PLANNING COUNCIL TRAINING

GREATER HAMPTON ROADS
HIV HEALTH SERVICES
PLANNING
COUNCIL

Ryan White HIV/AIDS Program Part A
HIV Emergency Relief Grant Program

Funding Opportunity Number: HRSA-22-018
Funding Opportunity Type(s): Competing Continuation
Assistance Listings (CFDA) Number: 93.914

NOTICE OF FUNDING OPPORTUNITY
Fiscal Year 2022

Application Due Date: October 06, 2021

COLLABORATIVE RESEARCH

Executive

Summary

Period of Performance

March 1, 2022, through February 28, 2025 (three years)

Total Funding Ceiling

$6,043,710 Total
$548,342 MAI

Service Area

VA: Chesapeake City, Gloucester County, Hampton City, Isle of Wight County, James City County, Mathews County, Newport News City, Norfolk City, Poquoson City, Portsmouth City, Suffolk City, Virginia Beach City, Williamsburg City, and York County

NC: Currituck County

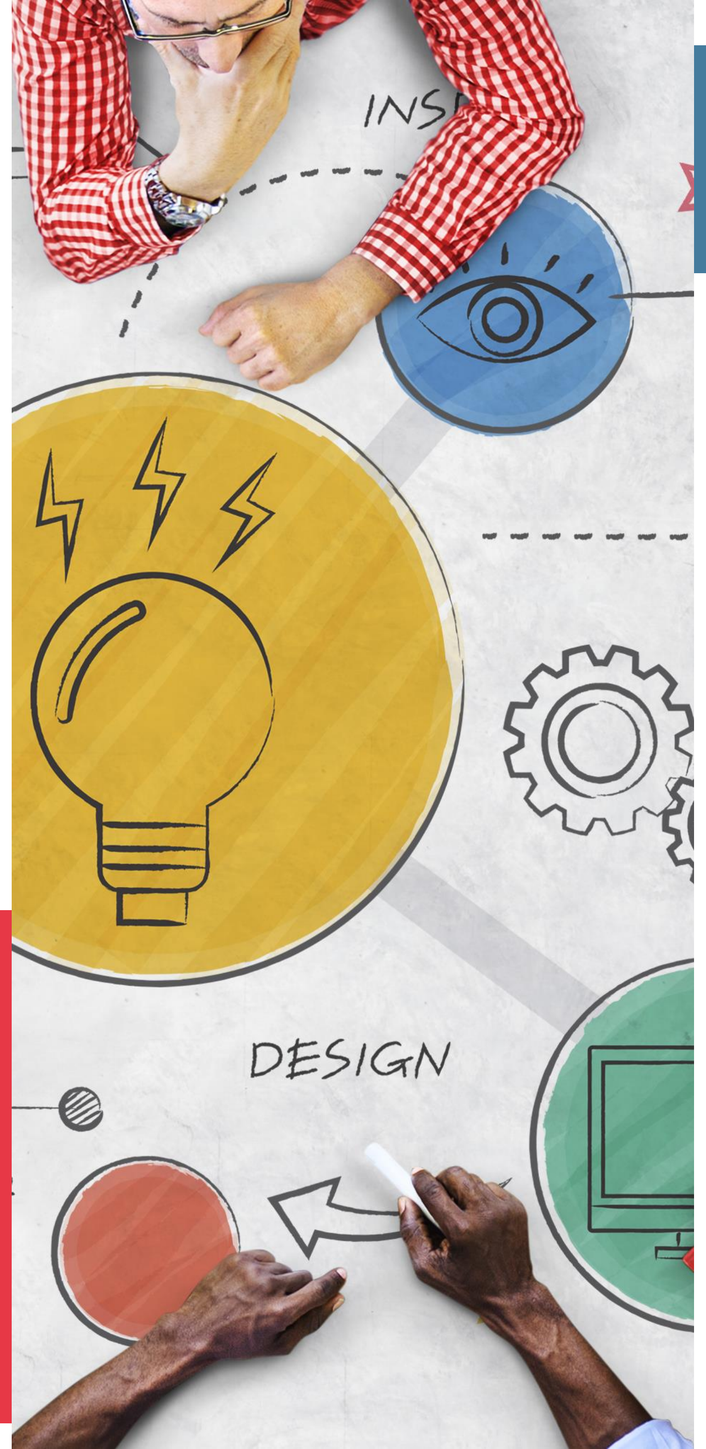
Program Funding Opportunity Description

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program. The purpose of this program is to provide direct financial assistance to an eligible metropolitan area (EMA) or a transitional grant area (TGA) that has been severely affected by the HIV epidemic. Grant funds assist eligible jurisdictions to develop or enhance access to a comprehensive continuum of high quality, community-based care for people with HIV who are low-income through the provision of formula, supplemental, and Minority AIDS Initiative (MAI) funds. The goal is to provide optimal HIV care and treatment for people with HIV who are low-income, uninsured, and underserved, to improve their medical outcomes.

