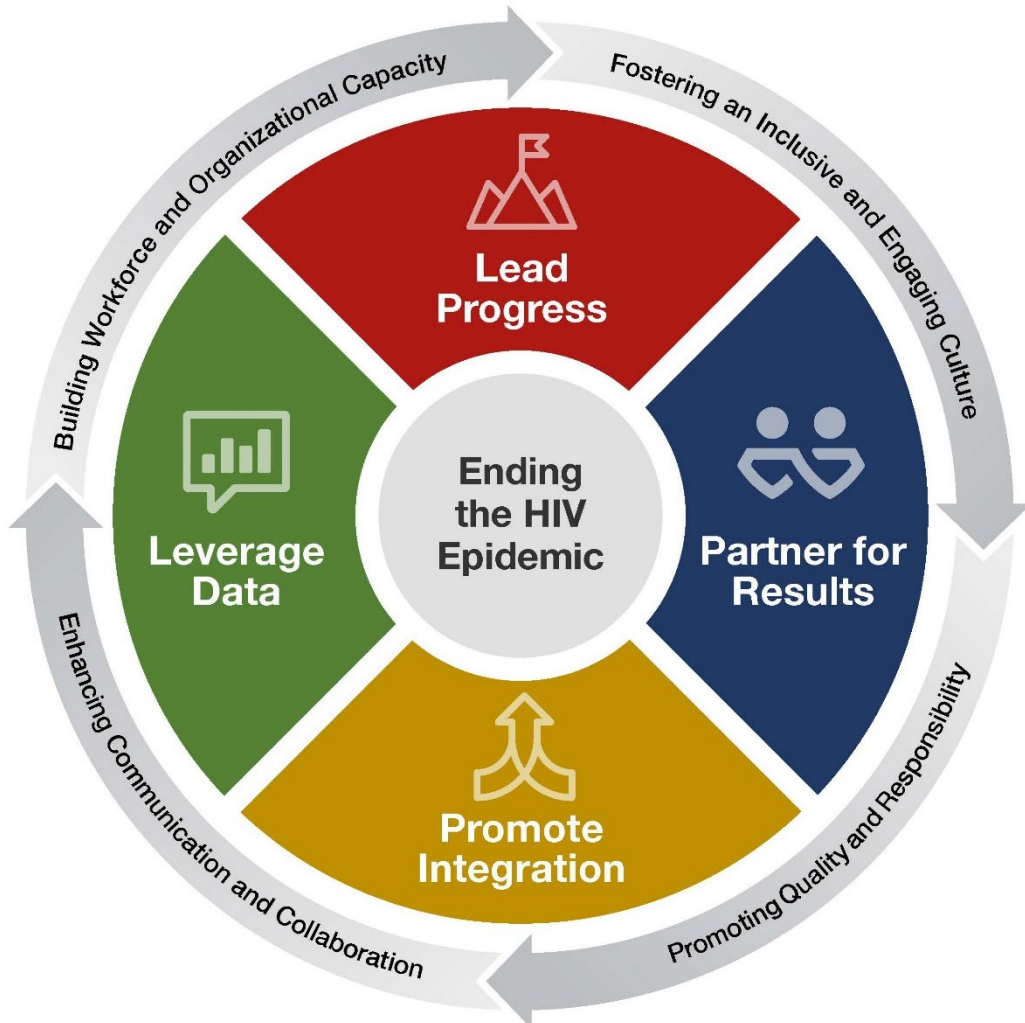
Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



HRSA HIV/AIDS Bureau's Strategic Priorities



HRSA HAB's Strategic Priorities

Lead Progress: Foster Innovative Solutions to Drive Improvements



Lead and enhance national HIV care and treatment through evidence-informed interventions, best practices dissemination, data-driven decision making, health workforce development, quality management, policy development, and program implementation.

Partner for Results: Engage Strategically with Stakeholders to Enhance Outcomes and Achieve Results



Develop and strengthen strategic domestic partnerships internally and externally to improve program design, implementation, and evaluation; data utilization and sharing; communications; policy development; community engagement; and service integration.

HRSA HAB's Strategic Priorities, cont.

Promote Integration: Integrate HIV Services to Improve Overall Outcomes



Implement an integrated approach to HIV care and treatment in an evolving healthcare environment, with a focus on syndemics and the social determinants of health, by integrating preventative care, mental health services, and substance use treatment into HIV primary care.

Leverage Data: Use and Disseminate Data to Inform Decision Making and Measure and Evaluate Progress



Use data from a variety of sources to improve policies, decision-making, and service delivery and create mechanism for program and outcome data dissemination, including dashboards and data visualizations.

HRSA HAB's Health Equity Approach

Key activities that reflect a health equity approach:



Data Utilization and Implementation

Science: HAB uses data to inform decision making to address health disparities, and the RWHAP legislation requires the same of recipients



Community Engagement/Partners:

HAB engages community directly, has developed a community engagement framework, and the RWHAP legislation has requirements for recipients' community engagement and partnership



Organizational Culture and Personnel:

HAB staff are mission-driven and support training and outreach of organizations and individuals with lived experience to increase employment, enhance engagement, and reduce stigma



Service Delivery: HAB addresses Social Determinants of Health such as housing, food, and transportation, as well as clinical care, through direct services and demonstration projects

2020 Ryan White HIV/AIDS Program By the Numbers

RYAN WHITE HIV/AIDS PROGRAM (RWHAP) SERVED
561,416 clients in 2020

MORE THAN 50% of people with diagnosed HIV in the United States

89.4%

of RWHAP clients receiving HIV medical care **reached viral suppression*** in 2020



