Fiscal Year 2014 Supplemental Funding to Increase HIV Prevention and Care among Health Centers Partnering with State Health Departments (Partnerships for Care)

I. PURPOSE

This announcement details the fiscal year (FY) 2014 Supplemental Funding to Increase HIV Prevention and Care among Health Centers Partnering with State Health Departments for existing Health Center Program grantees (health centers currently funded, as of August 31, 2013, under Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b), CFDA #93.527). This supplemental funding opportunity announcement is part of a multi-agency partnership between the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) and is funded by the *Secretary's Minority AIDS Initiative Fund (SMAIF)*, as set forth in the Consolidated Appropriations Act of 2014, P.L. 113-76, H.R. 3547-376 and the Health Center Program. Other federal partners include the Department of Health and Human Services Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) and the HRSA HIV/AIDS Bureau (HAB).

The purpose of this supplemental funding is to expand the provision of HIV prevention and care services within communities most impacted by HIV and better serve people living with HIV (PLWH), especially racial/ethnic minorities. Additionally, this project will improve collaboration and leverage expertise among HRSA-funded health centers and CDC-funded state health departments. This supplemental funding will support health center workforce development, infrastructure development, HIV service delivery across the HIV care continuum, and the development of sustainable partnerships with state health departments.

II. BACKGROUND

Administered by OHAIDP on behalf of the Office of the Assistant Secretary for Health, SMAIF is a subset of the full Minority AIDS Initiative (MAI) resources appropriated by Congress. The purpose of the MAI is to respond to the growing impact of HIV/AIDS on racial and ethnic minorities in the United States through innovative approaches to address HIV/AIDS in minority communities. Activities supported by SMAIF are aligned with and support the goals of the National HIV/AIDS Strategy (NHAS) and are complementary to other MAI-funded activities across the nation. The NHAS has four overarching goals: a) reduce the number of people who become infected with HIV; b) increase access to care and optimize health outcomes for people living with HIV; c) reduce HIV-related health disparities; and d) achieve a more coordinated national response to the HIV epidemic.

In January 2014, CDC announced the *Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High HIV Prevalence Jurisdictions* funding opportunity announcement (CDC-RFA-PS14-1410). In June 2014, CDC awarded grants to four state health departments (Florida, Maryland, Massachusetts, and New York) to support this activity in their respective states. As a requirement of these grant awards, state health department awardees identified partner Health Center Program grantees which they must collaborate with throughout the project. As a result, only those Health Center Program grantees identified in the funded state health department applications may apply for this supplemental funding opportunity from HRSA.

The goals of this joint project are to:

1. Increase and improve HIV prevention and care service delivery (e.g., routine HIV testing, HIV primary care and treatment) among health centers;
2. Improve health outcomes for racial and ethnic minorities living with HIV/AIDS; and
3. Create sustainable, collaborative partnerships between health centers and health departments located in high HIV prevalence jurisdictions.

III. SUMMARY OF FUNDING

Health Center Program grantees identified in state health department applications funded under CDC-RFA-PS14-1410 are invited to request *FY 2014 Supplemental Funding to Increase HIV Prevention and Care Among Health Centers Partnering with State Health Departments*. These supplemental funding requests can range from $250,000-$500,000 and must include the following:

1. Copy of the signed Memorandum of Agreement (MOA) submitted to CDC with the state health department's application;
2. Three-year line-item budget and budget justification appropriate to the size and complexity of the proposed project;
3. Detailed work plan outlining key action steps for implementing required objectives and activities
4. HIV care team information; and
5. Supplemental information form including project narrative and projections.

For each state health department application funded under CDC-RFA-PS14-1410, HRSA supplemental funding will be awarded to identified eligible Health Center Program grantees for a three-year project period, starting September 1, 2014. HRSA anticipates awarding up to $11 million in FY 2014 to 22 existing Health Center Program grantees.

IV. FUNDING OPPORTUNITY REQUIREMENTS

Eligible Health Center Program grantees (here forward referred to as *health centers*) that apply for and receive HRSA supplemental funding must integrate HIV services into their primary care programs, including routine HIV testing, basic HIV care and treatment, HIV case management, HIV prevention services, and care coordination for PLWH. For additional detail on provision of services across service delivery sites, see Focus Area 3: Service Delivery.

