



HRSA
Health Resources & Services Administration

Ending the HIV Epidemic (EHE): A Plan for America Cooperative Agreement (CoAg) Training

EHE Jurisdictions and States
March 19, 2020

HIV/AIDS Bureau
Health Resources and Services Administration

Vision: Healthy Communities, Healthy People



Agenda

- Vision and Mission
- Overview of Ending the HIV Epidemic: A Plan for America
- Notice of Funding Opportunity (NOFO)
- Ryan White HIV/AIDS Program (RWHAP) EHE Crosswalk and Grants Policy Crosswalk
- HHS and HRSA EHE Initiative Activities – Recipient Expectations and HRSA HAB Project Officer Involvement
- Key Elements of Monitoring Cooperative Agreements
- Project Officer Monitoring Activities
- Data Reporting
- Technical Assistance Resources
- Q&A



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all

Mission

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



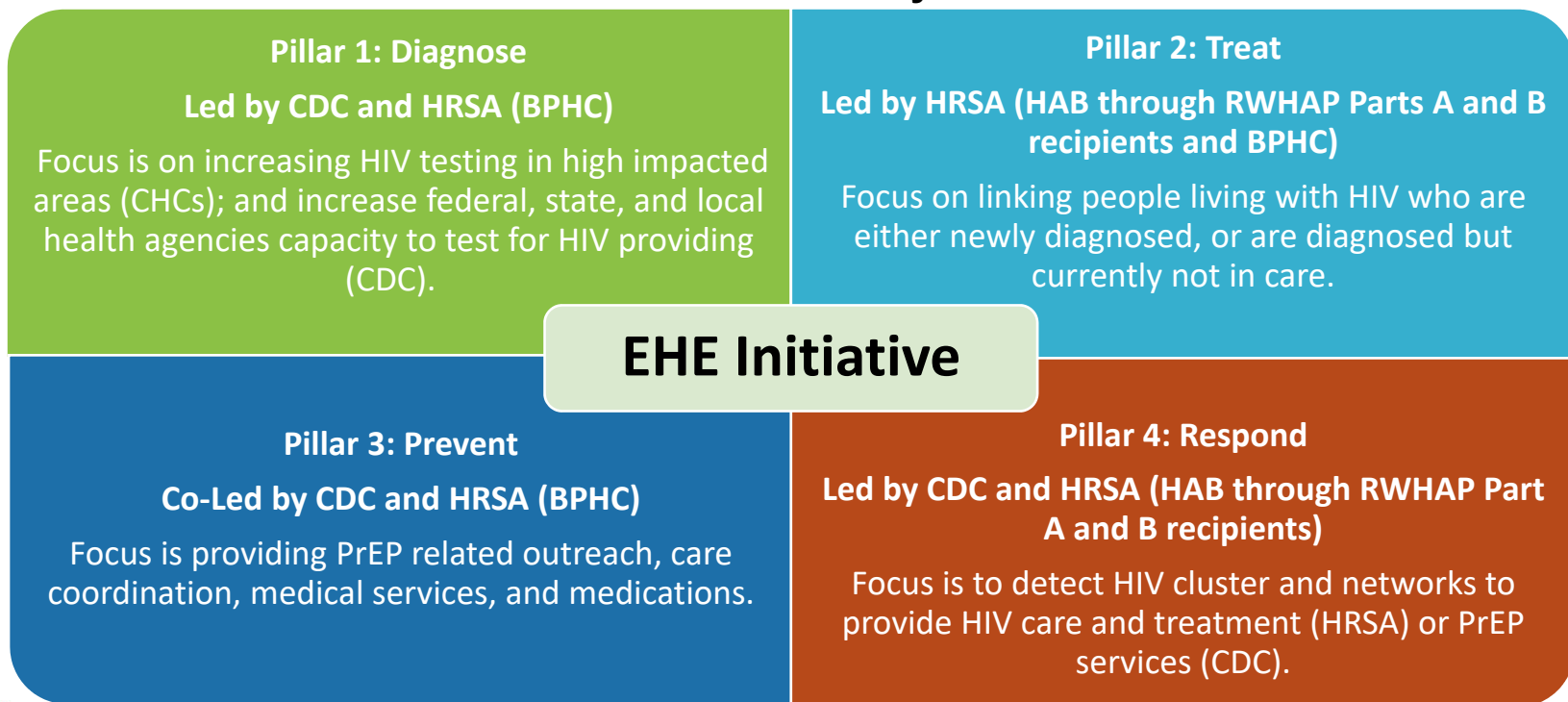
Overview of Ending the HIV Epidemic: A Plan for America



