

HRSA Core Medical Service Waiver – Fact Sheet

What is the Waiver application?

The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that grantees (Parts A, B, and C) spend 75% of funds on core medical services, including antiretroviral drugs. The statute also grants the Secretary of Health and Human Services authority to waive this requirement 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 under the Act in an applicant's service area

What are the Service Categories?

Ryan White programs can only fund specific activities, which are broken into two types, core medical and support services. The program requirements state exactly what can be offered under each category.

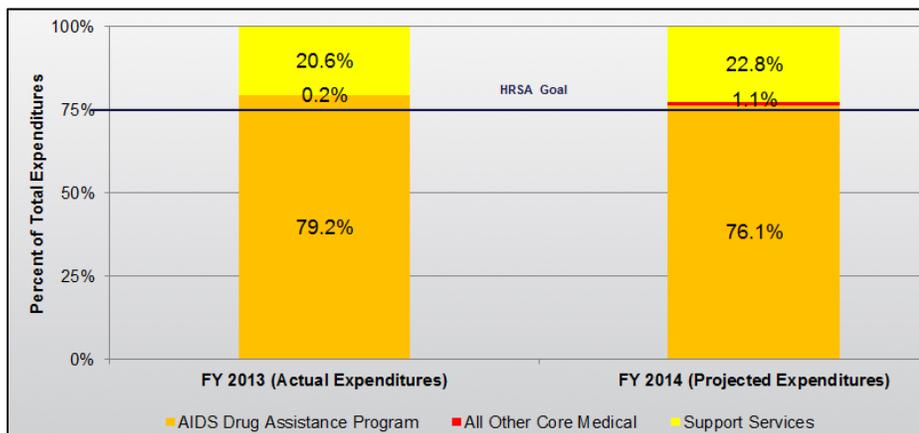
CORE MEDICAL SERVICES	SUPPORT SERVICE
Outpatient/Ambulatory Medical Care	Case Management (non-medical)
AIDS Drug Assistance Program (ADAP)	Child Care Services
AIDS Pharmaceutical Assistance Program (local)	Emergency Financial Assistance
Early Intervention Services	Food Bank/Home-delivered Meals
Health Insurance Premium and Cost-sharing Assistance	Health Education/Risk Reduction
Home Health Care Services	Housing Services
Home and Community-based Health Services	Legal Services
Hospice Care	Linguistic Services
Mental Health Services	Medical Transportation Services
Medical Nutrition Therapy	Outreach Services
Medical Case Management Services	Psychosocial Support Services
Oral Health Services	Referral for Health Care/Supportive Services
Substance Abuse Treatment Services (Outpatient)	Rehabilitation Services
	Respite Care
	Substance Abuse Treatment – Residential
	Treatment Adherence Counseling



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Why is California Applying?

1. Under the Affordable Care Act, many of the services found under core medical services are now available to people living with HIV/AIDS through their comprehensive healthcare coverage. As a result, the State Office of AIDS (OA) expects that expenditures in these areas will go down.
2. The majority of the Ryan White dollars for Part B are used for ADAP. Over the last two years, overall ADAP spending has gone down, also due to the Affordable Care Act. While spending is not below the 75% mark yet, we want to ensure that if the ADAP spending continues to go down, the State will have the flexibility to use Ryan White money in the way that best meets the needs of the Ryan White clients, regardless of whether that service falls under core medical or support services.



3. The need for wrap around services, which support clients in staying in care, is still very high. Such services include: housing, non-medical case management, food bank, transportation. As OA and partners expand efforts to link and re-engage people living with HIV/AIDS in care, consistent with the National HIV/AIDS Strategy, we expect that the need for these services will further increase.

Feedback

OA is applying for this waiver to ensure we have the flexibility to best meet the needs of Ryan White clients. Based on data and feedback from our partners, we believe this is the best decision for the program. We welcome feedback from consumers and Ryan White providers on the decision to apply and on the information, we have provided to you. Feedback can be provided to local Planning Council Chairs or directly to the State Office of AIDS to marjorie.katz@cdph.ca.gov. Due date is May 8, 2015.

