U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part C HIV Early Intervention Services Program: New Geographic Service Areas

Funding Opportunity Number: HRSA-18-092
Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.918

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: January 2, 2018

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: October 26, 2017

Hanna Endale
Chief, Atlantic Branch
Division of Community HIV/AIDS Programs (DCHAP)
E-mail: HEndale@hrsa.gov
Telephone: (301) 443-1326
Fax: (301) 443-1839

Authority: Sections 2651-2667 and 2693 of the Public Health Service Act (42 USC §§ 300ff-51-67 and 300ff-121), 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), Division of Community HIV/AIDS Programs is accepting applications for the fiscal year (FY) 2018 Ryan White HIV/AIDS Program (RWHAP) Part C HIV Early Intervention Services Program: New Geographic Service Areas. The purpose of this program is to provide comprehensive primary health care and support services in an outpatient setting for low income, uninsured, and underserved people living with HIV (PLWH). Under this notice, applicants must propose to provide: (1) counseling individuals with respect to HIV; (2) targeted HIV testing; (3) medical evaluation and clinical and diagnostic services; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV/AIDS; and (5) referrals to appropriate providers of health care and support services.

This competition is open to current RWHAP Part C EIS recipients and new organizations proposing to provide services in a new geographic service area as described by the applicant. HRSA anticipates awarding up to 15 new service areas under this notice. **Newly proposed service areas must not geographically overlap with existing service areas as defined in Appendix B to the notice of funding opportunity (NOFO) HRSA-18-001, HRSA-18-004, and HRSA-18-005.**

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part C HIV Early Intervention Services Program: New Geographic Service Areas
Funding Opportunity Number:	HRSA-18-092
Due Date for Applications:	January 2, 2018
Anticipated Total Annual Available Funding:	$4,500,000
Estimated Number and Type of Award(s):	Approximately 15 grants
Estimated Award Amount:	Up to $300,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	May 1, 2018 through April 30, 2021 (3 years)

Eligible Applicants:	Public and nonprofit private entities that are: a) Federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act; b) Grantees under section 1001 (regarding family planning) other than States; c) Comprehensive hemophilia diagnostic and treatment centers; d) Rural health clinics; e) Health facilities operated by or pursuant to a contract with the Indian Health Service; f) Community-based organizations, clinics, hospitals and other health facilities that provide early intervention services to those persons infected with HIV/AIDS through intravenous drug use; or g) Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV/AIDS, including faith-based and community-based organizations. [See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.]

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

HRSA strongly encourages all applicants to participate in a technical assistance (TA) webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

- **Date:** November 7, 2017
- **Time:** 2 p.m. – 4 p.m. Eastern Time
- **Call-in number:** 1-888-324-8127; **Passcode:** 9377692
- **Webinar Link:** https://hrsa.connectsolutions.com/eis_nofo_webinar/

HAB will record this TA webinar and make it available on the TARGET Center website at https://careacttarget.org/library/HRSA-18-092.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for fiscal year (FY) 2018 Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) Program: New Geographic Service Areas. The purpose of this program is to provide comprehensive primary health care and support services in an outpatient setting for low income, uninsured, and underserved people living with HIV (PLWH). Under this notice, successful applicants must provide: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) medical evaluation, clinical, and diagnostic services; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV/AIDS; and (5) referrals to appropriate providers of health care and support services.

This competition is open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS funded services in new geographic service areas as described by the applicant. HRSA will fund up to 15 new service areas under this notice of funding opportunity (NOFO). For the purposes of this NOFO, a new service area is a defined geographic area with a demonstrated need for comprehensive primary health care and support services in an outpatient setting for low income, uninsured, and underserved PLWH, not adequately covered by other sources of support. Newly proposed service areas must not geographically overlap with existing RWHAP Part C EIS service areas as defined in Appendix B in NOFO HRSA-18-001, HRSA-18-004, and HRSA-18-005.

RWHAP Part C EIS recipients must provide comprehensive primary health care and support services throughout the entire proposed new geographic service area (referred to as "service area" throughout this NOFO) with the goals of providing optimal HIV care and treatment for low-income, uninsured, and underserved PLWH and improving health outcomes.

All allowable services must relate to HIV diagnosis, care, and support, and must adhere to established HIV clinical practice standards consistent with United States Department of Health and Human Services (HHS) Guidelines. Please refer to the HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds* for a list of RWHAP allowable core medical and support services and their descriptions. According to the RWHAP Part C legislation:

- At least 50 percent of the total grant funds must be spent on EIS (except counseling);
- At least 75 percent of the award (minus amounts for administrative costs, planning/evaluation, and clinical quality management (CQM)) must be used to provide core medical services; and
- Not more than 10 percent of the total RWHAP Part C EIS grant funds can be spent on administrative costs.

Applicants seeking a waiver to the core medical services requirement must submit a waiver request either with this application, at any time prior to the application submission, or up to four months after the period of performance start date. Submission should be in accordance with the information and criteria published by HRSA in the Federal Register Notice, Vol. 78, No. 101, dated Friday, May 24, 2013, and may be found at http://www.gpo.gov/fdsys/pkg/FR- 2013-05-24/pdf/2013-12354.pdf. Sample letters may be found at https://hab.hrsa.gov/sites/default/files/hab/Global/samplereqwaiverletters.pdf. If you are submitting a core medical services waiver request with this application, include it as **Attachment 14**.

RWHAP Part C EIS Program Requirements and Expectations

Recipients must adhere to the following clinical, administrative, and fiscal statutory requirements and program expectations.

Clinical Requirements:

- ***HIV Testing*** – Recipients may use RWHAP Part C EIS funds to provide HIV testing services to high-risk targeted populations in the proposed new service area in order to identify PLWH and link them into medical care. However, recipients must coordinate these services with other HIV prevention and testing programs to avoid duplication of effort. Recipients should establish linkages and formal referral mechanisms to ensure follow-up care and treatment for those persons identified as HIV-positive. Please note that RWHAP Part C EIS funds cannot (1) supplant HIV testing efforts paid for by other sources, or (2) support routine HIV testing services in the general patient population, or generic efforts such as health fairs. If recipients provide HIV testing, these services must comply with provisions stipulated by HHS in accordance with sections 2661, 2662, and 2663 of the Public Health Service (PHS) Act. The revised HHS Guidelines for HIV testing are available at: http://aidsinfo.nih.gov/. The HIV testing program also must assure the confidentiality of patient information in compliance with applicable federal, state, and local laws.

  Pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) are intended for persons not living with HIV; therefore, RWHAP Part C EIS funds shall not be used to pay for PrEP or nPEP medication or related medical services, such as physician visits and laboratory costs. However, RWHAP recipients, including Part C EIS providers, may provide services such as risk reduction counseling and targeted testing, which should be part of a comprehensive PrEP program. For further guidance, please see the HAB Program Letter on PrEP.

- ***Medical Care Evaluation and Clinical Care*** – RWHAP Part C EIS recipients must provide comprehensive patient–centered primary health care services in an outpatient setting for low-income PLWH throughout their entire service area. In addition, recipients must ensure, directly or via referral, access for clients to core medical services as described in HAB PCN 16-02. If a recipient is unable to provide any of these services on-site, it may establish and demonstrate formal arrangements, such as contracts or memoranda of understanding (MOUs) with appropriate providers.

Recipients must also be able to diagnose, provide prophylaxis, and treat or refer clients co-infected with tuberculosis, Hepatitis B and C, and sexually transmitted infections. Program-wide clinical protocols should be in place to address these co-morbidities. In addition, program clinical staff should track and coordinate all inpatient care. They should develop plans for the resumption of patient care in the program when patients are discharged from the hospital or if there is any other disruption in outpatient care. Finally, patients must be involved and fully educated about their medical needs and treatment options within the standards of medical care.

- ***Clinical Guidelines*** – Recipients must provide all clinical care in accordance with HHS Guidelines, which can be found on the AIDS Info website at: http://www.aidsinfo.nih.gov/. HRSA strongly encourages you to require, at least yearly, continuing education opportunities for RWHAP Part C staff to ensure they remain knowledgeable of clinical advances in the treatment of HIV infection and are familiar with the most recent HHS Guidelines.

- ***Referral Systems*** – Recipients must have a process in place for referring patients to needed health care and support services such as oral health, specialty care, and medical case management. The referral system should include the tracking and monitoring of those referrals, including the documentation of the referral's outcome in the medical record so that follow-up may occur.

- ***Linkage to Clinical Trials*** – Recipients must have a plan in place for referring appropriate patients to biomedical research facilities or community-based organizations that conduct HIV-related clinical trials. For information on these protocols, call the HIV/AIDS Clinical Trials information service at 1-800-HIV-0440 or visit the AIDS Info website at: http://www.aidsinfo.nih.gov/.

- ***Clinical Quality Management*** – Recipients must implement a CQM program to: (1) assess the extent to which HIV health services provided to patients under the grant are consistent with HHS Guidelines for the treatment of HIV/AIDS and related opportunistic infections, (2) develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to quality HIV health services, and (3) ensure that improvements in the access and quality of HIV health services are addressed. Please see HAB PCN 15-02 *Clinical Quality Management* and related Frequently Asked Questions for PCN 15-02 for information on CQM program requirements.

- ***Coordination/Linkages to Other Programs*** – Recipients must ensure coordination occurs with all available and accessible community resources, such as federally-funded and non-federally-funded programs (e.g., substance abuse treatment, mental health treatment, homelessness, housing, other support service programs). This may also include other publicly funded entities providing primary care services, such as Federally Qualified Health Centers (FQHCs) and behavioral health treatment service organizations, including those funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). HRSA expects recipients to collaborate with entities that provide ongoing HIV prevention activities and establish formal

linkages with them for referral of HIV-positive individuals into care and treatment services at your site.

