



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

Technical Assistance Presentation

<http://www.hrsa.gov/grants/apply/assistance/bphchiv>
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-  Funding Overview
-  Eligible Applicants
-  Focus Area Requirements
-  Application Submission Process
-  Technical Assistance Contact Information
-  Questions

 **Partnerships for Care (P4C)** is a new project funded by Secretary's Minority AIDS Initiative Fund (SMAIF) and the Health Center Program to:

- Expand the provision of HIV prevention, testing, care and treatment services within communities most impacted by HIV
- Improve HIV health outcomes for people living with HIV (PLWH), especially racial/ethnic minorities
- Improve collaboration and leverage expertise among HRSA-funded health centers and CDC-funded state health departments

P4C is multi-agency project

- HRSA Bureau of Primary Health Care
- CDC Division of HIV/AIDS Prevention
- HHS Office of the Assistant Secretary for Health, Office of HIV/AIDS and Infectious Diseases

P4C includes several components

- CDC grant awards to four state health departments
- **HRSA supplemental funding to up to 22 health centers**
- HRSA contract award for one HIV Training, Technical Assistance, and Collaboration Center

Health Center Supplemental Funding Opportunity

Total funding	\$11 million
Award amounts	\$250,000 - \$500,000
Project period	Sept 1, 2014 – Aug 31, 2017
Application due date	In EHB on August 12, 2014

At the time of application:

-  Receive operational funding under section 330 of the PHS Act
-  Do not receive operational funding under the HRSA HAB Ryan White HIV/AIDS Part C Early Intervention Services Program
-  Have fewer than 5 Conditions of Award related to Health Center Program requirements in 60-day status and no conditions in 30-day status or default status

At the time of application:

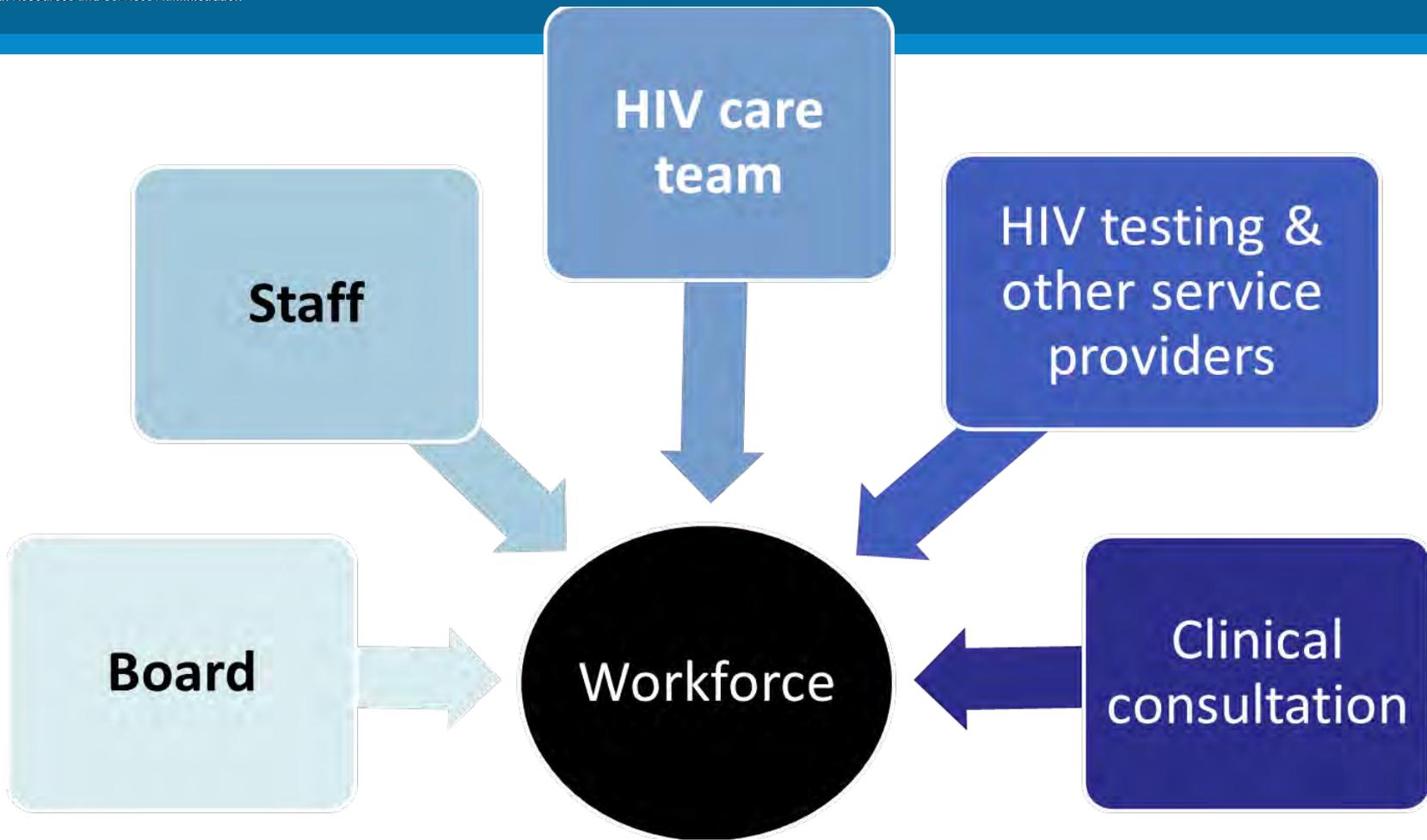
- ⚡ Did not receive initial (new start) New Access Point Health Center Program funding in FY 2013 or FY 2014
- ⚡ Use an EHR system at all service sites
- ⚡ At least 30% of total patients served are members of racial/ethnic minority groups, as evidenced by 2012 UDS data
- ⚡ Submit to HRSA the signed MOA included in the state health department awarded application

