

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau
Office of HIV Training and Capacity Development
Special Projects of National Significance

***Strengthening Systems of Care for
People Living with HIV and Opioid Use Disorder***

Funding Opportunity Number: HRSA-19-038
Funding Opportunity Type(s): New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Letter of Intent Requested By: February 27, 2019 (optional)

Application Due Date: April 16, 2019

***Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.***

Issuance Date: January 16, 2019

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 *Strengthening Systems of Care for People Living with HIV and Opioid Use Disorder*. The purpose of this initiative is to fund an estimated one (1) to four (4) entities, referred to as System Coordination Providers (SCPs), to leverage resources at federal, state, and local levels to ensure that people living with HIV (PLWH) who have opioid use disorder (OUD) have access to appropriate substance use disorder (SUD) care, treatment, and recovery services. Specifically, this initiative seeks to strengthen system-level coordination and networks of care between the Ryan White HIV/AIDS Program (RWHAP) and other federal, state, and local entities funded to respond to the opioid epidemic to ensure access to behavioral health (BH) care and treatment for PLWH who have OUD.

Funding Opportunity Title:	<i>Strengthening Systems of Care for People Living with HIV and Opioid Use Disorder</i>
Funding Opportunity Number:	HRSA-19-038
Due Date for Applications:	April 16, 2019
Anticipated Total Annual Available FY 2019 Funding:	\$3,500,000
Estimated Number and Type of Award(s):	Estimated one (1) to four (4) cooperative agreement(s)
Estimated Award Amount:	Up to \$3,500,000 per year, commensurate with the number of states, anticipated reach, and the scope and complexity of system-level coordination.
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2022 (3 years)
Eligible Applicants:	Entities eligible for funding under Parts A – D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, including public health departments and institutions of higher education, state and local governments, nonprofit organizations, faith-based and community-based organizations, tribes and tribal organizations. See Section III-1 of this notice of funding opportunity (NOFO) 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.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, February 13, 2019

Time: 2 p.m. – 3:30 p.m.

Call-In Number: 1-800-369-2056

Participant Code: 7567075

Weblink: <https://hrsa.connectsolutions.com/hrsa-19-038>

Playback Number: 1-888-566-0411

The webinar will also be recorded and should be available by February 27, 2019 at <https://targethiv.org/library/nofos>.

Note, no passcode is needed for the instant replay/playback number (generally available one hour after the call ends).

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE	1
2. BACKGROUND	1
II. AWARD INFORMATION	6
1. TYPE OF APPLICATION AND AWARD	6
2. SUMMARY OF FUNDING	10
III. ELIGIBILITY INFORMATION	11
1. ELIGIBLE APPLICANTS	11
2. COST SHARING/MATCHING.....	11
3. OTHER	11
IV. APPLICATION AND SUBMISSION INFORMATION.....	11
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	11
2. CONTENT AND FORM OF APPLICATION SUBMISSION	12
<i>i. Project Abstract</i>	13
<i>ii. Project Narrative</i>	13
<i>iii. Budget</i>	18
<i>iv. Budget Narrative</i>	19
<i>v. Attachments</i>	19
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT	20
4. SUBMISSION DATES AND TIMES	21
5. INTERGOVERNMENTAL REVIEW.....	21
6. FUNDING RESTRICTIONS	21
7. OTHER SUBMISSION REQUIREMENTS	22
V. APPLICATION REVIEW INFORMATION.....	23
1. REVIEW CRITERIA	23
2. REVIEW AND SELECTION PROCESS	27
3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES	27
VI. AWARD ADMINISTRATION INFORMATION	28
1. AWARD NOTICES	28
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	28
3. REPORTING	28
VII. AGENCY CONTACTS.....	29
VIII. OTHER INFORMATION	30

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding for a new 3-year initiative entitled *Strengthening Systems of Care for People Living with HIV and Opioid Use Disorder*. The purpose of this initiative is to fund an estimated one (1) to four (4) entities, referred to as System Coordination Providers (SCPs), who will assist states in leveraging resources at federal, state, and local levels for people living with HIV (PLWH) and opioid use disorder (OUD). Specifically, the goal of this initiative is to strengthen system-level coordination and networks of care between the Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state and local entities funded to respond to the opioid epidemic to ensure PLWH and OUD have access to behavioral health (BH) care, treatment, and recovery services.

This will be accomplished by identifying new and expanded resources to treat persons with OUD, identifying new and existing partners in the system of care, and building and strengthening networks of care between the RWHAP and entities receiving OUD-focused resources. This initiative will strengthen and build upon existing systems of care and treatment that will maximize cross-sector collaboration across federal, state, and local partners in order to achieve improvements in the system-level coordination and leveraging of available resources for improving the health outcomes of PLWH and OUD.

While the intent of this initiative is to strengthen systems of care to address OUD, it is likely that increasing collaboration and integration among RWHAP recipients and entities receiving OUD funding may also enhance the system of care for other comorbid conditions for PLWH, such as hepatitis C virus (HCV) infection, sexually transmitted infections (STIs), and other BH disorders as well.

The SCP(s) awarded under this initiative will be responsible for implementing a system-wide assessment of OUD care and treatment, if none is available, and identifying the availability of resources at the federal, state, and local levels to combat the national opioid epidemic. The SCP(s) will assist RWHAP providers in leveraging the use of these resources for the care and treatment of OUD in PLWH, and should capitalize on what has already been done, if relevant. The SCP(s) will ultimately enhance the capacity of these organizations to capitalize on resources directed at addressing the opioid epidemic to improve BH treatments among PLWH and OUD.

