

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**THE RYAN WHITE CARE ACT:
FY 1992 TITLE I AND TITLE II EXPENDITURES**



JUNE GIBBS BROWN
Inspector General

APRIL 1994
05-93-00331

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This report was prepared under the direction of William Moran, the Regional Inspector General, and Natalie Coen, Deputy Regional Inspector General, for the Office of Evaluation and Inspections, Region V. Participating in this project were the following people:

Region V

Barbara Butz, Project Leader
Jean Dufresne
Ellen Meara
Heather Robertson

Headquarters

Alan S. Levine

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INTRODUCTION

PURPOSE

To describe grantee expenditures in Fiscal Year 1992 for Title I and Title II of the Ryan White Act.

BACKGROUND

On August 18, 1990 Congress passed Public Law 101-381 entitled The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 (the Act). The Act was created as a comprehensive response to the Human Immunodeficiency Virus (HIV) epidemic and its impact on individuals, families, communities, cities, and States. Its purpose was to provide "emergency assistance to localities ... disproportionately affected by the Human Immunodeficiency Virus epidemic and to make financial assistance available to States and other public or private nonprofit entities to provide for the development, organization, coordination and operation of more effective and cost efficient systems for the delivery of essential services to individuals and families with HIV disease".

Congress funded the Ryan White Act at \$221 million for Fiscal Year (FY) 1991, \$276 million for FY 1992, \$338 million for FY 1993, and \$579.4 million for FY 1994. The Health Resources and Services Administration (HRSA) within the Public Health Service administers the Act.

Four titles direct resources to various entities, allowing maximum flexibility to grantees, particularly at the local level, in the use of funds. The first two titles, which are the subject of this report, constitute 88 percent of Ryan White funding for FY 1994.

Title I, funded at \$325.5 million for FY 1994, comprises 56 percent of Ryan White funding. This title provides emergency relief grants to eligible metropolitan areas (EMAs) for HIV-related outpatient and ambulatory health and support services, including case management and comprehensive treatment services. Public or nonprofit private organizations are eligible for funding to provide services on a contract basis with the EMA.

Half of the funds are distributed to EMAs through formula grants and half through competitive supplemental grants. In FY 1992, the year addressed in this report, 18 EMAs received about \$120 million (formula and supplemental funds combined).

Title II, funded at \$183.9 million for FY 1994, comprises 32 percent of Ryan White funding. This title provides formula grants to States and territories to improve the quality, availability and organization of health care and support services for individuals

and families with HIV disease. States receive a minimum of \$100,000.

In FY 1992, the year addressed in this report, HRSA awarded 54 formula grants to States and territories totaling \$99 million. States have the option of using Title II funds in one or more of the following ways.

- They may establish HIV care **consortia** within areas most affected by HIV disease, to provide a comprehensive continuum of care. Consortia must: consist of public and nonprofit private, health care and support service providers, and community based organizations; assist in the planning, development, and delivery of comprehensive outpatient health and support services; conduct a needs assessment; and create a mechanism to periodically evaluate their major duties. States that report 1 percent or more of all AIDS cases reported to CDC nationally must use 50 percent of their funds to operate consortia.
- They may provide **home and community-based care** services, including outreach services to individuals in rural areas.
- They may provide **treatments** (medications) that prolong life or prevent serious deterioration of health.
- They may provide assistance to assure the continuity of **health insurance** coverage.

SCOPE AND METHODOLOGY

The Ryan White CARE Act will come up for reauthorization for FY 1996. This study is one in a series on the implementation of the Act meant to provide information useful for the debate surrounding reauthorization. The other reports in the series are: Funding Formulas (OEI-05-93-00330); Special Projects of National Significance (OEI-05-93-00332); Consortia Activities (OEI-05-93-00333). Our report entitled "The Ryan White CARE Act: Technical Report" (OEI-05-93-00334) is a companion to this report.

This report is a descriptive analysis of Title I and Title II expenditures for FY 1992. Our study was not an evaluation of the Ryan White program or any individual grantee. We did not ask for explanations from grantees of why funds were spent as they were, or obtain any description of the services provided, including their quality or effectiveness.

We examined how expenditures were distributed, nationally and by grantee, across several broad categories. Our analysis is based on data presented by grantees in year-end reports. We used the data as presented and did not attempt to verify its accuracy.

For Title I, HRSA extracted, and then gave us for our analysis, expenditure data from year-end reports submitted by most of the grantees. We also examined a few Title I

year-end reports ourselves and contacted two grantees about incomplete or unclear information. For Title II, we reviewed year-end reports from grantees and subsequently contacted each of them about missing or unclear information.

This inspection was conducted in accordance with the *Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

INTRODUCTION

This report describes Ryan White Fiscal Year 1992 expenditures by service for Titles I and II.

Grantees are required in the law to report aggregate expenditures for each service. However, in the process of gathering data for this report, we encountered a number of problems affecting the reliability of the data as reported, problems of which readers should be aware.

First, we found that Title II data, especially, was often incomplete or unclear. Some grantees reported award amounts exceeding the amounts reported by HRSA; in some cases the difference was due to FY 1991 carryover that a grantee had not reported to HRSA as of summer and early fall of 1993, when we gathered our data. As for expenditures, grantees with consortia, especially, often said it was difficult to break expenditures down by service. Some were dealing with a number of consortia and lacked a standard reporting format. Others said that consortia reported information with varying degrees of detail or in different formats. Many grantees submitted two or more versions of expenditures in an attempt to reconcile their figures.

Secondly, we also know, both from comments in the reports themselves and discussions with grantees, that many grantees, for both titles, provided estimates or obligated amounts rather than expenditures.

