Health Information Technology Capacity Building for the Integration of Medicaid and Ryan White HIV/AIDS Program Data

Announcement Type: New, Limited Competition
Funding Opportunity Number: HRSA-17-045
Catalog of Federal Domestic Assistance (CFDA) No. 93.928

FUNDING OPPORTUNITY ANNOUNCEMENT
Fiscal Year 2017

Application Due Date: March 22, 2017

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov, may take up to one month to complete.

Issuance Date: January 19, 2017

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Authority: Public Health Service Act, Section 2691 (42 USC § 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)
EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is accepting applications for fiscal year (FY) 2017 Health Information Technology Capacity Building for the Integration of Medicaid and Ryan White HIV/AIDS Program Data program. The purpose of this program is to support two (2) Ryan White HIV/AIDS Program (RWHAP) Part B recipients to promote the statewide exchange of health information between RWHAP data systems and Medicaid Management Information Systems (MMIS). Improvement of health information exchange capacity will enhance the States’ ability to more fully integrate care, treatment and cost data, thus increasing the coordination of eligibility, care, and quality initiatives in these jurisdictional areas. This new initiative will build upon and expand previous health information technology capacity building efforts for RWHAP recipients to utilize integrated clinical, surveillance, laboratory and other program data to improve health outcomes among people living with HIV, in support of the National HIV/AIDS Strategy – Updated to 2020.

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<tr>
<th>Funding Opportunity Title:</th>
<th>Health Information Technology Capacity Building for the Integration of Medicaid and RWHAP Program Data</th>
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<td>Funding Opportunity Number:</td>
<td>HRSA-17-045</td>
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<tr>
<td>Due Date for Applications:</td>
<td>March 22, 2017</td>
</tr>
<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>$1,900,000</td>
</tr>
<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to two (2) grants</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Up to $950,000 per year</td>
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<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
</tr>
</tbody>
</table>
| Project Period: | September 1, 2017 through August 31, 2020  
Three (3) years |
| Eligible Applicants: | Eligible applicants include RWHAP Part B funded recipients of record, to include the lead administrative agencies for all 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, and the following Pacific Island Jurisdictions: American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands; and non-profit entities. Applications from non-profit entities are acceptable so long as the roles and responsibilities of the State and the non-profit entity are specified in a formal written agreement. The formal written agreement |

HRSA-17-045
(Attachment 10) must be signed by both an authorized representative of the nonprofit entity and the State’s chief elected official. A non-profit applicant’s failure to meet the eligibility requirement of a formal written agreement with the State/Territory will result in HRSA dismissing the application without review and precluding HRSA from making an award.

Only one application may be submitted per State/Territory. Either the RWHAP Part B funded recipient may apply, or a nonprofit entity may apply on behalf of (and in partnership with) the RWHAP Part B recipient.

RWHAP Part B recipients whose State Medicaid Agency has a Health Information Exchange Implementation Advanced Planning Document approved or in the first time review process by the Centers for Medicare & Medicaid Services (CMS) for Health Information Technology for Economic and Clinical Health Act administrative federal matching funds (also known as the 90% HITECH match) are strongly encouraged to apply. See https://www.medicaid.gov/medicaid/data-and-systems/hie/federal-financial-participation/index.html.

[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide


Technical Assistance
All interested applicants are encouraged to participate in a technical assistance (TA) webinar for this grant funding opportunity. The technical assistance webinar is scheduled for February 2, 2017 from 1:00 – 2:30 p.m. Eastern Time. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

Dial-in Phone Number: 800-593-9968
Passcode: 5685897#
To access the webinar online, go to the Adobe Connect URL: https://hrsaseminar.adobeconnect.com/hrsa17045-spns/
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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for fiscal year (FY) 2017 Health Information Technology Capacity Building for the Integration of Medicaid & Ryan White HIV/AIDS Program Data program. The purpose of this program is to support two (2) Ryan White HIV/AIDS Program (RWHAP) Part B recipients to promote the statewide exchange of health information between RWHAP data systems and Medicaid Management Information Systems (MMIS). Improvement of HIV-related health information exchange capacity will enhance the ability of the States and Territories to more fully integrate care, treatment, and cost data, thus increasing the coordination of eligibility, care, and quality initiatives in their respective jurisdictional areas. For the purposes of this program, “States” include the District of Columbia and “Territories” include the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands.