Comprehensive HIV care consists of core medical services and support services that enable people with HIV to access and remain in HIV primary medical care to improve their health outcomes. Based on an annual assessment of the services and gaps in the HIV care continuum within a jurisdiction, HIV Planning Councils/Planning Bodies (PCs/PBs) and RWHAP recipients identify specific service categories to fund. Funded service categories should facilitate improvements at specific stages of the HIV care continuum.

Program Funding Opportunity Description

RWHAP Part A EMAs and TGAs must use grant funds to support, further develop, and/or expand systems of care to meet the needs of low-income people with HIV within the EMA/TGA and strengthen strategies to reach disproportionately impacted subpopulations. The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) requires EMAs/TGAs to collect and analyze data to identify needs, set priorities, make allocations, and validate the use of RWHAP funding. A comprehensive application should reflect on how you have used those data to develop and expand the system of care in EMA/TGA jurisdictions. HRSA encourages innovation and collaboration with other agencies and organizations to maximize impact on health outcomes and effectively meet the needs of people with HIV within the EMA/TGA.



Important Notes:

MULTI-YEAR FUNDING

HRSA HAB has transitioned the RWHAP Part A program from an annual competitive application program to a three-year funded program effective in FY 2022.

In this new three-year period of performance, eligible applicants will submit a competitive application in the first year (FY 2022), and non-competing continuation (NCC) progress reports for years 2 and 3 (FY 2023 and FY 2024, respectively). The normalized score from the objective review of the demonstration of additional need provided in the competitive application during the first year of the three-year period of performance will be utilized to calculate the discretionary supplemental award in the second and third years.

HRSA HAB stresses the importance of this section, given its effect on the multi-year funding.

HIV CARE CONTINUUM

Eligible applicants will need to provide an HIV care continuum (HCC) that is diagnosis-based using the Centers for Disease Control and Prevention (CDC) definitions. Data are posted on TargetHIV to facilitate the development of the diagnosis-based HIV care continuum. See the Demonstrated Need and Work Plan sections for additional details.

UNMET NEED

HRSA HAB updated the estimation methodology used to determine unmet need for HIV-related services. Eligible applicants will need to provide estimates using the new Unmet Need Framework with their applications. See the Demonstrated Need section for additional detail, and reference TargetHIV for training materials and tools related to estimating and reporting Unmet Need.

SUBPOPULATIONS OF FOCUS

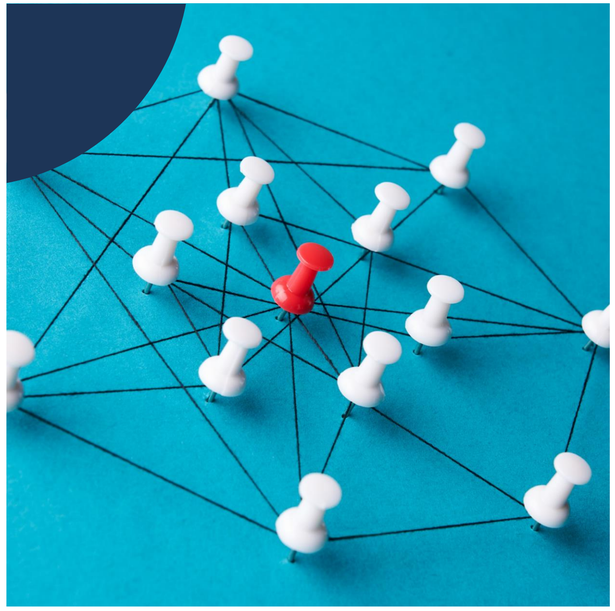
This is a new component of the Needs Assessment section in the NOFO, which requires eligible applicants to identify three subpopulations of focus using a data-driven process, including their specific needs, and subsequently discuss approaches to addressing those needs in the Methodology and Work Plan sections.

INTEGRATED PLAN

The updated Integrated HIV Prevention and Care Plan guidance and plan submission for calendar years 2022 – 2027 was postponed due to the unprecedented Coronavirus Disease 2019 (COVID-19) pandemic. An updated Integrated HIV Prevention and Care Plan guidance was issued in June 2021, with submission of the plans targeted for December of 2022.

INDIRECT COSTS

Negotiated indirect cost rate agreement or other indirect cost documentation will only be required to be submitted in the competitive application.



Background

A Strategic Framework 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 (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.

B Expanding the Effort: Ending the HIV Epidemic

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.

C 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.

D 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.