2. Background

This initiative aligns with the U.S. Department of Health and Human Services (HHS) and HRSA's priorities in the implementation of a comprehensive national opioid strategy to combat the opioid epidemic through increasing cross-sector collaborations and strengthening the systems of OUD care, treatment and recovery services at the state, jurisdictional, and local levels for PLWH.

HRSA has a number of investments targeting OUD and substance use disorder (SUD) across its bureaus and offices that applicants may be able to leverage. For more information on HHS' 5-Point Strategy to Combat the Opioid Crisis, and HRSA-supported opioid resources, technical assistance (TA), and training, visit: <https://www.hhs.gov/opioids/about-the-epidemic/hhs-response/index.html> and <https://www.hrsa.gov/opioids>.

The HRSA HIV/AIDS Bureau (HAB) Special Projects of National Significance (SPNS) Program is authorized by § 2691 of the Public Health Service Act (42 USC § 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). The SPNS Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the RWHAP. The SPNS Program also evaluates the effectiveness of these models' design, implementation, utilization, cost, and health related outcomes, while promoting the dissemination and replication of successful models.

In 2017, the Ryan White HIV/AIDS Program (RWHAP) served 43,129 clients who reported the following initial HIV transmission risks: injection drug use (IDU), male-to-male sexual contact and injection drug use, and sexual contact and injection drug use (9.1 percent of all RWHAP clients).¹ From its HIV surveillance, the Centers for Disease Control and Prevention (CDC) has determined that SUD involving crack cocaine, methamphetamine, amyl nitrite, opioids, and heroin are closely associated with HIV and other sexually transmitted diseases, and that in PLWH, SUDs "can hasten disease progression, affect adherence to antiretroviral therapy (HIV medicine), and worsen the overall consequences of HIV infection."²

PLWH and OUD have poorer HIV-related treatment outcomes than PLWH without OUD.³ Furthermore, PLWH have a higher incidence of mental health disorders than the general population.⁴ Untreated mental health conditions lead to non-adherence with HIV treatment and poor health outcomes. Therefore, addressing all BH needs, including OUD care and treatment, in PLWH is paramount in ensuring good health outcomes.

Key Definitions:

For the purposes of this initiative, **system-level coordination** is defined as the integration of care systems at all levels, i.e.; state, jurisdictional and local levels.

¹ Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017*. Published December 2018. Accessed December 20, 2018. Available at:

<https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2017.pdf>

² CDC, HIV and Substance Use in the United States, viewable at: <https://www.cdc.gov/hiv/risk/substanceuse.html>

³ Altice FL, Bruce RD, Lucas GM, et al. HIV Treatment Outcomes Among HIV-Infected, Opioid-Dependent Patients Receiving Buprenorphine/Naloxone Treatment within HIV Clinical Care Settings: Results From a Multisite Study. *Journal of Acquired Immune Deficiency Syndromes (1999)*. 2011;56(Suppl 1):S22-S32. doi:10.1097/QAI.0b013e318209751e.

⁴ National Institute of Mental Health: HIV/AIDS and Mental Health. Available at:

<https://www.nimh.nih.gov/health/topics/hiv-aids/index.shtml>

HIV care services are defined as all of the HIV care and treatment services allowable through the RWHAP. For more information regarding RWHAP eligible services, refer to [Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).⁵

Opioid Use Disorder (OUD) is defined as a problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. OUD has also been referred to as “opioid abuse” or “opioid addiction.”⁶

Behavioral health (BH) disorders refer to mental health disorders and SUDs that affect wellness. Behavioral health care is used to describe service systems that encompass screening, prevention, care, treatment, and recovery services for mental health disorders and SUDs⁷, including OUD. This may include inpatient and outpatient treatment, such as psychiatric care, individual and group counseling, and medication-assisted treatments (MAT)⁸, as well as harm reduction counseling, case management, care coordination, and other support services in promoting health and recovery.

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a 5-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The RWHAP promotes robust advances and innovations in HIV health care using the National HIV/AIDS Strategy to end the epidemic as its framework. Therefore, to the extent possible, activities funded by RWHAP focus on addressing these four goals:

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

To achieve these shared goals, recipients should align their organization’s efforts, within the parameters of the RWHAP statute and program guidance, to ensure that PLWH are linked to and retained in care, and have timely access to HIV treatment and the supports needed (e.g., mental health and SUD services) to achieve HIV viral suppression.

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 U.S. The HIV care continuum has five main “steps” or stages that include: HIV

⁵ HIV/AIDS Bureau. Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds. Policy Clarification Notice (PCN) #16-02. Available at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

⁶ Centers for Disease Control and Prevention. Commonly Used Terms. Available at: <https://www.cdc.gov/drugoverdose/opioids/terms.html>

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health Treatments and Services. Available at: <https://www.samhsa.gov/treatment>

⁸ SAMHSA. Medication-Assisted Treatment. Available at: <https://www.samhsa.gov/medication-assisted-treatment>

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.

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. HRSA 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.

According to recent data from the [2017 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the U. S. From 2010 to 2017, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 69.5 percent to 85.9 percent; additionally, racial/ethnic, age-based, and regional disparities have decreased.⁹ These improved outcomes mean more PLWH in the U.S. will live near normal lifespans and have a reduced risk of transmitting HIV to others.¹⁰ Scientific advances have shown antiretroviral therapy (ART) preserves the health of PLWH and prevents sexual HIV transmission. This means that people who take ART daily, as prescribed, and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their ART.