Purpose of the Ending the HIV Epidemic: A Plan for America Initiative



Overall Goal: 75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

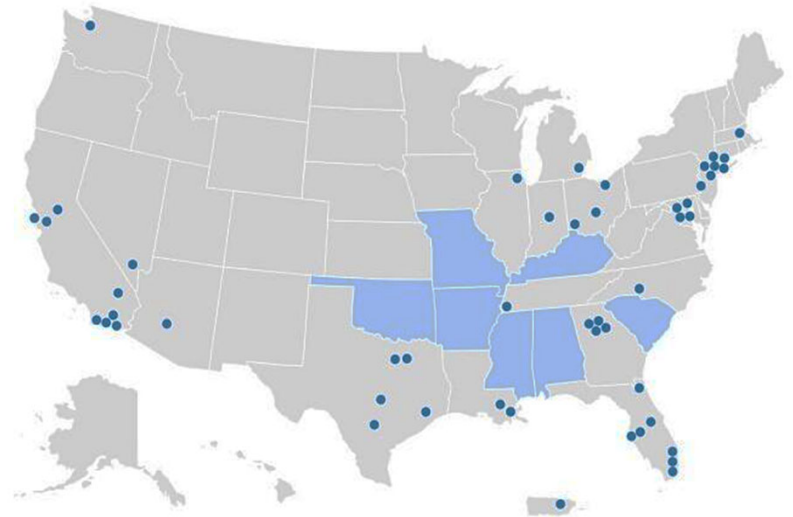
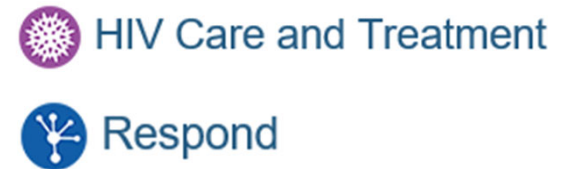


Notice of Funding Opportunity:



Award Information

- Funding provided through a cooperative agreement under Section 311 and title XXVI of the Public Health Service Act
- A **cooperative agreement**
- Approximately \$55,070,000 is available in year one to fund **47 applicants.**
- Ten year initiative with five year initial funding
 - Year 1 begins March 1, 2020



Eligible Applicants – Ryan White HIV/AIDS Program (RWHAP) Part A

Tier One - EMA	Tier Two - EMA	Tier Three - TGA
Atlanta, GA Baltimore, MD Boston, MA Chicago, IL Dallas, TX Fort Lauderdale, FL Houston, TX Los Angeles, CA Miami, FL New York, NY Philadelphia, PA Washington, DC	Detroit, MI New Orleans, LA Newark, NJ Orlando, FL Phoenix, AZ Riverside-San Bernardino, CA San Diego, CA San Francisco, CA San Juan, PR Tampa-St. Petersburg, FL West Palm Beach, FL	Austin, TX Baton Rouge, LA Charlotte-Gastonia, NC Cleveland-Lorain-Elyria, OH Columbus, OH Fort Worth, TX Indianapolis, IN Jacksonville, FL Jersey City, NJ Las Vegas, NV Memphis, TN Oakland, CA *Ohio (for Hamilton Co.) Orange County, CA Sacramento, CA San Antonio, TX Seattle, WA



Eligible Applicants – RWHAP Part B

States

Alabama
Arkansas
Kentucky
Mississippi
Missouri
Oklahoma
South Carolina



Opportunity for Innovation

- The purpose of the NOFO is to implement effective and innovative strategies, interventions, approaches, and services to achieve the goals of the Ending the HIV Epidemic initiative.
 - The funding provides the opportunity for a broader approach to addressing HIV than exists in services authorized by the RWHAP legislation.
 - Also, funded recipients are not limited to using the RWHAP service categories for this initiative.
- Recipients are encouraged to be innovative and creative as they design ways to use these funds to end the HIV epidemic in their jurisdictions.



