The Ryan White CARE Program is funded by the United States Health Resources and Services Administration (HRSA) (Part A). Some money is received from the California State Office of AIDS but that money source is also from HRSA (Part B).

The Ryan White (RW) program has several “Parts”. The Sacramento Ryan White CARE Program’s funding is Part A and B only, however only several specific agencies use Part B monies. The Sacramento Ryan White CARE program consists of the Sacramento Transitional Grant area of El Dorado, Placer and Sacramento Counties for Part A funding. Part B funding includes Sacramento, El Dorado, Placer, Alpine and Yolo counties only.

The RW program has been in existence since 1990 with several reauthorizations by the federal government. With each reauthorization, new requirements are added, with the last reauthorization occurring in October of 2010. Any new federal requirements are added to contracts.

RW monies are “dollars of last resort” which means if clients are eligible for other funding sources/services, those other funding sources must be expended prior to qualifying for RW funds. For example: If a client has a private insurance plan which only covers 10 mental health sessions, but the client is in need of additional sessions, once a client obtains a service denial letter from their private insurance provider, RW can then provide those mental health services.

Applicants must have one year experience with People Living with HIV/AIDS AND one year of experience providing services in the service category for which they are applying.

Successful applicants are required to attend mandatory Provider Caucus meetings. Meetings are scheduled monthly, however if there is no critical information to be relayed, meetings may be canceled.

About RW Funds:

- RW funds can not supplant other funding sources but can be used to expand services.
- RW funds do not pay for Emergency Room or Hospitalization services.
- Funds must target uninsured, underinsured, and low-income clients – clients up to 300% of poverty with no fee for services.
- Agencies must have a sliding scale in place for clients at 301% or above poverty. However, the sliding scale cannot exceed 10% of the client’s gross income per year.
- Medical Case Management is exempt from this clause and does not require client co-pays.
RW Program Information:
- All RW providers must have email and internet capabilities at the time contracts are awarded.
- Providers must use a RW Intake form for each initial visit with clients. The information on this Intake form is required by HRSA, and includes information which is obtained from the client.
- Medical Case Management agencies must obtain medical information regarding CD4 and Viral Load Counts and other medical information from the client, and pursue obtaining this information from medical providers with the client’s written authorization to release medical information.
- Regardless of the service provided, the main purpose of the Ryan White program is to get and maintain clients in medical care, so all RW providers must provide clients with medical referrals if they are not initially in medical care for their HIV/AIDS conditions.
- All Providers receive orientation manuals and on-going training and contractual requirements. These manuals include service standards and instructions for entering client data and submitting invoices.
- The Sacramento RW program utilizes a web-based database for client information and billing; thus experience with electronic media is required.

Awards/Contracts:
- Contracts will be for a three year period. No further applications will be required during this 3-year cycle.
- The yearly contract amounts will vary based on the amount of the award received from HRSA and the State Office of AIDS each year.
- The Ryan White fiscal year runs from March 1 through February 28th of each year.
- As the contracts are multi-year contracts, services may continue based on the projected budgets included with initial awards.

RW HIV Health Services Planning Council:
The Ryan White program includes a community planning body, the HIV Health Services Planning Council (HHSPC). The HHSPC consists of 33% of People Living with HIV/AIDS who are recipients of RW services and various community members who meet HRSA’s requirements for mandatory seats.

The HHSPC determines allocations, service priorities, conducts community Needs Assessments, and develops a Comprehensive Plan for services according to timelines set forth by the RW legislation. Many sources of information are considered when determining priorities and allocations including current utilization data, available funding sources, and legislation changes that would impact service delivery. Additionally, the HHSPC follows all funding requirements set forth by HRSA, i.e. currently 75% of RW
funds must be used to provide “core services” and no more than 25% may be used for “support services”.

The Comprehensive Plan sets goals for specific service delivery to respond to the needs of HIV+ clients as identified in the most current community RW Needs Assessment. The goals are coupled with identification of action plans for providers, the Fiscal Agent and the Planning Council to achieve performance outcomes for the RW Program over a specified period of time.