HRSA expects recipients located near existing RWHAP Part C EIS funded programs to coordinate/collaborate with those programs and not duplicate services provided in the service area. A searchable RWHAP recipient database is available at: http://findhivcare.hrsa.gov/index.html. In addition, HRSA requires recipients to coordinate services with other RWHAP providers, including Parts A, B, D, Special Projects of National Significance, AIDS Education and Training Centers (AETC), the Dental Reimbursement Program, and the Community-Based Dental Partnership Program. HRSA encourages RWHAP Part C EIS recipients located in an Eligible Metropolitan Area or a Transitional Grant Area to participate in the activities of the RWHAP Part A Planning Council or Planning Body and demonstrate that they have coordinated with and not duplicated Part A services. HRSA also encourages RWHAP Part C EIS recipients to participate in the RWHAP Part B state/territory planning body and/or RWHAP Part B HIV Care Consortium. Further, HRSA expects RWHAP Part C EIS recipients to provide services consistent with their jurisdiction's Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need.

- ***Medicaid Provider Status*** – All providers of services available under the state Medicaid plan must have entered into a participation agreement under the state plan and be qualified to receive payments under such plan, or receive a waiver from this requirement. This requirement may be waived for free clinics that do not impose a charge for health services and do not accept reimbursement from Medicaid, Medicare, private insurance, or any other third-party payor.

- ***Clinic Licensure*** – Primary medical care providers and case management agencies must be fully licensed to provide clinical and case management services, as required by their state and/or local jurisdiction (see **Attachment 13)**.

Administrative/Fiscal Requirements:

- ***PLWH Involvement*** – PLWH who receive services at a RWHAP-funded organization should be actively involved in the development, implementation, and evaluation of program and CQM activities. To accomplish effective PLWH involvement, programs should provide necessary training, mentoring, and supervision. Examples of PLWH involvement include but are not limited to the following:
  - Representation on the organization's Board of Directors.
  - Representation on a newly established PLWH Advisory Board.
  - Serving as volunteer HIV peer trainers to work directly with patients to help them address issues related to making healthy decisions, treatment decisions and adherence, gaining access to clinical trials, and chronic disease self-management, etc.
  - Participation on workgroups, committees and task forces, such as a Quality Committee, a Linkage/Retention initiative, or a Patient Education Committee.
  - Serving as peer educators, outreach workers, or staff in the clinic, with fair and equitable pay for the job they are hired to perform.

- Participation through patient satisfaction and needs assessment surveys, forums, and focus groups.

- ***Imposition of Charges for Services*** – Patients cannot be denied services if they are unable to pay. The RWHAP statute prohibits imposing a charge on individuals whose income is at or below 100 percent of the Federal Poverty Level (FPL) and requires that recipients impose a charge on individuals with incomes greater than 100 percent of the FPL. Recipients must provide a system to discount patient payment for charges by developing and implementing a schedule of charges that is publicly available. Recipients are responsible for creating a schedule of charges in accordance with the most recent Federal Poverty Guidelines.

- ***Annual Cap on Charges*** – The RWHAP statute limits the following annual aggregate charges to an individual for HIV-related services based on FPL and annual gross income level:

Individual Income	**Maximum Charge**
At or below 100 percent of FPL	$0
101 to 200 percent of FPL	No more than 5 percent of individual's annual gross income
201 to 300 percent of FPL	No more than 7 percent of individual's annual gross income
Over 300 percent of FPL	No more than 10 percent of individual's annual gross income

  Recipients must track the patient's income and charges imposed and have a system in place to ensure that they cap out-of-pocket charges according to statutory requirements.

- ***Payor of Last Resort*** – With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort. Recipients may not use RWHAP Part C EIS funds for a service if payment has been made, or reasonably can be expected to be made by a third-party payor.

  In accordance with the RWHAP client eligibility determination and recertification requirements (see HAB PCN 13-02 *Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements*), HRSA expects clients' eligibility be assessed during the initial eligibility determination and recertified at least every six months. At least once a year (whether defined as a 12-month period or calendar year), the recertification procedures should include the collection of more in-depth information, similar to that collected at the initial eligibility determination. The purposes of the eligibility and recertification procedures are to ensure that the program only serves eligible clients and that the RWHAP is the payor of last resort. Recipients and subrecipients are required to vigorously pursue and rigorously document enrollment into, and subsequent reimbursement from, health care coverage for which their clients may be eligible (e.g., Medicaid, Medicare, Children's Health Insurance Program (CHIP), state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, health plans offered through, other private health insurance) to extend finite RWHAP grant resources to uninsured and underserved, low income PLWH.

Recipients cannot use RWHAP Part C funds to supplement the maximum cost allowance for services reimbursed by third party payments such as Medicaid, Medicare, or other insurance programs. Please note that recipients cannot use direct or indirect federal funds such as RWHAP Parts A, B, D and F to duplicate reimbursement for services funded under Part C. Additionally, recipients cannot bill RWHAP Parts A, B, D, or F for services reimbursed by RWHAP Part C.

- ***Information Systems*** – Recipients must have an information system that has the capacity to manage and report at a minimum, the following administrative, fiscal, and clinical data:
  - Client Demographic/Clinical Data and Service Provision Data as required by the Ryan White HIV/AIDS Program Services Report (RSR) – see the most recent Annual RSR Instruction Manual;
  - Source and use of program income;
  - Services according to funding source;
  - Time and effort supported by grant funds; and
  - Number of PLWH provided specific core medical and support services by funding source.

- ***Service Availability*** – HIV medical services should be available to clients no later than 90 days from the RWHAP Part C EIS project period start date (item 6. of the Notice of Award).

- ***Subawarded Services*** – In addition to the information included in 45 CFR § 75.352, subrecipient agreements must include: (1) the total number of PLWH to be served; (2) eligibility for Medicaid certification of the medical providers and ambulatory care facilities; (3) details of the services to be provided; and (4) assurance that providers will comply with RWHAP Part C EIS legislative and program requirements, including data sharing, submission of the RSR, and participation in the CQM program.

  Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, RWHAP legislative and programmatic requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.

- ***Medication Discounts*** – RWHAP award recipients that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for their organization and its patients (see 42 CFR part 50, subpart E). Eligible health care organizations/covered entities that enroll in the 340B Drug Pricing Program must comply with all 340B Drug Pricing Program requirements and will be subject to audit regarding 340B Drug Pricing Program compliance. 340B Drug Pricing Program requirements, including eligibility, can be found at: https://www.hrsa.gov/opa/.

- **Other Financial Issues** - Recipients must have appropriate financial systems in place that provide internal controls in safeguarding assets, ensuring stewardship of federal funds, maintaining adequate cash flow to meet daily operations, and maximizing revenue from non-federal sources.

2. Background

This program is authorized by sections 2651-2667 and 2693 of the PHS Act (42 USC §§ 300ff-51-67 and 300ff-121), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). For more information about RWHAP, please visit the Health Resources and Services Administration (HRSA) website: http://hab.hrsa.gov/.

National Goals to End the HIV Epidemic
To the extent possible, program activities should strive to support four goals to end the HIV epidemic:

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

To achieve these goals, recipients should take action to align their organization's efforts, within the parameters of the RWHAP statute and program guidance, around the following areas of critical focus:

- Widespread testing and linkage to care, enabling people living with HIV to access treatment early;
- Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence; and
- Universal viral suppression among people living with HIV.

HIV Care Continuum
Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages including: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It shows the proportion of individuals living with HIV or individuals diagnosed with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively.

According to recent data from the 2015 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2015, HIV viral suppression among RWHAP patients, defined as a patient who had at least one outpatient ambulatory health services visit and at least

one viral load test during the measurement year, with the most recent HIV RNA level <200 copies/mL, increased from 69.5 percent to 83.4 percent, and racial/ethnic, age-based, and regional disparities have decreased.[1] These improved outcomes mean more PLWH in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[2] Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their antiretroviral therapy.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum. HAB encourages recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Integrated Data Sharing and Use

HRSA/HAB supports integrated data sharing, analysis, and use among RWHAP recipients, state and local health departments, Medicaid, and health care issuers for the purposes of the identification and reengagement of PLWH who are out of care, eligibility and recertification processes, program planning, needs assessments, quality improvement, the development of the HIV care continuum, and public health action.

HRSA/HAB encourages establishing data sharing agreements between RWHAP recipients and state and local health departments at a minimum to assist with reducing out-of-care clients and to ease burden on clients for the eligibility and recertification processes. When establishing data sharing agreements with other entities for these purposes, HRSA/HAB encourages RWHAP recipients to follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action.

Integrated HIV data sharing and use approaches by RWHAP recipients can help further progress in reaching the National Goals to End the HIV Epidemic and improving outcomes on the HIV care continuum.

Minority AIDS Initiative

As established in section 2693 of the PHS Act, the 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 racial and ethnic minorities, including Black/African Americans, Alaska Natives, Hispanic/Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders.

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. http://hab.hrsa.gov/data/data-reports. Published December 2016. Accessed December 9, 2016.

[2] National Institute of Allergy and Infectious Disease (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: https://clinicaltrials.gov/ NLM Identifier: NCT00074581.

MAI funds are awarded to health care organizations that provide culturally and linguistically appropriate care and services to racial and ethnic minorities. RWHAP Part C EIS recipients will be assigned funds under the MAI by the HAB Division of Community HIV/AIDS Programs (DCHAP), which administers the RWHAP Part C EIS program. This assignment is based on the percentage of the RWHAP Part C EIS populations served from racial/ethnic minority communities as reported in the most recent RSR. The amount of MAI funds awarded will be noted under the grant-specific program terms section (if applicable) of the Notice of Award which establishes the final funding for each budget period.

