

# Welcome to the webinar on the HIV Community Services (HCS) Request for Application (RFA)

- ▶ Please do not place your telephone on “HOLD”
- ▶ All telephone lines are currently on mute
- ▶ We will be referencing the RFA; it would be helpful to have a copy
- ▶ This webinar is being recorded for DOH purposes only

## WEBINAR ETIQUETTE



# HIV COMMUNITY SERVICES

Technical Assistance Webinar

June 8, 2016

9:00 – 11:00 a.m.



# PURPOSE

Section 1  
page 5





- ▶ RFA released June 1, 2016
- ▶ Technical Assistance Webinar – June 8, 2016
- ▶ Local consultations –
  - ▶ King County – June 21, 2016
  - ▶ Tacoma-Pierce
  - ▶ Spokane
- ▶ Questions due from applicants – June 24, 2016
  - ▶ All questions must be submitted in writing to [HCS\\_RFA@doh.wa.gov](mailto:HCS_RFA@doh.wa.gov)
- ▶ DOH responses to all questions – July 1, 2016
  - ▶ Responses will be posted to DOH website
  - ▶ An email will be sent when responses are posted

# APPLICATION TIMELINE



- 
- ▶ Applications due to DOH – August 1, 2016
    - ▶ Must be submitted to [HCS\\_RFA@doh.wa.gov](mailto:HCS_RFA@doh.wa.gov)
  - ▶ Announcement of Apparently Successful Applicants - August 26, 2016
  - ▶ Contract Negotiations - September 1 through October 14, 2016
  - ▶ Contracts will begin – January 1, 2017
  
  - ▶ Period of Performance
    - ▶ Request for Application – January 1, 2017 to December 31, 2018
    - ▶ Initial contract - January 1, 2017 to December 31, 2017
    - ▶ RFA Budget and Forms - January 1, 2017 to December 31, 2017

## APPLICATION TIMELINE



- ▶ **WHERE** you will be providing services
- ▶ **WHO** you will be serving
- ▶ **WHAT** you will be doing
- ▶ **HOW** many dollars will you need

## APPLICATION BASICS



- ▶ Serve all PLWH
- ▶ Historical funding levels
- ▶ Increase funding to reach highest risk PLWH to remove treatment barriers and increase adherence
- ▶ Health Disparities set aside = \$1,000,000

## FUNDING - PLWH



- ▶ Serving individuals living in the primary and secondary urban areas as defined in Appendix 1: Service Area Data
  - ▶ Applicants are not required to have an office in these areas but identify a plan to provide HCS to people living in these areas
- ▶ Historical funding levels – table provided as a guide
- ▶ Awards will range from \$50,000 to \$300,000
- ▶ \$50,000 is designated to serve Yakima, Richland, Pasco and Kennewick areas with a focus on testing and linkage to care for foreign-born Hispanic persons living in these communities

## FUNDING - PAHR

- ▶ PLWH
  - ▶ All persons living with HIV in Washington
- ▶ PAHR
  - ▶ All races and ethnicities of men who have sex with men, including transgender persons who have sex with men (primary)
  - ▶ US born Black persons (Special Emphasis, Health Disparities)
  - ▶ Foreign born Black persons (Special Emphasis, Health Disparities)
  - ▶ Foreign born Hispanic persons (Special Emphasis, Health Disparities)

## FOCUS POPULATIONS



- ▶ PLWH
  - ▶ Not restricted by RSA, County, Urban Area, or City
  - ▶ Clark, Island, King, Snohomish - DOH funding is only for case management
- ▶ PAHR
  - ▶ Restricted to primary and secondary urbans (Table 1, page 76): Seattle, Yakima/Tri-Cities, East King, South King, Spokane, Everett, Tacoma, Vancouver, North King, Renton, Olympia, South Pierce

## SERVICE AREAS

QUESTIONS



# APPLICATION CONTENTS

Section 6  
page 26



# APPLICATION CHECK-OFF LIST

Section 7

Page 28

## Application Check-off List

Number	Section Title	Form	Instructions
7.1	Grant Application Summary	Form 1A (instructions included)	Complete Form <i>A1</i> and attach to the front of the application
7.2	Executive summary		Narrative
7.3	Agency Description		Narrative
7.4	Customers & Services – PLWH	Form B1: PLWH Client Demographics*	Narrative, Complete Form B1 – one form for each PLWH service
7.5	Customers & Services – PAHR	Form B2 & B3: Complete PAHR Demographics**	Narrative, Complete Form B2 and B3
7.6	Quality Assurance		Narrative
7.7	Financial and Data Management		Narrative
7.8	Budget	Form C1: Excel Spreadsheet (instructions included)	Complete Excel Spreadsheet

\*Complete Form B1 – one form for each proposed service PLWH (e.g. if you propose to provide case management, medical transportation, and mental health services, you will need to complete three Form B1)

