Ryan White HIV/AIDS Program Part D
Coordinated HIV Services and Access to Research for Women, Infants, Children and Youth (WICY) Existing Geographic Service Areas

Pre-Application Technical Assistance Webinar
HRSA 17-039
January 10, 2017

Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau, Division of Community HIV/AIDS Programs
Director: Mahyar Mofidi, DMD, Ph.D.
Deputy Director: Stacey Evans, Ph.D.
Agenda

• Overview of the Ryan White HIV/AIDS Program (RWHAP) Part D WICY Program
• Purpose
• Part D Updates and Recent Changes
• HAB Priorities, Requirements and Program Expectations
• Program Narrative
• Work Plan
• Evaluation & Technical Support Capacity
• Organizational Information
• Budget
• Part D Supplemental Information
• Review Criteria
• Attachments
• Overview of application process
• Q&A
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>Application Guide</td>
<td>SF-424 Application Guide</td>
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<td>CQM</td>
<td>Clinical Quality Management</td>
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<td>DUNS</td>
<td>Data Universal Numbering System</td>
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<td>NHAS</td>
<td>National HIV AIDS Strategy 2020</td>
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<td>EHR</td>
<td>Electronic Health Records</td>
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<td>Information System</td>
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<td>FOA</td>
<td>Funding Opportunity Announcement</td>
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<td>Grants Management Specialist</td>
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<td>HAB</td>
<td>HIV/AIDS Bureau</td>
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<td>PO</td>
<td>Project Officer</td>
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<td>RWHAP</td>
<td>Ryan White HIV/AIDS Program</td>
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<td>SAM</td>
<td>System for Award Management</td>
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<td>WICY</td>
<td>Women, Infant, Children, and Youth</td>
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<td>EHB</td>
<td>Electronic Handbook</td>
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HIV/AIDS Bureau Vision and Mission

Vision
Optimal HIV/AIDS care and treatment for all.

Mission
Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.
National HIV/AIDS Strategy

National HIV/AIDS Strategy: Updated to 2020

• The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. To the extent possible, program activities should strive to support the four primary goals of NHAS 2020:
  • Reduce new HIV infections
  • Increase access to care and optimizing health outcomes for people living with HIV
  • Reduce HIV-related health disparities and health inequities; and
  • Achieve a more coordinated national response to the HIV epidemic.

• Please review page 8 of the FOA as it relates to aligning your organization’s efforts over the next five years, within the parameter of the RWHAP statute and program guidance, around the Strategy’s four areas of critical focus.
Purpose

• This FOA solicits applications for Ryan White HIV/AIDS funding for the Part D Program.

• RWHAP Part D programs will be implemented in specific service areas as listed in Appendix B of the FOA.

• Applicants who submit a proposal to provide RWHAP Part D services for one of the published service areas may also apply for supplemental funding in FY 2017.
Purpose: Supplemental Funding

• The purpose of this one-year supplemental funding is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality family-centered care services for low income, uninsured, underinsured, and underserved WICY living with HIV/AIDS in the service area.

• The supplemental funding application materials will undergo HRSA review for completeness and eligibility; they will not be reviewed according to the criteria in Section V as part of the independent objective review.

• Supplemental funding, if requested, will be awarded according to the rank order of the RWHAP Part D base awards.
• Part D Base Project Period: August 1, 2017 through July 31, 2020 (three years)

• Ceiling funding amount for each service area have been increased for the implementation of evidence-informed interventions for youth living with HIV (Refer to Appendix C for examples)

• Part D Supplemental Project Period: August 1, 2017 through July 31, 2018 (one year)

• Ceiling funding amount for supplemental funding has increased to $150,000 and include two new activities under the HIV Care Innovation category

• Deadline for the application is February 21, 2017 in Grants.gov
IMPORTANT CHANGES:

• Additional funding has been incorporated into ceiling amounts for each service area for the implementation of evidence-informed interventions for youth (Appendix B).

• RSR data specific to youth (ages 13-24) currently receiving services in the defined service area were utilized to inform the amount of additional funding added to the base amount for each service area.

• For the seven new service areas awarded in the FY15 RWHAP Part D competition for which 2014 RSR data are not available, the state level average of the number of youth (ages 13-24) receiving Part D funded services was used to inform the amount of additional funding added to the base amount for those specific service areas (FOA, p. 9).
Award Information

Funding requests:

• Must not exceed the published amount for the service area listed in FOA Appendix B

• If the **Part D Base** funding amount requested exceeds amount listed in Appendix B, applicants are deemed nonresponsive

• Requests for **Part D Supplemental** funding that exceeds the ceiling amount of $150,000 will be considered nonresponsive and will not be considered for funding under this announcement.

*NOTE: Multiple applications from an organization are not allowable.*
HIV Care Continuum

• The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of antiretroviral therapy (ART), and, ultimately, HIV viral suppression.

• The HIV care continuum performance measures align with the [U.S. Department of Health and Human Services] HHS Common HIV Core Indicators, approved by the HHS Secretary.

• HAB collects the data elements needed to produce the HHS Common HIV Core Indicators across all Ryan White HIV/AIDS Programs.

