



South Carolina Department of Health and Environmental Control

Ending the HIV Epidemic
Request for Grant Applications
April 16, 2021



FY2021-RFGA-HV-105

SC DHEC is offering this Request for Grant Applications (RFGA) for funds administered by SC DHEC from Health Resources and Services Administration's (HRSA)

“Ending the HIV Epidemic (EHE): A Plan for America – Ryan White HIV/AIDS Program”

Acceptable Applications

Acceptable applications that will be considered as part of this grant program are those that support:

- (1) HRSA's Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program
- (2) SC DHEC's *Ending the HIV Epidemic Plan*

Background

In February 2019, the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) along with several other agencies came together to present ***Ending the HIV Epidemic: A Plan for America***. The plan, which aims to reduce new HIV transmissions by 75 percent by 2025 and by 90 percent by 2030, focused its Phase I efforts on seven states with a substantial number of HIV diagnoses in rural areas, along with 48 counties, Washington, D.C., and San Juan, Puerto Rico. These jurisdictions, which include the state of South Carolina, accounted for more than 50 percent of new HIV diagnoses in 2016 and 2017.

South Carolina – CDC EHE Phase I

- The State of South Carolina met the CDC Phase I criteria because:
 1. Ten (10) percent or more of the new diagnoses in 2016 and 2017 were in rural locations, those with populations below 50,000,
 2. Seventy-five (75) or more individuals received a new HIV diagnoses in 2016 and 2017, and
 3. The state did not have a priority county.
- In addition to meeting the Phase I qualifications, the Centers for Disease Control and Prevention (CDC) estimates that 16% of persons living with HIV in South Carolina are undiagnosed and subsequently unaware of their infection (CDC HIV Surveillance Report, Vol. 24 No. 1).
- According to 2018 Epidemiological data, 19,749 South Carolinians are living with diagnosed HIV. South Carolina's data shows a high burden of HIV positive individuals who are presumed not in HIV medical care. As of October 2020, an estimated 6,022 PLWH are presumptively not in HIV medical care and living in South Carolina.
 - **“Not in care” is defined as having no CD4 or viral load documented in the Enhanced HIV/AIDS Reporting System (eHARS) within 13 months or more.**



RWB EHE Objective

The state of South Carolina is committed to the national fight to End the HIV Epidemic (EHE). To achieve the national goal of reducing new HIV infections by 75 percent within the five-year period of performance (2020-2025), the STD/HIV& Viral Hepatitis and Surveillance and Technical Support (STS) Divisions, of the South Carolina Department of Health and Environmental Control (S.C. DHEC), plan to implement a Statewide Rapid Continuum of Care Program.

Efforts will be enhanced at each program level:

- Prevention (Rapid Diagnosis, Rapid Linkage, and Pre-Exposure Prophylaxis [PrEP]);
- Care and Treatment (Rapid Care Engagement and Antiretroviral Treatment [ART]);**
- Re-engagement (Outreach, Data to Care, and Real-time Health Exchange); and
- Surveillance (Rapid Response to HIV Clusters)

Through the award of Ryan White Part B Ending the HIV Epidemic funds, DHEC plans to implement a Statewide Rapid Continuum of Care Program to rapidly link and reengage PLWH and provide rapid antiretroviral therapy treatment. The overarching goal is to reduce the number of new HIV cases in SC by rapidly engaging PLWH into care (newly diagnosed or returning to care) and **expedite HIV ART within 7 days** more quickly achieving viral suppression.

RWB EHE Objective

Rapid Care Engagement and Antiretroviral Treatment

The Statewide Rapid Continuum of Care process will include:

- Rapid Linkage and reengagement to HIV Care/Providers,
- Accelerated eligibility and access to care services and ART initiation,
- Accelerated AIDS Drug Assistance Program (ADAP) approval,
- Sustained follow-up to provide support, including medication adherence, and
- Rapid cluster response

