



Ryan White HIV/AIDS Program Part F Dental Reimbursement Program

Pre-Application Technical Assistance Conference Call

HRSA-24-060

March 14, 2024

Director: Mahyar Mofidi, DMD, Ph.D.

HIV/AIDS Bureau (HAB), Division of Community HIV/AIDS Programs (DCHAP)

Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



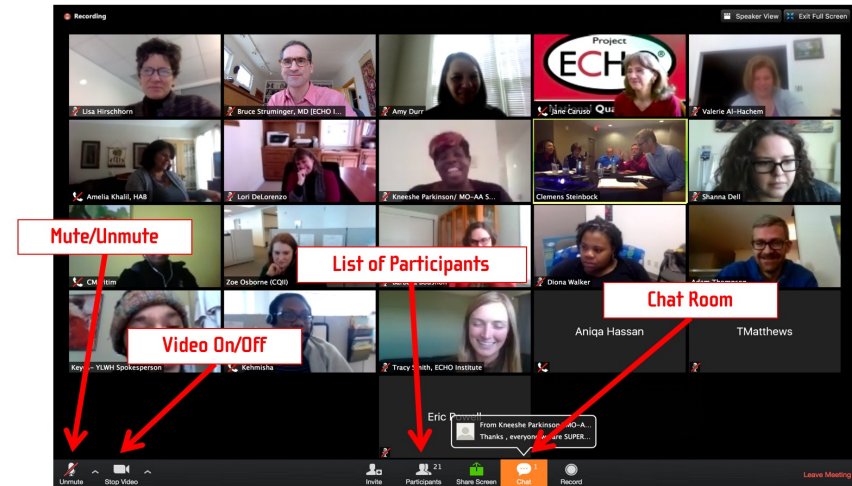
Zoom Platform

Virtual Etiquette

- Pair your phone with your computer- to reduce bandwidth.
- If you want to ask questions during the webinar, please submit them to the Ask Part F Dental inbox – askpartfdental@hrsa.gov

Zoom Platform

Use Your Camera | Use our Affinity ECHO Signs | Mute Your Line



Agenda

- HAB Vision and Mission/DCHAP Mission and Core Values
- Basic Information
- Eligibility
- Program Description
- Funding Policies & Limitations
- General Recipient Expectations
- Get Ready to Apply
- Application Writing Help
- Application Contents & Format
- Application Review
- Application Submission & Deadlines
- Question & Answer



Acronyms

- **Application Guide** – SF-424 Application Guide
- **DSR** – Dental Services Report
- **DRP** – Dental Reimbursement Program
- **HAB** – HIV/AIDS Bureau
- **HRSA** – Health Resources and Services Administration
- **GMS** – Grants Management Specialist
- **MOE** – Maintenance of Effort
- **NOFO** – Notice of Funding Opportunity
- **PCN** – Policy Clarification Notice
- **RWHAP** – Ryan White HIV/AIDS Program
- **SAM** – System for Award Management
- **UEI**-Unique Entity Identifier



HRSA's HIV/AIDS Bureau (HAB) 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.



DCHAP Mission and Core Values

Mission

Provide leadership and resources to assure access to and retention in high quality, comprehensive HIV care and treatment services for vulnerable people with HIV/AIDS, their families, and providers within our nation's communities.

Core Values

Communication · Integrity · Professionalism · Accountability · Consistency ·
Respect



HRSA NOFO100 Pilot

- This NOFO is part of **HRSA's NOFO100 Pilot**
- The NOFO100 Pilot is HRSA's way of testing out a new format, called a *Content Guide*, that embraces the [federal government's plain language standards](#) including a different layout than the current NOFO template that's been in use for several years.
- The *Content Guide* also organizes information differently and reflects a more visually appealing design.
- The *Content Guide* is intended to be more accessible and easier to navigate for the average reader. The goal is to make it easier for applicants to:
 - Quickly find what they need
 - Understand what they read
 - Use what they read without rereading



Basic Information

Summary

The DRP reimburses certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV during a specified one-year period. Funds among eligible applicants will be distributed by considering the number of patients with HIV served and the unreimbursed oral health care costs incurred by each eligible applicant as compared with the total number of patients served and costs incurred by all eligible applicants.

