U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part D
Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas

Announcement Type: New, Competing Continuation, and Competing Supplement
Funding Opportunity Number: HRSA-17-039

Catalog of Federal Domestic Assistance (CFDA) No. 93.153

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2017

Application Due Date: February 21, 2017

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Issuance Date: December 21, 2016

Modified on 12/27/2016 to clarify funding amounts and service areas in Appendix B.
Clarification on evidence-informed intervention for youth living with HIV provided on pages 2, 9 and 44.

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Authority: Sections 2671 and 2693 of Title XXVI of the Public Health Service Act (42 U.S.C. § 300ff-71 and 42 U.S.C. § 300ff-121), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P. L. 111-87).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is accepting applications for fiscal year (FY) 2017 Ryan White HIV/AIDS Program (RWHAP) Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas. The purpose of this program is to provide coordinated, comprehensive, culturally and linguistically competent, family-centered health care services in an outpatient or ambulatory care setting (directly or through contracts or memoranda of understanding) for low income, uninsured, underinsured, and medically underserved WICY living with HIV/AIDS.

This competition is open to current RWHAP Part D recipients for the service areas listed in Appendix B and applicants competing to provide RWHAP Part D funded services in a service area(s) described in Appendix B. Applicants that do not propose to serve the entire published service area must demonstrate the availability of family-centered health care services to all eligible WICY populations within the entire service area through community partners or other RWHAP providers. Applicants that have overlapping geographic service areas must propose to provide additional services or target specific vulnerable WICY populations in the service area. All applicants must meet the basic requirements of an RWHAP Part D Program as outlined in this funding opportunity announcement (FOA) and as established in section 2671 of the Public Health Service (PHS) Act. All applicants must demonstrate need based upon epidemiologic data. All applicants must define their proposed service area by county, zip code, jurisdiction, or a published geographic designation. All RWHAP Part D applicants are required to provide at least one evidence-informed intervention for youth living with HIV as part of implementation efforts in the service area. Additional funding has been incorporated into funding ceiling amounts for each service area to support the evidence-informed youth intervention(s).

All applicants must demonstrate that they have the capacity to serve all eligible WICY populations living with HIV in the proposed service area. New applicants must provide at least the same scope of comprehensive care and treatment services as the current RWHAP Part D recipient.

All applicants who submit a proposal to provide RWHAP Part D services for one of the published service areas in Appendix B may also apply for up to $150,000 in FY 2017 supplemental funding. The purpose of this one-year supplemental funding is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality family-centered care services for low income, uninsured, underinsured, and underserved WICY living with HIV/AIDS in the service area.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas
Funding Opportunity Number:	HRSA-17-039
Due Date for Applications:	February 21, 2017
Anticipated Total Annual Available Funding:	**Part D Base**: approximately $68,900,000 annually **Part D Supplemental:** approximately $5,250,000 in FY 2017
Estimated Number and Type of Award(s):	Up to 115 grants, of which approximately 35 grants may receive supplemental funding for FY 2017
Estimated Award Amount:	Varies - see Appendix B
Cost Sharing/Match Required:	No
Project Period:	**Part D Base:** August 1, 2017 through July 31, 2020 (three years) **Part D Supplemental:** August 1, 2017 through July 31, 2018 (one year)
Eligible Applicants:	Public and nonprofit private entities (including a health facility operated by or pursuant to a contract with the Indian Health Service, and faith based and Tribes/Tribal organizations) that provide family-centered care involving outpatient or ambulatory care (directly or through contracts or memoranda of understanding) for WICY living with HIV/AIDS. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

All applicants are encouraged to participate in a technical (TA) webinar for this funding opportunity. The TA webinar will be held on January 10, 2017 from 2:00 – 4:00 PM Eastern Time. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the FOA. Participation in the pre-application TA webinar is strongly encouraged to ensure the successful submission of the application.

- **Date:** January 10, 2017

- **Time:** 2:00 – 4:00 PM Eastern Time
- **Call-in number:** 888-566-6139; **Passcode:** 6148276
- **Webinar Link:** https://hrsa.connectsolutions.com/hrsa-17-039partd-jan10-2017/

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the fiscal year (FY) 2017 Ryan White HIV/AIDS Program (RWHAP) Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas. The purpose of this program is to provide family-centered care in the outpatient or ambulatory care setting to low income, uninsured, underinsured, and medically underserved women (25 years and older) living with HIV, infants (up to two years of age) exposed to or living with HIV, children (ages two to 12) living with HIV, and youth (ages 13 to 24) living with HIV. RWHAP Part D funding is intended to improve access to family-centered HIV medical care through the provision of coordinated, comprehensive, and culturally and linguistically competent services directly, through contract, or through memoranda of understanding (MOU).

This competition is open to current RWHAP Part D recipients for the service areas listed in Appendix B and applicants competing to provide RWHAP Part D funded services in a service area(s) as described in Appendix B. Applicants that do not propose to serve the entire published service area must demonstrate the availability of comprehensive care and services to all eligible WICY populations within the entire service area through partners or other RWHAP providers. Applicants that have overlapping geographic service areas must propose to provide additional services, or target specific vulnerable populations, and/or provide services that enhance the existing services in the area.

All applicants must demonstrate that they have the capacity to serve all eligible WICY living with HIV in the proposed service area. New applicants must provide at least the same scope of comprehensive care and treatment services as the current RWHAP Part D recipient.

For the purpose of implementing programs funded by RWHAP Part D, HIV family-centered care refers to outpatient or ambulatory care, including behavioral health, nutrition, and oral health services. Specialty care refers to specialty HIV care and specialty medical care such as obstetrics and gynecology, hepatology, and neurology. Support services may include, but are not limited to, the following:

1) Family-centered care services, including case management, that address the health care needs of the persons living with HIV in order to achieve optimal health outcomes.
2) Referrals for additional services including:
    a) referrals for inpatient hospital services, substance abuse treatment, and mental health services; and
    b) referrals for other social and support services, as appropriate.
3) Additional services necessary to enable the patient and the family to participate in the established program, including services designed to recruit and retain youth living with HIV.
4) The provision of information and education on opportunities to participate in HIV/AIDS-related clinical research.

For additional information, please refer to Policy Clarification Notice (PCN) 16-02 for a list of RWHAP allowable services and use of funds.

HAB Expectations for RWHAP Part D Programs
RWHAP Part D recipients are expected to develop a comprehensive and coordinated system of family-centered care and support services for low income, uninsured, and underinsured WICY living with HIV in their service area, especially those populations who are the hardest to reach, have the greatest unmet need, and/or demonstrate the greatest gaps in the HIV care continuum. This system of family-centered HIV care and support services should ensure the progress of the target WICY populations along the HIV care continuum with the goal of optimizing health outcomes demonstrated by testing and linkage to care, retention in medical care, viral suppression, and decreases in new HIV infections in the community.

Evidence-Informed Interventions for Youth
Youth (ages 13-24) were identified in the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020) as one of the populations where the burden of HIV is notable, particularly among young gay and bisexual men. As a result, in seeking to drive health outcome improvements in this population, additional funding has been incorporated into funding ceiling amounts for each service area identified in Appendix B for the implementation of evidence-informed interventions for youth. Ryan White Services Report (RSR) data specific to youth (ages 13-24) currently receiving services in the defined service area were utilized to inform the amount of additional funding added to the base funding amount for each service area. For the seven service areas awarded in the FY15 RWHAP Part D competition for which 2014 RSR data are not available, the state level average of the number of youth (ages 13-24) receiving Part D funded services was used to inform the amount of additional funding added to the base amount for those specific service areas.

All RWHAP Part D recipients are required to provide at least one evidence-informed intervention for youth living with HIV. The intervention(s) could be one of the interventions identified in the approved menu provided in Appendix C. Alternatively, another evidence-informed intervention may be conducted, but sufficient rationale and data must be presented as part of the application to demonstrate the effectiveness of the intervention.

Prevention of HIV Transmission
Programs are encouraged to incorporate the "Recommendations for HIV prevention with adults and adolescents with HIV in the United States, 2014: Summary for clinical providers".

The guideline includes new and longstanding federal guidance on biomedical, behavioral, and structural interventions that can decrease HIV transmission from persons with HIV by reducing their infectiousness and their risk of exposing others to HIV. These include:

- **Screening patients for behavioral risk** through interviews or questionnaires regarding sexual and needle-sharing behaviors and screening for Sexually Transmitted Infections (STIs) and pregnancy.
- **Offering behavioral interventions** to change knowledge, attitudes, and behaviors to reduce personal risk of transmitting or acquiring other STIs. Interventions should include information about treatment as prevention (TasP), viral suppression, and pre-exposure prophylaxis (PrEP).
- **Providing partner counseling and referral services (PCRS**) which includes partner notification and suggests offering services that can help the sex and needle-sharing partners of people living with HIV (PLWH), including PrEP.

Providers should ensure that the information they provide reflects recent advances in HIV prevention, including TasP, viral suppression, and PrEP.

Supplemental Funding Opportunity

All applicants who submit a proposal to provide RWHAP Part D services for one of the published service areas in Appendix B may also apply for up to $150,000 in FY 2017 supplemental funding. The purpose of this one-year supplemental funding is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality family-centered care services for low income, uninsured, underinsured, and underserved WICY living with HIV/AIDS in the service area. Supplemental funding is not intended to support long-term activities. Instead, the proposed activity should be of a short-term nature and should be completed by the end of year one (August 1, 2017 through July 31, 2018). See additional application instructions provided under **Attachment_14**.

Supplemental funding proposals may be submitted for one activity under the following categories: 1) HIV Care Innovation or 2) Infrastructure Development.

1) **HIV Care Innovation**

HIV Care Innovation activities support progress along the HIV care continuum to improve the health and survival of people living with HIV and prevent onward transmission of HIV to others. The importance of improving progress along the HIV care continuum is supported by the scientific research, best practices, and the NHAS 2020 goals. The selected activity should identify and address a specific stage or stages along the HIV care continuum to be targeted for improvement. The stages in the HIV care continuum are: diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral therapy, and achievement of viral suppression. If applying under this category, select only one of the six activities listed below:

- **HIV Case Finding -** Train designated staff in HIV case finding techniques through local health departments and/or through CDC-funded training centers (http://nnptc.org/). Develop policies and procedures to apply these skills in the clinical setting to link persons into HIV primary care after HIV testing to address one or multiple stages of the HIV care continuum.

- **Motivational Interviewing -** Train staff in Motivational Interviewing to engage patients in care. Training may be received through the local AIDS Education and

Training Centers (AETCs) or other resources. Develop policies and procedures to facilitate staff application of the training in the clinical setting to address one or more of the stages of the HIV care continuum.

- **Patient-Based Treatment Adherence -** Implement an innovative, patient-based treatment adherence program supported by policies and procedures to provide long-term adherence support for chronically non-adherent patients to address one or more stages of the HIV care continuum.

- **Chronic Disease Self-Management -** Institute a clinic-wide Chronic Disease Management Program for HIV/AIDS based on the Stanford program or other resources for patient self-management (e.g., http://www.ahrq.gov/research/findings/final-reports/ptmgmt/index.html) to engage patients in long-term disease control to address one or more stages of the HIV care continuum. Develop policies and procedures to apply the program.

- **Transitioning Youth into Adult HIV Care -** Implement transition planning/activities that include but are not limited to written policies and procedures, and staff training to assist youth in transitioning from pediatric to adult HIV medical care. Transition planning is an RWHAP Part D program requirement; therefore, this activity should focus on innovative approaches that build organizational capacity to effectively implement and manage the transition for the youth population (ages 13-24) and minimize negative impacts. Implementation efforts should include measurements for successful transition. The activity must address one or more of the stages of the HIV care continuum.

- **Intimate Partner Violence Screening & Counseling** - Implement intimate partner violence (IPV) screening and counseling in the clinical setting and establish referral networks to community-based social services organizations. The activity must address one or more of the stages of the HIV care continuum.

2) **Infrastructure Development**

Infrastructure development activities should identify and address a specific stage or stages along the HIV care continuum to be targeted for maximum impact. This funding opportunity will assist RWHAP Part D WICY recipients by promoting organizational infrastructure development and increasing the capacity of organizations to enhance their ability to respond to changes in the health care environment as well as support the NHAS 2020 goals. If applying under this category you should select only one of the three activities listed below:

- **Electronic Health Records (EHR) –** Enhancements to or expansion of existing EHRs to improve the quality, safety, and efficiency of patient health care (this does not include the purchase of an EHR). Describe the plan to implement the EHR enhancement and identify the specific linkages to the HIV care continuum stage(s) that will be addressed.

- **Financial Management Systems** – Enhancements to or expansion of an existing financial accounting system or software capable of managing multiple

sources of funding for HIV primary care services, expenses by line item, and the billing process for third party reimbursement. The proposed system can address, but is not to be limited to, budget management issues, such as fiscal oversight, tracking source and use of program income, subrecipient monitoring, tracking expenditures by cost categories, and other provisions to support compliance with 45 CFR § 73.302(b). If you choose this activity you are expected to develop protocols and billing policies based on the use of this enhanced system and illustrate how the activity will address one or more of the stages of the HIV care continuum.