• The indicators are being updated to align with the updated National HIV/AIDS Strategy 2020.
Using Common HIV Indicators

• RWHAP recipients are encouraged to assess the outcomes of their programs along the HIV care continuum and work with their community and public health partners to improve outcomes, so that individuals diagnosed with HIV are linked to and engaged in care and started on ART as early as possible.

• More information is available at:
Part D Program Overview

• The purpose of this program is to provide family-centered care in the outpatient or ambulatory care setting to low income, uninsured, underinsured, and medically underserved women (25 years and older) living with HIV, infants (up to two years of age) exposed to or living with HIV, children (ages two to 12) living with HIV, and youth (ages 13 to 24) living with HIV.

• Part D funding is intended to improve access to family-centered HIV medical care for low income, vulnerable, medically underserved HIV-infected WICY through the provision of coordinated, comprehensive, culturally and linguistically competent healthcare services directly, by contract, or by memoranda of understanding (MOU).
Part D Program Requirements

- Provision of HIV outpatient or ambulatory medical care, including behavioral health, nutrition, and oral health services.
- Specialty care, including HIV specialty care, obstetrics/gynecology, neurology, and hepatology.
- Support Services which help WICY clients access primary HIV medical care and are linked to measurable health outcomes.

*Please refer to pages 1-2 of the FOA*
Evidence-Informed Interventions for Youth

Additional funding has been incorporated into funding ceiling amounts for each service area for the implementation of evidence-informed interventions for youth.

- All RWHAP Part D recipients are **required** to provide at least one evidence-informed intervention for youth living with HIV.
- The intervention(s) could be one of the interventions identified in the approved menu provided in Appendix C.
- Alternatively, another evidence-informed intervention may be conducted, but sufficient rationale and data must be presented as part of the application to demonstrate the effectiveness of the intervention.
Part D Program Expectations

Prevention of HIV Transmission

Programs are encouraged to incorporate the “Recommendations for HIV prevention with adults and adolescents with HIV in the United States, 2014: Summary for clinical providers” guidelines as part of their program prevention protocol.

Guidelines include:

• Screening patients for behavioral risk
• Offering behavioral interventions
• Providing partner counseling and referral services (PCRS)

Please refer to pages 2-3 of the FOA
Attachment 14: Supplemental Funding

• Supplemental Funding is a one-year activity intended to strengthen organizational infrastructure.

• Requests are part of this FOA, not a separate request (Attachment 14).

• Applicants may choose only one (1) supplemental activity under the following categories:
  
  1) HIV Care Innovation or
  2) Infrastructure Development

• Funding request may not exceed $150,000

• Part D Supplemental Funding submission must include a Narrative and Work Plan that will be counted in the 80-page limit.
Applicants may only select one (1) of the six categories under the HIV Care Innovation activity:

- HIV Case Finding
- Motivational Interviewing
- Patient-Based Treatment Adherence
- Chronic Disease Self-Management
- Transitioning Youth into Adult HIV Care
- Intimate Partner Violence Screening & Counseling

Refer to pgs 3-4 of the FOA for more detail
Supplemental Funding: Infrastructure Development

Applicants should only select one (1) activity under Infrastructure Development to include one of the three activities:

- Electronic Health Records (EHR)
- Financial Management Systems
- Management Information System.

Activity should address specific stages along the HIV care continuum and support NHAS 2020 goals

Please refer to FOA pgs 3-5; 31-32 for more detail
Payor of Last Resort

• RWHAP is the payor of last resort.

• RWHAP Part D funds may not be used for services that are billable to third party payers. In accordance with the RWHAP client eligibility determination and recertification requirements (PCN 13-02).

• Recipients and subrecipients are required to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance options in the Health Insurance Marketplace)
Minority AIDS Initiative (MAI)

- Minority AIDS Initiative (MAI) is intended to address the disproportionate impact that HIV/AIDS has on racial and ethnic minorities and to address the disparities in access, treatment, care, and outcomes for these minorities, including African Americans, Alaska Natives, Hispanic/Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders.

- MAI funds are granted to health care organizations that provide culturally and linguistically appropriate care and services to racial and ethnic minorities.

Source: Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009), §2693
Part D Program Eligibility

- Eligible applicants include public and nonprofit private entities (including a health facility operated by or pursuant to a contract with the Indian Health Service, and faith-based and Tribes/Tribal organizations) that provide family-centered care involving outpatient or ambulatory care (directly or through contracts or MOUs) for WICY living with HIV/AIDS.

