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Health Resources and Services Administration

HIV/AIDS Bureau
Division of Service Systems
Ryan White HIV/AIDS Program

HIV Care Grant Program
Part B AIDS Drug Assistance Program (ADAP) Emergency Relief Awards

Announcement Type: Limited Competition New and Competing Continuations

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date in Grants.gov: June 1, 2012

Ensure your Grants.gov registration and passwords are current immediately!

Deadline extensions are not granted for lack of registration.

Registration may take up to one month to complete.

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Authority: Section 311(c) of the Public Health Service Act, 42 USC 243(c).

Executive Summary

This Funding Opportunity Announcement (FOA) is provided to assist eligible applicants in preparing fiscal year (FY) 2012 application for Limited Competition New and Competing Continuation AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF) under Section 311 of Title III of the Public Health Service Act, which authorizes the Secretary to utilize resources to control epidemics of any disease. These funds are to be used in conjunction with the Ryan White HIV/AIDS Treatment Program's Part B ADAP administered by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB), Division of Service Systems (DSS).

Part B grants to States and Territories (States) provide access to HIV/AIDS medications for uninsured/under-insured low-income persons living with this disease. Despite appropriation increases, demand for ADAP services began to outstrip available resources in many States resulting in their need to establish waiting lists and/or address and/or implement cost-containment measures. Therefore, Section 311 emergency relief funding is targeting the increased urgent demand for ADAP.

For the first time, this FOA makes a distinction between two categories of cost-containment measures (CCMs): *cost-cutting* and *cost-saving*

Cost-cutting measures: Any measures taken that restrict/reduce enrollment (financial eligibility reductions below 300 percent of the Federal Poverty Level (FPL), capped enrollment) or that reduce benefits (formulary reductions with respect to antiretrovirals and medications to treat opportunistic infections or complications of HIV disease), - and are instituted out of necessity due to insufficient resources and/or to avoid starting a waiting list. ADAP emergency relief funding may be requested to address/reverse (completely or partially) "cost-cutting" CCMs..

Cost-saving measures: Any measures taken to improve the cost-effectiveness of ADAP operations, which are required to achieve, improve, and/or maximize HRSA recommended cost-saving strategies that all states should be working to achieve and/or maximize regardless of financial status. States may request emergency ADAP emergency relief funding may be requested to implement "cost-saving" CCMs.

The two categories of cost-containment measures will be discussed in greater detail throughout this FOA.

Beginning in FY 2010, the Secretary authorized \$25 million in ADAP ERF awards in July under Section 311 to address 1,681 individuals on waiting lists and cost containment measures to prevent a waiting list. In FY 2011, demand for ADAP services continued to expand beyond resources, resulting in 8,619 individuals on waiting lists by July 1, 2011 as compared with the previous year. In response, the Congress increased the ADAP appropriation by \$50 million, of which \$10 million was distributed by formula to all States and \$40 million directed for ADAP ERF grants. While these funds enabled States to move many individuals from waiting lists into ADAP, it has not eliminated waiting lists in some States. Responding to the urgent continuing need, on December 1, 2011 the President announced \$35 million in new emergency relief funding in addition to \$40 million in FY 2012 continuation funds appropriated by the Congress.

Therefore, this FOA contains instructions for FY 2012 ADAP ERF competing continuation applications for the 30 grantees that received FY 2011 ADAP ERF, **to the extent that additional funds are needed and justified.** Applicants for competing continuation awards must document how FY 2011 ADAP ERF dollars have been used to reduce their waiting list and/or address “cost-cutting” measures and/or implement “cost-saving” measures. This includes the number of clients removed from the State’s July 1, 2011 ADAP waiting list and/or otherwise impacted by the implementation of cost containment measures implemented after August 1, 2010. (Please see the note and table below for an explanation of these and other cited dates.)

A total of \$40 million is available for FY 2012 competing continuation awards. Applicants are advised that the awards will be capped at the applicant’s FY 2011 ADAP ERF award amount. A competing continuation award is not guaranteed, but rather will be determined by the applicant’s documentation and justification of the need for continuation funds, with priority given to addressing waiting lists as follows.

- Applicants with a waiting list on July 1, 2011 that continue to have a waiting list as of March 30, 2012 or currently, must use any FY 2012 ADAP ERF funds requested to address the waiting list, i.e. either to maintain in ADAP those clients moved from the waiting list into ADAP, or to remove additional clients from the waiting list.
- Applicants that had a waiting list on July 1, 2011 but that have moved all or most eligible individuals into ADAP and no longer have a waiting list, must use FY 2012 ADAP ERF only for the purposes of maintaining those clients in ADAP during FY 2012, to the extent that FY 2011 ADAP ERF and FY 2012 Part B, ADAP, ADAP Supplemental and State resources are insufficient for that purpose.
- Applicants requesting FY 2012 ADAP ERF continuation funds to continue addressing “cost-cutting” measures and/or implementing “cost-saving” measures initiated on or after August 1, 2010 and approved in their FY 2011 ADAP ERF plan, must: a) adequately document the use of their FY 2011 ADAP ERF award in the required interim progress report in relation to the planned activities; and b) provide a clear justification as to why the FY 2011 funds, together with the State’s FY 2012 Part B award and State resources, are insufficient for that purpose. Amounts requested by the applicant that fail to be supported with adequate documentation and justification and/or that are for activities not allowed under this FOA, will be disallowed.

If any of the 30 eligible states do not justify need or request a lower amount of continuation funding, the remaining amounts will be added to the \$35 million available under the new competitive 2012 ADAP ERF.

This FOA also provides instructions for preparing a FY 2012 ADAP ERF competitive new application to address an ADAP waiting list established as of March 30, 2012 (please refer to the note below), address new “**cost-cutting**” measures instituted as of August 31, 2010 (i.e., a reduction in ADAP eligibility below 300% FPL or in the formulary as described above), and/or implement **new or additional** “cost-saving” measures to be implemented during the project period. All Part B grantees are eligible to apply, including the grantees eligible for competing continuation ADAP ERF awards.

A minimum of \$35 million is available for FY 2012 new competitive ADAP ERF awards for states that demonstrate need, which will be capped at \$7 million, with a minimum award of \$50,000 subject to the availability of funds and a recommended application. The amount of each award will be based on 1) the applicant's ability to demonstrate need for additional funding to address a waiting list and/or "cost-cutting" measures or implement additional "cost saving" measures and 2) the success of the applicant's past efforts to improve the cost-effectiveness of ADAP operations – consistent with HRSA recommendations and policies – and maximize available resources. This determination will be made by an external Objective Review Committee (ORC). Funding will be based on their review and scoring of applicant's responses to the criteria published in this announcement. with priority given to addressing waiting lists as follows.

- The ORC scores will be used to establish the rank order for the awarding of funds.
- All applicants that request new competitive ADAP ERF funds to address waiting lists and are recommended for an award by the ORC will receive awards first based on their ORC scores.
- Once those funds are distributed, then applicants that request funds for cost-containment will receive awards,
- Grantees with the highest scores will be funded at the full amount requested as long as the amount requested is for allowable services under this FOA and recommended by the ORC, falls within the minimum and maximum amounts available, and there are still funds available to distribute.

In addition, applicants are advised that:

- States with waiting lists as of March 30, 2012 must use all ADAP ERF new competing funds to address the waiting list.
- States without a waiting list as of March 30, 2012 must use all ADAP ERF new competing funds to address "cost-cutting" measures and/or support implementation of new or additional "cost saving" measures during the project period to prevent a waiting list.

The FOA also identifies reports and other forms of documentation that will be required from all grantees receiving funds under this announcement. Applicants are advised that all FY 2012 ADAP ERF awards will be for a 9-month project and budget period (7/1/2012-3/31/2013).

All applicants must submit their application electronically through Grants.gov. Applicants may utilize information previously submitted in their FY 2012 Part B application (HRSA-12-132) where applicable.

Please note: States with waiting lists are required to report weekly to HRSA the number of individuals on their waiting list; and HRSA forwards the resulting official Waiting List Report (WLR) each week to the Secretary. The waiting list cut-off dates for ADAP ERF in FY 2010 through FY 2012 are shown below, along with other key dates referred to in this FOA.

Fiscal Year	ADAP ERF Application Critical Dates for Specific Fiscal Years	
	Cut-off Date to Address a Waiting List	Timeframe for Funds to Implement Cost-Containment Measures to Prevent a Waiting List
2010	July 8, 2010	Measures implemented in the last year (i.e., prior to August 1, 2010)
2011	July 1, 2011	Measures implemented <u>after</u> August 1, 2010
2012	March 30, 2012	<ul style="list-style-type: none"> • <u>Competing continuation ERF</u>: Complete implementation of measures initiated after August 1, 2010 • <u>Competing New ERF</u>: New measures to be implemented in the FY 2012 9-month project period

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I. Funding Opportunity Description

1. Purpose

The purpose of this announcement is to solicit competing continuation and new applications for the Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program (ADAP) Emergency Relief Funding (ERF) authorized by Section 311 of Title III of the Public Health Service Act (PHS), which enables the Secretary to utilize resources to control epidemics of any disease. ADAP is administered by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB), Division of Service Systems (DSS).

Competing Continuation ADAP ERF grants are intended to provide support to Ryan White Part B grantees that received fiscal year (FY) 2011 ERF, to the extent that the grantee provides adequate justification for additional funding. A total of \$40 million is available for FY 2012 competing continuation awards. Funds will be awarded on a needs-based formula.

Competing continuation awards are intended to:

- **Address ADAP waiting lists** that were reported to HRSA as of July 1, 2011, and/or to
- Address "cost-cutting" measures initiated after August 1, 2010 and/or complete the implementation of "cost saving" measures initiated after August 1, 2010.

Applicants are advised that competing continuation awards:

- Will be capped at the applicant's FY 2011 ADAP ERF award amount;
- Are not guaranteed, but rather will be determined by the applicant's documentation and justification of the need for continuation funds for the 9-month project and budget period (July 1, 2012 – March 31, 2013); and,
- Are prioritized for addressing waiting lists.

