



JSI RESEARCH & TRAINING INSTITUTE, INC.

Request for Proposals

Telehealth Strategies to Maximize HIV Care

**Advancing Equity through Telehealth Coordination in
the Ryan White HIV/AIDS Program**

Issuance Date: March 7, 2023

Proposal Due Date: May 1, 2023

Funding Source	JSI Research & Training Institute, Inc. (JSI) <i>Funding is made available to JSI via the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau under grant number U9046350.</i>
Target Number of Awards	5
Project Period	June 1, 2023 - July 31, 2025 (26 months)
Anticipated Total Project Funding	\$450,000
Maximum Annual Award Amounts	Year 1: \$50,000 Year 2: \$200,000 Year 3: \$200,000
Eligible Applicants	Ryan White HIV/AIDS Program recipients and subrecipients
RFP Release Date	March 7, 2023
RFP Technical Assistance Webinar	March 20, 2023 1:00 pm EST (Register here)
Letter of Intent to Apply Due Date (encouraged, but not required)	March 27, 2023
Application Due Date	May 1, 2023
Estimated Notification of Award	May 15, 2023

For questions, email HIVtelehealth@jsi.com

FAQs will be updated weekly and posted to
<https://targethiv.org/ta-org/telehealth-strategies-maximize-hiv-care>.

Part 1. Overview Information

A. Executive Summary

In Fiscal Year 2022, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB), which administers the Ryan White HIV/AIDS Program (RWHAP), announced funding to support a new Special Projects of National Significance (SPNS) initiative, "Telehealth Strategies to Maximize HIV Care," which was awarded to JSI Research & Training Institute, Inc. (JSI). The purpose of this initiative is to identify and maximize the use of telehealth strategies that are most effective in improving linkage to care, retention in care, and health outcomes, including viral suppression, for people with HIV who receive services through the RWHAP.

JSI will solicit, select, issue, and monitor subawards to five (5) sites to implement, adapt, and evaluate telehealth coordination strategies to maximize HIV care. JSI will provide technical assistance (TA) for implementing and adapting the strategies and oversee the multi-site evaluation, working closely with each site to collect and analyze data. Project findings will be broadly disseminated to expand the evidence base for effective telehealth strategies within the RWHAP and to support uptake and replication of effective interventions by other RWHAP recipients and subrecipients.

The COVID-19 pandemic fundamentally changed the practice of ambulatory medical care, including HIV care, by necessitating a rapid and wide-ranging scale-up of telehealth. While studies show positive uptake and utilization of telehealth for HIV care, other data reveal challenges (e.g., lack of privacy, impaired patient-provider relationships) and concerns of widened health disparities associated with social determinants of health. Further, there is limited information regarding which strategies are most effective for improving outcomes among priority populations and increasing equity in HIV care and quality of life. The project will focus on emerging interventions, defined as interventions that have demonstrated real world validity and effectiveness, but do not yet have sufficient published research evidence (Psihopaidas et al., 2020).

The emerging interventions of focus for the project are telehealth coordination strategies, including both patient navigation and internal coordination and staffing models, with an emphasis on the role of the telehealth coordinator. Applicants must focus activities on priority populations to ensure that people we have yet successfully maintained in care or populations that historically experience poor health outcomes are not further marginalized. While telehealth offers a powerful tool to increase access to healthcare, intentional interventions are required to ensure telehealth does not exacerbate existing disparities in HIV outcomes (Wood et al., 2021).

Part 2. Funding Opportunity Description

A. Background and Purpose

Telehealth is a broad term that encompasses a variety of telecommunications technologies and tactics to provide health services from a distance. Telehealth is not a specific clinical service, but rather a collection of strategies to enhance care and education delivery. Today, telehealth encompasses four distinct applications: live video,

store-and-forward, remote patient monitoring, and mobile health ([Center for Connected Health Policy, 2023](#)).