II. Award Information

1. Type of Application and Award

Types of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $4,500,000 to be available annually to fund up to 15 recipients (new service areas). You may apply for up to $300,000 per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. **Applications must be complete, within the specified page limit, and validated by Grants.gov prior to the deadline to be considered under this NOFO.**

The project period is May 1, 2018 through April 30, 2021. Funding beyond the first year is dependent on the availability of appropriated funds for RWHAP Part C HIV EIS Program: New Geographic Service Areas in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

HRSA/HAB recently undertook a systematic revision of the manner in which RWHAP Part C EIS funding was previously distributed to ensure that the RWHAP Part C EIS funding across existing service areas is awarded based on the following objective RWHAP data: the numbers of clients served, the current demographics of the clients served, HIV-related health disparities, and the number of uninsured clients. The new RWHAP Part C funding methodology ensures baseline funding for the maintenance of program operations; minimizes disruptions by constraining the maximum allowable decrease in funding; and maintains the provision of quality HIV care in existing service areas. HRSA/HAB used the funding methodology to determine the funding ceiling amount for each existing service area in NOFO HRSA-18-001, HRSA-18-004, and HRSA-18-005, which continues to be a competitive, discretionary grant opportunity.

The new RWHAP Part C funding methodology uses quantitative data (from the RSR, limited to clients receiving Part C EIS funded services only) to distribute funds to grant service areas in a more streamlined and consistent manner to achieve a reasonable and sustainable allocation of resources to improve health outcomes for PLWH. The RWHAP Part C funding methodology includes the following proportions and objective factors: 1) 70 percent of funding is base funding (minimum award amount of $100,000[3] per service area augmented by the number of eligible Part C EIS clients served in that area as reported through the 2014 RSR); and 2) 30 percent of funding is based on a) demographics as reported through the 2014 RSR (limited to the service area's proportion of populations disproportionately impacted by the HIV epidemic with significant disparities in health outcomes, including men of color who have sex with men, women of color, people who inject drugs, youth aged 13-24, and transgender individuals, and uninsured populations), and b) presence of RWHAP Part A resources (RWHAP Part C EIS service areas outside of RHWAP Part A jurisdictions will receive additional funding).

To maintain continued access to high quality HIV primary care and support services, HRSA will continue to award funds across existing service areas within 49 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. HRSA will keep existing service areas intact, as described in NOFO HRSA-18-001, HRSA-18-004, and HRSA-18-005. Under this three-year award, HRSA/HAB has constrained the degree of change in funding. Assuming level funding for the RWHAP Part C EIS Program in future years, in this approach no existing service area will receive approximately more than a 10 percent decrease or more than a 25 percent increase in funding through NOFO HRSA-18-001, HRSA-18-004, and HRSA-18-005 as compared to FY 2016 funding levels.

The implementation of this methodology is reflected in the funding ceiling amounts for existing service areas in Appendix B in NOFO HRSA-18-001, HRSA-18-004, and HRSA-18-005. **HRSA did not apply this methodology to new service areas funded under this NOFO as the geographic designation for the new service area(s) will be proposed by the applicant as part of the application process**. As a result, the appropriate RSR data specific to the service area were not available to apply using the methodology. Instead, HRSA established the $300,000 funding ceiling for new service areas, as this is the average amount of funding for new RWHAP Part C EIS recipients.

The methodology also serves to address the variation in the funding per client across service areas. Under the phased approach to implementation of the methodology, the average funding per client across existing service areas is $1,226. If you are proposing a new service area, you should strongly consider this in the development of your budget request within the funding ceiling amount of $300,000 per year. HRSA will adjust funding ceiling amounts for all service areas in the next RWHAP Part C EIS competitive cycle, and new service areas funded under this NOFO will be considered under the methodology at that time.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

[3] Due to efforts to constrain the degree of change in funding experienced by each service area, there is one service area whose base award amount is slightly lower than $100,000.

III. Eligibility Information

1. Eligible Applicants

This competition is open to current RWHAP Part C EIS recipients and new organizations proposing to provide comprehensive primary health care and support services in outpatient settings for low income, uninsured and underserved PLWH in new service areas as described by the applicant.

As identified in section 2652(1) of the PHS Act, the following public and non-profit private entities are eligible to apply:

a) Federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act;
b) Grantees under section 1001 of the PHS Act (regarding family planning) other than States;
c) Comprehensive hemophilia diagnostic and treatment centers;
d) Rural health clinics;
e) Health facilities operated by or pursuant to a contract with the Indian Health Service; and
f) Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to those persons infected with HIV/AIDS. through intravenous drug use; or
g) Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV/AIDS, including faith-based and community-based organizations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the $300,000 ceiling amount will be considered non-responsive and will not be considered for funding under this notice.

Applications must be complete, within the specified page limit, and validated by Grants.gov prior to the deadline to be considered under this NOFO. HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable. Newly proposed service areas must not geographically overlap with existing RWHAP Part C EIS service areas as defined in Appendix B in NOFO HRSA-18-001, HRSA-18-004, and HRSA-18-005. HRSA will consider any application that fails to satisfy these service area requirements non-responsive and will not consider it for funding under this notice.

If for any reason (including submitting to the wrong notice of funding opportunity number or making corrections/updates) you submit an application 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.

Maintenance of Effort - You must agree to maintain non-federal expenditures for EIS (i.e., counseling of individuals with respect to HIV, high risk targeted HIV testing, referral and linkage to care, other clinical and diagnostic services related to HIV diagnosis, and the provision of therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV) at a level equal to or greater than your total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline (as authorized by section 2664(d) of the PHS Act). You must report that you will meet the Maintenance of Effort requirement (see **Attachment 7**).

IV. Application and Submission Information

1. Address to Request Application Package

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

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the Find Grant Opportunities page for all information relevant to desired opportunities.*

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 this NOFO instructs you to do otherwise. You must submit the application in the English language and it must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

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 in the *Application Guide* and this NOFO. 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) do not count 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 prior to the deadline to be considered under this notice.

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) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment #14: Other Relevant Documents.

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:

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

In addition to the requirements listed in the SF-424 Application Guide, please include the following information in this order:

- General overview of the HIV epidemiology in the entire proposed new service area. Specify the entire new service area by the most relevant geographic subunit (e.g., county, zip code).
- General description of the key services to be supported by this request, the amount requested, and the target populations (including sub-populations) to be served.

The project abstract must be single-spaced and limited to one page.

ii. 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 reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need*
  Identify the entire service area you plan to serve by the most relevant geographic subunit (e.g., county, zip code). Remember that newly proposed service areas must not geographically overlap with existing RWHAP Part C EIS service areas as defined in Appendix B in NOFO HRSA-18-001, HRSA-18-004, and HRSA-18-005. Additionally, provide the following information:
  - Your organization's experience in providing comprehensive outpatient primary health care and support services to PLWH
  - Your organization's experience with the administration of federal funds
  - A description of the PLWH in the proposed new service area (i.e., your target population, inclusive of any subpopulations)
  - How your organization will utilize RWHAP Part C EIS funds to support your HIV care continuum

  Indicate whether you are requesting a funding preference as described in Section V.3. If requesting a funding preference, include a narrative submitted as **Attachment 8**.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*
  The purpose of this section is to use quantifiable data to demonstrate the burden of the HIV/AIDS epidemic in the proposed new service area and the need for RWHAP Part C EIS funding to meet the outpatient primary health care and support service needs of your target population(s), particularly in relation to identified gaps and challenges in the HIV care continuum. There are two (2) required components of the needs assessment section:

  1) Target Populations Currently Being Served by Your Organization
  2) The Local HIV Service Delivery System and any Recent Changes

  1) Target Populations Currently Being Served by Your Organization

  This overview should be based on the most recent three years of HIV surveillance data available for the service area and the past three calendar years (CY) of data (i.e., CY 2014, CY 2015, and CY 2016) for your target population(s). Clearly cite all data sources. **Please address each bullet with a table and narrative.**

  - Describe the burden of HIV in the target population(s) being served by your organization and compare it to the overall burden of HIV in the proposed new service area using (1) newly diagnosed PLWH (incidence) and (2) total PLWH (prevalence) data. Present data by race, ethnicity, age, gender, and

transmission modes to highlight particular disparities. Clearly describe if there are specific highly impacted groups (i.e., subpopulations) within the proposed new service area who have the greatest needs and will be targeted to receive RWHAP Part C EIS funded services. This demonstrates your intent to address the national goals to end the HIV epidemic through the reduction of HIV-related health disparities. This evidence must demonstrate the need for RWHAP Part C EIS funded services in the proposed geographic area. Identify trends that have emerged during the last three years, such as increases or decreases among specific subpopulations.

- Describe the unmet need based on your evaluation of the gaps in the HIV care continuum for your target population(s) living with HIV being served by your organization. Provide data on the five stages of the HIV care continuum for your target population(s) living with HIV using the most recent three calendar years of available data (e.g., CY 2014, CY 2015 and CY 2016). The stages in the HIV care continuum are: diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral therapy, and achievement of viral suppression. You must clearly define the numerator and the denominator for each stage. Use the same numerators and denominators as outlined for the HHS Common HIV Core Indicators (https://www.hiv.gov/blog/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services; http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html). The table may list the stages in the left hand column and across the top of the table and may list the measurement periods by calendar year (CY 2014, CY 2015, and CY 2016) as separate columns.

- Briefly describe how you used RWHAP Part A or B Unmet Need estimates of PLWH in your own program and budget planning efforts. Include any subpopulations in the proposed new service area who (1) are unaware of their HIV status, and (2) know they are HIV positive but are not in care.

