



## Secretary's Minority AIDS Initiative Funding (SMAIF) to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High HIV Prevalence Jurisdictions (CDC-RFA-PS14-1410)

### Questions and Answers

#### GENERAL

1. What is the purpose of this FOA?

The purpose of this FOA is to improve collaboration among CDC-funded state health departments and Health Resources and Services Administration (HRSA)-funded health centers to expand the provision of HIV prevention and care services within communities most impacted by HIV, especially racial/ethnic minorities, and to better serve people living with HIV (PLWH). CDC will support a total of four state health departments to participate in this three-year project. The primary goals of the project are to develop and implement effective, replicable, and sustainable programmatic models for collaborating with health centers located in high HIV prevalence jurisdictions to increase health centers' capacity to deliver HIV prevention and care activities. This will be achieved by improving the identification of undiagnosed HIV infection, establishing new access points for HIV care and treatment, and improving HIV outcomes along the continuum of care for PLWH.

2. Will there be other federal funding opportunities to compliment this FOA?

To meet the overarching goals of the project, federal funding through the Department of Health and Human Services (DHHS) Secretary's Minority AIDS Initiative Fund (SMAIF) will be allocated to both CDC and HRSA. Following the allocation of CDC awards to the funded state health departments, HRSA will invite eligible health centers identified as partners in state health departments' applications to apply for supplemental funding (3 to 6 health center grantees per state health department awardee). In addition, HRSA will allocate funds to an independent contractor through a competitive process to lead an HIV training, technical assistance, and collaboration center (HIV TAC) designed to support state health departments and health centers in workforce and infrastructure development, as well as service delivery activities.

3. What activities will the health departments, health centers, and technical assistance contractor be funded to do? How will this be coordinated?

This FOA will support the activities to be conducted by state health departments. The state health departments funded through this FOA will use integrated and targeted strategies, in collaboration with health centers, to: 1) use state HIV surveillance data and health center electronic health record (EHR) data to improve HIV health outcomes for PLWH; 2) expand partner notification, linkage, retention, and re-engagement services for newly diagnosed and previously diagnosed PLWH; 3) participate in HIV TAC activities that will include comprehensive training and technical assistance to health centers on HIV service delivery to increase the proportion of patients with HIV



who have diagnosed infection and who are engaged in high-quality HIV care; and 4) develop sustainable partnerships.

HRSA will provide supplemental funds to health centers to increase their capacity to provide HIV services within their primary care program. Health centers will be expected to provide routine HIV testing, basic HIV care and treatment, and case management and care coordination for PLWH. Health centers must collaborate with HIV specialty care providers to ensure that complex HIV care and treatment are available to patients directly or through formal referral. More specifically, health centers will be required to: 1) increase the number of primary care physicians and other service providers who can provide HIV services; 2) demonstrate or establish infrastructure to support high-quality HIV service delivery; 3) provide HIV prevention, care and treatment services across the HIV care continuum directly and/or through formal referrals; 4) 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, including racial/ethnic minorities; and 5) support efforts to evaluate and improve this project.

Finally, HRSA will also provide supplemental funds to a contractor to establish the HIV TAC, which will primarily support health centers in implementing their workforce development, infrastructure development and service delivery activities.

#### 4. How will this project be managed?

In keeping with the spirit and goals of the NHAS, and in recognition of the complex and interrelated nature of these goals, a multi-agency federal partnership will provide leadership for the overarching project. The CDC/Division of HIV/AIDS Prevention (DHAP) and the HRSA/Bureau of Primary Health Care (BPHC) will lead this project. Other federal partners will include the DHHS/Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), HRSA/HIV/AIDS Bureau (HAB), and others. This federal partnership will oversee all stages of the project. CDC will be the lead agency for this FOA, and HRSA will be the lead agency for the health center and HIVTAC funded activities and project officers from both agencies will be assigned to the project.

#### 5. What is the timeline of the project?

There will be two phases to this 3 year project; a development phase lasting up to 6 months followed by ongoing implementation and evaluation for the duration of the project.