- This competition is open to current recipients and new applicant organizations proposing to provide RWHAP Part D funded services in the service areas as described in Appendix B.
Application Guidance

Two Components of the HRSA-17-039 announcement:

1) Program Specific Instructions: Part D FOA HRSA-17-039 ("FOA")

2) HRSA’s General Guidance
   • SF 424 Application Guide ("Application Guide")
   • Links are found throughout the FOA beginning on pp. ii and 11.
Part D Base **Only**: Project Narrative

- Introduction
- Needs Assessment
- Methodology
- Work Plan
- Resolution of Challenges
- Evaluation and Technical Support
- Organizational Information

*Refer to pages 31-32 for instructions on Supplemental Funding to be submitted as Attachment 14*
Project Abstract:
A snapshot of your program

- Project title and applicant contact information as stated in Section 4.1.ix of the SF-424 Application Guide
- Model of Care
- Number of WICY living with HIV served annually between 2014 and 2016
- Proposed service area boundaries
- WICY target populations
- CQM measures supported by Part D funding

Please refer to page 12 of the FOA
Project Narrative

Introduction

• Outline your experience in health care delivery and with the administration of Federal funds.

• Specify the proposed services for all eligible WICY populations in the service area.

• Define your proposed service area and the degree to which it mirrors the service area listed in Appendix B.

• Provide a map of the service area and include it as Attachment 8 of the application.

• Include at least one evidence-informed intervention for youth living with HIV as provided in Appendix C of the FOA.

Refer to page 13 of the FOA
Project Narrative: Needs Assessment

Needs Assessment: Three Required Components

1. Epidemiologic and Socio-Demographic Overview
2. Target Populations Currently Being Served
3. Local HIV Service Delivery System and Recent Changes

Please refer to pages 13 through 16 of the FOA.
Needs Assessment

Needs Assessment: Epidemiologic and Socio-Demographic Overview
(three most recent years)

1) The number of WICY newly diagnosed with HIV
2) The number of WICY living with HIV (prevalence)
3) WICY-specific rates of diseases that indicate a prevalence of high risk behaviors.

- Present and discuss epidemiologic and socio-economic data that demonstrate burden of HIV for WICY populations in proposed area
- Provide RWHAP Part A and B estimates of WICY in proposed service area who are unaware of their HIV status or the unmet needs of WICY who are positive but not engaged in care
- Disaggregate data to highlight particular disparities and identify baseline and changes
Needs Assessment

Needs Assessment: Target Populations Currently Being Served

• Provide information about the WICY living with HIV who have been served by your organization in the past three calendar years including the distribution by race/ethnicity, gender, age, and transmission category.

• Identify trends (increase/decrease) that have emerged during the last three years.

• Describe the unmet need based on your evaluation of the gaps in the HIV care continuum for your WICY populations living with HIV served by your organization.

• Provide data on the stages of the HIV care continuum for your WICY populations living with HIV.

• Table format is suggested for data that covers three calendar years (January 1, 2014 through September 30, 2016).
Needs Assessment

Needs Assessment: Local HIV Service Delivery System and Any Recent Changes

Presentation of the local HIV service delivery system should cover four areas:

• HIV service providers in proposed service area, including the applicant organization

• Public funding in support of HIV services in the proposed service area

• Gaps in local services and barriers to care (unmet needs and gaps in HIV primary medical care and support services)

• Changes in the health care environment (impact of evolving health care landscape on the delivery of HIV family-centered care and support services)
Methodology

Scope of Work

1) Linkage to Care
2) Comprehensive, Coordinated Systems of Care
2) Medical Evaluation and Clinical Care
3) Women’s Health
4) Adolescent Health
5) Other Medical Services
6) Support Services
7) Involvement by WICY Living with HIV
8) Coordination

Please refer to pages 16 through 20 of the FOA
Methodology

Linkage to Care

• Describe Counseling and Testing availability and proposed targeted/unique efforts for:
  • Women
  • Youth/Adolescents and High-Risk Youth (13-24) in particular
  • Women who are pregnant

• How you will link to or provide primary medical care services for all those who test HIV positive.

• How efforts will not be duplicative of other funding.

• Describe collaboration with other RWHAP programs to enroll clients identified and retain them in medical care.
Methodology

Comprehensive, Coordinated Systems of Care

• Medical Evaluation and Clinical Care
  • Describe HIV diagnostic and therapeutic services
  • Describe protocols to provide care to new patients
  • Describe HIV clinical trials education and enrollment
  • Describe availability of laboratory services
  • Discuss ADAP or other pharmacy assistance programs

• Describe staff training related to HIV primary medical care
  • Describe training and how it will increase your capacity

• Describe after hours and weekend coverage

• Describe referrals and tracking of specialty and subspecialty care
Women’s Health

• Describe the following for your female clients:
  • HIV medical adherence education
  • Services to address health care needs for women of child-bearing age
  • Services to address health care needs of peri- and menopausal women
  • Pre- and postnatal care to include coordination of medical care for HIV infected pregnant women
  • How infants exposed to or living with HIV are provided or linked to pediatric care
  • Services to retain women in HIV primary medical care
  • Services to address the needs of women experiencing intimate partner violence
Methodology

Adolescent Health

• Describe the following:
  • Specific health care services for youth living with HIV that will be available
  • Transition planning/activities to assist youth to move into adult medical care
  • Evidence-informed intervention for youth that will be implemented (Appendix C)

• Discuss the following:
  • Retention of youth in care
  • Youth health education on topics such as HIV infection/disease, treatment adherence, prevention methods, family planning, and chronic disease management
  • Rationale for the selected evidence-informed intervention for youth
  • Expected data and outcomes for the selected evidence-informed intervention
Methodology