2) The Local HIV Service Delivery System and Recent Changes

Describe the HIV services available to PLWH in the entire proposed new service area and demonstrate how the proposed RWHAP Part C EIS funded services will not duplicate other funded services. The presentation of the local HIV service delivery system should cover three broad areas:

- **HIV primary care providers**
  - Provide a map of the entire service area and show the locations of all current and proposed local providers of HIV outpatient primary health care services, including your organization. Include this map as **Attachment 9**.
  - List all public (including any other RWHAP provider) and private organizations that provide HIV outpatient primary health care services to PLWH populations in the entire proposed new service area. Provide a table listing (1) name of organization, (2) specific services each one provides, (3) target populations served, and if possible (4) the number of unduplicated clients served annually. The Centers for Disease Control

and Prevention (CDC) and HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, together with the RWHAP Part A and Part B may serve as resources for this information: http://hab.hrsa.gov/.

- **Gaps in local services and barriers to care**
  Based on the unmet need and gaps in the HIV care continuum as described in the Needs Assessment section, describe where current HIV core medical and support services need strengthening. Describe any corresponding significant barriers (individual/structural) that prevent PLWH from accessing needed services and achieving improved outcomes in the entire proposed new service area.

- **Description of the Current Health Care Landscape**
  Describe the health care environment and any significant changes that have affected the availability of health care services, including:
  - Your clients by payor source in CY 2016 (e.g., Medicaid, Medicare, CHIP, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, other private health insurance, and/or other third-party payor).
  - How the Medicaid program provides services to PLWH in your state, including a description of eligibility, a listing of the HIV core medical and support services covered by Medicaid, and any gaps in coverage for these services. For example, identify if there are limits on the number of primary care or mental health visits, the types of oral health services that are reimbursable, medical/non-medical case management services, or prescription medication coverage.
  - Any gaps in coverage for HIV core medical and support services from other major health care payor sources (e.g., employer-sponsored health insurance coverage, state-funded HIV/AIDS programs, Medicare, AIDS Drug Assistance Program (ADAP) funding, and/or other third-party payor) in the proposed new service area. For example, identify if there are limits on the number of primary care or mental health visits, the types of oral health services that are reimbursable, medical/non-medical case management services, or prescription medication coverage.
  - Any recent economic, system, or demographic shifts (e.g., specific populations, closing of local hospitals, community health care providers, or major local employers) or natural disasters that have affected care to your clients.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response*
  Utilizing the section headings provided below, describe the proposed outpatient core medical and support services you will provide in order to address the unmet needs/service gaps/barriers identified in your needs assessment section. For example, if a service area is lacking access to oral health care, you should address this unmet need in the Core Medical Services subsection; or if the HIV viral suppression rate is low (e.g., as compared to your state's average rate) among a specific subpopulation in your clinic, you should address this gap in the HIV Care Continuum Services subsection.

1) HIV Care Continuum Services
2) Core Medical Services
3) Support Services
4) Referral System
5) Health Care Coverage, Benefit Coordination and Third Party Reimbursement
6) Coordination and Linkages with Other HIV Programs

1) HIV Care Continuum Services

A) *HIV-Diagnosed*

Please describe***:***

- How HIV testing services are delivered in the service area.
- How HIV testing services will be targeted to subpopulations identified in the needs assessment section and not duplicate HIV testing services already funded by other sources (i.e., other RWHAP Parts, CDC, SAMSHA, or state funds). Use the HIV care continuum data presented in the Needs Assessment section to support your use of RWHAP Part C EIS funds for HIV testing services.
- How counseling services related to the HIV diagnosis are delivered in the service area.

B) *Linkage to Care*

Please describe:

- How newly-identified PLWH are linked into and provided with outpatient primary health care and support services and how these newly-identified individuals are successfully transitioned into care.
- Any targeted linkage efforts that are specific to subpopulations in the proposed service area as identified in the Needs Assessment section.
- Referral relationships and collaborations with any community-based organizations, medical providers, HIV testing sites, or local health departments serving as important referral sources or points of entry into care. Please be aware that HRSA may request documentation of those relationships as part of the post-award administration process.

C) *Retention in Care*

Please describe:

- Strategies you use to retain PLWH in medical care.
- Any targeted efforts to retain subpopulations who have poor health outcomes in HIV health care.

D) *Antiretroviral Use and Viral Suppression*

Please describe:

- The successes and challenges of your current strategies to monitor viral suppression in your clinic population and how these have influenced your selection of treatment adherence interventions.
- Your innovative approaches to improve ART acceptance and viral suppression in key populations (e.g., youth, Black/African American

women) who are disproportionately affected by the HIV epidemic with poor health outcomes.

2) Description of Core Medical Services

Please describe:

- Which core medical services will be provided, and how they will be provided (if not provided directly by your organization, detail the referral system for care including the accessibility of the service and the coordination of care by your organization). Refer to HAB PCN 16-02 for more information on core medical services.
- The strategies used to engage your clients, including women and minority populations, to learn about and enroll in HIV-related clinical research trials as appropriate. Indicate if your clients express any barriers to participating in clinical trials, and if so, how you overcome these barriers.
- How risk reduction counseling is provided to PLWH according to the HHS Guidelines, including prevention counseling that is part of a comprehensive PrEP program. Identify any chronic care models (e.g., inter-professional collaborative model, patient centered medical home) or any strategies/interventions (e.g., peer navigator programs, chronic disease self-management) used to maximize desired health outcomes for your clients.
- Discuss any major gaps and barriers associated with accessing core medical services for the proposed target population(s) and/or subpopulation(s) and how these have been or will be addressed.
- The availability of state(s) ADAP or other locally available pharmacy assistance programs. If there is an ADAP waiting list in the proposed geographic area, discuss how your program ensures that all eligible patients will have access to HIV and HIV-related therapeutic medications, applicable vaccines, etc.

3) Description of Support Services

Please describe:

- Which support services will be provided, and how they will be provided (if not provided directly by your organization). If you propose to use RWHAP Part C EIS funds for any support services, explain how each of the Part C funded support services will be provided and how each is linked to improving or maximizing health outcomes. Refer to HAB PCN 16-02 for more information on support services.

4) Description of Referral System and Care Coordination

Please describe:

- How referrals to specialty/subspecialty medical care and other health and social services are assessed and provided for clients. Also describe how these referrals are tracked and the results entered into the health record, including whether or not the appointment was kept and the results.
- The strategies used to improve care transitions (including transitioning youth living with HIV into adult care). In addition, provide information that supports the effectiveness of these strategies. Identify any challenges or

barriers experienced and how you address these barriers for an effective transition.
- The coordination of HIV medical and support services for pregnant women living with HIV during the perinatal and post-partum periods, as well as services for their exposed infants.

5) Health Care Coverage, Benefit Coordination and Third Party Reimbursement

Please describe:
- Process(es) used to ensure clients are informed and enrolled, as appropriate, into insurance including Medicaid, Medicare CHIP, private insurance, and other health care coverage options.
- How you ensure clients are educated about any out-of-pocket costs including deductibles, co-pays, coinsurance, and a schedule of charges, or nominal fees and how the collection of these fees are subject to the RWHAP cap on annual patient out-of-pocket charges.
- Your system or procedures for managing and tracking program income. This includes third party reimbursement, patient fee collection, income generated by participation in the 340B Drug Discount Program, or any other sources of program income derived from RWHAP-funded activities.

6) Coordination and Linkages with Other HIV Programs

Please describe your organization's participation, coordination, and/or linkage(s) with the publicly funded HIV care and prevention programs listed below in your service area. In **Attachment 11**, include a list of organizations for which signed Letters/Memorandum of Understanding are available, with a brief description of the activities/services to be provided by each identified organization and the location of the partner(s). HRSA recommends that you submit this information in table format. Please be aware that HRSA may request copies of those agreements as part of the post-award administration process.

- RWHAP Part A - If the program is located in a RWHAP Part A Eligible Metropolitan Area or Transitional Grant Area, indicate the amount of RWHAP Part A funds allocated to provide the core medical and support services that you propose to fund in your RWHAP Part C EIS application. Describe how you developed the budget for the RWHAP Part C EIS grant in coordination with the planning process for localities funded under RWHAP Part A.
- RWHAP Part B - Describe how you developed the budget for the RWHAP Part C EIS grant in coordination with the State and Territory's Integrated Plans.
- If your organization receives RWHAP Part A and/or Part B funding:
  - Identify the amount of funding received for each RWHAP Part A and/or Part B funded service category, including the specific services supported.
  - Describe how the services proposed in this application are not duplicative of services supported by RWHAP Part A and/or Part B.

- Include in **Attachment 10** a letter from the RWHAP Part A and/or Part B Recipient's Authorizing Official/Representative that documents your organization's involvement with RWHAP Parts A and/or B HIV Planning Body and/or Planning Council, if applicable. Provide the requested letter(s) that address why RWHAP Part C EIS funds are necessary to support the needs described in this application and how your proposed services are not duplicative of other available services. If you cannot obtain this letter(s), please explain why.

- Other RWHAP Providers - Describe your organization's participation, coordination, and/or linkage with any other RWHAP programs in your area (i.e., Part D; Part F Dental Reimbursement Program, Community Based Dental Partnership, and nearest RWHAP AETC(s) or Special Projects of National Significance).
- Other Federally Funded Services - Describe your organization's collaboration with other primary health care services (if any exist in the area). These include, but are not limited to, publicly funded FQHCs, mental health and substance abuse treatment programs including those funded by SAMHSA, and research programs including those funded by the National Institutes of Health (NIH).