Development Phase. State health department grantees will collaborate with local and federal partners to finalize the components of their project. Given that funding for the state health department grantees and HRSA's HIV TAC contract will be awarded at approximately the same time, state health department grantees will work initially with the HIV TAC contractor to prepare for work with the health centers. It is anticipated that the health centers will be awarded SMAIF



funds approximately 3 months after the state health departments are funded, at which time, the state health departments will engage the health centers in project development activities.

Following completion of all developmental activities and formal approval by CDC, HRSA/BHPC, and federal partners, state health department grantees will begin implementing and evaluating their projects.

Implementation Phase. It is expected that state health department grantees will begin programmatic implementation (excluding ‘development activities’ described above) after HRSA funding for both the HIV TAC and supplemental grants to the participating health centers have been awarded.

6. What are the expectations for pre- and post-award partnerships between the health department applicants and health centers?

In the pre-award stage, state health department applicants must propose formal partnerships with 3 to 6 health centers eligible to participate. State health department applicants must document partnerships with each proposed health center via a signed Memoranda of Agreement, which should be included in their application. Instructions for developing the MOA are included in the FOA (See Collaborations). Only those health centers identified as partners in funded state health department applications will be invited to apply for supplemental funding from HRSA’s Bureau of Primary Health Care (BPHC). The FOA contains program expectations for health centers to assist state health departments in pre-award discussions with health centers that may be interested in participating in the project.

State health department applicants will have the flexibility to consider appropriate health center partnerships; however, state health departments should consider jurisdictions within the state most affected by HIV when selecting these partnerships. In addition, as state health departments engage with potential health center partners, the health center eligibility criteria (detailed in the FOA and described below) should be considered.

In the post-award stage, state health departments and health centers will work closely together in all primary activities (i.e., using state HIV surveillance data and health center EHR data to improve HIV health outcomes for PLWH; expanding partner notification, linkage, retention, and re-engagement services for newly diagnosed and previously diagnosed PLWH; and participating in HIV TAC activities; and developing sustainable partnerships).

## **FUNDING AND BUDGET**

7. How much federal funding is allocated for the overall project?



This FOA includes approximately \$2,600,000 of funding to up to 4 state health departments for Year 1 activities (FY2014). The average Year 1 award per state health department grantee is expected to be \$650,000. The total projected estimated funding to state health departments across Years 1, 2 and 3 of the project is \$7,800,000. Total funding to state health departments for Years 1, 2 and 3 is subject to availability of funds.

HRSA supplemental awards to participating health centers are anticipated to range from \$250,000 to \$500,000, per health center grantee, per year, for the three-year project period. HRSA supplemental awards to health centers may vary in size and number depending upon availability of funds.

HRSA will also allocate federal funding to an independent contractor to establish and coordinate a training, technical assistance, and collaboration center (HIVTAC) to increase HIV service delivery by health centers serving high prevalence areas.

8. Does funding for this project include Affordable Care Act money?

This project is funded through the HHS Secretary's Minority AIDS Initiative Fund and does not include federal funds appropriated through the Affordable Care Act Prevention and Public Health Fund.

9. Are research and clinical care expenditures allowed under the CDC FOA?

Research and clinical care expenditures are not allowable under the CDC FOA. However, health centers awarded supplemental funding through HRSA can use funds for clinical care.

**ELIGIBILITY**

10. What agencies are eligible for CDC awards under this funding announcement? Are directly-funded city health departments that are not included in the 9 eligible state health departments able to receive funding by working directly with a state health department?

State health departments are uniquely positioned, through their statutory authority and broad access to a range of governmental and community-based partners, to improve the utilization of HIV surveillance and prevention strategies within a wide variety of clinical settings. This includes supporting the optimization of HIV prevention and care services at health centers to achieve objectives of increased identification of HIV infection, earlier entry to HIV care, and improved continuity of care. Eligibility for awards under the CDC FOA is limited to nine state health departments or their Bona Fide Agents located in the United States. These state health departments include: Alabama State Department of Health; California Department of Public Health; Florida State Department of Health; Maryland State Department of Health and Mental Hygiene; Massachusetts Department of Public Health; Michigan Department of Community Health; New York State Department of Health; South Carolina State Department of Health and Environmental Control; Texas Department of State Health Services.