Health centers must implement activities in the following five focus areas:

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

- 🚫 The HIV Training, Technical Assistance, and Collaboration Center (HIV TAC) will support P4C participants, including:
 - Training of health center HIV care teams, staff, and board
 - Provision of TA to health centers and health departments
 - Communication, resource development, and evaluation

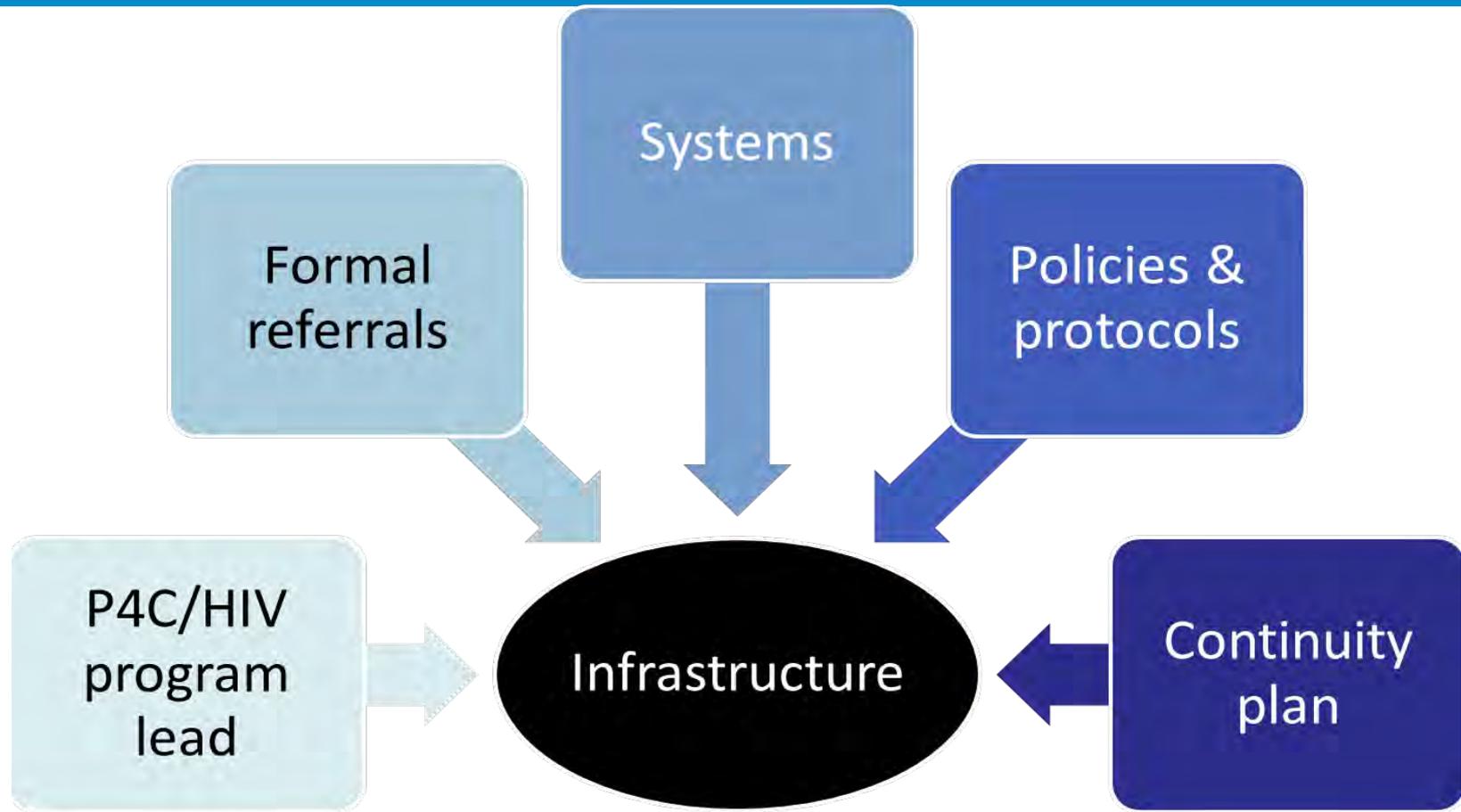
- 🚫 Participation in training and TA activities over the three years required by:
 - HIV program lead
 - HIV care teams
 - Other key staff working on P4C activities



