Ryan White HIV/AIDS Part C Capacity Development Program

Pre-Application Technical Assistance Conference Call
HRSA-14-061
February 12, 2014

Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau, Division of Community HIV/AIDS Programs
Director: Polly E. Ross, M.D.
Agenda

- HRSA-14-061 FOA, SF424 Application Guide
- Acronyms
- Overview of Part C Capacity Development Program
- National Initiatives – HIV Care Continuum, ACA
- Allowable activities
- Program Narrative
- Work Plan and Progress Report Summaries
- Budget
- Application Review by HRSA
- Grant Writing and Submission Tips
- Q & A
Funding Opportunity Announcement (FOA) HRSA-14-061

• This FOA solicits applications from existing Part C grantees under the Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program

• Awards will support activities that address and impact gaps in the HIV Care Continuum which have been identified in the grantee’s service area.
Two Components of the HRSA14-061 Application

1) Program Specific Instructions
   • Capacity Development FOA HRSA-14-061 ("FOA")

2) HRSA’s general guidance
   • SF 424 Application Guide ("Application Guide")
   • Links are found throughout the FOA (beginning pp. i and 3); the December 10, 2013 version is most current
     • An explanatory video of the Application Guide can be found at http://ww.hrsa.gov/grants/apply/applicationguide/
Acronyms

- Application Guide  SF 424 Application Guide
- CQM  Clinical Quality Management
- DCHAP  Division of Community HIV/AIDS Programs
- DGMO  Division of Grants Management Operations
- DUNS  Data Universal Number System
- EHB  Electronic Handbooks
- EIS  Early Intervention Services
- FOA  Funding Opportunity Announcement
- GMS  Grants Management Specialist
- HAB  HIV/AIDS Bureau
- HIV CoC  HIV Care Continuum
- PO  Project Officer
- RWHAP  Ryan White HIV/AIDS Program
- SAM  System for Award Management
Part C Capacity Development

PURPOSE

• Capacity Development funds are to be used to assist current Part C grantees in their efforts to strengthen their organizational infrastructure and to increase their capacity to develop, enhance, or expand access to high quality HIV primary health care services for people living with HIV (PLWH).

*Please refer to page 1 of the FOA.*
FY2014 Capacity Development Awards

• Applicants may propose 1 or more activities that address gaps in their local HIV Care Continuum for a 1 year Project Period.

• Applicants may request funding amounts of up to $100,000 for the Project Period.

• Only specific short term activities will be funded under this grant.

Please refer to page 4 of the FOA.
Overall:
Of the 1.1 million Americans living with HIV, only 25% are virally suppressed

Percent of all People with HIV

82%
66%
37%
33%
25%

Diagnosed
Linked to Care
Retained in Care
Prescribed ART
Virally Suppressed

www.AIDS.gov
Seven common core HIV indicators were approved by Secretary Sebelius on June 28, 2013. HRSA/HAB has incorporated the following six indicators in the 2014 Ryan White HIV/AIDS Program report (aka RSR), which is a reporting requirement for all RWHAP grantees as of January 1, 2014:

- HIV Positivity
- Linkage to HIV Medical Care
- Retention in HIV Medical Care
- Antiretroviral Therapy (ART) in Persons in HIV Medical Care
- Viral Load Suppression Among Persons in HIV Medical Care
- Housing Status

HHS Core HIV Indicators and the HIV Care Continuum

- Retention in medical care
- Housing status

- HIV diagnosis
- Linkage to care
- ART receipt
- ART adherence
- Outcomes

- HIV Positivity
- Late HIV Diagnosis
- Linkage to Medical Care
- ART
- Viral Load Suppression
Activities that will be funded under FY 2014 Capacity Development

- Trainings, skills building activities, innovative interventions which can be rapidly implemented to allow follow up evaluation of impact on the grantee’s HIV Care Continuum (HIV CoC) during the performance period.