Funding Detail

- Expected total available funding: \$9,300,000
- Expected number of awards: 50
- Funding range per award: Varies
- We plan to fund awards in a single six-month budget period for a period of performance of **September 1, 2024, to March 31, 2025.**



Please refer to page 5 of the NOFO



Eligibility

Only these types of domestic organizations may apply:

- Accredited domestic dental schools and other accredited domestic dental education programs, such as dental hygiene programs, or those sponsored by a school of dentistry, a hospital with a dental education program that is accredited by the Commission on Dental Accreditation, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental-general practice residency.
- Dental education programs must be accredited by the Commission on Dental Accreditation.
- This program has no cost-sharing requirement. Cost sharing/matching is not required.

Please note: Multiple applications from an organization are not allowable.



Please refer to page 6 of the NOFO



Program Description

- The Purpose is to: Improve access to oral health care services for low-income people with HIV.
- Support related education & training for the delivery of dental care to people with HIV.
- Defray a portion of unreimbursed dental care costs incurred by treating low income, people with HIV at accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.
- This program will reimburse certain costs incurred by eligible entities that have provided uncompensated or partially uncompensated oral health care to people with HIV from **July 1, 2022**, through **June 30, 2023**.



Please refer to page 7 of the NOFO



Funding Policies & Limitations

- This program depends on the appropriation of funds. If funds are appropriated for this purpose, we will move forward with the review and award process.
- For guidance on some types of costs we do not allow or restrict, see Budget in section 4.1.iv, pages 20-23, of the [SF-424 Application Guide](#).
- You can also see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).
- The General Provisions in Division H of the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#) apply to this program. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.
- For-profit organizations cannot earn profit from the federal award. See [45 CFR 75.216\(b\)](#).
- See [Manage Your Grant](#), for other information on costs and financial management.



Please refer to page 9 of the NOFO



Funding Policies & Limitations, continued

Maintenance Of Effort (MOE)

- Federal funds must add to any existing non-federal funds for your proposed activities. If you receive an award, you will have to spend at least as much as you spent in the last fiscal year before the award. This policy is required by [Section 2692\(b\)\(4\)](#) of the PHS Act.

Program Income

- Program income is money earned because of your award-supported project activities. You will have to use those funds to add to approved project activities. Find more about program income at [45 CFR 75.307](#).

Limitations

- For guidance on some types of costs we do not allow or restrict, see Budget in section [4.1.iv](#) of the [Application Guide](#) . You can also see [45 CFR part 75](#), General Provisions for Selected Items of Cost.

See [Manage Your Grant](#) for other information on costs and financial management.



Please refer to pages [9](#) and [10](#) of the NOFO



General Recipient Expectations

- **Patient Payment for Services**: Recipients must have consistent and equitable policies and procedures related to verification of patients' financial status.
- **Payor of Last Resort and Eligibility Determination**: With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the **payor of last resort**.
- Eligibility and recertification should be determined in accordance with the guidelines in [HAB PCN 21-02 Determining Client Eligibility & Payor of Last Resort](#) in the RWHAP.
 - Recipients cannot use RWHAP Part F DRP funds to supplement the maximum cost allowance for services reimbursed by third party payments such as Medicaid, Medicare, or other insurance programs.



Please refer to page 10 to 11 of the NOFO



General Recipient Expectations (cont.)

- **Other Financial Management Issues:** Funds received from the DRP must be allocated to the accredited dental schools and other accredited dental education programs that provided oral health services to low-income people with HIV. HRSA expects that these reimbursement funds will provide expanded access to oral health care for people with HIV.
- **Education and Training:** DRP awarded applicants must ensure HIV-related oral health education and training for dental students, dental hygiene students, dental residents, or other dental providers.