The figure shows five boxes with arrows pointing to a single circle to illustrate the different aspects of workforce development. The five boxes include Board, Staff, HIV care team, HIV testing and other service providers, and clinical consultation. These five boxes point to a circle for workforce.

Workforce Development - Training

- a. Establish at least one multi-disciplinary HIV care team that includes at least one primary care provider trained in HIV care and at least two other service providers
- b. Ensure **all** staff involved in provision of HIV testing services receive appropriate training
- c. Ensure **health center wide HIV training** for all appropriate health center staff and board
- d. Utilize at least one source of expert, clinical consultation for ongoing advice on HIV/AIDS management



The figure shows five boxes with arrows pointing to a single circle to illustrate the different aspects of infrastructure development. The five boxes include P4C or HIV program lead, formal referrals, systems, policies and protocols, and continuity plan. These five boxes point to a circle for infrastructure.

Infrastructure Development (Continued)

- a. Designate an HIV program lead, responsible for **overseeing all aspects of project**, and staff the program to **monitor and ensure implementation of all project activities**

- b. Establish **formal, written referral agreements or contracts and protocols** for complex HIV care and enabling services not provided by the health center

- *Program lead should be at least 10% FTE*
- *Ensure staff have qualifications that align with work plan*

Formal referrals and protocols should be

- *Written*
- *Include patient tracking & follow up*
- *Cover all P4C services not provided directly*

Infrastructure Development - Delivery

- c. Implement system enhancements to support HIV service delivery
 - i. Clinical decision support
 - ii. EHR to collect and report relevant patient data
 - iii. Financial management
 - iv. Patient tracking and follow up
 - v. EHR and HIV surveillance data to monitor and improve HIV outcomes

- d. Develop or revise policies and procedures addressing HIV service delivery
 - i. Needs assessments
 - ii. Integrated service delivery
 - iii. HIV service delivery
 - iv. Quality improvement
 - v. Provider qualifications, recruitment, retention

These activities help to:

- *Ensure providers work in an organization that supports HIV service delivery*

- *Support continuity of care following P4C or loss of a trained provider*

Infrastructure Development - Plan

- e. Develop a plan to maintain the capacity and activities developed during the project, including:
 - i. Ongoing provision of established HIV services
 - ii. Continuity of care to ensure all health center patients living with HIV are retained in care
 - iii. Financial sustainability of health center operations