New competing ADAP ERF grant awards are intended for States/Territories that can demonstrate the need for additional resources to address waiting lists reported to HRSA as of the week ending March 30, 2012, address "cost-cutting" measures instituted after 8/1/10, and/or implement additional "cost-saving" measures during the project period. New competing ADAP ERF awards will be based on the applicant's ability to successfully demonstrate need for the additional funding and the success of the State's past efforts to improve the cost-effectiveness of ADAP operations – consistent with HRSA recommendations and policies and to maximize available resources. This determination will be made by an external Objective Review Committee (ORC) based on their review and scoring of applicant's responses to criteria published in this funding opportunity announcement, with priority given to addressing waiting lists.

Important Note:

- States with an ADAP waiting list reported to HRSA for the week ending March 30, 2012 must use all funding awarded under this announcement to remove clients from the waiting list.
- States that did not report a waiting list to HRSA as of March 30, 2012, must use funding awarded under this announcement to address "cost-cutting" measures (reduction in ADAP eligibility below 300% FPL and/or the formulary with respect to antiretrovirals and drugs to treat opportunistic infections or HIV/AIDS complications) and/or support the

implementation of additional or new cost saving” measures during the project period to prevent a waiting list.

2. Background

ADAP pays for medications to treat HIV disease, insurance continuation for eligible clients, and services that enhance access, adherence, and monitoring of drug treatment. Patient eligibility is determined by the State or Territory and includes both financial and medical eligibility criteria. Financial eligibility is usually determined as a percentage of the Federal Poverty Level (FPL). Medical eligibility is the diagnosis of HIV-infection (symptomatic or asymptomatic). Patients must also provide proof of current state residency and lack of insurance. ADAPs are required to recertify client eligibility every six months.

An ADAP waiting list is a mechanism used to limit access to the ADAP when funding is not available to provide medications to all eligible persons requesting enrollment in that State. The ADAP verifies overall eligibility for the program and places eligible individuals on a waiting list, as necessary, prioritized by a pre-determined criterion. The ADAP manages the waiting list to bring clients into the program as funding becomes available.

Despite appropriation increases, steady growth in the number of eligible clients combined with rising costs of complex HIV/AIDS treatments sometimes results in states experiencing greater demand for ADAP services than available resources can cover. In these instances, ADAPs have implemented waiting lists for program services and medications.

Section 311 emergency relief funding targets the increased urgent demand for ADAP. Factors contributing to this increased demand include the economic downturn, increased HIV testing, a push for earlier HIV treatment, more effective medications, longer survival rates, and an increased HIV prevalence. Section 311 does not provide long-term ongoing funding, so cost containment measures are essential.

Examples of “cost-cutting” measures: Reductions in ADAP financial eligibility below 300 percent of the Federal Poverty Level (FPL), capped enrollment, formulary reductions in with respect to antiretrovirals and/or medications to treat opportunistic infections and complications of HIV disease, or restrictions with respect to ADAP insurance eligibility criteria (i.e., below 300% of FPL).

Examples of “cost-saving” measures: Improved systems and procedures for back billing Medicaid, improved client recertification processes, Part B Program structural or operational changes such as expanding insurance assistance, purchase of insurance, collection of 340B rebates for insurance co-pays, deductibles, co-insurance and TrOOP expenditures, and CMS data-sharing agreements.

States may request ADAP emergency relief funding to implement measures that will help them achieve and/or maximize HRSA’s prioritized cost containment strategies discussed below.

HRSA has prioritized the following cost containment strategies through its monitoring and technical assistance efforts: purchase of insurance, collection of 340B rebates for insurance co-pays, deductibles, co-insurance and TrOOP expenditures, back billing of Medicaid, and CMS data-sharing agreements, 6-month re-certification, controlling ADAP administrative costs.

ADAP grantees are required to use every means at their disposal to secure the best price available for all products on their ADAP formularies in order to achieve maximum results with these funds.

As covered entities, ADAPs are eligible to participate in the 340B Drug Pricing Program under section 340B of the PHS Act. Funds received as a result of participating in the 340B Drug Pricing Program Rebate Option shall be returned to the Ryan White Program. Grantees are expected to coordinate effectively with third party payers to ensure that costs are recovered for services provided to eligible/covered individuals. Third party sources include Medicaid, Children's Health Insurance Programs (CHIP), Medicare (including the Part D prescription benefit) and private insurance. Subcontractors providing Medicaid eligible services must be Medicaid certified. The Ryan White HIV/AIDS Program is the payer of last resort, and grantees must ensure that alternate sources of payment are pursued. Grantees are required to determine client eligibility and to recertify eligibility once every six months. In addition, the applicant must ensure that program income is used consistently with ADAP requirements.

II. Award Information

1. Type of Award

Funds will be provided in the form of a grant. Competing continuation funding will be formula-based. New competitive funding is subject to objective review.

2. Summary of Funding

This program will provide funding in Federal fiscal year 2012. Approximately \$75 million will be available as follows:

- Approximately \$40 million will be available for competing continuation funding. If continuing support is justified, amounts will be formula-based and capped at the applicant's FY 2011 ADAP ERF award amount.
- Approximately \$35 million will be available for new competitive awards. States eligible for a competing continuation are also eligible to apply for this new funding, which will be added to their competing continuation grant (if awarded) or issued as a new award (if the eligible state chose not to apply for competing continuation funds or did not justify the need for continuing support). The minimum award will be \$50,000 with a ceiling of \$7 million, subject to the availability of funds and a recommended application. Applicants are advised that the ORC scores will be used to establish the rank order for the awarding of funds as follows.
 - All applicants that request new competitive ADAP ERF funds to address waiting lists and are recommended for an award by the ORC, will receive awards first based

on their ORC scores. Once those funds are distributed, then applicants that request funds for cost-containment will receive awards,

- Grantees with the highest scores will be funded at the full amount requested as long as the amount requested is for allowable services under this FOA and recommended by the ORC, falls within the minimum and maximum amounts available, and there are still funds available to distribute.

The project and budget period will be **9-months (July 1, 2012 – March 31, 2013)**. This project period aligns with the FY12 Part B award. There may be no overlapping costs between the budget for this award and any other Federal grant (including other Ryan White Program funding).

III. Eligibility Information

1. Eligible Applicants

- **Competing continuation ADAP ERF awards**

The following 30 Part B grantees that received FY 2011 ADAP ERF awards are eligible to apply for FY 2012 Competing Continuation ADAP ERF awards: Alabama, Arizona, California, Colorado, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Louisiana, Missouri, Montana, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Puerto Rico, Rhode Island, South Carolina, Tennessee, Utah, Virgin Islands, Virginia, Texas, Washington, Wisconsin and Wyoming.

- **New competitive ADAP ERF Awards**

All 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Territories of the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands are eligible to apply, including grantees eligible for competing continuations.

2. Cost Sharing/Matching

There is no cost sharing or matching requirement for this program.

3. Other

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

Applications that fail to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, *so check for active registration well before your grant deadline.*

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

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

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed

information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the “Application Format Requirements” section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files for both types of funding may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support for both types of funding. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 80 page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Notification of award will be sent to the Chief Elected Official (CEO) or to the delegated administrative agency responsible for dispersing Part B Grant Program funds. To ensure timely notice of the release of the FY 2012 ADAP Emergency Relief grant award and other important documents relating to the grant, States/Territories must forward personnel, address, and e-mail or telephone changes immediately to the appropriate Grants Management Specialist listed on the State’s or Territory’s most recent Notice of Award (NoA).

SF-424 Non Construction – Table of Contents

-  It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
-  Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
-  For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
-  For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site	Form	Supports primary and 29 additional sites in	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Location(s)		structured form.	
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with all additional site location(s)	Not counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment 1	ADAP Profile (New Competitive ERF Applicants Only)
Attachment 2	Position Descriptions of Key Personnel
Attachment 3	Biographical Sketches of Key Personnel

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. **Important note:** enter the name of the Project Director in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.917.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Please complete Sections A, B, E, and F of the SF-424A Budget Information - Non-Construction Programs form included with the application kit, and then provide a line item budget using Section B Object Class Categories of the SF 424A. In Section B, budget categories are limited to four columns. The required columns are:

For competing continuation funding only (applicable to the 30 eligible applicants specified in Section III):

- **Waiting List:** The first column should include all funds allocated to address the applicant’s waiting list reported to HRSA as of July 1, 2011. It may NOT include any funds for planning and evaluation, or clinical quality management. There may be no

overlapping costs with your FY12 Part B budget or the budget for any other Federal award.

- Cost Containment - The second column should include all funds allocated to address the applicant's cost containment measures implemented after August 1, 2010 intended to prevent a waiting list in FY 2011. It may NOT include any funds for planning and evaluation, or clinical quality management. There may be no overlapping costs with your FY12 Part B budget or the budget for any other Federal award.

For new competitive funding only:

- Waiting List: The first column should include all funds allocated to address the applicant's waiting list as reported to HRSA as of March 30, 2012. It may NOT include any funds for planning and evaluation, or clinical quality management. There may be no overlapping costs with your FY12 Part B budget or the budget for any other Federal award.
- Cost Containment -The second column should include all funds allocated to grant activities to address "cost-cutting" measures instituted after 8/1/10, and/or implement additional "cost-saving" measures during fiscal year (FY) 2012. It may NOT include any funds for planning and evaluation, or clinical quality management. There may be no overlapping costs with your FY12 Part B budget or the budget for any other Federal award.

For competing continuation funding and new competitive funding (applicable only to the 30 eligible applicants specified in Section III):

- Continuation Waiting List: The first column should include all funds allocated to address the applicant's waiting list as reported to HRSA as of July 1, 2011. It may NOT include any funds for planning and evaluation or quality management. There may be no overlapping costs with your FY12 Part B budget or the budget for any other Federal award.
- Continuation Cost Containment - The second column should include all funds allocated to address the applicant's "cost-cutting" measures instituted after August 1, 2010 and/or the applicant's "cost-saving" measures implemented in FY 2011. It may NOT include any funds for planning and evaluation, or clinical quality management. There may be no overlapping costs with your FY12 Part B budget or the budget for any other Federal award.
- New Waiting List: The third column should include all funds allocated to address the applicant's waiting list as reported to HRSA as of March 30, 2012. It may NOT include any funds for planning and evaluation, or clinical quality management. There may be no overlapping costs with your FY12 Part B budget or the budget for any other Federal award.
- New Cost Containment - The fourth column should include all funds allocated to grant activities to address "cost-cutting" measures instituted after 8/1/10, and/or implement additional "cost-saving" measures during fiscal year (FY) 2012. It may NOT include any funds for planning and evaluation, or clinical quality management. There may be no overlapping costs with your FY12 Part B budget or the budget for any other Federal award.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative

agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual's base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual's base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each row in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for **9 months** (7/1/2012 – 3/31/2013). Line item information must be provided to explain the costs entered in the SF-424A. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850

R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual’s base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program’s goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. **Reminder:** recipients must notify potential subrecipients that entities receiving sub awards must be registered in the CCR and provide the recipient with their DUNS number. The salary limitation outlined above also applies to contracts.