Integrated Data Sharing and Use

HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reporting, quality improvement, the development of your HIV care continuum, and public health action. HRSA strongly 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.](#)

⁹ Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Client-Level Data Report* 2017. Published December 2018. Accessed December 20, 2018. Available at:

<https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2017.pdf>

¹⁰ 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/NCT00074581> NLM Identifier: NCT00074581.

- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated HIV data sharing, analysis, and utilization approaches by state and territorial health departments can help further progress toward reaching the NHAS 2020 goals and improve outcomes on the HIV care continuum.

To benefit fully from integrated data sharing, analysis, and utilization, HRSA strongly encourages complete CD4/viral load (VL) reporting to the state and territorial health departments' HIV surveillance systems. CD4 and VL data can be used to identify cases, stage HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into care and retention in care, measure viral suppression, and assess unmet health care needs. Analyses at the national level to monitor progress against HIV can only occur if all HIV-related CD4 and VL test results are reported by all jurisdictions. CDC requires that all CD4 results (counts and percentages) and all VL results (undetectable and specific values) be reported to the National HIV Surveillance System (NHSS). Where laws, regulations, or policies are not aligned with these recommendations, states/territories should consider strategies to best implement these recommendations within current parameters or consider steps to resolve conflicts with these recommendations. In addition, NHSS also requires reporting HIV-1 nucleotide sequences from genotypic resistance testing to monitor prevalence of all antiretroviral drug resistance and HIV genetic diversity subtypes and transmission patterns.

Special Projects of National Significance (SPNS) Program

Through its SPNS Program, HRSA's HAB funds demonstration project initiatives focused on the development of effective interventions to quickly respond to emerging needs of PLWH receiving assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models, while promoting dissemination, replication and uptake of successful interventions. SPNS findings have demonstrated promising new approaches to linking and retaining into care underserved and marginalized populations living with HIV. All RWHAP recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their HIV system of care in accordance with the allowable service categories defined in [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) as resources permit. SPNS related tools can be found at the following locations:

- **Integrating HIV Innovative Practices (IHIP)** (<https://targethiv.org/IHIP>)
Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.
- **Replication Resources from the SPNS Systems Linkages and Access to Care** (<https://targethiv.org/library/replication-resources-spns-systems-linkages-and-access-care>)

There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach populations living with HIV.

- **Dissemination of Evidence Informed Interventions**

(<https://nextlevel.careacttarget.org/>)

The Dissemination of Evidence-Informed Interventions initiative runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the Secretary's Minority AIDS Initiative Fund (SMAIF) initiatives to improve health outcomes along the HIV care continuum. The end goal of the initiative is to produce four evidence-informed Care And Treatment Interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

- **HRSA Telehealth Program**

Telehealth can be an important tool for delivering services and resources to HRSA's target populations. Telehealth technologies can help improve access to quality health care and may be especially critical in remote areas and settings, such as correctional facilities, that lack sufficient health care services, including specialty behavioral health care.

Telehealth activities include supporting distance learning and workforce development. HRSA's Telehealth Resource Center program provides expert and customizable telehealth technical assistance across the country for organizations and health care providers who serve rural and medically underserved areas and populations. Refer to <https://www.telehealthresourcecenter.org/> for more information on HRSA's Telehealth Resource Center Program. Refer to <https://www.hrsa.gov/rural-health/telehealth/index.html> for specific language and resources to incorporate into the application.

II. Award Information

1. Type of Application and Award

Type of applications sought: **New**

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Providing the services of experienced HRSA personnel as participants in the planning, development, management and technical performance of all phases of the project;

- Participating in the coordination of partnerships and communication with other federal agencies' personnel;
- Providing ongoing review of documents, activities, procedures, evaluative measures, and tools to be established and implemented for accomplishing the goals of the cooperative agreement, including project information prior to dissemination;
- Participating in conference calls, meetings, and site visits to be conducted during the period of the cooperative agreement as appropriate and available;
- Providing information, resources, and facilitating partnerships with other RWHAP recipients and stakeholders; and
- Participating in the dissemination of project findings, best practices, and lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Identifying key stakeholders, partners and decision makers and convening meetings with them to assess what work is being done to address the opioid epidemic that can benefit PLWH and OUD;
- Developing a landscape analysis and needs assessment for OUD treatment in each of the states using available data, and existing data analyses and assessments as appropriate, that can be leveraged for PLWH and OUD;
- Determining the structure of the systems of care, including existing treatment and referral networks for OUD and HIV on a state-wide level, and how the systems interact and overlap, including successful models of integration and collaboration;
- Understanding and mapping the frameworks that states and other funded entities are using in response to the opioid epidemic, e.g., prevention of OUD/opioid-related deaths; evidence-based treatment, crisis and recovery services etc. using existing information as appropriate;
- Documenting areas where HIV and OUD systems of care and cross-sector collaborations can be strengthened;
- Identifying and utilizing appropriate data sources to monitor programmatic impact;
- Analyzing barriers to accessing care and gaps in HIV and OUD system coordination, such as BH provider shortages, lack of OUD care and treatment sites, unfamiliarity with resources available, lack of communication between key stakeholders, insufficient data or lack of data sharing among BH and other health care providers (within parameters of 42 CFR 2), and state or local laws or policies that limit access to care or coordination of resources;
- Developing a framework to engage stakeholders in system-level coordination of OUD resources to improve access to OUD care and treatment for PLWH;
- Engaging key stakeholders, partners, and decision makers in establishing mechanisms to increase communication and system-level coordination of resources to expand and strengthen the system of OUD care for PLWH;
- Assisting states in leveraging new and existing OUD resources for PLWH;
- Identifying strategies to overcome barriers impeding access to OUD care and treatment for PLWH;
- Fostering the integration of HIV and OUD and BH care and treatment;