Notwithstanding these problems, we have based our report strictly on the figures as presented to us by grantees. We consider this to be the best information available on expenditures, given the time and resources available to us to obtain it. The HRSA has been piloting and will soon implement a new data collection system for grantees. They expect the new system to provide more detailed, timely, and accurate information.

For purposes of analysis, we divided expenditures into four broad categories: **medical services, pharmaceuticals, support services, and administration**. Both the medical services and support services categories are comprised of a number of individual services which we identify in the narrative of the report. We discuss pharmaceuticals immediately following medical services, since they are directly related to the provision of health care.

We first examine Title I and Title II expenditures combined, follow with separate sections describing expenditures for each title, and conclude with a brief summary comparison of expenditures by both titles. Throughout, we compare expenditures both across and within the four broad categories. We also highlight the expenditures of the grantees that accounted for the largest proportion of expenditures for each title.

COMBINED TITLE I AND TITLE II EXPENDITURES

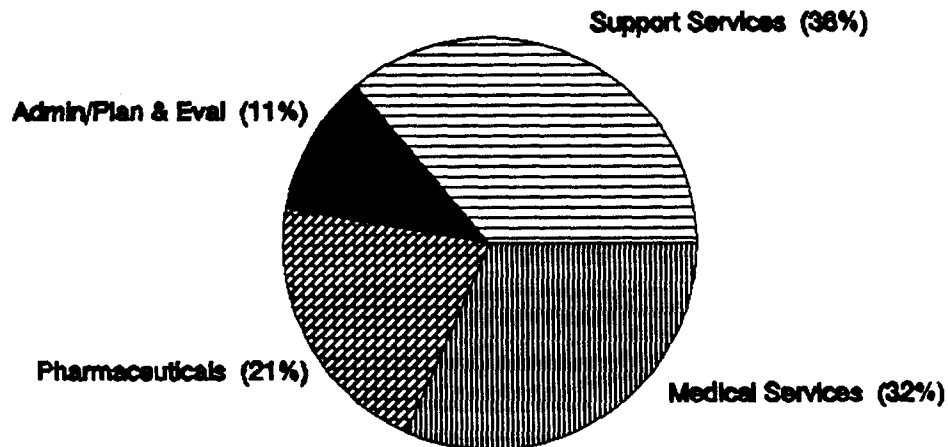
Medical services and support services each accounted for about 35 percent of combined expenditures, pharmaceuticals for 20 percent, and administration, about 10 percent.

Collectively Title I and Title II grantees reported spending \$210,603,992. This is 93 percent of the FY 1992 grant awards for the two programs, combined, which HRSA provided to us as we collected and analyzed the data for this study in the summer and fall of 1993.¹

Figure 1 shows the breakdown of FY 1992 expenditures by category for both titles combined. Appendix A provides a comprehensive breakdown of expenditures, by major category and by service, for both titles separately and combined.

Combined Ryan White Expenditures - FY 1992

Figure 1



¹ Grant awards are adjusted by HRSA, however, throughout the program year based on financial status reports submitted by grantees. Hence the final grant award amounts for FY 1992 reported by HRSA may differ to some extent from the figures in this report.

Medical Services: \$67.1 Million

Medical services constituted about a third of combined expenditures. In this category we placed services related to the direct provision of health care.² Table 1 shows the services in this category.

Almost half (46 percent) of medical service expenditures went for *primary medical care*. Following were *home health* services (15 percent), *mental health* (14 percent), and *substance abuse* services (12 percent). The other six services collectively accounted for the remaining 13 percent of medical service expenditures.

Pharmaceuticals: \$45.3 Million

Twenty-two percent of expenditures went for pharmaceuticals. Expenditures under the *Title II provision of treatments option* (\$32 million) were 71 percent of all pharmaceutical expenditures. *Title I expenditures* for pharmaceuticals (\$11 million) were 24 percent of this category. The remaining \$2 million was spent under the *Title II consortia and home- and community-based care options*.

Support Services: \$75.6 Million

Support services were 36 percent of combined expenditures, slightly more than the proportion spent for medical services. In this category we included case management, services listed as support services in HRSA application guidances, insurance continuation, and a few other services listed by grantees. See Table 1 for a list of the services in this category.

Case management accounted for the largest proportion (42 percent) of support service expenditures. *Housing assistance*, at 13 percent, was the second largest; \$8 million of this \$10 million was spent under Title I. About \$2 million was spent under the *Title II health insurance continuation option*, amounting to 3 percent of all support service expenditures.

Administration: \$22.3 Million

Costs for administration were about 11 percent of combined expenditures. We include in this category expenditures for *administrative costs* and *planning and evaluation*. Also, we include expenditures reported both at the grantee level (State or city) and at the Title I planning council and Title II subcontractor levels (consortia and home- and community-based care options).

² For this reason, we placed case management in the "support services" category.

The Act defines *administrative costs* as expenditures for administration, accounting, reporting, and program oversight and, for both Titles, requires that grantees spend no more than 5 percent of their grants for administrative costs. However, in September, 1993, HRSA's Office of the General Counsel issued a legal opinion stating that this cap applies only to a city or State as Ryan White Act grantee and "not to the individual service providers who will be the ultimate recipients of the grant funds." Hence additional administrative expenditures are allowed pertaining to the Title I planning councils and Title II subcontractors.

Administrative costs were about 8 percent of all FY 1992 expenditures. Grantee costs accounted for 5 percent; the remainder went for costs associated with planning councils or consortia administration.

An additional 3 percent went for *planning and evaluation* expenditures.