The COVID-19 crisis drastically expanded utilization of telehealth. This rapid and wide-ranging scale-up in response to the public health emergency coincided with the growing recognition that telehealth was transforming access to quality care and services for people with HIV. The use of telehealth for HIV care and services has been successful in improving retention in HIV care for patients living far distances from clinics, increasing privacy for patients not wanting to be seen attending an HIV clinic, and providing more flexibility in scheduling appointments (Smith & Badowski, 2021). In one study conducted on the benefits of telehealth prior to the COVID-19 pandemic, viral suppression increased among some patients at Veterans' Administration HIV clinics (Ohl et al., 2019). Nevertheless, there is limited information available regarding which strategies are most effective for improving HIV outcomes and the telehealth experience for the patient. This is especially critical given the recognized limitations to telehealth, in particular, the impact of social determinants of health on benefiting from telehealth innovations, thereby worsening health disparities and inequities.

In the policy paper, “Advancing Digital Health Equity,” the Infectious Diseases Society of America and HIV Medicine Association describe how social determinants of health, such as age, race, ethnicity, gender, education, income, housing status, transportation, language, broadband access, and others, predict readiness for telehealth and caution that individuals who are not able to connect virtually may become lost to care (Wood et al., 2021). These disparities create what is often referred to as the “digital divide,” defined as unequal access to or ability to engage in care using technological means. Interventions that reduce the digital divide and optimize the delivery of telehealth in HIV clinics are necessary to achieve our national HIV goals.

B. Eligibility Information

Eligible applicants must meet all of the following criteria:

- Be RWHP-funded recipients or subrecipients;
- Provide outpatient/ambulatory health services; and
- Have routinely conducted telehealth video visits for outpatient/ambulatory health services, during the last year.
 - While audio-only telehealth visits may be necessary at times, applicants must have both the capacity for and history with conducting telehealth video visits, as video visits are the preferred mode for care delivery, and there are reimbursement implications for audio-only visits.
 - This project is intended to support sites that currently provide telehealth services for HIV care. Applicants may not use the funding to develop or implement new telehealth modalities.

If partnering with other organizations or agencies for implementation and/or evaluation, applicants must include a letter of commitment or memorandum of understanding/agreement with their application, a description of the partner's roles and

responsibilities, a line item budget for the partnering organization, and an outline of how the work will be coordinated and managed.

C. Program Components

Sites will be required to:

1. Implement and adapt telehealth coordination strategies that utilize a telehealth coordinator (or similar staff) position(s);
2. Work closely with JSI to evaluate the implementation and outcomes of telehealth coordination strategies in accordance with the multi-site evaluation protocol developed by JSI; and
3. Participate in project meetings and other TA activities led by JSI.

Each of these components is detailed further in the table below, as well as in Section D.

Applicants must meaningfully collaborate with people with HIV in all aspects of project planning and implementation. Projects will need to have or develop mechanisms for people served by the project to provide input on telehealth delivery for HIV care.

1. Telehealth Coordination Strategy Description
Telehealth Coordinator: Telehealth requires the coordination of multiple staff, patients, space, equipment, and technology. It can also involve contracting with outside vendors and maintaining internal support within the healthcare setting. Telehealth coordinators can be integral to the success of daily program operations, ensuring coordination between patients and providers so that visits run smoothly. They might also conduct data analysis and quality improvement, troubleshoot technology, coordinate referrals, maintain electronic health records, facilitate staff training, network with partners, and manage the scheduling and logistics for appointments (Sousa et al., 2020). The telehealth coordinator role is not standardized and the specific responsibilities of the coordinator are dependent on the role of other staff involved in telehealth delivery, the type and volume of telehealth services provided, and the overall size and structure of the healthcare setting. Staffing models include: • <i>Dedicated staff model</i>, in which one or more staff are dedicated to telehealth coordination. • <i>Cross-training model</i>, in which staff who manage in-person encounters more generally receive cross-training in telehealth. • <i>Hybrid model</i>, in which there is typically a dedicated coordinator or similar staff position, in addition to other supplemental staff who are either dedicated or cross-trained to facilitate telehealth implementation. Key Components: Regardless of staffing model, there are two key features inherent to the telehealth coordinator role (or similar position): • <i>Patient navigation</i>, which includes, but is not limited to, digital health navigation; assessment of telehealth readiness; preparation for telehealth

visits; and coordination of referrals. Telehealth coordinators (or navigators) serve patient-facing functions, such as providing culturally competent education on the basic operation of telehealth platforms and devices, identifying and coordinating any follow-up actions, and assessing patient preferences, interest, literacy, and proficiency with telehealth tools to help inform ongoing engagement with clinical care.