RFGA Timeline

- RFGA Posted – **April 12, 2021**
- Webinar – **April 16, 2021**
- Questions – due by **April 23, 2021 at 5:00 PM** to Casandra Hamilton at hamiltc@dhec.sc.gov
- Responses to Questions – posted no later than **April 28, 2021 at 5:00 PM**
 - This includes any questions submitted today as part of this webinar
 - Questions submitted today do not need to be resubmitted via email
- **NEW:** Letter of Intent – Letter of Intent is available at the Survey Monkey Link provided in the RFGA – due by **April 30, 2021 at 5:00 PM**
 - The Letter of Intent is not scored and will not impact the selection of funded subrecipients
- **Application Submission – May 28, 2021 at 2:30 PM**
- Notification of Award – No Later than **June 14, 2021**
- Start Date – **July 19, 2021**

Eligibility

- To be eligible, organizations must be current DHEC Ryan White Part B funded subrecipient; **And**, must have a minimum of one (1) year of documented, established history (within the past one (1) year) of providing HIV Outpatient/Ambulatory Health Services (consistent with HRSA HAB RW eligible services) to Ryan White Part B eligible PLWH.
- An applicant applying to DHEC for EHE funding must provide EHE funded services to PLWH residing in all counties of the currently funded Ryan White Part B multi-county service area.
- Eligible organizations must submit a Certificate of Existence, also known as a Certificate of Good Standing, from the SC Secretary of State. The Certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>
- DHEC subrecipients in a probationary status with DHEC are not eligible to apply for additional federal funding or funds derived from federal funds.
- A subrecipient previously terminated by DHEC must wait three (3) years before an application will be considered for funding from DHEC.

Funding

- The annual amount of each award, based on the anticipated available grant year funding, is expected to range from a minimum award of **\$100,000** to a maximum award of **\$250,000** to support rapid engagement in HIV care and expedited HIV ART for newly diagnosed or returning to care PLWH.
 - Organizations applying for funds to develop and implement, or expand, rapid engagement in care and ART may request up to an additional \$50,000 per organization for Mental Health Services and/or Substance Abuse Outpatient Care Services and/or Substance Abuse Services (residential).
 - The number of funded subrecipients is dependent on available funds but is anticipated to be no less than four.
 - The award amount will be in DHEC's discretion based on any of the following: application score, projects proposed, number of clients to be served, budget review, and funding availability.
- **NEW:** Those applications not funded but meeting the criteria of this RFGA **may be funded at a later date, without reapplication, if additional funds are received during the budget year** (March 1, 2021-February 28, 2022). Any such additional funding will be allocated to qualifying applicants according to evaluation scores in the same manner as the initial awards.

EHE Metrics (Grant Accountability Measures)

Confirmatory HIV Positive Test	<ol style="list-style-type: none"> 1. First rapid test - positive result 2. Blood test - confirmatory positive result 3. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test 	Referred to Social Worker/Linkage Coordinator the same day as confirmatory test
	<ol style="list-style-type: none"> 1. First rapid test - positive result 2. Second rapid test – confirmatory positive result 3. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test 	
	<ol style="list-style-type: none"> 1. Blood test - confirmatory positive result 2. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test 	
Days from confirmatory positive test, or re-engagement in care, to first medical visit	14-30 days (avg. 14)	Day of confirmatory positive test (preferred) 2-3 days (acceptable)
Days from confirmatory positive test, or re-engagement in care, to ART prescription	Not currently defined (typically, follows results of initial lab work)	Day of first medical visit

EHE Metrics – Timeline

EHE Goal	EHE Goal Timeline
Referred to Social Worker/Linkage Coordinator the same day as confirmatory test	For organizations not currently referring newly diagnosed patients the same day, reduce the average number of days to referral by 3 days every six months.
Day of confirmatory positive test (preferred) 2-3 days (acceptable)	For organizations not currently offering same day appointments, reduce the number of days to first medical visit by 2 days every 6 months.
Day of first visit	Following completion of trainings provided, offer ART initiation at first medical visit

Required & Allowed Activities

REQUIRED: Develop and implement a rapid continuum of care and treatment protocol and procedures for PLWH newly diagnosed and re-entering care, including rapid entry or re-entry to care and ART medication initiation to achieve the EHE metrics goals.