- Some Title I grantees reported such expenditures despite the fact that the Act makes no mention of allowances for *planning and evaluation* for Title I. We do not know whether these expenditures were made by at the grantee or the planning council level.
- For Title II, almost all *planning and evaluation* expenditures were reported at the State level; a small amount reported under the Title II consortia or home- and community-based care options.

TITLE I EXPENDITURES

Medical services and support services each constituted about 40 percent of Title I expenditures. Pharmaceuticals were 10 percent and administration, 9 percent.

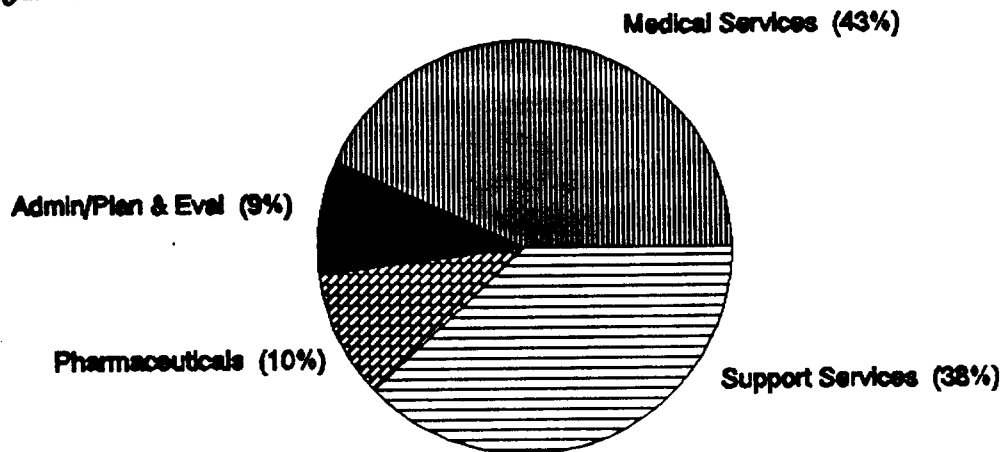
Information about Title I expenditures is based on reports from 17 of the 18 cities funded in FY 1992.³ Collectively these 17 cities reported spending \$112,692,350, which is 93 percent of the amount they were awarded, or 88 percent of Title I funds awarded (formula and supplemental) to all 18 grantees in FY 1992.

The three largest grantees - New York City, San Francisco, and Los Angeles - spent about \$67 million, or 60 percent of all Title I expenditures reported.

We sometimes refer to Title I grantees in this report as "cities," and our analysis relates strictly to their expenditures of FY 1992 Title I dollars. Figure 2 shows the breakdown of Title I expenditures by category. Table 1 on the next page shows these expenditures broken out by grantee.

Title I Expenditures - FY 1992

Figure 2



³ Newark, New Jersey, had not submitted its report to HRSA at the time we conducted this study.

Table 1

Title I
Expenditures by Category
as Percent of all Expenditures*

GRANTEE ⁴	AWARD ⁵	SPENT	% MED	% PHARM	% SUPP	% ADMIN
New York City NY	36,190,210	34,450,000	33	21	35	11
San Francisco CA	21,662,418	21,562,175	61	0	31	8
Los Angeles CA	9,925,225	10,759,820	50	0	40	11
Metro Dade Cty FL (Miami)	6,740,073	6,587,864	34	14	39	14
Harris Cty TX (Houston)	6,377,597	5,562,500	51	1	46	2
Washington DC	5,286,485	3,943,543	48	2	45	5
Chicago IL	4,431,632	4,327,152	54	0	37	9
Philadelphia PA	4,238,608	2,569,502	40	0	49	11
San Juan PR	3,579,982	3,579,983	20	46	19	15
Boston MA	3,569,149	2,940,382	20	0	80	0
San Diego CA	3,347,916	2,054,788	33	0	63	5
Dallas Cty TX	3,203,220	3,196,220	45	1	48	6
Fulton Cty GA (Atlanta)	3,148,612	2,899,666	74	1	20	5
Broward Cty FL (Ft.Lauderdale)	3,097,663	3,058,920	45	20	28	6
Hudson Cty NJ	2,368,466	2,306,381	27	0	68	5
Oakland CA	2,123,466	1,975,382	32	0	52	0
Baltimore MD	1,898,561	918,072	36	0	64	0
TOTAL	\$121,189,283	\$112,692,350	na	na	na	na

*May not add to 100 due to rounding.

⁴ Newark not included.

⁵ As of fall, 1993; formula and supplemental funds combined.

Medical Services: \$48.7 Million

Medical service expenditures, reported by all grantees, were 43 percent of all Title I expenditures. For nine cities, including New York, medical services constituted a third to just under half of all expenditures; for five cities, including San Francisco and Los Angeles, medical services were half or more of all expenditures.

As shown in Table 2, 4 of the 10 services in this category made up the vast majority of expenditures, both for all grantees combined and for the three largest grantees. The table also shows, however, that between the three largest grantees, the proportion of dollars spent for each service varied considerably.

Table 2

Title I
Top Four Medical Services
as Proportion of All Medical Service Expenditures (\$48.7 M)

Medical Service	All grantees	New York	San Francisco	Los Angeles
Primary Medical Care	48%	25% ⁶	44%	73%
Substance Abuse	16%	28%	22%	12%
Mental Health	16%	30%	13%	12%
Home Health	9%	9%	7%	0%
TOTAL	89%	92%	86%	97%

Primary medical care expenditures (\$23.2 million) were reported by 16 grantees.⁷ Seven grantees spent between 25 and 49 percent of their medical service dollars on this service; seven spent between 50 percent and 97 percent. This service also represented the largest proportion of Title I expenditures, at 21 percent.

