



**Ryan White HIV/AIDS Program HIV Care Grant Program – Part B States/Territories
Formula and AIDS Drug Assistance Program Formula and ADAP Supplemental
Awards
HRSA-22-033**

August 25, 2021

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HIV/AIDS Bureau (HAB)**

Vision: Healthy Communities, Healthy People



Agenda

- Opening Remarks/ Announcements
- RWHAP Part B HRSA-22-033 Overview
- Closing Remarks



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



Announcements

Erin Nortrup

Deputy Director Division of State HIV/AIDS Programs

HIV/AIDS Bureau

HRSA



Announcements

- 2022 – 2026 Integrated HIV Prevention and Care Plan Guidance
- August 23-26, 2022: 2022 National Ryan White Conference on HIV Care & Treatment:
 - ✓ “The Time Is Now: Harnessing the Power of Innovation, Health Equity, and Community to End the HIV Epidemic.”
- September 22, 2021 at 3pm EST: HRSA-22-025 Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program (ADAP) Training and Technical Assistance Webinar
- September 9th 11am – 12:30pm EST: Southeast Region (Region 4) Virtual Public Health Leader Roundtable
- September 14th 2-3:30pm EST: Southeast Region (Region 4) HRSA EHE Community Listening Session



**HIV Care Grant Program - Part B States/Territories and
ADAP Formula and ADAP Supplemental NOFO
Announcement Number: HRSA-22-033**



Important Notes

- Application due date in Grants.gov – **November 8, 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.*

Important Notes

- **Multi-Year Funding:** HRSA HAB transitioned the Ryan White HIV/AIDS Program (RWHAP) Part B/ADAP from an annual application program to a five-year funded program effective in FY 2017. HRSA HAB will continue the five-year period of performance that will cover FY 2022-FY 2026. In this next five-year period of performance, eligible applicants will submit an application in the first year (FY 2022), and non-competing continuation (NCC) progress reports will be submitted for years 2 through 5 (FY 2023 through FY 2026, respectively).
- **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 the [TargetHIV](#) website for training materials and tools related to estimating and reporting Unmet Need.



Important Notes

- **Work Plan:** The Implementation Plan is comprised of two components, the Implementation Plan Table and the Implementation Plan Narrative. You will only be required to submit an Implementation Plan Narrative with this funding announcement. The Implementation Plan Table will not be submitted with this application. You will provide the Implementation Plan Table with your Program Terms Report.
- **Needs Assessment:** You will need to submit a brief HIV/AIDS epidemiological data profile and narrative, and a brief outline of the needs assessment with this application. A more in depth epidemiological data profile and narrative and outline of the needs assessment will be submitted with the Integrated HIV Prevention and Care Plan to be submitted in December 2022.

Important Notes

- **Clinical Quality Management (CQM) Plan:** You will be required to submit an updated CQM Plan as a reporting requirement with the Program Terms Report, 90 days after the award is made.
- **Pacific Island Jurisdictions:** The application section for the Pacific Island Jurisdictions has been incorporated into Section A: FY 2022 Part B Base Grant Application.



Summary of Funding

- Approximately \$1.34 billion in RWHAP Part B to fund 59 recipients
 - All 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands
- RWHAP Part B Base, ADAP Base, and Emerging Communities formula awards are based on the number of reported living cases of HIV in the state or territory in the most recent calendar year as confirmed by CDC and submitted to HRSA



Summary of Funding

- Similarly, for recipients applying for MAI formula funds, awards are based on the number of reported living minority HIV cases for the most recent calendar year as confirmed by CDC and submitted to HRSA.
- ADAP Supplemental grants are awarded to states that meet any of the criteria listed in that section of the NOFO for the purpose of providing medications or insurance assistance for people with HIV. These grants are awarded by the same formula as ADAP Base.

Purpose of Funding

- To assist states and territories in developing and/or enhancing access to a comprehensive continuum of high quality HIV care and treatment for low-income people with HIV.
- Core and support services assist people with HIV in accessing treatment for HIV infection that is consistent with the Department of Health and Human Services (HHS) Treatment Guidelines (see <http://www.aidsinfo.nih.gov>).