Local health departments (including those directly-funded by CDC), community-based organizations (CBOs), for-profit entities, public nonprofit, private non-profit, faith-based, and tribal organizations and colleges and universities are not eligible to apply for funding. However, it is expected that

funded state health departments will need to coordinate with all appropriate local (county and city) health departments in the specific jurisdictions that will be targeted by the project.

Where appropriate, state health department may be required to direct funds to local health departments to hire additional field staff and/or engage in active partnerships with the health centers. These cross-health department partnerships must be documented via a signed memorandum of understanding (MOU) attached to the state health department's application.

#### 11. What criteria did CDC use to determine eligibility for these awards?

Because of the high disease burden among racial and ethnic minority populations, the disproportionate rate of AIDS diagnoses and associated mortality, and the pervasive impact of social and structural determinants of health, this FOA supports a service limited competition funding opportunity announcement to nine state health departments in the United States. The nine state health departments were selected based upon meeting the following three criteria:

- Burden of illness. In line with the Secretary's Minority AIDS Initiative Funding and the National HIV/AIDS Strategy's focus on decreasing health disparities and maximizing reductions in national incidence and mortality, only state health departments in jurisdictions with greater than 5,000 HIV cases among African Americans and Latinos were chosen.
- Laboratory Reporting. Second, the state health departments chosen are in jurisdictions with laws and regulations in place that require laboratory reporting of viral load and CD4 data at all levels. HIV viral load and CD4 data among persons who are HIV-infected are useful as indicators of program effectiveness. Current HIV clinical management guidelines call for CD4 and viral load testing at the time of diagnoses and every 3 to 6 months thereafter. When all values of CD4 results are reported (not just when the CD4 value indicates HIV Stage 3 [AIDS]), public health agencies can use the CD4 data as a marker for a care visit, and thus better gauge access to and maintenance in care. Grantees funded under this program announcement will be required to utilize both CD4 and viral load results reported to the HIV surveillance program as a primary data source for identifying individuals who never linked to care after diagnosis or who have fallen out of care.
- Not currently receiving funding under CDC FOA PS12-1210. Third, only those state health departments in jurisdictions not participating in the Secretary's Minority AIDS Initiative Fund for Care and Prevention in the United States (CAPUS) Demonstration Project (CDC FOA PS12-1210) were chosen. This funding condition was selected because CAPUS grantees are engaged in



broad systems-level prevention and care activities that although not health center focused, are similar to the activities planned for this funding announcement.

## 12. What health centers are eligible for supplemental HRSA awards?

State health department grantees will have the flexibility to consider appropriate health center partnerships; however, state health departments should consider jurisdictions within the state most affected by HIV when selecting these partnerships. Health centers must meet the eligibility criteria listed below to participate in this project.

- Receive operational funding under section 330 of the PHS Act, as amended, at the time of application.
- Do not receive operational funding under the HRSA HAB Ryan White HIV/AIDS Part C Early Intervention Services Program.
- Did not receive initial Health Center Program funding in FY 2013 or FY 2014 (e.g., new start New Access Point funding).
- Have fewer than five Conditions of Award related to Health Center Program requirements in 60-day status and no Conditions of Award in 30-day status.
- Have not been notified by HRSA of material non-compliance within the current project period.
- Use an EHR system at all service sites.
- At least 30% of total patients are members of racial/ethnic minority groups.

Detailed profiles of health centers are available at <http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2012>. Additional information about the geographic reach, penetration, and growth of the Health Center Program and its relationship to other federally-linked health resources is available through the Uniform Data System (UDS) Mapper at <http://www.udsmapper.org/about.cfm>.

The FOA application includes a “Worksheet for Health Center Partnerships,” which is intended to guide state health departments in selecting eligible health centers that are well-positioned to achieve the goals of the project (see Appendix). State health department applicants should complete one worksheet per health center grantee.

## **MONITORING AND EVALUATION**

### 13. How will funded activities be measured and evaluated?

Monitoring and evaluating (M&E) program performance will include several activities, spanning both process and outcome evaluation and will be consistent with the logic model included in the FOA. The CDC strategy will include M&E for the overall project as well as for individual health department grantees. Grantees will be responsible for M&E of their own programs for continuing quality improvement.