Pharmaceuticals: \$10.7 Million

Nine percent of Title I expenditures was for pharmaceuticals, reported by eight grantees. The four top spenders proportionally were San Juan (46 percent), New

⁶ While New York spent proportionately less than the other two largest grantees on primary medical care, it spent one fifth of all its Title I dollars for pharmaceuticals; in comparison, the two California grantees had no pharmaceutical expenditures. (See Table 1.)

⁷ Just prior to issuing this report, we learned that San Diego spent \$751,850 and Baltimore spent \$766,522 on primary medical care. These figures are not included in the report.

York City (21 percent), Fort Lauderdale (20 percent), and Miami (14 percent). The other four cities each spent 2 percent or less on pharmaceuticals. Two of the largest grantees, San Francisco and Los Angeles, reported no expenditures for pharmaceuticals.

Support Services: \$43.2 Million.

Support services expenditures, reported by all grantees, constituted 38 percent of all Title I expenditures, ranging from 19 percent (San Juan) to 80 percent (Boston) across grantees. Nine grantees, including the three largest, spent between 33 and 49 percent on support services. The five grantees with the highest proportion of Title I expenditures for support services (between 52 and 80 percent) all received relatively small Title I grants (less than \$4 million). (See Table 1.)

Table 3 shows the five services that constituted the majority of support service expenditures, for all grantees combined and for the three largest grantees. Unlike the medical service category, where four services comprised the bulk of expenditures, expenditures in this category were much more spread out across services. However, as with medical services, the three largest grantees spent considerably different proportions of dollars on each service.

Grantees spent the highest proportions of support service dollars on *case management* (\$15 million) and *housing assistance* (\$8 million). These two services comprised one fifth of all Title I expenditures. Furthermore, as Table 3 shows, they comprised over half of all support service expenditures.

Table 3

Title I
Top Support Services
as Proportion of all Support Services (\$43.2 M)

Support Service	All grantees	New York	San Francisco	Los Angeles
Case Management	34%	33%	21%	25%
Housing	19%	18%	35%	31%
Food Assistance	11%	12%	13%	1%
Outreach/Info. & Ref.	8%	13%	3%	10%
Other counsel/not mntl hlth	7%	8%	0%	14%
TOTAL	79%	84%	72%⁸	81%

⁸ San Francisco spent 10 percent each on advocacy and buddy/companion services.

Sixteen grantees reported *case management* expenditures.⁹

- *Case management* accounted for 13 percent of all Title I expenditures, ranging across grantees from 7 percent (San Francisco) to 41 percent (Jersey City).
- *Case management* comprised a third of all Title I support service expenditures, ranging from 17 percent (Boston) to 81 percent (San Juan), spread somewhat evenly across grantees.

Housing assistance expenditures (\$8 million), reported by 13 grantees, comprised 7 percent of all Title I expenditures, ranging from less than 1 percent (San Diego) to 20 percent (Boston).

As a proportion of support service dollars, only, *housing assistance* expenditures ranged from under 1 percent (San Diego) to 47 percent (Ft. Lauderdale), with 10 of the 13 grantees spending under 25 percent of their support service dollars on this service.

Administration: \$9.9 Million

Expenditures in this category amounted to 9 percent of all Title I expenditures.

The Act allows Title I grantees to spend up to 5 percent of their grant awards for *administrative costs*, with additional expenditures allowed related to planning councils per HRSA's Office of the General Counsel. The Act does not address expenditures for *planning and evaluation* relative to Title I; however as noted below, some grantees reported expenditures of this type in addition to administrative costs.

- Seven percent of expenditures were for *administrative costs*. Three grantees reported no expenditures for *administrative costs*. Grantee expenditures reported by the remaining 14 cities amounted to 6 percent of all Title I expenditures. As best we can determine from this self-reported, unaudited data, it appears that five grantees exceeded the 5 percent cap.
- Six Title I grantees reported spending a total of \$1 million in administrative expenditures related to planning councils.
- An additional 2 percent went for *planning and evaluation* (including needs assessment), reported by nine grantees. We do not know whether these expenditures were made at the grantee or planning council level.

⁹ Just prior to issuing this report, we learned that San Diego spent \$651,393 on case management. This figure is not included in the report.

TITLE II EXPENDITURES

Pharmaceuticals and support services each accounted for about 33 percent of all Title II expenditures. Medical services were 19 percent and administration, 13 percent

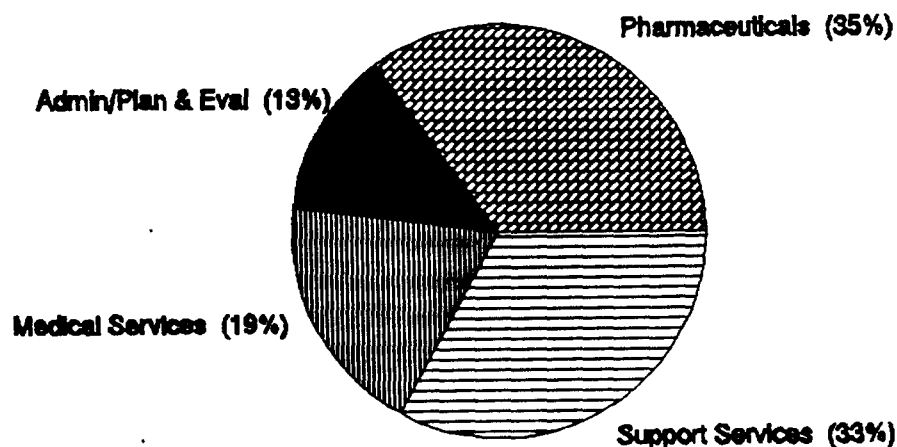
Information on Title II expenditures is based on reports from all 54 State and territorial grantees. Collectively these grantees reported spending \$97,911,642. This is 98 percent of the total Title II award amount reported by HRSA: \$99,754,335.¹⁰

The four largest grantees - California, New York, Texas, and Florida - spent \$51 million, or 52 percent of all Title II expenditures.

