



Ryan White HIV/AIDS Program
Part F Dental Reimbursement Program
Pre-Application Technical Assistance Conference Call
HRSA-20-069
February 6, 2020

UPDATE: March 5, 2020

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Vision: Healthy Communities, Healthy People



Special Note: Modified Instructions For Completing Application Package

- The Health Resources and Services Administration issued a modification to the Ryan White HIV/AIDS Program (RWHAP) Part F Dental Reimbursement Program (DRP) (HRSA-20-069) notice of funding opportunity (NOFO) on March 5, 2020.
- The modified NOFO is available on [Grants.gov](https://www.grants.gov).
- The modified NOFO provides revised instructions for completing the application packet for HRSA-20-069. **Applicants will now have to submit three additional documents as part of their application packet: Project Narrative Attachment Form, Budget Narrative Attachment Form, and Budget Information for Non-Construction Programs (SF-424A).**
- We included specific instructions about the modification on slides 10 and 11.



Agenda

- HAB Vision and Mission
- Purpose of Funding Opportunity
- Award Information
- Eligibility
- Application and Submission Information
- Application Review Information
- Application Submission Tips
- Question and Answer



Acronyms

- **DSR** – Dental Services Report
- **DRP** – Dental Reimbursement Program
- **DUNS** – Data Universal Numbering System
- **EHB** – Electronic Handbooks
- **HAB** – HIV/AIDS Bureau
- **HRSA** – Health Resources and Services Administration
- **GMS** – Grants Management Specialist
- **NOFO** – Notice of Funding Opportunity (formerly FOA)
- **PO** – Project Officer
- **RWHAP** – Ryan White HIV/AIDS Program
- **SAM** – System for Award Management



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families.



Purpose

- Improve access to oral health care services for low income, uninsured, and underserved people with HIV.
- Support related education and training for the delivery of dental care to people with HIV.
- Defray a portion of unreimbursed dental care costs incurred by treating low income, uninsured, and underserved people with HIV at accredited dental or dental hygiene education programs recognized by the Commission on Dental Accreditation.
- Reimburse certain costs incurred by eligible entities from July 1, 2018, through June 30, 2019.

*Please refer to page **1** of the NOFO.*



Award Information

- Approximately \$8,700,000 is available to fund up to 56 recipients.
- Successful applicants will receive a partial reimbursement for the costs of uncompensated oral health care services delivered from July 1, 2018, through June 30, 2019.
- The period of performance is September 1, 2020 – March 31, 2021 (six months to draw down funds).

Please refer to page 4 of the NOFO.



Eligibility Information

- Applicants are limited to accredited dental schools and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, 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.
- Cost sharing/matching is not required.
- Maintenance of Effort (MOE) is required (**Attachment 1**).

Please refer to page 5 of the NOFO.



Application and Submission Information

HRSA requires you to apply electronically.

- The application package is available at www.Grants.gov.
- Search by **HRSA-20-069** or CFDA **93.924**.

Application Instructions

1) RWHAP Part F Dental Reimbursement Program NOFO **HRSA-20-069**

- Focuses on the program-specific content, including goals, expectations, and requirements of the program.

2) HRSA's *SF-424 Application Guide*

- Comply with the instructions in the *SF-424 Application Guide* except where instructed in the NOFO to do otherwise.

Please refer to pages 5 to 6 of the NOFO.



Application Package (MODIFICATION)

The application package for HRSA-20-069 is limited to the following:

- Application for Federal Assistance (SF-424)
- Assurances for Non-Construction Program (SF-424B)
- Project/Performance Site Location(s) Form
- Grants.gov Lobbying Form
- Attachment 1: Maintenance of Effort (MOE) Documentation

Note: An abstract, staffing plan, and personnel requirements are not required for the DRP.

Please refer to pages 6 to 7 of the NOFO.



Application Package **(MODIFICATION)**

- **UPDATE:** The wrong application package was used in publishing HRSA-20-069 on Grants.gov. In order for organizations to avoid having to restart the application process, and avoid delay in processing applications and issuing awards, applicants are now required to submit three additional documents.

To complete these additional documents, please do the following:

- **Project Narrative Attachment Form** – upload a blank Word document as the attachment
- **Budget Narrative Attachment Form** – upload a blank Word document as the attachment
- **Budget Information for Non-Construction Programs (SF-424A)** – add the title of the program in box A.1 (Grant Program Function or Activity). No other information on this form is needed.