The CDC strategy will require the following from grantees: use approximately 5% of the overall budget to support program evaluation (of funded activities); submit progress reports; participate in uniform data collection activities; real-time documentation and tracking of service delivery using existing health center IT applications; and periodic data entry and electronic submission of data and reporting information.

Data that are submitted to one federal partner will not be required in duplicate by another federal partner; instead, the federal partners will directly exchange such data for the purposes of the evaluation. The federal partners will standardize and align data requirements wherever possible. CDC and HRSA will also require the collection and reporting of data from health department staff, health center staff, and patients to measure additional program processes and outcomes. When feasible, patient-level data will be used in the evaluation. Guidance on program M&E and performance measures will be provided by the federal partners on an ongoing basis throughout the project period.

This project must show measurable progress toward both short-term and intermediate outcomes depicted in the logic model.

#### **MISCELLANEOUS QUESTIONS RECEIVED AFTER FOA PUBLICATION**

14. We are fine-tuning our outcomes and are curious about the amount of overlap between the CDC and HRSA grant. For example, for continuous quality improvement we would want to track information such as the number of clinicians training in HIV care, etc. We would also be looking out their client demographics, encouraging outreach to men. However, are these indicator that would be in the HRSA grant and not appropriate in our grant?

The expectation is that applications for CDC funding will include an overall jurisdictional evaluation plan, and we acknowledge that there will be some overlap between CDC and HRSA funded evaluation requirements. The type of indicator you describe below (i.e., number of clinicians trained) is relevant to both the CDC FOA as well as the supplemental HRSA grants. It actually fits very nicely into the logic model and could be one indicator for measuring several of the short-term outcomes listed on page 10 of the FOA (i.e., increased health center capacity to provide routine HIV testing and linkage to care; increased health center capacity to engage newly and previously diagnosed patients in HIV care; and increased health center capacity to provide prevention services for PLWH). In terms of tracking demographics of clients, the expectation is that health centers will use established HIT and/or work to modify EHR platforms to track patient demographic and other health-related data. Collected data would be shared with funded health departments with the intent of collaboration to help meet the objectives of the project.

15. Could you provide an example of what would suffice as evidence of the following? *Applicants must provide evidence of program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training.*



Provide brief supportive narrative explaining that the organization has the necessary infrastructure and personnel to address each of these areas. Supplementary documentation is not required for this section.

16. We would like clarification on the method of finance for HIV medications for persons without health insurance who do not qualify for ADAP or Medicaid and become patients of HRSA funded health centers under HRSA's forthcoming HIV supplemental FOA.

For CDC funding specifically, awardees may not use CDC funds for clinical care (page 42 FOA). However, HRSA expects that supplemental funding to participating health centers will be available for use to offset HIV medication costs. The Health Center Program requires all health centers to provide sliding fee scales for pharmaceuticals based on the patient's income. Health centers should take into consideration all available programs and resources when developing line item budgets for HRSA supplemental funds. These programs and resources include those that may be available to patients, such as Medicaid, Ryan White ADAP, and those available to health centers, such as the 340B Drug Pricing Program. To find health centers that are covered by 340B, see: <http://opanel.hrsa.gov/opa/CESearch.aspx> and search under the Entity type: Consolidated Health Center Program. Health centers may also take advantage of other drug discount programs available in their state.

17. Are charts and graphs allowed in the narrative?

Relevant charts and graphs are allowable in the project narrative.

18. We understand the requirement for an MOU with local health departments in providing partner services and linkage to care under the FOA. Some of the health centers we've selected are in cities where the local health department provides disease intervention services, and we are working on MOUs with the local health departments. However, at least 2 of the health centers we've selected are in areas contiguous to and actually part of a greater megalopolis, but are situated in cities or counties that do not provide disease intervention services. In those areas, health department regional offices, utilizing state health department personnel, provide those services. We are working under the assumption that there won't be a problem with our application if no MOU with a local health authority is submitted for those health centers given that these offices are directly part of the state health department.

State health departments operate in unique systems. An MOU should be submitted for each relevant local health department that functions outside of the state health department system. For regional offices that are directly part of the state health department system, provide a basic letter of support indicating that the regional office is aware of the proposed project activities. It is also suggested that the application provide a basic overview of the state, regional and local health department system so that reviewers will understand the specific relevant issues.