PROJECT NARRATIVE

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

Demonstrated Need

The Demonstrated Need section includes Epidemiologic Overview, HIV Care Continuum, Unmet Need, Co-occurring Conditions, and Complexities of Providing Care sub-sections.

Epidemiologic Overview

An epidemiologic overview provides a description of the demonstrated need for HIV care in the population of an area in terms of the socio-demographic characteristics of persons newly diagnosed with HIV, people with HIV, and persons at higher risk for HIV. Understanding the populations affected by HIV provides the basis for setting priorities, identifying appropriate interventions and services, allocating funding to HIV care services, implementing appropriate service standards, and evaluating programs and policies.

HIV Care Continuum

The HIV care continuum is a public health model that outlines the steps or stages that people with HIV go through from diagnosis to achieving and maintaining viral suppression. There are two approaches to monitor the HIV care continuum—the prevalence-based approach and the diagnosis-based approach.

Unmet Need

Unmet need is defined as the number of individuals with HIV in a jurisdiction who are aware of their HIV/AIDS status and are not in care. RWHAP legislation indicates that RWHAP Part A recipients need to address unmet need by identifying, determining the needs, and facilitating interventions for individuals with unmet need.

Co-occurring Conditions

Using the list below, provide the incidence and prevalence estimates for each of the following conditions co-occurring with HIV in the EMA/TGA in a table format and document the data sources used. The table must include: a) Hepatitis C virus; b) Sexually transmitted infection rates, including syphilis, gonorrhea, and chlamydia; c) Mental illness; d) Substance use disorder; e) Homeless/unstably housed; and f) Former incarceration.

Complexities of Providing Care

If the EMA/TGA experienced a reduction in RWHAP Part A formula funding last year (FY 2021), provide a narrative that addresses both the impact and response to the funding reduction,

Unmet Need Framework

LATE DIAGNOSED

The number of late diagnoses based on first CD4 test performed or documentation of an AIDS-defining condition less than or equal to three months after a new HIV diagnosis.

UNMET NEED

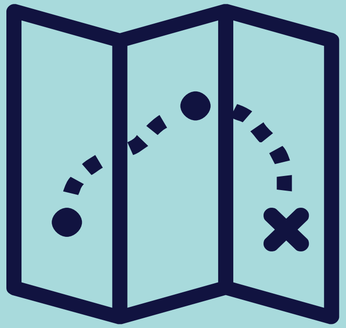
1. Number/percent of people with HIV/aware with no CD4 or VL test in the most recent calendar year. (REQUIRED)
2. Number/percent of RWHAP clients with no CD4 or VL test or outpatient/ambulatory health services (OAHS) visit in the most recent calendar year. (ENHANCED)