73.6%

of clients are from **racial/ethnic minority populations****

6.9% TEMPORARY HOUSING



4.8% UNSTABLE HOUSING

47.9%

of RWHAP clients are **aged 50 and older**



60.9%

of clients are living at or below **100% of the Federal Poverty Level**



23.6% of clients identified as **Hispanic/Latino**

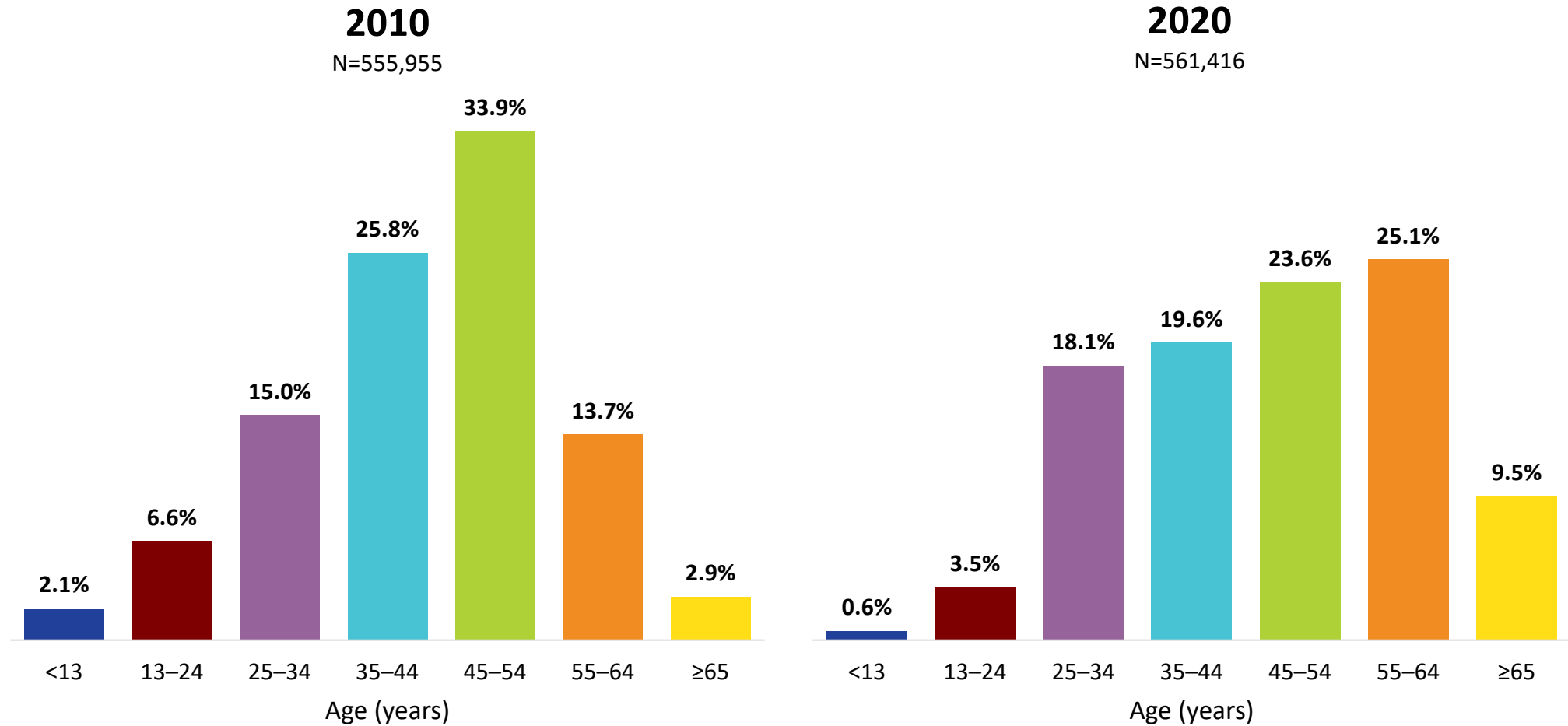


46.6% of clients identified as **Black/African American**

<https://ryanwhite.hrsa.gov/data/reports>

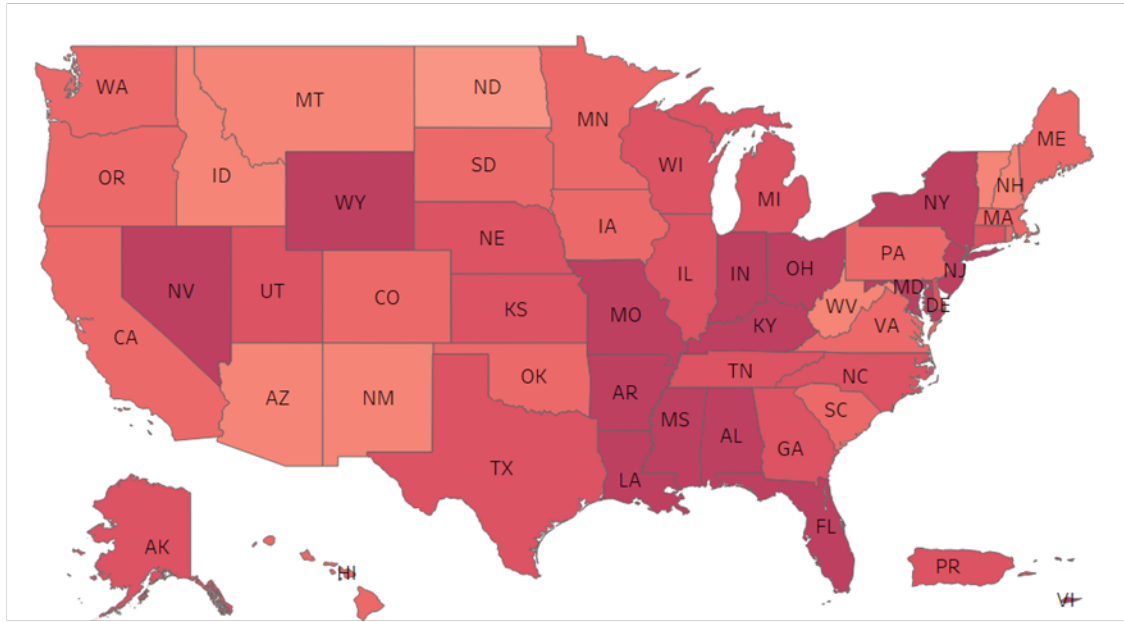


Ryan White HIV/AIDS Program Clients, by Age Group, 2010 and 2020—United States and 3 Territories^a



^a Guam, Puerto Rico, and the U.S. Virgin Islands.

Viral Suppression among RWHAP Clients, by State, 2010 and 2020— United States and 2 Territories^a



IN 2010
69.5%
VIRALLY SUPPRESSED

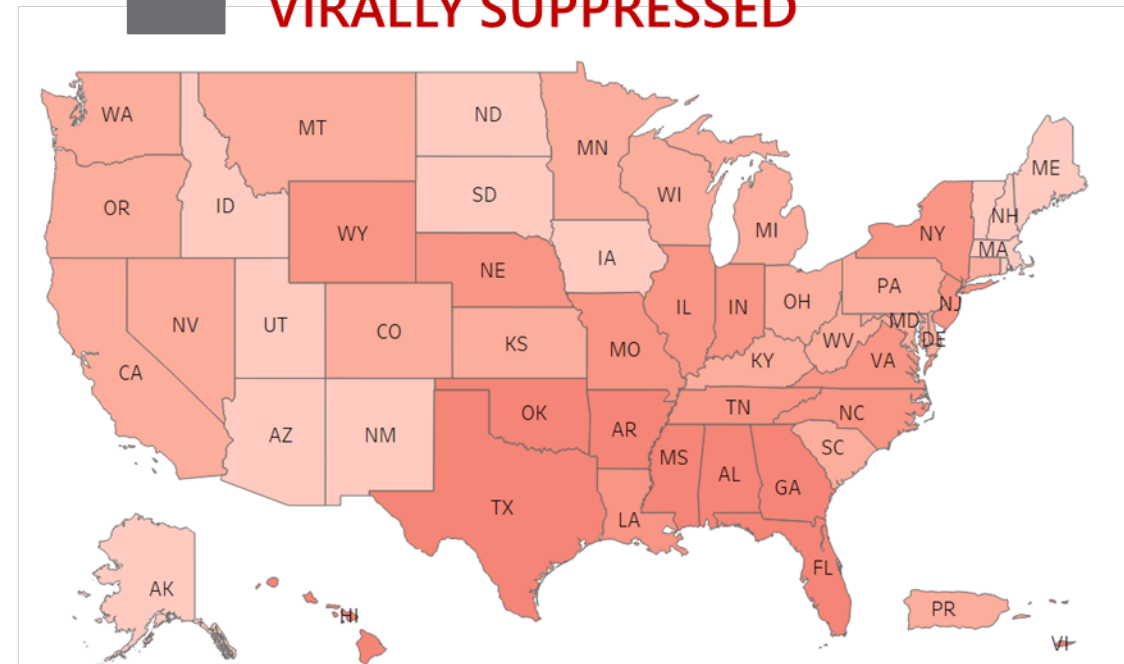
Viral Suppression (%)