Applicants may include the cost of access accommodations as part of their project’s budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Program Income: HHS Grant Regulations require recipients and/or subrecipients to collect and report program income. Program income shall be monitored by the recipient, retained by

the recipient (or subrecipient if earned at the subrecipient level), and used to provide ADAP services to eligible clients. “Program income is gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements received from Medicaid, Medicare and third-party insurance); and income a recipient or sub-recipient earns as the result of a benefit made possible by receipt of a grant or grant funds, e.g., income as a result of drug sales when a recipient is eligible to buy the drugs because it has received a Federal grant.”

Direct payments include charges imposed by recipients and sub-recipients for Part B ADAP services as required under Section 2617(c) of Title XXVI of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87), such as enrollment fees, premiums, deductibles, cost sharing, co-payments, co-insurance, or other charges. The 2012 Notice of Award will specify that program income must be “Added to funds committed to the project or program and used to further eligible project or program objectives.” Grantees are responsible for ensuring that sub-recipients have systems in place to account for program income, and for monitoring to ensure that sub-recipients are tracking and using program income consistent with Part B requirements. See the HHS Grants Policy Statement at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf> and 45 CFR 92.25.

v. *Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. If a staff member is charging their time to multiple federal awards, the percentage charged to each award should be noted. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in Attachment 3. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. *Assurances*

Complete Application Form SF 424B Assurances- Non-Construction Programs provided with the application package.

vii. *Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

viii *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:

- Project Title;

- Applicant Name;
- Address;
- Contact Phone Number (Voice, Fax);
- E-mail Address; and
- Website Address, if applicable
- Indicate if the application is for competing continuation funding, new competitive funding, or both.
- Indicate the amount requested for competing continuation, new competitive funding, or both.

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

ix. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Applicants should use the Section and Sub-section headers that follow to label and organize their application Narrative.

COMPETING CONTINUATION ADAP ERF APPLICANTS ONLY:

Eligible applicants include: Alabama, Arizona, California, Colorado, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Louisiana, Missouri, Montana, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Puerto Rico, Rhode Island, South Carolina, Tennessee, Utah, Virgin Islands, Virginia, Texas, Washington, Wisconsin and Wyoming.

As part of the project narrative, applicants must provide a progress report documenting how their FY 2011 ADAP ERF award has been used to reduce their waiting list and/or contain costs to prevent the need for a waiting list and the impact of those funds. Applicants also must provide an FY 2012 Implementation Plan consistent with their proposed budget in the narrative.

The amount of Competing Continuation funds requested to address a waiting list must be based on the applicant's calculations of the average client cost to provide medications and/or the average client cost to provide insurance assistance during the FY 2012 9-month project and budget period (July 1, 2012 – March 31, 2013). In making the FY 2012 Competing Continuation awards, HRSA will utilize each applicant's average annual cost calculations submitted with their FY 2011 ADAP ERF application, taking into account any corrections that the grantee may have subsequently submitted at HRSA's request prior to issuing those awards.

Competing Continuation application narrative should follow the outline below and include all requested information.

A. Interim Progress Report on the Use of 2011 ADAP ERF Grant Award

- 1) FY 2011 ADAP ERF funds awarded to address a waiting list reported to HRSA as of July 1, 2011:

- a. What was the total amount of funds awarded for addressing the waiting lists?
 - b. What amount of these funds was expended as of December 31, 2011. *(If you have additional more recent data, please submit and specify the timeframe)*
 - c. Identify the amount, if any, of unspent funds as of December 31, 2011. Please explain why the funds were unspent.
 - d. Of the total number of clients reported on the waiting list as of 7/1/11:
 - i. How many waiting list clients have been enrolled in ADAP as a result of the FY2011 ADAP ERF Funds?
 - ii. Of this number, how many are receiving medications?
 - iii. Of this number, how many are receiving insurance assistance?
 - e. How many waiting list clients have been enrolled in ADAP as a result of FY 2011 State and/or Part B grant funds? (Please specify)
 - i. Of this number, how many are receiving medications?
 - ii. Of this number, how many are receiving insurance assistance?
 - f. How many waiting list clients have been determined eligible for and enrolled in Medicaid?
 - g. How many waiting list clients have been determined to be ineligible for ADAP?
 - h. How many of the clients on the waiting list as of 7/1/2011 are currently on the State's ADAP waiting list. Please specify the date for which you are reporting.
 - i. How many new, additional clients have been determined to be eligible for ADAP and placed on the State's waiting list after 7/1/2011? (i.e., after the eligibility cut-off date for FY 2011 ADAP ERF to address a waiting list)
 - j. How many clients are currently on the State's waiting list? (Please specify the date.)
- 2) FY 2011 ADAP ERF grant awarded for cost containment measures implemented after August 1, 2010:
- a. What was the total amount of funds awarded for cost containment implemented after August 1, 2010? (I.E., the period for which FY 2011 ADAP ERF cost containment were awarded to address cost-containment measures implemented after August 1, 2010)
 - b. What was the total amount of FY 2011 funds expended as of 12/31/2011? If you have more recent expenditure data please submit it and specify the time frame.
 - c. List and briefly describe each cost containment activity/measure implemented after August 1, 2010. For each activity/measure describe the following:
 - i. Identify the amount of 2011 ADAP ERF funds budgeted to support the activity
 - ii. Identify the amount of funds expended as of 12/31/2011. If you have additional data please submit it and specify the time frame.
 - iii. Describe the impact of the activity/measure in relation to clients seeking ADAP services, (e.g. the number of clients served).

B. FY 2012 competing continuation ADAP ERF Implementation Plan

The purpose of this section is to present the applicant's FY 2012 Continuation ADAP ERF service plan. The plan must demonstrate how the State/Territory will:

- *Address the State's ADAP waiting list as of 7/1/2011*
- *Complete implementation of cost containment measures/initiatives the State planned to implement after August 1, 2010*

Important: Applicants requesting both competing continuation and competing new ADAP ERF funding must submit a single FY 2012 ADAP ERF Implementation Plan, which should clearly delineate between the applicant's Continuation and New proposed activities for FY 2012.

Reminder: Grantees are reminded that ADAP ERF funds awarded under Section 311 of Title III of the PHS Act may NOT be used for Planning/Evaluation or Clinical Quality Management activities.

1) FY 2012 Continuing ADAP ERF Implementation Plan Table

In table format, list each planned ADAP service (e.g., purchase of HIV/ADAP medications, provision of insurance so that ADAP eligible clients can access HIV/AIDS prescription drugs and medical care) and/or cost-containment measure designed to improve ADAP operations and maximize available ADAP resources for the 9-month budget period, July 1, 2012 – March 31, 2013.

- a. For each service listed:
 - i. Define the service unit
 - ii. Provide the number of persons to be served;
 - iii. Identify the total number of service units to be delivered;
 - iv. Define the time frame of estimated duration of activity; and
 - v. Provide the estimated cost of providing that service.

Important Note: As previously stated, in making the FY 2012 Competing Continuation awards, HRSA will utilize each applicant's average annual cost calculations submitted with their FY 2011 ADAP ERF application, taking into account any corrections that the grantee may have subsequently submitted at HRSA's request prior to issuing the FY 2011 awards. Therefore, projected costs should be based on the applicant's Average Monthly Client Medication Cost for the nine month budget period and/or Average Monthly Client Cost for Insurance Assistance for the nine month budget period. Applicants are reminded that all competing continuation cost calculations and budget amounts are subject to verification by HRSA.

- b. For each cost-containment activity listed:
 - i. Define the service unit (e.g., 1 unit = 1 provider staff person that completes training in new ADAP eligibility determination and recertification training; 1 unit = 1 six-month ADAP recertification, 1 unit = 1 provider training session regarding implementation of new sliding-scale fee schedule);
 - ii. Provide the number of persons or entities to be "served" or impacted by the activity, (e.g., number of staff who will receive training, the number of ADAP clients expected to be recertified every 6 months, the number of additional ADAP clients expected to be enrolled as a result of a cost-savings strategy);
 - iii. Identify the total number of service units to be delivered (e.g., 10 training sessions at a total of 6 locations, a total of 50 staff trained, 600 re-certifications completed);
 - iv. Define the time frame of estimated duration of activity; and
 - v. Provide the estimated cost of completing the activity.

2) Narrative FY 2012 Continuing ADAP ERF Implementation Plan: Provide a narrative

that describes the following information:

- a. How the services/activities in the plan will address unmet need for ADAP services in disproportionately impacted minority communities;
- b. How the activities described in the plan will ensure geographic parity in access to ADAP throughout the State or Territory;
- c. How the activities described in the plan will address the needs of emerging populations for access to ADAP;
- d. How the grantee will assure that funds allocated for each service/activity will be spent within the 9-month budget period;
- e. For applicants with an ADAP waiting list, describe how the services/activities will reduce the number of persons on the waiting list;
- f. For applicants without waiting list, describe:
 - i. How the services/activities will improve the applicant's ability to improve ADAP operations and maximize ADAP resources
 - ii. Describe how the services/activities will prevent the establishment of a waiting list in FY 2012

NEW COMPETITIVE ADAP ERF APPLICATION

These instructions are for preparing an FY 2012 **Competitive** ADAP ERF application request to address an ADAP waiting list established as of March 30, 2012, and/or to prevent the creation of an ADAP waiting list through the implementation of **new and/or additional** cost containment measures to be implemented during fiscal year (FY) 2012. All Part B grantees are eligible to apply, including Part B grantees eligible for competing Continuation ADAP ERF funds.