Core Medical Services Waiver

- Section 2612(b)(1) of the PHS Act, requires that not less than 75 percent of the RWHAP Part B award, including ADAP (minus amounts for administration, planning/evaluation and clinical quality management) be used to provide core medical services.
- Applicants seeking a waiver to the core medical services requirement must submit a waiver request either with this grant application, at any time up to the application submission, or up to 4 months after the start of the grant award for FY 2022.
- If submitting with the application, a core medical services waiver request should be included as **Attachment 8**.



Integrated Data Sharing

- HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization. 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



Salary Limitation

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203 (P.L. 113-235) 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.”

- **The Executive Level II salary is \$199,300**

Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s *SF-424 Application Guide* for additional information. Note that these or other salary limitations will apply in FY 2022, as required by law.



Cost Sharing/Matching

- State Matching funds are required from states with more than one percent of the total U.S. AIDS cases reported to the CDC during the previous two Federal fiscal years.
 - State Match is calculated using Base, ADAP and EC award. MAI funds are exempt.
- The match begins at \$1 in non-federal funds for every \$5 in federal funds and increases to \$1 in non-federal funds for every \$2 in federal funds in later years (Section 2617(d)(1) of the PHS Act).
- A state/territory may request a reduction in the award amount if unable to meet the match requirement.



Cost Sharing/Matching

- State/territory matching funds for ADAP Supplemental awards are required in an amount equal to \$1 for each \$4 of federal funds provided in the supplemental grant award (Section 2618(a)(2)(F)(ii)(III) of the PHS Act).
- A state/territory is eligible for a waiver from the match requirement for ADAP Supplemental funding if it also has a state match requirement for the RWHAP Part B Formula/ADAP Base funding, and has met that match requirement.
 - ADAP Supplemental Match waiver request must be included in Attachment 8.
- A state/territory may also request a reduction in the ADAP Supplemental award amount if unable to meet the match requirement



Maintenance of Effort (MOE)

- The Maintenance of Effort (MOE) requirement is important in ensuring that RWHAP funds are used to supplement existing state expenditures for HIV-related care and treatment services and to prevent RWHAP Part B/ADAP funds from being used to offset specific HIV-related budget reductions at the state level.
- To demonstrate compliance with the MOE provision, states and territories must maintain adequate systems for consistently tracking and reporting on HIV-related expenditure data from year to year. The system must define the methodology used, be written and auditable, and must ensure that federal funds do not supplant state spending, but instead expand and enrich HIV-related activities.
 - Complete the MOE information and submit as **Attachment 5**.



Project Abstract

- A general overview of the HIV epidemiology in the state/territory including demographics and the geography of the epidemic;
- A general description of the HIV service delivery system in the state/territory, including what services are available, where those are located, and how clients access those services; and
- A general description of the ADAP, including number of clients served, medication and health care coverage assistance program models, and any program limitations currently in place or anticipated in the upcoming budget period.



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. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).
- As noted in the SF-424 Application Guide, the project abstract must be single-spaced and limited to one page.



Project Narrative

- This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well-organized so that reviewers can understand the proposed project.
- Project Narrative Sections:
 - (A) FY 2022 Part B Base Grant Application
 - (B) FY 2022 ADAP Base Grant Application
 - (C) FY 2022 ADAP Supplemental Grant Application
 - (D) FY 2022 Emerging Community (EC) Grant Application

Project Narrative Format

For each project narrative section listed, use the following subheadings:

- Introduction
- Needs Assessment
- Methodology
- Work Plan
- Resolution of Challenges
- Evaluation
- Organization Information



FY 2022 Part B Formula (Base) Grant Application

Pages 17- 36



FY 2022 Part B Base Application

- The instructions for completing the Part B Base grant application are divided into two sections. Each applicant should only complete the applicable section. The sections are specific to the following two groups:
 1. The 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands and Guam
 2. The Republic of the Marshall Islands, Federated States of Micronesia, Republic of Palau, American Samoa and Commonwealth of the Northern Mariana Islands



FY 2022 Part B Base Application

- The 50 states, the District of Columbia,
- The Commonwealth of Puerto Rico,
- The U.S. Virgin Islands
- Guam



RWHAP Part B Base: Introduction

- This section should briefly describe how the state/territory will utilize RWHAP Part B Base grant funds in support of a comprehensive continuum of high-quality care and treatment for people with HIV.