- **Management Information System -** Identifying, establishing and strengthening administrative, managerial, and management information system (MIS) structures to offer, enhance, or expand comprehensive HIV primary health care. This activity may include enhancements to interface with existing electronic health records to specifically improve data collection, reporting, or quality improvement activities that will address one or more of the stages of the HIV care continuum.

HAB Expectations Post Award

Clinical care, diagnostic services, periodic medical evaluations, and therapeutic measures to treat HIV/AIDS must be provided to patients within 90 days from the start date of the RWHAP Part D award. The ability to provide family-centered HIV care includes hiring clinical staff and having the capability to bill for services. When services are provided through contracts or through an MOU, subawards (contracts or MOU signed by both parties) must be finalized within 60 days of award. Subaward agreements must contain the targeted number of WICY living with HIV to be served; the number of pregnant and non-pregnant women, children and youth living with HIV, and exposed infants to be served by the program; eligibility for Medicaid certification of the medical providers; and agreements that providers will comply with RWHAP Part D legislative and program requirements, including data sharing, submission of RWHAP unduplicated data reports, and participation in Clinical Quality Management (CQM) activities.

Payor of Last Resort

With the exception of programs administered by or providing the services of the Indian Health Service, the RWHAP is the payor of last resort. RWHAP Part D funds may not be used for services that are billable to third party payors. In accordance with the RWHAP client eligibility determination and recertification requirements (PCN 13-02), HRSA expects clients' eligibility be assessed during the initial eligibility determination and recertified at least every six months. At least once a year (whether defined as a 12-month period or calendar year), the recertification procedures should include the collection of more in-depth information, similar to that collected at the initial eligibility determination. The purposes of the eligibility and recertification procedures are to ensure that the program only serves eligible clients, and that the RWHAP is the payor of last resort. Recipients and subrecipients are required to vigorously pursue enrollment into and subsequent reimbursement from health care coverage for which their clients may be eligible (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, health plans offered through the Marketplace, and/or other private health insurance) to

extend finite RWHAP grant resources to uninsured and underinsured low income WICY living with HIV. **RWHAP Part D 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 note that direct or indirect Federal funds such as RWHAP Part A, Part B, Part C and Part F cannot be used to duplicate reimbursement for services funded under Part D. Additionally, services reimbursed by RWHAP Part D cannot also be billed to RWHAP Parts A, B, C, or F.

Other Financial Issues
Programs must have appropriate financial systems in place that provide internal controls in safeguarding assets, ensuring stewardship of Federal funds, maintaining adequate cash flow to meet daily operations, and maximizing revenue from non-Federal sources. Programs are required to monitor subrecipient providers to ensure that they are following the requirements of the program, including the use of RWHAP funds and program income generated as a result of the subaward.

Patients who need medications and are eligible for State drug reimbursement programs funded under RWHAP Part B or other pharmaceutical programs should be assisted in accessing these resources prior to the use of RWHAP Part D grant funds for such purposes. RWHAP Part D funds also may be used to support co-pays and deductibles in the cases where other RWHAP funds (Part A, B, or C) are not available.

Medication Discounts
If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (see 42 CFR Part 50, Subpart E). If your organization is eligible to be a covered entity under Section 340B of the PHS Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset.

Detailed information about the 340B Drug Pricing Program is available online at www.hrsa.gov/opa/.

For more information, contact:
Office of Pharmacy Affairs
5600 Fishers Lane, 08W05A
Rockville, MD 20857
1-800-628-6297

Minority AIDS Initiative (MAI)
As established in section 2693 of the PHS Act, the Minority AIDS Initiative (MAI) is intended to address the disproportionate impact that HIV/AIDS has on racial and ethnic minorities and to address the disparities in access, treatment, care, and outcomes for racial and ethnic minorities, including African Americans, Alaska Natives, Hispanic/Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders.

MAI funds are granted to health care organizations that provide culturally and linguistically appropriate care and services to racial and ethnic minorities. RWHAP Part D WICY recipients will be assigned funds under the MAI by the HAB Division of Community HIV/AIDS Programs (DCHAP), which administers the RWHAP Part D program. This assignment is based on the percentage of the RWHAP Part D WICY populations served from racial/ethnic minority communities as reported in the most recent RSR.

The amount of **MAI funds awarded will be noted under the grant-specific program terms section (if applicable) of the Notice of Award (NoA)** which establishes the final funding for each budget period.

2. Background

This program is authorized by Sections 2671 and 2693 of Title XXVI of the PHS Act (42 U.S.C. § 300ff-71 and 42 U.S.C. § 300ff-121), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P. L. 111-87).

The RWHAP Part D program was established as a mechanism to provide care, support and access to research opportunities for low income, uninsured, underinsured, and underserved WICY living with HIV, including exposed infants. As advances in the treatment of HIV have been made, most notably, the testing and treatment to prevent mother to child transmission, the needs of women and children living with HIV have evolved. Additionally, as noted in NHAS 2020, a notable burden remains among youth aged 13-24 years.

National HIV/AIDS Strategy
The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020 or Strategy) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. This plan was developed by a group of federal experts with consultation from community members to apply scientific advances in HIV prevention and treatment to accelerate the end of new HIV infections, disease, and deaths. To the extent possible, program activities should strive to support the primary goals of NHAS 2020:

1) Reduce new HIV infections;
2) Increase access to care and optimize health outcomes for PLWH;
3) Reduce HIV-related health disparities and health inequities; and
4) Achieve a more coordinated national response to the HIV epidemic.

Updated in 2015, NHAS 2020 has fully integrated the objectives and recommendations of the HIV Care Continuum Initiative (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows opportunities to refocus and strengthen the ongoing work in HIV prevention, care, and research.

Recipients should take action to align their organization's efforts, over the next five years, within the parameter of the RWHAP statute and program guidance, around the Strategy's four areas of critical focus:

- Widespread testing and linkage to care, enabling PLWH to access treatment early;
- Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among PLWH; and
- Full access to comprehensive PrEP services for those to whom it is appropriate and desired, and support for medication adherence for those using PrEP.

More information on how recipients can support NHAS 2020, including the Community Action Plan Framework, a tool to help recipients and other stakeholders in developing their own plans to implement NHAS 2020, can be found here: https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/.

HIV Care Continuum

The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of antiretroviral therapy (ART), and, ultimately, HIV viral suppression. The HIV care continuum performance measures align with the [U.S. Department of Health and Human Services] HHS Common HIV Core Indicators, approved by the HHS Secretary. RWHAP recipients and providers submit data through the RSR. HAB collects the data elements needed to produce the HHS Common HIV Core Indicators (Indicators); uses the data to calculate Indicators, across the entire RWHAP; and reports six of the seven Indicators to the HHS, Office of the Assistant Secretary for Health. These indicators are being updated to align with the updated National HIV/AIDS Strategy and may be further revised to reflect future scientific advances and policy priorities.

RWHAP recipients are encouraged to assess the outcomes of their programs along the HIV care continuum and work with their community and public health partners to improve outcomes, so that individuals diagnosed with HIV are linked to and engaged in care and started on ART as early as possible. HAB requests that recipients use the RWHAP performance measures, at their local level, to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Clinical Quality Management

Section 2671(f)(2) of the PHS Act requires recipients of funding under the RWHAP Part D to establish CQM programs to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent HHS guidelines for the treatment of HIV/AIDS and related opportunistic infections, and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

Please see PCN 15-02 Clinical Quality Management and the accompanying FAQs for additional information.

Intimate Partner Violence and HIV
Intimate partner violence (IPV) is of particular concern for PLWH. The intersection between HIV and IPV is bi-directional: women living with HIV are more likely than other women to experience IPV, and women exposed to IPV are at greater risk of HIV infection.[1] For more information on incorporating IPV screening and counseling in primary care, see the Interagency Federal Working Group report Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities.[2]

Connecting women and youth who also experience IPV to HIV primary care and community resources are important steps toward engagement and retention in care, viral suppression and, ultimately, the elimination of HIV in the United States. RWHAP recipients are encouraged to consider the impact of IPV on health outcomes for HIV-positive women and youth and the benefits of providing trauma-informed care.[3] Recipients should work with community and public health partners to integrate awareness, universal education, and IPV screening, counseling, and referral across the WICY population. These efforts are in alignment with the goals and objectives of the National HIV/AIDS Strategy.

II. Award Information

1. Type of Application and Award

Type of applications sought: New, Competing Continuation, and Competing Supplement.

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately $68,900,000 is expected to be available annually to fund up to 115 recipients. You may apply for up to the published ceiling amount in Appendix B per year. Additional funding has been incorporated into ceiling amounts for each service area for the implementation of evidence-informed interventions for youth. RSR data specific to youth (ages 13-24) currently receiving services in the defined service area were utilized to inform the amount of additional funding added to the base amount for each service area. For the seven service areas awarded in the FY15 RWHAP Part D competition for which 2014 RSR data is not available, the state level average of the number of youth (ages 13-24) receiving Part D funded services was used to inform the amount of additional funding added to the base amount for those specific service areas.

The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds,

[1] https://www.cdc.gov/violenceprevention/pdf/ipv/13_243567_green_aag-a.pdf
[2] https://www.whitehouse.gov/sites/default/files/docs/vaw-hiv_working_group_report_final_-_9-6--2013.pdf
[3] http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf

and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. In the event that appropriated funding is less than anticipated, all awards will be reduced by an equal proportion.

The project period is August 1, 2017 through July 31, 2020 (three (3) years). Funding beyond the first year is dependent on the availability of appropriated funds for RWHAP Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

In addition, up to $5,250,000 is expected to be available in FY 2017 to provide one-year supplemental funding to approximately 35 of the 115 recipients. In addition to the published ceiling in Appendix B, you may apply for a ceiling amount of up to $150,000 to implement one HIV Care Innovation or Infrastructure Development activity. The project period for the supplemental funding is August 1, 2017 through July 31, 2018. Entities applying for supplemental funding under this announcement (HRSA-17-039) that also receive funding under (HRSA-17-042 RWHAP Part C Capacity Development Program) must be able to demonstrate the ability to administer multiple federal awards (if successful) and to ensure adequate quality controls, staffing, and impartiality. Duplication of activities funded under HRSA-17-042 RWHAP Part C Capacity Development Program is not allowable.

All administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance at 2 CFR part 200 as codified by HHS at 45 CFR part 75.

By law, no more than 10 percent of a federal RWHAP Part D award (including the Part D supplemental award) can be used for administrative expenses. All indirect costs count toward this 10 percent limit. Please see PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D, available at: http://hab.hrsa.gov/sites/default/files/hab/Global/pcn1501.pdf for additional information.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public and nonprofit private entities (including a health facility operated by or pursuant to a contract with the Indian Health Service, and faith-based and Tribes/Tribal organizations) that provide family-centered care involving outpatient or ambulatory care (directly or through contracts or MOUs) for WICY living with HIV/AIDS. This competition is open to current recipients and new applicant organizations proposing to provide Part D funded services in the service areas as described in Appendix B.

Medicaid Provider Status and Clinic Licensure
All applicants, including proposed subrecipients and MOU funded organizations, must have Medicaid provider status for all primary medical care providers and case management agencies. The applicant's primary medical care providers and case management agencies must be fully licensed to provide clinical and case management services, as required by their State and/or local jurisdiction (see Attachment 1).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount listed in Appendix B will be considered non-responsive and will not be considered for funding under this announcement.

Requests for supplemental funding that exceed the ceiling amount of $150,000 will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages**. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on this and other certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

In addition to the requirements listed in the *SF-424 Application Guide*, specify your model of care, the number of WICY living with HIV served by the applicant annually between 2014 and 2016, the proposed service area boundaries, the WICY target populations to be served, and the key services and quality improvement measures to be supported by RWHAP Part D funding.

If applying for the FY 2017 RWHAP Part D Supplemental funding, include the funding amount requested, the HIV Care Innovation or Infrastructure Development activity to be implemented, and the HIV care continuum stage(s) to be addressed.

The project abstract must be single-spaced and limited to one page in length.

ii. 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.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*
  Outline your experience in health care delivery and your experience with the administration of federal funds. Specify the proposed services for the WICY populations. Define your proposed service area and indicate whether this is the entire service area as listed in Appendix B, or a portion of it. Be as specific about the geographic boundaries as possible since you will be ensuring that a comprehensive, coordinated system of medical and support services is accessible to all eligible WICY living with HIV in that service area. If you are not proposing to serve the entire service area listed in Appendix B, explain why only a portion of the service area will be served. You must then demonstrate the availability of comprehensive HIV care and services to the RWHAP eligible WICY residing in the entire service area through other HIV and RWHAP providers in the Methodology section. Provide a map of the service area that shows the locations of where the proposed RWHAP Part D services will be delivered in the area, and include this map as **Attachment 8** of the application. HAB recommends that you use an official state or local map showing jurisdictional boundaries (e.g., http://quickfacts.census.gov/qfd/printmaps.html, state public health websites) to display the proposed service area.