- Evaluating the programmatic impact on the system as a result of leveraging resources to enhance OUD/BH screening, access, care, and treatment for PLWH;
- Documenting resources and models of increased system-level capacity for PLWH and OUD at the state, jurisdiction and local levels;
- Developing dissemination products across the RWHAP related to enhanced coordination of OUD and BH care and treatment networks for PLWH; and coordinating with TA providers in the states to build and strengthen capacity between OUD programs (such as harm reduction, telehealth, MAT, and Syringe Services Program (SSP) providers) and RWHAP recipients and subrecipients.

The SCP cooperative agreement recipient(s) will collaborate and partner with respective federal, state and local entities to leverage and coordinate resources available within jurisdictions to fight the opioid epidemic to achieve the following three (3) goals:

1) Assess and increase system-level capacity to provide comprehensive screening, care and treatment for PLWH and OUD

Starting in Year 1 and throughout the period of performance, the SCP(s) will assess, build, and cultivate partnerships to leverage the resources to enhance the systems of care for PLWH and OUD at the state, jurisdiction, and local levels. The SCP(s)' responsibilities shall include, but are not limited to, the following activities:

- Assist in identifying, assessing, coordinating, and leveraging resources, including data, on behalf of the RWHAP recipients.
- Establish coordination of stakeholders:
 - Convene meetings to facilitate information exchange among stakeholder organizations at the federal, state and local levels, including RWHAP and behavioral health organizations providing services to people living with OUD;
 - Gather and synthesize policy issues that may act as barriers or impediments in the care and treatment of PLWH and OUD; and
 - Develop and implement strategies and solutions to address identified issues that affect the delivery of care and treatment to PLWH and OUD.
- Increase jurisdictional capacity to provide access to comprehensive screening, care, and treatment of HIV and OUD (including with MAT and SSP providers) for PLWH and OUD:
 - Develop and implement strategies to improve communication and partnerships among OUD-funded entities and RWHAP recipients and subrecipients;
 - Develop strategies for enhancing the capacity of the RWHAP recipients for leveraging new and existing BH resources to facilitate access to OUD care, treatment, and recovery services for PLWH and OUD;
 - Strengthen referral networks of OUD services for PLWH and OUD; and
 - Strengthen system-level coordination of BH care including OUD treatment for PLWH.

2) Evaluate the system-level programmatic impact of leveraging resources in treating PLWH and OUD

Starting in Year 1 at baseline during the needs assessment and at follow-up throughout Years 2 and 3, the SCP(s) will track and evaluate the system-wide impact on the

delivery of care and treatment for PLWH and OUD within the respective states. These may include assessments in the effectiveness of system-level collaboration and partnerships, as well as leveraging of available resources at the federal, state and local levels. The evaluation must include process measures such as the referrals, services received, and utilization of OUD care and treatment resources among PLWH and OUD. The evaluation must also include immediate outcomes such as the numbers of contacts; partnerships; system-level coordination among RWHAP recipients and sub-recipients and OUD providers and stakeholders; networks of HIV primary and OUD care; enhanced HIV and OUD care coordination; integrated HIV/OUD care and treatment facilities; and other system-level outcomes. Secondary outcomes such as increases in HCV or STI screenings, referrals, care, and treatment may also be measured.

As a result of this initiative, HRSA anticipates the following long-term outcomes:

- Improvements along the HIV care continuum due to strengthened systems of OUD care and treatment for PLWH, including increased:
 - Linkage to HIV Care
 - Retention in HIV Care
 - Viral Suppression
- Improvement of OUD treatment outcomes for PLWH:
 - Increased screening for OUD
 - Increased linkage to OUD care, treatment, and recovery services
 - Decrease in opioid-related overdose deaths
 - Decrease in incarceration for drug-related charges
 - Lower number of PLWH actively using opioids

3) Identify and coordinate provision of TA to RWHAP recipients and subrecipients to leverage and integrate HIV and OUD/BH care, and expand access to OUD, treatment, and recovery services for PLWH.

By Year 3, the SCP(s) will document and disseminate models of increased system-level capacity at the state, jurisdiction and local levels. The SCP will lead the development of and coordinate the dissemination of products, including manuals and toolkits related to best practices and lessons learned on how to coordinate and enhance OUD and BH partnerships and systems of care for PLWH across the RWHAP.

The SCP will convene collaborative work groups to address clinical focus areas or subpopulations that require increased attention. These work groups will consist of key providers, stakeholders and representation from the RWHAP AIDS Education and Training Centers (AETC) Program (including National and Regional AETCs) within their respective states to promote continued strengthening of, and collaboration between, systems of care, and develop and disseminate products of effective partnership strategies throughout their states and local jurisdictions.

The SCP(s) should work with AETCs and other TA providers in the states to build capacity, coordinate, and leveraging OUD/BH system resources to provide TA to RWHAP recipients, subrecipients, and other stakeholders. The SCP(s) will coordinate TA activities to include the RWHAP AETC Program, Federal Office of Rural Health

Policy (FORHP) Telehealth Resource Centers (TRC),¹¹ SAMHSA's Addiction Technology Transfer Center (ATTC) networks,¹² and other TA supports as resources for RWHAP trainings.