- *Internal telehealth coordination*, which includes, but is not limited to, development and support for policies and procedures that maximize team-based care in the virtual environment; workflows for telehealth visits, including referral and linkage to specialty care, case management, and other services; and staff training. Telehealth coordinators work alongside providers, other staff members, and partners to champion telehealth and are integral to the operational aspects of virtual care delivery.

Background: There is limited published research that describes the process for and impact of telehealth coordination strategies and staffing models for HIV care; however, experiences in non-HIV settings suggest that telehealth coordinators are an essential element of equitable telehealth delivery. The necessity of appropriate staffing, including nurse coordinators, to facilitate care coordination and patient navigation was a key finding in a study of a patient-centered telehealth model for hepatitis C and opioid use disorder (Sherbuk et al., 2020). Telehealth navigator programs have been associated with significant improvement in video visit adherence with a net financial gain (Mechanic et al., 2022) and have been recommended for their role in mitigating the effects of digital health disparities (Wood et al., 2021).

One study examined the impact of telehealth on HIV viral suppression and observed that more frequent viral load testing may have been the result of telehealth coordinators tracking patients, offering telehealth visits, and arranging for laboratory testing (Ohl et al., 2019). In another study of telehealth services for people with HIV over 50 during the initial wave of the COVID-19 pandemic, participants described the quality of follow-up communication and care coordination as worse in the context of telehealth (Baim-Lance et al., 2022), providing important insight into future actions for developing high-quality telehealth programs.

Among persons with HIV, navigators have been shown to be critical in addressing numerous gaps identified during the initial introduction of telehealth, including instituting proactive patient outreach (Brody et al., 2021); rapport building, establishing trusting relationships, and coordinating communication of all test results (Klasko-Foster et al., 2022); providing telehealth literacy training and continuous needs assessment to identify and reduce existing disparities (Labisi et al., 2022); and troubleshooting and coaching patients before, during, and after telehealth visits (Wootton et al., 2020).

Relevance to HIV Care and the RWHAP: The current literature indicates that patient navigation is effective in enhancing engagement in care, accessing support services, reducing barriers, and improving health outcomes among people with HIV (Mizuno et

al., 2018). Within the RWHAP, patient navigator is considered an umbrella term consisting of social workers, nurses, and community health workers, as well as peers. Patient navigation models are associated with improving linkage to care, retention in care, and increasing viral load suppression in RWHAP settings (Irvine et al., 2017; Robertson et al., 2019).

Outcomes

- Increased provider and patient acceptance of and satisfaction with telehealth
- Increased utilization of telehealth coordination services
- Increased equity in accessing telehealth services
- Increased telehealth appointment volume
- Improved no-show/missed appointment rates
- Improved telehealth billing practices/more billable visits
- Increased retention in care
- Improved viral suppression
- Increased new and improved policies, procedures, and workflows for telehealth

Further Reading and Information

- Jelinek, R., Pandita, D., Linzer, M., Engoang, J. B. B. N., & Rodin, H. (2022). An Evidence-Based Roadmap for the Provision of More Equitable Telemedicine. *Applied Clinical Informatics*, 13(3), 612–620. <https://doi.org/10.1055/s-0042-1749597>
- Ben-Zeev, D., Drake, R., & Marsch, L. (2015). Clinical technology specialists. *BMJ (Clinical research ed.)*, 350, Article h945. <https://doi.org/10.1136/bmj.h945>

2. Evaluation Overview

Sites will be required to fully participate in a multi-site mixed methods evaluation incorporating both quantitative and qualitative methods to assess implementation and outcomes of the telehealth coordination strategies. This project will utilize HRSA HAB's implementation science approach (HAB IS) to guide evaluation activities. Implementation science is defined as “the scientific study of methods to promote or improve the systematic uptake of intervention strategies with demonstrated effectiveness into practice, program, and policy” (Eccles & Mittman, 2006).

Following the HAB IS approach, the project evaluation will assess:

- 1) Uptake and integration of the intervention;
- 2) Implementation processes;
- 3) Broader contextual factors that impact and affect the implementation; and
- 4) Impact on patient outcomes.