Health centers must also collaborate with HIV specialty care providers to ensure that complex HIV care and treatment are available through formal written referral arrangements or directly onsite at the health center. For the purpose of this supplemental funding opportunity, basic HIV care and treatment and complex HIV care and treatment are defined as follows:

Basic HIV care and treatment (required to be provided on site) is defined as management of HIV-positive patients:

- Initiating or receiving 1st line anti-retroviral therapy (ART),
- With common health complaints, and
- In need of referral for more complex HIV care.

Complex HIV care and treatment (required, at a minimum, through formal written referral arrangements) is defined as management of HIV-positive patients:

- Receiving 2nd or 3rd line ART therapy or salvage therapy,
- With opportunistic infections or advanced HIV disease, **and/or**
- In need of services for prevention of mother-to-child transmission (PMTCT).

Specifically, health centers must implement activities in the following five focus areas:

1. Health center workforce development;
2. Health center infrastructure development;
3. HIV service delivery across the HIV care continuum;
4. Sustainable partnerships with state health departments; and
5. Project evaluation and quality improvement.

Note: To facilitate workforce and infrastructure development, health centers must also actively participate in activities offered by the HIV Training, Technical Assistance, and Collaboration Center (HIV TAC). The HIV TAC, led by an independent contractor, will support health centers and health departments in meeting the goals of the project. See Appendix B for more information about the HIV TAC.

Under each of the five focus areas, health centers must implement the following required objectives and activities:

Focus Area 1. Workforce Development

Health centers must increase the number of primary care providers, other service providers, and other health center staff who can provide high quality HIV services. Required activities include the following:

a. Establish at least one multi-disciplinary HIV care team that includes at least one primary care provider (PCP) trained in HIV care (i.e., primary care physician, advanced practice nurse, or physician assistant), and at least two other service providers (e.g., physician assistant, dentist, pharmacist, nurse, infectious disease doctor, adherence counselor, social worker, health educator, care coordinator). The established HIV care team(s) must provide services at health center site(s) where at least 30% of medical patients served are racial/ethnic minorities. HIV care teams must be established within the first year of the three-year project period.

   All members of the team must:

   i. Receive clinical training to enhance their capacity to provide routine HIV screening, HIV prevention, HIV care and treatment, case management, and care coordination in a culturally competent manner; and

   ii. Maintain active and on-going participation in HIV TAC capacity building activities.

b. Ensure all staff involved in provision of HIV testing services receive training in routine HIV screening, HIV prevention, HIV care and treatment, case management, care coordination, and cultural competency.

c. Ensure health center wide HIV training on basic HIV epidemiology, HIV service delivery models, health disparities, stigma and discrimination, cultural competency, and other locally relevant issues for all appropriate health center staff across all service delivery sites (i.e., providers, leadership, key staff, board members, and administrative staff).

d. Identify and utilize at least one source of expert, clinical consultation for ongoing advice on HIV/AIDS management and to ensure continuous quality improvement in HIV service delivery.

Focus Area 2. Infrastructure Development

Health centers must demonstrate or establish infrastructure to support high-quality HIV service delivery. Required activities include the following:

a. Designate an HIV program lead (at a minimum 10% FTE) and adequately staff the program to monitor and ensure implementation of all project activities.

b. Establish contracts or formal, written referral agreements and protocols for all services not provided by the health center (e.g., complex HIV care).

c. Implement system enhancements to support HIV service delivery, including:

    i. Clinical decision support systems to assist clinicians and other service providers with HIV prevention, testing, care, and treatment decision making;

    ii. Electronic health records (EHR) to collect and report relevant patient data (e.g., HIV testing date and result, clinical care dates of visit, health outcomes such as CD4 count and viral load) and use of EHR data to inform quality improvements in service delivery;

    iii. Financial management systems to support budgeting, accounting, coding, and billing across funding streams that support HIV services;

    iv. Patient tracking and follow-up for referrals; and

    v. Use of EHR and surveillance data to provide ongoing feedback to health center service delivery sites and providers regarding progress toward meeting project goals and improving HIV outcomes.