2. Summary of Funding

HRSA expects approximately \$3,500,000 to be available annually to fund an estimated one (1) to four (4) cooperative agreement recipients. The number of recipients will be contingent upon ensuring sufficient coverage of up to 15 states. You may apply for a ceiling amount up to \$3,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. Funding request levels should be commensurate with the number of states, anticipated reach, and the scope and complexity of system-level coordination proposed for PLWH and OUD.

The SCP applicant will select *at least 5 states, but no more than 15 states* that are in the geographical area(s) chosen by the applicant. The states in the identified geographical area(s) do not need to be contiguous. To maximize impact of this initiative, HRSA intends to have up to 15 total states covered by SCP award recipient(s). If you request the ceiling amount of \$3,500,000, your proposal should include 15 states. However, if you propose less than 15 states, your budget should reflect the commensurate level of scope and effort accordingly.

As per Objective Review Committee (ORC) recommendations, HRSA will determine the final funding amount of the award to successful applicant(s). HRSA will also ensure during the pre-award phase that no duplication of states will exist, in case more than one SCPs recommended by the ORC propose the same states. HRSA intends to ensure adequate geographic coverage and broad reach among the funded SCPs. In the case of duplication of states, applicants recommended for award by the ORC may be asked to reduce the number of states proposed and their budget accordingly.

The period of performance is September 1, 2019 through August 31, 2022 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the *Strengthening Systems of Care for People Living with HIV and Opioid Use Disorder* initiative in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

As needed, HRSA may reduce recipient funding levels beyond the first year if the cooperative agreement recipient/s are unable to succeed in achieving the goals, objectives, and activities listed in their application.

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

¹¹ National Consortium of Telehealth Resource Centers. Available at: <https://www.telehealthresourcecenter.org/>

¹² SAMHSA Addiction Technology Transfer Center. Available at: <http://attcnetwork.org/home/>

III. Eligibility Information

1. Eligible Applicants

Entities eligible for funding under Parts A – D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, including public health departments and institutions of higher education, state and local governments, nonprofit organizations, faith-based and community-based organizations, tribes and tribal organizations are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

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.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](http://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

If you are reading this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO 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 [For Applicants](#) 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 instructed in the NOFO to do otherwise. You must submit the application in the English language and 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 workspace application package do not count 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 under the correct funding opportunity number 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 8** Other Relevant Documents.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all 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), include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that 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)*
Provide the purpose and description of the proposed project. Include a brief description of any external partners who will help meet the goals of the project.
- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1 (Need)*
Describe and document the target population, PLWH and OUD, and their unmet health needs, including the screening, care, and treatment of OUDs in this population. Use and cite demographic and epidemiologic data whenever possible to support the information provided.

You must select *at least 5 states and no more than 15 states* to engage with throughout this project to implement system-level collaborations and integration coordination of opioid resources for the provision of care and treatment of PLWH and OUD at the state, jurisdictional, and local levels within those states. In order to ensure maximum impact of this project, the states in the identified geographical area(s) do not need to be contiguous.

Describe the needs of the proposed states as they pertain to the opioid epidemic for PLWH, utilizing the most recent available relevant local and/or national data and published research, including data and indicators from the vulnerable counties and jurisdictions experiencing or at-risk of HIV/HCV outbreaks,¹³ if applicable. This section will help reviewers understand the population, community and/or organizations that you will serve with the proposed project.

Describe the process you will use to analyze existing needs assessments in accessing OUD care and treatment for PLWH in the proposed states. Existing assessments that have been conducted in that area (e.g., by RWHAP Part A Planning Councils or planning bodies funded by FORHP or SAMHSA) should be used if sufficient information pertaining to PLWH and OUD is included. If existing needs assessments are insufficient in identifying gaps and barriers to OUD care, treatment, and recovery services for PLWH, describe the process you will use to supplement your findings.

¹³ Centers for Disease Control and Prevention. Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks. Available at: <https://www.cdc.gov/pwid/vulnerable-counties-data.html>

Describe each of the proposed states based on the following needs:

- HIV burden, including HIV incidence and prevalence as demonstrated from surveillance or other data sources;
- Impact of the opioid epidemic on the target population, PLWH and OUD, on each state as demonstrated from surveillance and other data sources, such as increases in HIV or HCV infections associated with OUD, areas determined to be experiencing or at-risk of significant increase in HCV infection or HIV outbreak due to injection drug use following CDC consultation,¹⁴ opioid overdose death rates, emergency department visits for suspected opioid overdose, etc.;
- Gaps and barriers in OUD care, treatment, and recovery services for PLWH as demonstrated in the Integrated HIV Prevention and Care Plan, Statewide Coordinated Statement of Need, or other formal needs assessments;
- New and/or expansion of OUD funding, behavioral health, and other resources to address the opioid epidemic in each selected state; and
- Demonstrated need for increased system-level coordination and integration of care for PLWH and OUD within each selected state.

▪ **METHODOLOGY** -- *Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*

Describe the proposed methodology for implementing system-level coordination of resources among organizations within proposed states for the provision of care and treatment to PLWH and OUD.

Identify key entities within each of the proposed states with existing or potential resources in combating the opioid epidemic. These entities should include decision-makers, capacity-building stakeholders with new or expanded OUD and behavioral health care and treatment funding, including MAT providers, addiction treatment providers, syringe service providers, and partners who are providing care and treatment for PLWH and OUD at the state, jurisdictional, or local levels. Other entities that may be critical to ensuring access to OUD care and treatment and combating the opioid epidemic include less traditional partners such as law and drug enforcement agencies, the judicial systems, correctional institutions, and tribal and faith-based organizations to strengthen system-level collaborations for PLWH and OUD.

