



Creating Good HRSA Grant Applications Focusing on Underserved Populations

Ryan White HIV/AIDS Programs

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Health Resources and Services Administration (HRSA)

Comprising six bureaus and 13 offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory.

- Bureau of Clinical Recruitment and Service
- Bureau of Health Professions
- Bureau of Primary Health Care
- Health Care Systems Bureau
- HIV/AIDS Bureau
- Maternal and Child Health Bureau

Who is the HIV/AIDS Bureau (HAB)?

- Over 130 health care personnel, program administrators, researchers, support staff and evaluators
- Collectively over 1000 years of HIV/AIDS experience at the local, state, federal and international levels



HIV/AIDS Bureau: What We Do

- Administer the Ryan White HIV/AIDS Treatment Modernization Act
 - Established in 1997 to provide oversight for all Ryan White programs
- Administer selected global HIV/AIDS programs supported by the President's Emergency Plan for AIDS Relief (PEPFAR)



Ryan White HIV/AIDS Program - Intent

- Signed into law 1990, last reauthorization 2009
- Increase access to care for people living with HIV disease (PLWH)
- Only disease-specific discretionary grant program for care and treatment of PLWH
- Payer of last resort – safety net for uninsured and low-income individuals living with HIV/AIDS
- Funding for:
 - Primary health care including medications and support services
 - Provider training, Technical Assistance, Demonstration project

Basic Tenets of Ryan White

- Local planning and prioritization of funding based on needs assessment
- Involvement of people living with HIV/AIDS in the planning process
- Funding of both primary care and support services to improve access to care
 - Support of a multidisciplinary team
 - Building of a medical home
- Quality of care



Ryan White HIV/AIDS Program - Primary Care Services Funded

- Medical evaluation and clinical care
- Oral health care
- Laboratory testing
- Specialty care
- Substance abuse and mental health treatment
- Medications and adherence counseling
- Nutrition
- Case management



Ryan White HIV/AIDS Program – Support Services Funded

- Medical evaluation and clinical care
- Oral health care
- Laboratory testing
- Specialty care
- Substance abuse and mental health treatment
- Medications and adherence counseling
- Nutrition
- Case management



Ryan White HIV/AIDS Program – Clients Served

- Over 529,000 uninsured and underinsured persons affected by HIV/AIDS annually in the U.S.
- Approximately 175,194 people received medications through ADAP in 2008
 - 1 in 4 receiving ARVs in U.S. use ADAP services
- Reach those most in need, with an estimated 72 percent racial minorities, 33 percent women, and 79 percent uninsured/underinsured or receiving public health benefits (2007)
 - CDC reported 64% minority, 23% women



