U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part C Early Intervention Services Program: New Geographic Service Areas – HRSA-22-016

Ryan White HIV/AIDS Program Part C Early Intervention Services Program: Limited Existing Geographic Service Areas – HRSA-22-017

Funding Opportunity Type(s): New and Competing Continuation
Assistance Listings (AL/CFDA) Number: 93.918

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: December 10, 2021

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: September 30, 2021

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. §§ 300ff-51-67 and 300ff-121 (sections 2651-2667 and 2693 of the Public eHealth Service (PHS) Act).

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2022 – FY 2024 Ryan White HIV/AIDS Program (RWHAP) Part C HIV Early Intervention Services (EIS) Program. The purpose of this program is to provide comprehensive primary health care and support services in an outpatient setting for low income people with HIV. Two notices of funding opportunity are contained in this announcement. HRSA-22-016 will fund RWHAP Part C EIS services in new geographic service areas. HRSA-22-017 will fund RWHAP Part C EIS services in five existing geographic service areas that have remained open for competition in FY 2022.

Under this announcement, applicants must propose to provide: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) periodic medical evaluations of individuals with HIV and other clinical and diagnostic services regarding HIV; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV; and (5) referrals for people with HIV to appropriate providers of health and support services. These services are to be provided directly or through referrals, contracts or memoranda of understanding (MOUs).

HRSA-22-016 is a competitive announcement open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS funded services in a new geographic area, as described by the applicant. **Newly proposed service areas under HRSA-22-016 must not geographically overlap with existing service areas as defined in Appendix B in this Notice of Funding Opportunity and in HRSA-22-011, HRSA-22-014, and HRSA-22-015.** HRSA anticipates awarding up to 15 new service areas under HRSA-22-016. **Applicants applying for more than one service area must submit a separate application for each service area**.

HRSA-22-017 is a competitive announcement open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS services to five existing geographic service areas, as described in Appendix B. **Applicants of HRSA-22-017 must address the entire service area as defined in Appendix B.** HRSA anticipates awarding up to five service areas under HRSA-22-017. **Applicants applying for more than one service area must submit a separate application for each service area**.

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Funding Opportunity Title:	HRSA-22-016: Ryan White HIV/AIDS Program Part C HIV Early Intervention Services Program: New Geographic Service Areas HRSA-22-017: Ryan White HIV/AIDS Program Part C HIV Early Intervention Services Program: Limited Existing Geographic Service Areas
Funding Opportunity Numbers:	HRSA-22-016 New Geographic Service Areas HRSA-22-017 Limited Existing Geographic Service Areas
Due Date for Applications:	December 10, 2021
Anticipated Total Annual Available Funding:	HRSA-22-016 $5,200,000 HRSA-22-017 $1,500,000
Estimated Number and Type of Award(s):	HRSA-22-016: Approximately 15 grants HRSA-22-017: 5 grants
Estimated Annual Award Amount:	HRSA-22-016 : Up to $350,000 per year HRSA-22-017: Varies; See Appendix B
Cost Sharing/Match Required:	No
Project Period/Period of Performance	HRSA-22-016: May 1, 2022 through April 30, 2025
	HRSA-22-017: Either April 1, 2022 through March 31, 2025 or May 1, 2022 through April 30, 2025, according to Appendix B
	Each period of performance will be for three (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. Tribes and tribal organizations that meet the above criteria are eligible to apply. [See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.]

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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: Thursday October 28, 2021
Time: 2 – 4 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 160-962-2200
Passcode: 79271053
Weblink: https://hrsa-gov.zoomgov.com/j/1609622200?pwd=ZnJPUjVPeGF5blFmV3dGT1l3aTYwdz09

This TA webinar will be recorded and made available on the TargetHIV Center website at https://targethiv.org/library/nofos.

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I. Program Funding Opportunity Description

1. Purpose

HRSA-22-016 announces the opportunity to apply for funding under Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) Program: New Geographic Service Areas. HRSA-22-017 announces the opportunity to apply for funding under Ryan White HIV/AIDS Program (RWHAP) Part C Early Intervention Services (EIS) Program: Limited Existing Geographic Service Areas. The purpose of these programs is to provide comprehensive primary health care and support services in an outpatient setting for low income people with HIV.

Under these announcements, successful applicants must provide: (1) counseling for individuals with respect to HIV; (2) targeted HIV testing; (3) periodic medical evaluations of individuals with HIV and clinical and diagnostic services for HIV care and treatment; (4) therapeutic measures for preventing and treating the deterioration of the immune system, and for preventing and treating conditions arising from HIV; and (5) referrals for people with HIV to appropriate providers of health care and support services. These services are to be provided directly or through referrals, contracts or memoranda of understanding (MOUs).

Note: Applicants must apply under the correct announcement number

For applicants of HRSA-22-016
This competition is open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS funded services in a new geographic service area(s) as described by the applicant. HRSA will fund up to fifteen new service areas under this notice. 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 underserved people with HIV 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 of this NOFO and in HRSA-22-011, HRSA-22-014, and HRSA-22-015. **If you are applying for more than one service area, you must submit a separate application for each proposed service area.**

For applicants of HRSA-22-017
This competition is open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS funded services in existing geographic service areas, as listed and defined in Appendix B of this announcement. RWHAP Part C EIS recipients must provide comprehensive primary health care and support services throughout the entire respective designated geographic service area (referred to as “service areas” throughout this NOFO) listed in Appendix B with the goals of providing optimal HIV care and treatment for low-income underserved people with HIV not adequately covered by other sources of support. HRSA will fund up to five service areas under this notice. **Applications under HRSA-22-017 must address the entire service area, as defined in Appendix B. If you are applying for more than one service area, you must submit a separate application for each service area.**

For more details, see Program Requirements and Expectations.

All allowable services must relate to HIV diagnosis, care, and support, and must adhere to established HIV clinical practice standards consistent with U.S. 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* 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 amount received under the grant must be expended on EIS costs (except counseling and referrals/linkage to care);
- At least 75 percent of the award (after reserving amounts for administrative costs, planning/evaluation, and clinical quality management (CQM)) must be expended on core medical services costs (Please note: EIS is a subset of this 75 percent of the award) and;
- Not more than 10 percent of the total RWHAP Part C grant funds can be expended on administrative costs.