Each site will be expected to collect and report data to JSI in compliance with the evaluation plan. The plan will include interviews and surveys with organizational leadership, direct care providers, other clinic staff, and patients, as well as electronic submission of information on participating patients, their exposure to the telehealth

coordination strategies, and their health outcomes. Anticipated dates for data collection are August 1, 2023 through January 31, 2025 (18 months).

3. Collaboration with JSI

Sites must work collaboratively with JSI throughout the project period. JSI will provide site-specific and cross-site TA to support project implementation and evaluation, information sharing across sites, documentation of lessons learned, and sustainability planning.

During project start-up, JSI will conduct a needs assessment with each site for the purposes of collecting baseline evaluation data and informing TA plan development. The needs assessment process may include in-person site visits, if all parties agree that an in-person visit is feasible and safe. Regular TA will be provided through monthly meetings with each site, quarterly cross-site learning sessions, ad hoc meetings, and email communication. JSI anticipates convening sites for at least one in-person meeting during the project period. Sites should plan to send two staff to the meeting in Year 3; location and dates to be announced.

JSI will work closely with sites to prepare resources and materials for dissemination, including submission of telehealth strategies to the [RWHAP Best Practices Compilation](#), conference presentations, and manuscript development.

D. Required Activities and Staffing

Sites will be required to:

1. Implementation Requirements

- a. Implement the telehealth intervention, as described above in Section C.1.
 - i. Note: This project is intended to build upon existing telehealth activities, not to duplicate efforts or develop new telehealth modalities.
- b. Ensure equitable patient-level participation by approaching all patients at your site who are:
 - i. Clinically eligible to receive telehealth services;
 - ii. Living with HIV;
 - iii. 18 years of age and older; and
 - iv. Receive outpatient ambulatory care services at your site.
- c. Engage patients in the project. The goal is to engage at least 110 patients per site. Engagement in the project includes:
 - i. Completing a patient baseline assessment of telehealth readiness;
 - ii. Receiving telehealth navigation services from the telehealth coordinator (or similar staff) position(s);
 - iii. Attending at least one live video visit for outpatient ambulatory care during the project period; and
 - iv. Completing a follow-up appointment survey.

- d. Solicit a subset of patients (5-10 per site) to participate in qualitative interviews at the end of the project.
- e. Engage people with HIV, in particular those from the identified priority population(s), to ensure that community concerns and priorities are addressed in the design and implementation of telehealth services.
- f. Share implementation documents and materials for dissemination, as appropriate.

To recognize participants for time spent completing surveys and participating in qualitative interviews, sites may use grant funds for incentives and are encouraged to include this in their proposed budget. Incentives must be tracked in accordance with [HRSA gift card guidelines](#).

2. Evaluation Requirements

- a. Collaborate with JSI to tailor the evaluation plan to include site-specific information. Evaluation plans should be finalized within the first three months of the project.
- b. Adhere to evaluation protocols for data collection, including requirements related to confidentiality and data storage protocols.
- c. Participate in all data collection activities, including:
 - i. Pulling retrospective data.
 - ii. Ensuring patients and clinic staff (including providers and leadership) participate in the following data collection activities:
 - 1. Telehealth site-based assessment
 - 2. Patient baseline assessment survey
 - 3. Patient follow-up appointment survey
 - 4. Patient interviews
 - 5. Staff, provider, and leadership surveys and interviews
 - iii. Administer data collection activities.
 - iv. Provide requested multi-level data, including:
 - 1. Demographics
 - 2. Appointment metrics (e.g., no shows, attended appointments)
 - 3. Telehealth navigation services measures
 - 4. Social determinants of health indicators
 - 5. Health outcomes
 - 6. Quality of life outcomes
 - 7. Telehealth experience and satisfaction measures
 - 8. Telehealth related facilitators
 - 9. Telehealth related barriers
 - 10. Supports needed
- d. Submit monthly data reports to JSI via the designated secure online data portal platform. Sites will be able to either enter data manually into the data collection system or upload the data via an Excel or csv file. All sites who wish to upload their data will need to get prior approval from JSI before submitting.

- e. Utilize data in real time to implement quality improvement activities to enhance the project.
- f. Conduct data management throughout the project period.
- g. Ensure data completeness and conduct clean-up activity.
- h. Participate in all evaluation trainings. Trainings will include an initial training during the project start-up period, and refresher trainings during Year 2 and 3. The trainings will be conducted virtually, and sites will need to ensure that all staff involved in the evaluation are in attendance.