- The following services may be funded with EHE funds:
 - EHE Initiative Services (services not listed in 16.02)
 - Outpatient Ambulatory Health Services
 - Medical Case Management
 - Non-medical Case Management
 - Health Education and Risk Reduction (including peer adherence and patient navigation preferably through the employment of peers)
 - Transportation
 - Outreach
- Those applying to implement a rapid continuum of care may also apply for funding for (1) outpatient substance abuse services, (2) residential substance abuse services, and (3) mental health services.



Requirements

- The Project Sponsors selected must make services available to HIV-positive residents in all counties of their currently funded Ryan White Part B multi-county service area. The Project Sponsor must make services available within 60 days of the start of the Subaward agreement.
- Staff providing services must be licensed and accredited as required by the state for the service they provide when licensing and accreditation is required for service.
- Develop and submit to DHEC an annual narrative and cost allocation plan (BNCAP), and implementation plan (IP) using the DHEC required formats. No more than 10% of expenditures may be used for administrative costs
- If any RWB services are funded with EHE funds, but not offered with other RWB funding, develop agency Service Standards for RWB EHE services provided.
- Maintain strong partnerships in the service area between health departments, HIV prevention service providers, HIV care service providers, and community health centers as these are necessary in meeting the goals of the SC's Ending the HIV Epidemic Plan.



Requirements

- Promote coordination and integration of community resources and services and address the needs of all affected populations.
- Ensure Ryan White HIV/AIDS Program is the payer of last resort and vigorously pursue alternate payer sources.
- Have a grievance policy for the EHE Program.
- Certify that all clients served has a documented HIV diagnoses; thereby meeting the singular eligibility requirement for EHE services.
- Use *Provide Enterprise (PE)* for tracking and reporting program services.
- Agrees to share Rapid Care and Treatment protocols and best practices with other Ryan White Part B subrecipients including group and provider-to-provider level training and development of statewide tools to expand access to rapid care and treatment for PLWH in SC.

Reporting Requirements

- **ANNUAL** – EHE data will be included in the annual calendar year RSR submission.
- **QUARTERLY** – A financial statement for EHE Program funding which identifies the amount of funds received and the amount expended for each category of services provided.
- **TRI-ANNUAL** - Submission of service provision data through HRSA's Electronic Handbook will be required on a tri-annual basis. And, submission of progress report including updates on staffing, progress on goals, key accomplishments, barriers encountered, and how they are resolved, and responses to summary questions regarding overall impact, must be submitted to DHEC.



Requirements

- Please see posted RFGA for the full list of Grant and Funding Related Requirements.

Application Requirements & Scoring

Signed Cover Letter (not scored)

- Statement that the applicant is willing to perform the services as stated in the RFGA if awarded;
- Statement that the applicant will comply with all requirements of the RFGA and the attached SubAward Agreement, if awarded;
- A statement that the project(s) can be carried out for the amount requested;
- The cover letter must be signed by a person having authority to commit the applicant to a subaward agreement.
- The name and email address of the person to which the notification of award should be sent.

Application Requirements & Scoring

Eligibility Documentation Determination (not scored)

- Provide a statement that the organization is a current DHEC RWB Subrecipient.
- Provide one annual Ryan White data report (CY2019 or CY2020).
- Provide a statement indicating that the applicant has the capacity to enter into a cost reimbursement grant agreement without prompt reimbursement from DHEC.
- Submit a Budget Narrative and Cost Allocation Template with the application.
- Submit a Certificate of Existence, also known as a Certificate of Good Standing, from the SC Secretary of State.
- *Applicants who have ever had a DHEC subaward agreement/contract terminated for non-compliance:* Provide a description of the circumstances of the terminated subaward agreement/contract including: the DHEC subaward agreement/contract number, date of termination, reason for termination, and any changes within the applicant organization to ensure compliance with current and future subaward agreements/contracts.



Application Requirements & Scoring

Introduction (5 points)

- Briefly describe the proposed project and a description of how the proposed activities will address the goals of the federal and SC EHE initiatives.

EHE Program Methodology and Implementation Plan (70 points)

- Complete an **Implementation Plan** showing the EHE funded services proposed to be provided and how many eligible PLWH are proposed to be served with each funded service for the time period **July 19, 2021-February 28, 2022**.