Applicants seeking a waiver to the core medical services requirement must submit a waiver request with this application. If submitting with the application, a core medical services waiver request should be included as **Attachment 15**.

2. Background

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D and F) that provide funding for core medical and support services and medications; technical assistance; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

An important framework in the RWHAP is the HIV care continuum, which depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework 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 and 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.

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Strategic Frameworks and National Objectives

National objectives and strategic frameworks like the Healthy People 2030, the HIV National Strategic Plan: A Roadmap to End the HIV Epidemic in the U.S (2021 – 2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021 – 2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021 – 2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provides a blueprint for collective action across the federal government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the U.S.

According to recent data from the 2019 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, 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 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1] For example, the disparities in viral suppression rates between Black/African Americans and white clients have decreased since 2010.[2] These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[3]

In February 2019, the Ending the HIV Epidemic in the U.S. (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care and treatment and support services needed to help them achieve viral suppression.

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. http://hab.hrsa.gov/data/data-reports. Published December 2020. Accessed December 2, 2020.
[2] Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of white clients were virally suppressed in 2015 and 91.8 percent in 2019.
[3] National Institute of Allergy and Infectious Diseases (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.

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Using Data Effectively: 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, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the 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.
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the HIV National Strategic Plan goals and improve outcomes on the HIV care continuum.

HRSA strongly encourages complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the U.S. can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HAB cooperative agreements, contracts, and grants focused on specific technical assistance (TA), evaluation, and intervention activities. A list of these resources is available on **TargetHIV**. Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

- **E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV**
  E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional

materials are developed and disseminated for replication and integration into RWHAP provider settings.

- **Integrating HIV Innovative Practices (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**
  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 people with HIV.

- **Dissemination of Evidence Informed Interventions**
  The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced 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 HAB also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these critical issues, HRSA HAB funds projects to provide technical assistance and resources for recipients. Examples of projects include:

- **Building Futures: Supporting Youth Living with HIV**
- **The Center for Engaging Black MSM Across the Care Continuum (CEBACC)**
- **Using Community Health Workers to Improve Linkage and Retention in Care**

Social determinants of health (SDOH) are conditions in which people are born, grow, live, work, and age. They include factors like socioeconomic status, education, neighborhood and physical environment, community violence, employment, and social support networks, as well as access to health care. Intimate partner violence (IPV) is among these factors that can disproportionately affect underserved communities.

According to Centers for Disease Control and Prevention, National Intimate Partner and Sexual Violence Survey (NISVS), IPV describes physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse, and can have both direct and indirect effects on individual, family, and community health. In 2017, HRSA launched its Strategy to Address IPV, an effort to address this critical social determinant of health through agency-wide collaborative action. The Strategy includes four priority areas including (1) Training the nation's health workforce, (2) Building partnerships to raise awareness, (3) Increasing access to quality care, and (4) Addressing gaps in knowledge

about IPV risks, impacts, and interventions. Applicants are encouraged to consider one or more of these priority areas, as relevant, in the development and measurement of their initiative.

Additional resources to assist you in determining how to effectively address intimate partner violence in your HRSA-funded programs may be found in the HRSA Strategy to Address IPV.

II. Award Information

1. Type of Application and Award

Types of applications sought:

HRSA-22-016: New (to provide RWHAP Part C EIS services in new geographic area(s)

HRSA-22-017: New and Competing Continuation (to provide RWHAP Part C EIS funded services in existing geographic areas, as described in Appendix B)

HRSA will provide funding in the form of a grant.

2. Summary of Funding

Under HRSA-22-016, HRSA estimates approximately $5,200,000 to be available annually to fund up to 15 recipients. If you are proposing to serve a new service area, you may apply for up to $350,000 per year under HRSA-22-016.

Under HRSA-22-017, HRSA estimates approximately $1,500,000 (total amount of all service areas listed in Appendix B). If you are proposing to serve an existing service area under HRSA-22-017, you may apply for up to the published ceiling amount in Appendix B, per year.

The actual amount available will not be determined until enactment of the final FY 2022 federal budget. This program announcement is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. **Applications must be complete, within the specified page limit, and validated by Grants.gov prior to the deadline to be considered under this NOFO. Be sure to submit the application under the correct funding opportunity number to which you are applying.**

Funding for each period of performance will be for three (3) years. Funding beyond the first year is subject to the availability of appropriated funds for the RWHAP Part C HIV EIS Program in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

In FY 2018, HRSA implemented a systematic revision of the distribution of RWHAP Part C funding to ensure that it is awarded across service areas based on the following objective RWHAP data: the number and current demographics of clients served, HIV-related health

disparities, and the number of uninsured clients. The 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. For the HRSA-22-017 competition, HRSA has used the same funding methodology to determine the funding ceiling amount per service area, which continues to be a competitive, discretionary grant opportunity.

For applicants of HRSA-22-017, to maintain continued access to high quality HIV primary care and support services, funds under HRSA-22-017 will be awarded to existing service areas listed in Appendix B. Existing service areas will be kept intact, as described in this NOFO. Under this three-year award, HRSA has constrained the degree of change in funding. The funding ceiling amounts in Appendix B reflect the implementation of this methodology.

HRSA encourages current RWHAP Part C recipients to assess their history of expending Part C funds and examine all resources available, including program income generated as a result of the RWHAP Part C award, when considering the funding level for which to apply. Appendix B describes the ceiling amount for each service area included in this announcement; you can request a funding level that is less than the listed amount in light of your history of expending Part C funds and availability of other resources. HRSA HAB anticipates directing any balance in funds to support the funding of new RWHAP Part C service areas where there is the greatest burden of infection, illness, and disparities from HIV, as well as to support the RWHAP Part C Capacity Development grant program. In addition, HRSA reserves the right to fund less than the amount requested based on a history of current RWHAP Part C recipients' unobligated balances.