The amount of each new ADAP ERF award will be based on the applicant's ability to demonstrate need for additional funding to address a waiting list and/or implement additional cost containment measures, and the effectiveness of the applicant's past efforts to improve the cost-effectiveness of ADAP operations – consistent with HRSA recommendations and policies – and maximize available resources. This determination will be made by an external Objective Review Committee (ORC) based on their review and scoring of the applicant's responses to criteria published in this announcement with priority given to addressing waiting lists.

Factors Affecting State ADAP Capacity to Meet Need (correlates with Criterion 1: Need)

This section provides an opportunity for applicants to describe the factors impacting the State ADAP and its ability to meet the demand for HIV medications among Ryan White eligible clients. This discussion should be supported by data sources as appropriate when discussing trends and changes that have resulted in increasing demand.

Describe the changes in environment that are affecting the State ADAP's ability to meet projected ADAP client service needs for FY 2012.

Examples of environmental changes may include:

- Continuing trend in high unemployment rate as compared with previous two years
- Increase in the percentage of ADAP-eligible clients below 100 percent of the Federal Poverty Level (FPL) as compared with the previous two years
- Increase in the number of HIV positive newly aware individuals seeking treatment in 2011 as compared with the previous two years
- Increase in the number of out-of-care HIV positive clients now seeking treatment
- Changes in the state Medicaid Program
- Increased cost of ADAP medications
- Increased cost to ADAP for insurance premiums, deductibles or co-insurance/co-pays
- Decreased or level State funding for ADAP
- Decreased or level State funding for other HIV/AIDS services
- Decreased or level federal funding for ADAP

State/Territory's HIV/AIDS Epidemiologic Data & ADAP Profile

A. HIV/AIDS Epidemiologic Data (to be provided to the Objective Review Committee- does not need to be included in this application)

A copy of your State/Territory's table reporting living cases of AIDS and HIV (non-AIDS) disease through December 31, 2010 (date of latest CDC data, including prevalence by demographic group and exposure category) and the accompanying narrative that were submitted with your FY 2012 Part B grant application, will be provided to the Objective Review Committee (ORC). States were asked to describe the HIV/AIDS epidemic in the State/Territory based on the latest State HIV/AIDS Epidemiologic profile including a narrative description of any trends or changes in the HIV disease prevalence over the past two years (01/01/09-12/31/10). (Cross-reference: FOA HRSA-12-132, pages 16 – 17). Epidemiologic data does not need to be included with this application.

B. ADAP State/Territory Profile

All applicants must provide the information requested in [Appendix A: State/Territory ADAP Profile](#) for Fiscal Years 2009, 2010, and 2011 (unless otherwise noted). For FY 2011, include all information or data through December 31, 2011. [Appendix A](#) provides a description of the required data elements, along with a link to a suggested format for this profile.

The purpose of the information in the State ADAP Profile is to help reviewers understand the structure, functions and operational processes of your State/Territory's ADAP and the clients that it serves. It will be scored by the ORC on the basis of completeness for purposes of Criterion 1. It will also be used as a reference point by the ORC in reviewing related information provided by applicants in their narrative responses to Criteria 2, 3 and 4. The ADAP Profile should be completed by Competitive ERF applicants only. For your convenience, a sample format for the ADAP Profile is available at <http://hab.hrsa.gov/adaprofile>. **Please submit the ADAP Profile information as Attachment 1.**

State/Territory Actions to Address ADAP Challenges (correlates with [Criterion 2: Response](#))

This section provides an opportunity for States/Territories to describe specific actions taken to avoid, reduce or eliminate waiting list. Under the Ryan White Part B program, grantees are to ensure access to a comprehensive continuum of HIV/AIDS care that includes HIV medications.

- A. Please describe the impact of Part B funding received in FY2011, including Part B Base, ADAP, Emerging Communities and Part B ADAP Emergency Relief funds.
 - 1) How many individuals are being served by the ADAP as a result of these funding streams?
 - 2) As a result of receiving these funds, how many individuals were removed from the ADAP Waiting List?
 - 3) As a result of receiving these funds, was the ADAP able to avoid removing clients from program due to budget shortfall?
 - 4) Describe how these funds have impacted the outlook of your budget forecasting?
- B. If applicable, please describe the impact of FY 2010 and/or FY 2011 ADAP Emergency Relief funds awarded to the State/Territory. For each fiscal year:
 - 1) Identify the number of individuals removed from the ADAP Waiting List;

- 2) Identify the number of additional individuals who were provided access ADAP as a result of receipt of these funds;
- 3) Explain how the funds have impacted the methods and outlook of your budget forecasting; and
- 4) Identify the amount, if any, of unspent funds at the end of each respective fiscal year, and explain why the funds were unspent.

C. Cost Containment Strategies

- 1) List and briefly describe the “cost-cutting” and “cost-saving” cost containment measures implemented to address ADAP budget challenges in the past year, and their impact on ADAP operations and access.

Examples of “Cost-cutting” Measures Include: Reductions in ADAP eligibility below 300% of FPL, capped enrollment, reductions in ADAP insurance eligibility criteria below 300% FPL, formulary reductions with respect to antiretrovirals and/or medications to treat opportunistic infections or other complications of HIV disease.

Examples of “Cost-Saving” Measures Include: Improving systems and procedures for back billing Medicaid, improving client recertification processes, Part B Program structural or operational changes, such as expanding insurance assistance

- 2) Please respond to the following questions regarding the priority cost containment strategies encouraged through HRSA’s grant monitoring and technical assistance efforts.
 - a. Does your State ADAP purchase insurance on behalf of ADAP eligible clients such as COBRA, Private Insurance, PCIP, Medicare Part D or other insurance? If not, please explain why.
 - b. Does your ADAP collect 340B rebates for insurance co-pays, deductibles, co-insurance and TrOOP expenditures? If not, please explain why.
 - c. Does your ADAP have the ability and capacity to back bill Medicaid for all ADAP expenditures for ADAP eligible clients once client is certified Medicaid eligible? If not, please explain why.
 - d. Does your Part B and Part B subcontractors have the ability and capacity to back bill Medicaid for Medicaid reimbursable services for Part B service expenditures for Part B clients once a client is certified Medicaid eligible? If not, please explain why.
 - e. Has your Part B program prioritized the Part B service portfolio and shifted funds to address ADAP crisis? If not, please explain why.
 - f. Has your Part B program conducted a review of the administration cost of grant, the Quality Management cost of grant and Planning and Evaluation cost associated with the Grant to achieve efficiencies and shifted funds to address ADAP Crisis? If not, please explain why.
 - g. Has your ADAP modified drug purchasing/distribution to improve cost effectiveness and efficiency? If not, please explain why.
 - h. Has your ADAP rebid PBM or other ADAP administrative costs? If not, please explain why.
 - i. Has your ADAP renegotiated a reduction in dispensing fees? If not, please explain why.

- j. If your ADAP is a 340B Rebate State, have you recently been able to negotiate an increase in the up-front discount from participating pharmacies (usually seen as AWP minus a certain percentage)? If not, please explain why.
 - k. Is your Part B program and ADAP program currently adhering to the 6-month client recertification standard? If not, please explain why.
 - l. Has your ADAP received an increase in State funds to address ADAP crisis? If not, please explain why.
 - m. Has your ADAP collaborated with Ryan White Part A Grantee(s) in your State to receive funds to address the ADAP crisis? If not, please explain why.
 - n. Has your ADAP executed the CMS data sharing agreement allowing ADAP contributions to count towards TrOOP? If not, please explain why.
- 3) For each cost-containment strategy implemented listed above, provide the amount of ADAP savings and the number of clients affected by the change. In cases where the cost containment strategy resulted in an increase in revenue, provide the amount of funding received in the narrative.
- 4) Please describe your program's efforts to perform each of the following activities to ensure Ryan White funds are the Payer of Last Resort. Also, please include the frequency of each activity.
- a. Medicaid matching
 - b. Medicaid back-billing
 - c. Vital Record matching
 - d. Screening for other insurers/payers
 - e. Screening for medications being shipped out of State or picked up by clients living out of State
 - f. Pharmacy point of sale or other PBM verifications
 - g. Identification of under-utilizing or non-utilizing ADAP eligible clients and process to follow up with client/provider/case manager to re-determine eligibility

D. ADAP Services

- 1) Has your State enrolled clients into the PCIP?
- a. How many clients to date have been enrolled?
 - b. How much has been saved as a result of enrolling clients into PCIP?
 - c. If you haven't enrolled clients into PCIP, please describe any barriers or challenges that have prevented you from enrolling clients into PCIPs.
- 2) Has your State successfully implemented a data sharing agreement with CMS?
- a. In the last calendar year (January 1, 2011 through December 31, 2011), how many ADAP eligible clients were Medicare Part D eligible?
 - b. In the last calendar year (January 1, 2011 through December 31, 2011), how many of the ADAP eligible clients that had coverage under Medicare Part D qualified for Low Income Subsidies?
 - c. In the last calendar year (January 1, 2011 through December 31, 2011), provide the amount of savings achieved as a result of the data sharing agreement and the ADAP contributions counting towards TrOOP?
 - d. If you haven't implemented a data sharing agreement with CMS, please describe any barriers or challenges that have prevented implementing this cost saving mechanism.

- 3) Does your State collect 340B rebates from co-pays, co-insurance and deductibles that are related to medication purchases?
 - a. If so, are these rebates funds redirected to the ADAP exclusively?
 - b. If not redirected to ADAP exclusively, where are rebate funds allocated and spent?
 - c. If your State pays for insurance assistance and has not collected 340B rebates, please explain.
 - d. If your State does not provide insurance assistance through ADAP, please describe barriers or challenges that have prevented your program from implementing this cost savings activity.

E. For applicants that have received a Site Visit Report in FY10 and/or FY11

Important Note: ORC reviewers will receive a copy of all HRSA consultant and Project Officer led Site Visit Reports that have been provided to applicants in FY 2010 and FY 2011.