  All applicants must demonstrate that they have the capacity to serve all eligible WICY living with HIV in the proposed service area. New applicants must provide at least the same scope of comprehensive care and treatment services as the current RWHAP Part D recipient.

  Indicate at least one evidence-informed intervention for youth living with HIV that will be included in the proposed project. The intervention(s) could be one of the interventions identified in the approved menu provided in Appendix C. Alternatively, another evidence-informed intervention may be conducted, but you must present sufficient rationale and data as part of the application to demonstrate the effectiveness of the intervention.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*
  Demonstrate the need for RWHAP Part D funding by describing and documenting the needs of the community, specifically the WICY target populations, highlighting disparities, unmet needs, and gaps in services. The three (3) required components of the needs section are:

  1) Epidemiologic and Socio-Demographic Overview
  2) Target Populations Currently Being Served
  3) The Local HIV Service Delivery System and any Recent Changes

1) Epidemiologic and Socio-Demographic Overview

In this section, present and discuss epidemiologic and socio-demographic data that demonstrate the burden of HIV for WICY populations in the proposed service area. The overview should be based on the most recent available data for the service area.

For **each** of the most recent three years, show the following information for WICY in the proposed service area. **If data for any of this time period are not available, please explain why.** For each of the following items provide the **total number of WICY and numbers for each target population separately**, i.e., women 25 years or older, infants less than two years, children between two and 12 years, and youth 13 to 24 years. Where applicable, disaggregate data by relevant variables to highlight particular disparities (e.g., race, age, sex, transmission category, percentage of federal poverty level, housing status, health insurance status, primary language, citizenship status, education, etc.). Clearly document all data sources. Tables may be utilized to convey the information together with a narrative.

- The number of WICY newly diagnosed with HIV
- The number of WICY living with HIV (prevalence)
- WICY-specific rates of diseases such as syphilis, gonorrhea, tuberculosis, and Hepatitis C that indicate a prevalence of high risk behaviors associated with HIV transmission

Provide RWHAP Part A or B estimates of WICY in the proposed service area who are unaware of their HIV status or the unmet needs of WICY who know they are HIV positive but are not in care. Highlight any new WICY sub-populations that demonstrate a rapid growth in HIV cases and provide an estimated rate of increase or decrease in the number of reported HIV cases for the three-year period. In this section, give both baseline numbers and percent change, e.g., women grew 50 percent, from 100 to 150 people from 2014 to 2016. Clearly identify if there are specific highly impacted groups within the WICY population who have the greatest needs and will be targeted to receive RWHAP Part D funded services. This demonstrates your intent to address the NHAS goal of reducing HIV-related health disparities.

Other measures that show the impact of HIV on the local WICY populations may be used, but any data used must come from a reliable source and have clearly identified reference(s) for that data (e.g., the state Department of Health or the CDC).

2) Target Populations Currently Being Served

All RWHAP Part D recipients are expected to provide medical services to women (25 years and older) living with HIV, infants (up to two years of age) exposed to or living with HIV, children (ages two to 12) living with HIV, and youth (ages 13 to 24) living with HIV.

Provide information about the WICY living with HIV who have been served by your organization in the past three calendar years (January 1, 2014 through September

30, 2016) including the distribution by race/ethnicity, gender, age, and transmission category. Identify trends that have emerged during the last three years, such as increases or decreases among specific WICY groups (e.g., a 20 percent increase from 100 to 120 in the number of young men ages 13 to 24 seeking services who have sex with men or a 30 percent increase in pregnant women living with HIV). You are strongly encouraged to provide the above information in a table format.

Describe the unmet need based on your evaluation of the gaps in the HIV care continuum for your WICY populations living with HIV served by your organization. Provide data on the stages of the HIV care continuum for your WICY populations living with HIV from January 1, 2014 through September 30, 2016. The numerator and the denominator must be clearly defined for each stage. You are strongly encouraged to use the same numerators and denominators as outlined for the HHS Common HIV Core Indicators (http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html; http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf). The data are best presented in a table format which lists the stages in the left hand column (total numbers of WICY living with HIV in care, number of WICY newly diagnosed with HIV [HIV diagnosis], number of WICY linked to HIV care within 90 days of diagnosis [linkage to care], number of WICY retained in HIV medical care [retention], number of WICY prescribed antiretroviral therapy [use of ART], and number of WICY virally suppressed). Across the top of the table, applicants should list the measurement periods by calendar year (CY 2014, CY 2015, and January 1, 2016 through September 30, 2016 as separate columns).

3) Local HIV Service Delivery System and Any Recent Changes

Describe the HIV care and prevention services available to WICY populations in the proposed service area and demonstrate how the proposed RWHAP Part D activities will not duplicate other funded services.

The presentation of the local HIV service delivery system should cover four broad areas:

- **HIV service providers in proposed service area, including the applicant organization**
  List the public and private organizations that provide HIV services to WICY populations in the target area, the specific services each one provides, specific target populations served, and, if possible, the number of unduplicated WICY clients/patients each one serves annually. This information may be provided in a table. RWHAP Part A and Part B Programs may serve as resources for this information http://hab.hrsa.gov/.

- **Public funding in support of HIV services in the proposed service area**
  Identify all federal, state, and local funding sources for HIV prevention and care for the WICY population in the proposed service area. Additional information regarding HHS awards is available through the HHS web site Tracking Accountability in Government Grants System, http://taggs.hhs.gov/. This information may be provided in a table.

- **Gaps in local services and barriers to care**
  Describe current unmet health needs and gaps in HIV primary medical care and support services for the targeted WICY populations living with HIV within the proposed service area. Discuss which WICY populations are not currently being served adequately. Define what necessary services for achieving optimal HIV health outcomes are not available in the proposed service area for the targeted WICY populations living with HIV. Describe the corresponding significant barriers that prevent low income, uninsured, and underinsured WICY from accessing the services they need in the proposed service area.

- **Changes in the health care environment**
  Describe how the evolving health care landscape has affected the delivery of HIV family-centered care and support services to WICY populations in the proposed service area and describe how you have met the challenges of these changes (e.g., managed care, Medicaid expansion, Medicare, availability of AIDS Drug Assistance Program (ADAP) funding, health insurance marketplaces, and level or declining federal, state and local funding in the proposed service area). Provide specific details regarding the gaps in coverage for HIV family-centered care and support services for the major health care payor sources in the proposed service area. For example, identify whether there are limits on the number of primary care or mental health visits, the types of oral health services which are reimbursable, medical/ non-medical case management services, or prescription medication coverage.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*
  Describe the scope of work for each of the services as described. Services must be consistent with PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds (http://hab.hrsa.gov/healthcarelandscape/service_category_pcn_16-02_final.pdf).

  Describe the proposed family-centered care and support services to be provided**.** You are strongly encouraged to provide additional information that will help reviewers to understand how services are delivered and the policies and procedures that ensure that services provided meet established professional standards of care. Identify throughout this section how you will address the unmet needs and gaps in RWHAP Part D-supported services outlined in the Needs Assessment section and how related interventions and activities will impact the specific gaps in the local HIV care continuum. For example, if a service area is lacking access to oral health care, the application should address this unmet need.

  Linkage to Care
  - Describe your organization's HIV counseling and testing available for all women and youth and efforts for women who are pregnant. If you are proposing counseling and testing, discuss how these activities will not duplicate other funded efforts (i.e., RWHAP, CDC, SAMHSA, or state supported) and how these services will be directed toward WICY populations

at high risk for HIV infection. Describe current or proposed targeted and/or unique efforts to ensure that women are tested for HIV.
- Describe current or proposed targeted and/or unique efforts for testing high risk youths (ages 13 to 24) for HIV.
- Discuss how all WICY who test positive for HIV will be linked into or be provided with primary medical care services and how the rates of successful linkage to care will be monitored.
- Describe collaborative activities with other RWHAP programs to enroll clients and retain them in care.

Comprehensive, Coordinated Systems of Care

- Describe how you will deliver comprehensive and coordinated services for each targeted WICY population using RWHAP Part D funds in efforts to improve outcomes along the HIV care continuum.

Medical Evaluation and Clinical Care

- Describe the proposed HIV diagnostic and therapeutic services for treating and preventing HIV infection and related conditions. Include a description of onsite clinical protocols to provide care to new patients (especially WICY) and ongoing patients. Include the frequency of medical evaluations, the provision of medications for HIV infection and opportunistic infections (prophylaxis and treatment), and the availability of adherence counseling on site.
- Describe plans for educating WICY about, making referrals to, and enrollment in HIV clinical research trials.
- Describe the availability of laboratory services to perform CD4, viral load, and other HIV diagnostic tests. Discuss how financial barriers to the accessibility of these services for the proposed target populations are addressed.
- Discuss the availability of the State(s) ADAP or other locally available pharmacy assistance programs. If there is an ADAP waiting list in the proposed geographic area, discuss how it is ensured that all eligible patients will have access to HIV and HIV-related therapeutic medications, applicable vaccines, etc.
- Discuss how staff knowledge and proficiency in providing quality HIV family-centered care for WICY populations is developed and maintained. Describe how regular staff training related to HIV family-centered care which adheres to current HHS guidelines (http://www.aidsinfo.nih.gov/) is implemented and delivered, including the availability of training through the regional/local AETC. Information about the RWHAP AETC network can be found at http://hab.hrsa.gov/abouthab/partfeducation.html.
- Describe the policy/procedure for after-hours and weekend coverage for urgent or emergency HIV-related medical and dental care needs. Describe how coordination with admission/emergency room staff and discharge planners will occur during inpatient hospital visits to ensure referring to and retaining patients in outpatient medical care after discharge.
- Describe how referrals to specialty and subspecialty medical care and other health and social services will be provided and tracked for completion and results.

Women's Health

- Describe how women are provided with HIV medication adherence education, including the HIV prevention and health benefits of medication adherence and viral suppression.
- Discuss services to address the health care needs for women of child-bearing age, including family planning, chronic disease self-management, and domestic violence awareness.
- Describe services that address the health needs of peri-menopausal and menopausal women living with HIV.
- Describe how pregnant women living with HIV are provided pre- and postnatal care, including the transition back into HIV primary medical care after delivery.
- Describe how infants (up to two years of age) exposed to or living with HIV are provided or linked to pediatric care.
- Describe other services to be provided to retain women in HIV care.
- Discuss the services that will be provided to address the needs of women living with HIV experiencing intimate partner violence.

Adolescent Health

- Describe specific health care services for youth living with HIV that will be available with RWHAP Part D funding.
- Discuss how youth living with HIV will be retained in care, and describe any targeted services that will be used, including those that address developmental stages, stigma, confidentiality, physical/sexual abuse potential, or specific social barriers for youth accessing medical services.
- Discuss how youth living with HIV are educated about basic HIV information, including therapy, treatment adherence, viral suppression and its prevention and health benefits, transmission, prevention methods, as well as sexuality, family planning, and chronic disease self-management.
- Describe transition planning/activities that have been implemented to assist youth to move into adult medical care and success rates of the transition.
- Describe any evidence-informed interventions for youth currently being used as part of your service delivery and describe associated outcomes.
- Describe which evidence-informed intervention for youth you will implement from the menu of interventions in Appendix C. If you are choosing an alternate evidence-informed intervention for youth not listed in Appendix C, describe the intervention(s) together with outcome data to demonstrate the effectiveness of the intervention(s).
- Explain the rationale for the chosen evidence-informed intervention for youth, and discuss the data utilized to inform the decision.
- Provide expected outcomes for the selected evidence-informed intervention for youth and discuss the data that will be used to report progress on the outcomes.

Other Medical Services

- Describe how the following services will be provided to WICY populations living with HIV (if included in the proposed work plan and budget).
    - Medical Case Management (MCM) – Discuss the activities that comprise medical case management services in the clinical setting, the staff that are

responsible, their credentials and how they receive ongoing training, and how care coordination of medical services is conducted between the medical case managers and the HIV medical providers as well as other key HIV service providers. Describe the State or local jurisdiction Standards of Care (SOC) for medical case managers. Discuss how the MCM activities will address the gaps in the local HIV care continuum.
    - Oral health care services (diagnostic, preventive, and therapeutic services)
    - Adherence education/counseling to be provided by a licensed provider, including information about the health and prevention benefits of viral suppression – Describe the staff responsible for adherence counseling, how they receive ongoing training, and the system of coordination with the HIV medical providers. Describe the State or local jurisdiction SOC for adherence education/counseling.
    - Outpatient mental health screening, assessment, and treatment services
    - Substance abuse screening, assessment, and treatment services
    - Medical nutritional services

Support Services

- Describe how WICY clients will have access to support services to achieve their HIV medical outcomes, including case management services, translation, medical transportation, and any other services provided in the proposed budget. If support services are budgeted, explain how each of the funded services will be provided and how each is linked to improving or maximizing the health outcomes of your WICY populations.
- Describe how you will assist clients in receiving financial support and services under Federal, State, or local programs providing health services, mental health services, social services or other appropriate services.
- Include a description of plans for outreach, enrollment, and re-enrollment of RWHAP clients into health coverage options. Recipients and subrecipients should also assure that individual clients are enrolled in any appropriate health care coverage whenever possible or applicable, and informed about the financial or coverage consequences if they choose not to enroll.