The RWHAP Part C funding methodology uses quantitative data primarily from the RSR to allocate funds to grant service areas in a more streamlined and consistent manner, achieving a reasonable and sustainable allocation of resources to improve health outcomes for people with HIV. Similar to FY 2018, 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[4] per service area augmented by an amount corresponding to the number of eligible Part C clients served in that area as reported through the 2019 RSR); and 2) 30 percent of funding is based on a) demographics as reported through the 2019 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, transgender individuals, and uninsured populations), and b) RWHAP Part A resources (RWHAP Part C service areas outside of RHWAP Part A jurisdictions will receive additional funding). Future iterations of the RWHAP Part C funding methodology may include new proportions in funding and factors, such as performance in HIV viral suppression, to ensure that the funding allocation across service areas will be responsive to HIV health disparities and the changing demographics of the HIV epidemic, as well as the evolving health care landscape.

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[4] 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.

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For applicants of HRSA-22-016, 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 $1,078. If you are applying for HRSA-22-016, you should strongly consider this in the development of your budget request within the funding ceiling amount of $350,000 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.

III. Eligibility Information

1. Eligible Applicants

This competition is open to current recipients and new eligible applicants proposing to provide comprehensive primary health care and support services in outpatient settings for low income, uninsured, and underserved people with HIV in the service areas as described in Appendix B.

As identified in section 2652(a)(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) Grant recipients 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;
f) Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to people who contracted HIV through intravenous drug use; or
g) Nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV, including faith-based and community-based organizations.

Tribes and tribal organizations that meet the above criteria are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

Other

Applications that exceed the ceiling amount of $350,000 for HRSA-22-016, or applications that exceed the ceiling amount listed in Appendix B for HRSA-22-017, will be considered non-responsive and will not be considered 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.

HRSA will consider any application that exceeds the page limit referenced in Section IV non-responsive and will not consider it 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.

NOTE: Multiple applications from an organization are allowable. If you are applying for more than one service area, either under HRSA-22-016 or as listed in Appendix B under HRSA-22-017, you must submit a separate application for each service area under the correct funding opportunity number. Applications under HRSA-22-017 must address the entire service area, as defined in Appendix B.

Be sure to submit the application under the correct funding opportunity number.

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, before 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 services (i.e., counseling of individuals with respect to HIV, targeted HIV testing, referrals/linkage to care, therapeutic measures, and periodic medical evaluations of people with HIV and other clinical and diagnostic services related to HIV diagnosis) 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 required 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. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address for HRSA-22-016/HRSA-22-017 in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. 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.*

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2. Content and Form of Application Submission

Application Format Requirements
Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan, and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 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 HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation
The total size of all uploaded files counted in the page limitation may not exceed the equivalent of **80 pages** when printed by HRSA. The page limitation includes the project and budget narratives, attachments, and letters of commitment and support required in the HRSA SF-424 *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limitation. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-016 and/or HRSA-22-017, it may count against the page limitation. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA. Indirect Cost Rate Agreement (if applicable) and proof of non-profit status do not count in the page limitation. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limitation.**

Applications must be complete, within the specified page limitation, 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) You, on behalf of the applicant organization, certify, by submission of your proposal, that neither you nor your principals are 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) If you are unable to attest to the statements in this certification, you must include an explanation in Attachment 15: *Core Medical Services Waiver Request.*

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

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Program Requirements and Expectations

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

Clinical Requirements:

- ***HIV Counseling, Testing, and Referral (CTR)*** – RWHAP Part C funds can be used to provide HIV Counseling, Testing, and Referral (CTR) services to high-risk targeted populations in the designated service area in order to identify people with HIV and link them into medical care. However, recipients must coordinate these services with other HIV prevention and testing programs to avoid duplication of effort. You should establish linkages and formal referral mechanisms to ensure follow-up care and treatment for those persons identified as having HIV. Please note that RWHAP Part C funds cannot (1) supplant CTR efforts paid for by other sources, (2) support routine CTR services in the general patient population, or (3) support testing activities in the general population. If HIV CTR is provided, these services must comply with sections 2661 to 2663 of the PHS Act. The revised HHS Guidelines for CTR are available at: http://aidsinfo.nih.gov/guidelines. The CTR program also must assure the confidentiality of patient information in compliance with applicable federal, state, and local laws.

  Pre-exposure prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) is intended for persons who do not have HIV; therefore, RWHAP Part C funds shall not be used to pay for PrEP or nPEP medication or associated medical services. However, RWHAP recipients, including Part C providers, may provide services such as 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 recipients must provide comprehensive patient-centered primary health care services in an outpatient setting for low-income people with HIV throughout their entire designated service area (see Appendix B for a list of existing service areas under HRSA-22-017). 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 program is unable to provide any of these services directly, it must enter into formal arrangements, such as contracts or MOUs, with appropriate providers.

  Recipients must also be able to diagnose, provide prophylaxis, and treat or refer clients with tuberculosis, Hepatitis B or 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 if a patient has been discharged from the hospital or if there is any other disruption in outpatient care. Finally, recipients must also have a system in place for after-hours and weekend clinical coverage for medical and dental services; and patients must be involved and fully educated about their medical needs and treatment options within the standards of medical care.

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- ***Clinical Guidelines*** – All clinical care must be provided in accordance with HHS Guidelines, which can be found on the HIV.GOV website at: https://clinicalinfo.hiv.gov/en/guidelines. HRSA strongly encourages you to require, at least yearly, continuing education opportunities for RWHAP Part C program staff to ensure they remain knowledgeable of clinical advances in the treatment of HIV and are familiar with the most recent HHS Guidelines.

- ***Referral Systems*** - You must have a process in place for referring patients to needed health care and support services such as oral health, specialty care, medical case management, etc. 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*** – You 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, visit the NIH HIV Clinical Trials Network website at: https://www.niaid.nih.gov/research/hiv-research-enterprise

- ***Clinical Quality Management*** – Section 2664(g)(5) of the PHS Act requires RWHAP Part C recipients to establish 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 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 needed 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*** – Coordination must occur with all available and accessible community resources, such as federally-funded and non-federally-funded programs (e.g., substance use disorder 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 SAMHSA. HRSA expects recipients to collaborate with entities that provide ongoing HIV prevention activities and establish formal linkages with them for referral of people with HIV into care and treatment services at your site.