Note: The project evaluation portion of the budget must represent at least 25% of the total budget requested, per year. This should include staff dedicated to the evaluation component of the project and any other evaluation costs, including but not limited to analytical software, IRB costs, materials, sub-contracts, and incentives.

3. Collaboration Requirements

- a. Participate in the site-based needs assessment process during the project start-up period.
- b. Collaborate with JSI to tailor and adapt telehealth coordination strategies based on findings from the needs assessment process.
- c. Participate in monthly calls with JSI.
- d. Participate in quarterly cross-site learning sessions.
- e. Participate in at least one in-person meeting with all sites.
- f. Contribute to the preparation of resources and materials for dissemination.

4. Staffing Requirements

- a. Hire or assign a telehealth coordinator (or similar staff) position. As telehealth staffing models vary by site, telehealth coordinator positions are inclusive of the staffing models outlined above in Section C.1.
- b. Hire or assign existing staff responsible for managing data collection and evaluation activities (e.g., data manager, coordinator, evaluator).
 - i. Reminder: The project evaluation portion of the budget must represent at least 25% of the total budget requested, per year. This should include staff dedicated to the evaluation component of the project and any other evaluation costs.
- c. Hire or assign existing staff responsible for day-to-day management and leadership. Ideally, this person(s) will be a champion for telehealth with decision-making authority for project activities.
 - i. Additional champions and decision-makers within your organizational leadership or staff must also be engaged in project activities, as necessary to implement project activities and advance efforts to maximize telehealth for people with HIV. Ensure these individuals are appropriately included in the implementation strategy, staffing plan, and project budget.

5. Human Subjects Research Requirements

- a. The evaluation plan and protocols must be approved by an Institutional Review Board (IRB). Sites must apply for approval of the evaluation from an IRB. JSI will provide support, as needed.
 - i. There will be a cost to sites for IRB approval, if external IRB review is needed. Include this cost in your proposed budget, if applicable.
- b. All project staff must successfully complete training on Human Subjects Research, such as the [CITI training](#), and submit their post-training certificate to JSI.

Part 3. Application and Submission Information

A. Application Instructions

The proposal narrative may not exceed fifteen (15) single-spaced pages using 12-point font and one-inch margins. It should be organized in alignment with the sections outlined below.

I. Project Abstract (no more than one page)

- Organization name, contact name and information, and a valid UEI/DUNS number (registered and active at <https://sam.gov/content/home>).
 - Note: Applicants must maintain current information in SAM on immediate and highest-level owner and subsidiaries, as well as on all predecessors that have been awarded a federal contract or grant within the last three years, if applicable.
- Funding amount requested for the total project period.
- The RWHAP Part(s) you are funded by, as a recipient and/or subrecipient.
- Geographic location served by your organization.
- Demographics of patients currently receiving HIV care and services.
- Summary of how you plan to implement and evaluate the telehealth coordination strategies and the priority population(s) your project will focus on.

II. Project Narrative (100 points total) – This section should provide a comprehensive description of how your organization will implement the telehealth coordination strategies and your organization's capacity to successfully meet program expectations.

1. Statement of Need (15 points) – This section should describe the HIV epidemic in the area you intend to serve through the telehealth intervention strategy, and why telehealth coordination strategies are needed to optimize HIV care and services for your identified priority population(s).

- Describe the HIV epidemic in the area you intend to serve through implementation of this project.
- Describe the patient population receiving HIV care at your organization, including information and data about the number of patients served and HIV care continuum outcomes.
- Describe the priority population(s) of focus for project activities.

- Describe the facilitators and barriers related to meeting the HIV care and telehealth needs of patients currently receiving HIV treatment and patients who may not currently be engaged in care, particularly barriers encountered by the priority population(s) for project activities.

2. Organizational Capacity (25 points) – This section should describe your organization's capacity and readiness to implement the project.