As part of the system-level efforts to strengthen systems of care for PLWH and OUD, major stakeholders, partnerships, and collaborators should include, but are not limited to:

- Substance Abuse and Mental Health Services Administration (SAMHSA)-funded substance use and mental health treatment organizations such as

¹⁴ Centers for Disease Control and Prevention. Jurisdictions Determined to be Experiencing or At-Risk of Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation. Available at: <https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html>

Single State Agencies (SSAs), State Mental Health Agencies (SMHAs),¹⁵ Targeted Capacity Expansion,¹⁶ State Targeted Response to the Opioid Crisis¹⁷, Service Integration, and other substance abuse treatment (SAT) sites;

- HRSA-funded recipients including, but not limited to:
 - Bureau of Primary Health Care (BPHC)-funded Health Centers which have received additional funding under the *Access Increases in Mental Health and Substance Abuse Services (AIMS)* program,^{18, 19} and other expanded BH funding
 - FORHP Office for the Advancement of Telehealth (OAT) programs²⁰ and recipients funded under the *Rural Communities Opioid Response* program²¹ or other existing or recently established planning coalitions to build capacity in response to the opioid epidemic
 - Maternal and Child Health Bureau (MCHB)-supported programs targeting opioid care and treatment for women and children, e.g., Home Visiting Program and *Alliance for Innovation on Maternal Health (AIM)* initiative
- Entities receiving OUD funding from other HHS agencies (e.g., National Institutes of Health, CDC, Food and Drug Administration, etc.)
- Other entities receiving OUD and other BH funding in response to the opioid epidemic, including state and local health departments
- Other stakeholders at Federal, regional (such as HRSA's Office of Regional Operations located in HHS regions), state, and local levels, e.g. law and drug enforcement, justice system, correctional institutions, faith communities, tribal organizations, or private entities such as foundations and non-profit organizations

Identify the variety of resources available at the federal, state, and local levels to address the opioid epidemic. Propose how you will engage key entities and stakeholders, and assist in forming innovative partnerships and cross-sector collaborations that will strengthen the system and networks of care for PLWH and OUD within the states proposed. Describe how you will facilitate system-wide communication and how you plan to develop and maintain a coordinated structure across the systems.

¹⁵ Substance Abuse and Mental Health Services Administration (SAMHSA). Funding and Characteristics of Single State Agencies for Substance Abuse Services and State Mental Health Agencies. Available at: <https://store.samhsa.gov/shin/content/SMA15-4926/SMA15-4926.pdf>

¹⁶ SAMHSA. Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addition. Funding Opportunity Announcement TI-18-009. Available at: <https://www.samhsa.gov/sites/default/files/grants/pdf/matpdoa-5-9-18-1-mod.pdf>

¹⁷ SAMHSA. State Grant Programs. Available at: <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/state-grant-programs>

¹⁸ HRSA Health Center Program, FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding technical assistance: Available at: <https://bphc.hrsa.gov/programopportunities/fundingopportunities/supplement/>

¹⁹ U.S. Health and Human Services. HRSA awards \$200 million to health centers nationwide to tackle mental health and fight the opioid overdose crisis. List of FY 2017 AIMS award recipients available at: <https://bphc.hrsa.gov/programopportunities/fundingopportunities/aims/fy2017awards/index.html>

²⁰ HRSA Telehealth Programs. Available at: <https://www.hrsa.gov/rural-health/telehealth/index.html>

²¹ HRSA Opioid Rural Communities Opioid Response Program. Available at <https://www.hrsa.gov/about/news/press-releases/hrsa-rural-communities-opioid-response-initiative-fy2018>

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO. As appropriate, include development of effective tools and strategies for engaging stakeholders, partners, and decision makers in collaborating, integrating, communicating, sharing, and disseminating information to meet the goals of this project. Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information. Include a description of any innovative methods that you will use to address the stated needs.

Provide any documents that describe the working relationships between your organization and other entities and programs cited in the proposal. Include written letters of agreement from the proposed states, including letters of support from the relevant state and local health departments and other public health entities you intend to work with on this project in **Attachment 4**. Note: While each state may provide letters of support for more than one SCP applicant, the final awards will reflect non-duplication with each state working with one (1) funded SCP only.

You must also propose a plan for project sustainability after the period of federal funding ends. HRSA expects that states which the recipient(s) engage with will sustain key elements of their projects (e.g., communication and cross-sector collaborations which have been effective) that have led to improved outcomes for PLWH and OUD.

▪ **WORK PLAN** -- *Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Delineate the steps that you will use in Year 1 to establish partnerships for collaboration and identify the availability of OUD resources at the federal, state and local levels to leverage the use of these resources for the care and treatment of OUD in PLWH in the 3-year period of performance. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support of and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. The work plan should include clearly written (1) goals for the entire proposed 3-year period of performance; (2) objectives that are specific, time-framed, and measurable; (3) activities or action steps to achieve the stated objectives; (4) staff responsible for each action step; and (5) anticipated start and completion dates.

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);

- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in systems).

▪ **RESOLUTION OF CHALLENGES** -- *Corresponds to Section V's Review Criterion #2 (Response)*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Describe the barriers you may face in developing comprehensive systems of care and treatment of PLWH and OUD in the proposed states and how you propose to address or overcome these barriers.