- 4 major areas:
  - Disease Case Finding
  - Motivational Interviewing
  - Patient-Based Treatment Adherence
  - Patient Self-Managed Chronic Disease Management
FY2014 Capacity Development:  
Addressing the HIV Care Continuum

• Applicants must provide baseline data (calendar years 2012 and 2013) for each stage of the HIV CoC.

• Proposed activities must be linked directly to a specific stage with a target level of improvement. (Example: increasing viral load suppression from baseline 50% to 60%)

• The use of HHS core/HAB HIV indicators is strongly encouraged.
Disease Case Finding

- Train designated staff in disease case finding techniques through local health departments and/or CDC funded training centers and apply these skills in the clinical setting to link persons into care after HIV testing.

- Recommended stages of the HIV CoC:
  1. HIV Testing and Linkage to Care
  2. Engagement and Retention in Care
Motivational Interviewing

- Train staff in Motivational Interviewing through the local AIDS Education and Training Center (AETC) or other resources to engage patients in HIV care and work with both staff and patients on retention and apply the training in the clinical setting.

- Recommended HIV CoC stages:
  1. HIV Testing and Linkage to Care
  2. Engagement and Retention in care
  3. Use of Antiretroviral Therapy (ART)
Patient-Based Treatment Adherence

• Implement an innovative, patient-based treatment adherence program to provide long-term adherence support for chronically non-adherent patients and apply the program

• Recommended HIV CoC stages:
  (1) Use of Antiretroviral Therapy (ART)
  (2) Virologic Suppression
Patient Self-Managed Chronic Disease Management

• Institute a clinic-wide Chronic Disease Management Program for HIV/AIDS based on the Stanford program or other resources for patient self-management to engage patients in long term disease control and apply the program

• Recommended HIV CoC stages:
  (1) Retention in Care
  (2) Virologic Suppression
Abstract

Include Description of:
1. Organizational Mission
2. Summary of HIV primary care services
3. Target Population(s)
4. Funding Preference if being requested.
5. Summary of Baseline HIV Care Continuum Data
6. Summary of proposed Capacity activities
7. Amount requested (up to $100,000)

See pages 5-6 in the FOA and 35 of the Application Guide.
Project Narrative

Major Sections:
--Needs Assessment
--Methodology
--Evaluation and Technical Support Capacity
--Organizational Information

Funding preference if applicable

See pages 6-11 in the FOA
Needs Assessment

2 required components:

(1) Baseline HIV Care Continuum Data
   --applicant’s own program data for each stage of the Care Continuum
   --calendar years 2012 and 2013
   --provide definitions for denominators, numerators

(2) HIV Service Delivery System
Sample Table for Baseline Data

<table>
<thead>
<tr>
<th>HIV Care Continuum Stage</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linkage to Care</td>
<td>Numerator/Denominator and (%)</td>
<td>Numerator/Denominator and (%)</td>
</tr>
<tr>
<td>Retention in Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of PLWH prescribed ART</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral Load less than 200 cop/mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Sample Table Including Specific Target Populations

<table>
<thead>
<tr>
<th>HIV Care Continuum Stage</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linkage to Care (Total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linkage to Care (MSM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention in Care (Total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention in Care (MSM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number on ARVs (Total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number on ARVs (MSM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral Load less than 200 cop/mL (Total)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral Load less than 200 cop/mL (MSM)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HIV Service Delivery System

• Area Providers – name, location, and type of services currently available that address each stage of the HIV Care Continuum
• Describe other Ryan White funded primary care programs serving the target population(s)
• Barriers to care – that impact access to care and the stages of the HIV Care Continuum
• Gaps in services – description of population and unavailable services, and justification of need for capacity funds
• **Attachment 3** – Service Area Map
# Sample HIV Service Delivery Table