NOT VIRALLY SUPPRESSED

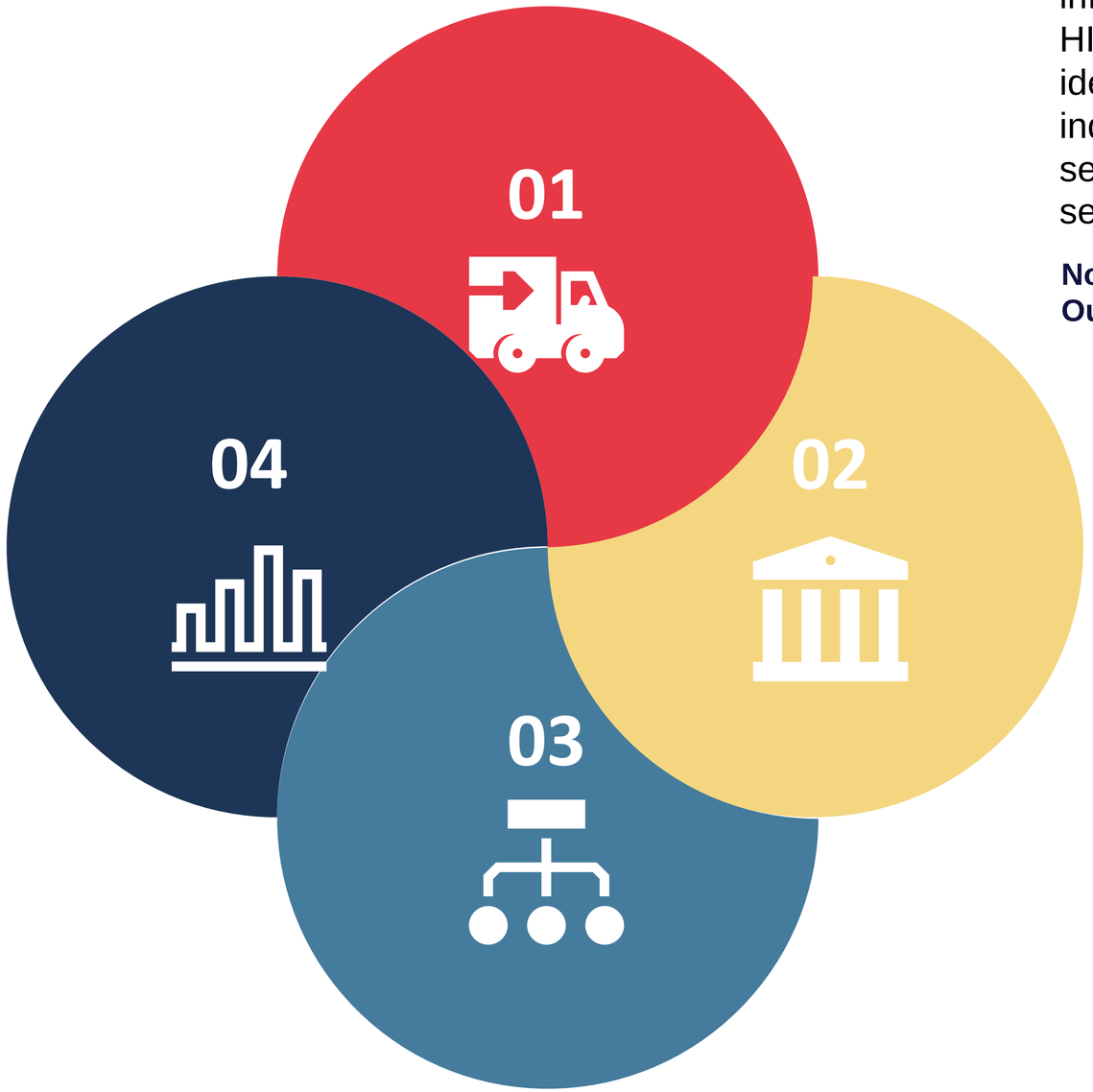
1. Number/percent of people with HIV/aware and in care that have a viral load ≥200 copies/mL at most recent test. (REQUIRED)
2. Number/percent of RWHAP clients in care that have a viral load ≥200 copies/mL at most recent test

Based on the Unmet Need Framework estimates responses to the following:

1. Identify whether the enhanced method was utilized (in addition to the required method) to provide the Unmet Need Framework estimates. Describe any data system and/or other limitations that impacted your ability to provide these estimates.
2. Based on the estimates included in Attachment 4, describe the need(s) of the estimated number of people in your jurisdiction that are 1) late-diagnosed, 2) have unmet need, and 3) are in care but not virally suppressed.



Early Identification of Individuals with HIV/AIDS (EIIHA)



The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV test is positive. The goals of the EIIHA plan are to present a strategy for: (1) identifying individuals with HIV who do not know their HIV status; (2) making such individuals aware of their status and enabling them to use the health and support services; and (3) reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.

Note: The EIIHA activities will remain the same for the three-year period of performance. Outcomes will be reported in the FY 2023 and FY 2024 NCC progress reports.

IDENTIFICATION of UNAWARE

Provide anticipated outcomes for Identification of individuals unaware of their HIV status.

INFORM INDIVIDUALS of HIV Dx

Provide anticipated outcomes for informing individuals that tested positive of their HIV diagnosis.

REFERRAL TO CARE

Provide anticipated outcomes for referrals to care of newly diagnosed individuals.

LINKAGE TO CARE

Provide anticipated outcomes for linkage to care of newly diagnosed individuals.

Subpopulations of Focus

Although HIV affects millions of Americans nationwide and from all social, economic, and racial and ethnic groups, and in all parts of the country, it disproportionately affects certain populations. The disproportionate prevalence of HIV in specific populations increases the risk for HIV transmission with each sexual or injection drug use encounter within those populations. In addition, a range of social, economic, and demographic factors—such as stigma, discrimination, socio-economic status, income, education, age, and geographic region— affect people's risk for HIV or their ability to access or remain engaged in prevention or care services.

A data driven process should be used to identify subpopulations of focus disproportionally affected by HIV. This should include an analysis of the jurisdictional needs assessment, outcomes along the HIV care continuum, data from the unmet need framework, epidemiological data (i.e., incidence of new HIV infections and trends, prevalence of HIV), and potential impact of other major public health threats (e.g., opioid epidemic, COVID-19, etc.).

Subpopulations of focus are specific groups of people with HIV within RWHAP Part A jurisdictions that are disproportionately affected by HIV, as a result of specific needs.

ITEM 1

Identify three (3) subpopulations with disparities in health outcomes in your jurisdiction (e.g., subpopulations with disparities in viral suppression, receipt of care, retention in care, late diagnosis, HIV incidence, etc.), and describe the specific needs for each subpopulation.