Example of “Broader Approach”

- The only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis
 - There is no requirement that individuals served are low-income or that initial eligibility is documented prior to services being provided.
- As noted on the Notice of Award, HRSA expects that all new clients who are provided any services (whether EHE or RWHAP) in an EHE-funded jurisdiction will be counted as an EHE client.



RWHAP and EHE Crosswalk Grants Policy Crosswalk



RWHAP and EHE Crosswalk – Eligibility and Allowable Costs

Requirement	RWHAP	EHE Initiative
Eligibility	HIV Positive and Low-income	HIV Positive
Payor of Last Resort	Required	Required
Allowable Costs	Core Medical Services	Core Medical Services
	Support Services	Support Services
		Initiative Services and Infrastructure
	Administrative/Planning and Evaluation	Administration/Planning and Evaluation
	CQM	CQM
Recertification of Eligibility	Required, every six months; by policy	Not Required



RWHAP and EHE Crosswalk – Distribution of Funds

Requirement	RWHAP Policy	EHE Initiative
75/25	75% of grant for Core Medical Services	Not Required
Administrative Costs Cap	Administrative - 10% Planning and Evaluation - 10% Collectively - 15% CQ - Not to exceed 5% or \$3M	Administrative - 10% Planning and Evaluation - 10% Collectively - 15% CQM - up to 5%
Imposition of Charges	For eligible individuals >100% FPL	Not Required
Unobligated Balance Penalty/75% Obligated	Required	Not Required
Maintenance of Effort/State Match	Required	Not Required



RWHAP and EHE Crosswalk – Other

Requirement	RWHAP Policy	EHE Initiative
Medicaid Provider, as Appropriate	Part A – Required by Statute Part B – Required by Policy	Required
Planning/Comprehensive Plan	Part A – Planning Council Prioritizes Allocation of Funds & Comprehensive Plan Required Part B – Comprehensive Plan Required	Not Required
Community Engagement	Required	Expected
Program Income	For the purposes under which the award was made; additive	Used for approved project related activities; additive



Grants Policy Crosswalk

Topic	Grants Policy	Policy Source/Guidance
Program Income	Program income is income earned by the recipient that is directly generated by a supported activity or earned as a result of the federal award during the period of performance.	45 CFR § 75.307(e) NOFO Notice of Award (NOA) HAB PCN #15-03 HHS Grants Policy Statement GPAM
Construction/Land/Buildings	Funds may not be used to purchase or improve land or for construct or make permanent improvement to any building.	42 U.S.C. §§ 300ff-14(i) and 300ff-22(f) 45 CFR §75.439 GPAM



Grants Policy Crosswalk

Topic	Grants Policy	Policy Source/Guidance
Public Relations/Advertising Promotional Items	Some public relations/advertising is allowed only to support the goals of the approved federal project	45 CFR § 75.421 Grants Policy Statement
Entertainment	In general costs for entertainment are unallowable	45 CFR § 75.438 Grants Policy Statement
Food	Meals are generally not allowable	Grants Policy Statement NOA



Grants Policy Crosswalk

Topic	Grants Policy	Policy Source/Guidance
Cash Payments/Gift Cards/Incentives	<p>Cash payments/cash incentives to intended recipients of services are not allowed</p> <p>General use gift cards such as Visa; American Express, MasterCard are considered cash</p>	<p>NOA</p> <p>42 U.S.C. §§ 300ff-14(i) and 300ff-22(f)</p>
Salary Limitation	No grant funds shall be used to pay the salary of an individual at a rate in excess of Executive Level II	The Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, Section 202
Purchase of Vehicles	Vehicles purchased to support grant related activities are allowed	45 CFR § 75.439; § 75.431