Please refer to page **11** of the NOFO



Get Registered

SAM.gov

You must have an active account with [SAM.gov](https://sam.gov). This includes having a Unique Entity Identifier (UEI). [SAM.gov](https://sam.gov) registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](https://sam.gov) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with [Grants.gov](https://grants.gov). You can see step-by step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at [Grants.gov](https://grants.gov) and search for opportunity number **HRSA-24-060**.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.



Please refer to page 12 to 14 of the NOFO



Application Contents & Format

Applications include 3 main components and there is a 10-page limit for the overall application. Submit your information in English and express budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission Format	Included in the page limit?
Project Abstract	Use the Project Abstract Summary form	Yes
Dental Services Report	Use the system noted below. Submit at the same time as your application in Grants.gov.	No, submit this on the Dental Services Report website
Attachments	Insert each in the Other Attachments form.	Yes
Standard Forms	Upload using each required form.	No

Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 4.2 of the [SF-424 Application Guide](#).



Please refer to page 16 of the NOFO



Project Abstract

- Complete the information in the Project Abstract Summary Form.
- Please indicate the project title as **“FY2024 RWHAP Part F Dental Reimbursement Program”** and in the abstract include the total unreimbursed costs of oral health care provided to people with HIV from **July 1, 2022**, through **June 30, 2023**, that are entered in fields **18a** and **18g** of the SF-424 Application for Federal Assistance.
- For more information, see section **4.1.ix** of the [SF-424 Application Guide](#).



Please refer to page 16 of the NOFO



Dental Services Report

You must submit a dental services report on or before the application deadline.

- For instructions on completing the report see [reporting requirements](#) on our website under “Dental Services Report”.
- For instructions on submitting the report, see submission methods.

Instructions

- We will only accept actual counts of people with HIV who received oral health care services from your institution or program as the basis of your application for DRP funding.
- **Funding and Payment Coverage**: You should only report direct reimbursements from third party payers (public and private) as payment for services provided in Section 2 Tabs 1 & 2. You should not report funding from the RWHAP or other grant programs as reimbursements in these items.



Please refer to page 17 of the NOFO



Dental Services Report, continued

- **Unreimbursed Costs:** The total unreimbursed costs of oral health care provided to people with HIV from **July 1, 2022**, through **June 30, 2023**, that are entered in fields **18a** and **18g** of the SF-424 application face page must match the amount reported in Section 4 Tab 2 on the Dental Reimbursement Program Dental Services Report. **If these amounts do not match, we will deem your application ineligible.**
- **Narratives:** Please include narrative responses in Section 4 Tab 3, not to exceed one page in length for each item. Your responses will better inform us about your institution or program; your collaborations in the larger community; your training of students, residents, and providers; and other accomplishments. Your responses will also help us target technical assistance activities, document the value of funds expended, and demonstrate the importance of continued RWHAP funding for oral health care.

For questions, see [Contacts & Support](#)



Please refer to page **17** of the NOFO



Attachments

Attachment 1: Maintenance of Effort (MOE) (Required)

Use this sample format to provide the maintenance of effort documentation.

FY Before Application:	First FY of Award:
Actual Non-Federal Expenditures	Estimated Non-Federal Expenditures
\$	\$

NOTE: Federal funds including RWHAP Parts A, B, C, and D are not a state funding source and should not be included. If there were no state funds expended, enter zero.

Attachment 2: Other Relevant Documents (If applicable)

Counts toward the 10-page limit.

Include any other documents that are relevant to the application.



Please refer to pages 9 and 18 of the NOFO



Other Required Forms

You will need to complete some standard forms. Upload the standard forms listed below at [Grants.gov](https://www.grants.gov). You can find them in the NOFO application package or review them and any available instructions at [Grants.gov](https://www.grants.gov) Forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With the application.
Project/Performance Site Location(s)	With the application.
Key Contacts form	With the application.
Grants.gov Lobbying Form	With the application.