- *WORK PLAN -- Corresponds to Section V's Review Criterion #4 Impact*
  A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and those responsible for making the program happen. The work plan should include measurable objectives for core medical and support services (as defined by HAB PCN 16-02).

  Measurable objectives should be established and provided in the four areas below for each year of the proposed period of performance (three years). HRSA strongly recommends using a table format and you should submit it as **Attachment 12.**

  1) HIV Testing (HIV Diagnosed)
  2) Access to Care (Linkage)
  3) Core Medical and Support Services (Retention in Care)
  4) Antiretroviral Therapy and Viral Suppression

  Your work plan objectives are for all clients eligible to receive services funded by RHWAP Part C EIS, inclusive of the populations served by any subrecipient. The data outlined in the Needs Assessment section must support the projected numbers provided in the work plan. If your budget includes subrecipient(s), provide measurable objectives broken out for each subrecipient(s) within the recommended table format.

  1) HIV Testing - HIV-Diagnosed
  Provide the projected number of persons who will:
  - Receive high risk, targeted testing services
  - Have a confirmatory positive HIV test result

2) **Access to Care - Linkage to care**
Provide the projected number of:
- Newly diagnosed PLWH who will enroll in care within three months of HIV diagnosis

3) **Retention in Care - Core Medical and Support Services**
Provide the projected number of PLWH who will:
- Receive core medical services (see HAB PCN 16-02). *(Please only list each core medical service to be supported with RWHAP Part C EIS funds.)*
- Receive support services (see HAB PCN 16-02). *(Please only list each support service to be supported with RWHAP Part C EIS funds.)*

4) **Antiretroviral Use and Viral Suppression**
Provide the projected percent (specify the numerator and denominator as well as percent) of PLWH who will:
- Receive ART
- Be virally suppressed. *Provide a total as well as by targeted subpopulation, as identified in your Needs Assessment section.*

- *RESOLUTION OF CHALLENGES -- Corresponds To Section V's Review Criterion #2 Response*

1) **Challenges and Resolutions** - Describe the approaches you will use to resolve the challenges and barriers identified throughout this application in your organization and in the larger context of implementing the RWHAP Part C EIS proposed project (e.g., changes in the health care landscape, subpopulation disparities). In lieu of a narrative for this section, include a table with the following headers: Challenges, Resolutions, Outcomes/Current Status.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities*

1) **CQM Program Infrastructure**
- List the number of staff FTEs assigned to CQM and their positions. Describe the CQM program staff roles and responsibilities, including the key leaders and members of the quality committee.
- Describe how stakeholders, particularly your clients, are involved in the planning, implementation, and evaluation of your HIV program, including examples of any PLWH involvement activities (e.g., focus groups, surveys, consumer advisory boards) that you have recently conducted or plan to conduct in the upcoming period of performance.

2) **CQM Performance Measures**
- Describe the proposed data collection plan and processes for performance measurement (e.g., frequency of data collection, key

activities, and responsible staff). Include information on data collection from subrecipient(s) as applicable.
- Describe the process for selecting, reporting, and disseminating results on the performance measures to stakeholders.
- Describe how performance measure data are analyzed to assess disparities in care, and the actions taken to eliminate those disparities. Summarize the performance measure data collected during the past period of performance and note any trends, especially related to HIV outpatient primary health care services and other core medical services.

3) Quality Improvement (CQI)
- Describe the CQI methodology you are using to identify priorities for quality improvement projects. Provide examples of specific quality improvement projects undertaken including any for outpatient primary health care services and/or medical case management in the past three years. Include a statement of the clinical issue, baseline data, interventions implemented, and follow-up data. Describe the involvement of stakeholders in the selection of quality improvement activities.
- Describe the quality improvement (QI) activities planned for the upcoming period of performance. Include viral suppression and retention in care as QI projects, highlighting efforts to be made with any subpopulations identified in your Needs Assessment.

4) Information Systems

Accurate records of services provided and clients served are critical to HRSA's implementation of the RWHAP legislation and fulfillment of responsibilities in the administration of grant funds. As such, HRSA/HAB requires the reporting of medical information at the client level of service using a unique identifier, the collection of data for funded services, and the transmission of data electronically through the RSR.

Describe the current information system in use to track health care service data. Current RWHAP Part C EIS recipients should discuss their experience and challenges with collecting, reporting, and analyzing client-level data for the RSR. New applicants should describe their capacity to manage, collect, and report client-level data for the RSR (refer to RSR Instruction Manual).

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

  In this section, describe your organization's capacity and expertise to provide HIV outpatient primary health care and support services by detailing your administrative, fiscal, and clinical operations. At a minimum, please describe:
  - The mission and vision of your organization and how a RWHAP Part C EIS project fits within the scope of that mission and vision.
  - The structure of your organization. Include in **Attachment 5** an organizational chart that clearly shows where the RWHAP Part C EIS Program fits within your organization and how the program is divided into departments, if applicable. If the program is divided into departments, the chart should show the professional staff positions that administer those

departments and the reporting relationships for the management of the HIV program.

- Your organization's experience in providing core medical (including medical case management) and support services as described in HAB PCN 16-02.
- Your systems that ensure staff are trained/educated on and use the most current HHS Guidelines, and include any training through the regional/local AETC. Information about the RWHAP AETC network can be found at http://hab.hrsa.gov/abouthab/partfeducation.html
- Your experience with fiscal management of grants and contracts, including information on what kind of accounting systems are in place, what internal systems you use to monitor grant expenditures, and how you will manage and monitor subrecipient performance and compliance with RWHAP Part C EIS requirements.
- How your organization will ensure any sub-awarded funds or funds expended on contracts are properly tracked and documented.
- Your processes used to perform and monitor fiscal assessment of all PLWH for their eligibility for RWHAP supported services or other payor sources for health care services.
- How you will collect, track, and use program income to support the objectives of the RWHAP Part C EIS Program.
- Your organization's participation or intent to participate in the 340B Drug Pricing Program (see 42 CFR part 50, subpart E, section 340B of the PHS Act, and https://www.hrsa.gov/opa/).

NARRATIVE GUIDANCE
In order to ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

Please follow the directions in Section 4.1 - iv. Budget of HRSA's *SF-424 Application Guide*. This includes completing Sections A through F of the SF-424A Budget Information – Non- Construction Programs Form. Please note that 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 the additional budget instructions provided below. A budget that follows the Application Guide will ensure that if the application is selected for funding, you will have a well-organized plan, and carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) that the recipient incurred to carry out a HRSA-supported project or activity.

In addition to the *SF-424 Application Guide* requirements, you must also provide the line item budget and budget narrative according to the following five allowable RWHAP Part C EIS cost categories: **EIS, Core Medical Services, Support Services, CQM, and Administrative Costs**.

1) **Early Intervention Services (EIS) Costs** (*At least 50 percent of the total grant funds must be spent on Part C EIS (except counseling))* – EIS costs include the components listed below:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing
    - Referrals and linkage to care
    - Other clinical and diagnostic services regarding HIV, and periodic medical evaluations
    - Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

    Please only include activities related to high risk targeted HIV testing; referrals and linkage to care; other clinical and diagnostic services regarding HIV; periodic medical evaluations; and providing therapeutic measures for preventing and treating the deterioration of the immune system and for prevention and treating conditions arising from HIV on the line-item budget and budget narrative relative to the EIS cost category, as the 50 percent budgetary requirement excludes counseling. Requested funding level for the provider time should be reasonable for the number of clients to be served.

2) **Core Medical Services Costs** (*At least 75 percent of the award – minus amounts for administrative costs, planning/evaluation, and clinical quality management – must be used to provide core medical services)* - Core medical services include those services listed in the EIS cost category above **plus** the following service categories as described in HAB PCN 16-02:
    - AIDS Drug Assistance Program Treatments
    - AIDS Pharmaceutical Assistance
    - Health Insurance Premiums and Cost Sharing Assistance for Low Income Individuals
    - Home and Community-Based Health Services
    - Home Health Care
    - Hospice Services

- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

3) **Support Services Costs** –Support services as described in HAB PCN 16-02 are those services needed by PLWH to achieve optimal HIV medical outcomes. These include:
   - Child Care Services
   - Emergency Financial Assistance
   - Food Bank/Home Delivered Meals
   - Health Education/Risk Reduction
   - Housing
   - Linguistic Services
   - Medical Transportation
   - Non-Medical Case Management Services
   - Other Professional Services
   - Outreach Services
   - Psychosocial Support Services
   - Referral for Health Care and Support Services
   - Rehabilitation Services
   - Respite Services
   - Substance Abuse Services (residential)

4) **CQM Costs** – CQM includes those costs required to implement HAB PCN 15-02. This incorporates those costs required to assess the extent to which services are consistent with the current HHS Guidelines for the treatment of HIV/AIDS and related opportunistic infections, develop strategies for ensuring such services are consistent with the guidelines, and ensure improvements are made in the access to and quality of HIV health services. Examples of CQM costs include CQM coordination; CQI activities; data collection for CQM purposes (collection, aggregation, analysis, development and implementation of a data-based strategy for CQI implementation); CQM staff training/technical assistance (including travel and registration) to improve clinical care services; attendance for up to three staff members at the National Ryan White Conference on HIV Care and Treatment if relevant for CQM purposes; training subrecipients on CQM; participation in the Integrated Plan process and local planning; and PLWH involvement in the design, implementation, and evaluation of the CQM program to improve services. HRSA expects that **grant funding spent on CQM shall be kept to a reasonable level.**

5) **Administrative Costs** *(Not more than 10 percent of the total RWHAP Part C EIS grant funds can be spent on administrative costs)* – Administrative costs are those direct and indirect costs associated with the administration of the RWHAP Part C EIS grant. Staff activities that are administrative in nature should be allocated to administrative costs. Planning and evaluation costs are subject to the 10 percent cap. For further guidance on the treatment of costs under the 10 percent

administrative limit, refer to HAB PCN 15-01 *Treatment of Costs under the 10 Percent Administrative Cap for Ryan White HIV/AIDS Programs Parts A, B. C and D* and Frequently Asked Questions for PCN 15-01.

