REQUEST FOR PROPOSALS

Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV

Frequently Asked Questions (FAQs) &

Glossary of Abbreviations

UPDATED: January 5, 2018

Frequently Asked Questions are arranged to correspond with the Intervention Site Application of the Request for Proposals
Part I. Overview Information

G. Dates

Q: We recently missed the webinar and had questions on how to apply. Where do I find the recorded webinar?


H. Executive Summary

Q: What is the goal of this initiative?

A: The goal of this initiative is to identify and provide support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for people living with HIV (PLWH).

Q: What are the focus areas of this initiative?

A: The initiative focuses on the implementation of effective and culturally appropriate evidence-informed interventions in four focus areas:

1) Improving HIV health outcomes for transgender women
2) Improving HIV health outcomes for Black men who have sex with men (MSM)
3) Integrating behavioral health with primary medical care for PLWH
4) Identifying and addressing trauma among PLWH

Part II. Funding Opportunity Description

A. Background

Q: How many sites will receive funded?

A: Up to 24 intervention sites across the four focus areas (six sites per focus area).

Q: What is the duration of the funding?

A: Sites can apply for between 18 and 33 months (depending on intervention selected)

B. Purpose

Q: Can agencies outside of the United States receive funding?

A: This funding opportunity is currently for those that operate within the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the 6 U.S. Pacific jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau).

Q: What is the formative/start-up period and how much should the funding amount to?
A: The funding begins with a three-month formative phase to support start-up activities between April 15 – July 15, 2018. Formative phase funding should amount to approximately 25% of the award for year one. Detailed instructions for project budgets are included in the budget template (http://bit.ly/2BSQN7R).

Q: When is the implementation phase?

A: The implementation phase will begin on July 15, 2018 and will be of different lengths, depending on the proposal and the timeline funded.

C. Eligibility Information

Q: Are organizations currently involved in activities related to linking newly diagnosed HIV positive individuals to care eligible to apply?

A: Yes. Your organization must also be a funded Ryan White HIV/AIDS Program recipient or subrecipient providing direct services, inclusive of sites providing core medical services and/or support services directly to clients.

Q: Where can I find links, scientific articles and/or publications relating to the interventions selected?

A: The Appendix (http://bit.ly/2zc6wce) in the Intervention Site Application will have all additional information relating to each intervention. For any journal articles referenced but not linked in the Appendix, please contact AIDS United at CCTA@aidsunited.org for access.

Q: Do all clients enrolled in the intervention need to be seen by a doctor associated with this project? Or can the client remain with their current provider and participate in the project’s intervention activities?

A: No, to participate in this project, a client can be seen by a medical provider outside of the setting where the intervention is delivered. Our intent is not to disrupt clients’ engagement with medical care in order to participate in the intervention. However, the evaluation of the interventions will require that sites submit de-identified patient-level health outcome data, such as CD4 count and viral load, for clients participating in the project. Successfully acquiring clinical data from an outside organization can be challenging. For this reason, in your proposal, we recommend that you address how you plan to gather the required data from any outside medical sites where your clients would receive their medical care and treatment. This plan must include an MOU that specifies how data will be collected and shared between the sites. The request for applications also specifies that sites obtaining data from outside clinics budget a higher amount of effort (.5 FTE) for a data manager’s time to meet the data collection requirements.

Q: My agency does not provide medical care but is in an established partnership with an ambulatory outpatient medical provider which collects the required data for the evaluation of this initiative (VL, etc.) Can that non-medical provider agency be the lead agent/applicant?

A: If you are funded via Ryan White funds and provide support services, then you are eligible to apply. You must have an established partnership with an entity that is providing medical service (Outpatient Ambulatory Health Services) so that you can report the required health outcome data to the Evaluation Center. You must be able to provide an MOU that documents this relationship. Applicants do not have to be Outpatient Ambulatory Health Services (OAHS) sites but “must demonstrate via MOU a pre-existing relationship with an OAHS Services site…. that will be able to collect and report to the applicant VL tests, retention, ART adherence, etc.”