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

You must describe the plan for the program performance evaluation, which should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities, as outlined in goal two of the project.

You must describe your plan to evaluate the programmatic and system-wide impact on strengthening the delivery of care and treatment for PLWH and OUD, including assessments of the effectiveness of system-level coordination and partnerships and leveraging resources available at the federal, state and local levels.

Include a description of how you will collect, manage, and secure data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of evaluation outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

As appropriate, describe the proposed process measures and outcomes and the data collection strategy and analysis strategy, including quantitative and qualitative analyses. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

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

Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to your organization's ability to conduct the program requirements and meet program expectations. Include a project organizational chart in **Attachment 5**. Discuss how your

organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

NARRATIVE GUIDANCE	
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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (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	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. 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 HRSA selects the application for funding, you will have a well-organized plan and by 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) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 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.” 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 the following fiscal year, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#). The budget and budget narrative should justify funding request levels commensurate with the number of states proposed, anticipated reach, and scope of the complexity of system-level coordination proposed.

v. Attachments

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: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Include written agreements or letters of support with relevant state and local health departments and other public health entities. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: Line Item Budget for Years 1 through 3

Submit line item budgets for each year of the proposed 3-year period of performance as a single spreadsheet table, using the SF-424A Section B Budget Categories and breaking down sub-categorical costs. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachments 8 – 12: Other Relevant Documents

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

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

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

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

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- 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](#).

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you 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 **April 16, 2019 at 11:59 p.m. Eastern Time**. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Special Projects of National Significance Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$3,500,000 per year (inclusive of direct **and** indirect costs). Funding request levels should be commensurate with the number of states, anticipated reach, and scope and complexity of system-level coordination proposed. 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.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) 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 the following FY, as required by law.

In addition to the funding restrictions included under 4.1.iv of HRSA's [SF-424 Application Guide](#), you cannot use funds under this notice for the following purposes:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);

- Purchase or construction of new facilities or capital improvement to existing facilities;
- Purchase of or improvement to land;
- International travel;
- Cash payments to intended RWHAP clients (as opposed to non-cash incentives to encourage participation in evaluation activities);
- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and providers may provide prevention counseling and information to eligible clients' partners – see [RWHAP and PrEP Program Letter, June 22, 2016](#));²²
- Syringe Services Programs (SSPs). Some aspects of SSPs 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/>; or
- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity.

You can find other non-allowable costs in [45 CFR part 75](#) – subpart E Cost Principles.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#) and [PCN 15-03 Clarifications Regarding the RWHAP and Program Income](#) for additional information.

7. Other Submission Requirements

Letter of Intent to Apply (optional)

The letter should identify your organization and its intent to apply, including the proposed states that your organization intends to engage with and a brief description of your proposal. HRSA will **not** acknowledge receipt of letters of intent.

Send the letter via email by *February 27, 2019* to:

HRSA Digital Services Operation (DSO)
Please use the HRSA opportunity number as email subject (HRSA-19-038)
HRSA_DSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

²² HRSA HIV/AIDS Bureau. See: https://hab.hrsa.gov/sites/default/files/hab/Global/preletter062216_0.pdf

V. Application Review Information

1. Review Criteria

HRSA has 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 your application will be reviewed. HRSA has 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. However, the entire proposal is considered during the objective review process.

The *Strengthening Systems of Care for People Living with HIV and Opioid Use Disorder* NOFO has six (6) review criteria:

Criterion 1: NEED (15 points) – *Corresponds to Section IV's Introduction and Needs Assessment section*

- The strength and clarity of the purpose and description of the proposed project, including a brief description of any external partners who will help meet the goals of the project.
- The strength and clarity to which the applicant describes and documents the target population, PLWH and OUD, and their unmet health needs, including the screening, care, and treatment of OUDs in this population, citing demographic and epidemiologic data whenever possible.
- The strength and clarity with which the applicant identifies the proposed states (*to include at least 5 and no more than 15 states*) to engage with throughout the project to implement system-level collaborations and describes the needs as they pertain to the opioid epidemic for PLWH, utilizing the most recent available relevant local and/or national data and published research.
- The strength and clarity with which the applicant describes the process used to analyze existing needs assessments that have been conducted in the proposed areas pertaining to PLWH and OUD, and the extent to which the applicant describes the process of supplementing the findings if existing needs assessments are insufficient in identifying gaps and barriers to OUD care, treatment, and recovery services for PLWH.
- The strength and clarity with which the applicant describes the proposed states, based on the following needs:
 - The extent to which the applicant describes the HIV burden, including HIV incidence and prevalence, as demonstrated from surveillance or other data sources;
 - The extent and clarity with which the applicant describes the impact of the opioid epidemic on the target population, PLWH and OUD, as demonstrated from surveillance and other data sources;
 - The clarity with which the applicant describes the gaps and barriers in OUD care, treatment, and recovery services for PLWH, as demonstrated in the

- Integrated HIV Prevention and Care Plan, Statewide Coordinated Statement of Need, or other formal needs assessments;
- The extent to which the applicant describes new and/or expansion of OUD funding, behavioral health, and other resources to address the opioid epidemic in each selected state; and
- The strength and clarity with which the applicant demonstrates the need for increased system-level coordination and integration of care for PLWH and OUD within each selected state.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges

Methodology (20 points)