\*\*Complete PAHR Customer Demographics Forms for HCS Reach and HCS Recruitment

# APPLICATION

Section 7  
page 28



# GRANT APPLICATION SUMMARY

Section 7.1

Form A1: Page 29 - 31

- ▶ PLWH and PAHR – Service Definitions are in Appendix 2
- ▶ PLWH – Case Management includes Medical Case Management and non-Medical Case Management
- ▶ Total dollar amount/this request must match the amount calculated on the excel spreadsheet (Form C1)
- ▶ Indirect: Enter your approved indirect. If you do not have an approved indirect then enter 10% de minimus
- ▶ Authorized signature: Use an electronic signature. Send an email from the authorized representative stating that he or she has used an electronic signature to sign the document

## KEY POINTS – FORM A1

# EXECUTIVE SUMMARY

Section 7.2

Page 32

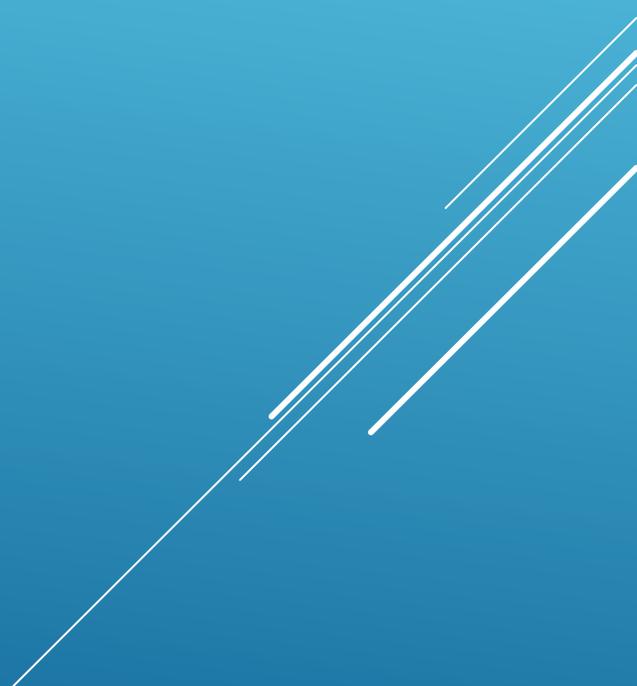
- ▶ One page summary including:
  - ▶ **WHERE** you will be providing services
  - ▶ **WHO** you will be serving
  - ▶ **WHAT** you will be doing
  - ▶ **HOW** much funding will you need

## NARRATIVE – EXECUTIVE SUMMARY

# AGENCY DESCRIPTION

Section 7.3

Page 32



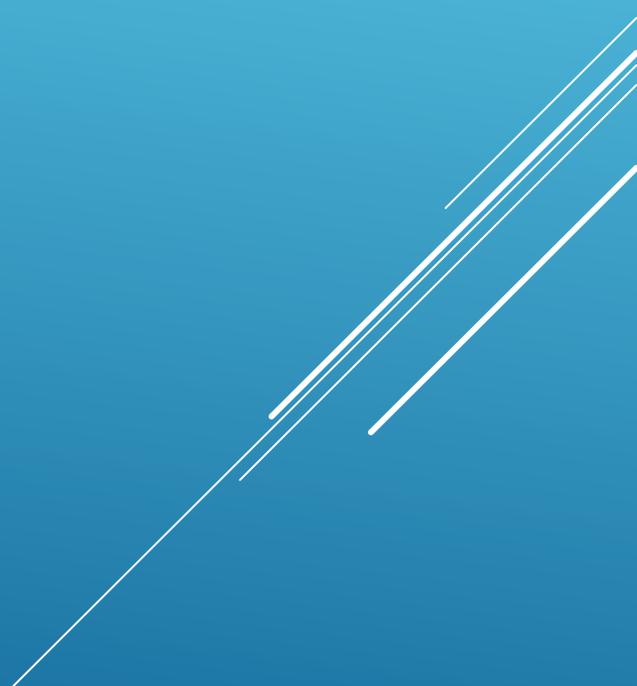
- ▶ Organization
- ▶ Experience providing services to PLWH
- ▶ Experience providing services to PAHR
- ▶ Experience providing services to ethnic or cultural minorities
- ▶ Description of area, including epidemiological data
- ▶ Staff positions

## NARRATIVE – AGENCY DESCRIPTION

# CUSTOMERS & SERVICES - PLWH

Section 7.4

Page 33



- ▶ Complete this section if your agency plans to provide HCS to PLWH
- ▶ Describe the customers your application proposes to serve and how you intend to reach them
- ▶ DOH Standards of Care for PLWH services
- ▶ Acuity model
- ▶ Linkage to non-funded services
- ▶ Health Related Disparities
  - ▶ Set aside dollars that fund projects that address health disparities
- ▶ Form B1: Page 34