d. Develop or revise policies and procedures addressing HIV service delivery, including those related to the following:

    i. Needs assessments, to ensure identification of service delivery needs for PLWH and those at high risk of HIV infection within the health center service area, and development of community partnerships to increase access to care and address identified needs;

    ii. Integrated HIV service delivery, to ensure coordination of care across the HIV care team, other health center service providers, and service delivery sites;

iii. Provision of HIV services, including testing, linkage to care, basic HIV care, medication management, adherence support, patient self-care plans, and formal referrals to specialty care and enabling services;

iv. Quality improvement/quality assurance and risk management, to ensure that HIV services are provided in accordance with established guidelines and recommendations, and appropriate to the proposed service delivery approach; and

v. Provider credentialing, privileging, continuing education, recruitment, and retention.

e. Develop a plan to maintain the capacity and activities developed during the project, including:

i. Ongoing provision of established HIV services;

ii. Continuity of care to ensure all health center patients living with HIV are retained in care; and

iii. Financial sustainability of health center operations.

Focus Area 3. Service Delivery

Health centers must provide services across the HIV care continuum (http://aids.gov/federal-resources/policies/care-continuum). Routine HIV testing must be provided at all service delivery sites. For the remaining services, health centers should select service delivery sites that maximize the accessibility of services for racial/ethnic minorities living with HIV and at risk for HIV infection. Health centers should collaborate with health departments to determine the most appropriate service delivery plan based on community needs.

a. Health centers must provide the following services directly, including:

i. Routine HIV testing with linkage to care at all service delivery sites in the current health center scope of project, in accordance with United States Preventative Services Taskforce (USPSTF) recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm).

ii. Basic HIV care and treatment at sites with proposed HIV care teams, including management of stable HIV-positive patients who have not yet started ART or are on 1st line ART therapy, management of common complaints, and formal referrals and tracking for more complex HIV care.

iii. Prevention services for PLWH at sites with proposed HIV care teams, including:

- Developing or enhancing patient navigation services;
- Improving HIV medication adherence among PLWH to improve viral suppression, prevent viral resistance, and maintain optimal health outcomes;
- Facilitating access to behavioral and structural interventions for PLWH to reduce transmission risk behavior;
- Screening PLWH for sexually transmitted infections (STIs), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and tuberculosis (TB) with direct or formal referrals for care and treatment as needed; and

- Enhancing referrals and linkage to other medical services.

b. Health centers must provide the following services directly and/or by contract/formal written agreement:

   i. Behavioral health care (e.g., mental health, substance abuse);

   ii. Oral health care; and

   iii. Enabling services (e.g., case management, outreach, eligibility, transportation, translation).

c. Health centers should provide the following services directly, by contract/formal written agreement and/or formal written referral arrangement:

   i. HIV prevention services for high risk HIV-negative patients (e.g., prevention counseling, condom distribution, low intensity clinic-based interventions, referrals to substance abuse and mental health services, pre-exposure prophylaxis);

   ii. Screening and treatment for chlamydia and screening for HCV for all patients in accordance with federal guidelines; and

   iii. Patient case management services and assistance in establishing eligibility for and gaining access to other non-health related programs and services that support improved health.

Focus Area 4. Partnerships with State Health Departments

Health centers must establish sustainable partnerships with state and local health departments to improve health care outcomes across the HIV care continuum for PLWH and those at high risk of HIV infection, especially racial/ethnic minorities. Required activities include the following:

a. Ensure policies and procedures are in place to facilitate data sharing with the state health department and protect patient confidentiality and data security;

b. Participate in joint HIV case conferences to discuss and reconcile lists of people living with HIV who have not been linked to care, are not fully engaged in care, or are lost to follow-up;

c. Collaborate with state health department disease intervention specialists and linkage coordinators to bring PLWH into the health center and retain them as health center patients; and

d. Participate in training opportunities facilitated by the state health department on legal aspects of HIV testing, integration of HIV testing into primary care settings, and HIV prevention.

