



HIV/AIDS Bureau

Rockville, MD 20857

NOV 7 2013

Dear Ryan White HIV/AIDS Program Part A Grantees:

This letter formally relays to you the policy of the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), as was previously communicated to all Part A grantees orally on September 6, 2013, during the fiscal year (FY) 2014 Funding Opportunity Announcement Pre-Application Technical Assistance webinar. By law, HAB has used metropolitan statistical area (MSA) HIV/AIDS data reported to and confirmed by the Centers for Disease Control and Prevention (CDC) in determining eligibility and running formulae under Part A of the Ryan White HIV/AIDS Program.

Also by law, the boundaries for the MSAs for the eligible metropolitan areas (EMAs) have been fixed. Section 2601(c) of the Public Health Service (PHS) Act states the following:

- (c) Boundaries – For purposes of determining eligibility under this subpart—
- (1) with respect to a metropolitan area that received funding under this subpart in fiscal year 2006, the boundaries of such metropolitan area shall be the boundaries that were in effect for such area for fiscal year 1994; or
  - (2) with respect to a metropolitan area that becomes eligible to receive funding under this subpart in any fiscal year after fiscal year 2006, the boundaries of such metropolitan area shall be the boundaries that are in effect for such area when an area initially receives funding under this subpart.

The 2006 reauthorization of the Ryan White HIV/AIDS Program established a two-tiered provision for eligible Part A areas by creating transitional grant areas (TGAs) in section 2609 of the PHS Act. As such, in FY 2007, five new areas became eligible to receive Part A funding, and 27 areas that had previously received funding as EMAs became TGAs. Existing legislation does not provide a boundary provision for TGAs as it applies to EMAs. To date, HRSA/HAB continues to utilize data that recognizes the original boundaries for all EMAs and TGAs.

On February 28, 2013, the Office of Management and Budget (OMB) released its “Revised Delineations of Metropolitan Statistical Areas, Micropolitan Statistical Areas, and Combined Statistical Areas, and Guidance on Uses of the Delineations of These Areas” (OMB Bulletin No. 13-01). The revised delineations incorporate recent census data. Consequently, HRSA/HAB has received inquiries from TGAs regarding their designated boundaries. Given the lack of statutory language with regard to the boundaries for TGAs, it is necessary for HRSA/HAB to establish programmatic policy regarding the proper boundary designations and data sets to use. This is in accordance with OMB guidance regarding the use of statistical area delineations in non-

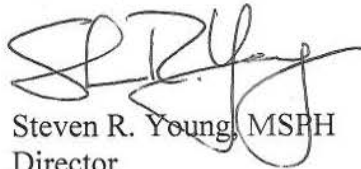
statistical programs, which notes that “[MSA] . . . delineations should not be used to develop and implement federal, state, and local non-statistical programs and policies without full consideration of the effects of using these delineations for such purposes,” OMB Bulletin 13-01, at 3. OMB further instructs that it is the federal program’s responsibility to ensure that the delineations are appropriate for such non-statistical use. *Id.*

In order to avoid a disruption in funding to existing grantees and their well-established HIV care systems, HRSA/HAB will retain the historical boundary designations. Specifically as applied to TGAs, the boundaries will continue to be those that were in effect when the TGA first received funding, either as an EMA, if it qualified for funding under the pre-2006 Ryan White HIV/AIDS Program re-authorization (and thus the boundaries would be those that were in effect in FY 1994), or as a new TGA in FY 2007 and subsequent years. If HRSA/HAB were to utilize the revised MSA delineations, many Part A areas would experience major changes in their service area as well as their overall eligibility, necessitating changes in jurisdictional oversight, program-wide re-planning and service delivery redevelopment. These changes would be potentially significant, and without any increase in overall funding, could lead to delays in the distribution of HIV/AIDS care and treatment funding and support of critical services.

More specifically, there are examples in which the recently revised MSA delineations expand to encompass the boundaries of other current EMAs and TGAs. In such cases, subsumed TGAs would no longer qualify for a Part A award, but the TGA clients would not count towards the statutory formula for the EMA, as they would be outside the statutorily static EMA boundaries. As such, the subsumed TGAs would not receive any funding, and the EMA would not receive additional funding. The overall effect on service delivery for people living with HIV/AIDS would be potentially detrimental to the continuity of care.

To prevent severe disruptions in current HIV care systems, HRSA/HAB will continue to utilize historical boundary designations for all Part A areas. If you have any questions regarding this matter, please consult your project officer in the Division of Metropolitan HIV/AIDS Programs.

Sincerely,



Steven R. Young, MSPH  
Director

Division of Metropolitan HIV/AIDS Programs