

Ryan White HIV/AIDS Program Part A FY 2024 Program Submissions Instructions

Ryan White HIV/AIDS Program (RWHAP) Part A and Minority AIDS Initiative (MAI)

All recipients are required to submit the Fiscal Year (FY) 2024 RWHAP Part A Program Submission. This submission must be uploaded to the HRSA Electronic Handbooks (EHBs) system.

Required Program Submission Documents

- 1 Signed Planning Council/Planning Body Endorsements
- 2 PC/PB Membership Roster and Reflectiveness Worksheet
- 3 RWHAP Part A and MAI Service Category Plan Table
- 4 HIV Care Continuum Services Table

Instructions

1 Signed Planning Council/Planning Body Endorsements

1. A signed letter from the Planning Council (PC) or Planning Body (PB) Chair(s) endorsing the priorities and allocations.
This letter should confirm:
 - a. **Prioritization:** Confirmation that all RWHAP HIV core medical and support services were prioritized during the annual Priority Setting and Resource Allocation (PSRA).
 - b. **Concurrence:** Agreement with the funded service categories and the dollar amount as shown in the FY 2024 RWHAP Part A Allocations Report.
2. A signed copy of the FY 2024 RWHAP Part A and MAI Planned Allocations Table, printed from the Grantee Contract Management System (GCMS) and approved and signed by the PC or PB during the PSRA process.

Note: Electronic signatures are acceptable

2 PC/PB Membership Roster and Reflectiveness Worksheet

We've developed a PC/PB Membership roster and reflectiveness template which comprises the following four worksheets:

1. Instructions
2. Membership Roster
3. Membership Category Tool
4. Reflectiveness Table

Instructions:

Follow the step-by-step instructions to fill out each worksheet. Complete them in the order outlined above.

Roster:

Begin by filling the Roster worksheet. Take note of embedded formulas. Include key details like term limits or rotation cycles. If your PC/PB has a membership vacancy that needs filling, describe planned efforts to fill it. Your CEO or designee's signature is required if reporting vacancies.

Membership Category Tool:

This tool helps identify legislative requirements not met and potential plans to meet them. The worksheet auto-fills vacancy statuses based on the Roster information. If vacancies are identified, specify the duration of the vacancy and plans for filling them.

Reflectiveness Table:

This table records the composition of the PC/PB relative to the Eligible Metropolitan Area's (EMA) or Transitional Grant area's (TGA) prevalence data. If either total member reflectiveness or client reflectiveness is not met, detail your plans to meet the requirement.

3**RWHAP Part A and MAI Service Category Plan Table**

Submit the **Service Category Plan**, outlined in the format described below. A revised multi-year table is now available to record trend data over a three-year performance period. Remember to update this template annually with the prior fiscal year's information.

Plans should consist of:

- RWHAP Part A and MAI funds
- Core medical and support service categories
- Priority numbers as directed by the PB/PC
- Funding amounts, unduplicated clients, service unit definitions, and number of service units
- MAI subpopulations of focus (MAI service category table only)

Ryan White HIV/AIDS Program (RWHAP) Part A:

- FY 2023 Actual budget period: RWHAP Part A service categories, priority numbers, expended amounts, number of clients served, service unit definitions, service units, total dollar amounts, and percentages of expenditures. This will calculate automatically.
- FY 2024 Estimated budget period: Similar details, with estimated funding amounts, projected clients and service units. Include the total dollar amounts. This will also calculate automatically.

Note: Average Cost per Service Unit will auto-calculate.

Minority AIDS Initiative (MAI):

- FY 2023 Actual budget period: Report same as above, with included subpopulations of focus who were served.
- FY 2024 Estimated budget period: Report the same as above, with including anticipated subpopulations of focus.

- ✓ For FY 2024, if you didn't submit a **core medical services waiver**, the allocations must fulfill the 75% core medical services requirement.
- ✓ Use the "**Part A + MAI Comments**" tab in the template to provide detail that assists project officers in average cost reasoning per service unit.

4**HIV Care Continuum Service Table**

Create a diagnosis-based **HIV Care Continuum Services Table** following CDC HIV Care Continuum definitions. **Use the same data source each year for a consistent 3-year grant cycle.** Don't forget to include your baseline and target indicators (as numerator and denominator) and percentages for each step. List out the RWHAP Part A funded service categories that'll help reach your desired outcomes within the one-year FY 2024 budget period.

Table Creation Steps

1. On row 3 of the table, fill in the **Data Source** and your inputs.
2. Indicate the **Baseline** surveillance data calendar year on rows 7, 14, 21, 28, & 35.
3. Input the **Numerator** and **Denominator Baseline** numbers on rows 8, 15, 22, 29, & 36 for the respective goals.
4. Check that auto-calculated percentages match the source data.
5. Input the **Target Numerator** and **Denominator** numbers on rows 10, 17, 24, 31, & 38.
6. Review the auto-calculated percentage change from baseline to target, ensure it seems reasonable and attainable, and is between 1-6%. The goal is to be reasonable/attainable within one year.
7. If values are below 1% or above 6%, explain in the provided input section at the bottom of the table.
8. Add RWHAP service categories involved in each HIV care continuum stage to the service category table column.

Note: Include RWHAP service categories in the service category column of the table. The categories should relate to each stage of the HIV care continuum and aid in achieving the targets. The [input] must align with categories listed either on the Part A Service Category Tab or the MAI Service Category Table.

HIV Care Continuum Services Table – Sample Screenshot

Diagnosis-Based HIV Care Continuum Services Table				
Indicate surveillance data source as local, jurisdictional or CDC. Data source should remain the same for each year in the 3-year grant cycle. Client level data is not an acceptable source of surveillance data.		[Input Data Source]		
Stages of the HIV Care Continuum				
I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.				Diagnosed Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category Plan Table)
Goal	Prevent new HIV infections.	Objective	By 2025, increase the percentage of people with HIV infection who know their serostatus to at least 95 percent. (Source: HNSP, Indicator 1***)	

Data Source

Diagnosis-Based HIV Care Continuum Services Table				
Indicate surveillance data source as local, jurisdictional or CDC. Data source should remain the same for each year in the 3-year grant cycle. Client level data is not an acceptable source of surveillance data.		[Input Data Source]		
Stages of the HIV Care Continuum				
I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.				Diagnosed Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category Plan Table)
Goal	Prevent new HIV infections.	Objective	By 2025, increase the percentage of people with HIV infection who know their serostatus to at least 95 percent. (Source: HNSP, Indicator 1***)	
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34*).		[input number]	aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	[input number]
FY 2024 Target		Percentage Change from Baseline to Target		#VALUE!
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34*).		[input number]	Denominator: Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	[input number]
Comments for any stage with percentage change less than 1% or greater than 6%:		[input explanation]		

Target

Comments for any stage with percentage change

Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented tests, results for CD4 count or viral load. (Reference Source: Vol 34*).		[input number]	Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	[input number]
Comments for any stage with percentage change less than 1% or greater than 6%:		[input explanation]		
III. Retained in Care: Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year.				
Goal	Improve HIV-related outcomes for people with HIV.	Objective	By 2025, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSP, Indicator 6****).	
[CALENDAR YEAR] Baseline				

Retained in Care Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category Plan Table)