Focus Area 5. Project Evaluation and Quality Improvement

Health centers must support efforts to evaluate and improve this project. Anticipated evaluation activities include: assessing knowledge and competencies of HIV care team members; collecting, reporting, and utilizing patient level data regarding HIV outcomes; describing and studying the effectiveness of service delivery models; and participating in all-grantee meetings to review and build upon lessons learned.

Health centers must collect data and submit bi-annual reports directly to HRSA/BPHC and the state health department to demonstrate progress toward implementation of required activities and

improvement of health care outcomes along the HIV care continuum. Data collected for this project will align with HHS core HIV indicators[2] and other previously established measures used by HRSA and CDC to monitor HIV prevention and care programs. Specific data to be reported will be communicated to grantees after funding decisions are made. The table below provides examples of possible measures health centers may be expected to report.

Table 1 – Data Collection Examples	
Workforce Development	**Infrastructure Development**
– Number and composition of multi-disciplinary HIV care teams receiving clinical training – Number of other service providers receiving training, by provider type – Number of other health center staff receiving training, by staff position	– Number of formal referral arrangements with providers of complex HIV care – Number and type of HIV related service delivery and health outcome measures collected in the health center's EHR
Service Delivery and Diagnoses[1]	
– Percent of health center patients 15-65 who have been tested for HIV at least once in their lifetime – Number of health center patients with a first time diagnosis of HIV – Percent HIV-positive health center patients who did not have a medical visit within the last six months[2, 3] – Percent of HIV-positive health center patients who are prescribed ART[2] – Percent of HIV-positive health center patients who had at least one HIV medical care visit every six months within a two-year period[2] – Percent of HIV-positive health center patients who have a viral load <200 copies/mL at last test within the previous 12 months[2]	
[1] Service delivery and health care outcomes data must be reported by basic demographic indicators. [2] Common Core Indicator for Monitoring HHS-funded HIV Services. More information available at http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html [3] National Quality Forum (NQF) endorsed measures noted by number. More information available at http://www.qualityforum.org/News_And_Resources/Press_Releases/2013/NQF_Endorses_Infectious_Disease_Measures.aspx	

V. ELIGIBILITY

Eligible health centers must be formally partnered with a state health department funded under CDC-RFA-PS14-1410. Health Center Program grantees must also meet the eligibility criteria listed below at the time of application to receive this supplemental funding:

1. Receive operational funding under section 330 of the PHS Act, as amended.
2. Do not receive operational funding under the HRSA HAB Ryan White HIV/AIDS Part C Early Intervention Services Program.
3. Did not receive initial (new start) New Access Point Health Center Program funding in FY 2013 or FY 2014.

4. Have fewer than five Conditions of Award related to Heath Center Program requirements in 60-day status, no Conditions of Award in 30-day status, and no Conditions of Award in default status.
5. Use an EHR system at all service sites.
6. Serve at least 30% of total patients who are members of racial/ethnic minority groups, as evidenced by 2012 UDS data.
7. Submit to HRSA the signed Memorandum of Agreement that was submitted to CDC with the state health department's funded application for CDC-RFA-PS14-1410.

VI. APPLICATION REQUIREMENTS

Applicants for the *FY 2014 Supplemental Funding to Increase HIV Prevention and Care among Health Centers Partnering with State Health Departments* application must complete the following application sections within HRSA's Electronic Handbook (EHB). Applicants will receive the link to the EHB application via e-mail.

1. **Face Page (SF-424)**
2. **Project Narrative**

   Narrative responses to each of the items below are limited to 3,000 characters within the EHB. Applicants will have an opportunity to provide additional details regarding activities in the Work Plan attachment (see Appendix C). Applicants must provide a brief discussion of:

   a. Professional background, qualifications, role, and responsibilities of the HIV program lead.

   b. The health center's proposed approach to workforce development and infrastructure development to increase and improve HIV service delivery among racial/ethnic minorities in its service area. Specifically describe:

      - The composition of multi-disciplinary HIV care team(s) to be established;
      - System enhancements to be implemented; and
      - Written policies, procedures, plans, and referral agreements to be developed or revised.

   c. The health center's proposed approach to expand its capacity to provide routine HIV testing, basic HIV care and treatment, HIV prevention services, HIV case management, and coordinate the HIV care team(s) to deliver high quality services for PLWH.