Involvement by WICY Living with HIV

- Describe how WICY living with HIV are involved in the planning, implementation, and evaluation of your program. Describe the methods to be used to keep them informed and provide feedback on their suggestions. Provide details on how they are involved in interventions for linkage and retention in care, treatment adherence, and viral suppression that address the HIV care continuum.

Coordination

- Describe how you will collaborate and coordinate activities with other HIV service providers in order to maximize resources, provide comprehensive services to the WICY populations, and ensure against duplication of services. List these organizations in **Attachment 10**.
- RWHAP Part D recipients are expected to participate in the RWHAP Part B integrated HIV prevention and care planning efforts, including the SCSN, and

other local needs assessment processes. Include in **Attachment 9**, a letter from the RWHAP Part A (as applicable) and RWHAP Part B Recipient of Record documenting your organization's involvement in RWHAP Parts A/B activities. This letter must also list the proposed Part D supported services, explain how they are not duplicative of services currently covered by RWHAP Parts A or B, and how they address the RWHAP Part B Statewide Coordinated Statement of Need results submitted with the Integrated HIV Prevention and Care Plan in September 2016. If a letter cannot be obtained, explain why. Information about RWHAP Part A and Part B is found at http://hab.hrsa.gov/abouthab/parta.html and http://hab.hrsa.gov/abouthab/partbstates.html, respectively.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

  You must submit a work plan that provides measurable objectives for the HIV core medical and support services (as defined by PCN 16-02), including your CQM program, that are provided to RWHAP eligible clients as proposed in the methodology section. Measurable objectives should be established and provided for each year of the three-year project period. A table format is recommended with the objective areas listed on the left side, and columns across the top for each year of the project period. Incorporate objectives for the whole RWHAP Part D program and for each subrecipient, if applicable. Information such as action steps, evaluation methods, and person(s) responsible should not be included here. Services provided by other funding sources should not be included in the work plan; address them in the relevant part of the Methodology section. The work plan should not include meetings, generic outreach such as health fairs, or CDC prevention efforts. Applicants may wish to develop a more detailed work plan for internal use. You must include HIV retention in care and HIV viral suppression in your work plan. Submit the work plan as **Attachment 11**.

  The four major areas of the work plan are:

  - Access to Care
  - Linkage to Care
  - Comprehensive, Coordinated Systems of Care
  - Clinical Quality Management Program

  Access to Care

  For **each year** of the upcoming three-year project period, list:

  1) Total number of WICY living with HIV enrolled
  2) The total number of affected clients provided an HIV RWHAP support service
  3) The number of new WICY living with HIV to be enrolled in care

  Linkage to Care

  For **each year** of the three-year project period, list:

  1) The number of WICY to receive targeted HIV counseling and testing
  2) The anticipated number of HIV positive tests
  3) The number of WICY clients newly diagnosed with HIV to be enrolled for primary medical care within three months of diagnosis

Comprehensive, Coordinated Systems of Care

For each year of the three-year project period, list:

1) The total number of WICY living with HIV to be provided primary medical care services
2) The number of women (25 years and older) to be provided HIV primary medical care
3) The number of youth (13-24) to be provided HIV primary medical care
4) The number of infants and children living with HIV to be provided HIV primary medical care
5) The number of HIV indeterminate infants (up to 2 years) to be followed under surveillance
6) The number of pregnant women living with HIV to be provided prenatal services
7) The number of youth living with HIV who will be transitioned into adult medical care
8) The number of patients (specify which WICY target populations) to be provided with treatment adherence services provided by a qualified clinician and
9) The number and type of specialty referrals

Other Medical Services

Please list the following if medical services or support services will be provided to low income, uninsured and underinsured WICY living with HIV. Specify the number of each target population (women, infants, children, and youth) to be served each year of the proposed project period.

1) The number of patients to be provided mental health screening, assessment, and/or treatment
2) The number of patients to be provided with substance abuse screening and/or treatment
3) The number of patients to be provided with oral health care
4) The number of patients to be provided with medical nutrition screening
5) The number of patients to be provided with medical nutrition therapy by a registered dietitian or licensed nutritionist
6) The number of patients for each of the support services you are providing to help individuals meet their HIV medical outcomes (such as non-medical case management, non-emergency medical transportation, translation services)

Clinical Quality Management

All RWHAP recipients are required to establish clinical quality management programs to assess the extent to which HIV health services are consistent with the most recent HHS guidelines for the treatment of HIV/AIDS and related opportunistic infection; and to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. (PHS Act Section 2671(f)(2))

Recipients are also required to ensure that their CQM programs have been developed and implemented according to PCN 15-02 Clinical Quality Management Policy Clarification Notice. The three main components are

infrastructure, performance measurement, and quality improvement and may be accessed at: http://hab.hrsa.gov/manageyourgrant/clinicalqualitymanagementpcn.pdf.

Recipients should identify their proposed CQM activities for each year of the project period. It is expected that recipients are conducting at least one quality improvement project at any given time aimed at improving patient health outcomes. In alignment with NHAS 2020 and the common indicators for HHS-funded HIV programs, recipients are required to undertake at least one QI project for HIV viral suppression and retention in care. In addition, HAB has developed over 40 performance measures reflecting a number of service categories (http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html) that recipients are encouraged to use in their CQM programs. The HAB measures include a set of core measures that include viral suppression and retention in care. Historically, men who have sex with men (MSM), African-American women, people who inject drugs (PWID), and youth (ages 13-24) have lower HIV viral suppression and retention in care rates and may be sub-populations on whom to focus quality improvements efforts.

All performance measures should be specific, measureable, attainable, realistic and time-bound. Recipients are expected to incorporate viral suppression as a performance measure in your work plan. Please include the actual numbers for the numerator and denominator and calculate the percentage.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #4 Impact*
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges to ensure that the RWHAP Part D program is addressing the goals of NHAS 2020 and the gaps in the local HIV care continuum.

  As a part of this section, provide discussion specific to anticipated challenges and proposed approaches for resolution for the implementation of the required evidence informed intervention(s) with youth. If you are a new applicant organization applying to provide services in a service area, discuss any potential challenges you anticipate in providing the same scope of services (at a minimum) to support the community, and plans to address those challenges.

  Additionally, as a new applicant organization applying to provide services in a service area, provide a detailed transition plan for how existing patients, populations, and the scope of services will be transferred to you if successfully awarded as a result of this competition. Describe the activities, time frames, and efforts to coordinate the transition of services in a way that does not disrupt or impede the delivery of RWHAP Part D services to the existing patient population.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #4 Impact*

In this section describe the evaluation activities including quality management, as well as the information systems that support the proposed quality management activities.

Description of CQM Program Infrastructure

- Describe the leadership, quality committee composition and responsibilities, dedicated staffing and their responsibilities, and resources that will be involved in the CQM program.
- Describe how stakeholders, especially consumers, are and will be involved in the development, implementation and evaluation of the HIV-specific CQM program and activities.
- Describe efforts to coordinate CQM activities with other RWHAP recipients/ providers in the area, especially sub-recipients.
- Share the CQM program evaluation plan that includes the re-evaluation of QI activities.

Description of CQM Program Performance Measures

- Describe the proposed data collection plan and processes for performance measurement (e.g., frequency of data collection, key activities, and responsible staff). Include information on data collection from subrecipients as applicable.
- Describe the process for selecting, reporting, and disseminating results on the performance measures as it relates to the involvement of stakeholders, including women and youth living with HIV, staff, subrecipients, and other RWHAP recipients.
- Describe how performance measure data are analyzed to evaluate for disparities in care and actions taken to eliminate disparities. Summarize the performance measure data collected during the past project period and any trends noted, especially related to medical care and core medical services.

Description of CQM Program Quality Improvement

- Please describe the QI activities planned for the upcoming project period. Include viral suppression and medical retention in care as QI projects, highlighting efforts made with the following sub-populations: MSM, African American women, PWIDs, and youth ages 13-24.
- Describe the processes for identifying priorities for QI. Provide examples of specific QI projects undertaken for HIV-specific outpatient/ ambulatory medical care and/or medical case management in the past project period. Include a statement of the clinical issue, baseline data, interventions implemented, and follow-up data. Describe the involvement of stakeholders in the selection of QI activities.
- Describe your performance measure data for the HHS Common HIV Core Indicators including HIV viral suppression and retention in care during the past two years. Describe what implemented activities were aimed at improving gaps in the local HIV care continuum.

Information Systems
The Ryan White HIV/AIDS Treatment Extension Act of 2009 mandated new data requirements including the increased collection of medical information at the patient level of service using a unique identifier, the collection of data only for funded services (those provided through RWHAP funding), and data transmission to HAB electronically.

- Describe the current information system in use to track health care service data. If you are an existing recipient, discuss your experience and challenges with collecting, reporting, and analyzing client-level data for the RSR during the current project period. If you are a new applicant, describe your capacity to manage, collect, and report the following types of data:

  1) The number of individuals provided primary care, counseling and testing, linkage/retention services, and other care services;
  2) Demographic data on the patients receiving services;
  3) Epidemiologic data on the populations receiving services, including exposure and diagnostic categories on the populations receiving services;
  4) The number of WICY living with HIV and their HIV Stage; and
  5) The extent to which the costs of HIV-related health care are paid by third party payors, and how those funds are used.

- Describe the use of or any plans to implement an EHR. HAB requires that any EHR or EHR component purchased in whole or in part with Federal funds meets the Office of the National Coordinator for Health Information Technology (ONC) requirements for certification. To improve the quality of clinical data collected, HAB further requires that any EHR or EHR component be configured to report appropriate clinical data electronically for HAB reporting (http://www.hrsa.gov/healthit/toolbox/HIVAIDSCaretoolbox/index.html).

▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*
In this section, describe the organization's capacity and expertise to provide comprehensive, coordinated, family-centered HIV primary medical services for low income, uninsured, and underinsured WICY populations by describing specific administrative, fiscal, and clinical operations. You must clearly explain why your organization is the most optimal to serve the target WICY populations identified in previous sections and justify this with the information requested below.

Administrative Operations
- Describe the scope of current activities conducted within your organization. Describe how the RWHAP Part D program fits within the scope of the organization's mission.
- Describe the structure of your organization and type of agency. Include, as **Attachment 12,** an Organizational Chart that clearly shows the placement of the RWHAP Part D program within the larger organization (HIV specific or otherwise), how the program is divided into departments (if applicable), the professional staff positions that administer those departments (if applicable),

and the reporting relationships of the proposed RWHAP Part D funded staff within the organization.

Clinical Operations

- Describe your experience in providing family-centered care to the targeted WICY populations. Include a description of the capacity to provide or effectively link to specialty care, mental health care, substance abuse services, psychosocial support services, and oral health services.
- Describe the organization's ability to respond to emerging populations of WICY experiencing greater health disparities and/or increased unmet needs.

Fiscal Operations

- Describe your experience with the fiscal management of Federal grants and contracts.
- Describe the accounting system that is in place.
- Describe the internal systems that are used to monitor grant expenditures and track, spend, and report program income generated by a Federal award.
- Describe how the organization does or will manage and monitor subrecipients' performance and compliance with RWHAP Part D WICY requirements.
- Describe existing systems for maximizing collections and reimbursement for costs of providing medical care and other billable related services.
- Describe your discounted fee schedule and any policies regarding the annual cap on individual patient charges related to HIV services and how these are applied and monitored.
- Describe the processes used to assess and recertify client eligibility for RWHAP supported services.
- Describe the processes used to vigorously pursue enrollment into and subsequent reimbursement from health care coverage for which clients may be eligible (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, health plans offered through the Marketplace, and/or other private health insurance).

NARRATIVE GUIDANCE

In order to ensure that the review criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(4) Impact

Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

If you are applying for supplemental funding, the total budget amount identified on the SF-424A for year one must include the supplemental activity budget total.

