| Frequently Asked Questions for Notice of Funding Opportunity (NOFO) HRSA-21-055 |
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| *Ryan White HIV/AIDS Program Part A* |
| *HIV Emergency Relief Grant Program* |

*Answers indicating a change are in bold font*

**Q1:** Is a map showing disease burden required for this application?

*Answer:* The map is not required, but would be useful for the reviewers to get better knowledge of your jurisdiction.

**Q2:** In future, will the Part A application move from a one-year to a 3-year application similar to other parts of the Ryan White legislation? From the NHFFEMA

*Answer:* Currently, the RWHAP Part A program has a one-year project period. HRSA HAB has introduced a multi-year proposal for 2022-2024.

**Q3:** Can we also get a multiple year core services waiver?

*Answer:* As presented on the technical assistance webinar, slide number 24, HRSA HAB is exploring ways to streamline the process and make it more efficient for recipients; however, we are currently following the existing policy.

**Q4:** Is there a reason for which the HIV Care Continuum Table includes Prescribed ART as a stage when recent updates of the steps using the HHS indicators, including the HIV.gov referenced in page 12 of the NOFO (also CDC and NHAS) have discontinued reporting Prescribed ART and use instead Receipt of Care (In Care)?

*Answer:* **The HIV Care Continuum Table has been updated replacing the Prescribed ART stage with the Receipt of Care stage definition. A description of the revised HIV Care Continuum Table for suggested use in your FY 21 application is located on TargetHIV at the following link:** https://targethiv.org/library/hrsa-21-055.

The updated HIV Care Continuum is located at: https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf. Please refer to *Table 1, Calculating the Continuum: Step by Step* in the link above when developing your HIV Care Continuum Table.

**Q5:** Is there a sample of a completed application we can benchmark from? It will be my first time completing this.

*Answer:* You may use your organization's FY 2020 application as your benchmark.

**Q6:** HIV Care Continuum Table: Please define "clients" in the Goal column. Are "clients" all persons receiving at least 1 unit of OAHS, during a measurement year or at least 1 unit of ANY service category (including 1 unit of a support service), or something else?

*Answer: For clarification, the term "client" should be replaced with "individual" in the HIV Care Continuum Table—see below for reference.*

| Stages of the HIV Care Continuum | Goal | Outcome | | Service Category |
|---|---|---|---|---|
| I. Diagnosed | Increase percentage who are aware of their HIV status | Percentage of HIV positive tests in the measurement year | | |
| | | Baseline: Numerator/Dominator, % | Target: Numerator/Dominator, % | |
| II. Linked to Care | Increase percentage of individuals who attend a routine medical care visit within 30 days of HIV diagnosis | Percentage of people diagnosed with HIV in a given calendar year that had one or more documented medical visits, viral load or CD4 tests within 3 months after diagnosis | | |
| | | Baseline: Numerator/Dominator, % | Target: Numerator/Dominator, % | |
| III. Retained in Care | Increase percentage of Individuals retained in care | Percentage of diagnosed individuals who had two or more documented medical visits, viral load or CD4 tests, performed at least 3 months apart in the observed year. | | |
| | | Baseline: Numerator/Dominator, % | Target: Numerator/Dominator, % | |
| IV. Receipt of Care | Increase percentage of individuals with access to prescribed HIV/AIDS medications consistent with PHS treatment guidelines | Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection in the measurement year. | | |
| | | Baseline: Numerator/Dominator, % | Target: Numerator/Dominator, % | |
| V. Virally Suppressed | Increase the number of individuals with a viral load of <200 copies/mL at last test in the 12-month measurement period | Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load <200 copies/mL at last HIV viral load test in the measurement year. | | |
| | | Baseline: Numerator/Dominator, % | Target: Numerator/Dominator, % | |

**Q7:** If a justification is needed for each staff and item, then what did the presenter mean when she said that a line item budget is not required?

*Answer:* Since the Line Item Budget is built into the Budget Narrative, there is no need to provide a separate Line Item Budget.

**Q8:** I understand that Part A is only for EMAs and TGAs, which are counties/cities. I, understand that Part C and D are for local community-based organizations and Part F is for capacity building. Do you know when HRSA will start receiving applications for Part C, Part D, or Part F?

*Answer:* For inquiries related to RWHAP Part C, D, or Part F (dental), you may contact HAB's Division of Community HIV/AIDS Programs. For information on Part F (SPNS), you may contact the Division of Policy and Data. Contact information is available on the

HRSA/HAB website: https://hab.hrsa.gov/program-grants-management/bureau-contacts. To learn more about all HRSA HAB funding opportunities, including searchable open and closed funding opportunity announcements, please visit https://www.hrsa.gov/grants/find-funding.

**Q9:** Regarding Attachment 7: HIV Care Continuum, did you say calendar year or fiscal year? It appears to be for Ryan White clients, not surveillance. Part A contract targets are based on fiscal year, not calendar year. I did a keep searching of the grant application guidance, and the population to be used and time is still not clear. Thanks.

*Answer:* Please use the most recent calendar year data available.

**Q10:** Is there any update to NHSS Continuum of Care data at the national level? The most recent data we have been able to access is from CY2015.

*Answer*: Yes, the CDC has released 2016 data, which can be found on a factsheet at the following link: https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf

**Q11:** Can you please clarify; did you indicate that due to COVID-19, we are able to submit data from the last application without penalty?

*Answer*: Recipients should use the most recent data available in the FY 2021 application. Recipients may use data from their last application without penalty if that is the latest data available at the time of application submission.

**Q12:** The guidance for the Core Medical Services Waiver expired on 3/31/20. Will there be a new version released prior to the application due date?

*Answer:* HRSA HAB is exploring ways to streamline the core medical services waiver application process and we will continue to update recipients on any changes to current policy. In the meantime, please refer to the currently available guidance (see PCN 13-07: Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C).

**Q13:** Are electronic signatures permitted on such items as the Planning Council's letter of concurrence?

*Answer:* Yes.

**Q14:** There is a great deal we can share about COVID-19 and impact on RW clients and staff. Shall we share and where? For example, we could use 3 pages under Resolution of Challenges for CV-19 but we have same page limit as last year.

*Answer:* HRSA HAB understands the COVID-19 pandemic has had significant impact on RWHAP Part A jurisdictions, including limiting access to HIV services. Within the application, several sections can be used to describe the impact of and response to the COVID-19 pandemic. Those sections include Co-occurring Conditions, Complexities of Providing Care, and Resolution of Challenges. Please note, application page limitation requirements specified in the NOFO still apply.