  HRSA expects recipients located near existing RWHAP Part C funded programs to coordinate/collaborate with those programs and to avoid duplication of 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 (SPNS), AIDS Education and Training Centers (AETCs), the Dental Reimbursement Program, and the

Community-Based Dental Partnership Program. HRSA encourages recipients located in an Eligible Metropolitan Area (EMA) or a Transitional Grant Area (TGA) to participate in the activities of the RWHAP Part A Planning Council and demonstrate that they have coordinated with and not duplicated Part A services. HRSA encourages RWHAP Part C 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 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 entities with which RWHAP Part C recipients have an agreement to provide services under the award that do not impose a charge or accept reimbursement available from any third-party payer, including reimbursement under any insurance policy or under any Federal or State health benefits program. Recipients providing services directly pursuant to the award will not be eligible for a waiver.

- ***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).

<u>Administrative/Fiscal Requirements</u>:

- ***Consumer Involvement*** – People with HIV who receive services at a RWHAP-funded organization should be actively involved in the development, implementation, and evaluation of program and CQM activities. To receive effective input from people with HIV, programs should provide necessary training, mentoring, and supervision. Examples of involvement include but are not limited to the following:
  - Representation on the organization's Board of Directors.
  - Representation on a newly established or existing consumer advisory board.
  - Recruiting people with HIV to serve as volunteer 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, according to a publicly available schedule of charges.

- ***Annual Cap on Charges*** – The RWHAP statute requires recipients to limit the amount of charges for HIV-related services they can impose on patients per year:

Individual Income	**Maximum Charge***
At or below 100 percent of FPL	N/A – no charge
101 to 200 percent of FPL	No more than 5 percent of annual gross income
201 to 300 percent of FPL	No more than 7 percent of annual gross income
Over 300 percent of FPL	No more than 10 percent of annual gross income

- *Waiver of imposition of charges requirements: Entities operating as free clinics, meaning those that do not impose a charge or accept reimbursement available from any third-party payer, may request a waiver of the imposition of charges requirements from HRSA.

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

- ***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. RWHAP Part C funds may not be used for a service if payment has been made, or reasonably can be expected to be made by a State compensation program, an insurance policy, a Federal or State health benefits program, or by an entity that provides health services on a pre-paid basis.

  In accordance with the RWHAP client eligibility determination and recertification requirements (see HAB Program Letter on Rapid Eligibility and HAB PCN 13-02 *Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements*), HRSA expects clients' eligibility to 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 low income, uninsured, and underserved people with HIV.

RWHAP Part C funds cannot be used to supplement the maximum cost allowance for services reimbursed by third-party payers 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 Dental to duplicate reimbursement for services funded under Part C. Additionally, recipients cannot bill services reimbursed by RWHAP Part C to RWHAP Parts A, B, D, or F.

- ***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 people with HIV who received 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 award issuance date.

- ***Subawarded Services*** – In addition to the information included in 45 CFR § 75.352, subrecipient agreements must include: (1) the total number of people with HIV 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 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*** – HRSA expects RWHAP grant recipients that purchase, are reimbursed for, or provide reimbursement to other entities for outpatient prescription drugs 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 Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at: https://www.hrsa.gov/opa/.

- ***Program Income*** -- All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part C grant program. Please see HAB PCN 15-03 for more information on the RWHAP and program income.

- ***Other Financial Issues*** - Programs 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.

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
Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. **Do not upload the abstract as an attachment or it will count toward the page limitation**. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's SF-424 Application Guide.
In addition to the requirements listed in the Application Guide, please include the following in this order:

- General overview of the HIV epidemiology in the entire designated service area.
  - **For applicants of HRSA-22-016**, specify the service area by the most relevant geographic subunit (e.g. county, zip code).
  - **For applicants of HRSA-22-017**, specify the entire service area, as listed in Appendix B.
- 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.

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. Any attachments referenced in a narrative section may be considered during the objective review.

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	(6) Support Requested

ii. Project Narrative

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project. Use 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.

For applicants of HRSA-22-016, specify the entire service area 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 this NOFO in Appendix B and in HRSA-22-011, HRSA-22-014, and HRSA-22-015, and provide the following information:

- Your organization's experience in providing comprehensive outpatient primary health care and support services to people with HIV;
- Your organization's experience with the administration of federal funds;
- A brief description of people with HIV in the designated service area (i.e., your target population, inclusive of any subpopulations); and
- How your organization will utilize RWHAP Part C funds to support the HIV care continuum in your service area.

For applicants of HRSA-22-017: Indicate that the service area is an existing service area as defined in Appendix B. Additionally, if you are a new applicant for an existing service area, provide the following information:

- Identify the recipient (listed in Appendix B) that you intend to replace;
- Demonstrate that you have the readiness, including any telehealth infrastructure capabilities that are in place (if applicable), to serve the existing clients of the current recipient;
- Describe a transition strategy for existing clients that minimizes disruption and maintains service continuity;
- Describe how you will provide at least the same scope of services as the current recipient;
- Describe your delivery of services provided directly or through referrals, contracts, or memoranda of understanding (MOU) throughout the entire service area, as listed in Appendix B; and
- Confirm that you will serve the entire service area listed in Appendix B.

Reminder: if applying for more than one service area, you must submit a separate application for each service area under the correct funding opportunity number.

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 epidemic in the designated service area and the need for RWHAP Part C funding to meet the outpatient primary health care and support service needs of the 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; and
  2. The local HIV service delivery system and any recent changes, including changes as a result of the COVID-19 pandemic.

1. Populations Currently Being Served by Your Organization

Base this overview 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., CY18, CY19, and CY20) for your patient population(s). Clearly cite all data sources. Please address each bullet with a table and any associated narrative explanation.

- Describe the burden of HIV in the population(s) being served by your organization and compare it to the overall burden of HIV in the service area using newly diagnosed cases (diagnosed incidence) and total number of people with diagnosed HIV (diagnosed prevalence) data. Present data by race, ethnicity, age, gender, and transmission categories to highlight particular disparities. Clearly describe if there are specific highly impacted groups (i.e., subpopulations) within the service area who have the greatest needs and who will be a focus for RWHAP Part C funded services. This demonstrates your intent to address the goals to end the HIV epidemic through the reduction of HIV-related health disparities. Identify any trends that have emerged during the last three years, including those related to the COVID-19 pandemic, such as any increases or decreases in HIV incidence/prevalence among specific subpopulations. Provide the above information in a table format.