While the HIV Health Services Planning Council determines funding categories and sets allocations, the Fiscal Agent (County of Sacramento) is solely responsible for all contracting activities including the RFP process, provider selection, and provider oversight. The Fiscal Agent also determines allocations for each provider based on the provider responses to the RFP, HRSA requirements to allocate a specific percentage of funds to women, infants and children, prior compliance and performance conduct of applicants, and the allocation of funds to provide a reasonable service within a given allocation.

Minority AIDS Initiative Funding:
Under the MAI Medical Case Management service category, Minority AIDS Initiative (MAI) funding targets African American and Hispanic clients, the two populations in our TGA most disproportionately affected by the HIV/AIDS epidemic. MAI programs require more paperwork and documentation than other service categories as the funding stream has separate conditions from the regular Part A Funds. No MAI funds can be used for Caucasian clients; therefore, if you consider applying for MAI funds it is recommended that you apply for (non-MAI) Medical Case Management funds as well to cover costs associated with providing services to Caucasian clients as well, as HRSA also requires that no RW eligible client is to be denied service.

Service Standards:
Eligibility is the most important service standards as it applies to all clients regardless of the service being provided. Clients must be re-certified as eligible for Ryan White services every six months. If there is no change in the client’s eligibility, the provider must document that eligibility was reviewed. If clients do not have a source of income and are unable to document indigent status, a “Payer of Last Resort” document is available for clients to sign to qualify for services. Clients must provide documents and/or sign the Payer of Last Resort every six months to remain qualified for services.

Proposals:
Proposals must be sealed when submitted and include 6 copies of items 1-7 as identified in the RFP Guidelines. Please follow the format and submission requirements in Section 2.

Proposals must include at minimum a “reviewed” financial statement at the time of submission. If your proposal leads to a contract award and the total amount of your contract, plus the total of all your agency’s existing contracts with DHHS, is more than
$25,000, and less that $200,000 a “reviewed” financial statement will be required for each twelve month period throughout the term of the contract (Page 20). If your agency’s contracts with DHHS total $200,000 or more, an “audited” financial statement will be required in your contract. If an agency meets the A-133 audit requirements, then a complete A-133 audit is required.

**Good Neighbor Policy:**
The Good Neighbor Policy is for Sacramento-based organizations and does not apply to the El Dorado or Placer County agencies. Proposals must include a Good Neighbor Policy Narrative of Compliance and the Statement of Compliance with Sacramento County’s Good Neighbor Policy. Translate the Good Neighbor policy found on Exhibit G, Page 4 of 4, into the required narrative.

**Application Review:**
An outside review panel consisting of individuals with expertise in mental health, alcohol and drug services, HIV housing, HIV Prevention strategies, consumer needs and other qualified individuals may be reviewing the applications. The review committee recommends agencies for funding. Those recommendations are provided to the Department Director for the Sacramento County Department of Health and Human Services. The Department Director has the authority to “challenge” those recommendations through documentation of an agency’s past failure to meet contractual obligations or other circumstances deemed appropriate. For example, an agency may not be recommended for funding, but is currently the only provider of that service in the three county area and has demonstrated past quality of service to a specific population group. The Department Director’s recommendations move forward with documentation to the Sacramento County Board of Supervisors for final approval of all proposed contractors.

**Don’t(s):**
- When writing your application, do not be concerned about the funding streams. Decisions as to which pot of funds serves your contract are made by the Fiscal Agent.
- While there are no page limits on the total application, don’t be too wordy. Try to highlight your achievements as briefly and succinctly as possible so that reviewers don’t gloss over your successes.

**Do(s):**
- Write your application for the service(s) you wish to provide.
- Be clear and concise
- Write as if you are writing for “strangers” i.e., people unfamiliar with your agency and what you do.
- Highlight what you are doing in the community
- Be realistic with your goals, funding request and the number of individuals you plan to serve. You should use your most recent service utilization data to document the numbers of clients and services you intend to provide.