We sometimes refer to Title II grantees as "States" and our conclusions relate strictly to their expenditures of FY 1992 Title II dollars. Figure 3 shows the breakdown of Title II expenditures by category. Table 4 on the next page shows these expenditures broken out by grantee. Appendix B contains tables showing expenditures broken out by the four major options (as opposed to the four categories, which constitute the discussion here).

Title II Expenditures - FY 1992

Figure 3



¹⁰ The grantees themselves reported total grant awards exceeding HRSA's figure slightly, at \$100,205,975. We do not know whether the difference between the figures is due to errors by grantees, carryover not reported to HRSA as of the time we collected this data, or something else.

Table 4

Title II
Expenditures by Category
as Percent of all Expenditures*

GRANTEE	AWARD	SPENT	% MED	% PHARM	% SUPP	% ADMIN
New York	17,693,568	16,269,813	14	41	31	14
California	16,297,940	15,862,469	14	30	41	16
Florida	9,927,807	10,754,102	17	49	24	10
Texas	8,232,737	8,197,832	24	16	52	7
Puerto Rico	5,681,717	4,975,196	21	46	25	8
New Jersey	4,711,438	4,688,987	25	35	23	17
Georgia	3,201,172	3,155,728	28	37	30	6
Illinois	2,829,336	3,275,301	12	39	30	20
Pennsylvania	2,536,697	2,702,830	9	42	35	13
Maryland	2,368,486	2,368,486	49	4	30	17
Massachusetts	1,793,707	1,837,845	25	5	52	18
North Carolina	1,684,757	1,169,266	24	20	53	3
Louisiana	1,672,504	1,727,415	36	0	54	10
Ohio	1,423,256	1,376,800	5	42	44	9
Virginia	1,405,219	1,405,219	23	30	28	19
Wash. D.C.	1,385,438	1,334,463	11	27	34	28
Missouri	1,330,774	1,289,726	38	43	12	8
Washington	1,322,995	1,418,902	50	23	12	14
Michigan	1,213,083	1,213,083	9	11	73	7
Connecticut	999,652	1,068,399	9	34	41	16
Colorado	838,453	857,391	15	20	49	15
South Carolina	795,067	782,319	32	56	5	7
Alabama	790,676	788,423	9	83	3	5
Tennessee	737,498	737,498	0	99	0	1
Indiana	728,781	898,781	19	61	0	19
Arizona	687,616	687,616	26	36	32	5

GRANTEE	AWARD	SPENT	% MED	% PHARM	% SUPP	% ADMIN
Oregon	658,551	679,447	9	51	32	8
Mississippi	616,440	616,440	46	44	0	10
Minnesota	602,682	320,898	16	0	61	22
Wisconsin	539,014	526,602	26	0	48	26
Kentucky	528,039	299,009	3	73	23	1
Arkansas	497,308	497,308	20	49	15	17
Oklahoma	490,547	488,209	17	55	14	13
Nevada	443,483	443,483	17	52	20	10
Hawaii	366,974	442,934	10	45	36	9
Utah	329,083	327,846	27	62	11	0
Kansas	274,616	270,693	9	75	10	5
New Mexico	254,732	254,714	15	32	44	10
Rhode Island	194,400	203,048	0	59	32	10
Delaware	173,168	173,168	8	23	63	6
West Virginia	168,383	168,383	6	36	50	8
Iowa	164,436	164,436	13	36	38	14
Maine	163,401	163,401	0	0	100	0
New Hampshire	149,133	186,356	15	81	1	3
Nebraska	117,188	90,109	3	77	14	6
Alaska	100,000	123,955	18	13	54	16
Idaho	100,000	100,000	0	90	0	10
Montana	100,000	100,016	24	36	21	19
North Dakota	100,000	100,000	32	59	0	10
South Dakota	100,000	103,386	9	86	0	5
Vermont	100,000	92,405	0	57	0	43
Wyoming	100,000	100,001	37	37	16	10
Virgin Islands	28,087	26,890	7	86	0	7
Guam	4,323	4,618	0	100	0	0

*May not add to 100 due to rounding.

Medical Services: \$18.4 million

Nineteen percent of Title II expenditures were for medical services. Forty-eight States reported medical services expenditures, either under the consortia option (it was 34 percent of all consortia expenditures) or the home-and community-based care option (87 percent).

Expenditures for medical services ranged across grantees from 1 percent (Kansas) to 63 percent (Mississippi) of total expenditures. However most grantees (35 out of 48, including the four largest grantees) spent a quarter or less; 21 of the 48, including New York and California, spent 15 percent or less.

As shown in Table 5, four services accounted for 90 percent or more of Title II medical service expenditures, for all grantees combined and for three of the four largest grantees.

Table 5

Title II
Top Four Medical Services
as Proportion of All Medical Service Expenditures (\$18.3 M)

Service	All grantees	California	New York	Florida	Texas
Primary Medical Care	43%	33%	31%	50%	38%
Home Health	32%	45%	44%	14%	18%
Dental Care	9%	5%	18%	20%	13%
Mental Health	7%	15%	7%	8%	0%
TOTAL	91%	98%	100%	92%	69% ¹¹

Primary medical care expenditures totalled \$8 million. Almost all were reported by 36 of the 43 States with consortia and this service comprised 15 percent of all consortia expenditures.