- Describe the unmet need based on your evaluation of the gaps in the HIV care continuum for the population(s) of people with HIV who are served by your organization. Provide data on the five stages of the HIV care continuum for the identified focus population(s) with disparate rates of HIV using the most recent three calendar years of available data (e.g., CY18 through CY20). The stages in the HIV care continuum are: diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral therapy (ART), and achievement of viral suppression. 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. Provide the data in a table format. A detailed resource for how to calculate data indicators for each stage can be found here in the CDC's HIV Resource Library. The table may list the stages in the left-hand column and, across the top of the table, list the measurement periods by calendar year (each year as a separate column).

- Briefly describe how you used RWHAP Part A or B Unmet Need estimates of people with HIV in your own program and budget planning efforts. Include any

subpopulations in the designated service area who (1) are unaware of their HIV status, or (2) know they have tested positive for HIV.

2. The Local HIV Service Delivery System and Recent Changes

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

- **HIV service providers**
  - **For applicants of HRSA-22-016**, 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. Include this map as Attachment 9.
  - **For applicants of HRSA-22-017,** provide a map of the entire designated service area (as listed in Appendix B) 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.
  - **For all applicants:** In addition to a map, 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. Include this table in the narrative, and include all public and private organizations (including any other RWHAP providers) that provide HIV outpatient primary health care services to people with HIV in the entire designated service area. The 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 Programs, may serve as resources for this information.
- **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), including those arising from COVID-19 pandemic, that prevent people with HIV from accessing needed services and achieving improved outcomes in the entire designated 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:
  a. Your clients by payor source in CY20 (e.g., Medicaid, Medicare, CHIP, state-funded HIV programs, employer-sponsored health insurance coverage, other private health insurance, and/or other third-party payor).
  b. How the Medicaid program provides services to people with HIV 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.

c. 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 programs, Medicare, AIDS Drug Assistance Program (ADAP) funding, and/or other third-party payor) in the designated 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.

d. Any recent economic, system, or demographic shifts (e.g., in specific populations, closings of local hospitals, community health care providers, or major local employers), public health emergencies such as COVID-19, 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 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 describe how you will 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, your application should address this gap in the HIV Care Continuum Services subsection. The section headings are:

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

1) HIV Care Continuum Services

A) HIV-Diagnosed

Please describe:

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

B) Linkage to Care

Please describe:

- How newly-identified individuals with HIV are linked into and provided with outpatient primary health care and support services and how these newly-identified individuals are successfully transitioned into care.

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- 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, local health departments, or local jails and/or transitional facilities (see HAB PCN 18-02) 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 people with HIV in medical care, including any related to telehealth.
- Any targeted efforts to retain subpopulations who have poor health outcomes in HIV health care.

D) Antiretroviral Therapy and Viral Suppression
Please describe:
- The successes and challenges of your current strategies, including any related to telehealth, 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 you provide risk reduction counseling to people with HIV 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.
- Any major gaps and barriers associated with accessing core medical services before and during the COVID-19 pandemic for the proposed target population(s) and/or subpopulation(s) and how these have been or will be addressed. Indicate if any telehealth strategies were used.
- 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.

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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 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 the appointment was kept.
- The strategies used to improve care transitions (including transitioning youth with HIV into adult care). Also 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 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 assessed, informed, and enrolled, as appropriate, into other forms of insurance including Medicaid, Medicare, CHIP, private insurance, and other options.
- How you ensure clients are educated about any out-of-pocket costs, including deductibles, co-pays, coinsurance, schedules 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 in, coordination, and/or linkage(s) with the following publicly funded HIV care and prevention programs in your service area. In **Attachment 11**, include a list of organizations for which signed Letters/MOUs 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 submitting 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. Identify how the budget for the RWHAP Part

C EIS grant has been developed in coordination with the planning process for localities funded under RWHAP Part A.

- RWHAP Part B - Identify how the budget for the RWHAP Part C EIS grant has been developed in coordination with the State and Territory's Integrated Plans.
- If your organization receives RWHAP Part A and/or Part B funding:
    a. Identify the amount of funding received for each RWHAP Part A and/or Part B funded service category, including the specific services supported.
    b. Describe how the services proposed in this application are not duplicative of services supported by RWHAP Part A and/or Part B.
    c. 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 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 in, 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 Federally Qualified Health Centers, mental health and substance use disorders treatment programs including those funded by SAMHSA, and research programs including those funded by 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 must include measurable objectives for core medical and support services (as defined by HAB PCN 16-02).

Establish and provide measurable objectives in the four areas below for each year of the proposed period of performance (three years). Provide a table, which you should submit as Attachment 12.

- HIV Testing and Counseling (HIV Diagnosed)
- Access to Care (Linkage)
- Core Medical and Support Services (Retention in Care)
- ART and Viral Suppression

Your work plan objectives are for all clients eligible to receive services funded by RWHAP Part C, inclusive of the populations served by any subrecipient. If your budget includes subrecipient(s), provide measurable objectives broken out for each subrecipient(s) within the recommended table format.

HIV Testing and Counseling - HIV-Diagnosed

If you are requesting the use of RWHAP Part C funds for CTR, provide the projected number of persons who will:

- Receive targeted testing and counseling services

- Have a confirmatory positive HIV test result

Access to Care - Linkage to Care
Provide the projected number of:
- Newly diagnosed individuals who will enroll in care within one month of HIV diagnosis

Retention in Care - Core Medical and Support Services
Provide the projected number of people with HIV who will:
- Receive Core Medical Services (see HAB PCN 16-02) (Please only list each core medical service that you are supporting with RWHAP Part C funds.)
- Receive Support Services (see HAB PCN 16-02) (Please only list each support service that you are supporting with RWHAP Part C funds.)

ART and Viral Suppression
Provide the projected percent (specify the numerator and denominator as well as percent) of people with HIV 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*

  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 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.

  Transition Plan (to be completed only by new applicants for existing service areas under HRSA-22-017): For those applicants who currently do not receive RWHAP Part C EIS funding for the specific service area or areas described in Appendix B, please describe:
  - How your organization will improve services to the current patients and target populations of the existing RWHAP Part C recipient throughout the entire designated service area.
  - Your detailed transition plan for how current patients and the scope of services will be transferred from the existing RWHAP Part C recipient to your organization if successfully awarded the grant as a result of this competition.
  - How the activities, time frames, and efforts to coordinate the transition of services will be conducted so that the delivery of RWHAP Part C services to the existing patient population is not disrupted or impeded. (Note: for newly awarded organizations, HAB expects that HIV medical services will be available to clients no later than 90 days from the award date.)