ITEM 2

How do the data in the unmet need framework inform the process for identifying the subpopulations of focus for the jurisdiction?

ITEM 3

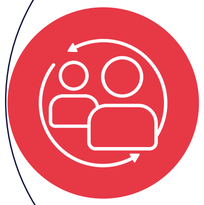
As applicable, identify activities for each required EIIHA component (identification of individuals unaware of HIV status; informing newly diagnosed individuals of HIV status; referral to care of newly diagnosed individuals; and, linkage to care of newly diagnosed individuals) and describe how the activities align with the needs of the identified subpopulations of focus for the jurisdiction.

Planning Responsibilities

The purpose of this section is to document the existence of a functioning planning process in the EMA/TGA that is consistent with RWHAP and HRSA program requirements. A planning process is imperative for effective local and state decision making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV and people with HIV. HRSA and CDC support activities that facilitate collaboration and/or develop a joint planning body to address prevention and care. Community engagement is an essential component for planning comprehensive, effective HIV prevention and care programs.

Note: The composition of the PC/PB must reflect the demographics of the HIV epidemic in the EMA/TGA and be representative of various required categories of membership.

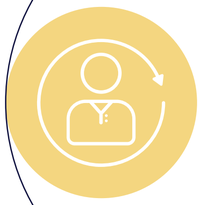
Note: The Letter of Assurance from Planning Council Chair(s) or Letter of Concurrence from Planning Body will be required with the FY 2023 and FY 2024 NCC progress reports.



Letter of Assurance from Planning Council Chair(s)

Provide a letter of assurance signed by the PC chair(s) or a letter of concurrence signed by PB leadership.

1. When (i.e., the year) your most recent comprehensive needs assessment was conducted;
2. Participation in comprehensive planning process (i.e., integrated HIV prevention and care plan) for the jurisdiction, including the statewide coordinated statement of need (SCSN)



Priority Setting and Resource Allocation (PSRA)

1. Data (e.g., comprehensive needs assessment, HIV care continuum, unmet need framework estimates, and epi profile) were used in the FY 2022 priority setting and allocation process to ensure that:
2. People with HIV were involved in the planning and allocation processes and how their priorities were considered in the process;
3. FY 2021 period of performance formula, supplemental, and MAI funds awarded to the EMA/TGA were expended according to the priorities established by the PC

Training

Ongoing, annual membership training occurred, including the date(s)

Assessment of the Administrative Mechanism

Assessment of grant recipient activities ensured timely allocation/contracting of funds and payments to contractors.

Resource Inventory

RWHAP Part A EMA/TGA planning efforts should expand the availability of services, reduce duplication of services, coordinate with all other public funding for HIV, and bring newly diagnosed people with HIV into care or engage people with HIV who know their status but are not presently in HIV care. RWHAP Part A planning efforts should also consider service needs not currently being met (defined as service gaps).

PUBLIC FUNDING SOURCES

A jurisdictional HIV resources inventory that includes public funding sources for HIV prevention, care, and treatment services in the jurisdiction (RWHAP Parts B-D and F, Ending the HIV Epidemic, CARES Act funding, and other federal/state and local sources.

AMOUNT OF FUNDING

A jurisdictional HIV resources inventory that includes the dollar amount and the percentage of the total available funds in the FY 2021 period of performance for each funding source identified above.