Q: Our agency has HRSA funding through two Special Projects of National Significance (SPNS) initiatives. Does SPNS initiative funding fall under Ryan White funding? Would our agency be eligible to apply?
A: All potential applicants funded throughout the programs of the Ryan White HIV/AIDS Program are eligible to apply for funding. However, if the agency only receives SPNS funding, that agency is not eligible to apply. All applicants must be a direct service provider, including support services.

Q: We are a non-clinical CBO that does not provide any medical services. However, we have established relationships with MANY HIV care clinics throughout our local area, both informally and formally through MOUs related to other grants. Are we eligible to apply?

A: Yes, you are eligible. Please provide an MOU between your organization and the OAHS provider that clearly documents that the OAHS provider is willing to provide you with the required de-identified patient-level clinical health outcome data that is required for the evaluation. We recognize that some organizations may have these relationships in place but have not previously had a formal MOU to document them, but a clear and documented relationship will strengthen your application. Additional time for a data manager is required because of the increased complexity of obtaining study data from multiple sites.

Q: Should the MOU provide specific information about this funding opportunity?

A: We do not require that you create an MOU/linkage agreement that is specific to this grant. We will accept an existing formally documented agreement, with the following requirements: 1) the MOU specifically addresses the OAHS site’s agreement to be able to provide deidentified patient-level clinical health outcome data, and 2) your proposal specifically addresses how you will meet the evaluation data collection requirements.

Q: Does receiving Ryan White HIV/AIDS Program funds that are administered through a Part A (EMA) grant constitute eligibility?

A: Potential applicants can be funded by any category of the Ryan White HIV/AIDS Program; this includes organizations that are indirectly funded. The agency can receive Ryan White Part A, B, C, D, or F. However, applicants must be a direct service provider, including support services.

Q: If our program is currently implementing a modified Evidence Based Intervention (EBI) but not the exact EBI and it is like the EBI under this funding opportunity, are we still eligible?

A: Yes, agencies currently implementing Evidence Based Interventions but not the ones selected in this funding opportunity may apply. A requirement for funding is that the applicant site Not be currently implementing the same or a similar intervention as the one selected under this RFP for funding. This initiative aims to study the process of implementation of the interventions in real world settings so that the lessons learned can be disseminated to other sites who want to apply these interventions in diverse and untested settings.

Q: What IT equipment/hardware/software will be needed for data collection so that we can budget adequately?

A: The only specific requirements for the evaluation are an adequate computer with adequate internet access. The data collections tools can be managed through your browser. Other equipment may be needed for your intervention activities, but this would be contingent on the intervention you implement and the strategies you use to do so (for example, waiting room screening may require an ipad which would not be associated with the evaluation).

Q: Is there a requirement regarding how many patients we need to serve with the intervention?
A: There is no enrollment target for each intervention and would recommend that sites specify how many people they could serve given the need and the size of the population in their area.

D. Program Expectations

Q: Where can I find more information about the selected interventions?

A: More information can be found in the RFP (http://bit.ly/2kA0le2) at and in the Appendix of the Intervention Site Application. If you have any additional questions, please email us at CCTA@aidsunited.org.

Q: What is the required level of staffing for the evaluation?

A: Sites must include in their budgets must include funds for a newly hired or existing Data Manager to manage data collection. Sites that provide direct medical care must budget for a .25 FTE Data Manager. Sites that do not provide direct medical services, must budget for a .5 FTE Data Manager to collect and submit the required data for the evaluation.

Q: Is it allowable to hire more than one person or contract a person to fulfill the Data Manager role?

A: Yes, it is permissible to hire more than one person or to contract the Data Manager position out; however, the agency must demonstrate the ability to fulfill the necessary roles to collect and submit the required data for the evaluation.

Q: Is there a job description for the Data Manager?

A: There is not standard job description under this funding opportunity; however, there is a requirement that they are able to collect and submit required data for the evaluation.