- 1) If your Part B and ADAP received a HRSA comprehensive diagnostic and/or technical assistance site visit and subsequent HRSA Site Visit Report in FY 2010 and/or FY 2011, please describe each finding from the Site Visit Report and provide a narrative describing how each finding has been addressed or resolved.
- 2) For those site visit recommendations and findings that remain unresolved or unaddressed, please describe the following:
 - a. Action plan associated with resolving unaddressed recommendations and findings.
 - b. Timetable associated with resolving unaddressed recommendations and findings.

F. For applicants that have NOT received a HRSA Site Visit Report in FY10 and/or FY11

- 1) Describe your program's efforts to work with HRSA staff through monitoring calls, document review, technical assistance, and resource materials to address projected or actual ADAP budget short falls.
- 2) Describe any implementation barriers and/or challenges.

Average Client Costs, Planned Services and Implementation Plan (correlates with Criterion 3: Resources/Capabilities)

The purpose of this section is to present the applicant's FY 2012 Competitive ADAP ERF grant award service plan. The plan must demonstrate how the State/Territory will:

- *Address the State's ADAP waiting list as of 3/30/2012, and/or*
- *Support additional or new cost containment initiatives that the State proposes to implement in FY 2012 to improve ADAP operations and cost-effectiveness that will prevent the establishment of a waiting list.*

Reminder: Grantees are reminded that ADAP Emergency Relief Funds awarded under Section 311 of Title III of the PHS Act may NOT be used for Planning/Evaluation or Clinical Quality Management activities.

Average Annual Client Cost Calculations

This section provides instructions to States for use in calculating, assessing and projecting costs to address an existing waiting list (as of 3/30/2012) or to keep clients off an ADAP waiting list through new or expanded cost containment measures in FY 2012.

All applicants must provide a calculation of their projected average medication cost per client and projected average insurance assistance cost per client for the FY 2012 ADAP ERF 9-month budget period (July 1, 2012 – March 31, 2013). These calculations must be based on client utilization and ADAP cost data for calendar year (CY) 2011 (1/1/2011 – 12/31/2011), following the instructions provided. The calculations must incorporate all clients who received at least one medication through ADAP during CY 2011, including clients who were enrolled in ADAP temporarily or part of the year (e.g., because they experienced changes in their insurance coverage, moved out of state or died). The applicant's narrative should clearly identify all required data elements for the calculations as well as provide the step by step calculations, not just the result of those calculations. In addition, the applicant should use the average cost calculations in developing the proposed budget for the use of funds awarded under the FOA and/or to project the impact of proposed cost-containment measures.

States must provide the step by step calculations and clearly identify all data elements required to complete the calculations in their narrative, not just the resulting average client cost. In addition, applicants must use the results of their respective average client cost calculations in developing their budget request and narrative for the use of the ADAP Emergency Relief funds. All cost calculations provided by applicants are subject to verification by the ORC.

Important note: *The external ORC reviewers will review and determine the following:*

- *Whether the average client cost calculations submitted by applicants follow the instructions provided;*
- *Whether the calculations are correct; if incorrect, the error will be identified along with its impact on the applicant's average client cost calculations;*
- *Whether the applicant's plan and budget request reflect their average cost calculations; and,*
- *If applicable, whether in preparing the plan and budget, the applicant utilized the number of individuals on the state's waiting list as reported to HRSA as of 3/30/2012, which is the reporting cutoff date for this Funding Opportunity Announcement.*

Average Cost per Client to Provide Medications

Provide step by step calculations of the applicant's average annual client medication cost in CY 2011, making sure all required data elements for each calculation are clearly identified.

- a. For State 340B Rebate or 340B Direct Purchase ADAPs:
Step 1: Baseline Average Annual Client Medication Cost: Determine the total amount spent to purchase prescription medications (not health insurance) in CY 2011. Divide this amount by the total number of ADAP clients who received at least one (1) prescription medication in CY 2011, to determine the ADAP's baseline average annual medication cost per client.

Step 2: Average Annual Client Rebate Reduction: Determine the total amount of rebate income received by the State/Territory.

- i. For applicants operating a 340B Rebate State ADAP, this includes all 340B rebates and other negotiated rebates (e.g., NASTAD rebates) received by the State in CY 2011.
- ii. For applicants operating a 340B State Direct Purchase ADAP, this includes all negotiated rebates (e.g., NASTAD rebates) received by the State in CY 2011.
- iii. Divide the total amount of rebate income by the total number of ADAP clients that received at least one prescription medication in CY 2011, to determine the average rebate reduction per client.

Note: *The impact of rebates for insurance deductibles and co-pays is addressed in the insurance section below.*

Step 3: Adjusted Average Client Medication Cost: Subtract the Average Annual Client Rebate Reduction amount determined in Step 2 from the Baseline Average Annual Client Medication Cost determined in Step 1.

Step 4: Average Annual Client Dispensing Fee: Determine the total number of prescriptions filled in CY 2011. Multiply that number by the dispensing fee for a single pharmacy prescription in CY 2011. Divide the resulting product by the total number of ADAP clients that received at least one prescription in CY 2011.

Step 5: Average Annual Medication Cost per Client: Add the Average Annual Client Dispensing Fee cost determined in Step 4 to the Adjusted Average Annual Medication Cost calculated in Step 3. The sum of these two amounts will be your State's Average Annual Medication Cost per Client.

Step 6: Average Monthly Medication Cost per Client for the Nine Month Budget Period: For the nine month period take the average annual medication costs calculated in Step 5 and divide by twelve. This number is then multiplied by nine to calculate the State's average monthly medication costs per client for the nine month budget period.

Example:

Step 1: *In CY 2011, the ADAP spent a total of \$7,410,000 for prescription drugs; a total of 1,000 clients received at least one prescription medication.*

$\$7,410,000/1,000 = \$7,410$ *Baseline Average Annual Client Medication Cost*

Step 2: *In that same period, the ADAP received \$555,000 in total 340B rebates and \$100,000 in negotiated rebates.*

$\$555,000 + \$100,000 = \$655,000$ *total rebates received by the State (340B Direct Purchase ADAPs will reflect negotiated rebates only)*

$\$655,000/1,000$ clients = **\$655** *Average Annual Client Rebate Reduction*

Step 3: *Adjusted Average Annual Cost per Client:*

Baseline Average Annual Client Medication cost minus Average Annual Client Rebate Reduction, or $\$7,410 - \$655 = \$6,755$

Step 4: The ADAP filled 10,000 prescriptions in CY 2011 and the dispensing fee per prescription was \$10; 1,000 ADAP clients received at least 1 ADAP prescription.

$\$10 \times 10,000 = \$100,000$ total dispensing fee expenditures

$\$100,000/1,000$ clients = **\$100** Average Annual Client Dispensing Fee.

Step 5: Add amount calculated in Step 3 to amount calculated in Step 4:

$\$6,755 + \$100 = \$6,855$ Average Annual Medication Cost per Client

Step 6: Divide the amount calculated in Step 5 by 12 and multiply this figure by 9 to determine the state's average monthly medication costs per client for the nine month budget period:

$6,855/12$ months = $\$571.25 \times 9$ months = $\$5,141.25$

b. Average Annual Client Medication Cost for Hybrid States:

Applicants whose State ADAP has been approved by HRSA's Office of Pharmacy Affairs to distribute medications as a 340B direct purchase and 340B rebate ADAP, must complete the steps below to determine their average annual cost per client to provide medications, making sure all required data elements for each calculation are clearly identified along with the step by step calculations.

Example: A 340B rebate State that provides prescription medications to 70% of ADAP clients living in rural areas and most municipalities through a network of retail pharmacies; while the other 30% of its ADAP clients who live in a specific urban area obtain their prescription medications through a primary care clinic approved as a participating 340B direct purchase entity.

To determine the average annual client cost to provide medications, a hybrid state must:

- i. Determine the number and percentage of clients that received medications through the 340B Rebate model and the number and percentage that received medications through the 340B Direct Purchase model .
- ii. For each cohort of clients, determine the total amount spent to provide medications for that cohort.
- iii. Determine the average client costs for the rebate cohort, follow the instructions above in i and follow the instructions above in 1) a steps 2 through6. For the direct purchase client cohort, follow the instructions above in 1) a steps 2 through6.

Average Cost per Client to Provide Insurance Assistance

All ADAPs providing access to prescription medications through insurance assistance must provide step by step calculations of average costs per client, making sure all required data elements for each calculation are clearly identified.

Step 1: Total Insurance Expenditures: Add the total amount spent on insurance premiums, deductibles, co-pays/coinsurance in CY 2011. This includes amounts spent for ADAP eligible clients who are also eligible for Medicare Part D, including payments for Part D premiums, deductibles, co-pays and TrOOP.

Step 2: Rebate Reduction: Determine the total amount of manufacturer's rebates received in CY 2011 on insurance deductibles, co-pays/coinsurance and Medicare Part D TrOOP expenditures.

Step 3: Adjusted Total Insurance Cost: Subtract amount the total amount of manufacturers' rebates received from the Total Insurance Expenditures calculated in Step 1. This is the applicant's Adjusted Total Insurance Cost in CY 2011.

Step 4: Average Annual Cost per Client for Insurance Assistance (including COBRA, High Risk Health Insurance Pools, Private Insurance, State-sponsored insurance, PCIP and Medicare Part D): Divide results from Step 3 by the total number of clients on whose behalf the ADAP paid at least one premium, co-pay/coinsurance, deductible, or TrOOP payment in CY 2011.

Step 5: Average Cost Per Client to Provide Insurance Assistance for the 9-month Budget Period: Divide the amount calculated in Step 4 by 12 to determine the average monthly client for insurance assistance. Then multiply the result by 9 to determine the state's Average Cost Per Client to Provide Insurance Assistance for the 9-month budget period.

***Example:** The ADAP spent \$1,500,000 in CY 2011 to pay for insurance premiums plus \$300,000 on co-pays/coinsurance, deductibles and TrOOP, providing assistance to 300 ADAP eligible clients.*

Step 1: Add \$1,500,000 in insurance premiums + \$300,000 spent to cover co-pays/ coinsurance, deductibles and TrOOP = \$1,800,000 total insurance expenditures.

Step 2: The ADAP added the manufacturers rebates received each quarter on insurance co-pays/coinsurance/deductibles, for a total of \$50,000 in rebate reductions.