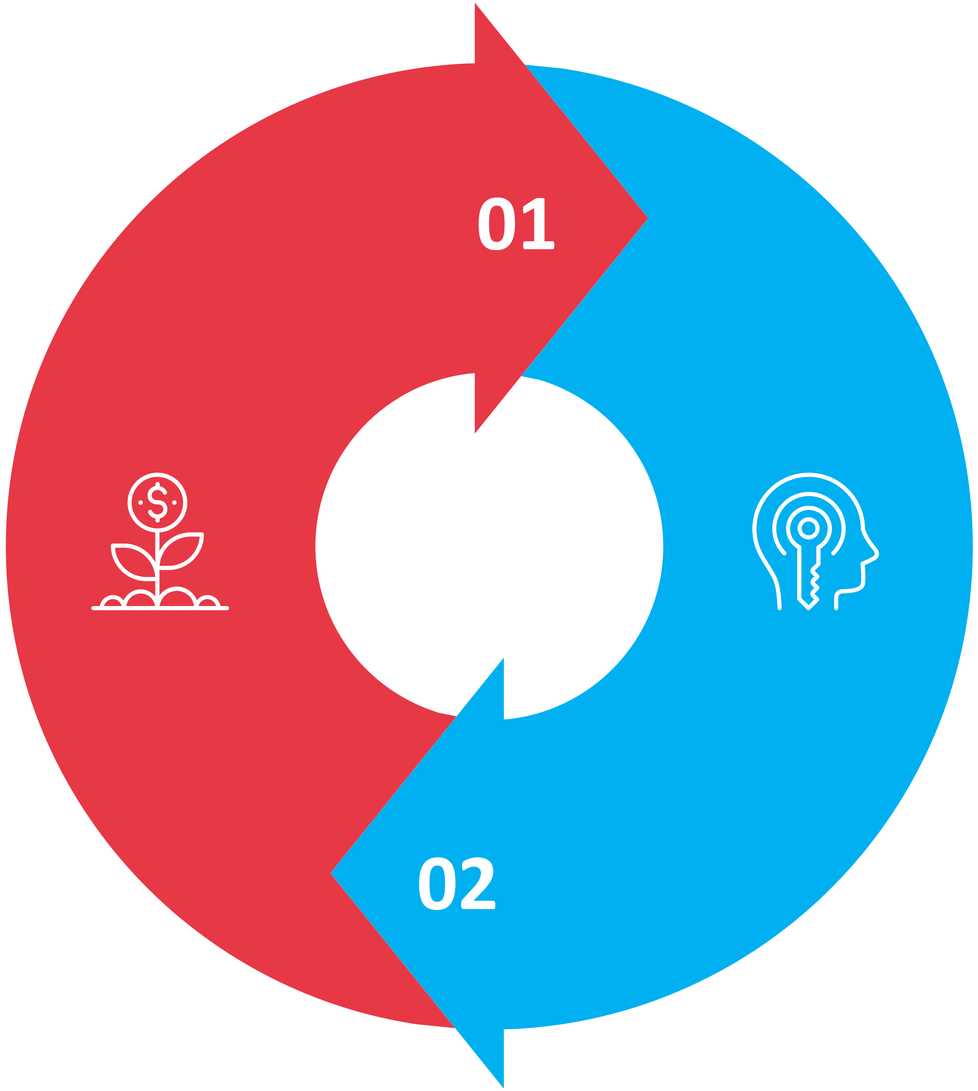
SERVICES DELIVERED

A jurisdictional HIV resources inventory that includes how the resources are being used (i.e., services delivered).

HIV Care Continuum Services Table and Narrative

FY 2022 HIV Care Continuum Services Table

Using CDC HIV Care Continuum definitions and CDC surveillance data, develop a diagnosis-based HIV Care Continuum Services Table. You must include baseline and target indicators as a numerator and denominator, as well as a percentage for each step. List the service categories funded by RWHAP Part A that will aid in achieving the desired target outcomes to be achieved during the FY 2022 budget period (one year).



HIV Care Continuum Narrative

Provide a narrative of your HIV care continuum addressing any changes in your HIV care continuum from CY 2017 to CY 2019, or the most current three (3) years for which data are available, the impact those changes have had on your program, and how you responded or addressed those identified changes.

Funding for Core and Support Services

Service Category Plan

Provide a Service Category Plan in table format, as described below, that utilizes core medical and support service categories as prioritized and funded by the Planning Council and the local community planning processes. The plan should consist of both RWHAP Part A and MAI funds. The Service Category Plan must also correlate with the budget and budget narrative sections of the application.

Note: Please indicate if you have already submitted, submitted with this application, or intend to submit a core medical services waiver for the FY 2022 budget period.

Service Category Plan Table

For every service category funded by RWHAP Part A in the jurisdiction, provide the following in table format.

PART A & MAI

- FY 2021 budget period Part A service categories with priority number, expended amount, number of unduplicated clients served, service unit definitions, and number of service units provided. Include total dollar amounts for core medical services, support services, a total of the combined core medical and support services, and the percentages of expenditures for Part A/MAI core medical and Part A/MAI support services.
- FY 2022 budget period Part A service categories with priority number, anticipated funding amount, projected number of unduplicated clients to be served, service unit definitions, and projected number of service units. Include total dollar amounts for core medical services, support services, a total of the combined core medical and support services, and the percentages of allocations for Part A/MAI core medical and Part A/MAI support services.

MAI Service Category Plan Narrative

- Describe how MAI services will be implemented to address the needs of (each population identified in) the Subpopulations of Focus section.
- Describe how MAI services to be implemented may prevent new HIV infections, improve health outcomes, and decrease health disparities and inequities among the identified subpopulations of focus

Unmet Need

- Identify specific interventions that are focused on improving the outcomes for individuals with unmet need that 1) are late diagnosed, 2) have unmet need, and 3) are in care but not virally suppressed, as outlined in Attachment 4. This information can be provided as a table.
- If applicable, describe how activities related to re-engaging individuals with unmet need into care (along with how activities addressing the needs for the late-diagnosed and not virally suppressed populations) intersect with plans or strategies in your jurisdiction, such as Ending the HIV Epidemic in the U.S., Getting to Zero, and/or 90/90/90 efforts.