SF-424 Application for Federal Assistance

Applicants must enter the total unreimbursed costs of oral health care provided to people with HIV from **July 1, 2022**, through **June 30, 2023**, in fields **18a** and **18g** of the SF-424 application for Federal Assistance. These totals must match the amount reported in [Dental Services Report](#) in Section 4 Tab 2. Failure to submit this information in accordance with above language will result in an incomplete application and HRSA will deem your application ineligible.



Please refer to page **19** of the NOFO



Application Checklist

Component	How to Submit	Included in page limit?
Project Abstract <input type="checkbox"/>	Use the Project Abstract Summary Form in Grants.gov.	Yes
Dental Services Report <input type="checkbox"/>	Use the Dental Services Report Website .	No
Attachments	Insert each in a single Other Attachments form in Grants.gov.	
<input type="checkbox"/> Maintenance of effort		Yes
<input type="checkbox"/> Other relevant documents		Yes
Standard Forms	Upload using each required form in Grants.gov.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Project/Performance Site Location(s)		No
<input type="checkbox"/> Key Contacts form		No
<input type="checkbox"/> Grants.gov Lobbying Form		No



Please refer to page 26 of the NOFO



Application Writing Help

- Visit HHS [Tips for Preparing Grant Proposals](#).
- Visit [HRSA's How to Prepare Your Application](#) page for more guidance.
- 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 (**FY2024 RWHAP Part F Dental Reimbursement Program**).
- Refer to section **4.7** of the [SF-424 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!



Please Refer to pages **13 to 14** of the NOFO, and **4.7** of the [SF-424 Application Guide](#)



Application Review

Initial review

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Is submitted after the deadline.
- Does not include the total unreimbursed costs of oral health care provided to low-income people with HIV from **July 1, 2022**, through **June 30, 2023**, in fields **18a** and **18g** of the SF-424 application.
- If the total amounts of unreimbursed costs on the SF-424 application do not match what is reported on the Dental Reimbursement Program Dental Services Report, we will deem your application ineligible.

Also, we will not review any pages over the 10-page limit.



Please refer to page 21 of the NOFO



Risk Review

Before making an award, we review the risk that you will not manage federal funds in prudent ways. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We:

- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information.

As part of this review, we use [SAM.gov](https://sam.gov) Entity Information [Responsibility / Qualification](#) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in [SAM.gov](https://sam.gov). We'll consider your comments before deciding about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).



Please refer to page **21** of the NOFO



Application Submission & Deadlines

See [Find the Application Package](#) to make sure you have everything you need.

Make sure you are current with [SAM.gov](#) and UEI requirements. When you register or update your [SAM.gov](#) registration, you must agree to the [financial assistance general certifications and representations](#), and specifically regarding grants. Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ.

See [Get Registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Application and Dental Services Report

You must submit both your **Application** and the **Dental Services Report** by **April 30, 2024**, at **11:59 p.m. ET**.

[Grants.gov](#) creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission



Please refer to page 24 of the NOFO



Tracking Grants.gov Submissions

Four E-mails from Grants.gov

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



[SF-424 Application Guide](#), section 8.2.5



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>



Agency Contacts

Applicants who need additional information may contact:

Program & Eligibility	Financial & Budget	Dental Services Report
<p>Catishia Mosley, MSPH Public Health Advisor Division of Community HIV/AIDS Programs, HIV/AIDS Bureau Email: askpartfdental@hrsa.gov Phone: 301-945-0903</p>	<p>Olusola Dada Grants Management Specialist Division Grant Management Operations, OFAM Email: Odada@hrsa.gov Phone: 301-443-0195</p>	<p>If you require any technical assistance obtaining, completing, or submitting the Dental Services Report, please contact the RWHAP Data Support help desk at:</p> <ul style="list-style-type: none"> • Ryan White Data Support & Technical Assistance • Toll-Free Help Line: 1-888-640-9356 • Monday – Friday, 10 a.m. to 6:30 p.m. ET • E-mail: RyanWhiteDataSupport@wrma.com



Please refer to page 31 of the NOFO



Q&A - Your Questions are Welcome!



Send Questions To: AskPartFdental@hrsa.gov

Presentation Available On: TargetHIV

<https://targethiv.org/>



Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



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