Step 3: Total Insurance Expenditures minus Rebate Reduction:
 $\$1,800,000 - \$50,000 = \$1,750,000$ Adjusted Total Insurance Cost

Step 4: Divide Adjusted Total Insurance Cost by total clients served
 $\$1,750,000/300 = \$5,833$ Average Annual Cost per Client for Insurance Assistance.

Step 5: Divide the amount calculated in Step 4 by 12 and multiply this figure by 9 to determine the state's average monthly insurance costs per client for the nine month budget period:

***Example:** $\$5,833 / 12 \text{ months} = \$486.08 \times 9 = \$4,374.75$*

The State/Territory's Justification for FY 2012 new competing ADAP ERF Support:

- 1) Please provide a narrative justifying continued ADAP ERF support in FY 2012. Note: This narrative should be supported by data sources as appropriate. The narrative must

specifically describe the expenditure and use of any ADAP ERF funds received in 2011 if applicable, continued or increasing demand for ADAP services, and any **new or additional** “cost-saving” measures to be implemented in FY 2012.

Examples of “Cost-cutting” Measures include: Reductions in ADAP eligibility below 300% of FPL, capped enrollment, increased restrictions reductions in ADAP insurance eligibility criteria below 300% FPL, formulary reductions with respect to antiretrovirals and/or medications to treat opportunistic infections or other complications of HIV disease.

Examples of “cost-saving” measures include: Improving systems and procedures for back billing Medicaid, improving client recertification processes, Part B Program structural or operational changes, such as expanding insurance assistance

HRSA has prioritized the following cost containment strategies through its monitoring and technical assistance efforts: purchase of insurance; collection of 340B rebates for insurance co-pays, deductibles, co-insurance and TrOOP expenditures; back billing of Medicaid and CMS data-sharing agreements; 6-month client eligibility re-certification, and controlling ADAP administrative costs.

FY 2012 Implementation Plan Table

In table format, list each planned ADAP service (e.g., purchase of HIV/ADAP medications, provision of insurance so that ADAP eligible clients can access HIV/AIDS prescription drugs and medical care) and/or cost-containment measure designed to improve ADAP operations and maximize available ADAP resources.

- 1) For each service listed in the Implementation Plan table:
 - a. Define the service unit
 - b. Provide the number of persons to be served;
 - c. Identify the total number of service units to be delivered;
 - d. Define the time frame of estimated duration of activity;
 - e. Provide the estimated cost of providing that service.

Important Note: Projected costs should be based on the applicant’s calculations of the Average Monthly Client Medication Cost and/or Average Monthly Client Cost for Insurance Assistance for the budget period, provided above. Grantees are reminded that all cost calculations and budget amounts are subject to review and verification by the ORC.

- 2) For each cost-containment activity listed in the Implementation Plan table:
 - a. Define the service unit (e.g., 1 unit = 1 provider staff person that completes training in new ADAP eligibility determination and recertification training; 1 unit = 1 six-month ADAP recertification, 1 unit = 1 provider training session regarding implementation of new sliding-scale fee schedule);
 - b. Provide the number of persons or entities to be “served” or impacted by the activity, (e.g., number of staff who will receive training, the number of ADAP

- clients expected to be recertified every 6 months, the number of additional ADAP clients expected to be enrolled as a result of a cost-savings strategy);
- c. Identify the total number of service units to be delivered (e.g., 10 training sessions at a total of 6 locations, a total of 50 staff trained, 600 re-certifications completed);
- d. Define the time frame of estimated duration of activity; and
- e. Provide the estimated cost of completing the activity.

Narrative FY 2012 Implementation Plan: Provide a narrative that describes the following information.

- 1) How the services/activities in the plan will address unmet need for ADAP services in disproportionately impacted minority communities;
- 2) How the activities described in the plan will ensure geographic parity in access to ADAP throughout the State or Territory;
- 3) How the activities described in the plan will address the needs of emerging populations for access to ADAP; and,
- 4) How the grantee will assure that funds allocated for each service/activity will be spent within the 9-month budget period.
- 5) For applicants with an ADAP waiting list as of 3/30/2012, describe how the services/activities will reduce the number of persons on the waiting list
- 6) For applicants without waiting list as of 3/30/2012, describe:
 - a. How the services/activities will improve the applicant's ability to improve ADAP operations and maximize ADAP resources; and
 - b. Describe how the services/activities will prevent the establishment of a waiting list in FY 2012

ADAP Average Annual Client Costs & Forecasting (correlates with [Criterion 4: Support Requested](#))

A. ADAP Average Annual Client Costs

All applicants must provide a calculation of their projected average medication cost per client and projected average insurance assistance cost per client for the FY 2012 Competitive ADAP ERF 9-month budget period (July 1, 2012 – March 31, 2013). These calculations must be based on client utilization and ADAP cost data for calendar year (CY) 2011 (1/1/2011 – 12/31/2011), following the instructions provided in the Average Client Costs, Planned Services and Implementation Plan section above. The calculations must incorporate all clients who received at least one medication through ADAP during CY 2011, including clients who were enrolled in ADAP temporarily or part of the year, e.g., because they experienced changes in their insurance coverage, moved out of state or died. The applicant must use the average cost calculations in developing the proposed budget for the use of funds awarded under the FOA and/or to project the impact of proposed cost-containment measures.

States must follow the instructions provided in the Average Client Costs Planned Services and Implementation Plan section above, provide the step by step calculations, not just the resulting accurate average client cost, and clearly identify all data elements used in each calculation step. In addition, applicants must use the results of their respective average client cost calculations in developing their budget request and narrative for the use of the ADAP Emergency Relief funds.

Important Note: All cost calculations provided by applicants are subject to verification by the ORC . The external ORC reviewers will review and determine:

- Whether the average client cost calculations submitted by applicants follow the instructions provided;
- Whether the calculations are correct and reflected in the applicant’s plan and budget request; if incorrect, the error will be identified along with its impact on the applicant’s average client cost calculations; and,
- If applicable, the whether or not the applicant based their budget request on the number of individuals on each state’s waiting list as reported to HRSA as of 3/30/2012.

The applicant’s average client medication cost for the budget period and average client cost for insurance assistance for the budget period will be scored by the ORC on the basis of the accuracy and completeness of the information and conformance with HRSA’s instructions for calculating average costs.

1) States with Waiting Lists as of March 30, 2012:

- a. If the number of ADAP-eligible individuals on your waiting list has decreased since March 30, 2012, what is the most current number?
- b. Describe the projected impact of these emergency funds, together with FY 2012 Part B grant funds, funding provided by the State, rebate income, any FY 2012 Section I ADAP ERF funds (if applicable), FY 2012 Part A contributions and any other projected resources, in addressing:
 - i. The applicant’s ADAP waiting list as reported to HRSA as of 3/30/2012, and
 - ii. The current waitlist (*please note the date used*).

2) Access to HIV/AIDS Medications for Wait List Clients:

- a. Describe the State’s current protocols and procedures used to manage the transfer of clients from the waiting list onto ADAP. (For example, procedures followed for prioritizing clients based on clinical acuity of clients and/or pregnancy, using a first-come-first-served strategy, stratifying clients on the basis of their eligibility for insurance assistance versus medication assistance, etc.)
- b. Describe how the protocols/procedures were developed, including the role of the ADAP Advisory Body and any methods used to obtain public and/or consumer input.
- c. Describe the communication and/or technical assistance given to providers, case managers, and clients regarding client applications for Patient Assistance Programs (PAPs) and other funding sources for medications or insurance.

3) States without Waiting List as of March 30, 2012 :

- a. Projected Cost for Proposed Cost Containment Measures:
 - i. List and briefly describe each new/additional cost containment measure the State is proposing to implement using the new competitive ADAP ERF funds requested.
 - ii. Projected Implementation Costs - For each cost containment measure, identify the following:
 - (1) Projected total implementation cost, including costs beyond 3/31/2013;

- (2) Identify the amount of new ADAP ERF funds to be allocated for the 9-month budget period);
 - (3) Identify the amounts of other resources allocated for the 9-month budget period, including the anticipated FY 2012 Continuation ADAP ERF grant award, the State's FY 2012 Part B funds, State funding, ADAP rebate income, FY 2012 Part A contributions, etc;
 - (4) Identify the total funding allocated to support each cost-containment measure for the 9-month budget period (7/1/2012 – 3/31/2013).
- b. Impact of Emergency Relief Funding:
 - i. Explain how funds requested under this FOA will help to prevent the establishment of an ADAP waiting list for the 9-month budget period, July 1, 2012 – March 31, 2013. Note: ADAP Emergency Relief grant funds may not be used for, planning/evaluation or clinical quality management activities.
 - ii. Describe the projected impact of each proposed cost-containment measure in relation to average client medication and/or insurance costs, improved efficiencies in ADAP operations.
- 4) If the State instituted a waiting list after 3/30/2012:
- a. What is the total number of ADAP-eligible individuals on the waiting list? (Provide the date for the number cited.)
 - b. Describe the impact of the use of these emergency funds on the current wait list. Include numbers of clients who will be impacted by these measures.

xi Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Be sure each attachment is clearly labeled.

Attachment 1: ADAP Profile

Please provide the ADAP profile information, as described [Appendix A](#). A convenient sample format can be utilized by visiting <http://hab.hrsa.gov/adaprofile>.

Attachment 2: Position Descriptions for Key Personnel: Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches for Key Personnel: Include biographical sketches for persons occupying the key positions, not to exceed two pages in length. 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.

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **June 1, 2012** at 8:00 P.M. ET. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized

Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as Natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:

Applications which do not meet the criteria above are considered late applications. Health Resources and Services Administration (HRSA) shall notify each late applicant that its application will not be considered in the current competition.

4. Intergovernmental Review

ADAP Emergency Relief Awards are not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Part B ADAP Emergency Relief funds cannot be used for:

- Planning and evaluation activities as defined by the Ryan White Part B Program
- Clinical Quality Management
- International Travel
- Construction; however minor alterations and renovations to an existing facility to make it more suitable for the purposes of the grant program are allowable with prior HRSA approval
- Entertainment costs. This includes the cost of amusements, social activities and related incidental costs
- Fundraising expenses
- Lobbying expenses
- HIV Test kits
- Pre-Exposure Prophylaxis (PrEP).
- Payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service
 - under any State compensation program, insurance policy, Federal or State health benefits program, or
 - by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).