Other Medical Nutritional Services

• Describe the following services if listed in the proposed Part D budget and work plan:
  • Medical Case Management
  • Oral health care services
  • Adherence education/counseling from licensed clinicians
  • Outpatient mental health screening, assessment, and treatment
  • Substance abuse screening, assessment, and treatment
  • Nutritional services
Methodology

Support Services

- Describe the following:
  - How clients will have access to support services to achieve their HIV medical outcomes
  - How will each support service will be provided and how it will link to improved health outcomes
  - How the program will assist clients in receiving financial support and services
  - Plans for outreach, enrollment, and re-enrollment of clients into health coverage options.
Methodology

Involvement by WICY Living with HIV

• Describe the following:
  • How WICY living with HIV are involved in planning, implementation, and evaluation of the program.
  • Methods to keep them informed and provide feedback.
  • Include details on involvement in interventions for linkage and retention in care, treatment adherence, and viral suppression that address the HIV care continuum.
Methodology

Coordination

• Describe:
  • How you will collaborate and coordinate activities with other HIV service providers in order to maximize resources, provide comprehensive services to the WICY populations, and ensure against duplication of services (list these organizations in Attachment 10).

• Include:
  • Letter from the RWHAP Part A (as applicable) and RWHAP Part B Recipient of Record documenting your organization’s involvement in RWHAP Parts A/B activities (Attachment 9).
Work Plan

Four Major Areas:

1) Access to Care
2) Linkage to Care
3) Comprehensive, Coordinated Systems of Care
4) Clinical Quality Management Program

Include as Attachment 11 only the clients and services to be funded by Part D Base. Do not include Part D Supplemental.
# Work Plan Sample

<table>
<thead>
<tr>
<th>Access to Care Objectives</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total/Subrecipient A/ B</td>
<td>Total/Subrecipient A/ B</td>
<td>Total/Subrecipient A/ B</td>
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<tr>
<td>1) Total number of WICY living with HIV enrolled</td>
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<tr>
<td>2) The total number of affected clients provided an HIV RWHAP support service</td>
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<tr>
<td>3) The number of new WICY living with HIV to be enrolled in care</td>
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<table>
<thead>
<tr>
<th>Linkage to Care Objectives</th>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
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<tbody>
<tr>
<td></td>
<td>Objective (# only)</td>
<td>Objective (# only)</td>
<td>Objective (# only)</td>
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<tr>
<td>1) The number of WICY to receive targeted HIV counseling and testing</td>
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<td>2) The anticipated number of HIV positive tests</td>
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<tr>
<td>3) The number of WICY clients newly diagnosed with HIV to be enrolled for primary medical care within three months of diagnosis</td>
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Work Plan

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<tr>
<th>Comprehensive, Coordinated Systems of Care</th>
<th>FY 2017 Objective (# only)</th>
<th>FY 2018 Objective (# only)</th>
<th>FY 2019 Objective (# only)</th>
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<td></td>
<td>Total/Subcontractor A/ B</td>
<td>Total/Subcontractor A/ B</td>
<td>Total/Subcontractor A/ B</td>
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<tr>
<td>1) The total number of WICY living with HIV to be provided primary medical care services</td>
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<tr>
<td>2) The number of women (25 years and older) to be provided HIV primary medical care</td>
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<tr>
<td>3) The number of youth (13-24) to be provided HIV primary medical care</td>
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<tr>
<td>4) The number of infants and children living with HIV to be provided HIV primary medical care</td>
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<tr>
<td>5) The number of HIV indeterminate infants (up to 2 years) to be followed under surveillance</td>
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<td>6) The number of pregnant women living with HIV to be provided prenatal services</td>
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<tr>
<td>7) The number of youth living with HIV who will be transitioned into adult medical care</td>
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<td>8) The number of patients (specify which WICY target populations) to be provided with treatment adherence services provided by a qualified clinician and</td>
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<tr>
<td>9) The number and type of specialty referrals</td>
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## Work Plan

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<tr>
<th>Other Medical Services</th>
<th>FY 2017 Objective (# only)</th>
<th>FY 2018 Objective (# only)</th>
<th>FY 2019 Objective (# only)</th>
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<td>Total/Subcontractor A/ B</td>
<td>Total/Subcontractor A/ B</td>
<td>Total/Subcontractor A/ B</td>
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<tr>
<td>1) The number of patients to be provided mental health screening, assessment, and/or treatment</td>
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<tr>
<td>2) The number of patients to be provided with substance abuse screening and/or treatment</td>
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<tr>
<td>3) The number of patients to be provided with oral health care</td>
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<tr>
<td>4) The number of patients to be provided with medical nutrition screening</td>
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<td>5) The number of patients to be provided with medical nutrition therapy by a registered dietitian or licensed nutritionist</td>
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<tr>
<td>6) The number of patients for each of the support services you are providing to help individuals meet their HIV medical outcomes (such as non-medical case management, non-emergency medical transportation, translation services)</td>
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# Work Plan