Grants Policy - Common Unallowable Costs

- Alcoholic beverages
- Lobbying activities
- Public Relations/Advertising*
- Honoraria*
- Fundraising
- Donations or Contributions

*Exception(s) apply to this policy



HHS and HRSA EHE Initiative Activities – Recipient Expectations and HRSA HAB Project Officer (PO) Involvement as Outlined in the NOFO



Recipient Expectations

- Complete proposed initiative work plan activities within the five-year project period.
- Collaborate with HRSA on review of activities, procedures, and budget items, including timely communication with PO.
- Develop and implement a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes.
- Ensure proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified priority population(s).
- Coordinate the initiative activities with their existing RWHAP programs.



Recipient Expectations (continued)

- Collaborate with CDC-funded organizations, health centers, and other local and state government agencies on implementing initiative activities.
- Collaborate with the Technical Assistance Provider (TAP) and Systems Coordination Provider (SCP) on the development, implementation, coordination, and integration of initiative activities.
- Develop a sustainability plan to support successful activities following conclusion of the cooperative agreement.
- Modify activities as necessary to ensure relevant outcomes for the project.
- Participate in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds.



HRSA HAB PO Program Involvement

- Provide the expertise and other relevant resources to support the efforts of the initiative activities.
- Facilitate partnership and communication with other federal agencies, particularly CDC, to improve coordination efforts.
- Facilitate collaboration with the TAP and SCP to assist in the development, implementation, coordination, and integration of initiative activities.
- Participate in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement.



HRSA HAB PO Program Involvement (continued)

- Approve uses of funds outside of existing allowable RWHAP costs and service categories.
- Provide ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement.
- Participate, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement.
- Review and concur with all information products prior to dissemination.
- Facilitate the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.



Key Elements of Monitoring Cooperative Agreements



Funding Mechanisms: What are the Differences?

- **Cooperative Agreement:** The federal government provides assistance but with substantial input from the HRSA HAB PO and leadership.
- **Grant:** The recipient proposes specific model/methodology to provide assistance, and is awarded funding for this purpose; there is limited programmatic input from the HRSA HAB PO.
- **Contract:** A procurement to purchase specific tangible goods and services through an acquisition process.



Substantial Involvement

- Means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
- In plain language, it's a partnership between HRSA HAB and the recipient.



Examples of Substantial Involvement

- Participate in the design, development, revision and implementation of resources.
- Discussion prior to implementation of proposed activities.
- Rendering acceptance prior to the recipient undertaking the next phase of a project.
- Proposing revisions and/or modifications of activities, as necessary, to ensure relevant outcomes as determined by HRSA HAB.



Substantial Involvement Is Not

- Telling **the recipient** who to hire.
- Direct communication with subrecipients **without** recipient approval.
- Requesting deliverables not outlined in the NOFO **and/or** approved work plan.
- Requesting additional reporting of data elements **not required** per the NoA.



Project Officer Monitoring Activities



Initial Meeting with PO: What to Expect



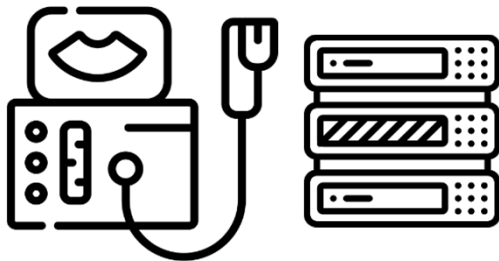
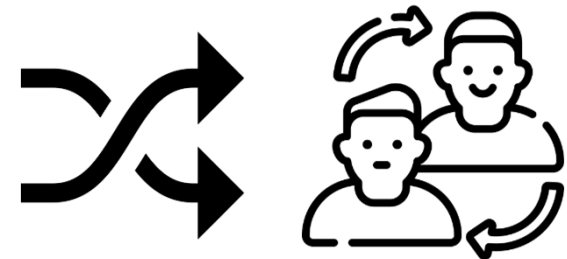
- Focus will be on the initial start-up and activities.
- Invite your staff with authority to make programmatic and budget decisions.