- Describe your organization's experience providing HIV care and services, including patient navigation and care coordination.
- Describe your organization's experience providing telehealth services, including demographic and clinical data on the telehealth services provided.
- Describe your organization's capacity to serve the identified priority population(s), including the organization's history and capacity to serve this population, ability to create and foster an affirming environment, and information on current use of the organization's services, including telehealth services, by the priority population(s).
- Describe how your organization will manage the requirements of a cost-reimbursement contract, which requires sufficient financial ability to support expenses incurred until reimbursement is made by JSI. Reimbursement is typically made within 30 days of the submission of accurate and complete documentation.
- Describe your organization's experience with change management efforts.
- If partnering with another organization or agency, describe their experience providing the service(s) needed to conduct this project.

3. Project Implementation Description (30 points) – This section should describe how your organization plans to implement the telehealth coordination strategies to address the needs outlined above.

- Describe the evolution of your use of telehealth over the past several years, including barriers and facilitators to telehealth and how they have changed over time, including patients' adoption of technology and organizational considerations, such as workforce capacity, technology, connectivity, and reimbursement.
- Describe how your organization will tailor your current telehealth program to implement the telehealth coordination strategies.
 - Include all required activities described above in Sections C.1 and D.1.
 - Describe the project staffing plan, including whether you would hire new staff or transition existing staff to fill positions. If hiring new staff, describe the hiring process and timeline. If incorporating existing staff, describe their experience relevant to their role on the project.
 - Provide an expected scope of work for the telehealth coordinator (or similar) staff position.

- Describe how you will leverage available capacity (e.g., staff, infrastructure, existing protocols and policy) to plan, implement, and promote new or enhanced telehealth coordination strategies.
- If partnering with another organization or agency to meet the project goals, describe their roles and responsibilities and how the work will be coordinated and managed.
- Describe any activities your organization has done or consistently does to assess patient preferences and readiness for telehealth services.
- Describe how your organization will meaningfully involve people with HIV, particularly people from the priority population(s), in project activities. Be specific about what mechanisms already exist or will be implemented for people served by the project to provide input on telehealth delivery for HIV care.
- Describe the outcome/impact your organization would like to achieve as a result of implementing the selected telehealth coordination strategies.
- Describe how your organization intends to sustain telehealth coordination strategies after the award period, given your organization's policy and financial environment.

4. Evaluation Capacity and Description (30 points) – This section should describe your organization's capacity to conduct the project's evaluation activities.

- Describe your organization's experience and capacity to:
 - Engage patients to participate in evaluation and/or research projects;
 - Collect and manage patient-level and organizational-level data, including primary data (e.g., surveys) and secondary data (e.g., electronic health records);
 - Submit data via an online data portal (manually entering data and/or uploading files); and
 - Utilize data to implement quality improvement strategies and data-informed programs.
- Describe any experience your organization has working with an IRB on research or program evaluation activities, and your plan to engage with an IRB for this project, if necessary.
- Describe your organization's data management protocols and data security procedures.
- Describe your organization's plan for staffing the evaluation components of the project.
 - Reminder: The project evaluation portion of the budget must represent at least 25% of the total budget requested, per year. This should include staff dedicated to the evaluation component of the project and any other evaluation costs, including but not limited to analytical software, IRB costs, materials, sub-contracts, and incentives.

- If partnering with another organization or agency, describe the data that the organization/agency will submit/be responsible for and include any history of data sharing.

III. Attachments (attachments do not count towards page limit)

1. Completed budget workbook using the Excel template provided by JSI (access the budget workbook at <https://targethiv.org/ta-org/telehealth-strategies-maximize-hiv-care>).
2. Most recent audited financial statements, including cover page and the auditor's notes/findings. Negative audit findings will be considered in funding decisions.
3. Fiscal Sponsor Agreement, if applicable.
4. A list of your or your Fiscal Sponsor's Board of Directors with professional or community affiliations. If not available, a letter of explanation is required.
5. Memoranda of Agreement and/or Letters of Support from partner organizations, if applicable. The document should indicate roles and responsibilities of the partner organization, how they will contribute to meeting the project goals, the organization's experience providing the service(s) needed to conduct this project, a description of the data that the organization will submit/be responsible for, and any history of data sharing between the organizations.
6. Indirect Cost Rate Agreement (IDCRA), if applicable.

Name all files "Attachment #_Attachment Name."