In addition, the RWHAP Part D program requires the following:

Program-specific line item budget: In order to evaluate applicant adherence to RWHAP Part D legislative budget requirements, you must separate program-specific line item budgets for each year of the three-year project period. You must provide a line item budget that reflects all costs for proposed activities, including those for subrecipients. **If you are applying for supplemental funding, incorporate, but clearly delineate the related costs for the proposed supplemental activity in year one of the program-specific line item budget.** These budgets should be uploaded as **Attachment 2**. NOTE: It is recommended that the budgets be converted or scanned into a PDF format for submission. Do not submit Excel spreadsheets. The program-specific line item budget should be submitted in table format, listing the program cost categories (Medical Services, Support Services, Clinical Quality Management, and Administrative Costs) across the top and object class categories (Personnel, Fringe Benefits, etc.) in a column down the left hand side. The total amount requested on the SF-424A and the total amount listed on the program specific line item budget must match. (Remember: if you are applying for supplemental funding, the total budget amount identified on the SF-424A for year one must include the supplemental activity budget total.) The budget allocations must relate to the activities proposed in the project narrative and the work plan. The Part D base budget requested for each year must not exceed the total award for the service area as listed in Appendix B (not including the supplemental, if requested). Personnel should be listed separately by position title and the name of the individual for each position title, or note if vacant.

Contracts - **An itemized budget and a narrative justification for each subrecipient must be provided.** Separate budgets must be established with all

subrecipient providers and care must be taken to ensure there is no duplication of effort. Provide a separate line-item budget for each subrecipient provider using the same format as that of the program-specific line item budget for the applicant organization. The total amount listed in each subrecipient budget should match the total amount listed for that agency on your program-specific line item budget.

Allowable Costs
RWHAP Part D funds are for the purpose of providing outpatient or ambulatory medical care and support services which assist in the optimization of health outcomes for low income, uninsured, and underinsured WICY living with HIV. HAB expects RWHAP Part D programs to be designed to meet the HIV medical needs of WICY populations before providing support services to affected family members. Support services, such as transportation, childcare, support groups, and translation services, may be offered to affected family members when those services are for the benefit of, and being utilized by, the WICY living with HIV at the same time. The RWHAP Part D Program divides the allowable costs among four cost categories. These categories are **Medical Service Costs, Clinical Quality Management Costs, Support Service Costs, and Administrative Costs**.

Applicants should review the HAB PCN 16-02 for allowable uses of RWHAP funds (http://hab.hrsa.gov/healthcarelandscape/service_category_pcn_16-02_final.pdf).

Medical Service Costs are those costs associated with providing primary medical care and related core medical services for low income, uninsured, and underinsured WICY living with HIV.

Clinical Quality Management Costs are those costs required to maintain a CQM program to ensure that medical services are consistent with the most recent HHS guidelines for the treatment of HIV/AIDS and related opportunistic infections; and that improvements in the access to and quality of HIV health services are addressed. **The RWHAP has established the program expectation that CQM expenses must be kept to a reasonable level.**

Support Service Costs are those costs for services which are needed for individuals with HIV/AIDS to achieve their HIV medical outcomes.

Administrative Costs are those costs to be used by recipients for grant management and monitoring activities, including costs related to any staff or activity unrelated to services, or indirect costs. By law, no more than 10 percent of a Federal Part D award (including the Part D supplemental award) can be used for administrative expenses. All indirect costs count toward this 10 percent limit. Please see PCN 15-01 (http://hab.hrsa.gov/manageyourgrant/policiesletters.html) for additional information.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P. L. 114-113) 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." 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 may apply in FY 2017, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*. In addition, the RWHAP Part D program requires the following:

For each class category, as listed below, the budget narrative must be divided according to the RWHAP Part D cost categories: Medical Services, Support Services, Clinical Quality Management, and Administrative Costs. Descriptions must be specific to the cost category.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/PLWH completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Clinical staff traveling to provide care is included under Medical Services, while patient transportation is included in Support Services. All other travel to workshops or conferences is included in CQM.

Recipients are expected to support the travel and training for (1) a HRSA supported meeting or conference and (2) HIV related CME/CEU activities annually. Recipients are encouraged to use their local AETCs as a resource for training needs.

Contractual: Subrecipients providing services under this award must adhere to the same requirements as the recipient. All legislative and program requirements that apply to recipients also apply to subrecipients of their awards. The recipient is accountable for the subrecipient's performance of the project, program, or activity, the appropriate expenditure of funds under the award; and the other obligations of the RWHAP Part D award. **Recipients are required to annually monitor all subrecipients.** Assurance that subrecipients are computing and reporting program income is a RWHAP requirement. Subrecipients must also report and validate program expenditures in accordance with budget categories to determine if legislative mandates are met.

If you are applying for supplemental funding, incorporate, but clearly identify the associated costs specific to the proposed supplemental activity in year one of the budget narrative. The budget narrative must clearly align with each item in the program-specific line item budget. Provide a clear summary of the Part D base budget request subtotal and the Part D Supplemental budget request subtotal.

For subsequent budget years, the budget narrative should highlight only the changes from year one or clearly indicate that there are no substantive budget changes during the project period. Do not repeat the same information across years in the budget narrative.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, **attachments count toward the application page limit**. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: Table of Provider Medicaid and Medicare Numbers and Clinic Licensure Status (Required)

Documentation for this application should be in the form of a table that identifies all providers' Medicaid and Medicare numbers and clinic licensure status, if applicable. Include the Medicaid and Medicare provider number(s) for employed and contracted primary care and specialty care provider(s). If clinic licensure is not required in your jurisdiction, describe how that can be confirmed in state regulation or other information. This information is required each year. Official documentation may be required prior to an award being made or in the post-award period.

Attachment 2: Program-Specific Line Item Budget (Required)

Submit as a PDF document a program-specific line item budget for each year of the three-year project period. **If applying for supplemental funding, ensure that the related costs for the proposed supplemental activity are incorporated and clearly delineated in year one of the program-specific line item budget.**

Attachment 3: Federally Negotiated Indirect Cost Rate Agreement (if applicable)

Submit a copy of the current agreement. This does not count towards the page limit.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide) (Required)*

Include the role, responsibilities, and qualifications of proposed project staff, including education, training, HIV experience and expertise. The staffing plan should include all positions funded by the grant, as well as staff vital to program operations and the provision of RWHAP Part D-supported HIV services whether or not paid by the grant. Key staff include, at a minimum, the program coordinator and the program medical director, all medical care providers funded directly or through a contract or covered by an MOU, and the quality management lead. Indicate vacant positions. For each staff, note all sources of funding and the corresponding time effort. **If applying for FY 2017 supplemental funding, incorporate and clearly identify staffing information as it relates to the proposed supplemental funding activities.** It may be helpful to supply this information in a table.

Attachment 5: Biographical Sketches of Key Personnel (Required)

Include biographical sketches for persons occupying the key positions described in Attachment 4, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired,

please include a letter of commitment from that person with the biographical sketch.

Attachment 6: Signed and Scanned RWHAP Part D Additional Agreements and Assurances (Required)

Review the RWHAP Part D Additional Agreements and Assurances located in **Appendix A**. This document must be signed by the Authorized Organization Representative (AOR), scanned, and uploaded.

Attachment 7: Proof of Non-Profit Status, if applicable (Required)

This is not counted in the page limit.

Attachment 8: Map of Service Area (Required)

Map of Proposed Service Area noting all location(s) where the applicant will provide Part D supported services, especially primary medical care. HAB strongly recommends that you use an official state or local map showing jurisdictional boundaries (e.g., http://quickfacts.census.gov/qfd/printmaps.html, state public health websites) to display the proposed service area.

Attachment 9: Letter(s) from RWHAP Part A and/or Part B Recipient (Required)

The letter(s) must address if the applicant has participated in the RWHAP Part A and/or Part B planning activities, why RWHAP Part D funds are necessary to address the needs described in application, how the proposed services are not duplicative of other available services, and how the proposed services address the gaps in the local HIV care continuum. If this letter cannot be obtained, explain why.

Attachment 10: List of Provider Organizations with Contracts and/or MOU (if applicable)

Provide a list of all provider organizations which have signed contracts and/or MOU with your organization and include a brief description of the covered activities that clearly outlines the roles of partners, especially if specific WICY populations will not be served using the requested RWHAP Part D funds. HAB recommends that this information be provided in table format.

Attachment 11: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in Section IV. i. Project Narrative. You must list measurable objectives for each year of the three-year project period. Include objectives for the entire RWHAP Part D program and each subrecipient individually. HAB recommends that this information be provided in table format.

Attachment 12: Organizational Chart (Required)

Include an organizational chart that clearly shows where the RWHAP Part D program fits within your organization and how the program is divided into departments (if applicable), the professional staff positions that administer those departments (if applicable), and the reporting relationships for the management of the HIV program.

Attachment 13: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Include letters of support and/or letters of commitment from each partner and/or collaborating entity who will support supplemental activities identified in Attachment 14. **These additional documents will be counted in the 80-page limit.**

Attachment 14: Supplemental Funding Project Narrative and Work Plan (if applicable) - **This narrative and work plan will be counted in the 80-page limit.**

If applying for FY 2017 RWHAP Part D Supplemental funding (up to $150,000), provide a succinct **Project Narrative** that responds to the following:

- **Identification of Activity:** Clearly identify and provide a description of the selected activity to be implemented under either the HIV Care Innovation or Infrastructure Development categories (as defined under Section I.1) and the stage(s) of the HIV care continuum to be addressed by the activity.
- **Description of Need:** Provide a brief description to justify the need for supplemental support to build capacity to address the needs of the WICY populations through the identified HIV Care Innovation activity or the Infrastructure Development activity. Data submitted under the *Needs Assessment* (Section IV.2.ii) will serve to support this justification.
- **Collaboration and Coordination:** Outline the needed partners for the proposed project. The outline of the partnerships and collaborations should include the tasks that each partner proposes to perform, the responsible party of the partner, and the amount of funds, if any, allocated to the partner. Letters of support and/or letters of commitment from each partner and/or collaborating entity must be included in **Attachment 13**. Additionally, provide information on how PLWH will assist in the design and implementation of the identified activities.
- **Sustainability:** Explain how the efforts set forth in this project will be maintained or continued beyond the project period. For example, describe how you will support maintenance of systems, newly trained staff, or the activity that addresses the identified gap in the HIV care continuum at the conclusion of the one-year project period. You should include a description of the plan for the dissemination of information and/or products developed as a result of this supplemental funding to other providers in the community and/or collaborators to this project. The intent is to outline how lessons learned will be shared to enhance the capacity of HIV care throughout the local community.
- **Resolution of Challenges:** Discuss challenges that are likely to be encountered in designing and implementing the proposed supplemental activity, and in measuring improvement in the HIV care continuum. Discuss the approaches that will be used to resolve such challenges.
- **Project Monitoring:** Describe the method(s) to be used to monitor the outcomes of the proposed activity, and if applicable, describe the data collection system(s) that will be used to collect data related to this

monitoring effort. Clearly outline how data are collected, verified, and disseminated.

- **Project Evaluation:** Describe the evaluation activities, including clinical quality management activities, that the program will use to assess the impact of the proposed activity.

Also include a corresponding **work plan: The work plan should contain both a narrative section and a table as described here.** Include a concise narrative regarding the approach to addressing the targeted activity. The narrative description should directly correspond to the table. The work plan table should include:

- A **Problem Statement(s)** that identifies the specific stage(s) in the HIV care continuum to be addressed (1-2 sentences);
- A description of each **Goal** that corresponds to a problem statement (1-2 sentences) which identifies the specific stage(s) in the HIV care continuum to be addressed;
- A description of each **Objective** that corresponds to a goal (1 sentence); it should include how each objective addresses the corresponding stage(s) of the HIV care continuum;
- A listing of **Key Action Steps** for each objective (1-2 sentences), such as types of training to be completed and the number of staff to be trained; and
- A targeted **Completion Date** (Month/Year) for each objective and each action step.

Supplemental funding check list:

- Aggregate costs for the RWHAP Part D base and the proposed supplemental activity were included in the total budget amounts identified on the SF-424A for year one (Section A, row one (1) and Section B, column one (1)).
- Clearly delineated related costs for the proposed supplemental activity were incorporated with the RWHAP Part D base in year one of the program-specific line item budget (**Attachment 2**).
- Clearly delineated explanations of related costs for the proposed supplemental activity were incorporated with the RWHAP Part D base in year one of the budget narrative.
- Staff clearly identified as associated with the proposed supplemental activity were incorporated with the RWHAP Part D base and included in the Staffing Plan (**Attachment 4**).
- Job Descriptions for Key Personnel associated with the proposed supplemental activity were included in **Attachment 4**.
- Proposed supplemental Project Narrative and Work Plan were included as **Attachment 14**.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is *February 21, 2017 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

RWHAP Part D Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Existing Geographic Service Areas is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the HHS Grants Policy Statement.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a project period of up to three (3) years, at no more than the funding amount listed in Appendix B. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

In addition to the funding restrictions included in PCN 16-02, Part D funds may not be used for the following purposes:

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including ADAP)
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services
- PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the June 22, 2016 RWHAP and PrEP program letter, the RWHAP legislation provides grant funds to be used for the care and treatment of PLWH, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs. RWHAP Part D funds can be used toward Psychosocial Support Services, a component of family-centered care, which may include counseling and testing and information on PrEP to eligible clients' partners and affected family members, within the context of a comprehensive PrEP program.
- Cash payments to intended clients of RWHAP services
- Purchase of sterile needles and syringes for the purpose of illegal drug use. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/.
- Purchase or construction of new facilities or capital improvements to existing facilities
- Purchase or improvement to land
- Development of materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- Fundraising expenses
- Lobbying activities and expenses
- International travel

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P. L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2017 as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP Part D program. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. Please see 45 CFR §75.307 and PCN 15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review, with the exception of the supplemental funding request.