## Clinical Quality Management

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<tr>
<th>Objective</th>
<th>FY 2017 Objective (# only)</th>
<th>FY 2018 Objective (# only)</th>
<th>FY 2019 Objective (# only)</th>
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<tbody>
<tr>
<td>HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
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<tr>
<td>% of PLWH retained in care</td>
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<tr>
<td>% of female patients with a diagnosis of HIV who were screened for cervical cancer in the last three years</td>
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<tr>
<td>% of exposed infants born to HIV-infected women who received recommended virologic diagnostic testing for exclusion of HIV infection in the measurement year</td>
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</table>
Resolution of Challenges

• Describe major challenges anticipated in designing and implementing RWHAP Part D funded services as listed in the Work Plan.
• Discuss how you will resolve these challenges.
• If you are a new applicant:
  • discuss any potential challenges anticipated in proving the same scope of services (at a minimum) to support the community and plans to address the challenges
  • provide detailed transition plan for how existing patients, populations, and the scope of services will be transferred to you if successfully awarded as a result of this competition.
Evaluation and Technical Support

Application should fully address your evaluation activities of quality management (QM) and information systems that support QM.

CQM should include:

- Infrastructure
- Performance Measures
- Quality Improvement

*Please refer to FOA, pages 22 through 24 for additional information.*
Evaluation and Technical Support

Recipients are also required to ensure that their CQM programs have been developed and implemented according to PCN 15-02 Clinical Quality Management Policy Clarification Notice. The three main components are:

- infrastructure, performance measurement, and quality improvement and may be accessed at the hyperlink embedded in this slide: http://hab.hrsa.gov/manageyourgrant/clinicalqualitymanagementpcn.pdf

Recipients should identify their proposed CQM activities for each year of the project period. It is expected that recipients are conducting at least one quality improvement project at any given time aimed at improving patient health outcomes.

Applicant are required to undertake at least one QI project for HIV viral suppression and retention in care.
Evaluation and Technical Support

• Describe your current information system and your ability to collect and report RWHAP Part D required data to include the following:
  • The number of existing and new HIV infected individuals
  • Demographic profile of patients
  • Epidemiological data
  • Ryan White-funded services provided to each client living with HIV
  • Track and report the extent to which the costs of HIV-related health care are paid by third party payers for health care services to be provided in the proposed Part D program

• Training on required reports will be provided to successful applicants.
Evaluation and Technical Support

• Describe if you currently use or propose to implement an Electronic Health Record (EHR).

• Applicants are expected to use ONC-certified systems which can be configured to meet HAB data reporting requirements.

• References:
  • Office of National Coordinator for Health Information Technology (ONC)
    • www.hrsa.gov/healthit/ehrguidelines.html
  • Department of Health and Human Services “Meaningful Use”
    • www.cms.gov/ehrincentiveprograms
Organizational Information

Administrative Operations:
- Scope of current activities
- Structure of your organization and type of agency
- Include Project Organizational Chart as attachment 12

Clinical Operations:
- Experience in providing family-centered care
- Ability to respond to the needs of emerging WICY populations

Fiscal Operations:
- Fiscal management of Federal grants and contracts
- Accounting system in place
- Internal systems and controls to monitor grants
- Monitoring of subrecipients’ performance and compliance
- Systems for maximizing collections and reimbursement
- Discounted fee schedule and policies on annual caps on charges
- Processes to assess and recertify client eligibility; vigorously pursue enrollment and subsequent reimbursement from health care coverage
Part D Budget Categories

1. Medical Service
2. Clinical Quality Management (CQM)
3. Support Service
4. Administrative (10%, which includes all Indirect Costs)

Applicants should review HAB PCN 16-02 for allowable uses of RWHAP funds.

Refer to pages 26-28 of the FOA and pages 42-44 of SF-424 Application Guide
Medical Services Costs

- Licensed medical providers who can assess, treat and refer
- Proportional medical support- nurses, medical assistants
- HIV-related laboratory and diagnostic tests, immunizations
- Adherence education/counseling by licensed clinician
- Oral health care
- Outpatient Mental health
- Medical Nutrition Services
- Substance abuse
- Medical Case Management
- Specialty Care Services
- HIV-related pharmaceutical assistance
Support Services Costs

- Non-medical & family-centered
- Transportation for medical appointments
- Outreach to identify WICY living with HIV to link, engage, and retain them in medical care
- Childcare during medical appointments
- Patient education materials
- Respite Care for caregivers
- Translation or interpretation services
- Eligibility Specialists
Clinical Quality Management Costs

- Continuous Quality Improvement (CQI) activities
- Clinical quality management coordination
- Data collection for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)
- Consumer Involvement to improve services
- Electronic Medical Records: Data analysis for CQM, software and hardware upgrades (such as “bridges,” links, imports) necessary to facilitate CQM activities
- Staff training/technical assistance (including travel and registration) to improve services – this includes the Annual Clinical Update, the every other year Ryan White Conference, and the annual RSR training update
- Participation in the RWHAP Part B Statewide Coordinated Statement of Need (SCSN) process and local planning bodies and other local meetings