Prior Approval Request via EHB



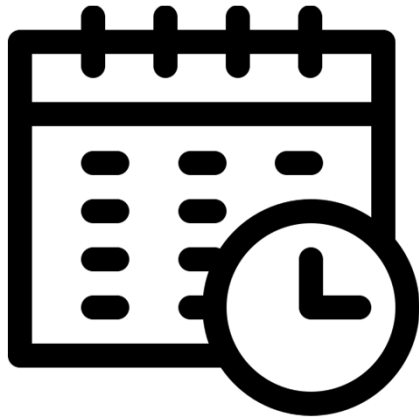
Changes to the budget: Cumulative transfers among direct cost budget categories less of 25% of the total approved budget for that budget period or \$250,000.

Substantial changes to approved work plan or project scope



Recipient's equipment purchase exceeds \$5,000 not included in the approved budget or application.

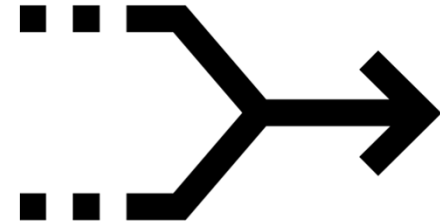
Monitoring Calls



Conducted monthly at a minimum.



Discuss work plan:
Progress, challenges, and overcoming barriers.



EHE and RWHAP calls may be joint or separate

EHE and RWHAP Monitoring Calls

Project officer **will work with recipient** to determine whether to **hold** joint or separate EHE and RWHAP monitoring calls.

When deciding consider the following:

- Overlap of staff
- Length of call
- Relationship between EHE and RWHAP activities
- Type and duration of technical assistance needs



Tips for Working with the PO

Be Open and Transparent

- Recipients should engage in open discussion about the project with their PO and freely exchange ideas.

Be Vigilant

- Recipients should inform their PO of programmatic and fiscal concerns and invite problem-solving.



Tips for Working with the PO (continued)

Be Innovative

- Analyze available data and information.
- Explore recommendations and suggestions.

Note PO Limitations

- POs cannot select staff, subrecipients, or partners
- POs should not interact with any subrecipient without first discussing it with the recipient



Reporting Requirements Overview

Programmatic Reporting

- Triannual Progress Report (narrative)
- Non-Competing Continuation (NCC) – Annual Progress Report

Financial Reporting

- Federal Financial Report (carryover option available)
- Allocations Report
- Expenditures Report



Reporting Requirements Overview (continued)

Data Reporting

- Ryan White HIV/AIDS Program Services Report (RSR)
- AIDS Drug Assistance Data Report (ADR)
- EHE Triannual Module