B. Submission Instructions

Proposals are due via email to HIVtelehealth@jsi.com by 11:59 PM EST on Monday, May 1, 2023. Proposals will only be accepted by email. Confirmation emails will be sent to confirm receipt of proposal.

- Proposal narrative (including project abstract) must be submitted in a single PDF and should not exceed fifteen (15) single-spaced pages using 12-point font and one-inch margins.
- Attachments 1-6 do not count towards the page limit.
- Submit your proposal with the subject line: Application Submission_Applicant Name.
- If sending multiple emails due to file size, indicate so in the subject line (e.g., 1 of 2).

C. Selection Process

Sites will be selected based on:

- Demonstrated ability to effectively participate in all required project activities.
- Demonstrated organizational leadership support for the project.
- Demonstrated ability to implement the telehealth coordination strategies.

- Demonstrated alignment of the telehealth coordination strategies with the needs of the identified priority population(s).
- Demonstrated organizational readiness to quickly initiate project activities, including hiring and training the required staff.
- Demonstrated ability to collect and transmit evaluation data required by JSI.
- Demonstrated commitment to and mechanisms for meaningful engagement of people with HIV.

During the selection process, JSI may request a video conference meeting to answer additional questions about your organization's capacity to implement, adapt, and evaluate the intervention strategy.

D. Award Information

Funding will be obligated through grants from JSI to selected sites and will be managed on a quarterly cost reimbursement basis. Applicant organizations should be prepared to demonstrate that they have the financial ability to support the project in the period between incurring an expense and receiving reimbursement from JSI.

Maximum annual awards will be \$50,000 for the 2-month project start-up period (i.e., Year 1) and \$200,000 per year for Years 2 and 3. Ongoing funding is based on successful achievement of stated goals and subject to future funds appropriated by Congress and awarded from HRSA. While grants will be issued by JSI, funding is provided under the HRSA HAB RWHAP. As such, all federal regulations included in 45 CFR 75 and RWHAP-related regulations will apply to all selected sites. JSI will perform contract monitoring activities in accordance with federal guidelines.

This project is intended to support sites that currently provide telehealth services for HIV care. Applicants may not use the funding to develop or implement new telehealth modalities.

E. Notice of Intent to Apply

Applicants are encouraged, though not required, to submit a Notice of Intent to apply. Notices of Intent are non-binding. They are intended to help JSI prepare for an efficient application review process. Notices of Intent should be sent to HIVtelehealth@jsi.com by Monday, March 27, and include the following information:

- Name of lead applicant;
- Name and contact information for point of contact; and
- Name(s) of partner organizations/agencies, if applicable.

F. Technical Assistance Webinar

JSI will host a webinar on Monday, March 20 at 1:00 pm EST to discuss the funding opportunity and respond to questions. Questions may be submitted in advance to HIVtelehealth@jsi.com. Visit [this link to register](https://targethiv.org/ta-org/telehealth-strategies-maximize-hiv-care) for the webinar. The webinar recording will be accessible at <https://targethiv.org/ta-org/telehealth-strategies-maximize-hiv-care>.

G. Additional Assistance

JSI is committed to assisting eligible applicants with the preparation of a complete and responsive application. For questions or assistance, HIVtelehealth@jsi.com. FAQs will be updated weekly and posted at

<https://targethiv.org/ta-org/telehealth-strategies-maximize-hiv-care>.

Part 3. References

- Baim-Lance, A., Angulo, M., Chiasson, M. A., Lekas, H. M., Schenkel, R., Villaequityrreal, J., Cantos, A., Kerr, C., Nagaraja, A., Yin, M. T., & Gordon, P. (2022). Challenges and opportunities of telehealth digital equity to manage HIV and comorbidities for older persons living with HIV in New York State. *BMC Health Services Research*, Article 609. <https://doi.org/10.1186/s12913-022-08010-5>
- Brody, J. K., Rajabiun, S., Allen, H. J. S., & Baggett, T. (2021). Enhanced Telehealth Case Management Plus Emergency Financial Assistance for Homeless-Experienced People Living With HIV During the COVID-19 Pandemic. *American Journal of Public Health*, 111(5), 835-838. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.306152>
- Center for Connected Health Policy. (n.d.) *What is telehealth?* <https://www.cchpca.org/what-is-telehealth/>
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