Refer to PCN 15-02
Administrative Costs

- Audits
- Clerical Support/Receptionist
- Computer hardware and software, EMR/EHR
- Indirect Costs
- Liability insurance
- Program Coordination
- Program evaluation, required data reporting
- Postage
- Payroll/accounting services
- Rent, utilities, and other facility support costs
- Telephone, cell phone, pagers
- Office supplies

Refer to PCN 15-01
Part D Funds cannot be used for:

• Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including ADAP)

• To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services

• PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the June 22, 2016 RWHAP and PrEP program letter, the RWHAP legislation provides grant funds to be used for the care and treatment of PLWH, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs. Cash payments to intended clients of RWHAP services

• Purchase of sterile needles and syringes for the purpose of illegal drug use. Some aspects of Syringe Services Programs are allowable with HRSA’s prior approval and in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/.

• Purchase or construction of new facilities or capital improvements to existing facilities

• Development of materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual

• Lobbying activities and expenses

Services must be consistent with HAB Policy Clarification Notice 16-02

https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf?
Salary Limitation

Please note that effective **January 8, 2017**, the salary rate limitation applicable to RWHAP domestic grants and cooperative agreements increased from $185,100 to **$187,000**.

- The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s SF-424 Application Guide for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

- As a reminder, RWHAP funds and program income generated by RWHAP awards may not be used to pay salaries in excess of the rate limitation.
Ryan White HIV/AIDS Program
Salary Rate Limitation Example

- Individual’s full time salary: $255,000.

<table>
<thead>
<tr>
<th>50% of time will be devoted to the project</th>
<th></th>
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</thead>
<tbody>
<tr>
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<td>Fringe (25% of salary)</td>
<td>$31,875</td>
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<tr>
<td>Total amount</td>
<td>$159,375</td>
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</table>

- Amount that may be claimed on the Federal grant due to the legislative salary limitation:
  - Individual’s base full time salary *adjusted* to Executive Level II: $187,000

<table>
<thead>
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<th>50% of time will be devoted to the project</th>
<th></th>
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<tr>
<td>Direct salary</td>
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<tr>
<td>Fringe (25% of salary)</td>
<td>$23,375</td>
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<tr>
<td>Total amount</td>
<td>$116,875</td>
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Budget Requirements

Budget Information consists of **three** major parts:

1. Budget Information for Non-Construction Programs (SF 424A Application Guide, federal line item budget)
2. Part D program-specific line item budget (in table format and PDF)
3. Budget justification narrative
Budget: Program-Specific Line Item

- Refer to the FOA to **correctly categorize proposed budget allocations** in the program-specific line item budget.
- If applying for supplemental funding, incorporate, and **clearly delineate the related costs for the proposed supplemental activity in year one** of the program-specific line item budget.
- Applicants must **submit line item budgets for the entire project period** (3 years) in the **SF424A**.
- Submit the Part D program-specific line item budget for Years One, Two, and Three in a PDF format, NOT an Excel spreadsheet, as Attachment 2.
Budget: Line Item and Justification Narrative Tips

- List ALL staff names and position titles to be funded
- Be consistent with names and position titles
- Clearly describe each line-item in the budget justification narrative, specific to the cost category
- Include details of contracts, by cost category in both the line-item budget and budget justification narrative
- Include calculations for all items in the budget justification narrative (unit cost, total number of units, and number of persons to be served)
- Provide a Budget Narrative for Year One, then highlight changes in Year Two and Year Three.
# SF-424 Section A - Budget Summary

## BUDGET INFORMATION - Non-Construction Programs

**SECTION A - BUDGET SUMMARY**

<table>
<thead>
<tr>
<th>Grant Program Function or Activity (a)</th>
<th>Catalog of Federal Domestic Assistance Number (b)</th>
<th>Estimated Unobligated Funds</th>
<th>New or Revised Budget</th>
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<tr>
<td></td>
<td></td>
<td>Federal (c)</td>
<td>Non-Federal (d)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Federal (e)</td>
<td>Non-Federal (f)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total (g)</td>
<td></td>
</tr>
<tr>
<td>1.</td>
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<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>$</td>
<td>$</td>
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</table>

**HRSA**

Ryan White & Global HIV/AIDS Programs
SF-424 Budget Categories

SECTION B - BUDGET CATEGORIES

<table>
<thead>
<tr>
<th>6. Object Class Categories</th>
<th>GRANT PROGRAM, FUNCTION OR ACTIVITY</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
</tr>
</tbody>
</table>

a. Personnel  

b. Fringe Benefits

c. Travel

d. Equipment

e. Supplies

f. Contractual

g. Construction

h. Other

i. Total Direct Charges (sum of 6a-6h)

j. Indirect Charges

k. TOTALS (sum of 6i and 6j)

7. Program Income

<table>
<thead>
<tr>
<th>$</th>
<th>$</th>
<th>$</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
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<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
BUDGET: Justification Narrative Sample

Patient Transportation for Medical Visits

Metro cards: $4 per trip X 100 cards = $400
   --for 25 persons to use for medical visits

(NOTE: This assumes a calculation of 4 tickets per person or 2 round trips to medical visits.)
Budget: Reminders

• Submit Part D Program-Specific line item budget for the entire Project Period (Attachment 2).