- 52.9-66.9
- 70.0-72.9
- 73.0-79.9
- 80.0-87.9
- 88.0-89.9
- 90.0-92.9
- 93.0-98.8

IN 2020

89.4%

VIRALLY SUPPRESSED

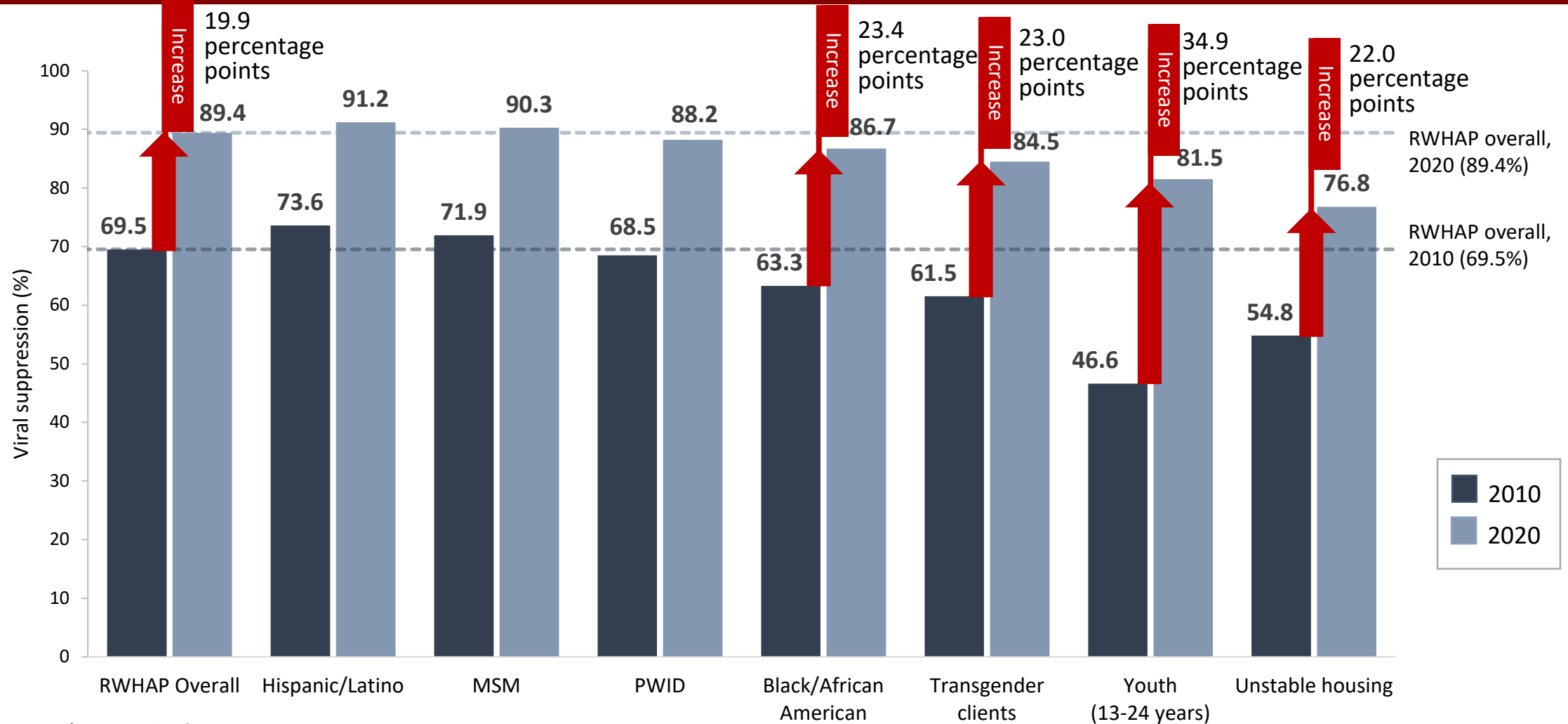


Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Puerto Rico and the U.S. Virgin Islands.



Significant progress has been made in viral suppression among priority populations, but disparities remain, particularly among Black/African American clients, transgender clients, youth aged 13–24 years, and clients with unstable housing.



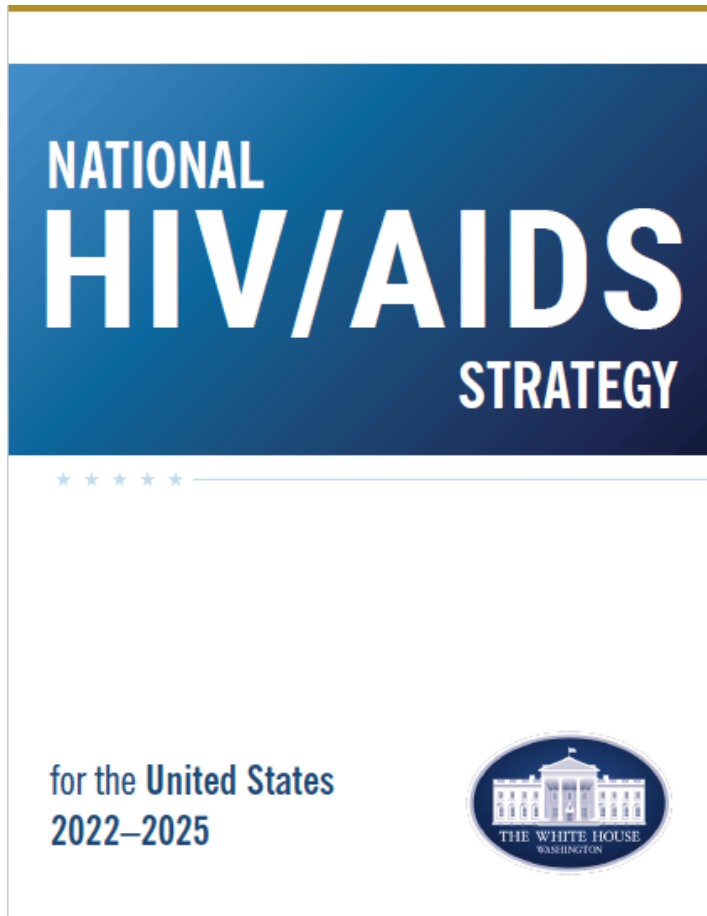
Hispanics/Latinos can be of any race.
 Viral suppression: ≥ 1 OAHs visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.
^a Guam, Puerto Rico, and the U.S. Virgin Islands.