Core Medical Services Waiver

You must provide a separate allocation table that is reflective of the results of the priority setting and resource allocation process, **only if you submit a core medical services waiver with this application.** The allocation table must be consistent with the waiver request. Include the allocation table and the core medical services waiver request as **Attachment 10**

Resolution of Challenges Table

In lieu of a narrative for this section, HAB suggests providing information on resolving challenges with implementing RWHAP Part A activities, including HIV care continuum activities, in table format with the following headers.

Describe at least three potential challenges/barriers when completing your table.

Challenge	Resolution	Outcome	Status
Part A Program			
Routine Testing	Advocate for universal HIV testing at private physician practices, FQHCs, clinics, hospitals, and school health services in the TGA.	Increase HIV testing by 25%, emphasizing outreach and education to hard-to-engage individuals at risk of HIV.	In Process – Quarterly updates with Planning Council, QM Committee, and other RWHAP.

CHALLENGES/BARRIERS

Challenges and barriers anticipated in the larger context of implementing RWHAP Part A activities (e.g., changes in the health care landscape, community engagement, barriers for populations experiencing inequities in health outcomes).

INTENDED OUTCOMES

Describe the intended outcome(s) expected from the proposed activities. Strength and feasibility of the approaches to resolve these challenge/barriers should be considered.

PROPOSED RESOLUTIONS

Describe the proposed activities that will assist in overcoming the identified challenge/barrier. Consider the strength and feasibility of the proposed activites.

CURRENT STATUS

Describe the timeline of the proposed activities for resolving the challenge/barrier. Give the current status of the resolutions of challenges.

Clinical Quality Management (CQM) Program

01

CHANGES TO CQM PROGRAM

What changes have been made to your current clinical quality management program based on previous years' experience, outcomes, etc.

02

USE OF CQM DATA

How CQM data improved patient care, health outcomes, patient satisfaction, and/or changed service delivery in the jurisdiction, including strategic long-range service delivery planning.

Note: You will be required to submit an updated Quality Management Plan as a reporting requirement in Year 2 of the Non-Competing Continuation progress report.

You can find more information about the HRSA RWHAP expectations for CQM programs in:

- PCN 15-02 Clinical Quality Management and Frequently Asked Questions
- HIV/AIDS Bureau Performance Measures
- HHS HIV/AIDS Clinical Guidelines
- HIV/AIDS Bureau RWHAP Part A Monitoring Standards (RWHAP Part A specific, Universal Monitoring Standards, and Frequently Asked Questions)
- Part A Manual

Grant Administration

The purpose of this section is to demonstrate the extent to which the CEO or designee in the EMA/TGA has met the legislative requirements to disburse funds quickly, closely monitor their use, and ensure the RWHAP is the payor of last resort. RWHAP stresses the importance of timely obligation of RWHAP funds. Timely obligation of RWHAP funds ensures that services can be provided as rapidly as possible and decreases the possibility that unobligated funds will remain at the end of the budget period. The UOB requirement does not apply to MAI funds.

If the recipient reports unobligated formula funds of five percent or less, HRSA does not impose penalties, although a future year award may be subject to an offset.

UOB PENALTIES

UOB Penalties (applies to each year in the three-year period of performance)
If the UOB of a formula award exceeds five percent, two penalties are imposed:

- The future year award is reduced by the amount of the UOB, less the amount of approved carryover; and
- The grant recipient is not eligible for a future year supplemental award.

OFFSET

The amount of the UOB not approved for carryover is subject to an offset.

SUPPLEMENTAL FUNDS

Under the RWHAP legislation, unobligated supplemental funds cannot be carried over, but are subject to an offset. If a grant recipient has a UOB of supplemental funds, the recipient remains eligible for a future year RWHAP Part A award, including supplemental funds.

Grant Administration

PROGRAM ORGANIZATION

Describe how RWHAP Part A funds are administered within the EMA/TGA with reference to the staff positions, including program and fiscal staff, described in the budget narrative and the program organizational chart. If the RWHAP Part A funds are administered by a contractor or fiscal agent, describe the staffing, fiscal agent scope of work or services to be provided, and how you will evaluate the performance of the work or services being provided.

GRANT RECIPIENT ACCOUNTABILITY

Recipients are required to monitor subrecipient for fiscal and programmatic compliance. Recipients also are required to have on file a copy of each subrecipient's procurement document (contract) and fiscal, program, and site visit reports. Describe the following:

MONITORING

- Describe how subrecipient monitoring was performed during the FY2021 period of performance to ensure fiscal and program compliance.
- The process for ensuring subrecipient compliance with the single audit requirement in Subpart F of the Uniform Administrative Requirements, Cost Principles
- If there were findings in any subrecipient single audit or program-specific audit reports, describe what you have done to ensure that subrecipients have taken appropriate corrective action.