RWHAP Part B Base: Needs Assessment

- HIV/AIDS Epidemiology
- Public Advisory Planning Process
- HIV Care Continuum
- Unmet Need
- Co-occurring Conditions
- Complexities of Providing Care
- Early Identification of Individuals with HIV/AIDS (EIIHA)

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 B/ADAP recipients need to address unmet need by identifying, determining the needs, and facilitating interventions for individuals with unmet need.

Unmet Need Framework

- There are required and enhanced estimates.
 - Required elements must be completed by all, but jurisdictions can also choose to do any or all of the additional enhanced estimates
- The required estimates utilizes HIV surveillance data for Late Diagnoses, Unmet Need, and In Care Not Virally Suppressed totals as well as Priority Populations.
- The enhanced estimates includes all of the required estimates plus additional estimates and analyses that can be useful for RWHAP planning and resource allocation.



Unmet Need Framework Components

- The three components of the Unmet Need Framework are:
 1. **Late Diagnosed:** (Required method only, HIV surveillance data) 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.
 2. **Unmet Need:**
 1. (Required method, HIV surveillance data): Number/percent of people with HIV/aware with no CD4 or VL test in the most recent calendar year.
 2. (Enhanced method, RWHAP data): Number/percent of people with HIV/aware with no CD4 or VL test in the most recent calendar year



Unmet Need Framework Components

3. Not Virally Suppressed:

1. (Required method, HIV surveillance data): Number/percent of people with HIV/aware and in care that have a viral load ≥ 200 copies/mL at most recent test.
 2. (Enhanced method, RWHAP data): Number/percent of RWHAP clients in care that have a viral load ≥ 200 copies/mL at most recent test.
- Submit Unmet Need Framework estimates as **Attachment 6** in your application.
 - Detailed information, training materials, and reporting tools, on the new unmet need framework are located on [TargetHIV](#).



RWHAP Part B Base: Methodology

- Third Party Reimbursement/Payor of Last Resort
- Consortia- an entity or group of entities (public or private for-profit if such is the only available provider of quality HIV care in the area) that the RWHAP Part B/ADAP recipient funds to perform the following functions in a designated service area:
 - ✓ Needs assessment
 - ✓ Planning
 - ✓ Delivery of comprehensive health and support services, either directly by the consortia or indirectly by subaward/contract
 - ✓ Program and fiscal monitoring, including evaluation
 - ✓ Reporting, including required reports submitted to the RWHAP Part B/ADAP recipient and HRSA HAB.



RWHAP Part B Base: Methodology

- Women, Infants, Children and Youth Proportionate Spending
 - Recipients are required to use a proportionate amount of your grant to provide services to women, infants, children and youth (WICY) living with HIV, unless a waiver is obtained.
 - Compliance is demonstrated with the WICY expenditures requirement in your annual progress report.
 - Recipients may request a waiver as part of the annual progress report.



RWHAP Part B Base: Work Plan

- FY 2022 Implementation Plan Narrative
 - Indicates the core medical and support service categories that are prioritized and funded by the jurisdiction's RWHAP Part B/ADAP in order to impact progress on the HIV care continuum.
- FY 2022 Minority AIDS Initiative (MAI) Implementation Plan
 - The purpose of the RWHAP Part B MAI is to increase racial and ethnic minority populations' participation in the ADAP through MAI-funded education and outreach services.
 - Must indicate in the Narrative if the program intends to decline MAI funds.



RWHAP Part B Base: Work Plan

- **This section must be completed by all states/territories that have included funding for a Local Pharmaceutical Assistance Program (LPAP) Pharmaceutical Assistance (i.e., Local Pharmaceutical Assistance Program):**
 - The purpose of this section is to describe the need for an LPAP, including a description of the systems and activities required to effectively operate an LPAP.
 - This section must be completed by all states/territories that have included funding for a Local Pharmaceutical Assistance Program (LPAP) in the application.