National Strategies, Ending the HIV Epidemic in the U.S., and Community Engagement



National HIV/AIDS Strategy (NHAS)



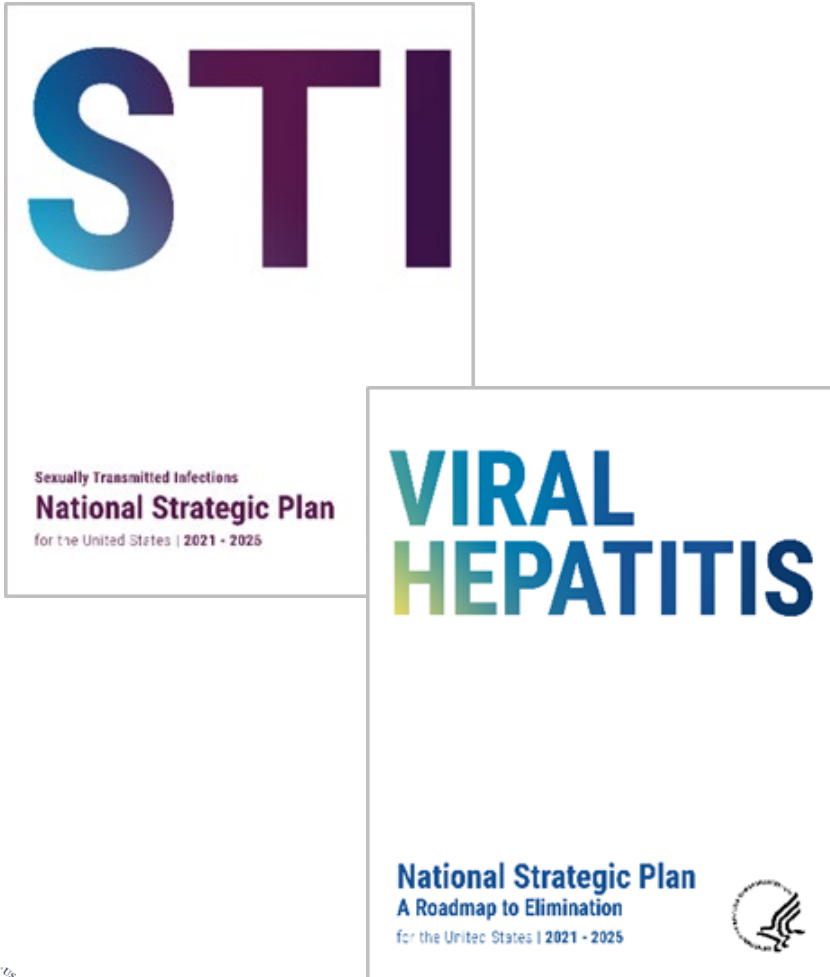
- The [National HIV/AIDS Strategy \(2022–2025\)](#) was released on December 1, 2021.
 - Roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030
- Strategy focuses on **four** goals:
 1. Prevent new HIV infections.
 2. Improve HIV-related health outcomes of people with HIV.
 3. Reduce HIV-related disparities and health inequities.
 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

Implementing the Strategy

- HRSA is developing an Implementation Plan that outlines **specific actions** that it will take to achieve the Strategy's goals and objectives.
- Engaging with the Ryan White HIV/AIDS Program stakeholder community in order to hear thoughts and ideas on ways we can support NHAS goals and accelerate our efforts toward ending the HIV epidemic
- Conducting listening sessions with key stakeholder groups, including:
 - Patient Advocacy Organizations
 - HIV Provider Organizations
 - Constituency Based Organizations
 - Coalition Groups



National HIV/AIDS Strategy (NHAS) and Viral Hepatitis and STI Strategic Plans



HRSA's National Strategic Plans Implementation workgroup has submitted activities that support the STI and Viral Hepatitis Strategic Plans. The *Office of Infectious Disease and HIV/AIDS Policy (OIDP)* has initiated the process for developing implementation plans for the National HIV/AIDS Strategy.

Four Pillars of Ending the HIV Epidemic in the U.S.

75%
reduction
in new
HIV
diagnoses
in 5 years
and a
90%
reduction
in 10
years.



Diagnose

All people with HIV as early as possible.



Treat

People with HIV rapidly and effectively to reach sustained viral suppression.



Prevent

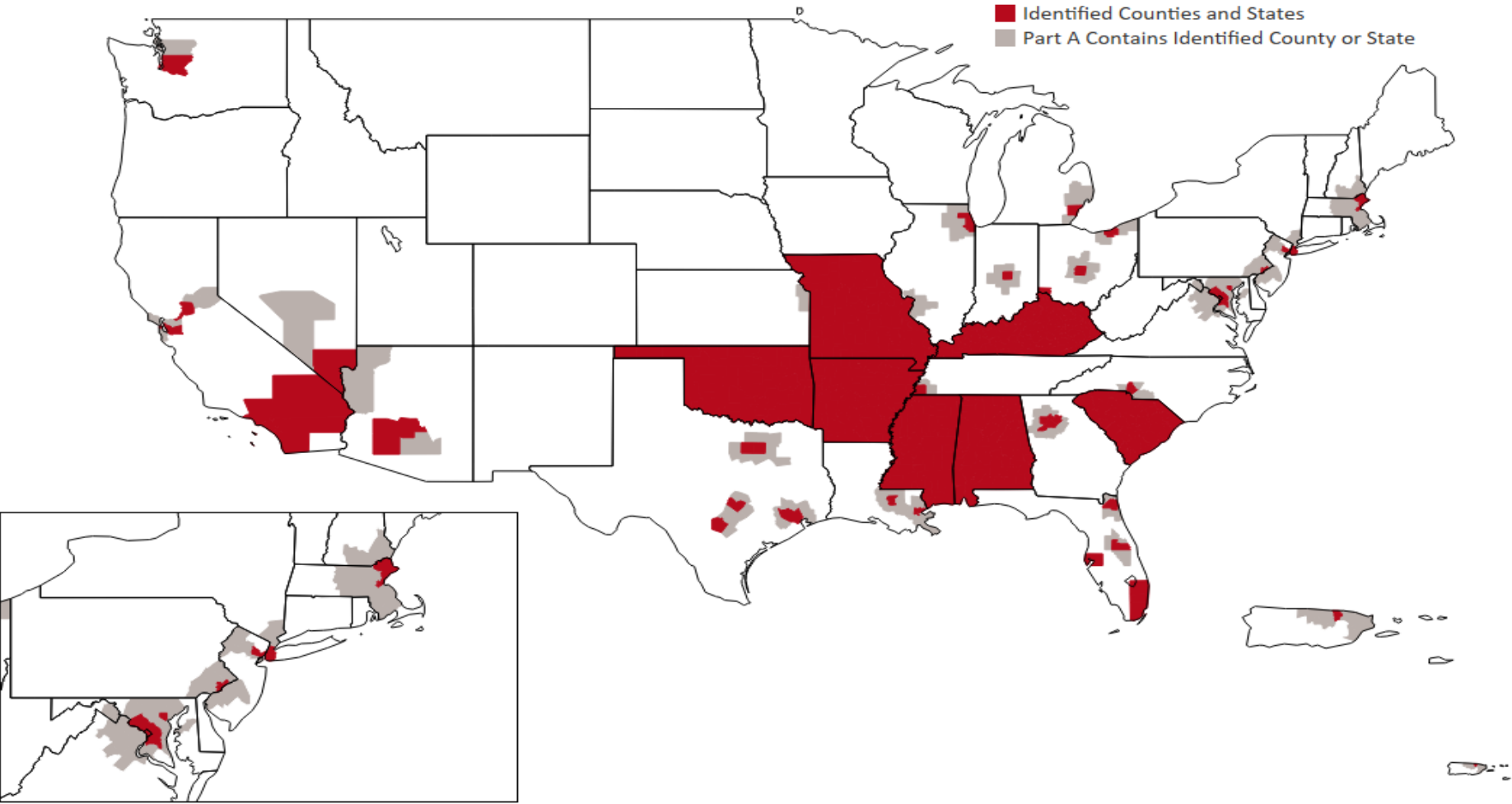
New HIV transmissions by using using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Ending the HIV Epidemic in the U.S. – Overlap of RWHAP Parts A and B and Identified Counties and States