Review criteria are used to review and rank applications. The RWHAP Part D Program has six (6) review criteria. Note: The supplemental funding request, if included as part of the application, will not be reviewed according to these criteria as part of the objective review. The supplemental funding request will undergo HRSA review of completeness and eligibility. Supplemental funding, if requested, will be awarded according to the rank order of the RWHAP Part D base awards.

Criterion 1: Need	20 points
Criterion 2: Response	25 points
Criterion 3: Evaluative Measures	10 points
Criterion 4: Impact	20 points
Criterion 5: Resources/Capabilities	15 points
Criterion 6: Support Requested	10 points
TOTAL	**100 points**

Criterion 1: NEED (20 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The strength of the epidemiologic and socio-demographic data provided that demonstrates an ongoing and/or increasing burden of HIV infection for WICY populations in the proposed service area.

- The extent to which the applicant clearly demonstrates a thorough understanding of the unmet needs and gaps in services of the target WICY population(s) and describes how these WICY populations are highly impacted and have the need for Part D-supported HIV-related health services in the proposed service area.
- For proposals not serving the entire service area listed in Appendix B, the strength of the justification to only serve a portion of the service area and supported by evidence that comprehensive HIV services to all RWHAP eligible WICY are available in the service area through partners or other RWHAP providers.
- The extent to which the applicant fully documents the public funding sources for HIV prevention and care, the types of services currently available, and the other RWHAP providers in the proposed service area.
- The extent to which the applicant describes gaps in the local HIV care continuum and provides supporting data from its own program and/or the community.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology and Work Plan

- The strength and feasibility of the proposed counseling/testing services to be directed to high risk WICY populations.
- The strength of the applicant's system for diagnosing, tracking, and linking to care newly identified low income, uninsured, underinsured WICY living with HIV.
- The extent to which the proposed comprehensive HIV family-centered care meets HHS guidelines, and is available to each and every WICY population.
- The strength of the proposed activities for recruiting and retaining women and youth in HIV care.
- The extent to which proposed medical case management services, as applicable, address gaps in services and barriers to care and are linked directly to medical outcomes as demonstrated by appropriate work plan objectives.
- The extent to which the applicant provides coordinated and effective services in transitioning (1) youth into adult medical care and (2) women between perinatal care and routine HIV care post-partum.
- The extent to which the applicant addresses the medical needs of women at all phases of life.
- The extent to which the applicant demonstrates the capacity to deliver comprehensive, culturally sensitive HIV health care services to all eligible WICY living with HIV in the proposed service area.
- The extent to which the applicant describes how all staff receive and maintain current HIV knowledge, skills, and cultural competency to serve WICY populations.
- The extent to which the applicant fully and clearly documents the availability and access to other medical services, including outpatient oral health, treatment adherence, mental health/substance abuse outpatient counseling and nutritional counseling for all WICY populations.
- The extent to which HIV prevention services are incorporated into the medical care of WICY.
- The extent to which the applicant involves PLWH in decisions regarding their care.

- The extent to which the applicant fully describes the plan for outreach and enrollment of RWHAP clients into new health coverage options.
- The strength of proposed coordination of services for WICY populations with other HIV provider organizations in order to maximize the effective delivery of services.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The strength of the proposed quality management infrastructure, including evidence of dedicated staff, clear and complete descriptions of roles and responsibilities for CQM staff, and the involvement of key stakeholders, particularly consumers.
- The strength of the applicant's CQM coordination efforts with other RWHAP recipients/providers in the area.
- The extent to which the applicant includes key stakeholders, including consumers, in the process for selecting, reporting, and disseminating results on the performance measures.
- The strength and appropriateness of selected clinical performance measures to be used to evaluate the quality of the RWHAP Part D services and program in addressing the NHAS 2020 goals and the gaps in the local HIV care continuum.
- The strength of the data collection plan and processes (e.g., frequency, key activities, and responsible staff).
- The extent to which the applicant demonstrates the ability to analyze and evaluate its performance measure data for disparities in care and to take action to eliminate them.
- The strength and feasibility of the proposed processes for identifying priorities for quality improvement as evidenced by recently conducted HIV primary care quality improvement projects.
- The extent to which the applicant describes its performance data for HIV viral suppression and retention in care, analysis of trends in the data, and the implementation of appropriate activities aimed at improving gaps in its HIV care continuum.
- The extent to which the applicant demonstrates the capacity to manage, collect, and report client-level data and to comply with all program reporting requirements.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Methodology, Resolution of Challenges, Evaluation and Technical Support, and Attachments

- The extent to which the applicant discusses challenges that are likely to be encountered in designing and implementing work plan activities, and approaches that will be used to resolve such challenges to ensure that the RWHAP Part D program is addressing gaps in the local HIV care continuum.
- The extent to which the applicant documents coordination and collaboration with other RWHAP programs and community providers.
- The strength of the rationale and supporting data for the chosen evidence-informed youth intervention(s).

- The extent to which the applicant describes anticipated challenges and proposed approaches for resolution for the implementation of the required evidence informed intervention(s) with youth

- For **new applicants:**
    - The extent to which the proposed services meet at least the same scope of services currently supporting the existing community.
    - The soundness of the proposed service transition plan demonstrating how it will serve and continue to improve services to the existing patients and populations while minimizing any potential disruption of service delivery.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Staffing Plan, Organizational Information, and Attachments

- The strength of the justification that the organization is the most optimal to serve this area, and its demonstrated ability to meet Part D's purpose and requirements.
- The extent to which the applicant demonstrates the ability to manage and monitor subrecipient performance and compliance with RWHAP Part D requirements, if applicable.
- The extent to which project personnel are qualified by training and/or experience to implement the project and provide family-centered HIV primary medical care services to all WICY populations. The appropriateness of the staffing plan (includes the full range of information requested, combining the elements of job descriptions).
- The strength of the systems in place to ensure that the most recent HHS guidelines, clinical standards, and protocols will be followed.
- The strength of the organization's administrative structure to support the provision of family-centered care, involving outpatient or ambulatory care to low income, uninsured, and underinsured WICY populations, as evidenced by the organizational chart.
- The strength of the organization's fiscal and management information systems (MIS) and the organization's fiscal capacity to manage this award and meet program requirements, including monitoring grant expenditures, billing/collecting/tracking reimbursable health care services, and tracking and using program income to support the goals and objectives of the RWHAP Part D program.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget, Resolution of Challenges/Progress Report, and Attachments

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The appropriateness of the requested funding level for each year of the proposed project period in comparison to the level of effort, performance, and the number of WICY clients to be served (total and by category).
- The extent to which the budget and budget narrative are clearly linked to proposed services/activities that address the unmet need, gaps in services,

barriers to care, and gaps in the stages of the local HIV care continuum identified for WICY populations.
- Evidence that the budget adheres to the 10 percent limit on administrative costs (including any indirect costs claimed).

2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

Past performance in managing contracts, grants and/or cooperative agreements of similar size, scope and complexity will be considered by HRSA. Past performance includes timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded Federal funds will be expended prior to future awards.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in

making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of August 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of August 1, 2017. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice. If awarded supplemental funding, the year one progress report will include a summary of progress and demonstrated outcomes achieved through the funded supplemental activity.

2) The RWHAP Allocation Report, due 60 days after the start of the budget period, and the RWHAP Expenditure Report, due 90 days after the end of the budget period. These reports account for the allocation and then expenditure of all award funds according to specific medical services, support services, CQM, and administrative costs. Submissions will occur electronically through HRSA's Electronic Handbooks (EHBs).

3) Submit, every two (2) years, to the lead State agency for Part B, audits consistent with 45 CFR part 75 Subpart F—Audit Requirements, regarding funds expended in accordance with legislation and include necessary patient level data to complete unmet need calculations and the SCSN process.

4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Adejumoke Oladele
Grants Management Specialist
Attn.: RWHAP Part D
Health Resources and Services Administration
Division of Grants Management Operations, OFAM
5600 Fishers Lane, Room 10NWH04
Rockville, MD 20857
Telephone: (301) 443-2441
Fax: (301) 443-9810
E-mail: aoladele@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Monique G. Hitch, MSHA
Chief, Central Branch
Division of Community HIV/AIDS Programs
HIV/AIDS Bureau
Attn: RWHAP Part D
Health Resources and Services Administration
5600 Fishers Lane, Room 9N18
Rockville, MD 20857
Telephone: (301) 443-3944
Fax: (301) 443-1839
E-mail: mhitch@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's EHBs. For assistance with

submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance:

All applicants are encouraged to participate in a technical (TA) webinar for this funding opportunity. The TA webinar will be held on January 10, 2017 from 2:00 – 4:00 PM Eastern Time. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the FOA. Participation in the pre-application TA webinar is strongly encouraged to ensure the successful submission of the application.

- **Date:** January 10, 2017
- **Time:** 2:00 – 4:00 PM Eastern Time
- **Call-in number:** 888-566-6139; **Passcode:** 6148276
- **Webinar Link:** https://hrsa.connectsolutions.com/hrsa-17-039partd-jan10-2017/

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A: Additional Agreements & Assurances

Ryan White HIV/AIDS Treatment Extension Act of 2009, RWHAP Part D WICY
The authorized representative of the applicant must include a signed and scanned original copy of the attached form with the grant application. This form lists the program assurances which must be satisfied in order to qualify for a Part D grant.

I, the authorized representative of _____ in applying for a grant under Part D of Title XXVI, section 2671 of the Public Health Service Act (42 USC § 300ff-71) and section 2693 of the Public Health Service Act, (42 U.S.C. § 300ff-121) as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P. L. 111-87), hereby certify that:

As required in section 2671 subsection (c) - Coordination With Other Entities:

(1) The applicant will coordinate activities under the grant with other providers of health care services under this Act, and under Title V of the Social Security Act, including programs promoting the reduction and elimination of the risk of HIV/AIDS for youth;
(2) The applicant will participate in the statewide coordinated statement of need under Part B (where it has been initiated by the public health agency responsible for administering grants under part B) and in revisions of such statements;
(3) The applicant will every 2 years submit to the lead State agency under section 2617(b)(4) of the PHS Act agency audits regarding funds expended in accordance with this Title and shall include necessary client-level data to complete unmet need calculations and statewide coordinated statements of need process.

As required in section 2671 subsection (d), the applicant will provide information regarding how the expected grant expenditures are related to RWHAP parts A and B planning processes. The applicant will also submit a specification of the expected expenditures and how those expenditures will improve overall patient outcomes as outlined as part of the State plan or through additional outcome measures.

As required in section 2671 subsection (f), the applicant will not use more than 10 percent of grant award for administrative expenses. The applicant will implement a clinical quality management program to assess the extent to which HIV health services provided to patients under this grant are consistent with the most recent Public Health Service (HHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection, and to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

As required under section 2681: Assure that services funded will be integrated with other such services, coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

As required under section 2684: No funds will be used to fund AIDS programs or to develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

I understand I can obtain a copy of the Title XXVI, PHS Act Part D at (**http://www.congress.gov**) to gain full knowledge of its contents.

Name: _____Date:_____

Title: _____

Appendix B: Service Areas

These service areas have project periods ending **July 31, 2017,** and are up for competition for project periods beginning **August 1, 2017**. New applicants submitting proposals to provide services in an existing service area must identify the service area to be served. Each service area is listed separately.

Additional funding has been incorporated into ceiling amounts for each service area identified here for the implementation of evidence-informed interventions for youth. RSR data specific to youth (ages 13-24) currently receiving services in the defined service area were utilized to inform the amount of additional funding added to the base amount for each service area. For the seven service areas awarded in the FY15 RWHAP Part D competition for which 2014 RSR data are not available, the state level average of the number of youth (ages 13-24) receiving Part D funded services was used to inform the amount of additional funding added to the base amount for those specific service areas. The total funding available for each service area for the delivery of family-centered care services to the WICY population, including one or more evidence-informed intervention for youth, is identified in the "Funding Ceiling" column.

Current Recipient Name	City	State	Funding Ceiling	Service Area
HEALTH SERVICES CENTER, INC	Anniston	AL	$499,289	Counties: Blount, Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, DeKalb, Etowah, Marshall, Randolph, Shelby, St. Clair, Talladega, Tallapoosa
UNIVERSITY OF ALABAMA AT BIRMINGHAM	Birmingham	AL	$888,952	Counties: Autauga, Barbour, Bibb, Blount, Bullock, Butler, Chilton, Choctaw, Clarke, Coffee, Colbert, Conecuh, Covington, Crenshaw, Cullman, Dale, Dallas, Elmore, Escambia, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Russell, Shelby, St.