Funding will support the creation of a new or the enhancement of an existing data sharing platform that will facilitate the exchange of HIV-related health information between existing RWHAP Part B data systems and existing statewide MMIS. A robust statewide integrated data system will enable the sharing of relevant measures of HIV care and treatment, care coordination, public health reporting, laboratory, pharmacy, and other systems. This enhanced ability to share data will increase the coordination of care across a range of medical and service providers caring for people living with HIV (PLWH) and funded under Medicaid and the RWHAP. The data sharing platform also should allow for the more efficient collection, monitoring, and reporting of statewide health outcomes of PLWH along the HIV care continuum. Such data integration can also create efficiencies in the clinical management of PLWH; improve health outcomes; and serve as a catalyst in the creation of innovative payment models that focus on quality care for PLWH. The integrated data system can also link with and report on HIV quality measures to the State MMIS and its Medicaid Managed Care Organizations (MMCOs).

Data integration efforts may focus on improvements in eligibility information exchange and coordination, care and treatment coordination, and/or quality initiatives. Project goals and objectives to achieve data integration may include but are not limited to health information technology (HIT) interconnectivity, interoperability, scalability, reusability, and other improvements. Enhancements in any of these areas will create efficiencies in the management of HIV patients in domains such as care coordination, patient navigation, medication reconciliation, and/or public health reporting.

Upon completion, the data sharing platform will create new capacity or add to existing capacity to better exchange RWHAP Part B and Medicaid clinical, claims and eligibility program data. It must also facilitate more efficient collection, monitoring, and tracking of

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statewide health outcomes of PLWH along the HIV care continuum, to better address HIV-related disparities among subpopulations.

By allowing for more efficient reporting of health outcomes of PLWH along the HIV care continuum, it will facilitate program planning and resource allocation to better address HIV-related disparities among subpopulations. At the end of their project, recipients will be expected to document their project’s implementation and evaluation processes to be shared with other RWHAP recipients.

RWHAP Part B recipients applying for these funds must provide evidence of partnering agreements with their State Medicaid Agencies demonstrating their commitment to the objectives of this integration project. To leverage the impact of this program, RWHAP Part B recipients whose State Medicaid Agency has a Health Information Exchange Implementation Advanced Planning Document approved or in the first time review process by the Centers for Medicare & Medicaid Services (CMS) for Health Information Technology for Economic and Clinical Health Act administrative federal matching funds (also known as the 90% HITECH match) are strongly encouraged to apply. See https://www.medicaid.gov/medicaid/data-and-systems/hie/federal-financial-participation/index.html.2

2. Background

This program is authorized by Section 2691 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau’s (HAB) Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the RWHAP. The SPNS Program also evaluates the effectiveness of these models’ design, implementation, utilization, cost, and health related outcomes, while promoting the dissemination and replication of successful models. In the Ryan White HIV/AIDS Treatment Modernization Act of 2006, the SPNS Program was given authority to provide funding for RWHAP recipients and providers to develop standard electronic client information data systems to improve their capacity to report client-level data to HHS. This new initiative will build upon and expand SPNS’ previous HIT capacity building efforts for RWHAP recipients to utilize integrated clinical, surveillance, laboratory and other program data to improve health outcomes among PLWH, in support of the National HIV/AIDS Strategy – Updated to 2020.

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 20203 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 primary goals of NHAS 2020:

1) Reduce new HIV infections;
2) Increase access to care and optimize health outcomes for PLWH;
3) Reduce HIV-related health disparities and health inequities; and
4) Achieve a more coordinated national response to the HIV epidemic.

Updated in 2015, NHAS 2020 has fully integrated the objectives and recommendations of the HIV Care Continuum Initiative (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows opportunities to refocus and strengthen the ongoing work in HIV prevention, care, and research.

Recipients should take action to align their organization’s efforts, over the next five years, around the Strategy’s four areas of critical focus:

- Widespread testing and linkage to care, enabling PLWH to access treatment early;
- Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among PLWH; and
- Full access to comprehensive pre-exposure prophylaxis (PrEP) services for those to whom it is appropriate and desired, and support for medication adherence for those using PrEP.

More information on how recipients can support NHAS 2020 may be found in the Community Action Plan Framework,4 a tool to help recipients and other stakeholders in developing their own plans to implement NHAS 2020.

**HIV Care Continuum**

The HIV care continuum5 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,6 approved by the HHS Secretary. RWHAP recipients and providers submit data through the Ryan White HIV/AIDS Program Services Report (RSR). HAB collects the data elements needed to produce the HHS Common HIV Core Indicators (Indicators); uses the data to calculate Indicators, across the entire RWHAP; and reports six of the seven Indicators to the HHS, Office of the Assistant Secretary for Health.