RWHAP Part B Base: Resolution of Challenges

For each section listed, discuss challenges and describe approaches to resolving those challenges:

- Needs Assessment and Public Advisory Planning Process
- HIV Care Continuum
- Unmet Need
- EIIHA
- Third Party Reimbursement/Payor of Last Resort
- WICY Proportionate Spending
- Implementation Plan
- MAI Planning and Implementation
- AIDS Pharmaceutical Assistance/ LPAP
- Other



RWHAP Part B Base: Evaluation and Technical Support Capacity

Clinical Quality Management

- For this application, please describe:
 - What changes have been made to your current CQM program based on previous years' experience, outcomes, etc.
 - 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.
 - What challenges you have or anticipate in implementing CQM activities.
- You will be required to submit an updated CQM Plan as a reporting requirement 90 days after the award is made at the same time as the Program Terms Report.



Clinical Quality Management

- More information about the HRSA RWHAP expectations for CQM programs is in:
 - [PCN 15-02 Clinical Quality Management Policy Clarification Notice and Frequently Asked Questions](#)
 - [HIV/AIDS Bureau Performance Measures](#)
 - [HHS HIV/AIDS Clinical Guidelines](#)
 - [HIV/AIDS Bureau Part B Monitoring Standards \(Part B specific, Universal Monitoring Standards, and Frequently Asked Questions\)](#)
 - [HIV/AIDS Bureau Part B Manual](#)
 - [HIV/AIDS Bureau ADAP Manual](#)



Administration and Accountability

- **Program Organization:** description of program structure and the positions, including fiscal staff that are located outside of the RWHAP Part B program staff personnel, described in the budget, budget narrative, and the organizational chart included in **Attachment 1**.
- **Fiscal and Program Monitoring:** description of staff and process for monitoring the RWHAP Part B funds and services
 - The requirements are outlined in the [Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards \(45 CFR part 75\)](#) - Subrecipient Monitoring and Management (45 CFR § 75.351 and 352) and [National Monitoring Standards](#).



Pacific Island Jurisdictions' (PIJ) FY 2022 Part B Base Application

- The Republic of the Marshall Islands
- The Federated States of Micronesia
- The Republic of Palau
- American Samoa
- The Commonwealth of the Northern Mariana Islands

Pages 31-36



PIJ Base Application: Introduction

- This section should briefly describe how the territory will utilize grant funds in support of a comprehensive continuum of high-quality care and treatment for people with HIV.

PIJ Base Application: Needs Assessment

- The Territory's HIV/AIDS Epidemiology
- Public Advisory Planning Process
- HIV Care Continuum
- Unmet Need
- Co-occurring Conditions
- Complexities of Providing Care



PIJ Base Application: Methodology

- The Territory's HIV/AIDS Care System
 - Describe the territory's HIV system of care in 2022 (i.e., primary medical care, supportive services that enable people to access and remain in HIV primary care, and other health and supportive services that promote health and enhance quality of life).

PIJ Base Application: Work Plan

- FY 2022 Implementation Plan Narrative
- Indicates the core medical and support service categories that are prioritized and funded by the territory's RWHAP Part B in order to impact progress on the HIV care continuum.
- The Implementation Plan contains objectives and outcomes, which are related to the stages of the HIV care continuum, and demonstrates how funded services are implemented to achieve positive health outcomes and to promote access to high quality HIV care.



PIJ Base Application: Resolution of Challenges

- The purpose of this section is to describe any challenges that may occur in implementing the proposed activities that are described in the Work Plan and the approaches that will be used to address these challenges.

PIJ Base Application: Evaluation and Technical Support Capacity

- Describe the data and process that will be used to monitor the Implementation Plan
- Clinical Quality Management
 - For this application, please describe:
 - What changes have been made to your current CQM program based on previous years' experience, outcomes, etc.
 - How CQM data improved patient care, health outcomes, patient satisfaction, and/or change service delivery in the jurisdiction, including strategic long-range service delivery planning.



PIJ Base Application: Organizational Information

- Territory's Organizational Structure:
 - Within the territory's structure, identify the proposed entity or entities responsible for managing and administering Part B Programs, including health ministry or department, unit, staff, fiscal agents, and planning/advisory evaluation bodies. Highlight any changes that occurred over the past year or that are planned for the next year.
 - Identify the entity responsible for financial management of the Part B Program, including health ministry or department.
 - Describe how the fiscal and program entities work together to fulfill grant-related reporting and monitoring responsibilities.