Achieving the Ending the HIV Epidemic in the U.S. Goals

People with HIV in care

- Improve viral suppression rates
- Decrease disparities

People newly diagnosed with HIV

- Enhance linkage to care
- Enhance engagement in care

People with HIV out of care

- Expand re-engagement in care
- Improve retention in care

Year 1 EHE Client Data: New Clients and those Re-engaged in Care and Treatment (March–December 2020)

The year 1 EHE goal was to serve 18,000 clients

New Clients

2020 Total: 11,139

- March – August: 6,262
- September – December: 4,877

Re-engaged Clients

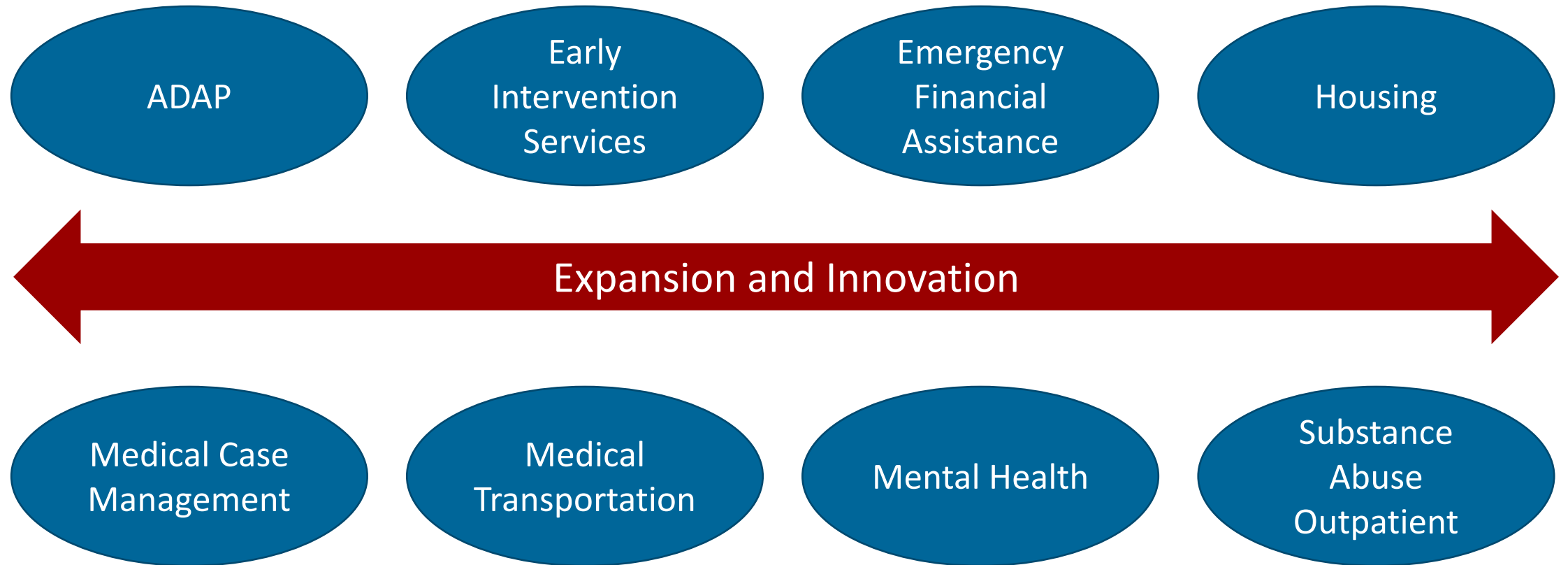
2020 Total: 8,282

- March – August: 3,686
- September – December: 4,596

TOTAL NEW AND RE-ENGAGED CLIENTS, 2020

 **19,421**

EHE Recipient Activities: Expansion of RWHAP Services



EHE Recipient Activities: Linkage to Care and Re-engagement

Activities include:

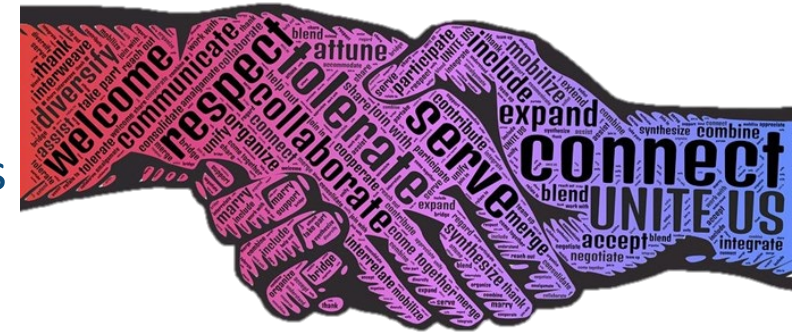
- Low barrier clinics
- Coordinated protocols that streamline client experience
- Rapid re-engagement protocols after missed appointments

Rapid ART

- Introduce a dedicated Rapid Linkage to Care Coordinator
- Provide treatment within 7 days of diagnosis from at-home/self-testing
- Supply ART starter packs (or 30-day supply) at conclusion of first client interaction

The Many Roles of Peer Navigators and Community Health Workers

- Address social determinants of health
- Enroll clients in health care coverage and schedule appointments
- Provide technology and educational services navigating online medical record access



Community Engagement Guiding Principles

“voices of the community from beginning to end”



HRSA's EHE Community Engagement in FY 2021

- **HRSA hosted 16 virtual EHE listening sessions by region in FY 2021**
 - Sessions engaged state and local health departments, community health centers, community organizations serving people with HIV, primary care offices, AIDS Education and Training Centers, and people with lived experience
 - More than 1,900 people attended the virtual listening sessions in FY 2021
- **HRSA HAB is developing needed tools and providing leadership training to people with HIV**
 - Efforts support ways for people from the community to provide services within their community to engage people into care and treatment
- **HRSA HAB is supporting organizations to hire people with HIV**



FY 2021 HAB Virtual Ending the HIV Epidemic in the U.S. (EHE) Virtual Listening Sessions At-A-Glance

The FY 2021 HRSA Virtual Public Health Leader Roundtable and Community Listening Sessions were an opportunity for participants to share their open and honest feedback on challenges, successes, and barriers in achieving the goals of the Ending the HIV Epidemic in the U.S. (EHE) initiative.

16

listening
sessions
between
March-Sept.
2021

1,901

total
attendees
across all
sessions

2

Sessions
offered with
Spanish
translation



Cross-Jurisdictional Themes and Trends

- 1. Build Peer Navigators and Community Health Workers (CHW) Capacity**
- 2. Breakdown Federal Funding Stream Silos and Improve Collaboration**
- 3. Feedback on EHE Initiative**
- 4. Social Determinants of Health**
- 5. Stigma as a Barrier to Accessing Care**



Additional Noteworthy Themes

1. Better data integration for EHE
2. Enhanced support for PrEP and nPEP
3. Increased utilization of social media platforms



Important Initiatives



HAB Resources to Support Health Care Team Members

Providing Care to People Aging with HIV

- Two Reference Guides: Optimizing HIV Care for People Aging With HIV
 - Incorporating New Elements of Care
 - Putting Together the Best Healthcare Team
- HIV and Aging Technical Expert Panel (November 2020) and yearly community engagements
- HIV and Aging Paper (November 2020)
- National HIV Curriculum HIV including Older Adults Module
- Aging and HIV National Webcasts (March & June 2020)
- Collaboration with Administration for Community Living (ACL) and Aging Webcast (October 2021)
- Access, Care, and Engagement Technical Assistance (ACE TA) Center



AGING & HIV

HRSA
Health Resources & Services Administration

Webcast #1:
Thursday, March 26, 2020
1:30 pm-3:00 pm ET

Healthcare Needs of Adults with HIV who are Aging in the Ryan White HIV/AIDS Program

PURPOSE: To address the medical care and support needs of aging adults with HIV, and to examine proven methods of creating health care environments and health care teams adequately prepared to care for the aging population.