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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. HAB requests that recipients use the RWHAP performance measures, at their local level, to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

II. Award Information

1. Type of Application and Award

Types of applications sought: New, Limited Competition

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately $1,900,000 is expected to be available annually to fund two (2) recipients. You may apply for a ceiling amount of up to $950,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is September 1, 2017 through August 31, 2020 (three (3) years). Funding beyond the first year is dependent on the availability of appropriated funds for the Health Information Technology Capacity Building for the Integration of Medicaid and Ryan White HIV/AIDS Program Data program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

This award is subject to the Uniform Administrative Requirements codified by HHS at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include current recipients of record funded under RWHAP Part B Grants to States and Territories, and non-profit entities. Applications from non-profit entities are acceptable so long as the roles and responsibilities of the State and the non-profit entity are specified in a formal written agreement. The formal written agreement (Attachment 10) must be signed by both an authorized representative of the nonprofit entity and the current recipient chief elected official. A non-profit applicant’s

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failure to meet the eligibility requirement of a formal written agreement with the State/Territory will result in HRSA dismissing the application without review and precluding HRSA from making an award.

Only one application may be submitted per State/Territory. Either the RWHAP Part B funded recipient may apply, or a nonprofit entity may apply on behalf of (and in partnership with) the RWHAP Part B recipient.

RWHAP Part B recipients whose State Medicaid Agency has a Health Information Exchange Implementation Advanced Planning Document approved or in the first time review process by the Centers for Medicare & Medicaid Services (CMS) for Health Information Technology for Economic and Clinical Health Act administrative federal matching funds (also known as the 90% HITECH match) are strongly encouraged to apply. See https://www.medicaid.gov/medicaid/data-and-systems/hie/federal-financial-participation/index.html.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in Section IV.4 will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA requires applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

2. Content and Form of Application Submission

Section 4 of HRSA’s SF-424 Application Guide provides instructions for the budget,
budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA’s SF-424 Application Guide except where instructed in the FOA to do otherwise.

See Section 8.5 of the Application Guide for the Application Completeness Checklist.

**Application Page Limit**
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required by the Application Guide and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA’s SF-424 Application Guide for additional information on this and other certifications.

**Program-Specific Instructions**
In addition to application requirements and instructions in Section 4 of HRSA’s SF-424 Application Guide (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

1. **Project Abstract**
   See Section 4.1.ix of HRSA’s SF-424 Application Guide.

2. **Project Narrative**
   This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

   Use the following section headers for the Narrative:
• **INTRODUCTION -- Corresponds to Section V’s Review Criterion # 1 (Need)**
  Provide a clear and succinct description and purpose of the proposed project. Briefly describe the applicant organization and any collaborators.

• **NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion # 1 (Need)**
  Provide a description of the existing HIT infrastructure in your RWHAP jurisdiction. This description must include RWHAP data systems used to report the RSR and the AIDS Drug Assistance Program Data Report (ADR), surveillance, laboratory, State MMIS, and any other relevant data systems if they are included in the proposed plan. Describe how these systems currently integrate with one another, identifying existing technology gaps that limit data sharing and include a flowchart that identifies these systems as Attachment 8.

Use information from the HIV/AIDS epidemiological data and narrative from Section I. A. of the Integrated HIV Prevention and Care Plan to identify the populations living with HIV in your State experiencing documented or suspected disparities that will be impacted by the project. Provide relevant demographic, surveillance and treatment data where available. Disparities may be based on race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, immigration status, and other relevant dimensions should be considered. Include specific social determinants of health and health disparities impacting the population(s) or communities served and unmet.

• **METHODOLOGY -- Corresponds to Section V’s Review Criteria # 2 (Response) and # 4 (Impact)**
  Provide a detailed plan for your HIT capacity building project that addresses the existing technology gaps that limit data sharing described earlier. The plan must lead to the creation of a new or the enhancement of an existing data sharing platform to better exchange RWHAP Part B and Medicaid clinical, claims and eligibility program data. It must also facilitate more efficient collection, monitoring, and tracking of statewide health outcomes of PLWH along the HIV care continuum, to better address HIV-related disparities among subpopulations.

  In your plan, describe how you will leverage existing HIT systems and resources to increase the capacity to better exchange RWHAP Part B and Medicaid clinical, claims and eligibility program data, and improve the collection and reporting of HIV care continuum measures. Describe all other HIT funding sources of your health department, and describe how the additional funds under this SPNS initiative will complement existing HIT development infrastructure and other improvement activities.

  Describe the proposed system configuration(s) of the HIT capacity building project, including its system architecture, interconnectivity, communication protocols, relevant database systems (to include the State MMIS) and central data repository, if applicable. Discuss how the enhanced HIT system may be affected by technological issues such as different HIT standards and system interconnectivity differences. Describe any interoperability and/or interconnectivity configurations that will ensure efficient integration and utilization of all proposed system
components, to include real-time, bi-directional tracking of client medical and support service data from one point of service to another, if feasible. Describe how these interoperability and/or interconnectivity configurations follow the standards of the Office of the National Coordinator for Health Information Technology (ONC). Include a data flowchart that identifies all data systems involved in the project and any interoperability/interconnectivity enhancements, as well as all relevant data collection and reporting streams and processes, and existing or proposed data exchange methods, as Attachment 9.