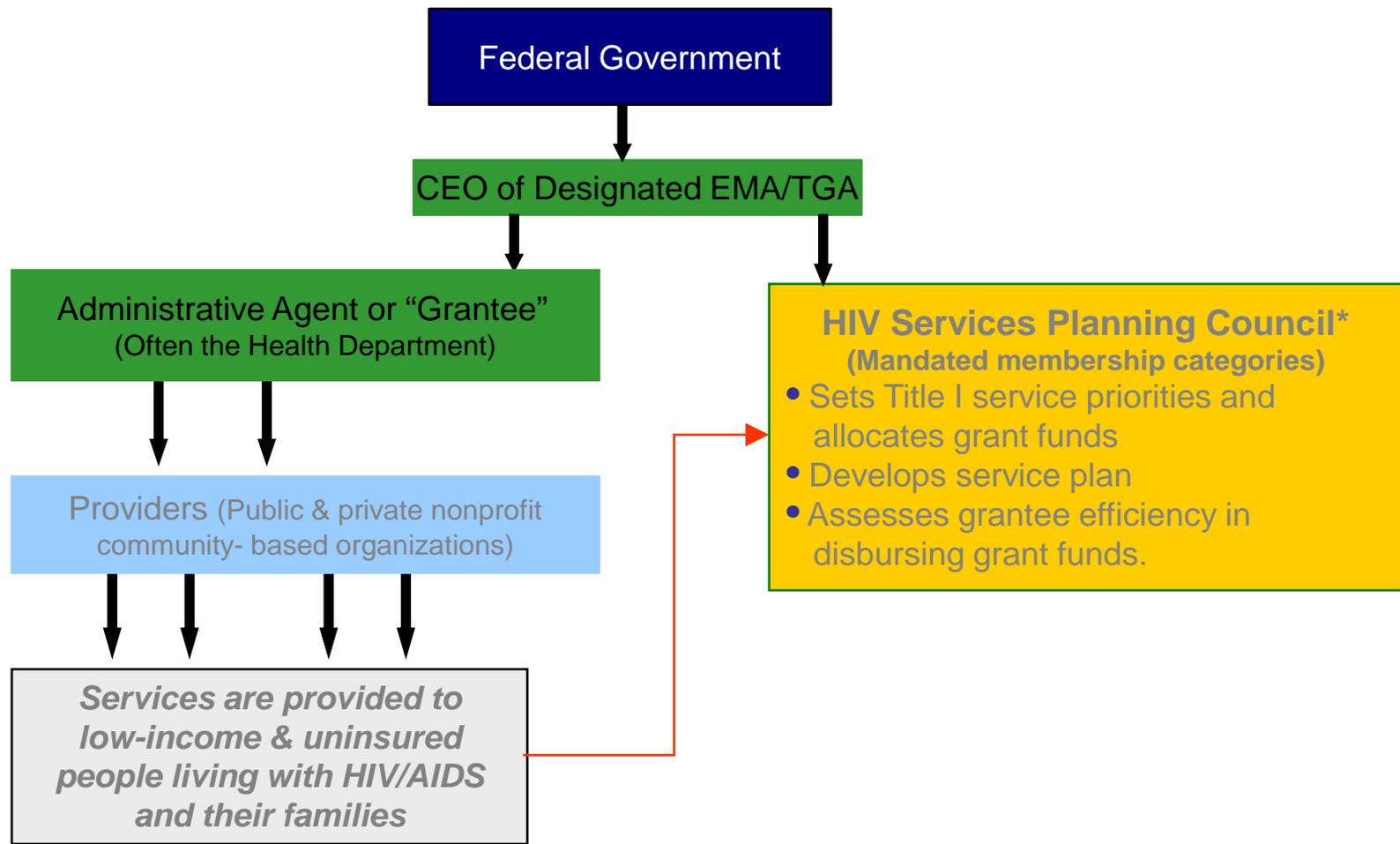
Ryan White HIV/AIDS Programs

- **Heavily Impacted Cities (Part A)**
- **States and Territories (Part B)**
 - AIDS Drug Assistance Program (ADAP)
- **Community Based Organizations**
 - HIV Primary Care (Part C)
 - Women, Infants, Children and Youth (Part D)
- **Other programs**
 - Dental, Training (AETC), Planning, Capacity Development, Demonstrations (SPNS)

Ryan White – Part A

- Provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely impacted by the HIV/AIDS epidemic
 - EMAs have at least 50,000 inhabitants and $\geq 2,000$ reported AIDS cases in the past 5 years
 - TGAs have at least 50,000 inhabitants and 1000 - 1999 reported AIDS cases in the past 5 years or prior status as an EMA
 - Local Planning Council decides allocation of funding
 - Part A funds distribution:
 - 2/3 by formula – based on the number of living case of HIV (non AIDS) and AIDS
 - 1/3 supplemental – competitive grant process based on demonstrated need

Flow of Part A Funds and Decision Making





Ryan White – Part B

- Provides grants to all 50 States, the District Columbia, Puerto Rico, Guam, U.S. Virgin Islands, Palau, American Samoa, Central Northern Marianas Islands, Marshall Islands and Federated States of Micronesia to pay for care for people living with HIV/AIDS
- Separate AIDS Drug Assistance Program pays for:
 - medications to treat HIV disease
 - insurance continuation for eligible clients
 - services that enhance access, adherence, and monitoring of drug treatment