Directly

- Routine HIV testing with linkage to care
- Basic HIV care and treatment
- Prevention services for HIV+ patients

Directly and/or contract/formal agreement

- Behavioral health care (mental health, substance abuse)
- Oral health care
- Enabling services (case management, outreach, eligibility, transportation, translation)

Directly, formal agreement, or formal referral

- HIV prevention services for high risk
- Screening & treatment for chlamydia
- Screening for HCV
- Non-health related support services (WIC, housing, employment, etc.)

- a. Health centers must provide the following services directly, including:
 - i. Routine HIV testing with linkage to care at **all** service delivery sites in the current scope of project
 - ii. Basic HIV care and treatment at sites with proposed HIV care teams
 - iii. Prevention services for PLWH at sites with proposed HIV care teams, including:
 - Enhancing patient navigation services
 - Improving HIV medication adherence
 - Facilitating access to interventions to reduce risk
 - Screening for STIs, HBV, HCV, and TB
 - Enhancing linkage to other medical services

- b.** Health centers must provide the following services directly and/or by contract/formal written agreement:
 - i. Behavioral health care (e.g., mental health, substance abuse)
 - ii. Oral health care
 - iii. Enabling services (e.g., case management, outreach, eligibility, transportation, translation)

- c. Health centers must provide the following services directly, by contract/formal written agreement and/or formal written referral arrangement:
 - i. HIV prevention services for high risk HIV-negative patients
 - ii. Screening and treatment for chlamydia and screening for HCV for all patients
 - iii. Other non-health related programs and services that support improved health outcomes

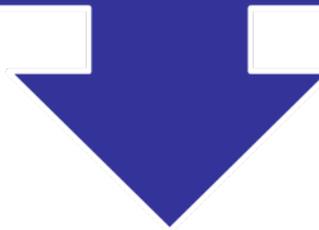
Service Delivery – Care and Treatment

Basic HIV Care and Treatment

Initiate or provide 1st line anti-retroviral therapy (ART)

Address common health complaints

Provide referral for more complex HIV care



Complex HIV Care and Treatment

Provide 2nd or 3rd line ART or salvage therapy

Screen and refer for opportunistic infections or advanced HIV disease

Provide services for prevention of mother-to-child transmission (PMTCT) patients

Partnerships with State Health Departments

Required activities:

- a. Ensure policies and procedures are in place to **facilitate data sharing** with the health department and protect patient confidentiality and data security
- b. Participate in **joint HIV case conferences** to discuss and reconcile lists of PLWH who have not been linked to care, are not fully engaged in care, or are lost to follow-up
- c. Collaborate with **disease intervention specialists and linkage coordinators** to bring PLWH into the health center and retain them as patients
- d. Participate in **training opportunities** facilitated by the state health department

Project Evaluation and Quality Improvement

- 🚫 Health centers must **collect data** and **submit bi-annual reports** to demonstrate progress toward implementation of required activities and improved health care outcomes
- 🚫 Anticipated evaluation activities include:
 - **Assessing knowledge and competencies** of HIV care team members
 - Collecting, reporting, and utilizing **patient level data regarding HIV outcomes**
 - Describing and studying the **effectiveness of service delivery models**
 - Participating in **all-grantee meetings** to review and build upon lessons learned

-  Authorizing Officials, Business Officials, and Project Directors at all eligible health centers received an email July 15 that included the following:
- Link to supplemental funding application in EHB
 - Eligibility code to access the application
 - Breakdown of funding based on current population sub-program funding proportions
 - Link to supplemental instructions and TA at <http://www.hrsa.gov/grants/apply/assistance/bphchiv>

- 🎗 SF-424: Basic Information
- 🎗 SF-424A: Budget Information
 - Section A: Budget Summary
 - Section C: Non-Federal Resources
- 🎗 Federal Object Class Categories Form
- 🎗 Supplemental Information Form
- 🎗 Work Plan
- 🎗 HIV Care Team Information
- 🎗 Budget Narrative
- 🎗 Memorandum of Agreement with Health Department