## NARRATIVE – PLWH CUSTOMERS

- ▶ Use one form for **EACH** service
- ▶ The total number of clients in each category must equal Total Number of Clients Served (Row 1)
  - ▶ Client Demographics (Rows 2 to 4)
  - ▶ Age (Rows 5 to 9)
  - ▶ Financial Status (Rows 23 to 25)
- ▶ For each row include the number and the percentage
- ▶ The total number of clients in each category must match the amount stated on the excel spreadsheet (Form C1)

## KEY POINTS – FORM B1

# CUSTOMERS & SERVICES - PAHR

Section 7.5

Page 36 – Form B2 PAHR HCS Reach

Page 37 – Form B3 PAHR HCS Recruitment

- ▶ Complete this section if your agency plans to provide HCS to PAHR
- ▶ Describe the customers your application proposes to serve and how you intend to reach them
  - ▶ Form B2 Reach - estimated number of individuals the applicant proposes to reach at the **population** level with HCS services
  - ▶ Form B3 Recruitment – estimated number of individuals the applicant proposes to recruit into **individual** level services
- ▶ Health Related Disparities
  - ▶ DOH expects to fund applications that document plans to reduce health disparities (Appendix 1, tables 1 – 9 pages 76-84) for the populations of focus within the primary and secondary urban areas
  - ▶ Specific funds have been set aside for testing and linkage to care for Foreign born Hispanics in Yakima, Kennewick, Pasco and Richland
- ▶ Form B2 PAHR HCS Reach – page 36
- ▶ Form B3 PAHR HCS Recruitment – page 37

## NARRATIVE – PAHR CUSTOMERS

- ▶ Use B2 for HCS **Reach**
- ▶ Use B3 for HCS **Recruitment**
- ▶ The total number of clients in each category must equal Total Number of Clients Served (Row 1)
  - ▶ Client Demographics (Rows 2 to 4)
  - ▶ Age (Rows 5 to 9)
  - ▶ Financial Status (Rows 23 to 25)
- ▶ For each row include the number and the percentage
- ▶ The total number of clients in each category must match the amount stated on the excel spreadsheet (Form C1)

## KEY POINTS – FORMS B2 & B3

# QUALITY MANAGEMENT

Section 7.6

Page 38

- ▶ Infrastructure – past & future
- ▶ Customer feedback – past & future
- ▶ Health outcome data – past & future
- ▶ Culturally competent services
- ▶ Collaborations & partnerships
  - ▶ Include list of partnership agreements

## NARRATIVE – QUALITY ASSURANCE

# FINANCIAL AND DATA MANAGEMENT

Section 7.7

Page 39

- ▶ Description of organization's current and planned billing and third-party payer process
  - ▶ Private insurance
  - ▶ Health Care Authority, Medicaid Fee-for-Service, Managed Care Plans
- ▶ # 3: Describe how your agency currently uses and plans to use **funds** to serve uninsured or underinsured clients

## FINANCIAL MANAGEMENT

- ▶ PAHR
  - ▶ Evaluation Web – HIV testing data
- ▶ PLWH & PAHR
  - ▶ CAREWare
    - ▶ Direct data entry into Statewide Database required
  - ▶ Verification of residency, income, insurance, exposure, address, race, ethnicity

DATA

# BUDGET

Section 7.8

Page 41 (Instructions)

Excel Spread sheet

- ▶ Instructions are on Page 41
- ▶ Add additional lines if needed
  - ▶ Adding additional lines might change the automatic calculations. Contact **HCS\_RFA@doh.wa.gov** if you need assistance modifying any of the spreadsheets.
- ▶ The total number of clients in each category must match form(s) A1, B1, B2, or B3.

## KEY POINTS – BUDGET WORKSHEET

QUESTIONS



# APPENDIX

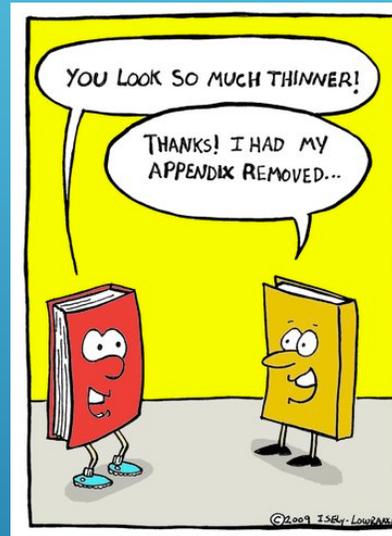
Section 9  
page 75

Appendix 1: Service Area Data

Appendix 2: Service Definitions

Appendix 3: Resource List

Appendix 4: Financial and Administrative Considerations



# GENERAL QUESTIONS