Please note there are associated indirect costs that are considered administrative costs. Please refer to HAB PCN 15-01 and the SF-424 Application Guide regarding indirect cost allowance guidelines.

Line item budget: In order to evaluate your adherence to RWHAP Part C EIS legislative budget requirements, you must submit separate program-specific line item budgets for each year of the three-year period of performance. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan.

The line item budget requested for each year must not exceed the $300,000 funding ceiling amount. In addition, the total amount requested on the SF-424A and the total amount listed on the line item budget must match. Please list personnel separately by position title and the name of the individual for each position title, or note if position is vacant. Upload the line item budgets as **Attachment 1**.

Salary Rate Limitation - The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202 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 2018, as required by law.

NOTE: HRSA recommends that you convert or scan the budgets into PDF format for submission. Do not submit Excel spreadsheets. The program-specific line item budget should be submitted in table format, listing the program cost categories (i.e., EIS, Core Medical Services, Support Services, CQM, and Administrative costs) across the top and object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left hand side.

iv. Budget Narrative

In addition to the directions in Section 4.1.v. of HRSA's *SF-424 Application Guide*, the RWHAP Part C EIS Program requires you to provide a narrative that clearly explains the amounts requested for each line in the budget. For subsequent budget years, the budget justification narrative should highlight only the changes from Year One or clearly indicate that there are no substantive budget changes during the period of performance. The budget narrative must be clear and concise.

You must ensure that the requested budget strongly correlates with the work plan, while keeping in mind that the average funding per client across all existing RWHAP Part C EIS service areas is $1,226. The budget narrative should clearly describe how you took this average funding per client information into account in the proposed budget totals. If the average funding per client used in the development of the proposed budget differs from the RWHAP Part C EIS average of $1,226, explain why it is different and describe how you derived it.

For each object class category (e.g., Personnel, Fringe Benefits, Travel), the budget narrative must be divided according to the five RWHAP Part C EIS cost categories: EIS, Core Medical Services, Support Services, CQM, and Administrative. Descriptions must be specific to the cost category. Other RWHAP Part C EIS specific budget information includes:

- *Travel:* List travel costs according to local and long distance travel. For local travel, you should list the mileage rate, number of miles, reason for travel, and staff member/PLWH completing the travel. You should list any clinical staff traveling to provide care in the EIS/Core Medical Services category. List any patient transportation in the Support Services category. In the CQM category, list staff travel to CQM related conferences and continuing education workshops/conferences. You may list attendance for approximately three staff members at the National Ryan White Conference on HIV Care and Treatment under either the CQM category or Administrative category, as appropriate. Your organization is expected to support the travel and training for HIV related CME/CEU activities where appropriate and you are also encouraged to use your local AETCs as a resource for training needs.

- *Contractual*: Provide a clear explanation of the purpose of each contract, how you estimated the costs, and the specific contract deliverables. List the amounts allocated for personnel or services contracted to outside providers for all HIV services (subrecipients). Show the amount allocated to any activities that are not conducted "in-house" on the Contractual line. Subrecipients providing services under this award must adhere to the same requirements as the recipient. All RWHAP Part C EIS legislative requirements and program expectations that apply to the recipients also apply to subrecipients of their award. Your organization is accountable for your subrecipients' performance of the project, program, activity, and appropriate expenditure of funds under the award. **As such, recipients are required to monitor all subrecipients.** The RWHAP requires assurance that subrecipients are tracking the source, documenting the allowable use, and reporting program income earned at the subrecipient level. Your subrecipients must also report and validate program expenditures in accordance with core medical and support services categories to determine that they meet legislative mandates and required distribution of funds.

As a reminder, for subsequent budget years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance. Do not repeat the same information across years in the budget narrative.

v. Program-Specific Forms

Program-specific instructions for the Project/Performance Site Location(s) form included in the SF-424 application kit are as follows**:** Following the instructions provided by Grants.gov, enter your organization's information as the primary location. Complete all site location information for each provider/service delivery site to be funded under the RWHAP Part C EIS award in the proposed new

service area. By clicking the "Next Site" button, you may complete information for up to 299 sites. This form does not count toward the page limit.

vi. 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. **You must clearly label each attachment**.

Attachment 1: Program-Specific Line Item Budget (Required)

Submit as a PDF document a program-specific line item budget for each year of the three-year period of performance.

Attachment 2: Federally Negotiated Indirect Cost Rate Agreement (If applicable)

Submit a copy of the current agreement. This does not count towards the page limit.

Attachment 3: Staffing Plan and Biographical Sketches for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide) (Required)

Include biographical sketches for staff occupying the key positions. Keep each biographical sketch brief (a paragraph at most). Include the role, responsibilities, and qualifications of proposed project staff, including education, training, HIV experience, and expertise. The staffing plan should include all positions funded by the grant, as well as staff vital to program operations and the provision of the RWHAP Part C EIS-supported HIV services whether or not paid by the grant. Key staff include, at a minimum, the program coordinator and the program medical director, all medical care providers funded directly or through a contract or covered by MOU, and the quality management lead. For each staff, note all sources of funding and the corresponding time and effort. It may be helpful to supply this information in a table. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs. 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: Job Descriptions for Key Vacant Positions (If applicable)

Describe the roles and responsibilities for key personnel vacancies. Also describe the educational and experience qualifications needed to fill the positions and the FTE associated with the position(s). Limit each job description to one page in length. It may be helpful to supply this information in a table.

Attachment 5: Project Organizational Chart (Required)

Include an organizational chart that clearly shows where the RWHAP Part C EIS Program fits within your organization. If the program is divided into departments, the chart should show the professional staff positions that administer those departments, and the reporting relationships for the management of the HIV program.

Attachment 6: Signed and Scanned RWHAP Part C EIS Additional Agreements and Assurances (Required)

Review the RWHAP Part C EIS additional agreements and assurances located in Appendix A. The Authorized Organization Representative (AOR) must sign this document, and you must scan and upload it.

Attachment 7: Maintenance of Effort (MOE) (Required)

You must provide a baseline aggregate total of the actual expenditure of non-federal funds for your fiscal year prior to the application deadline, and estimates for your next fiscal year using a table similar to the one below. In addition, you must provide a description of baseline data and the methodology used to calculate the MOE.

NON-FEDERAL EXPENDITURES	
Baseline **FY Prior to Application (Actual)**	**Current FY of Application** **(Estimated)**
Actual prior FY non-federal funds, including in-kind, expended for EIS activities proposed in this application. Amount: $_____	Estimated current FY non-federal funds, including in-kind, designated for EIS activities proposed in this application. Amount: $_____

Recipients must maintain non-federal expenditures for EIS at a level equal to or greater than their total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

The costs associated with the RWHAP Part C early intervention services include:

- Counseling of individuals with respect to HIV
- High risk targeted HIV testing
- Referral and linkage to care
- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

Attachment 8: Request for Funding Preference (If applicable)

To receive a funding preference, identify the preference(s) and include a statement that justifies your qualification for the funding preference(s). The justification must demonstrate the existence of ALL of the specified factors for Qualification 1: Increased burden in providing services, as described in section V.3, Funding Preference. Applicants who qualify for preference under Qualification 1 can request additional preferences under Qualification 2) Rural

Areas and/or Qualification 3) Underserved. You must also justify the additional requests in this attachment.

Attachment 9: Map of Service Area (Required)

Provide a map of the entire service area, noting your clinical services location(s) and the location of other local providers of HIV primary care services. HAB recommends that you use an official state or local map showing jurisdictional boundaries (e.g., https://www.census.gov/quickfacts/, state public health websites) to display the proposed service area.

Attachment 10: Letter(s) from RWHAP Part A and/or Part B Recipient of Record (Required)

Include a letter from the RWHAP Part A and/or Part B Recipient's AOR that documents your organization's involvement with RWHAP Part A and/or Part B HIV Planning Body and/or Planning Council, as applicable. Provide requested letter(s) that address why RWHAP Part C EIS funds are necessary to support the needs described in your application and how your proposed services are not duplicative of other available services. If you cannot obtain this letter(s), provide an explanation as to why.

Attachment 11: List of Provider Organizations with Contracts and/or MOU (If applicable)

If you propose to work with partners, include a list of organizations for which signed Letters/Memorandum of Understanding are available with a brief description of the activities/services to be provided by each identified organization and the location of the partner(s). HRSA recommends that you submit this information in table format. Please be aware that HRSA may request copies of those agreements as part of the post-award administration process.

Attachment 12: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Measurable objectives should be established and provided in the four areas stated in Section IV. ii. Project Narrative for each year of the proposed period of performance (three years). As stated, HRSA prefers a table to outline the work plan.

Attachment 13: Table of Provider Medicaid and Medicare Numbers (National Provider Identifier) and Clinic Licensure Status (Required)

Documentation for this application should be in the form of a table that identifies all providers' Medicaid and Medicare numbers and clinic licensure status. Include the Medicaid and Medicare provider number(s) for employed and contracted primary care and specialty care provider(s). If clinic licensure is not required in your jurisdiction, describe how you can confirm that in state regulation or other information. HRSA may require official documentation prior to making an award or in the post-award period.

Attachment 14: Core Medical Services Waiver Request, Proof of Non-Profit status, Other Attachments (If applicable)

Include here any other documents that are relevant to the application, including

core medical services waiver request, if submitting with the application (counted in the page limit), proof of non-profit status (required, not counted in the page limit), or letters of support (counted in page limit). Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment). List all other support letters on one page.