Ryan White Program Accomplishments

- Provide care, treatment and support services to approximately half of the PLWH in the US.
 - Of estimated 1.0 – 1.2 million PLWH/A in U.S, Ryan White programs served over 529,000 uninsured and underinsured of them
- Built networks and systems of care with and between public and private providers for a comprehensive response to the epidemic.
- Extended our knowledge base and expertise to improve the quality of HIV/AIDS care and treatment across the health care system.



Ryan White HIV/AIDS Program Challenges

- Increased demand for services in an environment of few new/declining resources,
 - Rising costs and
 - Growing HIV/AIDS prevalence
 - Increasing financial pressure on medical systems
- Chronicity of HIV disease/aging
 - More comorbidities, increased need for primary care
- Identifying HIV infection earlier
 - Expanding HIV testing
 - Improving linkage to and retention in care
- Supporting the HIV workforce
 - Need for both primary care and specialty services

Ryan White Funding in the Philadelphia EMA

- The Philadelphia EMA comprises 9 counties – 5 in SE PA and 4 in S NJ
- The EMA receives \$2.4 million in Part A and Part A MAI funds
- Funds are administered by the Philadelphia Department of Public Health, AIDS Activities Coordinating Office (AACO)
- AACO administers \$3.2 million in RW Part B funds in SE PA



Procurement Process - 1

- Starts with service priorities and service allocations set by local planning council
- AACO develops a procurement plan – rolling procurement by services, approximately every other year

Procurement Process - 2

- Requests for Proposals (RFP) are issued and advertised on the city web site:
<http://www.phila.gov/rfp/>
- RFPs are emailed to a wide list of non-profit agencies; to get on list send agency information to jane.baker@phila.gov



Proposal Preparation

- AACO holds Bidders' conference after issuing RFP for prospective applicants to explain the RFP and answer questions
- AACO also provides individual grant-writing technical assistance to applicants
- Proposals are due 4-6 weeks after RFP issued



Proposal Elements - Example

1. Cover page
2. Proposal narrative
 - 6 questions answered in 10 pages
3. Form 1 through Form 7



Narrative Questions

1. Agency information: 1 pg, not scored
2. Statement of need: 1 pg, 20 points
3. Past performance: 2 pgs, 20 points
4. Work plan: 4 pgs, 40 points
5. Monitoring and evaluation: 1 pg, 15 points
6. Budget: 1 page, 5 points



Required Forms

- Implementation Plan
- Agency Demographics Report
- Current Year Annual Operating Budget
- Proposed Project Budget and Narrative
- Grievance Agreement
- Agency Authorization
- Application Checklist



Proposal Review

- The procurement process is governed by written grievance process which outlines review process
- Proposals reviewed by HIV Resources Allocations Advisory Committee (RAAC)
- Final decisions made by the PDPH Health Commissioner



The RAAC – Objective Review Committee

- A standing committee reflective of the HIV/AIDS epidemic, non-conflicted membership
- 50% consumer representation on the RAAC



Contract Negotiation

- After notification of awards made through the RFP process, successful applicants work with assigned AACO program analyst to develop work statements and budgets based on actual award amount received

Monitoring, Evaluation, Reporting

Funded providers must:

1. Submit invoices monthly
2. Comply with program reporting requirements defined by AACO
3. Submit data to AACO RW CAREWare
4. Participate in the local Quality Management program



Technical Assistance to Applicants

- Grant writing TA provided during proposal preparation period
- Summary of strengths and weaknesses available by request after funding decisions made
- AACO works with HRSA and co-sponsors Training sessions for prospective applicants (organizational development, grant writing)
- Use of fiscal agents to support smaller agencies



TARGET Center Website

- <http://careacttarget.org> - Central Source of Ryan White TA



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