If the project includes the development of a new or the enhancement of an existing central data repository, describe how it will collect data from all relevant data sources in your State, including RWHAP reporting systems, HIV surveillance, HIV testing databases, RWHAP and Medicaid claims databases, laboratories, and any other sources. If applicable, describe how the central data repository will interact with the different stakeholders participating in the network, and how the improved exchange of health information will facilitate access to care for populations experiencing disparities and improve HIV care continuum outcomes.

Please note that the data (RWHAP treatment and support services data, Medicaid claims data, etc.) to be collected and used in this initiative is classified either as public health data or client-level data. Public health data are reported without disclosure of protected health information (PHI). The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) grants exemptions to covered entities that collect and report PHI for the purposes of communicable disease surveillance in public health activities and quality improvement in health care operations. The HIPAA Security Rule operationalizes the protections contained in the Privacy Rule by addressing the technical and non-technical safeguards that organizations called “covered entities” must put in place to secure individuals’ “electronic protected health information” (e-PHI).

Describe how the proposed project will address issues of confidentiality and privacy surrounding the use of client-level health data. Describe any applicable State and local regulations regarding the sharing of clinical and laboratory data, and whether they exceed HIPAA requirements for the protection of disclosure of information regarding people living with HIV. Describe any applicable regulatory processes within your jurisdiction and how the proposed project will ensure the timely, confidential and secure transfer of data within those limitations.

Include activities with or by your State Medicaid Agency per the partnering agreement (Attachment 4.) If applicable, indicate if your State Medicaid Agency has an Health Information Exchange Implementation Advanced Planning Document approved or in the first time review process by CMS for Health

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Information Technology for Economic and Clinical Health Act administrative federal matching funds (also known as the 90% HITECH match). Explain how your proposed project will build upon those activities to maximize the impact of the proposed project. If applicable, describe any other current or pending data sharing agreements in place at the time of your application. Provide a single page Letter of Support or Memorandum of Agreement/Understanding as evidence of these agreements. Include these documents in Attachment 5 (Project-specific Letters of Agreement and/or Description(s) of Proposed/Existing Contracts).

You must also propose a plan for project sustainability after the three-year period of federal funding ends. Recipients are expected to sustain key elements of their projects which have been effective in improving the exchange of RWHAP Part B and Medicaid clinical, claims and eligibility program data.

WORK PLAN — Corresponds to Section V’s Review Criterion # 2 (Response)
Develop a work plan to describe the steps used to achieve each of the activities proposed in the methodology section. The work plan should be time-framed with specific dates to actively manage the project by measuring progress and quantifying accomplishments. Identify the staff members (in-kind and grant-supported) who will manage, oversee, configure and install new systems or modify existing systems in order to meet the objectives of the project. In chronological order, list the major elements/tasks/activities to be performed during the project period. The work plan should be presented in a table format and include (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; (4) staff responsible for each action step, and; (5) anticipated dates of completion. Among key activities that may be addressed in the time line include, but are not limited to, procurement, implementation, configuration, installation, testing, documentation and training related to the proposed HIT system. Please note that goals for the work plan are to be written for the entire three-year project period, but objectives and action steps are required only for the goals set for Year 1. The work plan should be included as Attachment 1.

RESOLUTION OF CHALLENGES — Corresponds to Section V’s Review Criterion # 2 (Response)
Discuss any type of challenges (organizational, technological and human-related) that are likely to be encountered in implementing the proposed project. Discuss approaches that will be used to resolve such challenges.

EVALUATION AND TECHNICAL SUPPORT CAPACITY — Corresponds to Section V’s Review Criteria # 3 (Evaluative Measures) and # 4 (Impact)
Describe how the proposed enhanced HIT system will be used to better evaluate your State HIV testing, treatment and support services; to assess client unmet needs; and to monitor program performance and quality improvements. Provide a table identifying all relevant data sources for the proposed new or enhanced HIT system, which may include but not are limited to HIV surveillance (HIV case reporting and testing); HIV treatment and support services (HRSA RSR and ADR); State MMIS; major hospital and medical provider systems; and/or laboratory and pharmacy database systems. Include in the table specifics for all types of data to be collected from each of these sources, identifying any data not covered by the
HIPAA exemptions for surveillance and quality improvement. Describe how the HHS Common HIV Core Indicators\textsuperscript{10} will be collected and calculated from these sources, and how the proposed new or enhanced HIT system will be fully compatible with the requirements for collection and reporting of all measures to support HIV care continuum models in your State. At a minimum, client demographics must include sex, race/ethnicity, age, HIV transmission risk group, income level, and health insurance type. Carefully consider the addition of sexual orientation, transgender status, country/place of origin, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions. Explain how health outcomes will be stratified by demographic data in order to better address HIV-related health disparities across the HIV care continuum.

**ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion # 5 (Resources/Capabilities)**

Provide information on the applicant organization’s current structure and scope of current activities. Describe the relevant experience, skills, and knowledge of proposed staff who will implement the project. If contractors will be used to provide services, describe their proposed roles and responsibilities. Describe how these all contribute to the ability of the organization to meet the program requirements. Provide a one-page figure that depicts the organizational structure of the project, including collaborating organizations, contractors and other significant collaborators as Attachment 6. Do not provide a standard organization chart for the entire organization.

Documentation of your partnering agreement with your State Medicaid Agency, demonstrating the latter’s full commitment to execute the objectives of this project, is required as Attachment 4.

Provide a Staffing Plan and Job Descriptions as Attachment 2 and Biographical sketches of key project staff as Attachment 3 (see Section 4.1. of HRSA’s SF-424 Application Guide). Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. If applicable, describe the roles and responsibilities of any consultants and/or subcontractors who will be used to carry out aspects of the proposed project. Any current and/or proposed collaborating organizations, consultants and/or subcontractors must demonstrate their commitment to fulfill the goals and objectives of the project through signed and dated letters of support or memoranda of agreement or understanding. Include any such letters or memoranda, and descriptions of any existing or proposed contracts relating to the proposed project, as Attachment 5.

**If applicable:** Some States may choose to utilize a nonprofit entity that applies in conjunction with the jurisdiction. Such applications are acceptable so long as the roles and responsibilities of each entity are specified in a formal written agreement. The formal agreement must be signed by both an authorized representative of the

nonprofit entity and the chief elected official. Include this formal written agreement as Attachment 10.

### NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<table>
<thead>
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<th>Narrative Section</th>
<th>Review Criteria</th>
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<tr>
<td>Introduction</td>
<td>(1) Need</td>
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<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
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<tr>
<td>Methodology</td>
<td>(2) Response and (4) Impact</td>
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<td>Work Plan</td>
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<td>Resolution of Challenges</td>
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<td>Budget and Budget Narrative</td>
<td>(6) Support Requested</td>
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### iii. Budget

See Section 4.1.iv of HRSA’s SF-424 Application Guide. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, if applicable, the additional budget instructions provided below.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the Health Information Technology (HIT) Capacity Building for the Integration of Medicaid and RWHAP Program Data program requires the following: separate line item budgets for each year of the three (3) year project period as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate. See Attachment 7, below for additional information. Please note that funding is limited to the acquisition and implementation of network operating systems, hardware and software components; labor costs (staff and contractual) associated with the installation, configuration and modification of the enhanced HIT systems; staff training for subrecipient service delivery provider organizations to assure the optimum operation of the enhanced systems, and related salary and administrative expenses allocable to the funded project. Because the primary focus of this SPNS initiative is the creation of new or
the enhancement of existing HIT infrastructure to improve data sharing within Part B recipients, new hardware procurements will be limited to no more than 25 percent of the awards.

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.” As of January 8, 2017, the Executive Level II salary limitation is now $187,000 (formerly $185,100) and the HRSA Application Guide will be updated accordingly in the near future. 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.

iv. Budget Narrative
See Section 4.1.v. of HRSA’s SF-424 Application Guide.

v. Attachments
Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Each attachment must be clearly labeled.

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. The work plan should include clearly written (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; (4) staff responsible for each action step (including consultants); and (5) anticipated dates of completion. Please note that goals for the work plan are to be written for the entire three-year project period, but objectives and action steps are required only for the goals set for Year 1.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s SF-424 Application Guide).
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Partnering Agreement with State Medicaid Agency
This document must demonstrate the State Medicaid Agency’s full commitment to execute the objectives of this project. It can be in the form of a memorandum of agreement/understanding, or an existing contract or pending contractual agreement between both entities, which should be abbreviated in length for the
purpose of the application. Please note that a Letter of Support does not meet this requirement.

**Attachment 5: Project-specific Letters of Agreement and/or Description(s) of Proposed/Existing Contracts**
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated. If applicable, provide single page Letter(s) of Support or Memoranda of Agreement/Understanding as evidence of any current or pending data sharing agreements in place at the time of your application.

**Attachment 6: Project Organizational Chart**
Provide a one-page figure that depicts the organizational structure of the project, including collaborating organizations, subcontractors and other significant collaborators. Do not provide a standard organization chart for the entire organization.