Join via Adobe Connect:

Francine Cournos
Meredith Greene
Maile Karrs
Robert Riestler



AGING & HIV

HRSA
Health Resources & Services Administration

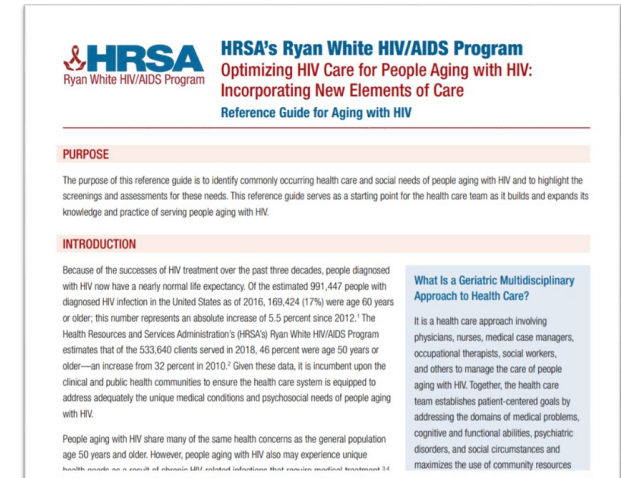
Webcast #2:
Thursday, June 25, 2020
1:30-3:30pm ET

Psychosocial and Support Needs for Adults with HIV Who are Aging in the Ryan White HIV/AIDS Program

PURPOSE: To address the psychosocial and support needs of aging adults with HIV, and to examine proven methods of creating health care environments and health care teams adequately prepared to care for the aging population.

Join via Adobe Connect:

Keri Althoff
Linda Frank
Molly Perkins
Melanie Reese



HRSA
Ryan White HIV/AIDS Program

HRSA's Ryan White HIV/AIDS Program
Optimizing HIV Care for People Aging with HIV:
Incorporating New Elements of Care
Reference Guide for Aging with HIV

PURPOSE

The purpose of this reference guide is to identify commonly occurring health care and social needs of people aging with HIV and to highlight the screenings and assessments for these needs. This reference guide serves as a starting point for the health care team as it builds and expands its knowledge and practice of serving people aging with HIV.

INTRODUCTION

Because of the successes of HIV treatment over the past three decades, people diagnosed with HIV now have a nearly normal life expectancy. Of the estimated 991,447 people with diagnosed HIV infection in the United States as of 2016, 169,424 (17%) were age 60 years or older; this number represents an absolute increase of 5.5 percent since 2012.¹ The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program estimates that of the 533,640 clients served in 2018, 46 percent were age 50 years or older—an increase from 32 percent in 2010.² Given these data, it is incumbent upon the clinical and public health communities to ensure the health care system is equipped to address adequately the unique medical conditions and psychosocial needs of people aging with HIV.

People aging with HIV share many of the same health concerns as the general population age 50 years and older. However, people aging with HIV also may experience unique health needs as a result of chronic HIV-related infections that require medical treatment.³

What Is a Geriatric Multidisciplinary Approach to Health Care?

It is a health care approach involving physicians, nurses, medical case managers, occupational therapists, social workers, and others to manage the care of people aging with HIV. Together, the health care team establishes patient-centered goals by addressing the domains of medical problems, cognitive and functional abilities, psychiatric disorders, and social circumstances and maximizes the use of community resources.

Engaging People with HIV through Organizational Capacity Development & Leadership Training

ESCALATE

Ending Stigma through Collaboration And
Lifting All To Empowerment

Aims to:

- Reduce stigma for people with HIV on multiple levels throughout the health care delivery system
- Focus on implementing stigma-reducing approaches
- Support organizational readiness to employ people with HIV in RWHAP recipient/subrecipient organizations

ELEVATE

Engage Leadership through Employment,
Validation & Advancing Transformation & Equity

Aims to:

- Increase leadership, representation, and engagement of people with HIV in RWHAP activities
- Develop skills and support knowledge transfer through peer coaching for people with HIV
- Support organizational readiness to employ people with HIV in RWHAP recipient/subrecipient organizations

Visit the [ESCALATE](https://targethiv.org/escalate) and [ELEVATE](https://targethiv.org/elevate) sites of TargetHIV for additional project details and updates.

<https://targethiv.org/escalate>

<https://targethiv.org/elevate>



RWHAP Best Practices Compilation



How is your organization innovating to reduce health disparities along the HIV Care Continuum?

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is looking for innovative and promising strategies for its new compilation of best practices.

The compilation is part of HRSA HAB effort to catalogue and display best practices implemented successfully in Ryan White HIV/AIDS Program health care and treatment settings.

Do you have a novel approach or promising innovation to share?

Please submit it online:

TargetHIV.org/bestpractices



RWHAP Best Practices Compilation, cont.



NEWS

CALENDAR

LIBRARY

COMMUNITY

HELP

Best Practices Compilation



The Best Practices Compilation gathers and disseminates intervention strategies that have been implemented in RWHAP funded settings and improve outcomes along the HIV care continuum. Explore the Compilation to find inspiration and new ideas for improving the care of people with HIV. [Submit your innovation today for possible inclusion](#) in the Compilation!

Keyword Search

SEARCH

RESET

<https://targethiv.org/bestpractices/search>

Filters

 Evidence Level 

Choose

 Focus Population 

Choose

 HIV Care Continuum 

Choose



RWHAP Best Practices Compilation, cont.

TargetHIV

NEWS

CALENDAR

LIBRARY


COMMUNITY







HELP

Peer Engagement to Improve Linkage to Care and Retention in Care for Youth, Women, Infants, and Children



<https://targethiv.org/bestpractices/search>

 Emerging Intervention

 Outreach and reengagement activities	 Linkage to HIV medical care; Retention in HIV medical care; Viral suppression	 Treat
 Youth ages 13 to 24	 RWHAP Part D	 RWHAP-funded clinic or organization

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RWHAP Compass Dashboards and Benchmarking



Ryan White HIV/AIDS Program Compass Dashboard

The Ryan White HIV/AIDS Program (RWHAP) Compass Dashboard provides users an opportunity to interact with and visualize the reach, impact, and outcomes of the RWHAP. The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) developed the RWHAP Compass Dashboard to support data utilization to improve outcomes along the HIV care continuum. By advancing users' ability to interact with and utilize RWHAP program data, the dashboard supports HRSA HAB's vision of optimal HIV/AIDS care and treatment for all.