Application Requirements & Scoring

EHE Program Methodology and Implementation Plan Continued (70 points)

The following services may be funded:

- EHE Initiative Services
- Outpatient Ambulatory Services
- Health Education and Risk Reduction (including Peer Adherence and Patient Navigators, preferably peers)
- Medical Case Management
- Non-Medical Case Management
- Transportation
- Outreach

In addition, if proposing to implement or expand rapid access to HIV medical care and ART, organizations may apply for up to an additional \$50,000 in funding for **mental health and/or outpatient and/or residential substance use services**.

These services must be offered as part of the development of a rapid continuum of care to reduce mental health and substance abuse barriers to accessing rapid care and treatment.



Application Requirements & Scoring

EHE Program Methodology and Implementation Plan Continued (70 points)

- Describe your organization's process for accepting referrals for newly diagnosed and returning to care PLWH. And/or, if your organization provides testing on-site, describe the process to link newly diagnosed clients to medical care.
- Explain how the organization plans to move from the current, average number of days from diagnosis/re-engagement in care to the first medical visit, to the EHE goal of no more than three days to the first visit.
- Explain how the organization plans to implement ART initiation at the first medical visit following diagnosis/re-engagement in care by describing how the organization will provide immediate access to short-term ART supplies, while ADAP applications are pending, in order to support ART initiation during the first clinical visit for newly diagnosed or re-engaged individuals living with HIV (ex. Starter packs, 30-day vouchers from pharmaceutical companies).



Application Requirements & Scoring

EHE Program Methodology and Implementation Plan Continued (70 points)

- If requesting funds for EHE Initiative Services describe how these services will be used to support rapid engagement in care, rapid initiation of ART, as well as medication adherence.
- If requesting funds for Health Education and Risk Reduction, including peer adherence and patient navigation, describe how these services will be used to support rapid engagement in care, rapid initiation of ART, as well as medication adherence.
- If requesting funds for medical case management, non-medical case management, and/or transportation explain how these funds will be used to return not in care PLWH to care and how they will obtain rapid access to medical care and ART initiation.
- If requesting funds for outreach services, explain how these funds will be used to return not in care PLWH to care and how they will obtain rapid access to medical care and ART initiation.
- If requesting funding for mental health and substance abuse services, explain how these funds will be used to support rapid engagement in care, rapid initiation, as well as medication adherence.

Application Requirements & Scoring

EHE Program Methodology and Implementation Plan Continued (70 points)

- Describe the process the organization will use to ensure and document eligibility (those with a documented HIV diagnoses) for EHE funded services.
- Describe the organization's EHE staffing plan to provide EHE funded services and to administer the grant assuring compliance with all requirements listed in the RFGA. Submit job descriptions and biographical sketches (or resumes) of key personnel administering the grant and those providing services.
- Submit a proposed organizational chart of the EHE staffing plan.

Application Requirements & Scoring

Resolution of Challenges (10 points)

- Discuss challenges you are likely to encounter in designing and implementing the proposed activities.
- Identify and describe the approaches that you will use to resolve such challenges.
- Describe any needs for technical assistance for DHEC or other sources.

Reporting and Evaluation (15 points)

- Describe how the organization will meet the state and federal reporting requirements listed in the RFGA accurately and timely.
- Describe how the organization will evaluate its services in accordance with the rapid care and treatment metrics described above.



Application Requirements & Scoring

EHE Budget Narrative and Allocation Plan (not scored)

Provide an EHE Budget Narrative and Cost Allocation Plan. The plan must be submitted as part of the application but will not be scored. The budget documents will be reviewed to ensure a clear and understandable explanation of all costs in the budget narrative and a demonstration of project costs.

The budget should be for the period **July 19, 2021-February 28, 2022**.



South Carolina Department of Health and Environmental Control

<https://scdhec.gov/health/diseases-conditions/infectious-diseases/hiv-aids-sexually-transmitted-diseases/ryan-white-part-b-ending-hiv-epidemic-ehe>



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Questions?