PIJ Base Application: Organizational Information

- The Territory's Ryan White HIV/AIDS Program Coordination of Planning and Services
 - Coordination with other Federal Programs:
 - Describe how the Part B program coordinates HIV funding and service delivery with non-RWHAP programs.
 - For those territories eligible for Global AIDS Funds, describe any ongoing or planned activities the territory is participating in through the Global AIDS Fund and how these activities are coordinated with the Part B program.



FY 2022 AIDS Drug Assistance Program (ADAP) Base Grant Application

Pages 37-43

This Section is to be completed by the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau.



ADAP Base Application: Introduction

- This section should briefly describe how the project will use the grant funds to pay for medications to treat HIV disease, health care coverage, and services for eligible clients that enhance access, adherence and monitoring of medication treatment.

ADAP Base Application: Needs Assessment

- **ADAP Enrollment and Utilization**
 - Discuss the driving factors for any significant increases or decreases in the ADAP enrollment and/or utilization in the past year.
- **ADAP Funding Resources**
 - Provide a table that lists all sources of funds for the ADAP (e.g., ADAP Base, state funds, other RWHAP funds, rebates, program income) for FY 2021 and those anticipated for FY 2022. The table should be included as **Attachment 4**.
 - Provide a brief narrative that describes any changes to the funding from FY 2021 to FY 2022; and, if there are anticipated funding shortfalls for ADAP in FY 2022, the amount of and reason for the shortfall.



ADAP Base Application: Methodology

- Eligibility Determination and Recertification
- Formulary
- Payor of Last Resort
- Medication Assistance
- Health Care Coverage Assistance
- Flexibility Policy as it Relates to Access, Adherence and Monitoring Services



ADAP Flex

- States may request to redirect up to five (5) percent of their ADAP base award under this policy, and up to ten (10) percent in ‘extraordinary circumstances.’
- In order to be eligible to utilize funds under the flexibility policy, the state/territory cannot have any program restrictions.
- When applying for ADAP Flex, applicants must address each of the issues below:
 - Notification of Intent
 - Proposed Program
 - ‘Extraordinary Circumstances’ Clause



ADAP Base Application: Work Plan

- The Implementation Plan Narrative and CQM Plan information provided in Section (A) of the FY 2022 Part B Base Grant Application should include information related to ADAP activities.
- A separate ADAP Implementation Plan and CQM Plan are not required to be submitted with this application.



ADAP Base Application: Resolution of Challenges

- Provide responses to each of the issues below:
 - Potential Challenges and Proposed Solutions
 - Waiting List
 - Does the state/territory currently have a waiting list or anticipate implementing a waiting list in FY 2022?

ADAP Base Application: Evaluation and Technical Support Capacity

- For the ADAP specific objectives in the FY 2022 Implementation Plan Narrative, describe the data and process that will be used to monitor the plan and will be used to improve access to ADAP medications and services.

ADAP Base Application: Organizational Information

- Agency Oversight/Administration
 - Provide a brief description of the management/administration structure of the ADAP. Include an organizational chart if the ADAP is administered by a different agency. Place this chart in **Attachment 1**.
- Contract Oversight
 - Describe the state/territory mechanisms for monitoring ADAP-related contracts or subcontracts to ensure compliance with legislative requirements and program expectations.



FY 2022 ADAP Supplemental Application

Pages 43-45



ADAP Supplemental Section

- This section should be completed only by eligible applicants.
- Receipt of ADAP supplemental funding in one year will not guarantee funding in any subsequent year.
- Eligibility is based on one of the following criteria as reported on the 2020 ADAP Data Report (ADR):
 - Income Eligibility criteria equal to or less than 200 percent of Federal Poverty Level (FPL)(Question 2 of the ADR Recipient Report)
 - Limited formulary compositions for all core classes of antiretroviral medications (Question 7a of the ADR Recipient Report)
 - One or more of the following ADAP Limits: waiting list, capped enrollment, or capped expenditures (Question 1 of the ADR Recipient Report)



FY 22 ADAP Supplemental Funding Eligible Recipients

- Georgia
- Illinois
- Indiana
- Ohio
- Puerto Rico
- Texas
- The District of Columbia
- Utah



ADAP Supplemental Section

- Even if a state/territory meets one of the eligibility criteria listed, it will be deemed **ineligible** for ADAP Supplemental funds if the state/territory did not obligate 75 percent of its previous FY RWHAP Part B/ADAP award within 120 days of the budget period start date, as reported on the previous FY Interim Federal Financial Report (FFR) within 150 days of the budget period start date.
- **HOWEVER:** The Coronavirus Disease 2019 (COVID-19) public health emergency has posed significant challenges for RWHAP recipients, providers, and clients to provide and access care. Therefore, no states/territories will be deemed ineligible if they did not obligate 75 percent of their FY2021 award within 120 days of the budget period start date.