3. **Projections**

   Applicants must provide the following projections to be achieved by the end of the three-year project period:

   a. The number of multi-disciplinary HIV care teams that will receive clinical training, deliver HIV services, and participate in HIV TAC activities (all HIV care teams must be established within year one).

   b. Number of other health center staff and board who will receive HIV training.

c. Percent of health center patients who will receive routine HIV testing for the first time.

d. The number of health center patients who will receive basic HIV care and treatment from the health center's HIV care team(s).

4. Project Work Plan

Applicants must complete and attach a detailed, three-year work plan for achievement of project requirements consistent with the project narrative, projections, and budget narrative. The work plan should document the specific action steps necessary to implement required activities under each of the five focus areas (see pages 3-6). The work plan should span the proposed three-year project period and include all five focus areas. For each objective, identify at least one action step. For each action step, identify the person/area responsible, time frame, and expected outcomes. A sample work plan is included in Appendix C.

5. Budget Forms

Complete the Budget Information form and the Federal Object Class Categories form, which provides details on the federal budget request. Please refer to Appendix A for budget instructions.

6. Budget Narrative

Provide a detailed budget narrative for each year of the three-year project period. The budget must clearly describe each cost element and explain how each cost contributes to meeting the project's goals. Please refer to Appendix A for budget instructions.

7. HIV Care Team Information

Applicants must complete and attach additional project information regarding the required HIV Program Lead and HIV care team(s). Please refer to Appendix D for additional instructions.

8. Memorandum of Agreement

Include a copy of the MOA with the state health department that was submitted to the CDC in the funded health department's application for CDC-RFA-PS14-1410, *Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery Among Health Centers Serving High HIV Prevalence Jurisdictions*. The MOA must indicate a commitment of participation for the entire three-year project period and include signatures of authorized representatives for both the state health department and health center.

VII. ELIGIBLE USE OF FUNDS

HRSA supplemental funding may be used for the following:

- Adding clinical staff as employees or contractors consistent with current scope of project (e.g., physicians, dentists, physician assistants, nurse practitioners).
- Adding non-clinical staff as employees, contractors or consultants to support implementation of the project (e.g., outreach workers, patient navigators, information technology (IT) specialists, accountants, administrative personnel).
- Offsetting lost revenue to train current primary care physicians, other clinicians, and other service providers who will comprise proposed HIV care teams.

- Enhancing current clinical decision, EHR/HIT, or financial management systems to identify, link, re-engage, retain people living with HIV into care, and report required data.
- Costs to support HIV service delivery, including medical supplies, medications, immunizations, laboratory services, enabling services (e.g., transportation, translation), or outreach.

HRSA supplemental funding may NOT be used for the following activities:

- Incentives (e.g., gift cards, food)
- Costs to support activities at sites that are not included in the health center's current scope of project
- Distribution of sterile needles or syringes for the hypodermic injection of any illegal drug
- Construction costs
- Facility or land purchases
- Vehicle purchases

VIII. APPLICATION SUBMISSION DUE DATE AND TIME

The application submission due date is **August 12, 2014 at 5:00 PM ET.** Applications must be submitted electronically in HRSA's Electronic Handbook (EHB).

IX. APPLICATION REVIEW

HRSA will conduct reviews for the following:

1. health center eligibility,
2. responsiveness to supplemental funding opportunity instructions,
3. detail, appropriateness, and feasibility of the proposed work plan for meeting the project goals and requirements,
4. appropriateness of the proposed budget across the three year project period given the size and complexity of the proposed project, and
5. allowable costs.

X. AWARD NOTICES

HRSA anticipates awarding *FY 2014 Supplemental Funding to Increase HIV Prevention and Care Among Health Centers Partnering with State Health Departments* in September 2014. Grantees must register annually with SAM.gov and maintain current, accurate information at all times during which an entity has an active award.