There may be no overlapping costs between the ADAP ERF budget and any other Ryan White Program or other federal budget.

This emergency relief funding is intended to supplement, not supplant, State/Territory funding for ADAP activities during the project period.

For further information regarding allowable costs, please refer to:

<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>

For other non-allowable costs can be found in the OMB circulars, available at

http://www.whitehouse.gov/omb/circulars_default.

6. Other Submission Requirements

As stated in Section IV.1, except in rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are required to submit electronically through Grants.gov. To submit an application electronically, please use the apply site. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization immediately register in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

Formal submission of the electronic application: Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's AOR through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by

Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time.

If, for any reason, an application is submitted more than once, prior to the application due date, HRSA will only accept the applicant's last electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria (Applicable to New Competitive Funding Only)

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant 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.

Review Criteria are used to review and rank applications. This FOA contains 4 (four) review criteria:

Criterion 1: NEED (20 POINTS):

Factors Affecting State ADAP Capacity to Meet Need

Degree to which the applicant provides a thorough and comprehensive description of the changes in environment that are affecting the State ADAP's ability to meet projected ADAP client service needs for FY 2012.

State/Territory's HIV/AIDS Epidemiologic Data & ADAP Profile

The completeness of the information requested in the ADAP Profile for Fiscal Years 2009, 2010, and 2011 (unless otherwise noted). For FY 2011, include all information or data through November 30, 2011.

Criterion 2: RESPONSE (40 POINTS):

State/Territory Actions to Address ADAP Challenges

- A. Completeness and degree to which the applicant provides a thorough and comprehensive description of the impact of Part B funding received in FY2011, including Part B Base, ADAP, Emerging Communities and Part B ADAP Emergency Relief funds.
1. Degree to which the applicant provides a thorough and comprehensive description of how many individuals are being served by the ADAP as a result of these funding streams.
 2. Degree to which the applicant provides a thorough and comprehensive description of how many individuals were removed from the ADAP Waiting List.
 3. Degree to which the applicant provides a thorough and comprehensive description of whether the ADAP was able to avoid removing clients from program due to budget shortfall.
 4. Degree to which the applicant provides a thorough and comprehensive description of how these funds have impacted the outlook of your budget forecasting.
- B. Degree to which the applicant provides a thorough and comprehensive description of the impact of FY 2010 and/or FY 2011 ADAP Emergency Relief funds awarded to the State/Territory. For each fiscal year:
1. Provides the number of individuals removed from the ADAP Waiting List.
 2. Identifies the number of additional individuals who were provided access ADAP as a result of receipt of these funds.
 3. Explains how the funds have impacted the methods and outlook of your budget forecasting.
 4. Identifies the amount, if any, of unspent funds at the end of each respective fiscal year, and explain why the funds were unspent.
- C. Cost Containment Strategies
1. Degree to which the applicant lists and briefly describes the cost containment measures- distinguishing between cost-cutting and cost-saving measures- implemented to address ADAP budget challenges in the past year, and their impact on ADAP operations and access.
 2. Degree to which the applicant responds to the following questions regarding the priority cost containment strategies encouraged through HRSA's grant monitoring and technical assistance efforts:
 - a. Does your State ADAP purchase insurance on behalf of ADAP eligible clients such as COBRA, Private Insurance, PCIP, Medicare Part D or other insurance? If not, please explain why.
 - b. Does your ADAP collect 340B rebates for insurance co-pays, deductibles, co-insurance and TrOOP expenditures? If not, please explain why.
 - c. Does your ADAP have the ability and capacity to back bill Medicaid for all ADAP expenditures for ADAP eligible clients once client is certified Medicaid eligible? If not, please explain why.
 - d. Does your Part B and Part B subcontractors have the ability and capacity to back bill Medicaid for Medicaid reimbursable services for Part B service expenditures for Part B clients once a client is certified Medicaid eligible? If not, please explain why.
 - e. Has your Part B program prioritized the Part B service portfolio and shifted funds to address ADAP crisis? If not, please explain why.

- f. Has your Part B program conducted a review of the administration cost of grant, the Quality Management cost of grant and Planning and Evaluation cost associated with the Grant to achieve efficiencies and shifted funds to address ADAP Crisis? If not, please explain why.
 - g. Has your ADAP modified drug purchasing/distribution to improve cost effectiveness and efficiency? If not, please explain why.
 - h. Has your ADAP rebid PBM or other ADAP administrative costs? If not, please explain why.
 - i. Has your ADAP renegotiated a reduction in dispensing fees? If not, please explain why.
 - j. If your ADAP is a 340B Rebate State, have you recently been able to negotiate an increase in the up-front discount from participating pharmacies (usually seen as AWP minus a certain percentage)? If not, please explain why.
 - k. Is your Part B program and ADAP program currently adhering to the 6-month client recertification standard? If not, please explain why.
 - l. Has your ADAP received an increase in State funds to address ADAP crisis? If not, please explain why.
 - m. Has your ADAP collaborated with Ryan White Part A Grantee(s) in your State to receive funds to address the ADAP crisis? If not, please explain why.
 - n. Has your ADAP executed the CMS data sharing agreement allowing ADAP contributions to count towards TrOOP? If not, please explain why.
3. For each cost-containment strategy implemented listed above, the applicant provides the amount of ADAP savings and the number of clients affected by the change. In cases where the cost containment strategy resulted in an increase in revenue, the applicant provides the amount of funding received in the narrative.
 4. Degree to which the applicant provides a thorough and comprehensive description of the applicant's program efforts to perform each of the following activities to ensure Ryan White funds are the Payer of Last Resort:
 - a. Medicaid matching
 - b. Medicaid back-billing
 - c. Vital Record matching
 - d. Screening for other insurers/payers
 - e. Screening for medications being shipped out of State or picked up by clients living out of State
 - f. Pharmacy point of sale or other PBM verifications
 - g. Identification of under-utilizing or non-utilizing ADAP eligible clients and process to follow up with client/provider/case manager to re-determine eligibility

D. ADAP Services

1. The completeness and degree to which applicant responds regarding whether the State has enrolled clients into the PCIP.
 - a. Provides the number of clients to date have been enrolled?
 - b. Provides how much has been saved as a result of enrolling clients into PCIP?
 - c. Degree to which the applicant provides a thorough and comprehensive description of any barriers or challenges that have prevented the applicant from enrolling clients into PCIPs.
2. The completeness and degree to which applicant responds regarding whether the State has successfully implemented a data sharing agreement with CMS.

- a. For the last calendar year (January 1, 2011 through December 31, 2011), provides the number of how many ADAP eligible clients were Medicare Part D eligible.
 - b. In the last calendar year (January 1, 2011 through December 31, 2011), provides the number of how many of the ADAP eligible clients that had coverage under Medicare Part D qualified for Low Income Subsidies.
 - c. In the last calendar year (January 1, 2011 through December 31, 2011), provides the number of the amount of savings achieved as a result of the data sharing agreement and the ADAP contributions counting towards TrOOP.
 - d. In the last calendar year, (January 1, 2011 through December 31, 2011), provides the number of the amount of savings achieved as a result of the data sharing agreement and the ADAP contributions counting towards TrOOP.
 - e. If the applicant has not implemented a data sharing agreement with CMS, the degree to which the applicant provides a thorough and comprehensive description of any barriers or challenges that have prevented implementing this cost saving mechanism.
3. Degree to which applicant responds regarding whether the State collects 340B rebates from co-pays, co-insurance and deductibles that are related to medication purchases.
 - a. If so, responds regarding whether these rebates funds redirected to the ADAP exclusively.
 - b. If not redirected to ADAP exclusively, responds regarding how rebate funds allocated and spent.
 - c. If the applicant State pays for insurance assistance and has not collected 340B rebates, the degree to which the applicant provides a thorough and comprehensive description of as to why they do not collect rebates.
 - d. If your State does not provide insurance assistance through ADAP, please describe barriers or challenges that have prevented your program from implementing this cost savings activity.

E. For State applicants who have had a Site Visit in FY10 and/or FY11

Important Note: *ORC reviewers will receive a copy of all HRSA consultant and Project Officer led Site Visit Reports provided to applicants in FY 2010 and FY 2011.*

1. If the applicant Part B and ADAP received a HRSA comprehensive diagnostic and/or technical assistance site visit and subsequent Site Visit Report in FY 2010 and/or FY 2011, the degree to which the applicant provides a thorough and comprehensive description of each finding from the Site Visit Report and provide a narrative describing how each finding has been addressed or resolved.
2. For those Site Visit Report recommendations and findings that remain unresolved or unaddressed, the degree to which the applicant provides a thorough and comprehensive description of the following:
 - a. Action plan associated with resolving unaddressed recommendations and findings.
 - b. Timetable associated with resolving unaddressed recommendations and findings.

F. For State applicants that have NOT received a Site Visit Report in FY10 and/or FY11

1. The degree to which the applicant provides a thorough and comprehensive description of the applicant program's efforts to work with HRSA staff through monitoring calls,

document review, technical assistance, and resource materials to address projected or actual ADAP budget short falls.

2. The degree to which the applicant provides a thorough and comprehensive description of any implementation barriers and/or challenges.

Criterion 3 Resources/Capabilities (20 POINTS):

Planned Services and Implementation Plan

A. FY 2012 Implementation Plan Table

In table format, the applicant lists each planned ADAP service (e.g., purchase of HIV/ADAP medications, provision of insurance so that ADAP eligible clients can access HIV/AIDS prescription drugs and medical care) and/or cost-containment measure designed to improve ADAP operations and maximize available ADAP resources.

1. For each service listed in the Implementation Plan table, the applicant:
 - a. Defines the service unit
 - b. Provides the number of persons to be served;
 - c. Identifies the total number of service units to be delivered;
 - d. Defines the time frame of estimated duration of activity;
 - e. Provides the estimated cost of providing that service.
2. For each cost-containment activity listed in the Implementation Plan table, the applicant:
 - f. Defines the service unit.
 - g. Provides the number of persons or entities to be “served” or impacted by the activity.
 - h. Identifies the total number of service units to be delivered (e.g., 10 training sessions at a total of 6 locations, a total of 50 staff trained, 600 re-certifications completed);
 - i. Defines the time frame of estimated duration of activity; and
 - j. Provides the estimated cost of completing the activity.