THIRD PARTY REIMBURSEMENT

- The process used to ensure that subrecipients are pursuing third party reimbursement and utilizes contract language or another mechanism to ensure that this takes place;
- Indicate the federal poverty level (FPL) to determine client eligibility within the jurisdiction and methods used to conduct screening and eligibility to ensure the RWHAP is the payor of last resort; and
- How you monitor and track the source and use of any program income earned at the recipient and subrecipient levels.

FISCAL OVERSIGHT

- The process used by program and fiscal staff to coordinate activities, ensuring adequate reporting, reconciliation, and tracking of program expenditures
- The process used to separately track formula, supplemental, MAI, and carryover funds, including information on the data systems utilized; and
- iii. The process for reimbursing subrecipients, from the time a voucher/invoice is received to payment.

Attachments

Attachment 1: Staffing Plan, Job Descriptions, and Biographical Sketches for Key Personnel (Required)

Attachment 2: FY 2022 Agreements and Compliance Assurances, Certifications (Required)

Attachment 3: HIV/AIDS Demographics Table (Required)

Attachment 4: Unmet Need Framework (Required)

Attachment 5: Co-occurring Conditions Table (Required)

Attachment 6: Letter of Concurrence from Planning Council (Required)

Attachment 7: Coordination of Services and Funding Streams Table (Required)

Attachment 8: HIV Care Continuum Services Table (Required)

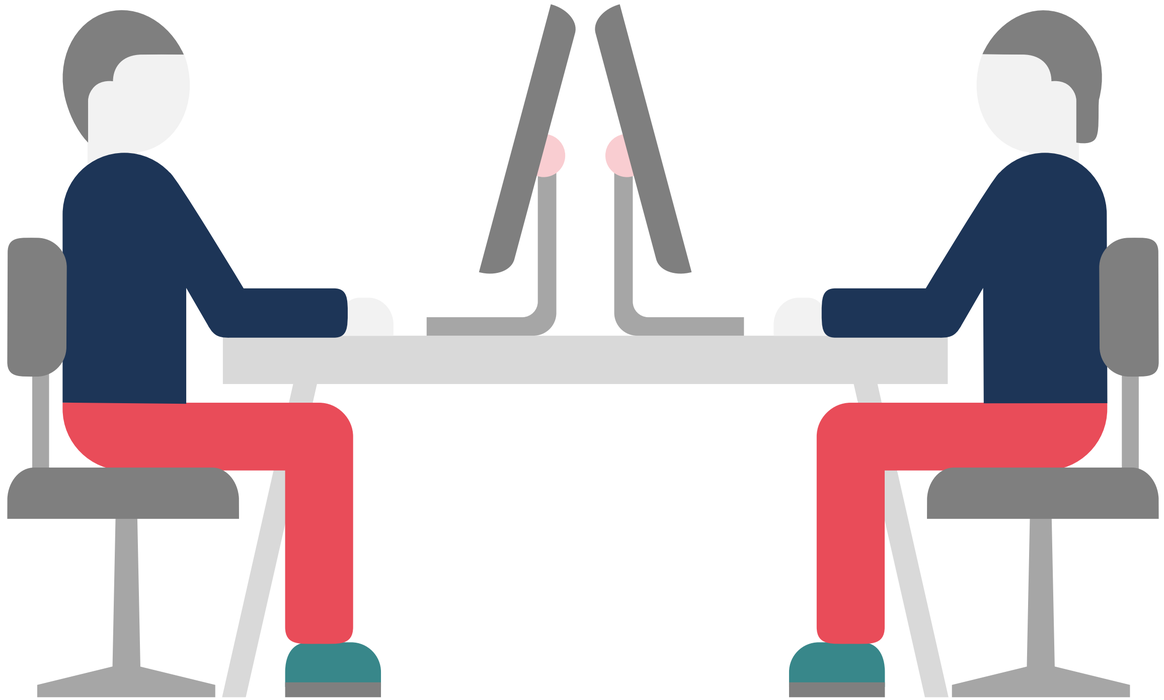
Attachment 9: Service Category Plan Table(s) (Required)

Attachment 10: Core Medical Services Waiver Request and Allocation Table (If Applicable)

Attachment 11: Program Organizational Chart (Required)

Attachment 12: Maintenance of Effort Documentation (Required)

Submission Dates and Times



Application Due Date
The due date for applications under this NOFO is *October 06, 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.

Questions?