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 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)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.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 NOFO is *January 2, 2018 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 RWHAP Part C Early Intervention Services Program: New Geographic Service Areas is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the HHS Grants Policy Statement.

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

6. Funding Restrictions

You may request funding for up to three years, at an annual ceiling amount of no more than $300,000 for the proposed new service area to which you are applying. Newly proposed service areas must not geographically overlap with existing RWHAP Part C EIS service areas as defined in Appendix B in NOFO HRSA-18-001, HRSA-18-004, and HRSA-18-005. 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.

In addition to the general funding restrictions included in Section 4.1.iv of the *SF-424 Application Guide*, you may not use funds under this notice for the following purposes:

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including ADAP)
- Payments for clinical research
- Payments for nursing home care
- Cash payments to intended recipients of RWHAP services
- Purchase or improvement of land
- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions)
- PrEP or nPEP medications or 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. However, RWHAP Part C recipients and subrecipients may provide prevention counseling and information, which should be part of a comprehensive PrEP program.
- Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. 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/).
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual
- Research
- Foreign travel

Other non-allowable costs can be found in 45 CFR part 75 – subpart E Cost Principles.

By law, at least 50 percent of the total grant funds must be spent on Part C EIS (except counseling); at least 75 percent of the award (minus amounts for administrative costs, planning/evaluation, and clinical quality management) must be used to provide core medical services; and not more than 10 percent of the total RWHAP Part C grant amount can be spent on administrative costs. Please see HAB PCN 15-01 and Frequently Asked Questions for PCN 15-01 regarding the statutory 10 percent limitation on administrative costs. HRSA also expects that grant funding spent on clinical quality management will be kept to a reasonable level.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

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.

All program income generated as a result of awarded funds is considered additive and must be used for otherwise allowable costs to further the objectives of the RWHAP Part C EIS Program. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. Please see 45 CFR §75.307 and HAB PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

V. Application Review Information

1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which HRSA will judge your application. HRSA has developed critical indicators 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. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The objective review process considers the entire proposal.

Review criteria are used to review and rank applications. The RWHAP Part C EIS Program has six (6) review criteria:

Criterion 1: NEED (12 points)-Corresponds to Sections IV's Introduction and Needs Assessment.

- The completeness of the data provided that demonstrate the burden of HIV infection in the target population(s) served by the applicant's organization in

comparison to the entire service area.
- The strength of the applicant's narrative that identifies the specific subpopulations that have the greatest needs for receiving RWHAP Part C EIS funded services.
- The strength of the applicant's description of unmet need, gaps in services, and barriers to care across the target population using the HIV care continuum as a framework and providing citations.
- The completeness of the applicant's documentation of the types of services currently available and the other RWHAP providers throughout the entire new service area.
- The strength of the applicant's description of the current health care landscape within the new service area, and its impact on the delivery of HIV outpatient primary health care and support services.

Criterion 2: RESPONSE (30 points) - Corresponds to Section IV's Methodology, and Resolution of Challenges.

- The strength of the applicant's description of the utilization of RWHAP Part C EIS funds in support of a comprehensive continuum of core medical and support services to meet the needs of PLWH throughout the entire new service area.
- The strength of the applicant's description of how HIV testing services will be coordinated with other organizations within the new service area, and of how HIV testing services will be directed to high risk populations within the service area.
- The strength of the applicant's description of their system for linking newly diagnosed individuals to care.
- The clarity and completeness of the applicant's description of retention strategies that are keeping PLWH in care.
- The strength of the applicant's description of innovative interventions for improving HIV viral suppression in targeted subpopulations identified in the application.
- The strength of the applicant's description of their ability to transition HIV-positive youth into the adult HIV primary care system.
- The strength of the applicant's narrative that demonstrates how referrals to specialty and subspecialty medical care and other health and social services are tracked and monitored.
- The feasibility of the applicant's plan for outreach and enrollment of RWHAP clients into new health coverage options.
- The clarity of the applicant's narrative that demonstrates a process is in place to inform clients about HIV-related clinical research trials and refer those interested clients to the relevant resources.
- The strength of the applicant's description of the availability of and access to support services for its target population throughout the entire service area.
- The strength of the applicant's narrative that demonstrates the availability of and access to other core medical services.

Criterion 3: EVALUATIVE MEASURES (16 points) - Corresponds to Section IV's Evaluation and Technical Support Capacity

- The strength of the proposed CQM program infrastructure, including evidence of key leaders and dedicated staff, descriptions of roles and responsibilities for

CQM staff, dedicated resources, and involvement of key stakeholders.
- The strength of the applicant's narrative that describes the level of PLWH involvement in the development, implementation, and evaluation of the RWHAP Part C EIS Program.
- The feasibility of the data collection plan and processes (e.g., frequency, key activities, and responsible staff).
- The strength of the applicant's narrative that demonstrates the ability to analyze and evaluate its performance measure data for health outcome disparities and to take action to eliminate them.
- The strength and completeness of the applicant narrative that describes a recently conducted HIV primary care quality improvement project including baseline data, interventions and follow up data.
- The strength of the applicant's narrative which demonstrates the capacity to manage, collect, and report client level data and to comply with all program reporting requirements.

Criterion 4: IMPACT (9 points) - Corresponds to Section IV's Work Plan
- The strength of the proposed work plan as evidenced by measurable and appropriate objectives that reflect Access to Care, Counseling and Testing, Core Medical and Support Services, Antiretroviral Therapy, and Viral Suppression.
- The reasonableness of the projected numbers provided in the work plan with respect to the needs described in the Needs Assessment section, and the Needs Assessment data provided.

Criterion 5: RESOURCES/CAPABILITIES (28 points) - Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information.
- The strength of the applicant's narrative that describes how the goal of the RWHAP Part C EIS Program aligns with the scope of the applicant's overall mission.
- The strength of the applicant's experience in providing comprehensive HIV outpatient primary health care and support services and their capacity to respond to the needs of subpopulations experiencing poor health outcomes.
- The strength of the applicant's experience with the administration of federal funds.
- The clarity of the project organizational chart that shows the placement of the RWHAP Part C EIS Program within the applicant organization.
- The clarity and completeness of the applicant's narrative describing its ability to manage and monitor subrecipient performance and compliance with RWHAP Part C EIS requirements, if applicable.
- The clarity and completeness of the applicant's narrative describing processes that they use to conduct financial assessment of PLWH for RWHAP eligibility.
- The strength of the applicant's narrative that describes sufficient processes/systems for 1) ensuring staff are trained about evidence-based HHS Guidelines, and 2) correctly implementing these guidelines.
- The clarity and completeness of the applicant's description of project personnel who are qualified by training and/or experience to provide HIV primary care services, and otherwise carry out the program expectations and requirements under the federal grant. The appropriateness of the staffing plan (including the

full range of information requested, combining the elements of job descriptions and biographical sketches).

- The strength of the organization's fiscal and Management Information Systems, and the capacity to meet program requirements including monitoring grant expenditures (including subawarded funds or funds expended on contracts), a schedule of charges, annual caps on patient out-of-pocket charges, and billing/collecting/tracking reimbursable health care services, and tracking and using program income to further the objectives of the RWHAP Part C EIS Program.
- The strength of the applicant's description of its participation, or intent to participate, in the 340B Drug Pricing Program.
- The strength of the applicant's description of planned quality improvement projects.

Criterion 6: SUPPORT REQUESTED (5 points) - Corresponds to Section IV's Budget and Budget Narrative

- The extent to which the budget and budget narrative align with the work plan.
- The appropriateness of the applicant's budget in that it adheres to at least 75 percent of funds, less CQM and administration, are for the provision of core medical services; at least 50 percent of funds are for the provision of early intervention services; and no more than 10 percent limit on administrative costs. Additionally, the extent to which CQM resources are reasonable given the scope of work.
- The applicant's program-specific line item budgets, budget justification narrative, and SF-424A are aligned. The reasonableness with which the applicant based the budget request on the average funding per client amount of $1,226, which is the average funding per client across all existing RWHAP Part C EIS service areas.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection (e.g., geographical distribution), if specified below in this NOFO. 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.

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 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.

For all service areas with two or more applicants, up to five additional points related to past performance will be added to the objective review score. Applicants receiving the additional points will be placed in a more competitive position among applicants that can be funded. HRSA will consider the following:

- Compliance with terms and conditions of RWHAP Parts C and/or D award(s) issued within the last three years, specifically the number of patients the recipient proposed to serve in their application in relation to the actual number of patients served as reported in annual progress reports (2 points)
- Timeliness of reporting (1 point)
- Site visit report findings and progress on programmatic corrective action plans, if applicable (1 point)
- Financial assessment conducted by HRSA's Division of Financial Integrity. Financial assessments are a summary of key findings from single audits and/or RWHAP program-specific audits as an indicator of financial risk and its possible impact on program performance. (1 point)

3. Funding Preferences

This program provides a funding preference for some applicants, whether the applicant is a current RWHAP Part C EIS recipient or a new eligible organization proposing to provide RHWAP Part C EIS funded services in new geographic service areas, as authorized by section 2653 of title XXVI of the PHS, (42 USC 300ff-53), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). The funding preference request is considered and reviewed as part of the objective review process. Applicants receiving preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. Funding preference will be granted to any qualified applicant that justifies their qualification for the funding preference by demonstrating that they meet the criteria for preference(s) as follows:

Qualification 1: Increased Burden - The Secretary shall give a funding preference to any qualified applicant experiencing an increased burden in providing HIV services. To request this preference, an applicant must provide information on ALL of the following factors for the service area:

- Number of cases of HIV/AIDS
- Rate of increase of HIV/AIDS cases
- Lack of availability of early intervention services
- Number and rate of increase of cases of sexually transmitted diseases, tuberculosis, drug abuse, and co-infection with HIV/AIDS and hepatitis B or C
- Lack of availability of primary health providers other than the applicant
- Distance between the applicant's service area and the nearest community that has an adequate level of availability of appropriate HIV-related services, and the length of time required for patients to travel that distance.