XI. ADDITIONAL REQUIREMENTS

HRSA supplemental funding recipients must comply, as applicable, with Section 330 of the PHS Act, as amended, its implementing regulations, and Health Center Program policy documents, including Health Center Program Requirements available at http://bphc.hrsa.gov/about/requirements, as well as with all applicable grant requirements, including those specified in 45 CFR Part 74, and 45 CFR Part 92.

Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funds awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

Consistent with the MOA between the health center and the state health department, health center participation in this project must not result in a reduction of the level or quality of primary care services currently provided to patients served by the health center.

HRSA supplemental funding recipients will be required to submit bi-annual progress reports in EHB. Specific data to be reported will be communicated to grantees after funding decisions are made. Data collected for this project will align with HHS core HIV indicators, consistent with the National HIV/AIDS Strategy. Health centers must report this data in addition to data required for the Uniform Data System (UDS) and the Federal Financial Report (SF-425).

XII. AGENCY CONTACTS

Type of Assistance Needed	Contact
General technical assistance	A technical assistance web site has been established to provide applicants with FAQs and other resources. To review available resources, visit http://www.hrsa.gov/grants/apply/assistance/bphchiv.
Program and budget related issues	Supplemental Funding TA Team HRSA Bureau of Primary Health Care Office of Policy and Program Development Email: HIVsupplement@hrsa.gov
Electronic submission issues	**BPHC Help Line** bphchelpline@hrsa.gov or 1-877-974-BPHC (2742) Monday through Friday 8:30 AM to 5:30 PM (ET)

APPENDIX A: Budget Instructions

Applicants must complete a Budget Information Form, Federal Object Class Categories Form, and Budget Narrative.

Budget Information

In EHB, complete Section A – Budget Summary. Click "Update" to enter the proposed budget for the first 12-month budget period. Under New or Revised Budget, provide the supplemental funding request in the "Federal" field. Classify the supplemental funding request across sub-programs (CHC, HCH, MHC, PHPC), according to the proportions for the overall Health Center Program grant. Enter any non-grant funds that will support this project in the Non-Federal column. In Section C – Non Federal Resources, distribute the non-federal budget amount specified in Section A – Budget Summary across the applicable non-federal resources. Cost sharing/matching is not required for this program.

Federal Object Class Categories

In the Requested Supplemental Funding section of the Federal Object Class Categories form, the "Total New or Revised Federal Funds" requested in Section A – Budget Summary will pre-populate in the "Federal Funding" line item. Enter the federal expenses and non-federal support (if any) for each line item for the first 12-month budget period.

Budget Narrative

Budget requests must be commensurate with the size and complexity of the proposed project (e.g., service delivery sites, HIV care teams, infrastructure activities, patient projections). The budget narrative must explain each amount requested for each line item for each year in the three-year project period. For each year, classify the budget line-items according to the federal grant request and non-federal funding supporting the project. Specifically describe each cost element and how each cost will support the project and achievement of proposed goals. Include:

- **Personnel:** Personnel costs must list the exact amount requested each year. List each staff member who will be supported with these supplement funds, name (if possible), position title, percent of full-time equivalency, and annual salary. Award funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II or $181,500.[1] Please note that while an individual's base salary is **not** constrained by the legislative provision, the amount of the salary charged to the Health Center Program grant must not exceed the rate limitation. Provide all base salaries at the full amount even if they exceed the salary limit.

  See the table below for the information that must be included for each staff position supported in whole or in part with federal grant funds. This level of information is **not** required for staff positions supported entirely with non-federal section 330 grant funds.

[1] The salary limitation applies across all HRSA funding. In other words, if a full-time staff member is paid from several HRSA grants, the total federal contribution to that staff person's salary cannot exceed $181,500.

Budget Sample for Salary Limitation

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
J. Smith	Physician	50	$225,000	$181,500	$90,750
H. Lee	HIV Program Lead	15	$60,000	no adjustment needed	$9,000
R. Doe	Nurse Practitioner	100	$ 75,950	no adjustment needed	$75,950
D. Jones	Data/AP Specialist	25	$ 33,000	no adjustment needed	$0 (in-kind)

- **Fringe Benefits:** List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits must be directly proportional to that portion of personnel costs allocated for the project.