<table>
<thead>
<tr>
<th>Organizations</th>
<th>HIV CoC Stages</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1000 PLWH in service area)</td>
<td># of HIV tests (# positive tests)</td>
</tr>
<tr>
<td>Good Life ASO (MSMs, youth) (RW Parts A, B, D)</td>
<td>250 (5)</td>
</tr>
<tr>
<td>FQHC Central (RW Parts A, C)</td>
<td>2,000 (5)</td>
</tr>
<tr>
<td>Dr. Doolittle (women) (RW Part D)</td>
<td>100 (1)</td>
</tr>
<tr>
<td>General Hospital (RW Parts A, B, C)</td>
<td>500 (4)</td>
</tr>
</tbody>
</table>
Methodology

The following are the 3 required components for the Methodology sections:

• **Work Plan** – narrative and table (*Attachment 1*) of proposed interventions, which stage(s) of HIV CoC are being addressed, and implementation plan

• **Sustainability** – maintaining project efforts beyond funding to address gaps in the HIV CoC

• **Collaboration and Coordination** – list partners and specific roles
## Problem Statement

Only 65% of PLWH were on antiretroviral therapy with Viral Load suppression of 60% in 2013 was 60%.

## Goal

Improve % of PLWH on ART to viral load suppression rates to 65% and 75% in the calendar year 2014 and 2015 respectively.

### Objective

<table>
<thead>
<tr>
<th>Objective</th>
<th>Key Steps</th>
<th>Completion Date</th>
<th>Evaluation Method</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated clinic staff to complete treatment adherence training</td>
<td>RN, Pharmacists, MCMs will undergo adherence training.</td>
<td>Month 6</td>
<td>Track # of persons who complete the adherence training quarterly</td>
<td>95% of designated staff will be trained by month 6</td>
</tr>
<tr>
<td>Revise the clinic schedule and room assignments</td>
<td></td>
<td>Month 3</td>
<td>Track # of appointment slots for treatment adherence</td>
<td>Increase # of treatment adherence slots by 50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Track # of PLWH attending treatment adherence appointments.</td>
<td>Increase # of kept adherence appointments by 25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>% on ART indicator HAB Viral Load suppression indicator</td>
<td>Increase to 70% in 2014 Increase VL suppression to 65%; in 2014</td>
</tr>
</tbody>
</table>
Evaluation and Technical Support Capacity

The 2 required components are:

• Data Infrastructure
  • Describe data collection system and infrastructure for monitoring the HIV CoC stages

• Project Evaluation
  • Describe the CQM program and evaluation activities for the project
  • Discuss the performance measures selected (HHS core/ HAB HIV indicators are recommended.)
Organizational Information

- Organizational capabilities and expertise that demonstrate the ability to implement a system of change
- Staffing Plan (Attachment 2)
- Describe how this proposal will enable the applicant to address the local community’s HIV CoC
- Involvement of PLWHA in the development and assessment of the applicant’s HIV program – not specific to capacity activities

An organizational chart is NOT required.
Staffing Plan

• Table format is recommended

• Include all key staff for the HIV program and those to be involved in Capacity Development activities

• Names and Positions

• Education & Experience/Qualifications

Upload as Attachment 2.

DO NOT INCLUDE RESUMES !!!
<table>
<thead>
<tr>
<th>Name</th>
<th>Education</th>
<th>Title</th>
<th>Capacity Dev. Role</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Doe</td>
<td>MPH</td>
<td>Program Coordinator</td>
<td>Oversight of grant award and project implementation</td>
<td>5 years as program coordinator, previously was Data/CQM Manager for same entity.</td>
</tr>
<tr>
<td>Dr. A. Jones</td>
<td>MD</td>
<td>Medical Director</td>
<td>Oversight of clinic staff, SOPs, &amp; CQI projects</td>
<td>15 years providing HIV primary care</td>
</tr>
<tr>
<td>Ms. Kona</td>
<td>Assoc Degree</td>
<td>CQM Coordinator, Retention Specialist</td>
<td>DIS training, oversight of CQM activities</td>
<td>4 years working in HIV clinic scheduling appts, making referrals, medical data entry</td>
</tr>
<tr>
<td>Mr. Lewis</td>
<td>MSW</td>
<td>Medical Case Mgr</td>
<td>treatment adherence training</td>
<td>3 years providing HIV medical case management</td>
</tr>
<tr>
<td>Ms. Johnson</td>
<td>RN</td>
<td>Contracted Registered Dietician</td>
<td>DIS &amp; treatment adherence training</td>
<td>20 years working as a HIV nurse and patient educator</td>
</tr>
</tbody>
</table>
Your budget has three parts:

1. SF 424A – From the Application Package
2. Capacity Development specific Line Item Budget (Attachment 5)
3. Budget Justification Narrative
Budget

• See HRSA SF- 424 Application Guide section 4.1.iv and v (pp. 27-32) and FOA section IV.2.iii (pp. 11-12) for instructions on preparing the budget and budget justification narrative.

• Upload a Capacity Development specific line item budget in a PDF format as Attachment 5. Most applicants will include the following object categories:
  • Travel (Local or long distance for conferences, training, meetings), Other (cost of trainings, registrations)
Salary Limitation Cap

• The Consolidated Appropriations Act, 2014, Division H, § 203, Pub. L. 113-76 signed into law on January 17, 2014, increases the Executive Level II salary amount that may be awarded and charged to HRSA grants and cooperative agreements.

• Award funds may not be used to pay more than $181,500 annually for an individual’s salary (exclusive of fringe).

• The salary limitation applies to sub-awards/subcontracts.
Example: Salary limitation

• Individual’s full time salary: $350,000

<table>
<thead>
<tr>
<th>50% of time will be devoted to project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct salary:</td>
</tr>
<tr>
<td>Fringe (25% of salary):</td>
</tr>
<tr>
<td>Total:</td>
</tr>
<tr>
<td>$175,000</td>
</tr>
<tr>
<td>$43,750</td>
</tr>
<tr>
<td>$218,750</td>
</tr>
</tbody>
</table>

Amount that may be claimed on the Federal grant

• Individual’s base full time salary \emph{adjusted} to Executive Level II: $181,500

<table>
<thead>
<tr>
<th>50% of time will be devoted to project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct salary:</td>
</tr>
<tr>
<td>Fringe (25% of salary):</td>
</tr>
<tr>
<td>Total:</td>
</tr>
<tr>
<td>$90,750</td>
</tr>
<tr>
<td>$22,687.50</td>
</tr>
<tr>
<td>$113,437.50</td>
</tr>
</tbody>
</table>
Budget Justification Narrative

• Applicants should provide specific, detailed justifications for all allocated items in the program specific line item budget.

• Allocations must relate to the proposed HIV CoC activities described in the Project Narrative.

• For example, travel or training costs must specify the unit cost per person and the number of persons to be involved per activity.

• If indirect costs are requested, a current negotiated cost rate agreement must be submitted as Attachment 6.
Allowable Cost -
Meets the criteria for authorized expenditures specified in the cost principles, program legislation, and program policy. The costs must also be:

• Allocable

• Reasonable

• Necessary
Funding Restrictions

Capacity Development Funds May Not Support:

• ongoing service delivery, primary medical care, research or prevention
• the purchase of land, or construction/renovation of any building or other facility
• the supplanting or duplication of existing federal funding within the applicant’s agency. The applicant must not serve only as the administrative agent for this grant.
• pre-award costs
Applicants may request a funding preference if the capacity development activities will be implemented in one or both of the following areas:

- Rural communities
- Underserved communities with respect to HIV related health services

Upload the request as Attachment 7
More information may be found in the FOA page 17.
- A list of Attachments is found on pages 12-13 in the FOA.
- Upload attachments in the order listed.
- Attachments are not to be used as a continuation of the project narrative.
- Unless otherwise noted, attachments count toward the 30-page application limit.
- Label each attachment clearly.
What is counted towards the page limit?