**Attachment 7: Line Item Budgets Spreadsheet for Years 1 through 3**
Submit line item budgets for each year of the three (3) year project period as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs. Please note that funding is limited to the acquisition and implementation of network operating systems, hardware and software components; labor costs (staff and contractual) associated with the installation, configuration and modification of the enhanced HIT systems; staff training for subrecipient service delivery provider organizations to assure the optimum operation of the enhanced systems, and related salary and administrative expenses allocable to the funded project. Please note: because the primary focus of this SPNS initiative is creation of new or the enhancement of existing HIT infrastructure to improve data sharing within Part B recipients, new hardware procurements will be limited to no more than 25 percent of the awards.

**Attachment 8: Existing HIT Infrastructure Flowchart**
Provide a flowchart depicting the existing HIT infrastructure in your RWHAP jurisdiction. Include HIV treatment, surveillance, laboratory, and other relevant data systems. If included in the proposed plan, include any Health Information Exchange and Medicaid databases.

**Attachment 9: Project Data Flowchart**
Identify all data systems involved in the proposed HIT project and any interoperability/interconnectivity enhancements. Identify all relevant data collection and reporting streams and processes, including existing and proposed data exchange methods.

**Attachment 10: Formal Agreement between State and Nonprofit Entity (if applicable)**
For administrative simplicity, some States may choose to utilize a nonprofit entity that applies in conjunction with the jurisdiction. If applicable, provide a formal
written agreement between the State and nonprofit entity specifying the roles and responsibilities of each entity.

**Attachments 11 – 15: Other Relevant Documents**
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. **Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet ([http://fedgov.dnb.com/webform/pages/CCRSearch.jsp](http://fedgov.dnb.com/webform/pages/CCRSearch.jsp))
- System for Award Management (SAM) ([https://www.sam.gov](https://www.sam.gov))

For further details, see Section 3.1 of HRSA’s *SF-424 Application Guide*.

**Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

4. **Submission Dates and Times**

**Application Due Date**

The due date for applications under this FOA is March 22, 2017 at 11:59 P.M. Eastern Time.
See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s SF-424 Application Guide for additional information.

5. Intergovernmental Review

The Health Information Technology Capacity Building for the Integration of Medicaid & Ryan White HIV/AIDS Program Data program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA’s SF-424 Application Guide for additional information.

6. Funding Restrictions

You may request funding for a project period of up to three (3) years, at no more than $950,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

1) To directly provide health care or testing services;
2) Purchase, construction of new facilities or capital improvements to existing facilities;
3) Purchase of or improvement to land;
4) Purchase vehicles;
5) Syringe services programs;
6) Fundraising expenses;
7) Lobbying activities and expenses;
8) Reimbursement of pre-award costs;
9) International travel; and/or
10) Cash payments to intended clients of RWHAP services, as opposed to various non-cash incentives to encourage participation in evaluation activities.

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.” As of January 8, 2017, the Executive Level II salary limitation is now $187,000 (formerly $185,100) and the HRSA Application Guide will be updated accordingly in the near future. 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.

Because the primary focus of this SPNS initiative is the enhancement of existing HIT infrastructure within Part B recipients, new hardware procurements will be limited to no more than 25 percent of the awards.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements.
and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The *Health Information Technology Capacity Building for the Integration of Medicaid and Ryan White HIV/AIDS Program Data* program has six (6) review criteria:

**Criterion 1: NEED (20 points) – Corresponds to Section IV’s Introduction and Needs Assessment**

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- Extent to which the applicant demonstrates the need for the creation of a new or the enhancement of an existing data sharing platform that will facilitate the exchange of HIV-related health information between existing RWHAP Part B data systems and existing statewide MMIS.
- Strength and clarity of the applicant’s description of how relevant data systems (RWHAP, State MMIS, surveillance, laboratory, etc.) currently integrate with one another, and the extent to which it identifies existing technology gaps.
- Strength and clarity of the applicant’s description of the populations living with HIV in its jurisdiction State that are experiencing documented or suspected disparities that will be impacted by the project (as taken from Section I. A. of the State’s Integrated HIV Prevention and Care Plan).
- Strength and clarity of the succinct description and purpose of the proposed project, including the applicant organization and any collaborators.
- Strength and clarity of the applicant’s data flowchart that identifies all existing data systems involved in the project and any interoperability/interconnectivity enhancements, as well as all relevant data collection and reporting streams and processes, and data exchange (Attachment 8).

**Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Work Plan and Resolution of Challenges**

The extent to which the proposed project responds to the Purpose of this funding opportunity announcement as described in Section I. 1. The strength of the proposed goals and objectives and their relationship to the identified project. The
extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

i. **Methodology (22 points)**
   - Strength and feasibility of the applicant’s detailed plan for the creation of a new or enhancement of an existing data sharing platform to improve the exchange of RWHAP Part B and Medicaid clinical, claims and eligibility program data.
   - Extent to which the applicant’s detailed plan and project data flowchart (Attachment 9) address the existing technology gaps described earlier under Need and in Attachment 8, with the aim of achieving efficient integration of relevant public health information technology systems.
   - Extent to which the applicant proposes to leverage existing HIT systems and resources in its jurisdiction for its HIT capacity building project.
   - Strength and clarity of the applicant’s description of all other HIT funding sources of their health department, and how the SPNS funding will complement its existing HIT development infrastructure and other improvement activities.
   - Strength and clarity of the applicant’s description of the proposed enhanced system configuration, including its system architecture, interconnectivity, communication protocols, relevant database systems (to include the State MMIS) and the possible impact of technological issues such as different HIT standards and system interconnectivity differences.
   - Extent to which the applicant addresses issues of confidentiality and privacy surrounding the use of client-level health data, any requirements of the Privacy Rule and/or Security Rule of HIPAA, and applicable regulatory processes within their jurisdiction impacting their project.
   - Evidence of a partnering agreement with the applicant’s State Medicaid Agency in the form of EITHER an existing or pending contractual agreement (in abbreviated length); OR a memorandum of agreement or understanding indicating that a contractual agreement between the entities will be executed within six months of award (in Attachment 4).
   - Extent to which the proposed activities build upon the applicant’s State Medicaid Agency’s Health Information Exchange Implementation Advanced Planning Document (approved or in the first time review process by CMS).

ii. **Work Plan (5 points)**
   - Strength, clarity and feasibility of the applicant’s work plan and its goals for the three-year project period (Attachment 1).
   - Extent to which the applicant’s work plan addresses the program requirements the applicant described in the Methodology section of the narrative.
   - Evidence the applicant’s objectives and action steps for Year 1 are specific to each goal, time-framed, and measurable.
   - Evidence the applicant’s work plan includes each planning, implementation and evaluation activity; the staff responsible to accomplish each step; and anticipated dates of completion.
iii. **Resolution of Challenges (3 points)**
- Extent to which the applicant identifies possible organizational, technological and/or human-related challenges that are likely to be encountered during the planning and implementation of the project described in the work plan.
- Extent to which the applicant identifies realistic and appropriate responses to be used to resolve those challenges.

**Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation Capacity**
The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess the extent to which program objectives have been met, and to what extent these can be attributed to the project.
- Extent to which the proposed enhanced HIT system will improve the applicant’s capacity to evaluate its HIV testing, treatment and support services; assess client unmet needs; and monitor program performance and quality improvements.
- Feasibility of the data sources identified in the applicant’s table (RWHAP, State MMIS, HIV surveillance, major hospital and medical provider systems; laboratory and pharmacy database systems) to improve the exchange RWHAP Part B and Medicaid clinical, claims and eligibility program data.
- Feasibility of the applicant’s description of how the HHS Common HIV Core Indicators will be collected and calculated from these sources, and how proposed enhanced IT system will be fully compatible with the requirements for collection and reporting of all measures to support HIV care continuum models in its State.
- Extent to which the applicant’s proposed client demographics include at a minimum sex, race/ethnicity, age, HIV transmission risk group, income level, and health insurance type.
- Extent to which the applicant includes additional demographics such as sexual orientation, transgender status, country/place or origin, socioeconomic status, disability status, primary language, health literacy, and other relevant characteristics

**Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Methodology and Evaluation Capacity**
The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.
- Strength of the applicant’s proposed plan for project sustainability after the three-year period of federal funding ends, to include the key elements which have been proven effective in improving the exchange of RWHAP Part B and Medicaid clinical, claims and eligibility program data, and the efficiency of the collection, monitoring, and tracking of statewide health outcomes of PLWH along the HIV care continuum, to better address HIV-related disparities among subpopulations.
- Extent to which the proposed activities leverage the applicant’s State Medicaid Agency’s Health Information Exchange Implementation Advanced Planning
Document (approved or in the first time review process by CMS) to maximize the impact of the proposed project.

**Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV’s Evaluation Capacity and Organizational Information**

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- The extent to which the applicant’s proposed staff have the experience, skills, knowledge, materials published and previous work of a similar nature to conduct the proposed project and meet the program requirements.
  - Strength and appropriateness of the applicant’s staffing plan and job descriptions (Attachment 2)
  - Strength and appropriateness of the applicant’s biographical sketches of key project staff (Attachment 3)
- If applicable, strength and appropriateness of any current and/or proposed collaborating organizations, consultants and/or subcontractors, their roles and responsibilities to carry out aspects of the proposed project, with supporting documentation included in Attachment 5.
- The extent to which the applicant organization’s current structure and scope of current activities contribute to its ability to conduct the proposed project and meet program expectations.
- Strength and clarity of the applicant’s organizational resources as demonstrated on the project organizational chart (in Attachment 6).

**Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget, Budget Justification, and Attachments**

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget, budget narrative and the line item budgets for each year of the project period (Attachment 7) are reasonable and align with the activities proposed in the work plan (Attachment 1) to accomplish the programmatic requirements described in this announcement.
- The extent to which key personnel have adequate time allocated to the project in percentages of full-time equivalents (FTEs) to achieve project objectives.
- If applicable, the extent to which contracts for proposed subcontractors and consultants are clearly described in terms of contract purposes; how costs are derived; and that payment mechanisms and deliverables are reasonable and appropriate.

### 2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA
approving officials also may apply other factors in award selection, (e.g., geographical
distribution), if specified below in this FOA. HRSA may also consider assessment of
risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA’s SF-424 Application Guide for more details.

This program does not have any funding priorities, preferences or special
considerations.

HRSA will consider past performance in managing contracts, grants and/or cooperative
agreements of similar size, scope and complexity. Past performance includes
timeliness of compliance with applicable programmatic and reporting requirements,
conformance to the terms and conditions of previous awards, and if applicable, the
extent to which any previously awarded Federal funds will be expended prior to future
awards.

3. Assessment of Risk and Other Pre-Award Activities

The Health Resources and Services Administration may elect not to fund applicants
with management or financial instability that directly relates to the organization’s ability
to implement statutory, regulatory or other requirements (45 CFR § 75.205).

Applications receiving a favorable objective review that HRSA is considering for funding
are reviewed for other considerations. These include, as applicable, cost analysis of the
project/program budget, assessment of the applicant’s management systems, ensuring
continued applicant eligibility, and compliance with any public policy requirements,
including those requiring just-in-time submissions. You may be asked to submit
additional programmatic or grants information (such as an updated budget or “other
support” information) or to undertake certain activities (such as negotiation of an indirect
cost rate) in anticipation of an award. However, even at this point in the process, such
requests do not guarantee that an award will be made. Following review of all
applicable information, the HRSA approving and business management officials will
determine whether an award can be made, if special conditions are required, and what
level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS
official or board.

Effective January 1, 2016, HRSA is required to review and consider any information
about the applicant that is in the Federal Awardee Performance and Integrity
Information System (FAPIIS). An applicant may review and comment on any
information about itself that a federal awarding agency previously entered. HRSA will
consider any comments by the applicant, in addition to other information in FAPIIS in
making a judgment about the applicant’s integrity, business ethics, and record of
performance under federal awards when completing the review of risk posed by
applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk
Posed by Applicants.
A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s SF-424 Application Guide.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA’s SF-424 Application Guide and the following reporting and review activities:

1) Progress Reports. The recipient must submit a progress report to HRSA on a semiannual basis. Submission and HRSA approval of recipient Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates recipient progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the Notice of Award (NoA).

2) Recipients must submit a report documenting the implementation and evaluation of the funded project to be shared with other RWHAP recipients through the Integrating HIV Innovative Practices (iHiP) web site (https://www.careacttarget.org/ihip). Further information will be provided in the NoA.

3) Integrity and Performance Reporting. The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.
VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Nancy C. Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, 10NWH04
Rockville, Maryland 20857
Telephone: (301) 443-5382
E-mail: ngaines@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Adan Cajina, Chief
Demonstration and Evaluation Branch
Attn: Health Information Technology (HIT) Capacity Building for the Integration of Medicaid and RWHAP Program Data (HRSA-17-045)
Office of Training and Capacity Development
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, 09NWH04
Rockville, MD 20857
Telephone: (301) 443-3180
Fax: (301) 594-2511
Email: ACajina@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov

Successful applicants/recipient may need assistance when working online to submit information and reports electronically through HRSA’s Electronic Handbooks (EHBs). For assistance with submitting information in HRSA’s EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
VIII. Other Information

Technical Assistance:

All interested applicants are encouraged to participate in a technical assistance (TA) webinar for this grant funding opportunity. The technical assistance webinar is scheduled for February 2, 2017 from 1:00 – 2:30 p.m. Eastern Time. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

Dial-in Phone Number: 800-593-9968
Passcode: 5685897#
To access the webinar online, go to the Adobe Connect URL: https://hrsaseminar.adobeconnect.com/hrsa17045-spns/

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s SF-424 Application Guide.