<https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>

Understand Outcomes, Demographics, and Performance for Years 2010 - 2019

Compare RWHAP data by year, state, and jurisdiction

- Impact of the RWHAP
- Characteristics of RWHAP Clients
- Performance Benchmarking by Jurisdiction

Explore Data on Priority Populations for Years 2010 - 2019

Compare and analyze data by gender, race, transmission category, age, and other factors

- Outcome Measures by Age
- Outcome Measures by Race/Ethnicity
- Outcome Measures by Housing Status
- Outcome Measures by Transmission Category

RWHAP Services Received for Years 2010 - 2019

Explore the services provided through RWHAP

- RWHAP Services Received

RWHAP AIDS Drug Assistance Program (ADAP) for Years 2014 - 2018

Explore the ADAP data

- ADAP Client Characteristics

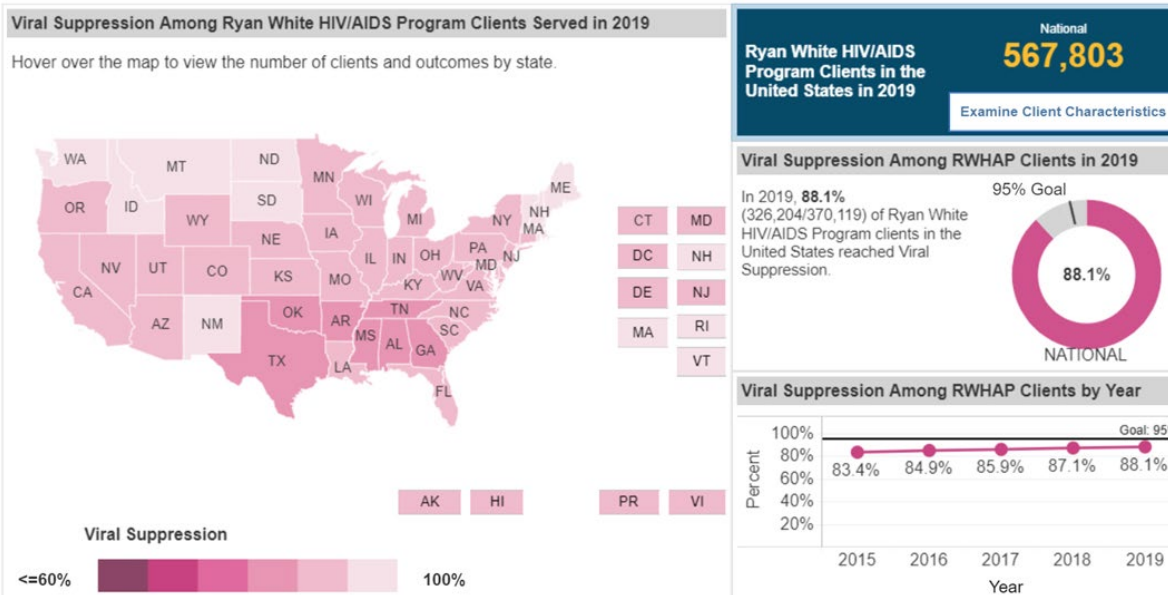


RWHAP Compass Dashboards and Benchmarking



Ryan White HIV/AIDS Program Compass Dashboard

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Impact of the RWHAP

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Outcome Measures by Housing Status

Outcome Measures by Transmission Category

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Explore the services provided through RWHAP

RWHAP AIDS Drug Assistance Program (ADAP) for Years 2014 - 2018

Explore the ADAP data

RWHAP Services Received

ADAP Client Characteristics

<https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>



Demonstrates Impact of RWHAP and Provides Benchmarking Performance by Jurisdiction

Select Outcome Measure

- Viral Suppression
- Retention in Care

Select Year

2019

Select Jurisdiction

- State or Territory
- Metro Area

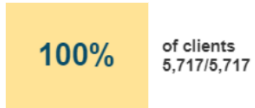
Select State/Territory

Alabama

RESET

Performance Summary, 2019

All Clients



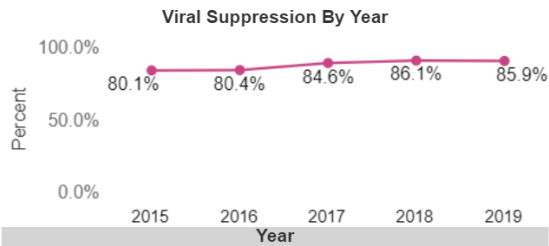
About Standardized Performance

HRSA HAB's performance benchmarking methodology allows the calculation of expected outcome measure values based on a jurisdiction's client mix. This can then be compared to national averages, allowing a snapshot understanding of whether a jurisdiction is performing above or below expected results. [Learn more about this methodology in the Standardized Performance Fact Sheet.](#)

Resources

Standardized performance is below average for the population served. Resources are available to help improve outcomes.

REVIEW RESOURCES



Standardized Performance



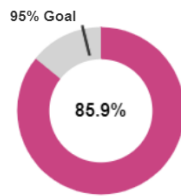
Standardized performance is below average. It is in the 1st quintile compared to national performance.

Performance Trend



Viral Suppression has remained stable compared to the previous year.

Viral Suppression, 2019



National Goal



Viral Suppression did not meet the national goal.

<p>All Clients</p> <p>100% of clients 5,717/5,717</p> <p>1 ~ X</p> <p>SHOW ABOVE</p>	<p>Black/African American Women</p> <p>23% of clients 1,319/5,717</p> <p>1 ~ X</p> <p>SHOW ABOVE</p>	<p>MSM</p> <p>42% of clients 2,396/5,717</p> <p>1 ~ X</p> <p>SHOW ABOVE</p>	<p>MSM (Black)</p> <p>26% of clients 1,491/5,717</p> <p>2 ~ X</p> <p>SHOW ABOVE</p>	<p>MSM (Hispanic)</p> <p>1% of clients 71/5,717</p> <p>4 ↓ X</p> <p>SHOW ABOVE</p>
<p>People Aged 50 and Older</p> <p>35% of clients 2,001/5,717</p> <p>1 ~ X</p> <p>SHOW ABOVE</p>	<p>People Who Inject Drugs</p> <p>4% of clients 241/5,717</p> <p>1 ↓ X</p> <p>SHOW ABOVE</p>	<p>People with Unstable Housing</p> <p>3% of clients 189/5,717</p> <p>3 ↑ X</p> <p>SHOW ABOVE</p>	<p>Transgender Women</p> <p>1% of clients 83/5,717</p> <p>1 ↓ X</p> <p>SHOW ABOVE</p>	<p>Youth (13-24)</p> <p>7% of clients 401/5,717</p> <p>1 ~ X</p> <p>SHOW ABOVE</p>

<https://data.hrsa.gov/topics/hiv-aids/compass-dashboard>



Save the Date

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

*The Time Is Now: Harnessing the Power of Innovation, Health Equity, and
Community to End the HIV Epidemic*

August 23 – 26, 2022

<https://ryanwhiteconference.hrsa.gov/>



Ryan White HIV/AIDS Program Policy Updates



Recent Policy Updates and Changes

- **Core Medical Services Waiver Process**
- **Client Eligibility and Payor of Last Resort**
- **Gender Affirming Care in the RWHAP Letter**



Waiver of the RWHAP Core Medical Services Expenditure Requirement: PCN 21-01

- Simplifies the process by which Ryan White HIV/AIDS Program Parts A, B, or C recipients request waivers of the statutory Core Medical Services Expenditure amount requirements
- **Reduces the amount of documentation RWHAP recipients must submit, thereby reducing burden**
 - *One-Page Attestation Form*
- PN 21-01 replaces Policy Notice 13-07
<https://ryanwhite.hrsa.gov/grants/policy-notice>
- Effective Date: October 1, 2021

Waiver of the Ryan White HIV/AIDS Program Core Medical Services Expenditure Requirement

Policy Notice 21-01

Replaces Policy Number 13-07

Scope of Coverage

Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, and C.