*Please refer to pages **6** to **7** 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 or the Department of Veterans Affairs, the RWHAP is the payor of last resort.
 - DRP funds cannot be used 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 7 of the NOFO.



General Recipient Expectations

- **Other Financial Management Issues:** Applicants must have appropriate financial systems and internal controls in place to safeguard assets, segregate federally funded and grant related program income activities, ensure accountability and control of federal funds, maintain adequate cash flow to meet daily operations and maximize revenue from non-federal sources.
- **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.
 - DRP applicants are encouraged to train and educate dental providers in evidence informed interventions and clinical protocols for addressing opioid use and substance use disorders.

Please refer to pages 7 and 8 of the NOFO.



SF-424 Face Page

Important Note:

- Applicants must enter the total unreimbursed costs of oral health care provided to people with HIV from July 1, 2018, through June 30, 2019, in fields 18a and 18g.
- These totals must match the amount reported in the [Dental Services Report](#) item 23a.
- **Failure to submit this information will result in an incomplete application and your application will be deemed ineligible.**



Please refer to page 8 of the NOFO.

Attachment 1: Maintenance of Effort

- DRP funds are not intended to be the sole source of support for oral health care services for people with HIV.
- RWHAP legislation requires DRP recipients to maintain expenditures of state funds (if any) for DRP-related activities at a level equal to or greater than the fiscal year preceding the DRP reimbursement period.
- MOE is important in ensuring that RWHAP funds are used to supplement, not supplant, state funds allotted for oral health care services for people with HIV.
- **MOE must be submitted as Attachment 1.**

Please refer to page 9 of the NOFO.



Attachment 1: Maintenance of Effort

NON-FEDERAL EXPENDITURES

Applicant's FY Prior to Reimbursement Period (Actual)	Following FY (Actual)
Actual total State funds expended by the applicant for oral healthcare services for low income people with HIV during the FY prior to the reimbursement period. Amount: \$ _____	Actual total State funds expended by the applicant for oral healthcare services for low income people with HIV during the FY immediately following the FY reported in column one. Amount: \$ _____

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.



Funding Restrictions

- The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program.
- Applicants must have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding.
- All program income generated as a result of awarded funds must be used for approved project-related activities.

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



Application Review Information

- The DRP supports all eligible applicants who can document unreimbursed costs of oral health care provided to people with HIV.
- The Division of Community HIV/AIDS Programs will review each application for eligibility including accreditation status, completeness, accuracy, and compliance with the requirements outlined in the NOFO.
- Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Note: Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Please refer to pages 11 to 12 of the NOFO.



Reporting Requirements

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) Dental Services Report (Due on April 3, 2020)

- Applicants must electronically complete and submit the [Dental Services Report](#) as a Microsoft Access dataset to Ryan White Data Support at RyanWhiteDataSupport@wrma.com.

2) Integrity and Performance Reporting

- The Notice of Award will contain a provision for integrity and performance reporting in Federal Awardee Performance and Integrity Information System (FAPIIS).

Note: Progress Reports, Federal Financial Form, and the Final Report noted under Section 6 of HRSA's *SF-424 Application Guide* are not required for the DRP.

Please refer to pages **13** to **14** of the NOFO.



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 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 registrations and passwords are current immediately!**

Have all your PIN numbers and passwords handy!



Grants.gov Contact Information

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



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

SF-424 Application Guide, section 8.2.5



Reminders

- Your application must be electronically submitted through and successfully validated by Grants.gov no later than **April 3, 2020, 11:59 pm ET.**
- Recipients must electronically complete and submit the **Dental Services Report** as a Microsoft Access dataset to Ryan White Data Support at RyanWhiteDataSupport@wrma.com no later than **April 3, 2020.**
- Applicants must enter the total unreimbursed costs of oral health care provided to people with HIV on the SF-424 application face page in fields 18a and 18g, and these totals must match the amount reported in Dental Services Report item 23a. **Failure to submit this information will result in an incomplete application and your application will be deemed ineligible.**



Contact Information

Applicants who need additional information may contact:

Program Contact	Grants Management Contact
Jessica Fox, PharmD Public Health Analyst Division of Community HIV/AIDS Programs Email: JFox@hrsa.gov Phone: (301) 945-5155	Patryce Peden Grants Management Specialist Division Grant Management Operations Email: PPeden@hrsa.gov Phone: (301) 443-2277



Q&A: Your Questions are Welcome!



HIV/AIDS Bureau TargetHIV Website

<https://targethiv.org/calendar/webinar-and-call-archives>



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