F. Application and Submission Information

Q: Will preference be given if we are proposing to implement a behavioral health intervention with transgender women or black MSM?

A: Preference will not be given to applications proposing to implement an intervention from either the trauma or behavioral health integration focus areas with one of the subpopulations identified here as focus areas (transgender women or black MSM). You will not get “extra credit” for addressing more than one area; if it makes scientific and clinical sense to do so, please address this in your application.

Q: Where can I find links, scientific articles and/or publications relating to the selected interventions?

A: The Appendix (http://bit.ly/2zc6wcE) in the Intervention Site Application contains all additional information relating to each intervention. If you would like more than what is available in the Appendix, you can email CCTA@aidsunited.org and list the interventions requested in the body of the email.

Q: Is $170,000.00 per year for direct cost or the total cost?

A: $170,000.00 is the maximum total cost per year (including direct and indirect cost).

Q: Is there a cap on the indirect cost?
A: The total amount of funding is $170,000.00 per year based on the intervention you selected. There is not a cap on indirect cost but indirect cost is subtracted from the total allowed funding ($170,000 per year). Please see the budget template for specific instructions on the indirect rate.

Q: Is there a negotiated indirect cost rate for this funding opportunity?

A: Institutions may use their federally-negotiated indirect cost rate. It is important to note that these are NOT research projects; consequently, a research rate may not be used. Most institutions have an “other sponsored activities” rate that would be applicable. If the applicant organization does not have a federally negotiated indirect cost rate, they may use the 10% of modified total direct costs rate per 45 CFR 75.414(f). Please see the budget template (http://bit.ly/2BSQN7R) for specific instructions on the indirect rate that may be applied.

Q: Will there be points deducted if the diversity table cannot be completed?

A: While there is a desire for you to complete the diversity table fully, it is understandable if you do not have all the information requested. Points will not be deducted for a Diversity Table not completed.

Q: There are some interventions focused on linkage and retention but not adherence or suppression e.g. T.W.E.E.T. Would applicants still have to obtain de-identified medical data from our OAHS given the intervention only targets those two components?

A: Yes, you still be requested to provide patient data. You will be required to collect and report viral load tests, retention and ART adherence as well as other data to be identified in more detail by the Evaluation Center.

Q: For participation in interventions, are agencies able to provide incentives?

A: RWHAP support service categories may include various kinds of allowable expenditures that might avoid the need for an incentive e.g. “medical transportation” is an authorized support service. (Sub)recipients are not allowed to allocate funds for intervention participation incentives.

G. Submission Dates and Times

Q: What date is this funding opportunity is due?

A: Completed proposals are due via the FoundationConnect online application system by 9:00 pm Eastern Standard Time, Monday, January 22, 2018.

Q: Will there be another opportunity for potential applicants to apply for the E2i Funding Opportunity that will not meet the deadline?

A: There will be only one opportunity to submit for this funding opportunity.
### Explanation of Abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Antiretroviral</td>
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<td>AU</td>
<td>AIDS United</td>
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<td>CCTA</td>
<td>Coordinating Center for Technical Assistance</td>
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<td>EBI</td>
<td>Evidence Based Interventions</td>
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<td>EC</td>
<td>Evaluation Center</td>
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<td>EMA</td>
<td>Emerging Metropolitan Area</td>
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<td>FTE</td>
<td>Full Time Employee</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HRSA HAB</td>
<td>Health Resources and Services Administration HIV/AIDS Bureau</td>
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<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>OAHS</td>
<td>Outpatient Ambulatory Health Services</td>
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<td>PLWH</td>
<td>People Living With HIV</td>
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<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
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<td>RFP</td>
<td>Request for Proposal</td>
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<td>RWHAP</td>
<td>Ryan White HIV/AIDS Program</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TFI</td>
<td>The Fenway Institute</td>
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<td>UCSF CAPS</td>
<td>University of California San Francisco-Center for AIDS Prevention Studies</td>
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<tr>
<td>VL</td>
<td>Viral Load</td>
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