- 🚫 SF-424A - Section A: Budget Summary A
 - Provide funding request amounts for each sub-program based on the percentages in the e-mail notification

- 🚫 SF-424A – Section C: Non-Federal Resources
 - Enter the amount for any non-grant funds supporting the project

- 🚫 Federal Object Class Categories Form
 - Enter the Federal request and non-grant support for each budget category for the first 12-month budget period

Budget Narrative Attachment

- The budget narrative must include a line-item budget and narrative for **each year of the 3 year project**
- Year 1 of the Budget Narrative should align with the Federal Object Class Categories Form
- The budget narrative should describe anticipated changes in the relative amounts of funding used to support the five focus areas across the 3-year project (focus on infrastructure in the beginning)
- Funds can support equipment in Year 1 and/or Year 2 only (\$50,000 maximum per year)
- Sample budget on TA webpage

- ❗ P4C supplemental funding may NOT be used for:
 - Incentives (e.g., gift cards, food)
 - Costs to support activities at sites that are not included in the health center's current scope of project
 - Distribution of sterile needles or syringes for the hypodermic injection of any illegal drug
 - Construction costs, including minor alterations and renovation
 - Facility, land, or vehicle purchases

- ❗ Health centers may not use P4C funding to supplant other resources currently supporting existing services

- Enter Project Narrative responses (3,000 characters maximum for each response):
 - Professional background, qualifications, role, and responsibilities of the HIV program lead
 - Proposed approach to workforce development and infrastructure development to increase and improve HIV service delivery among racial/ethnic minorities
 - Proposed approach to expand capacity to provide routine HIV testing, basic HIV care and treatment, HIV prevention services, HIV case management, and coordinate the HIV care team(s) to deliver high quality services for PLWH

-  Enter projections to be achieved by the end of the three-year project period:
- Number of multi-disciplinary HIV care teams that will receive clinical training, deliver HIV services, and participate in HIV TAC activities (all HIV care teams must be established within year one)
 - Number of other health center staff and board who will receive HIV training
 - Percent of health center patients who will receive routine HIV testing for the first time
 - Number of health center patients who will receive basic HIV care and treatment from the health center's HIV care team(s)

- 🚫 Attach a detailed, three-year project work plan
- 🚫 Document the specific action steps necessary to implement required activities under each of the five focus areas
 1. Health center workforce development
 2. Health center infrastructure development
 3. HIV service delivery across the HIV care continuum
 4. Sustainable partnerships with state health departments
 5. Project evaluation and quality improvement

- 🚫 For each objective, identify at least one action step
- 🚫 For each action step, identify the person/area responsible, time frame, and expected outcomes
- 🚫 Sample work plan on TA webpage

FOCUS AREA 3: [Service Delivery](#)

Objective 3a-i: Provide routine HIV testing at all service delivery sites.

Action Steps	Person/Area Responsible	Time Frame	Expected Outcome
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- 🚫 After award, the **HIV TAC will conduct readiness reviews** to review work plans and ensure an efficient approach to capacity building

- 🚫 Attach additional project information regarding the required HIV Program Lead, HIV care team(s), and health center sites where project activities will occur
 - Name, title, and primary location of HIV Program Lead
 - Sites where routine HIV testing will occur
 - For each HIV care team:
 - HIV care team lead
 - Team members
 - Sites where the team will provide care
- 🚫 HIV Care Team Information template on TA webpage

 Applications due in EHB by August 12, 2014 at 5:00 PM

 Instructions and TA are available at

<http://www.hrsa.gov/grants/apply/assistance/bphchiv>

- Supplemental funding instructions
- Presentation slides
- List of eligible applicants
- EHB User Guide for Supplemental Funding
- Work Plan template
- HIV Care Team Information template
- Budget Narrative Sample

Assistance Needed

Programmatic and budget questions

P4C HIV Supplemental Funding TA Team

hivsupplement@hrsa.gov

EHB electronic submission questions

BPHC Helpline

bphchelpine@hrsa.gov or 1-877-974-2742

General Technical Assistance Webpage

<http://www.hrsa.gov/grants/apply/assistance/bphchiv>