The relevant time period for qualifying for this preference is the two-year period preceding the fiscal year for which the applicant is applying to receive the grant.

Additional Preference(s):

Qualification 2: Rural Areas
If you qualify for preference under Qualification 1, you can request an additional funding preference if you provide EIS in rural areas. Rural communities are those that are NOT designated a metropolitan statistical area (MSA). An MSA, as defined by OMB, must include one city with 50,000 or more inhabitants. MSAs are also urbanized areas (defined by the Bureau of the Census) with at least 50,000 or more inhabitants and a total MSA population of at least 100,000 (75,000 in New England). Rural communities may exist within the broad geographic boundaries of MSAs. For more information, see http://www.hrsa.gov/ruralhealth/aboutus/definition.html. For a list of those areas, refer to http://datawarehouse.hrsa.gov/RuralAdvisor.

Qualification 3: Underserved Areas
If you qualify for preference under Qualification 1, you can request an additional funding preference if you provide EIS in areas that are underserved with respect to EIS. The RWHAP funds EIS under Parts A, B, and C. Applicants requesting a funding preference based on an underserved qualification must demonstrate that the area has gaps in the provision of HIV EIS. These gaps must be defined and documented by the applicant and may include inadequate and/or unavailable services or services that do not sufficiently target particular segments of any community.

*If requesting a funding preference, include a narrative justification as **Attachment 8**.*
The justification must demonstrate the existence of ALL of the specified factors for Qualification 1: Increased burden, as described in section V.3, Funding Preference. Applicants who qualify for preference under Qualification 1 can request additional preferences under Qualification 2: Rural Areas and/or Qualification 3: Underserved Areas. The additional requests must also be justified in this attachment. The funding preferences must be explicitly justified in this attachment in order for HRSA to consider them.

4. Assessment of Risk and Other Pre-Award Activities

HRSA 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).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative 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 HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, 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 your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS, in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

5. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of May 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start dates of May 1, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The reporting and review activities are authorized at 45 CFR 75 and section 2664 of title XXVI of the PHS, (42 USC 300ff-64). Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* and the following reporting and review activities:

1) **Progress Report** - You must submit a progress report to HRSA on an **annual** basis. HRSA will provide further information in the award notice.

2) **Allocation Report and Expenditure Report** - You must submit to HRSA an allocation report due 60 days after the start of the budget period and an Expenditure Report due 90 days after the end of the budget period. These reports account for the allocation and expenditure of all grant funds according to Core Medical Services, Support Services, Clinical Quality Management, and Administration.

3) **Ryan White HIV/AIDS Program Services Report** - The RSR captures information necessary to demonstrate program performance and accountability and is due to HRSA on an annual basis. You must comply with RSR data requirements and mandate compliance by any subrecipients. Please refer to the RSR website for additional information.

4) **Federal Financial Report (FFR)** - You must submit the FFR to HRSA on an annual basis.

5) **Audits** - You must submit audits every two (2) years to the lead state agency for RWHAP Part B, consistent with 45 CFR 75 Subpart F regarding funds expended in accordance with this title, and include necessary client-level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.

6) **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 request additional information regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Adejumoke Oladele
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-2441
Fax: (301) 443-6343
E-mail: aoladele@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Hanna Endale
Chief, Atlantic Branch
Division of Community HIV/AIDS Programs (DCHAP)
Attn: RWHAP Part C EIS
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 9N-16
Rockville, MD 20857
Telephone: (301) 443-1326
Fax: (301) 443-1839
E-mail: HEndale@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
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients 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 a.m. to 8 p.m. ET, excluding federal holidays, at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA strongly encourages all applicants to participate in a technical assistance (TA) webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

- **Date:** November 7, 2017
- **Time:** 2 p.m. – 4 p.m. Eastern Time
- **Call-in number:** 1-888-324-8127; **Passcode:** 9377692
- **Webinar Link:** https://hrsa.connectsolutions.com/eis_nofo_webinar/

HAB will record this TA webinar and make it available on the TARGET Center website at https://careacttarget.org/library/HRSA-18-092.

IX. Tips for Writing a Strong Application

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

Appendix A: Additional Agreements & Assurances

Ryan White HIV/AIDS Treatment Extension Act of 2009, RWHAP Part C EIS

The authorized representative of the applicant must include a signed and scanned original copy of the attached form with the grant application. This form lists the program assurances which must be satisfied in order to qualify for a RWHAP Part C grant.

NOTE: The text of the assurances has been abbreviated on this form for ease of understanding; however, grantees are required to comply with all aspects of the assurances as they are stated in the Act.

I, the authorized representative of _____ in applying for a grant under RWHAP Part C of Title XXVI, sections 2651 – 67 (42 U.S.C. §300ff-51 - 67) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, P.L. 111-87, hereby certify that:

I. As required in section 2651:

A. Grant funds will be expended only for providing core medical services as described in subsection (c), support services as described in subsection (d) and administrative expenses as described in section 2664(g)(3).

B. Grant funds will be expended for the purposes of providing, on an outpatient basis, each of the following early intervention required services:

1) Counseling individuals with respect to HIV disease in accordance with section 2662;
2) Testing to confirm the presence of HIV infection; to diagnose the extent of immune deficiency; to provide clinical information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;
3) Other clinical preventive and diagnostic services regarding HIV disease, and periodic medical evaluations of individuals with the disease;
4) Providing the therapeutic measures described in 2 above; and
5) Referrals described in section 2651(e)(2);

C. Grantee will expend at least 50 percent of grant funds awarded for activities described in 2) – 5) above.

D. After reserving funds for administration and clinical quality management, grantee will use at least 75 percent of the remaining grant funds to provide core medical services that are needed in the area involved for individuals with HIV/AIDS who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

E. RWHAP Part C services will be available through the applicant entity, either directly or, if the recipient is not a Medicaid provider, through public or nonprofit private

entities, or through for-profit entities if such entities are the only available provider of quality HIV care in the area.

F. Grant funds may also be expended to provide the support services that are needed for individuals with HIV/AIDS to achieve their medical outcomes.

II. As required under section 2652(b), all providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.

III. As required under section 2654(a): Provisions of services to persons with hemophilia will be made and/or coordinated with the network of comprehensive hemophilia diagnostic and treatment centers.

IV. As required under section 2661(a): The confidentiality of all information relating to the person(s) receiving services will be maintained in accordance with applicable law.

V. As required under section 2661(b): Informed consent for HIV testing will be obtained.

VI. As required under section 2662: The applicant agrees to provide appropriate counseling services, under conditions appropriate to the needs of individuals.

VII. As required under section 2663: All testing that is conducted with RWHAP funds will be carried out in accordance with sections 2661 and 2662.

VIII. As required under section 2664(a)(1)(C): Information regarding how the expected expenditures under the grant are related to the planning process for localities funded under Part A (including the planning process described in section 2602) and for States funded under Part B (including the planning process described in section 2617(b)) will be submitted.

IX. As required under section 2664(a)(1)(D): A specification of the expected expenditures and how those expenditures will improve overall client outcomes, as described in the State plan under section 2517(b) will be submitted.

X. As required under section 2664(a)(2): A report to the Secretary in the form and on the schedule specified by the Secretary will be submitted.

XI. As required under section 2664(a)(3): Additional documentation to the Secretary regarding the process used to obtain community input into the design and implementation of activities related to the grant will be submitted.

XII. As required under section 2664(a)(4): Audits regarding funds expended under RWHAP Part C will be submitted every 2 years to the lead State agency under section 2617(b)(4) and will include necessary client level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.

XIII. As required under section 2664(b): To the extent permitted under State law, regulation or rule, opportunities for anonymous counseling and testing will be provided.

XIV. As required under section 2664(c): Individuals seeking services will not have to undergo testing as a condition of receiving other health services.

XV. As required under section 2664(d): The level of pre-grant expenditures for early intervention services will be maintained at the level of the year prior to the grant year.

XVI. As required under section 2664(e): A schedule of charges specified in section 2664 (e) will be utilized.

XVII. As required under section 2664(f): Funds will not be expended for services covered, or which could reasonably be expected to be covered, under any State compensation program, insurance policy, or any Federal or State health benefits program (except for a program administered by or providing services of the Indian Health Service); or by an entity that provides health services on a prepaid basis.

XVIII. As required under section 2664(g): Funds will be expended only for the purposes awarded, such procedures for fiscal control and fund accounting as may be necessary will be established, and not more than 10 percent of the grant will be expended for administrative expenses, including planning an evaluation, except that the costs of a clinical quality management program may not be considered administrative expenses for the purposes of such limitation.

XIX. As required under section 2667: Agreement that counseling programs shall not be designed to promote, or encourage directly, intravenous drug abuse or sexual activity, homosexual or heterosexual; shall be designed to reduce exposure to and transmission of HIV/AIDS by providing accurate information; shall provide information on the health risks of promiscuous sexual activity and intravenous drug abuse; and shall provide information on the transmission and prevention of hepatitis A, B, and C, including education about the availability of hepatitis A and B vaccines and assisting patients in identifying vaccination sites.

XX. As required under section 2681: Assure that services funded will be integrated with other such services, coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

XXI. As required under section 2684: No funds will be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

Signature: _____ Date:_____

Title: _____