B. Narrative FY 2012 Implementation Plan: The degree to which the applicant provides a thorough and comprehensive description of the following:

1. How the services/activities in the plan will address unmet need for ADAP services in disproportionately impacted minority communities;
2. How the activities described in the plan will ensure geographic parity in access to ADAP throughout the State or Territory;
3. How the activities described in the plan will address the needs of emerging populations for access to ADAP; and,
4. How the grantee will assure that funds allocated for each service/activity will be spent within the 9-month budget period.
5. For applicants with an ADAP waiting list as of 3/30/2012, describe how the services/activities will reduce the number of persons on the waiting list
6. For applicants without waiting lists as of 3/30/2012, the degree to which the applicant provides a thorough and comprehensive description of the following:
 - a. How the services/activities will improve the applicant’s ability to improve ADAP operations and maximize ADAP resources; and
 - b. How the services/activities will prevent the establishment of a waiting list in FY 2012

Criterion 4: SUPPORT REQUESTED (20 POINTS):

ADAP Average Annual Client Costs & Forecasting

- A. The completeness and degree to which the applicant provides accurate calculations of their projected average medication cost per client and projected average insurance assistance cost per client in conformance with HRSA's instructions for calculating average costs.
- B. The completeness and degree to which the applicant the applicant uses the average cost calculations in developing the proposed budget for the use of funds awarded under the FOA and/or to project the impact of proposed cost-containment measures for the 9-month budget period.
- C. The completeness and degree to which the applicant provided step by step calculations regarding client costs average medication cost per client and projected average insurance assistance cost per client in conformance with HRSA's instructions in Section I.C. for calculating average costs.

Important note: *ORC reviewers will determine:*

- *Whether the average client cost calculations submitted by applicants follow the instructions provided;*
- *Whether the calculations are correct; if incorrect, the error will be identified by the ORC along with its impact on the applicant's average client cost calculations;*
- *Whether the applicant's plan and budget request reflect their average cost calculations; and,*
- *If applicable, whether in preparing the plan and budget, the applicant utilized the number of individuals on the state's waiting list as reported to HRSA as of 3/30/2012, which is the cutoff date for this Funding Opportunity Announcement.*

2. Review and Selection Process

New competitive funding:

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in Section V. 1. Review Criteria of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

Competing Continuation information will be verified by HRSA staff and funding amounts will be determined by a needs-based formula.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2012.

Notification of grant awards will be sent to the Chief Elected Official (CEO) or to the delegated administrative agency responsible for dispersing Part B Grant Program funds.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are

unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to incorporate diversity within specific cultural groups including but not limited to cultural uniqueness within Native American populations, Native Hawaiian, Pacific Islanders, and other ethnic groups, language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people

who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with Federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>.

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. Audit Requirements

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. Payment Management Requirements

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. Status Reports

1) Federal Financial Report. The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) Progress Report(s). The awardee must submit quarterly progress reports to HRSA according to the reporting requirement dates listed in the Electronic Handbook (EHB). Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.

3) Ryan White Services Report (RSR). Acceptance of this award indicates that the grantee assures that it will comply with data requirements of the Ryan White Services Report (RSR) and that it will mandate compliance by each of its contractors and subcontractors. The RSR captures information necessary to demonstrate program performance and accountability. All Ryan White core service and support service providers are required to submit client-level data for Calendar Year (CY) 2011. Please refer to the HIV/AIDS Program Client Level Data website at <http://hab.hrsa.gov/manage/CLD.htm> for additional information. Information regarding the ADAP Quarterly Report will be provided in your Notice of Award. Further information will be provided in the award notice.

The Ryan White Services Report (RSR) captures information necessary to demonstrate program performance and accountability. All Ryan White core service and support service providers are required to submit client-level data for Calendar Year (CY) 2011. Please refer to the HIV/AIDS Program Client Level Data website at <http://hab.hrsa.gov/manage/CLD.htm> for additional information.

4) Final Report(s). A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

4) Consolidated List of Contracts (CLC). Include the list of contracts for all providers receiving Ryan White Program funding/contracts. The CLC must be submitted through the HRSA Electronic Handbook (EHB) using the format provided in that system.

d. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Janene Dyson
Grants Management Specialist
Division of Grants Management Operations/HRSA
5600 Fishers Lane, 11A-02
Rockville, Maryland 20857
Telephone: (301) 443-8325
Fax: (301) 594-4073
E-mail: JDyson@hrsa.gov

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

Harold Phillips
Division of State and Territorial HIV Programs
HIV/AIDS Bureau, HRSA
5600 Fishers Lane Room 7A-42
Rockville, Maryland 20857
Telephone: 301-443-6745
Fax: 301-443-8143
Email: HPhillips@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. 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
Phone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

VIII. Other Information

HIV/AIDS Clinical Quality Performance Measures

1. HIV/AIDS Clinical Performance Measures

The HIV/AIDS Bureau has developed HIV/AIDS Clinical Performance Measures for Adults and Adolescents and a companion guide to assist grantees in the use and implementation of the core clinical performance measures. Information on Performance Measures can be found at: <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html>

2. Allowable Uses of Funds

For most up to date listing of allowable uses of funds, refer to HAB Policy Notice 10-02: “Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services” reissued April 8th, 2010. HAB Policy Notice 10-02 is available online at <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>.

3. National Monitoring Standards

The HAB/DSS Program, Fiscal and Universal National Monitoring Standards for RW Part A and B Grantees, are available at <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>..

4. Program Integrity Initiative

The Program Integrity Initiative is designed to target the greatest risks of fraud, waste and abuse; reduce those risks by enhancing existing program integrity operations; share new and best program integrity practices; and measure the results of our efforts. The purpose of this message is to inform you of the HRSA efforts toward strengthening program integrity in our own Agency.

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

Appendix A

ADAP State/Territory Profile (Completed by Competitive ERF Applicants Only)

<http://hab.hrsa.gov/adaprofile>

The purpose of the information in the State ADAP Profile is to help reviewers understand the structure, functions and operational processes of your State/Territory's ADAP and the clients that it serves. It will be scored by the ORC on the basis of completeness for purposes of Criterion 1. It will also be used as a reference point by the ORC in reviewing related information provided by applicants in their narrative responses to Criteria 2, 3 and 4. The ADAP Profile should be completed by Competitive ERF applicants only. For your convenience, a sample format for the ADAP Profile is available at <http://hab.hrsa.gov/adaprofile>. **Please submit the ADAP Profile information as Attachment 1.**

In table format, please include the following information for **Fiscal Years 2009, 2010, and 2011**. **Please Note:** FY 2011 should include all information up to March 30, 2012 .

ADAP Profile required information: Reminder, please visit <http://hab.hrsa.gov/adaprofile> for a sample format for presenting this information.

ADAP Funding Summary

ADAP Funding Sources:

- Total Part B Grant Award
- ADAP Earmark
- ADAP Supplemental
- Total Part B Base Contribution
- Part B Supplemental Contribution
- ADAP RFI/Emergency Relief Funds
- Part A Contribution
- State Funds
- State ADAP Supplemental Match
- Drug Rebates
- Program Income
- Other Sources (Describe)
- Total of all ADAP resources (for all 3 years)

ADAP Recertification Summary

ADAP Recertification Information:

- Frequency of ADAP eligibility recertification
- Answer Yes or No to the following questions for FY 09, FY 10, and FY 11. Does the ADAP recertification process include:
 - Income Eligibility as a percentage of FPL?
 - Verification of residency?
 - Verification of continued need for ADAP medications?
 - Screening for other payers?

Client Utilization Summary

Client Utilization Information

- Total number of clients enrolled into ADAP
- Average number of clients using ADAP each month
- Answer Yes or No to the following questions for FY 09, FY 10, and FY 11.
 - Are there caps on expenditures per client?
 - Is there an ADAP enrollment cap?
 - Is there an ADAP waiting list?
 - Are clients added to the ADAP waiting list based on medical acuity?
 - Are clients added to the ADAP waiting list based on “first come, first served”?

Medicare/Medicaid Summary

Medicaid Coordination Information

- Number of ADAP clients who are eligible for Medicare Part D
- Number of clients who are on Medicare Part D
- Answer Yes or No to the following questions for FY 09, FY 10, and FY 11
 - Is Medicaid application completed dually with Ryan White application?
 - Is proof of Medicaid application required?
 - Is proof of Medicaid denial required?
 - Does your organization possess the infrastructure to retroactively bill Medicaid?

Appendix B:

**RYAN WHITE HIV/AIDS PROGRAM
FY 2012 Part B Competitive Continuation AIDS Drug Assistance Program (ADAP)
Emergency Relief Funding
Agreements and Compliance Assurances**

I, the Governor of the State or Territory or her/his official designee for the Ryan White HIV/AIDS Program *Part B Grant*, _____, pursuant to Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, hereby certify that:

- A. Pursuant to sections 2616 and 311 of the PHS Act, these funds will be used specifically for the provision of medications and/or insurance assistance that addresses or prevents the implementation of an ADAP waiting list in the State.
- B. These funds and services will be allocated and administered in accordance with the *FY 2012 Part B Ryan White Program Agreements and Compliance Assurances* submitted to the Health Resources and Services Administration.

SIGNED: _____ **Title:** _____
Governor or Official Designee

Date: _____

Appendix C:

**RYAN WHITE HIV/AIDS PROGRAM
FY 2012 Part B New Competitive AIDS Drug Assistance Program (ADAP)
Emergency Relief Funding
Agreements and Compliance Assurances**

I, the Governor of the State or Territory or her/his official designee for the Ryan White HIV/AIDS Program *Part B Grant*, _____, pursuant to Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, hereby certify that:

- A. Pursuant to sections 2616 and 311 of the PHS Act, these funds will be used specifically for the provision of medications and/or insurance assistance that addresses or prevents the implementation of an ADAP waiting list in the State.

- B. These funds and services will be allocated and administered in accordance with the *FY 2012 Part B Ryan White Program Agreements and Compliance Assurances* submitted to the Health Resources and Services Administration.

SIGNED: _____ **Title:** _____
Governor

Date: _____