				Clair, Sumter, Tuscaloosa, Walker, Washington, Wilcox, Winston
UNIVERSITY OF SOUTH ALABAMA	Mobile	AL	$385,891	Counties: Baldwin, Mobile
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	Phoenix	AZ	$643,427	County: Maricopa
ARCARE	Augusta	AR	$473,151	Counties: Baxter, Benton, Boone, Calhoun, Carroll, Clark, Clay, Cleburne, Columbia, Conway, Craighead, Crawford, Dallas, Faulkner, Franklin, Fulton, Garland, Greene, Hempstead, Hot Springs, Howard, Independence, Izard, Jackson, Johnson, Lafayette, Lawrence, Little River, Logan, Madison, Marion, Miller, Montgomery, Nevada, Newton, Ouachita, Perry, Pike, Poinsett, Polk, Pope, Randolph, Scott, Searcy, Sebastian, Sevier, Sharp, Stone, Union, Van Buren, Washington, White, Yell
JEFFERSON COMPREHENSIVE CARE SYSTEM, INC.	Pine Bluff	AR	$498,913	Counties: Arkansas, Ashley, Bradley, Calhoun, Chicot, Clark, Cleveland, Columbia, Crittenden, Cross, Dallas, Desha, Drew, Garland, Grant, Hempstead, Hot Springs, Howard , Jefferson, Lafayette, Lee, Lincoln, Little River, Lonoke, Miller, Mississippi, Monroe, Montgomery, Nevada, Ouachita, Phillips, Pike,

				Poinsett, Polk, Prairie, Pulaski, Saline, Sevier, St Francis, Union, Woodruff
UNIVERSITY OF CALIFORNIA, LOS ANGELES	Los Angeles	CA	$741,882	County: Los Angeles
ALTAMED HEALTH SERVICES CORPORATION	Commerce	CA	$140,937	County: Orange
FRESNO COMMUNITY HOSPITAL & MEDICAL CENTER	Fresno	CA	$502,927	Counties: Fresno, Kern, Tulare
UNIVERSITY OF CALIFORNIA, SAN DIEGO	La Jolla	CA	$1,173,236	County: San Diego
UNIVERSITY OF SOUTHERN CALIFORNIA	Los Angeles	CA	$764,618	County: Los Angeles--Service Planning Areas 4 and 6
CHILDREN'S HOSPITAL & RESEARCH CENTER	Oakland	CA	$981,087	Counties: Alameda, Contra Costa
CENTER FOR AIDS RESEARCH, EDUCATION & SERVICES, INC	Sacramento	CA	$362,441	Counties: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Fresno, Glenn, Madera, Mariposa, Merced, Nevada, Placer, Plumas, Sacramento, San Joaquin, Sierra, Stanislaus, Sutter, Tuolumne, Yolo, Yuba
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	San Francisco	CA	$521,052	City and County of San Francisco
SANTA ROSA COMMUNITY HEALTH CENTERS	Santa Rosa	CA	$264,256	County: Sonoma
REGENTS OF THE UNIVERSITY OF COLORADO	Aurora	CO	$927,229	Counties: Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimer, Pueblo, Weld

UNIVERSITY OF CONNECTICUT	Farmington	CT	$362,817	State of Connecticut
COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT	Newington	CT	$737,366	Cities: Bridgeport, Hartford, New Haven, Torrington, Willimantic
CHRISTIANA CARE HEALTH SERVICES, INC.	Wilmington	DE	$411,967	State of Delaware
CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.	Fort Lauderdale	FL	$2,041,416	County: Broward
UNIVERSITY OF FLORIDA	Gainesville (Jacksonville)	FL	$738,478	**Counties in FL**: Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia; **Counties in GA**: Camden, Charlton, Glynn
UNIVERSITY OF MIAMI	Miami	FL	$1,946,915	County: Miami-Dade
FLORIDA DEPARTMENT OF HEALTH	Orlando	FL	$908,774	Counties: Brevard, Lake, Orange, Osceola, St. Lucie, Seminole
BOND COMMUNITY HEALTH CENTER, INC	Tallahassee	FL	$499,493	Counties: Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla
UNIVERSITY OF SOUTH FLORIDA	Tampa	FL	$1,331,081	Counties: Hillsborough, Pinellas
GRADY MEMORIAL HOSPITAL CORPORATION	Atlanta	GA	$762,266	Counties: Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, Walton.
CHATHAM COUNTY BOARD OF HEALTH	Savannah	GA	$459,294	Counties: Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh
GEORGIA DEPT OF PUBLIC HEALTH (aka Ware Cty HD)	Waycross	GA	$501,296	Counties: Appling, Atkinson, Bacon, Brantley, Bulloch, Chandler, Charlton, Clinch, Coffee, Evans,

				Jeff Davis, Tattnall, Tombs, Pierce, Ware, Wayne
ACCESS COMMUNITY HEALTH NETWORK	Chicago	IL	$385,921	City: Chicago-- Zip codes of 60406, 60411, 60615, 60621, 60636, 60637, 60649, 60653
HEKTOEN INSTITUTE FOR MEDICAL RESEARCH	Chicago	IL	$1,417,086	Counties: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will
HOWARD BROWN HEALTH CENTER	Chicago	IL	$518,234	City: Chicago
NEAR NORTH HEALTH SERVICE CORPORATION	Chicago	IL	$211,414	City: Chicago--Zip codes of 60610, 60613, 60615, 60640, 60651, 60653
UNIVERSITY OF ILLINOIS (24826)	Chicago (Peoria)	IL	$305,837	Counties: Fulton, Hancock, Henderson, Knox, LaSalle, Marshall, Mason, McLean, McDonough, Peoria, Putnam, Stark, Tazewell, Warren, Woodford
UNIVERSITY OF KANSAS SCHOOL OF MEDICINE-WICHITA MEDICAL PRACTICE ASSOCIATION	Wichita	KS	$409,649	State of Kansas **excluding** the Counties of Johnson, Leavenworth, Miami, Wyandotte
MATTHEW 25 AIDS SERVICES, INC.	Henderson	KY	$331,066	**Counties in IN**: Davies, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick; **Counties in KY**: Allen, Barren, Breckinridge, Butler, Daviess, Edmonson, Grayson, Hancock, Hardin, Hart, Henderson, Larue, Logan, Marion, McLean, Meade, Metcalfe, Monroe, Nelson, Ohio, Simpson, Union, Warren, Washington, Webster

UNIVERSITY OF KENTUCKY	Lexington	KY	$408,098	Counties: Adair, Anderson, Bath, Bell, Bourbon, Boyd, Boyle, Bracken, Breathitt, Carter, Casey, Clark, Clay, Clinton, Cumberland, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Garrard, Green, Greenup, Harlan, Harrison, Jackson, Jessamine, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Madison, Magoffin, Martin, Mason, McCreary, Menifee, Mercer, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Taylor, Wayne, Whitley, Wolfe, Woodford
UNIVERSITY OF LOUISVILLE	Louisville	KY	$490,935	**Counties in IN**: Clark, Crawford, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Orange, Perry, Scott, Spencer, Switzerland, Washington; **Counties in KY**: Allen, Barren, Breckinridge, Bullitt, Butler, Edmonson, Grayson, Hardin, Hart, Henry, Hopkins, Jefferson, Larue, Logan, Marion, Meade, Monroe, Muhlenberg, Nelson, Oldham, Shelby, Spencer, Trimble, Warren, Washington
LSU HEALTH SYSTEM HEALTH CARE SERVICES DIVISION	Baton Rouge	LA	$500,809	Parishes: Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

SOUTHWEST LOUISIANA AIDS COUNCIL	Lake Charles	LA	$511,333	Parishes: Allen, Beauregard, Cameron, Calcasieu, Jefferson Davis
OUR LADY OF THE LAKE HOSPITAL	Baton Rouge	LA	$599,863	Parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, West Feliciana
ACADIANA CARES, INC	Lafayette	LA	$154,284	Parishes: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
NEW ORLEANS AIDS TASK FORCE	New Orleans	LA	$1,096,810	Parishes: Caldwell, East Carroll, Franklin, Jackson, Jefferson, Lincoln, Madison, Morehouse, Orleans, Ouachita, Plaquemines, Richland, St. Bernard, Tensas, Union, West Carroll
JOHNS HOPKINS UNIVERSITY	Baltimore	MD	$985,259	City: Baltimore; Counties: Anne Arundel, Baltimore, Carroll, Harford, Howard, Queen Anne's
MED STAR HEALTH RESEARCH INSTITUTE	Hyattsville	MD	$357,171	District of Columbia
BOSTON MEDICAL CENTER CORPORATION	Boston	MA	$362,315	**Counties in MA**: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester; **Counties in NH**: Hillsborough, Rockingham, Stratford
MASSACHUSETTS DEPT OF PUBLIC HEALTH	Boston	MA	$506,189	Cities: Brockton, Lawrence, Lowell, Springfield, Worcester
GREATER NEW BEDFORD COMMUNITY HEALTH CENTER, INC.	New Bedford	MA	$199,468	City: New Bedford
DIMOCK COMMUNITY	Roxbury	MA	$741,130	City of Boston-- Zip codes of 02115, 02119,

HEALTH CENTER, INC.				02120, 02124, 02143; City of Cambridge
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH	Lansing	MI	$1,231, 525	State of Michigan
INGHAM, COUNTY OF	Lansing	MI	$496,880	County: Ingham
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION	Minneapolis	MN	$495,974	State of Minnesota; **Counties in WI**: Pierce, St. Croix
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	Jackson	MS	$525,537	State of Mississippi
KANSAS CITY CARE CLINIC	Kansas City	MO	$515,725	**Counties in KS**: Johnson, Leavenworth, Miami, Wyandotte; **Counties in MO:** Andrews, Atchison, Barton, Bates, Benton, Barry, Buchanan, Caldwell, Carroll, Cass, Cates, Cedar, Christian, Clay, Clinton, Dade, Dallas, Davies, DeKalb, Dent, Douglas, Green, Grundy, Harrison ,Henry, Hickory, Holt, Howell, Jackson, Jasper, Laclede, Lafayette, Lawrence, Livingston, Johnson, McDonald, Mercer, Newton, Nodaway, Oregon, Ozark, Phelps, Platte, Polks, Pulaski, Ray, Shannon, St. Clair, Stone, Taney, Texas, Vernon, Webster, Worth, Wright
WASHINGTON UNIVERSITY	Saint Louis	MO	$1,322,386	**City in MO**: St. Louis; **Counties in IL**: Clinton, Jersey, Madison, Monroe, St. Clair; **Counties in MO**: Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren Counties

				in IL: Clinton, Jersey, Madison, Monroe, St. Clair
UNIVERSITY OF NEBRASKA	Omaha	NE	$372,833	**Counties in IA**: Adams, Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Shelby, Taylor; **State of Nebraska, excluding** the Counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux
NORTHERN NEVADA HIV OUTPATIENT PROGRAM, EDUCATION AND SERVICES	Reno	NV	$406,459	Counties: Churchill, Douglas, Elko, Eureka, Humboldt, Lander, Lyon, Mineral, Pershing, Storey, Washoe, White Pine
UNIVERSITY OF NEVADA-LAS VEGAS	Las Vegas	NV	$197,238	**County in AZ**: Mojave; **Counties in NV**: Clark, Nye
TRUSTEES OF DARTMOUTH COLLEGE	Hanover	NH	$498,411	States of New Hampshire, Vermont
NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES	Trenton	NJ	$2,212, 238	State of New Jersey
UNIVERSITY OF NEW MEXICO	Albuquerque	NM	$498,901	Counties: Bernalillo, Cibola, McKinley, San Juan, Sandoval, Valencia
ALBANY MEDICAL COLLEGE	Albany	NY	$664,438	Counties: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Orange, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington
MONTEFIORE MEDICAL CENTER	Bronx	NY	$1,864,158	County: Bronx

