

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

*Policy Notice 21-01(Revised 10/01/24)*

*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 (PN) provides the 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 revised PN describes a new requirement included on the RWHAP Core Medical Services Waiver Attestation Form. It also includes various editorial changes to respond to stakeholder feedback regarding clarity. The revised policy is effective beginning on October 1, 2024.

## **Background**

Recipients must spend at least 75 percent of grant funds on core medical services. See 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)). Grant funds include Minority AIDS Initiative (MAI) funding but exclude the amounts allowable by statute for administrative and clinical quality management (CQM) costs. The Secretary can waive this requirement for a recipient if: 1) there are no waiting lists for the AIDS Drug Assistance Program (ADAP), and 2) core medical services are available and accessible to all HRSA RWHAP eligible individuals in the recipient's service area. Approved RWHAP Part A, Part B, and Part C core medical services waivers are effective for one budget period of a grant award, which is one year.

## **Requirements**

A HRSA RWHAP Part A, B, or C recipient must meet the following requirements:

1. Core medical services must be available and accessible within 30 days to all HRSA RWHAP eligible individuals identified in the recipient's service area. Core medical services must be available and accessible, regardless of the

payment source. The recipient may use existing, non-RWHAP resources in the service area to ensure availability and access to core medical services.

2. There must be no ADAP waiting lists in the recipient's service area.
3. There must be a public process to obtain input on the waiver request. This public process must seek input from impacted communities on the availability of core medical services and the decision to request the waiver. Impacted communities include clients and RWHAP-funded core medical services providers. You may use the same method to seek input on community needs as part of the annual priority setting and resource allocation, comprehensive planning, statewide coordinated statement of need, public planning, and/or needs assessment processes.

### **Example of Applying the Requirement**

If a RWHAP eligible individual needs outpatient ambulatory health services, which is a core medical service, an appointment to see a provider must be available within 30 days within the recipient's service area, regardless of how that service is funded. If all core medical services are not similarly accessible and available, or if there is an ADAP waiting list, you do not qualify for a waiver.

## **Requesting a Waiver**

To request a waiver, the Chief Elected Official, Chief Executive Officer, or a designee of either must complete and submit the HRSA RWHAP Core Medical Services Waiver Request Attestation Form (attached below on page 4) to HRSA HAB as specified by the deadlines and methods described below.

The form must specify the percentages of HIV service dollars, including MAI funds, the recipient proposes to allocate to core medical and support services, if the waiver is approved. Signature indicates attestations for eligibility and the requirement of documentation upon request.

No other documentation is required to be submitted with the HRSA RWHAP Core Medical Services Waiver Request Attestation Form.

## **Submitting Waiver Requests**

HRSA RWHAP Part A and RWHAP Part C waiver requests must be submitted as an attachment with the grant application or the mandatory non-competing continuation (NCC) progress report. Waiver requests do not count towards grant application or NCC progress report page limits.

HRSA RWHAP Part B recipients may submit a waiver request prior to the submission of a grant application, with the grant application or NCC progress report as an attachment or up to four months after the start of the budget period for which the waiver is requested.

HRSA RWHAP Part B recipients may request a waiver for the HIV Care Formula award, or the Ryan White Part B Supplemental award, or both. Recipients must request each waiver separately.

## **Methods for Submitting Waiver Requests**

Waiver requests submitted with grant applications must be submitted through [www.grants.gov](http://www.grants.gov). Waiver requests submitted with the mandatory NCC progress report must be submitted through the Electronic Handbooks (EHBs).

Part B recipients planning to request a waiver before or after the submission of a grant application or NCC progress report must notify their HRSA HAB project officer (PO) who will send a Request for Information (RFI) through the EHBs.

## **Waiver Review and Notification Process**

HRSA HAB will review waiver requests and notify recipients of its approval or denial within four weeks of receipt of the request.

Approved core medical services waivers are only effective for one budget period. Approved waivers are not required to be implemented, should circumstances change. Recipients must submit a new request(s) each budget period.

## HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

*This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either. Please initial to attest to meeting each requirement after reading and understanding the corresponding explanation. Include the proposed percentages of HIV service dollars allocated to core medical and support services in the Proposed Ratio for RWHAP Core Medical and Support Services section.*

Name of recipient \_\_\_\_\_

RWHAP Part A recipient   
  RWHAP Part B recipient   
  RWHAP Part C recipient  
 Initial request   
  Renewal request

Year of request \_\_\_\_\_

REQUIREMENT	EXPLANATION
<b>No ADAP waiting lists</b>	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <span style="float: right;"><input type="checkbox"/></span>
<b>Availability of, and accessibility to core medical services to all eligible individuals</b>	By initialing here and signing this document, you attest to the availability of and access within 30 days to core medical services for all HRSA RWHAP eligible individuals in the service area. Such access is without regard to funding source, and without the need to spend at least 75 percent of funds remaining from your RWHAP award (after reserving statutory permissible amounts for administrative and clinical quality management costs). You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. <span style="float: right;"><input type="checkbox"/></span>
<b>Evidence of a public process</b>	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. <span style="float: right;"><input type="checkbox"/></span>
PROPOSED RATIO FOR RWHAP CORE MEDICAL AND SUPPORT SERVICES	
RWHAP core medical services	RWHAP support services
%	%

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0065 and is valid until 09/30/2026. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

**Expiration Date 09/30/2026**