- The overall extent to which the proposed project responds to the “Purpose” included in the program description, including the strength and clarity of the proposed methods that will be used to address the stated needs.
- The strength and clarity with which the applicant describes the proposed methodology for implementing a multi-system-level coordination of resources among organizations for the provision of care and treatment to PLWH and OUD.
- The extent to which the applicant describes the key entities with resources in combating the opioid epidemic they intend to work with within each of the proposed states, including decision-makers, capacity-building stakeholders with new or expanded OUD and behavioral health care and treatment funding, partners who are providing care and treatment for PLWH, and less traditional partners.
- The extent to which the applicant identifies the variety of resources available at the federal, state, and local levels to address the opioid epidemic for PLWH and OUD.
- The strength and clarity with which the applicant describes how they will engage stakeholders and assist in forming innovative partnerships and cross-sector collaborations that will strengthen the system and networks of care for PLWH and OUD within the states proposed.
- The strength and clarity with which the applicant describes how they will facilitate system-wide communication within the proposed states and how they plan to develop and maintain a coordinated structure across the systems.
- The strength of the written agreements and letters of support from the relevant state and local health departments and other public health entities that were provided in **Attachment 4**.

Work Plan (10 points)

- The overall strength of the proposed goals and objectives and their relationship to the identified project.
- The clarity with which and extent to which the applicant describes in the work plan the activities or steps that will be used to achieve each of the objectives proposed for each year of the 3-year period of performance provided in **Attachment 1**.

- The extent to which the applicant's work plan is feasible and delineates steps in Year 1 for establishing partnerships for collaboration and identifying the availability of OUD resources at the federal, state and local levels to leverage the use of these resources for the care and treatment of OUD in PLWH in the 3-year period of performance.
- Evidence the applicant's objectives for the 3-year period of performance are specific to each goal, time-framed, measurable, and include anticipated dates of completion.
- The strength and clarity of the applicant's proposed logic model to design and manage the project.

Resolution of Challenges (5 points)

- The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.
- The strength and clarity with which the applicant describes the challenges and barriers faced in developing comprehensive systems of care and treatment of PLWH and OUD in the proposed states, and how the applicant proposes to address or overcome identified challenges and barriers.

Criterion 3: EVALUATIVE MEASURES (15 points) – *Corresponds to Section IV's Evaluation and Technical Support*

- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives were met; and 2) to what extent these can be attributed to the project.
- The extent to which the applicant describes the plan to monitor ongoing processes and progress towards the goals and objectives of the project.
- The strength with which the applicant describes their plan to evaluate the programmatic and system-wide impact on strengthening the delivery of care and treatment for PLWH and OUD, including assessments in the effectiveness of system-level coordination and leveraging resources available at the federal, state and local levels.
- The extent to which and clarity with which the applicant describes the proposed process measures and outcomes and the data collection strategy to collect, analyze, secure, and track these data.
- The extent to which the applicant describes any potential obstacles for implementing the program performance evaluation and their plan to address those obstacles.

Criterion 4: IMPACT (10 points) – *Corresponds to Section IV's Work Plan and Methodology*

- The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

- The extent to which the applicant describes the development of effective tools and strategies for engaging stakeholders, partners, and decision makers in collaborating, communicating, sharing and disseminating information to meet the goals of this project.
- The extent to which the applicant describes a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information, including any innovative methods that they will use to address the needs.
- The clarity to which the applicant describes a plan for project sustainability after the period of federal funding ends, and how they will sustain key elements of their projects to strengthen the system of care for PLWH and OUD.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support, and Organizational Information

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project and the capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.
- The strength and clarity to which the applicant describes how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of evaluation outcomes.
- The strength of the applicant's description of current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature provided in the staffing plan **Attachment 2**.
- The extent to which the applicant describes the organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. The clarity of the applicant's project organizational chart provided in **Attachment 5**.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

- The reasonableness of the proposed budget for each year of the 3-year period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The appropriateness of the funding request levels including the strength and clarity of the budget justification narrative commensurate with the number of states, anticipated reach, and scope and complexity of system-level coordination proposed.

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. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors below in award selection (e.g., geographical distribution).

See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

For this program, HRSA will use geographical dispersion and program balance in making final award selections. While each state may provide letters of support for more than one SCP applicant, the final awards will reflect a broad range and distribution of geographic areas, with each state working with one (1) funded SCP only.

3. 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](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2019. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Requirements of Subawards

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

Human Subjects Protection:

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the award notice.
- 2) **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 and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Beverly Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10NWH04
Rockville, MD 20857
Telephone: (301) 443-7065
Email: BSmith@hrsa.gov

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

Adan Cajina, MSc
Chief, Demonstration and Evaluation Branch
Attn: *Strengthening Systems of Care for PLWH and OUD* (HRSA-19-038)
Office of Training and Capacity Development, HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 9N108
Rockville, MD 20857
Telephone: (301) 443-3180
Fax: (301) 594-2511
Email: ACajina@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: 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

Logic Models

You can find additional information on developing logic models at the following website:
<http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find information on how to distinguish between a logic model and work plan at the following website:

<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, February 13, 2019

Time: 2 p.m. – 3:30 p.m.

Call-In Number: 1-800-369-2056

Participant Code: 7567075

Weblink: <https://hrsa.connectsolutions.com/hrsa-19-038>

Playback Number: 1-888-566-0411

The webinar will also be recorded and should be available by February 27, 2019 at
<https://targethiv.org/library/nofos>.

Note, no passcode is needed for the instant replay/playback number (generally available one hour after the call ends).

Tips for Writing a Strong Application

See Section 4.7 of HRSA’s [SF-424 Application Guide](#).