THE DOMINICAN SISTERS FAMILY HEALTH SERVICE, INC	Bronx	NY	$494,898	County: Bronx-- Zip codes of 10451, 10452, 10454, 10455, 10456, 10459, 10474
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK	Brooklyn	NY	$371,600	County: Kings
ERIE COUNTY MEDICAL CENTER	Buffalo	NY	$418,350	Counties: Erie, Cattaraugus, Chautauqua, Niagara
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION	Elmhurst	NY	$359,555	County: Queens-- Zip codes of 11101, 11102, 11103, 11104, 11105, 11106, 11368, 11372, 11370, 11377, 11369, 11373, 11378, 11374, 11375, 11379, 11385, 11412, 11423, 11432, 11433, 11434, 11435,11436, 11004, 11411, 11413, 11422, 11426, 11427, 11428, 11429, 11691, 11692, 11693, 11694, 11697
NORTH SHORE UNIVERSITY HOSPITAL	Manhasset	NY	$696,290	Counties: Nassau, Queens
COMMUNITY HEALTH PROJECT, INC.	New York	NY	$371,233	City: New York
MOUNT SINAI HOSPITAL	New York	NY	$370,972	County: New York-- Zip codes of 10026, 10027, 10029, 10030, 10035, 10037, 10039
NEW YORK AND PRESBYTERIAN HOSPITAL	New York	NY	$384,648	Counties: Bronx-- Zip codes of 10451, 10452, 10453, 10454, 10456, 10457, 10458, 10460, 10463, 10468; New York-- Zip codes of 10024, 10025, 10026, 10027, 10030, 10031, 10032, 10033, 10034, 10035, 10037, 10039, 10040
NEW YORK CITY HEALTH AND	New York	NY	$365,201	County: New York-- Zip codes of 10026, 10027, 10030, 10037, 10039

HOSPITALS CORPORATION				
NEW YORK UNIVERSITY, INC	New York	NY	$636,895	Counties: New York, Richmond
ST LUKE'S-ROOSEVELT HOSPITAL CENTER	New York	NY	$897,048	County: New York-- Zip Codes of 10001, 10011, 10012, 10013, 10014, 10018, 10019, 10020, 10023, 10024, 10025, 10026, 10027, 10029, 10030, 10031, 10032, 10033, 10034, 10035, 10036, 10037, 10039, 10040
THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK	Stony Brook	NY	$788,703	County: Suffolk
WESTERN NC COMMUNITY HEALTH SERVICES, INC	Asheville	NC	$467,578	Counties: Avery, Buncombe, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
THE C.W. WILLIAMS COMMUNITY HEALTH CENTER, INC.	Charlotte	NC	$115,205	**Counties in NC**: Anson, Cabarrus, Gaston, Iredell, Mecklenburg, Rowan, Stanly, Union **County in SC**: York
DUKE UNIVERSITY	Durham	NC	$519,990	Counties: Chatham, Durham, Franklin, Lee, Orange, Wake
CENTRAL CAROLINA HEALTH NETWORK	Greensboro	NC	$446,113	Counties: Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham, Stanly
EAST CAROLINA UNIVERSITY	Greenville	NC	$598,462	Counties: Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash,

				Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrell, Washington, Wayne, Wilson
TRI COUNTY COMMUNITY HEALTH COUNCIL, INC	Newton Grove	NC	$476,465	Counties: Cumberland, Harnett, Hoke, Johnston, Moore, Richmond, Robeson, Sampson, Scotland
NEW HANOVER REGIONAL MEDICAL CENTER	Wilmington	NC	$328,398	Counties: Brunswick, Columbus, New Hanover, Onslow, Pender
WAKE FOREST UNIVERSITY	Winston Salem	NC	$504,935	Counties: Davidson, Davie, Forsyth, Iredell, Rowan, Stokes, Surrey, Yadkin
UNIVERSITY HOSPITALS OF CLEVELAND	Cleveland	OH	$361,563	Counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina
UNIVERSITY OF TOLEDO	Toledo	OH	$467,033	Counties: Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Williams, Wood
UNIVERSITY OF OKLAHOMA	Oklahoma City	OK	$472,327	Counties: Alfalfa, Atoka, Beaver, Beckham, Blaine, Bryan, Caddo, Canadian, Carter, Choctaw, Cimarron, Cleveland, Coal, Comanche, Cotton, Custer, Dewey, Ellis, Garfield, Garvin, Grady, Grant, Greer, Harmon, Harper, Hughes, Jackson, Jefferson, Johnson, Kay, Kingfisher, Kiowa, Lincoln, Logan, Love, McClain, McCurtain, Major, Marshall, Murray, Noble, Oklahoma, Payne, Pontotoc, Pottowatomie, Pushmataha, Roger Mills, Seminole, Stephens, Texas, Tilman, Washita, Woods, Woodward
COUNTY OF MULTNOMAH	Portland	OR	$373,239	**Counties in OR**: Clackamas, Columbia,

				Multnomah, Washington, Yamhill; **County in WA**: Clark
AIDS CARE GROUP	Chester	PA	$356,042	Counties: Berks, Bucks, Chester, Dauphin, Delaware, Montgomery
DREXEL UNIVERSITY	Philadelphia	PA	$378,375	City: Philadelphia-- Zip codes of 19120, 19122, 19124, 19126, 19133, 19134, 19138 19140, 19191, 19144
ACCESS MATTERS	Philadelphia	PA	$923, 646	City: Philadelphia
MAZZONI CENTER	Philadelphia	PA	$364,699	City: Philadelphia-- Zip codes of 19102, 19103, 19104, 19107, 19108, 19109, 19123, 19125, 19130, 19131, 19139, 19142, 19143, 19145, 19146, 19147, 19148, 19151
PHILADELPHIA, CITY OF	Philadelphia	PA	$369,969	City: Philadelphia-- Zip codes of 19111, 19114, 19115, 19116, 19124, 19120, 19121, 19129, 19132, 19135, 19136, 19140, 19149, 19152
UPMC SHADYSIDE	Pittsburgh	PA	$526,999	Counties: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
PUERTO RICO COMMUNITY NETWORK FOR CLINICAL RESEARCH ON AIDS	San Juan	PR	$366,832	Municipalities: Aguas Buenas, Barceloneta, Bayamón, Canóvanas, Carolina, Cataño, Ceiba, Corozal, Dorado, Fajardo, Florida, Guaynabo, Gurabo, Humacao, Juncos, Las Marías, Las Piedras, Loíza, Luquillo, Manatí, Morovis, Naguabo, Naranjito, Río Grande, San Juan, Toa Alta, Toa Baja, Trujillo Alto, Vega Alta, Vega Baja, Yabucoa

UNIVERSITY OF PUERTO RICO-MEDICAL SCIENCES CAMPUS	San Juan	PR	$366,832	Territory of Puerto Rico
AIDS CARE OCEAN STATE, INC.	Providence	RI	$570,878	State of Rhode Island
MEDICAL UNIVERSITY OF SOUTH CAROLINA	Charleston	SC	$506,372	Counties: Beaufort, Berkeley, Charleston, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Florence, Georgetown, Hampton, Horry, Jasper, Kershaw, Lee, Marion, Marlboro, Orangeburg, Sumter, Williamsburg
UNIVERSITY OF SOUTH CAROLINA	Columbia	SC	$633,899	State of South Carolina
LE BONHEUR COMMUNITY HEALTH AND WELL-BEING	Memphis	TN	$503,304	**County in AR**: Crittenden; **Counties in MS**: DeSoto, Marshall, Tate, Tunica; **Counties in TN**: Shelby, Fayette, Tipton
VANDERBILT UNIVERSITY	Nashville	TN	$512,463	Counties: Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, De Kalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
Dallas County Hospital District	Dallas	TX	$530,780	Counties: Callahan, Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rockwell, Taylor

UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS	Dallas	TX	$1,096,684	Counties: Collin, Dallas, Denton, Ellis, Henderson, Hunt, Kaufman, Navarro, Rockwall
TARRANT COUNTY TEXAS, INC	Fort Worth	TX	$518,861	Counties: Hood, Johnson, Parker, Tarrant
VALLEY AIDS COUNCIL	Harlingen	TX	$412,264	Counties: Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kennedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata
HARRIS COUNTY HOSPITAL DISTRICT	Houston	TX	$376,367	County: Harris
HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC	Houston	TX	$898,601	Counties: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER OF SAN ANTONIO	San Antonio	TX	$1,215,695	Counties: Aransas, Atascosa, Bandera, Bee, Bexar, Brooks, Calhoun, Cameron, Comal, DeWitt, Dimmit, Duval, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Hidalgo, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Maverick, McMullen, Medina, Nueces, Real, Refugio, San Patricio, Starr, Uvalde, Val Verde, Victoria, Webb, Willacy, Wilson, Zapata, Zavala
YOUR HEALTH CLINIC	Sherman	TX	$207,805	Counties: Cooke, Fannin, Grayson
UNIVERSITY OF UTAH	Salt Lake City	UT	$404,736	State of Utah
RECTOR & VISITORS OF THE	Charlottesville	VA	$265,924	Cities: Buena Vista, Charlottesville,

UNIVERSITY OF VIRGINIA				Fredericksburg, Harrisonburg, Lexington, Staunton, Waynesboro, and Winchester; Counties: Albemarle, Augusta, Bath, Caroline, Clarke, Culpeper, Fauquier, Fluvanna, Frederick, Greene, Highland, King George, Louisa, Madison, Nelson, Orange, Page, Rappahannock, Rockbridge, Shenandoah, Spotsylvania, Stafford, Warren
INOVA HEALTH CARE SERVICES	Springfield	VA	$568,699	Cities: Alexandria, Fairfax, Falls Church, Manassas, Manassas Park; Counties: Arlington, Fairfax, Loudon, Prince William
HARBORVIEW MEDICAL CENTER	Seattle	WA	$379,708	County: King
COMMUNITY HEALTH CARE	Tacoma	WA	$271,388	County: Pierce
YAKIMA VALLEY FARM WORKERS CLINIC	Toppenish	WA	$141,825	Counties: Benton, Walla Walla and Yakima
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION	Morgantown	WV	$230,727	Counties: Barbour, Berkeley, Brooke, Calhoun, Doddridge, Gilmer, Grant, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Lewis, Marion, Marshall, Mineral, Monongalia, Morgan, Ohio, Pendleton, Pleasants, Preston, Randolph, Ritchie, Roane, Taylor, Tucker, Tyler, Upshur, Wetzel, Wirt, Wood

THE MEDICAL COLLEGE OF WISCONSIN, INC	Milwaukee	WI	$850,351	State of Wisconsin

Appendix C: Evidence-Informed Interventions for Youth

Intervention	Target Population	Intervention Outcomes	Summary	Website
Centralized HIV Services	Young Black or African American and Hispanic/Latino HIV clinic patients aged 13-23 years	Improve retention in HIV care	Centralized HIV Services is an intervention in which youth receive care from a multi-disciplinary youth clinic that is staffed by adolescent care providers, youth-focused social workers, and case managers. Case managers and social workers are trained to use motivational interviewing to improve self-efficacy, teach healthcare navigation skills, and encourage HIV disease management.	http://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/prs_compendium_centralized_hiv_services_ei.pdf
STYLE (STRENGTH THROUGH LIVIN' EMPOWERED)	Recently diagnosed or lost-to-care HIV-positive Black or African American and Hispanic/Latino young men who have sex with men (YMSM) aged 17-24 years	Improve retention in HIV care	STYLE consists of 3 main elements: (1) a social marketing campaign to promote HIV testing among Black or African American and Hispanic/Latino YMSM (YMSM of color); (2) intensified outreach to youth-serving venues for YMSM of color and increased provision of HIV testing on college campuses; and (3) a tightly coordinated medical-social support network for both recently diagnosed and lost-to-care HIV-positive YMSM of color. Once found HIV-positive through social marketing, referral, and outreach efforts, YMSM of color receive an appointment with a physician within 72 hours. In addition to routine HIV medical care overseen by a physician, HIV-positive YMSM of color are offered ancillary support services that includes weekly support group meetings and one -on-one phone or in person counseling by social worker if desired; case management; prevention, substance use, and mental health counseling; and assistance with appointment scheduling or medical questions by text and or phone. An individual treatment plan to address identified barriers is developed based on a comprehensive assessment of medical, physical, psychosocial,	http://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/cdc-hiv-style_ei_retention.pdf

			environmental, and financial needs.	
Brothers United & The Damien Center's targeted Linkage to Care Program for local Black LGBT communities	Newly diagnosed HIV positive Black LGBTQ youth ages 13-24	Engagement and retention in care	Targeted Linkage to Care Program for local Black LGBT communities	https://www.hishealth.org/models-of-care/brothers-united-damien-center
Project Silk, a Safe Space Program	Newly diagnosed HIV positive Black LGBTQ youth ages 13-24	Engagement and retention in care	A recreation-based community health center that provides sexual health service delivery for Black LGBT patients	https://www.hishealth.org/models-of-care/project-silk; http://projectsilk.org/
Connecting Resources for Urban Sexual Health (CRUSH) Project	HIV-positive young MSM of color ages 18-29	Engagement and retention in care	An integrated sexual health clinic created for and by LGBT youth of color	https://www.hishealth.org/models-of-care/crush-project; http://www.crush510.org/
SMILE + Connect to Protect	Newly diagnosed HIV positive BMSM including young BMSM ages 13-24	Engagement and retention in care	A hybrid community mobilization, community participatory research strategy to improve access to care and treatment for Black gay men	https://www.hishealth.org/models-of-care/smile-connect-to-protect