ADAP Supplemental Application: Introduction

- A description of how the state/territory will use ADAP Supplemental funds for medication assistance in order to address one or more of the ADAP Supplemental eligibility criteria.
- ADAP Supplemental Grants require a state match of 25 percent, unless a waiver is requested and approved ([Attachment 8](#))
- Applicants should provide the maximum match dollar amount (and corresponding maximum grant dollar amount) they would be able to meet.



ADAP Supplemental Application: Needs Assessment

- This section should provide a description of the need for ADAP Supplemental funding in the state/territory, providing the information as requested below:
- Describe the severity of need for ADAP Supplemental funds as framed by the following eligibility criteria. Specify if a criterion is not relevant to the need for ADAP supplemental funds.
 - Financial requirement of FPL = or <200 percent;
 - Limited formulary compositions for all core classes of antiretroviral medications;
 - Waiting list, capped enrollment, or capped expenditures



ADAP Supplemental Application: Methodology

- This section should describe the methods that you will use to address the applicant's need for ADAP Supplemental funding.

ADAP Supplemental Application: Work Plan

- The Implementation Plan Narrative and CQM Plan information provided in Section (A) of the FY 2022 Part B Base Grant Application should include information related to ADAP activities.
- A separate ADAP Supplemental Implementation Plan and CQM Plan are not required to be submitted with this application.



ADAP Supplemental Application: Resolution of Challenges/ Evaluation & Technical Support/ Organizational Information

- The responses provided in these three sections of the ADAP Base section of this FY 2022 Part B Base Grant Application apply to these sections.
- No further information is required for these sections.



FY 2022 Emerging Communities Application

Pages 45-48



Emerging Communities

- Emerging Community (EC) formula awards are based on the number of reported living cases of AIDS within a specific Metropolitan Statistical Area (MSA) in the most recent calendar year as confirmed by CDC and submitted to HRSA.
- The EC Supplemental Grant award is authorized under Section 2621 of the PHS Act. It is intended to enable states to supplement RWHAP Part B services in communities with emerging HIV epidemics within the state.
- A state receiving EC funding must ensure that the grant will be used only within the EC in the state.



Emerging Communities

State	Emerging Community
Alabama	Birmingham-Hoover, AL MSA
California	Bakersfield, CA MSA
Delaware	Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA
Florida	Lakeland-Winter Haven, FL MSA Port St. Lucie, FL MSA North Port-Sarasota-Bradenton, FL MSA
Georgia	Augusta-Richmond County, GA-SC MSA
Kentucky	Louisville/Jefferson County, KY-IN MSA
Mississippi	Jackson, MS MSA
New York	Albany-Schenectady-Troy, NY MSA Buffalo-Niagara Falls, NY MSA Rochester, NY MSA

*The list of RWHAP Part B ECs uses the most recent MSA names pursuant to OMB Bulletin 15-01. Only the EC MSA names have been updated; the MSA codes and boundaries remain the same. Source: <https://www.whitehouse.gov/sites/default/files/omb/bulletins/2015/15-01.pdf>. The AIDS cases for determining eligibility have been reported to and confirmed by the Director of the CDC, based on the boundaries that were in effect when the EC first received funding.