• For subsequent budget years, the budget narrative should highlight only the changes from Year One or clearly indicate that there are no substantive changes.

• If you are requesting Supplemental you must include and identify the associated costs specific to the proposed supplemental activity in year one of the budget narrative. Provide a clear summary of the **RWHAP Part D base request subtotal** and the **Part D supplemental budget request subtotal**.

• Business Official listed will be the DGMO point of contact if an award is made. Ensure this is the appropriate contact in your agency or organization.
Staffing Plan

- Include the following information for all staff for your HIV program including key staff not funded by the grant.
  - Education, training, HIV experience and expertise
  - Language fluency and cultural competence
  - Provide FTE and funding sources for each staff (Base and/or Supplemental)
- Specifically identify
  - Program Coordinator
  - Staff managing and overseeing grant activities
  - Staff monitoring activities of contractors
  - Medical Director and all medical providers
  - Lead for quality management activities
- Attachment 4: Staffing Plan and Job Descriptions
- Attachment 5: Biographical Sketches of Key Personnel
- Table format is recommended
- Incorporate and clearly identify staffing information related to proposed supplemental funding activities (if applicable).
## Sample Staffing Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Education</th>
<th>Title</th>
<th>FTE</th>
<th>Funding Source</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Jones</td>
<td>FNP</td>
<td>Nurse Practitioner</td>
<td>1.0</td>
<td>1.0 Part D</td>
<td>2 years FNP, 8 years RN in hospital setting, less than 2 months HIV experience</td>
</tr>
<tr>
<td>Nurse Thomas</td>
<td>RN</td>
<td>Clinic Nurse Mgr</td>
<td>0.8</td>
<td>0.2 Part A 0.8 Part D</td>
<td>2 years RN with less than 1 month HIV experience</td>
</tr>
<tr>
<td>Ms. Kona</td>
<td>Assoc Degree</td>
<td>Admin. Assistant</td>
<td>1.0</td>
<td>1.0 Part D</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>0.5</td>
<td>0.5 Part D 0.5 Part B</td>
<td>3 years providing HIV medical case management</td>
</tr>
<tr>
<td>Ms. Johnson</td>
<td>RD</td>
<td>Contracted Registered Dietician</td>
<td>0.3</td>
<td>0.3 Part D 0.3 Part C</td>
<td>2 years HIV nutritional Counseling and 20 years nutritional counseling experience</td>
</tr>
</tbody>
</table>
Attachment 14: Supplemental Funding

Project Narrative Should Include:

- **Identification of Activity**: Clearly identify and provide a description of the selected activity to be implemented under either the HIV Care Innovation or Infrastructure Development categories.

- **Description of Need**: Provide a brief description to justify the need for supplemental support to build capacity.

- **Collaboration and Coordination**: Outline the needed partners for the proposed project.

- **Sustainability**: Explain how the efforts set forth in this project will be maintained or continued beyond the project period.
Attachment 14: Supplemental Funding

- **Resolution of Challenges**: Discuss challenges in designing and implementing the proposed activity.

- **Project Monitoring**: Describe methods to be used to monitor the outcomes of the proposed activity, and describe the data collection system(s), if applicable.

- **Project Evaluation**: Describe evaluation activities, including clinical quality management activities, that the program will use to assess the impact of the proposed activity.
Attachment 14: Supplemental Funding

If applying for Supplemental Funding:

• Total Year 1 Budget must include supplemental activity budget total
• **Do not** include a separate budget for Supplemental Activities
• Instead, clearly delineate the supplemental costs in line item budget
Part D Supplemental Funding Check List

- Aggregate costs for the RWHAP Part D base and the proposed supplemental activity were included in the total budget amounts identified on the SF-424A for year one (Section A, row one (1) and Section B, column one (1)).

- Clearly delineated related costs for the proposed supplemental activity were incorporated with the RWHAP Part D base in year one of the program-specific line item budget (Attachment 2).

- Clearly delineated explanations of related costs for the proposed supplemental activity were incorporated with the RWHAP Part D base in year one of the budget narrative.

- Staff clearly identified as associated with the proposed supplemental activity were incorporated with the RWHAP Part D base and included in the Staffing Plan (Attachment 4).

- Job Descriptions for Key Personnel associated with the proposed supplemental activity were included in Attachment 4.

- Proposed supplemental Project Narrative and Work Plan were included as Attachment 14.

Refer to page 32 of the FOA
Other Attachments

• Applicants must have the Authorizing Organization Representative (AOR) sign the Part D “Additional Agreements & Assurances” found in Appendix A.

• Submit a list of Medicaid and Medicare numbers for all medical providers and clinic licensure as applicable as Attachment 1.

• Scan and upload signed copy as Attachment 6.