Purpose of Policy Notice

This HRSA HAB Policy Notice replaces Policy Number 13-07. It provides modified processes and requirements for HRSA RWHAP Parts A, B, and C recipients to request waivers of the statutory requirement regarding expenditure amounts for core medical services. The policy is effective beginning on October 1, 2021.

Background

Title XXVI of the Public Health Service Act, (the RWHAP legislation), Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c) requires that recipients expend not less than 75 percent of grant funds on core medical services after reserving statutory permissible amounts for administrative and clinical quality management (CQM) costs. These sections also grant the Secretary authority to waive this requirement for a recipient if there are no waiting lists for the AIDS Drug Assistance Program (ADAP), and core medical services are available to all individuals identified and eligible for the RWHAP in the recipient's service area. Also, RWHAP Part A, Part B, and Part C core medical services waiver requests – if approved – are effective for a 1-year budget period and also apply to funds awarded under the Minority AIDS Initiative (MAI).

Requirements

A HRSA RWHAP Part A, B, or C recipient must meet a number of requirements and submit a waiver request to HRSA HAB to receive a waiver of the core medical services expenditure requirement. First, core medical services must be available and accessible to all individuals identified and eligible for the RWHAP in the recipient's service area within 30 days. Access to core medical services must be without regard to payer source, and without the need to spend at least 75 percent of funds remaining from the recipient's RWHAP award after statutory permissible

1



Client Eligibility and Payor of Last Resort: PCN 21-02

- This Policy Clarification Notice (PCN) outlines the HRSA HAB guidance for RWHAP recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services.

Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program

Number: Policy Clarification Notice 21-02

Replaces: HRSA HAB Policy Clarification Notice 13-02 *Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements*

Issue Date: October 19, 2021

I. Purpose

This Policy Clarification Notice (PCN) outlines the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) guidance for Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services.¹

II. Scope and Applicability

This PCN applies to RWHAP Parts A, B, C, D, and Part F when funding supports direct care and treatment services. As of the effective date, this PCN applies to competing continuation, non-competing continuation, and new awards.

III. Effective Date

The effective date of this PCN is October 19, 2021.

IV. Eligibility Requirements for RWHAP Services

People are **eligible** to receive RWHAP services when they meet each of the following factors:

1. HIV Status

- A documented diagnosis of HIV.² (Note: People who do not have an HIV diagnosis are **eligible** to receive certain services as outlined in HRSA HAB PCN 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*,³ and as otherwise stipulated by HRSA HAB.)

2. Low-Income

- The RWHAP recipient defines low-income. Low-income may be determined based on percent of Federal Poverty Level (FPL),⁴ which can be measured in several ways (e.g., Modified Adjusted Gross Income,⁵ Adjusted Gross Income, Individual Annual Gross Income, and Household Annual Gross Income).

¹ RWHAP recipients (including AIDS Drug Assistance Programs) and subrecipients may collect additional information as necessary for program administration.

² HIV Clinical Guidelines: Adult and Adolescent ARV. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/rwaps-new-guidelines>

³ HRSA HAB Policy Clarification Notice 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds* https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

⁴ U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs. <https://aspe.hhs.gov/poverty-guidelines>

⁵ HRSA HAB Policy Clarification Notice 13-03 *Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act* <https://hab.hrsa.gov/sites/default/files/hab/global/pcn1303slsbhivconsiderations.pdf>



RWHAP Policy Clarification Notice 21-02, cont.



Timely Eligibility Confirmation

Recipients and subrecipients:

- ✓ Must conduct timely eligibility confirmations, **in accordance with their policies and procedures**, to assess if the client's income and/or residency status has changed
- ✓ Are permitted to **accept a client's self-attestation of "no change"** when confirming eligibility, although HRSA HAB does not recommend relying solely on client self-attestation indefinitely
- ✓ **Should not disenroll** clients until a formal confirmation has been made that the client is no longer eligible



Six Month Recertification Requirement

Gender Affirming Care in the RWHAP Program Letter

- Reaffirms the importance of providing culturally-affirming health care and social services to the transgender community
- Letter is *not* new policy or approach to the services delivered by the RWHAP
- Accessible via: <https://ryanwhite.hrsa.gov/grants/program-letters>



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857
HIV/AIDS Bureau

December 16, 2021

Dear Ryan White HIV/AIDS Program Colleagues,

Ensuring that transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV is a priority for the Health Resources Services Administration's (HRSA) HIV/AIDS Bureau (HAB). Of the more than half a million people served by the Ryan White HIV/AIDS Program (RWHAP) 2.1 percent, approximately 11,600, are transgender.¹ Providing gender-affirming care is an important strategy to effectively address the health and medical needs of transgender people with HIV. HRSA HAB strongly encourages RWHAP service providers to harness and mobilize the existing RWHAP infrastructure and services to support gender-affirming services within allowable RWHAP parameters.

Gender-affirming care and treatment services are described in the *HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV* (Guidelines).² According to the Guidelines, gender affirmation describes processes whereby a person receives social recognition, value, and support for their gender identity and expression. Gender affirmation is often described across several dimensions, including: social (e.g., social support and acceptance, use of pronouns, names, or clothing that align with their gender identity); medical (e.g., use of hormones or surgery); legal (e.g., legal name change or changing gender markers on identity documents); and psychological (e.g., the degree of self-acceptance and comfort with their gender identity).

RWHAP funds may be used to support gender affirming care across various HRSA RWHAP core medical and support service categories as outlined in *Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*.³ Many RWHAP AIDS Drug Assistance Programs (ADAPs) provide access to gender-affirming



Gender Affirmation

Gender affirmation describes processes whereby a person receives social recognition, value, and support for their gender identity and expression. Gender affirmation is often described across several dimensions, including:

- **social** (e.g., social support and acceptance, use of pronouns, names, or clothing that align with their gender identity);
- **medical** (e.g., use of hormones or surgery);
- **legal** (e.g., legal name change or changing gender markers on identity documents); and
- **psychological** (e.g., the degree of self-acceptance and comfort with their gender identity).



Facilitating HIV Care Engagement

- Individuals are more likely to engage in HIV care when gender affirmation needs are met.
- **Gender affirmation:**
 - ✓ Improves engagement in care
 - ✓ Improves viral suppression
 - ✓ Improves adherence to ART
 - ✓ Improves mental health outcomes and well being
- Because transgender and non-binary people bear a **disproportionate burden of HIV**, it is important for HIV care providers to be knowledgeable about the specific HIV care needs of these individuals.



Examples of Gender-Affirming Care in the RWHAP

Training on cultural humility, cultural sensitivity, and inclusive environments of care

Behavioral & Mental Health Services

Housing & Case Management

Access to gender affirming hormone therapy

Purchase and maintenance of private health insurance, Medicaid and Medicare coverage

Activities that support patient centered, trauma informed, and inclusive environments of care

Gender Affirming Surgeries

Can RWHAP funds be used to provide gender affirming surgeries?

As an outpatient ambulatory healthcare program, **surgeries are not an allowable use of RWHAP or Ending the HIV Epidemic in the U.S. (EHE) initiative funds.** This general prohibition applies to surgeries conducted in inpatient and outpatient settings, even when performed “same-day” as an ambulatory procedure under general anesthesia.





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