Emerging Communities

State	Emerging Community
North Carolina	Raleigh, NC MSA
Ohio	Cincinnati, OH-KY-IN MSA
Oklahoma	Oklahoma City, OK MSA
Pennsylvania	Pittsburgh, PA MSA
Rhode Island	Providence-Warwick, RI-MA MSA
South Carolina	Columbia, SC MSA Charleston-North Charleston, SC MSA
Virginia	Richmond, VA MSA
Wisconsin	Milwaukee-Waukesha-West Allis, WI MSA
Total: 16 States	Total: 21 Emerging Communities



Emerging Communities Application: Needs Assessment

- Planned Services for Emerging Community Funds
 - Please describe how the planning process for the EC funds meets the following requirements. A state with multiple ECs should describe each EC planning process separately, if the process differs.
 - The allocation of the funds is based in accordance with the local demographic incidence of HIV including appropriate allocations for services for infants, children, women and families with HIV;
 - Affected communities and people with HIV are included in the planning process; and
 - The proposed services are consistent with the local needs assessments and the Integrated HIV Prevention and Care Plan.



Emerging Communities Application: Methodology

- Please describe the following:
 - How the state disseminates/will disseminate EC funds within the MSA;
 - How the state will ensure that the current level of support for the activities in the EC is not supplanted by this funding;
 - How the state will utilize the funds in a manner that is responsive to the needs of the MSA, and is cost effective;
 - How the state will implement activities described in the plan to ensure geographic parity in access to HIV services throughout the EC;
 - How proposed FY 2022 allocations address significant issues and core service needs identified in the Integrated HIV Prevention and Care Plan; and
 - How the services and their goals and objectives relate to the goals of the Healthy People 2030 Initiative, particularly the objectives related to the HIV listing under the Topics and Objectives tab.



Emerging Communities Application: Work Plan

- Implementation Plan for EC funds: states with multiple ECs should describe the use of funds for each EC separately.
- The work plan should describe:
 - The services that will be provided in FY 2022;
 - The current or planned activities for addressing health disparities related to race, gender, sexual orientation and age among populations within the MSA's system of HIV care; and
 - The activities for addressing the needs of emerging populations.



Emerging Communities Application: Resolution of Challenges

- The purpose of this section is to describe any challenges that may occur in implementing the proposed activities that are described in the work plan and approaches that will be used to address these challenges.

Emerging Communities Application: Evaluation & Technical Support

- Describe the data and process that will be used to monitor the objectives in the FY 2022 EC Implementation Plan.



Emerging Communities Application: Organizational Information

- The responses provided to the “Organizational Information” section in the FY 2022 RWHAP Part B Base Grant Application apply to this section.
- No further information is required for this section.



Budget

- Complete Sections A, B, E, and F of the SF-424A Budget Information – Non-Construction Programs form included with HRSA’s *SF-424 Application Guide* for the year of the project period, and then provide a line item budget using Section B Object Class Categories of the SF-424A.
- In Section B, the four required columns are:
 - 1) **Administration** - This column should include all funds allocated to the following grant activities: recipient administration, planning and evaluation, and quality management;
 - 2) **ADAP** - This column should include all funds allocated to ADAP (including medication and health care coverage assistance and ADAP Flex);
 - 3) **Consortia/Emerging Communities** - This column should include all funds allocated to consortia and emerging communities; and
 - 4) **Direct Services** - This column should include all funds allocated to the following grant activities: State Direct Services, Home and Community-Based Health Services, MAI, and Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals.



Budget Narrative

- The budget narrative should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. Line item information must be provided to explain the costs entered in the SF-424A.
- Be very careful about showing how each item in the “other” category is justified. The budget narrative **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Budget Narrative

- The budget narrative format should explain the amounts requested for the following: RWHAP Part B Base, ADAP, ADAP Supplemental, Consortia, EC, and MAI, and the relevant RWHAP budget categories.
- The narrative should explain how the line items listed support the overall service delivery system and include justification for any applicable object class categories:
 - Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, Other and Indirect Charges.
 - For employees who are less than one (1) FTE on the grant, please identify all funding sources outside of RWHAP Part B funding for Personnel and Fringe Benefits costs.



Caps on Expenses

- RWHAP Part B recipient administrative costs may not exceed 10 percent of the total grant award.
- Planning and evaluation costs may not exceed 10 percent of the total grant award.
- Collectively, recipient administrative costs and planning and evaluation costs may not exceed 15 percent of the total award.
- Recipients may allocate up to five percent of the total grant award or \$3,000,000 (whichever is less) for CQM.
- Subrecipient administrative costs are capped at **10 percent in the aggregate**. Subrecipient administrative activities include:
 - Usual and recognized overhead activities, **including established indirect rates** for agencies;
 - Management oversight of specific programs funded under the RWHAP; and
 - Other types of program support such as quality assurance, quality control, and related activities (exclusive of RWHAP CQM).