• Provide documentation of your non-profit status as Attachment 7.
## Sample Service Delivery

<table>
<thead>
<tr>
<th>Organization</th>
<th>Funding Sources &amp; Amounts</th>
<th>Services Provided</th>
<th>Total Clients/ WICY (Unduplicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Life ASO</td>
<td>Part A = $80,000</td>
<td>HIV Testing and Counseling, Substance Abuse Counseling</td>
<td>300/ 150 women, 25 youth, 5 children</td>
</tr>
<tr>
<td></td>
<td>Part B = $60,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>County = $20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Doolittle</td>
<td>Private, for profit</td>
<td>Primary care for HIV+</td>
<td>60/ 15 women</td>
</tr>
<tr>
<td>General Hospital</td>
<td>Part A = $99,000</td>
<td>Primary medical care, Dental, adherence counseling, mental health,</td>
<td>1,200/ 350 women, 50 youth, 20 children, 20 exposed infants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Understand the Review Criteria

Pay careful attention to each of the six Review Criteria related to the Project Narrative

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>(1) Need</td>
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<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Methodology</td>
<td>(2) Response and (4) Impact</td>
</tr>
<tr>
<td>Work Plan</td>
<td>(2) Response and (4) Impact</td>
</tr>
<tr>
<td>Resolution of Challenges</td>
<td>(4) Impact</td>
</tr>
<tr>
<td>Evaluation and Technical Support Capacity</td>
<td>(3) Evaluative Measures and (4) Impact</td>
</tr>
<tr>
<td>Organizational Information</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Budget and Budget Narrative</td>
<td>(6) Support Requested</td>
</tr>
</tbody>
</table>
List of Attachments can be found in Section V. of the FOA Pgs. 29-32

- Provide attachments in the order specified
- Label each attachment clearly
- Unless otherwise noted, attachments count toward the application page limit.
Application: Where is it?

• Located at www.grants.gov.

• Also found at
  • www.hrsa.gov/grants
  • Application Guide
    www.hrsa.gov/grants/apply/applicationguide/

• Adobe Reader 8.1.1 version or later is required.
Grant Submission Tips

• Read the FOA and the 424 Application Guide carefully and follow instructions.

• Include your agency name and the name of this application on all pages (Ryan White Part D WICY Base and Supplemental).

• Refer to the Application Guide, pg. 54, section 4.7. for additional Tips for Writing a Strong Application.

• Apply early; do not wait until the last minute in case you run into challenges!

• Make sure the person who can submit for your organization will be available.

• Ensure SAM.gov and Grants.gov registration and passwords are current immediately!

• Have all your PIN numbers and passwords handy!
Grants.gov Contact Information

• 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)
Tracking Grants.gov Submissions

- Submission Receipt E-mail
  - Submission Receipt (receive within 2 business days)
  - “Track My Application” link

- Submission Validation E-mail
  - Second e-mail from Grants.gov validating your application
    OR
  - Rejection with errors

- Grantor Agency Retrieval Email
  - Third e-mail from Grants.gov
  - HRSA has confirmed receipt of application package

Grants.gov website

http://www.grants.gov/applicants/apply_for_grants.jsp
Tracking Grants.gov Submissions (2)

• Fourth email is the Agency Tracking Number Assignment E-mail.

  Grants.gov website

  http://www.grants.gov/applicants/apply_for_grants.jsp

  Refer to SF-424 Application Guide Section 3.3

• An applicant must receive four (4) emails to have successfully submitted an application through Grants.gov.

• Receipt of all four separate emails may occur over a week’s time.

• Check your SPAM folder

• Do not wait until the last minute to submit an application!
# Four E-mails from Grants.gov

<table>
<thead>
<tr>
<th>Submission Type</th>
<th>E-mail</th>
<th>Subject</th>
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<th>Recipient</th>
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<tbody>
<tr>
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<td>Submission Receipt</td>
<td>Within 48 hours</td>
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<td>Grants.gov</td>
<td>AOR</td>
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</table>

**SF424 Application Guide, 8.2.5, pp. 58-59**
Grants.gov Message upon Application Upload

- Home > Apply for Grants > Confirmation

Confirmation

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.”

“IMPORTANT NOTICE: If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXX.”
Reminders

• Deadline to submit application is **February 21, 2017.**
• Ceiling funding amounts for each service area have been increased as listed in Appendix B
• Supplemental funding ceiling amount has increased to $150,000
• Past performance will be considered in the award selection process
• Part D Supplemental will be counted in the page count of this FOA. The page limit of this application is 80 pages. Please refer to the FOA in determining what is counted in the page limit.
REMINDERS

• The application must be electronically submitted through and successfully validated Grants.gov by **February, 21, 2017, 11:59 pm EST.**

• We recommend submission of the application at least four business days before the due date.

• Grants.gov Contact Center:
  • 1-800-518-4726 or support@grants.gov
  • (24/7 except Federal holidays)

*Reminder Monday, February 20 Federal offices in the Washington D.C. area are closed. The Grants.gov Contact Center will not be available.*
Your questions are welcome!

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

**Program Contact**
Monique G. Hitch
mhitch@hrsa.gov
(301) 443-3944

**Grants Contact**
Adejumoke Oladele
aoladele@hrsa.gov
(301) 443-2441

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