- **Travel:** The mileage rate, number of miles, reason for travel, and staff members/patients completing the travel should be described. The budget must also reflect the travel expenses associated with participating in proposed meetings, trainings, or workshops. **Each applicant is expected to budget for travel to required meetings for key members of each HIV care team and the HIV Program Lead,** including the annual two-day grantee meeting in Atlanta and bi-annual meetings with its partner state health department).

- **Equipment:** Identify the cost per item and justify the need for each piece of equipment to carry out the proposed project. Equipment includes moveable items that are non-expendable, tangible personal property having a useful life of more than 1 year and an acquisition cost that equals or exceeds $5,000. Applicants may request up to $50,000 of funding in Year 1 and/or Year 2 ONLY to support the purchase of relevant equipment.

- **Supplies:** Separately list the supplies necessary to support project activities, including clinical supplies and equipment required for HIV service delivery valued up to $5,000.

- **Contractual:** Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Applicants are responsible for ensuring that the organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts and potential conflicts of interest.

- **Other:** Include all other allowable costs that do not fit into any other category into the "Other" category (e.g., EHR provider licenses) and provide a detailed explanation of each cost.

The budget narrative should also describe anticipated changes in the relative amounts of supplemental funding used to support the five focus areas across the three year project (e.g., highest percentage of funding used for Focus Area 2 in Year 1; higher percentage of funding used for Focus Area 4 in Year 2 than in Year 1).

APPENDIX B: HIV Training, Technical Assistance, and Collaboration Center (HIV TAC)

HRSA/BPHC will competitively award a contract to establish the HIV TAC to support health centers in implementing their workforce development, infrastructure development, and service delivery activities. Health departments and other national and regional providers of HIV related training and technical assistance (TA) (e.g., AIDS Education and Training Centers), will also support implementation of HIV TAC activities.

Within the first few months following award of HRSA supplemental funding to health centers, the HIV TAC will plan, schedule, and facilitate a "readiness review" with each health center and its partner health department. Readiness reviews will inform the training, TA, and other activities implemented by the HIV TAC.

During the readiness review, each health center will provide an overview of the following:

- professional background and experience of members of its proposed HIV care team and other key staff involved in the HRSA supplemental funding activities;
- organizational strengths, capabilities and areas for improvement;
- primary care service delivery model, patients, and service area demographics; and
- current HIV service delivery, policies, and procedures, if any.

The HIV TAC, health center, and its partner health department shall review and discuss the following:

- adequacy of the health center's project work plan submitted to HRSA,
- a strategic approach to work plan implementation,
- specific training and technical assistance needs,
- recruitment of referral care providers and other key partners in the service area,
- readiness of the health center workforce and infrastructure to meet the goals of the project,
- key observations and recommendations, items requiring following-up, and next steps.

Following all readiness reviews, the HIV TAC will provide group training and customized TA around a variety of topics, including but not limited to:

- Routine HIV testing in primary care settings
- Basic HIV care and treatment, including antiretroviral therapy
- Prevention services for PLWH, including clinical preventive services
- Retaining PLWH in care
- Using HIV surveillance data to improve HIV care outcomes
- Establishing and maintaining LGBT- and PLWH-friendly health care environments
- Addressing stigma and discrimination in HIV service delivery
- Best practices for multi-disciplinary, team-based care

- Sexual health and risk behavior assessment
- Screening guidelines for Hepatitis C and health concerns of patients with Hepatitis C co-infection
- Establishing HIV care plans, including patient self-management
- Managing patients using clinical consultation
- Utilizing formal referrals for management of HIV complex care and co-morbidities
- Health Insurance Portability and Accountability Act (HIPAA) and protection of patient confidentiality
- Patient Protection and Affordable Care Act
- Implementing health information technology infrastructure improvements to support HIV service delivery
- Using data to support quality improvements
- Managing occupational exposure

In addition, the HIV TAC will:

- Establish and maintain strategic partnerships with other federally-funded programs that can assist in leveraging existing resources, maximizing efficiency, building upon lessons learned, and ensuring quality in the implementation of HIV TAC activities;
- Establish and maintain a website for participating health centers and health departments to access and share information and materials; and
- Design a tool kit that can guide a health center through a step-by-step process of integrating HIV care into their primary care program.