Payor of Last Resort

- The RWHAP is the payor of last resort, and recipients must vigorously pursue alternate sources of payments.
 - Please see HAB PCNs 13-02, 13-03, 13-04, 14-01, and 18-01 at <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>
- Recipients are required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons.
- Subrecipients providing Medicaid eligible services must be Medicaid certified.



Attachments

Attachment No.	Description
1	Project Organizational Chart
2	Staffing Plan and Job Descriptions for Key Personnel
3	Biographical Sketches of Key Personnel
4	ADAP Funding Sources Table
5	Maintenance of Effort (MOE) Documentation
6	Unmet Need Framework Table and Narrative
7	Ryan White HIV/AIDS Program Part B Agreements and Compliance Assurances
8	Core Medical Services, ADAP Supplemental Match, and/or Annual Site Visit Exemption Waiver Request(s) and justification
9	HIV/AIDS Epidemiology Table and Narrative
10-12	Other Relevant Documents



Application Page Limit

- The total size of all uploaded files included in the page limit shall not exceed the equivalent of **90 pages** when printed by HRSA. The page limit includes the project and budget narratives, some attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit.
- **It is therefore important to take appropriate measures to ensure the application does not exceed the specified page limit. Any application exceeding the page limit of 90 will not be read, evaluated, or considered for funding.**



Application Package: Where is it?

- At <https://www.grants.gov/>
 - Search by opportunity number, or
 - CFDA
- The Application Guide is available at <https://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf> or click the links in the NOFO
- Grants.gov “Workspace” instructional information and videos are available online at <https://www.grants.gov/web/grants/applicants/workspace-overview.html>



Application Submission Tips

- Read the NOFO and the SF-424 Application Guide carefully and follow instructions.
- Include your agency name and the name of this program on all pages (*RWHAP States/Territories Part B Supplemental Grant Program*).
- Refer to section 4.7 of the Application Guide for additional Tips for Writing a Strong Application.
- Apply early; do not wait until the last minute in case you run into challenges!
- Make sure the person who can submit for your organization will be available.
- Ensure SAM.gov and Grants.gov registration and passwords are current immediately!

Have all your PIN numbers and passwords handy!



Grants.gov Contact Information

- When to contact Grants.gov Helpdesk
 - Error messages
 - Other technical issues
 - Application did NOT transmit to HRSA
 - **If you have any submission problems, please contact Grants.gov immediately!**
- Grants.gov Contact Center (24/7 except Federal holidays):
 - 1-800-518-4726, or
 - support@grants.gov, or
 - <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>



Tracking Grants.gov Submissions

Submission Type	E-mail	Subject	Time Frame	Sent By	Recipient
Competing Application	1 st e-mail	Submission Receipt	Within 48 hours	Grants.gov	AOR
	2 nd e-mail Most Crucial	Submission Validation Receipt OR Rejected with Errors	Within 48 hours	Grants.gov	AOR
	3 rd e-mail	Grantor Agency Retrieval Receipt	Within Hours of second e-mail	Grants.gov	AOR
	4 th e-mail	Agency Tracking number assignment	Within 3 business days	Grants.gov	AOR

SF424 Application Guide, section 8.2.5



Grants.gov Message upon Application Upload

- Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.”
- “IMPORTANT NOTICE: If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXXXX.”



Reminder

- Application due date in Grants.gov – **November 8, 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.*



Agency Contacts

Program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Susan Robilotto

Tel: (301) 443-6554

Email: srobilotto@hrsa.gov

Business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Marie Mehaffey

Tel: (301) 945-3934

Email: Mmehaffey@hrsa.gov



Questions



Please submit any questions related to information delivered in this webinar to CDR Cathleen Davies at Cdavies@hrsa.gov by 08/31/2021.

Please include your state/territory with the question.

Questions will be compiled and shared in writing along with the responses through the HRSA HAB DSHAP Listserv.

Questions related to the NOFO can be submitted to the agency contacts listed on slide 91.

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