Twenty States reported *home health care* expenditures (\$6 million). This service comprised 71 percent of all dollars spent under the home- and community-based care option, compared with 6 percent of all consortia expenditures.

¹¹ Texas spent more than the other three grantees on hospice (13 percent) and residential care (15 percent).

Pharmaceuticals: \$34.6 Million

Thirty-five percent of Title II expenditures went for pharmaceuticals. Expenditures ranged across grantees from 4 to 100 percent of total expenditures; for the four largest grantees they ranged from 17 percent to 49 percent.

Forty-seven of the 54 grantees adopted the pharmaceutical option; 3 adopted only this option. These 47 grantees collectively spent \$32 million on the option - one third of all Title II expenditures. For 16 States, all with awards under \$1 million, this option accounted for half or more of their total expenditures; for 8 of the 16, it accounted for 70 percent.

For three of the four largest grantees, pharmaceutical expenditures made up 30 to 50 percent of all expenditures; for the fourth grantee (Texas), they were 16 percent.

An additional \$2 million on pharmaceuticals under the consortia option was spent by slightly over half of the States with consortia.

Support Services: \$32.4 Million

Support service expenditures were 33 percent of Title II expenditures, considerably exceeding the 19 percent for medical services. Forty-four grantees reported support service expenditures. For 9 States, support services made up 50 to 75 percent of their expenditures; for one (Maine) it accounted for 100 percent. For the four largest grantees, support services were 25 to 50 percent of total expenditures.

Most support service expenditures were reported under the consortia option, and support services were 58 percent of all consortia expenditures.

Case management, reported by 36 grantees, was the service that accounted for the greatest proportion of support service expenditures. Grantees spent \$17 million on this service.

- *Case management* constituted 54 percent of all Title II support service expenditures; the 15 other support services were 6 percent or less, each.
- Proportionately, *case management* expenditures were not evenly distributed across grantees. The four largest grantees collectively spent 57 percent of all Title II *case management* dollars; and each of these grantees spent between 45 and 66 percent of their support service dollars on this one service.
- Almost all *case management* spending was reported under the consortia option. Thirty-four of the 43 States with consortia provided case management, and this service accounted for a third of all consortia expenditures.

Administration: \$12.7 Million

The Act allows Title II grantees to spend up to 5 percent of their grant awards for *administrative costs* (administration, accounting, reporting and program oversight functions), and up to an additional 5 percent for *planning and evaluation*. According to HRSA's Office of the General Counsel, additional expenditures are allowed for subgrantees (that is, under the consortia or the home- and community-based care options).

Administrative expenditures were 13 percent of all Title II expenditures: 8 percent for *administrative costs* and 5 percent for *planning and evaluation*.

- State expenditures for *administrative costs* were 4 percent of Title II expenditures. As best we can determine from this self-reported, unaudited data, it appears that two grantees exceeded the 5 percent cap. *Administrative costs* reported under the consortia and (to a much lesser extent) home- and community-based care options totalled another 4 percent.
- State expenditures for *planning and evaluation* also totalled 4 percent. With the caveat noted above regarding the quality of the data, we believe that two grantees exceeded the 5 percent cap. An additional 1 percent was reported for *planning and evaluation* under the consortia and home- and community-based care options.

CONCLUSIONS

Medical Services

This category accounted for one third of all expenditures for both titles combined. However cities outspent States more than two to one on medical services. This was true for the category as a whole (43 percent versus 19 percent, respectively, of all expenditures) as well as for most of the individual services in the category (see Appendix A), beginning with *primary medical care*. The exception is *home health care* (4 percent for cities versus 6 percent for States).

Pharmaceuticals

States outspent cities three and a half to one on pharmaceutical expenditures (35 percent versus 10 percent, respectively, of all expenditures).

Support Services

For both cities and States, *case management* accounted for about 15 percent of all expenditures, and this service accounted for the largest proportion of support service expenditures. However, States spent more of their support service dollars on this service than cities (54 percent versus 34 percent); also, cities spent higher proportions on all other services in the category, beginning with housing assistance.

Administration

As best as we can determine from the self-reported, unaudited data on administrative expenditures submitted by grantees, we believe that Title I expenditures overall for *administrative costs* slightly exceeded the Congressionally established cap of 5 percent, although most of the grantees appear not to have exceeded the cap. Title II expenditures overall were below the cap, with only two grantees appearing to exceed it.

An additional 3 percent of *administrative cost* expenditures were made by planning councils and consortia or home- and community-based care providers.

Some Title I grantees spent funds for *planning and evaluation* which amounted to 1 percent of all FY 1992 expenditures. Title II expenditures remained under the cap, at 4 percent.

APPENDIX A

SUMMARY OF RYAN WHITE FY 1992 EXPENDITURES BY CATEGORY AND BY SERVICE WITHIN CATEGORY TITLE I, TITLE II, AND COMBINED

	TITLE I EXPEND.	% OF TOTAL		TITLE II EXPEND.	% OF TOTAL		COMBINED TOTAL	% OF TOTAL	
TOTAL EXPENDITURES	112,692,350	53.5%		97,911,642	46.5%		210,603,992	100.0%	
CATEGORY/Service	TITLE I EXPEND.	% OF TITLE I EXPEND.	% OF CATEGORY	TITLE II EXPEND.	% OF TITLE II EXPEND.	% OF CATEGORY	COMBINED TOTAL	% OF COMBINE EXPEND.	% OF CATEGORY
MEDICAL SERVICES	48,746,018	43.3%	100.0%	18,406,780	18.8%	100.0%	67,152,778	31.9%	100.0%
Medical Care	23,229,170	20.6%	47.7%	7,824,836	8.0%	42.5%	31,054,006	14.7%	46.2%
Dental Care	2,770,711	2.5%	5.7%	1,697,736	1.7%	9.2%	4,468,447	2.1%	6.7%
Substance Abuse	8,005,212	7.1%	16.4%	251,452	0.3%	1.4%	8,256,664	3.9%	12.3%
Mental Health	7,759,640	6.9%	15.9%	1,329,530	1.4%	7.2%	9,089,170	4.3%	13.5%
Home Health	4,253,888	3.8%	8.7%	5,948,640	6.1%	32.3%	10,202,528	4.8%	15.2%
In-Home Hospice	1,013,316	0.9%	2.1%	373,223	0.4%	2.0%	1,386,539	0.7%	2.1%
Rehab Care	989,704	0.9%	2.0%	44,780	0.0%	0.2%	1,034,484	0.5%	1.5%
Residential Care	632,752	0.6%	1.3%	666,324	0.7%	3.6%	1,299,076	0.6%	1.9%
Inpatient Personnel	91,625	0.1%	0.2%	0	0.0%	0.0%	91,625	0.0%	0.1%
Dur. Med. Equip.	0	0.0%	0.0%	270,239	0.3%	1.5%	270,239	0.1%	0.4%
PHARMACEUTICALS	10,745,819	9.5%	100.0%	34,632,562	35.4%	100.0%	45,378,381	21.5%	100.0%
SUPPORT SERVICES	43,213,238	38.3%	100.0%	32,470,285	33.2%	100.0%	75,683,523	35.9%	100.0%
Case Management	14,743,352	13.1%	34.1%	17,355,868	17.7%	53.5%	32,099,220	15.2%	42.4%
Housing Asst.	8,026,538	7.1%	18.6%	2,077,637	2.1%	6.4%	10,104,175	4.8%	13.4%
Food Bank/Home Meals	4,786,296	4.2%	11.1%	1,321,785	1.3%	4.1%	6,108,081	2.9%	8.1%
Outrch/Info & Ref.	3,456,899	3.1%	8.0%	768,956	0.8%	2.4%	4,225,855	2.0%	5.6%
Other Counsel.	2,827,464	2.5%	6.5%	1,189,980	1.2%	3.7%	4,017,444	1.9%	5.3%
"Other"/Not spec.	2,204,441	2.0%	5.1%	2,669,737	2.7%	8.2%	4,874,178	2.3%	6.4%
Client Advocacy	1,474,046	1.3%	3.4%	676,794	0.7%	2.1%	2,150,840	1.0%	2.8%
Day-Respite Care	1,308,944	1.2%	3.0%	402,385	0.4%	1.2%	1,711,329	0.8%	2.3%
Buddy/Companion	1,185,134	1.1%	2.7%	485,293	0.5%	1.5%	1,670,427	0.8%	2.2%
Transport	1,029,559	0.9%	2.4%	1,959,289	2.0%	6.0%	2,988,848	1.4%	3.9%
Volunteer Support	808,264	0.7%	1.9%		0.0%	0.0%	808,264	0.4%	1.1%
Emerg. Financial	526,780	0.5%	1.2%	1,219,946	1.2%	3.8%	1,746,726	0.8%	2.3%
Legal Services	313,359	0.3%	0.7%		0.0%	0.0%	313,359	0.1%	0.4%
Adopt/Foster Care	256,205	0.2%	0.6%	39,050	0.0%	0.1%	295,255	0.1%	0.4%
Educ/Risk Reduc.	174,330	0.2%	0.4%	160,248	0.2%	0.5%	334,578	0.2%	0.4%
Sign Lang/Interp.	91,627	0.1%	0.2%	12,000	0.0%	0.0%	103,627	0.0%	0.1%
Insurance	0	0.0%	0.0%	2,131,317	2.2%	6.6%	2,131,317	1.0%	2.8%
ADMINISTRATION	9,987,275	8.9%	100.0%	12,402,035	12.7%	100.0%	22,389,310	10.6%	100.0%
Admin. costs	7,738,368	6.9%	77.5%	8,037,122	6.2%	64.8%	15,775,490	7.5%	70.5%
Plan/Eval	2,248,907	2.0%	22.5%	4,364,913	4.5%	35.2%	6,613,820	3.1%	29.5%

APPENDIX B

TITLE II EXPENDITURES, BY OPTION

This appendix presents a number of tables that portray Title II expenditures by option. The four options are: consortia, treatment (pharmaceuticals), home- and community-based care, and insurance continuation.

Table 8

Grantee Expenditures by Option
as Proportion of Total Expenditures

State	State Expenditures	Consortia		Pharmaceuticals		Home & Comm. Based Care		Insurance	
			%		%		%		%
AK	123,955	121,737	98%	0	0%	0	0%	0	0%
AL	788,423	54,869	7%	554,682	70%	141,111	18%	0	0%
AR	497,308	460,713	93%	0	0%	0	0%	0	0%
AZ	687,616	484,227	70%	184,544	27%	0	0%	0	0%
CA	15,862,469	7,607,254	48%	4,594,012	29%	917,295	6%	600,000	4%
CO	857,391	552,830	64%	174,852	20%	54,502	6%	0	0%
CT	1,068,399	597,171	56%	364,389	34%	0	0%	0	0%
DC	1,334,463	684,970	51%	366,054	27%	170,116	13%	0	0%
DE	173,168	53,800	31%	40,000	23%	25,000	14%	49,200	28%
FL	10,754,102	5,833,059	54%	4,455,121	41%	0	0%	0	0%
GA	3,155,728	1,482,554	47%	1,164,025	37%	45,000	1%	337,056	11%
GU	4,618	0	0%	4,618	100	0	0%	0	0%
HI	442,934	175,884	40%	192,050	43%	0	0%	75,000	17%
IA	184,436	90,000	55%	58,071	35%	0	0%	0	0%
ID	100,000	0	0%	90,000	90%	0	0%	0	0%
IL	3,275,301	1,860,633	57%	1,273,875	39%	0	0%	0	0%
IN	898,781	309,194	34%	551,945	61%	0	0%	0	0%
KS	270,693	0	0%	203,914	75%	25,532	9%	27,713	10%
KY	299,009	0	0%	212,715	71%	14,016	5%	69,846	23%
LA	1,727,415	1,124,648	65%	0	0%	423,258	25%	12,857	1%
MA	1,837,845	1,195,000	65%	73,060	4%	386,000	21%	0	0%
MD	2,368,486	1,828,532	77%	100,000	4%	237,252	10%	0	0%
ME	163,401	163,401	100	0	0%	0	0%	0	0%
MI	1,213,083	912,929	75%	129,500	11%	90,000	7%	0	0%
MN	320,898	199,399	62%	0	0%	0	0%	79,763	25%
MO	1,289,726	636,442	49%	548,181	43%	0	0%	0	0%
MS	616,440	0	0%	272,837	44%	284,845	46%	0	0%
MT	100,016	57,970	58%	30,839	31%	0	0%	4,286	4%
NC	1,169,266	947,422	81%	221,844	19%	0	0%	0	0%
ND	100,000	90,000	90%	0	0%	0	0%	0	0%
NE	90,109	15,592	17%	69,297	77%	900	1%	0	0%
NH	186,356	0	0%	150,393	81%	29,564	16%	0	0%
NJ	4,688,987	2,407,708	51%	1,613,097	34%	205,602	4%	0	0%
NM	254,714	63,000	25%	81,214	32%	38,000	15%	50,000	20%
NV	443,483	0	0%	232,000	52%	165,230	37%	0	0%
NY	16,269,813	8,179,780	50%	6,609,157	41%	0	0%	0	0%
OH	1,376,800	703,929	51%	571,478	42%	0	0%	0	0%
OK	488,209	160,000	33%	241,299	49%	62,500	13%	0	0%
OR	679,447	280,323	41%	341,680	50%	0	0%	0	0%
PA	2,702,830	1,495,668	55%	1,136,075	42%	20,518	1%	0	0%
PR	4,975,196	2,840,859	57%	1,925,497	39%	0	0%	0	0%
RI	203,048	0	0%	119,700	59%	0	0%	64,000	32%
SC	782,319	297,252	38%	369,404	47%	60,000	8%	0	0%
SD	103,386	0	0%	65,879	64%	32,507	31%	0	0%
TN	737,498	0	0%	729,007	99%	0	0%	0	0%
TX	8,197,832	5,650,696	69%	1,200,000	15%	0	0%	757,422	9%
UT	327,846	99,067	30%	202,719	62%	26,060	8%	0	0%
VA	1,405,219	871,219	62%	400,000	28%	0	0%	0	0%
VI	26,890	0	0%	22,890	85%	2,000	7%	0	0%
VT	92,405	30,000	32%	52,405	57%	0	0%	0	0%
WA	1,418,902	712,451	50%	329,173	23%	272,568	19%	0	0%
WI	526,602	480,878	91%	0	0%	0	0%	0	0%
WV	168,383	109,016	65%	50,000	30%	0	0%	0	0%
WY	100,001	48,577	49%	37,249	37%	0	0%	4,175	4%
TOTAL	97,911,642	51,970,653	53%	32,410,740	32%	3,729,376	4%	2,131,317	2%

* This table does not show administration, or evaluation and planning expenditures included in total State expenditures.

Table 9

**Expenditures by Option
All Grantees (N=54)**

Option	# Grantees Providing	Expend. on Option	As % of Total Expend. (\$97.9 M)*
Consortia	43	\$51.9 M	53%
Pharmaceuticals	47	\$32.4 M	33%
Home- & Comm.-Based Care	25	\$3.7 M	4%
Insurance	13	\$2.1 M	2%
Total All Options	na	\$90.2 M	92%

* Including expenditures for administration and planning/evaluation.

Table 10

**Expenditures by Option
Four Largest Grantees
as Percent of Each Grantee's Total Expenditures**

Grantee	Total Expend.*	% Consortia	% Pharm.	% H-CBC	% Insur.
New York	\$16.2 M	50%	41%	0%	0%
California	\$15.8 M	48%	29%	6%	4%
Florida	\$10.7 M	54%	41%	0%	0%
Texas	\$8.1 M	69%	15%	0%	9%

* Including expenditures for administration and planning/evaluation.

Table 11

**Percent of Title II Expenditures
Spent by Four Largest Grantees vs All Other Grantees
by Option**

Option	Expend.	% Largest Grantees (N=4)	% Other Grantees (N=50)
All Options combined	\$90.2 M	53%	47%
Consortia	\$51.9 M	53%	47%
Pharmaceuticals	\$32.4 M	52%	48%
Home- & Community- Based Care	\$ 3.7 M	25%	75%
Insurance Continuation	\$ 2.1 M	64%	36%