Appendix C: Project Work Plan

Applicants must complete and attach a detailed, three-year work plan for achievement of project requirements consistent with the project narrative, projections, and budget narrative. The work plan should document the specific action steps necessary to implement required activities under each of the five focus areas (see pages 3-6). The work plan should span the proposed three-year project period and include all five focus areas. For each objective, identify at least one action step. For each action step, identify the person/area responsible, time frame, and expected outcomes. A template for the work plan will be provided on the technical assistance webpage.

FOCUS AREA 1: Workforce Development			
Objective 1a: Establish at least one multi-disciplinary HIV care team that includes at least one PCP trained in HIV care and at least two other service providers.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 1b: Ensure all staff involved in the provision of HIV testing services receive training in routine HIV screening, HIV prevention, HIV care and treatment, case management, care coordination, and cultural competency.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 1c: Ensure health center wide HIV training for all appropriate health center staff across all service delivery sites.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 1d: Identify and utilize at least one source of expert clinical consultation to ensure quality in HIV service delivery.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**

FOCUS AREA 2: Infrastructure Development			
Objective 2a: Designate an HIV program lead and adequately staff the program to monitor and ensure implementation of all project activities.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 2b: Establish formal, written referral agreements and protocols for complex HIV care and enabling services not provided directly by the health center.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 2c: Implement system enhancements to support HIV service delivery.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 2d: Develop or revise policies and procedures addressing HIV service delivery.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 2e: Develop a plan to continue: provision of HIV services; continuity of care to ensure health center patients living with HIV are retained in care; and financial sustainability of health center operations.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**

FOCUS AREA 3: Service Delivery			
Objective 3a-i: Provide routine HIV testing at all service delivery sites.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 3a-ii: Provide basic HIV care and treatment at sites with HIV care teams, including management of stable HIV-positive patients who have not yet started ART or are on 1st line ART therapy, management of common complaints, and formal referrals and tracking for more complex HIV care.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 3a-iii: Provide prevention services for PLWH at sites with HIV care teams (see p. 5 of instructions for required activities).			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 3b: Provide behavioral health care, oral health care, and enabling services for PLWH directly and/or by formal referral.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
Objective 3c: Provide HIV prevention services, screening for chlamydia and HCV, and other non-clinical services directly, by formal paid referral, or by formal unpaid referral (see p. 6 of instructions for required activities)**.**			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
FOCUS AREA 4: Partnerships with State Health Departments			
Objective 4: Develop sustainable partnerships with state health departments (see p. 6 of instructions for required activities).			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**
FOCUS AREA 5: Project Evaluation and Quality Improvement			
Objective 5a: Support efforts to evaluate and improve this project through data collection and evaluation activities.			
Action Steps	**Person / Area Responsible**	**Time Frame**	**Expected Outcome**

Appendix D: HIV Care Team Information

Applicants must complete and attach additional project information regarding the required HIV Program Lead and HIV Care Team(s). A template to provide this information will be provided on the technical assistance webpage. The fields below are required.

1. Health center grantee name	
2. Grant number	
3. Name and title of HIV Program Lead responsible for overseeing project	
4. Name of site and city where HIV Program Lead spends the majority of time	
5. Total number of sites in scope	
6. Total number of sites that will provide routine HIV testing	
7. If number of sites in scope (#5) does not equal number of sites providing routine HIV testing (#6), provide a justification for each excluded site	
8. Total number of HIV care teams to be developed	
For each HIV care team proposed (#8), provide the following information (#9-13). Add additional rows if you plan to develop more than one HIV care team.	
9. Total number of team members	
10. Name of HIV care team lead, including provider/staff type and FTE	
11. List all other members of the proposed team, including provider/staff type and FTE	
12. Name and city of the main health center site where the proposed team will provide services (enter one location)	
13. Name and city of other health center sites where the team will provide care (enter all other locations)	