Data Reporting



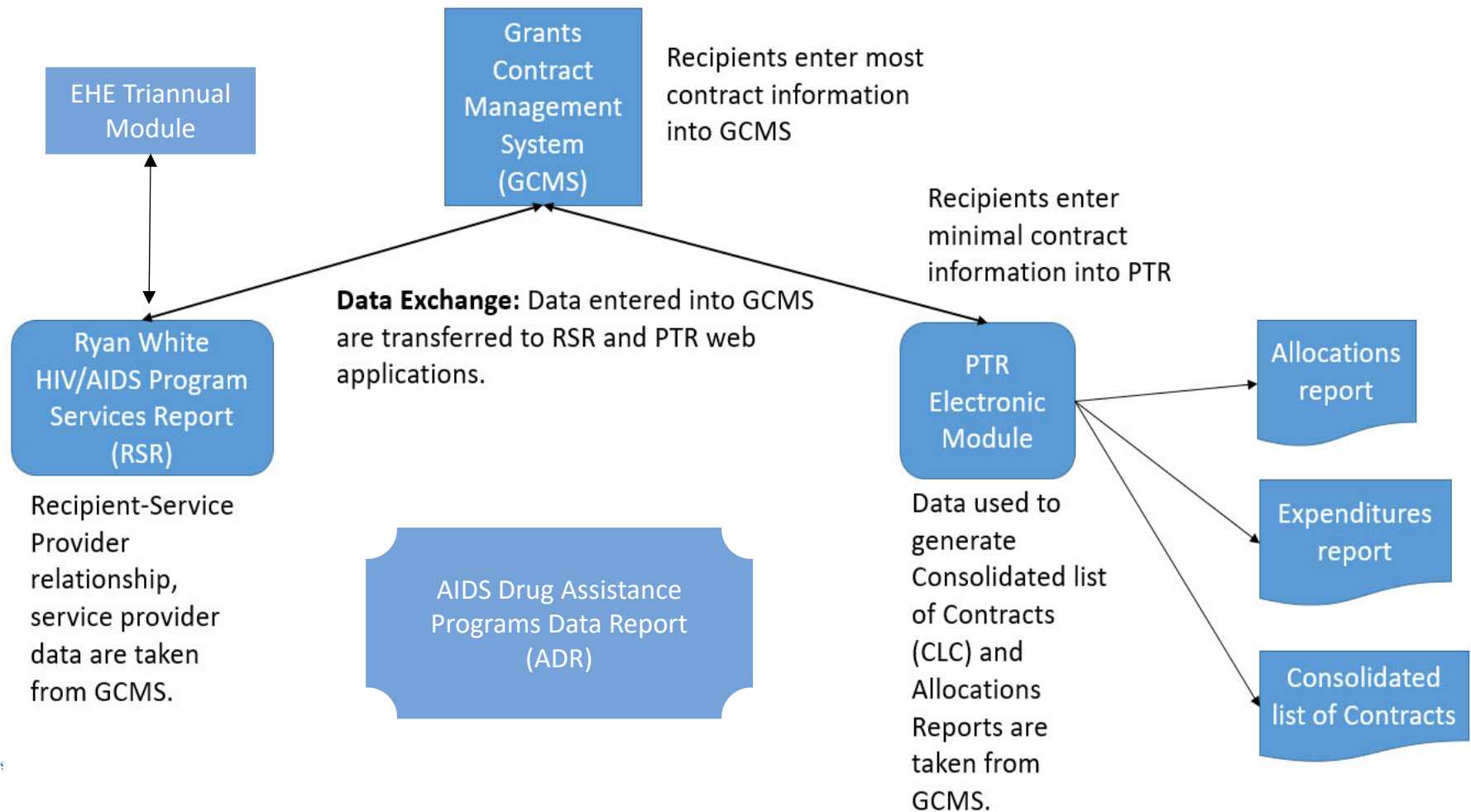
HAB EHE Initiative Data Collection

This section covers EHE initiative-funded recipients and service providers' data reporting requirements in the:

- PTR/Allocations and Expenditures Reports
- Ryan White HIV/AIDS Program Services Report (RSR)
- AIDS Drug Assistance Data Report (ADR)
- EHE Triannual Module



How the Data Reporting Systems Connect



PTR/Allocations and Expenditures Reporting

Similar to existing submissions: System access, reporting, and PO and Project Quality Controller (PQC) review workflows

NEW: GCMS changes to include EHE Initiative Services service category and dollar amounts spent

- EHE Initiative Services service category captures services specific to the initiative that are different from existing Core Medical Services and Support Services (PCN 16-02)