APPLICATIONS CANNOT EXCEED 30 PAGES!

- Project Summary/Abstract
- Project Narrative
- Line-item Budget
- Budget Justification Narrative
- All Attachments (except where noted on pp. 12-13 of FOA)

Applications over the page limit will not be reviewed.
Application Review

Each application must meet eligibility and completeness requirements to be reviewed by HRSA.

**Eligibility**

--submission in Grants.gov by the published deadline with confirmed validation and receipt by HRSA

--application is within 30-page limit

Ineligible applications will not be reviewed.
Applications will be reviewed based on the criteria listed in the FOA (pp. 14-17).

• Pay careful attention to each of the 6 Review Criteria
• Don’t make assumptions – explain everything
• Provide the most accurate data and information about your program possible
Review Criteria Points

(1) Need = 25 points
(2) Response = 30 points
(3) Evaluative Measures = 10 points
(4) Impact = 15 points
(5) Resources/Capabilities = 10 points
(6) Support Requested = 10 points

See pages 14-17 in the FOA
Application: Where is it?

- Final Guidance located at [www.grants.gov](http://www.grants.gov)
- Also found at
  - [www.hrsa.gov/grants](http://www.hrsa.gov/grants)
  - Announcement HRSA-14-061, CFDA 93.918 Application Instructions (FOA & Application Guide)
- Adobe Reader 8.1.1 version or later is required.
Grant Submission Tips

- Read the FOA and the Application Guide carefully and follow instructions.
- Include your agency name and the name of this application on all pages (Part C Capacity Development)
- Refer to the Application Guide, pg. 42, section 4.7. for additional Tips for Writing a Strong Application
  - Apply early; don’t wait until the last minute in case you run into challenges!
  - Make sure the person who can submit for your organization will be available
  - Have all your pin numbers and passwords handy!
System of Award Management (SAM)

- Central Contractor Registration (CCR) transitioned to the System for Award Management (SAM) at the end of July 2012.
- SAM will reduce the burden on those seeking to do business with the government. Vendors will be able to log into one system to manage their entity information in one record, with one expiration date, through one streamlined business process.
- **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Refer to Application Guide, pp. 18-21 for instructions on how to Register with the System for Award Management (SAM) ([https://www.sam.gov](https://www.sam.gov))
When to contact Grants.gov Helpdesk
- Error messages
- Other technical issues
- Application DID NOT transmit to HRSA
- If you have any submission problems, please contact Grants.gov immediately!


Grants.gov Contact Center: 1-800-518-4726 or support@grants.gov or https://grants-portal.psc.gov/Welcome.aspx?pt=Grants
(24/7 except Federal holidays)
• Submission Receipt E-mail
  • Submission Receipt (receive within 2 business days)
  • “Track My Application” link
• Submission Validation E-mail
  • 2\textsuperscript{nd} e-mail from Grant.Gov validating your application OR
  • \textbf{Rejection with errors}
• Grantor Agency Retrieval Email
  • Third e-mail from Grants.Gov
  • HRSA has confirmed receipt of application package

Grants.Gov website

\texttt{http://www.grants.gov/applicants/apply_for_grants.jsp}
3.6. Requesting a Waiver from the Electronic Submission Requirement

• Refer to Application Guide, pp. 24-25

• All applicants must submit through Grants.gov unless they obtain a written exemption.

• Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal.

• Deadline extensions will not be granted for Grants.gov verification errors, last-minute registration, or submission errors on the part of the applicant.
• The application should be electronically submitted in Grants.gov by March 17, 2014, 11:59 pm ET

• We recommend submission of the application at least four business days before due date.
Your questions are welcome!

Applicants in need of technical assistance as they prepare their applications may call or email

Program Contact
Carrie Jeffries
cjeffries@hrsa.gov
301-443-2399

Grants Contact
Beverly Smith
bsmith@hrsa.gov
301-443-7065

HAB TARGET Website
http://careacttarget.org/webcasts.asp