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

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 with HIV, are involved in the planning, implementation, and evaluation of your HIV program, including examples (e.g., focus groups, surveys, consumer advisory boards) that you have recently conducted or plan to conduct in the upcoming period of performance.

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.

Continuous 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 HIV 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 medical care as QI projects, highlighting upcoming efforts with any subpopulations identified in your Needs Assessment.

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 requires recipients to report medical information at the client level of service using a unique identifier, collect data for funded services, and transmit data electronically through the RSR.

Describe the current information system in use to track health care service data. Existing 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 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, whether in person or through telehealth.
  - Your systems that ensure staff are trained/educated in and use the most current HHS Guidelines, and that RWHAP Part C clinic-specific policies and procedures are being followed, including 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 that you properly document any sub-awarded funds or funds expended on contracts.
  - Your processes to perform and monitor fiscal assessment of all people with HIV 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 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/).

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 your 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.

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 cost categories: **EIS, Core Medical Services, Support Services, CQM, and Administrative Costs**.

1) **Early Intervention Services (EIS) Costs—**At least 50 percent of the amount received under the grant must be expended on the following Part C EIS costs, either directly or through referrals, contracts, or MOUs:

- Targeted HIV testing
- Other clinical and diagnostic services regarding HIV, and periodic medical evaluations for people with HIV
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

You must ensure that at least 50 percent of the award will be expended on targeted HIV testing, clinical and diagnostic services regarding HIV and periodic medical evaluations for people with HIV, and providing therapeutic medications. Clinical and diagnostic services may include medical case management, mental health, oral health, and other clinical services, in addition to outpatient ambulatory health services. The legislative budgetary requirement of at least 50 percent for the EIS Cost Category excludes counseling and referrals/linkage to care, although the budget allocation for these services cannot be zero (see next section).

2) **Core Medical Services Costs** (At least 75 percent of the award – after reserving amounts for administrative costs, planning/evaluation, and clinical quality management – must be expended on core medical services.) Core medical services, by statute, include the following service categories (further described in HAB PCN 16-02):

- AIDS Drug Assistance Program Treatments
- AIDS Pharmaceutical Assistance
- EIS
    - Counseling individuals with respect to HIV
    - Referrals/linkage to care
- Health Insurance Premiums and Cost Sharing Assistance for Low Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

As a reminder, 50 percent of the award must be allocated to the EIS cost category, as described above in IV.2.iii.1. Since allocations for counseling and referrals/linkage to care

cannot be zero, they must be allocated under the Core Medical Services cost category (not EIS cost category).

3) **Support Services Costs-** Support services as described in HAB PCN 16-02 are those services needed by people with HIV to achieve optimal HIV medical outcomes. These include:

- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Legal Services
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Permanency Planning
- Psychosocial Support Services
- Rehabilitation Services
- Respite Care
- 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 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 approximately three staff members at the National Ryan White Conference on HIV Care and Treatment; training subrecipients on CQM; participation in the Integrated Plan process and local planning; and people with HIV involvement in the design, implementation, and evaluation to improve services. HRSA expects that **grant funding spent on clinical quality management shall be kept to a reasonable leve**l.

5) **Administrative Costs-** (Not more than 10 percent of the total RWHAP Part C grant award may be expended 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 expenses 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 applicant adherence to RWHAP Part C 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. Allocations of provider time and effort should be reasonable for the number of clients to be served.

For HRSA-22-016, the line item budget requested for each year must not exceed the ceiling amount of $350,000. For HRSA-22-017, the line item budget requested for each year must not exceed the total award for the service area, as listed in Appendix B. In addition, the total amount requested on the SF-424A must match the total amount listed on the line item budget. Please list personnel separately by position title and individual name, or note if position is vacant. Upload the line item budgets as **Attachment 1**.

Salary Rate Limitation - The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, Title II, § 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 FY, as required by law.

NOTE: HRSA recommends that the budgets be converted or scanned into PDF format for submission. Do not submit Excel spreadsheets. Submit the program-specific line item budget 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

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

In addition to the directions in Section 4.1.v. of HRSA's SF-424 Application Guide, you must 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.

For each object class category (e.g., Personnel, Fringe Benefits, Travel), divide the budget narrative 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/ people with HIV 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. Allowable travel costs also include attendance for approximately three staff members at the National Ryan White Conference on HIV Care and Treatment, etc. HRSA expects your organization to support the travel and training for HIV related CME/CEU activities where appropriate and to use your local AETCs as a resource for training needs.

- **Contractual:** Subrecipients providing services under this award must adhere to the same requirements as the recipient. All RWHAP Part C 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.** Assurance that subrecipients are tracking the source, documenting the allowable use, and reporting program income earned at the subrecipient level is a RWHAP requirement. Your subrecipients must also report and validate program expenditures in accordance with core medical and support services categories to determine that they comply with 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 package 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 existing 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

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 limitation.** Your Indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. You must clearly label **each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

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 toward 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-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 whom you have 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. This document must be signed by the Authorized Organization Representative (AOR), scanned, and uploaded.

Attachment 7: Maintenance of Effort (MOE)
You must provide a baseline aggregate total of the actual expenditure of non-federal funds for the fiscal year prior to the application and estimates for the 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

FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____________	Estimated current FY non-federal funds, including in-kind, designated for 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
- Targeted HIV testing
- Referral/linkage to care
- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations for people with HIV
- 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. The additional requests must also be justified in this attachment. **If you do not submit Attachment 8, HRSA will not consider you for a funding preference.** See Section V.2 for more information.

Attachment 9: Map of Service Area (Required)

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.

For applicants to HRSA-22-016, provide a map of the entire service area,

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noting your clinical services location(s) and the location of other local providers of HIV primary care services.

For applicants to HRSA-22-017, the map of the geographic area must be the same as what is as listed in Appendix B, noting your clinical services location(s) and the location of other local providers of HIV primary care services.

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 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 MOUs (If Applicable)

If you propose to work with partners, include a list of organizations for which signed Letters/MOUs 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 submitting 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. You must establish measurable objectives and provide them in the five areas stated in Section IV. ii. Project Narrative for each year of the proposed period of performance (three years). Provide a table to outline the work plan.

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

Use 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 your jurisdiction does not require clinic licensure, describe how that can be confirmed in state regulation or other information. Official documentation may be required prior to an award being made or in the post-award period.

Attachment 14: Proof of Non-Profit status

Include your proof of non-profit status (**required**, not counted in the page limit).

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Attachment 15: Core Medical Services Waiver Request and Other Attachments
Include Core Medical Services waiver request if submitting with the application (counted in the page limit). If unable to attest to the statements in this certification stated in Section IV.2, an explanation shall be included.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration’s UEI Update.

You must register with 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

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

In accordance with the Federal Government’s efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA’s application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020,

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must validate the federally required common certifications and representations annually through SAM.gov.

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 *December 10, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar 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 RWHAP Part C Early Intervention Services Program: New and Existing 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

The General Provisions in Division H, Title II of the Consolidated Appropriations Act, 2021 (P.L. 116-260) 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.

For HRSA-22-016, you may request up to $350,000 for each proposed new service area(s) to which you are applying. If you are applying for more than one service area you must submit a separate application for each service area.

For HRSA-22-017, you may request funding at an annual ceiling amount of no more than the amount listed in Appendix B. Each application must address the entire service area, as defined in Appendix B. If you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area.

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.

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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 announcement 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 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 people with HIV, 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.hiv.gov/federal-response/policies-issues/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.

The RWHAP Part C statute requires recipients to expend at least 50 percent of their Part C grant on Part C EIS costs (except counseling and referrals/linkage to care); at least 75 percent of the award (after reserving amounts for administrative costs, planning/evaluation, and clinical quality management) on core medical services costs; and not more than 10 percent of the award 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, consistent with Parts A and B.

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.

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Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

Program Income
All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part C grant program. HHS award regulations require recipients and/or subrecipients to track and report program income. Program income shall be monitored by the recipient, retained by the recipient (or subrecipient if earned at the subrecipient level), and used to provide RWHAP Part C services to eligible clients. Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. Please see 45 CFR § 75.307 and HRSA HAB PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review 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.

Six review criteria are used to review and rank the RWHAP Part C Program applications. has six (6) review criteria. Below are descriptions of the review criteria and their scoring points. The following review criteria applies to both HRSA-22-016 and HRSA-22-017, except as noted below under Criterion 1, 2 and 6.

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

For HRSA-22-016:

- 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 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 citing appropriate references.
- The completeness of the applicant's documentation of the types of services currently available and the other RWHAP providers throughout the entire service area.
- The strength of the applicant's description of the current health care landscape within the entire designated service area, and its impact on the delivery of HIV outpatient primary health care and support services.

For HRSA-22-017:

- List in the narrative, all public and private organizations (including any other RWHAP providers) that provide HIV outpatient primary health care services to people with HIV in the entire designated service area.
- 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 designated service area, as defined in Appendix B.
- The strength of the applicant's narrative that identifies the specific subpopulations that have the greatest needs for receiving RWHAP Part C 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 citing appropriate references.
- The completeness of the applicant's documentation of the types of services currently available and the other RWHAP providers throughout the entire designated service area as defined in Appendix B.
- The strength of the applicant's description of the current health care landscape within the entire designated service area, as defined in Appendix B 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.

- **For HRSA-22-016**: 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 people with HIV throughout the entire service area.
  For HRSA-22-017: 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 people with HIV throughout the entire designated service area as defined in Appendix B.
- The strength of the applicant's description of how CTR services will be coordinated with other organizations within the service area, and of how CTR services will be directed to high risk populations within the service area.
- The strength of the applicant's description of the applicant's system for linking newly diagnosed individuals to care.
- The clarity and completeness of the applicant's description of retention strategies that are keeping people with HIV 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 the applicant's 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 the applicant's 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.
- **For new applicants applying under HRSA-22-017:** the strength and completeness of the applicant's narrative that demonstrates that the applicant has the infrastructure in place to serve the existing HIV population throughout the entire service area as defined in Appendix B, and provide the same scope of services as the current recipient the applicant is proposing to replace, including a detailed transition plan, provisions for minimizing disruptions and maintaining continuity of care, and how current patients and the scope of services for the entire designated service area will be transferred from the existing RWHAP Part C recipient to the applicant.
- **For all new applicants to either HRSA-22-016 OR HRSA-22-017:** the strength and completeness of the applicant's description of the applicant's readiness to provide HIV medical services within 90 days of receipt of the Notice of Award.

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 involvement people with HIV have in developing, implementing, and evaluating the RWHAP Part C EIS Program.
- The feasibility of the applicant's data collection plan and processes (e.g., frequency, key activities, and responsible staff).
- The strength of the applicant's narrative that demonstrates the applicant's ability to analyze and evaluate the applicant's performance measure data for health outcome disparities and to take action to eliminate them.
- The strength and completeness of the applicant's 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 (10 points) - Corresponds to Section IV's Work Plan

- The strength of the applicant's proposed work plan as evidenced by measurable and appropriate objectives that reflect Access to Care, Counseling and Testing, Core Medical and Support Services, ART, and Viral Suppression.
- The strength of the applicant's description of a quality improvement project for improving viral suppression.

Criterion 5: RESOURCES/CAPABILITIES (27 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 the applicant's 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 applicant's organizational chart, including placement of the RWHAP Part C program within the applicant's entire organization.
- The clarity and completeness of the applicant's narrative describing the applicant's 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 the applicant's processes to conduct financial assessments of people with HIV for RWHAP eligibility.
- The strength of the applicant's narrative that describes sufficient processes/systems for ensuring staff 1) are trained about evidence-based HHS Guidelines, and 2) are 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 applicant's fiscal and Management Information Systems, and the applicant's capacity to meet program requirements, including monitoring grant expenditures (including sub-awarded funds or funds expended on contracts), a schedule of charges, annual caps on patient out-of-pocket charges, billing/collecting/tracking reimbursable health care services, and tracking and using program income to further the objectives of the RWHAP Part C program.
- The strength of the applicant's description of the applicant's participation, or intent to participate, in the 340B Drug Pricing Program.

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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 the following requirements: at least 75 percent of the award (after reserving amounts for administrative costs, planning/evaluation, and CQM) must be expended on core medical services; at least 50 percent of the award must be expended on EIS costs (except counseling and referrals/linkage to care); and no more than 10 percent of the award may be expended on administrative costs. Additionally, the amount expended on CQM is reasonable given the scope of work.
- The alignment and agreement of the applicant's program-specific line item budgets, budget justification narrative, and SF-424A.

In addition, for proposed new service areas under HRSA-22-016 only:

- The reasonableness with which the applicant based the budget request on the average funding per client amount of $1,078, which is the average funding per client across all existing RWHAP Part C EIS service areas.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

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 applicants of HRSA-22-017 ONLY: For all service areas with two or more applicants, up to five additional points related to past performance (excluding performance during FY 2019 and FY 2020 due to the novel coronavirus pandemic) will be added to the objective review score. HRSA will consider the following:

• Compliance with terms and conditions of RWHAP Parts C and/or D award(s) issued in FY 2018, 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 (1 point)
• Previously awarded federal funds in FY 2018 expended (1 point)
• Timeliness of reporting in FY 2018 (1 point)
• Site visit report findings and progress on programmatic corrective action plans, if applicable (1 point)

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• 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)

Funding Preferences

This program provides a funding preference for some applicants as authorized by section 2653 of the PHS Act. 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;
- Rate of increase of HIV cases;
- Lack of availability of early intervention services;
- Number and rate of increase of cases of sexually transmitted infections, tuberculosis, substance use disorder, and co-infection with hepatitis B or C;
- Lack of availability of primary health care 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 you are applying to receive the grant.

Additional Preference(s):

Qualification 2: Rural Areas
If you qualify for preference under Qualification 1, you may 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 https://data.hrsa.gov/tools/rural-health.

Qualification 3: Underserved Areas
If you qualify for preference under Qualification 1, you may 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, C, and D. Applicants requesting a funding preference based on an underserved qualification must demonstrate that the area has gaps in the

provision of EIS for people with HIV. You must define and document these gaps 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.

3. Assessment of Risk

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 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).

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VI. Award Administration Information

1. Award Notices

For HRSA-22-016, HRSA will release the Notice of Award (NOA) on or around the start date of May 1, 2022.

For HRSA-22-017, HRSA will release the Notice of Award (NOA) on or around the start date for the existing service area, as noted in Appendix B, of either April 1, 2022 or May 1, 2022.

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*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements
Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Requirements of Subawards
The terms and conditions in the 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. See 45 CFR § 75.101 Applicability for more details.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

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1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be available in the NOA.

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 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)** – The recipient will submit to HRSA the annual federal financial report. The report should reflect cumulative reporting within the project period and must be submitted using the Payment Management System. The FFR due dates have been aligned with the Payment Management System quarterly report due dates.

5) **Audits** - You must submit audits every two (2) years to the lead state agency for RWHAP Part B, consistent with Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75 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 NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

You may request additional information and/or technical assistance 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
Email: aoladele@hrsa.gov

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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
Rockville, MD 20857
Telephone: (301) 443-1326
Email: 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers 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). Always obtain a case number when calling for support. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday October 28, 2021
Time: 2 – 4 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 160-962-2200

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Passcode: 79271053
Weblink: https://hrsa-gov.zoomgov.com/j/1609622200?pwd=ZnJPUjVPeGF5blFmV3dGT1I3aTYwdz09

This TA webinar will be recorded and made available on the TargetHIV Center website at https://targethiv.org/library/nofos.

Tips for Writing a Strong Application

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

Appendix A: RWHAP Part C EIS Additional Agreements and 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 that must be satisfied 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, recipients 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 2651–2667 of the Public Health Service Act, 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), administrative expenses as described in section 2664(g)(3), and a clinical quality management program under 2664(g)(5).

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 in accordance with section 2662;
2) Testing to confirm the presence of HIV; 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, and periodic medical evaluations of individuals with HIV;
4) Providing the therapeutic measures described in 2 above; and
5) Referrals described in section 2651(e)(2);

C. Recipient will expend at least 50 percent of grant funds awarded for activities described in 2) – 4) above.

D. After reserving funds for administration and clinical quality management, recipient 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 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 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, for entities providing services under the award on behalf of the recipient, 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.

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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 and 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: _______________________________

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Appendix B: Existing Geographic Service Areas (applies only to HRSA-22-017)

New applicants submitting proposals to provide services in an existing service area under HRSA-22-017 must identify the service area to be served and the current recipient you intend to replace. **Applications must propose to serve the entire service area, as defined here in Appendix B.**

The total funding available for each service area for the delivery of comprehensive primary health care and support services in an outpatient setting for low income, uninsured and underserved people with HIV, is identified in the “Funding Ceiling” column. Funding requests must not exceed the published funding ceiling amount.

HRSA encourages current RWHAP Part C recipients to assess their history of expending Part C funds and to examine all resources available, including program income generated as a result of the RWHAP Part C award, when considering the funding level for which to apply. Appendix B describes the ceiling amount for each service area; you can request a funding level that is less than the listed amount in light of your history of expending Part C funds and availability of other resources. HRSA HAB anticipates directing any balance in funds to support the funding of new RWHAP Part C service areas where there is the greatest burden of infection, illness, and disparities from HIV, as well as to support the continuation of the RWHAP Part C Capacity Development grant program. In addition, HRSA reserves the right to fund less than the amount requested based on a history of current RWHAP Part C recipient’s unobligated balances.

Reminder: if you are applying for more than one service area listed in Appendix B, you must submit a separate application for each service area. Each application must address the entire service area.

Budget Start	Current Recipient Name	City	State	Funding Ceiling	Service Area
April	Natividad Medical Center/Monterey County of	Salinas	CA	$338,144	Counties: Monterey, San Benito
April	Maine General Medical Center	Augusta	ME	$265,068	Counties: Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo

May	Bartz-Altadonna Community Health Center	Lancaster	CA	$252,136	Counties: Kern (eastern region), Los Angeles (northern region of Antelope Valley)
May	Contra Costa County Health Services Dept.	Martinez	CA	$251,474	County: Contra Costa
May	Whitney M. Young, Jr. Community Health Center	Albany	NY	$385,127	Counties: Albany, Rensselaer, Schenectady