PTR/Allocations and Expenditures Reporting Screenshot

Section A: Identifying Information		-
~ Enter Name of Recipient Here ~		-
~ Enter Preparer's Name Here ~		-
~ Enter Preparer's Phone Number Here ~		-
~ Enter Preparer's Email Address Here ~		-
Section B: Award Information		Current FY
1. Total Initiative Performance Based Award		
Section C: Allocation Categories		INITIATIVE AWARD
		Amount Percent
1. Initiative Service Subtotal¹		\$0 --
a. EHE Initiative Services		
2. Core Medical Services Subtotal		\$0 0.00%
a. AIDS Drug Assistance Program (ADAP) Treatments		--
b. AIDS Pharmaceutical Assistance (LPAP)		--
c. Early Intervention Services		--
d. Health Insurance Premium & Cost Sharing Assistance		--
e. Home and Community-based Health Services		--
f. Home Health Care		--
g. Hospice		--
h. Medical Case Management (incl. Treatment Adherence Services)		--
i. Medical Nutrition Therapy		--
j. Mental Health Services		--
k. Oral Health Care		--
l. Outpatient /Ambulatory Health Services		--
m. Substance Abuse Outpatient Care		--
3. Support Services Subtotal		\$0 0.00%
a. Child Care Services		--
b. Emergency Financial Assistance		--



RSR Reporting

Similar to existing submissions: System access, reporting and PO workflows

New: GCMS changes and two new client-level data elements:

- New service category (GCMS changes)
 - EHE Initiative Services
- New client-level questions
 - Is client new to the service provider? (Y/N)
 - All service providers required to report
 - If no, did the service providers provide at least one RWHAP or Initiative funded service to the client in the previous calendar year?
 - Only OAHS, MCM, and NMCM providers report



ADR Reporting

Similar to existing submissions: System access, reporting and PO review workflows

NEW: Variable in the Recipient Report

- Total contributions to ADAPs from EHE-funded recipients
- Enter dollar amount only



EHE Triannual Module – What Data Does It Collect?

- For each service category, the service provider will report on three different questions:

new clients who received their first service in the previous 4 months

clients who received at least one service in the previous 4 months and received at least one service in the previous calendar year

total clients who received at least one service during the previous 4 months

- For each category of new clients, existing clients, and total clients, report the number of clients who were prescribed ART in the reporting period.
- 8 service categories are included.



Reporting Timelines

Report	Due Date
PTR/Allocations Report	Within 90 days of budget period start date
Expenditures Report	Within 90 days of budget period end date
RSR (with EHE changes)	March 2021
ADR (with EHE changes)	June 2021
EHE Triannual Module	Report 1: July 2020 Report 2: November 2020 Report 3: March 2021

Technical Assistance Resources



Data Reporting Technical Assistance Resources

Report	Instruction Manual	Webinar(s)
PTR/Allocations Report and Expenditures Report	Summer 2020	Summer/Fall 2020
RSR	Fall 2020	Fall/Winter 2020
ADR	Fall/Winter 2020	Fall/Winter 2020
EHE Triannual Module	Spring 2020	Spring 2020



Data Reporting Technical Assistance Resources (continued)

Contact Information	Type of Technical Assistance
<p>Ryan White HIV/AIDS Program Data Support Phone: 888-640-9356 Email: RyanWhiteDataSupport@wrma.com</p>	<ul style="list-style-type: none">• RSR, PTR/Allocations Reports, Expenditures Reports, EHE Triannual Module, and GCMS-related content and submission• Interpretation of the instruction manuals and HAB's reporting requirements• Instructions for completing each report• Data validation questions
<p>DART Team Email: Data.TA@caiglobal.org</p>	<ul style="list-style-type: none">• Determine if systems collect required data• Extracting data from systems and reporting it using the required XML schema• Data quality issues• TRAX and CHEX applications
<p>HRSA Help Desk: Phone: 877-464-4772 Website: https://www.hrsa.gov/about/contact/ehbhelp.aspx</p>	<ul style="list-style-type: none">• Electronic Handbooks (EHBs) registration, access, permissions, and web system navigation
<p>CAREWare Help Desk Phone: 877-294-3571 Email: cwhelp@jprog.com TA Request Form: https://targethiv.org/careware/cw6-help</p>	<ul style="list-style-type: none">• How to generate the XML file from CAREWare correctly• How to view a sample client summary file• Creating custom reports• Installing/migrating to CAREWare 6.0



Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov



Sign up for the HRSA *eNews*

FOLLOW US:

