

Request for Applications (RFA)
No. 15-10749
Hepatitis C Virus (HCV) Testing and
Linkages to Care
Demonstration Projects

November 2015

Sexually Transmitted Diseases Control Branch
Office of Viral Hepatitis Prevention
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I. GENERAL INFORMATION

A. PURPOSE

The California Department of Public Health (CDPH), Sexually Transmitted Diseases (STD) Control Branch, Office of Viral Hepatitis Prevention (OVHP) is soliciting responses to this Request for Applications (RFA) from eligible entities (EEs) for the delivery of Hepatitis C virus (HCV) Linkage to Care (LTC) demonstration pilot projects that incorporate: 1) outreach; 2) screening and diagnostic testing; and 3) linkage to health care for vulnerable and underserved individuals living with, or at high risk for, hepatitis C infection. CDPH/OVHP will award funds for this RFA through the grant agreement process.

EE's are defined as qualified: 1) local health jurisdictions (LHJs) listed in Section D; or 2) community-based organizations [including community health centers (CHCs)] operating in any of the LHJs listed in Section D.

The RFA seeks to:

- 1) Increase the proportion of clients at high risk for hepatitis C infection who receive:
 - a) HCV antibody (anti-HCV) screening;
 - b) HCV nucleic acid testing (NAT) if their screening test is reactive; and
 - c) Linkages to care, including if their HCV NAT is positive through interventions with health systems, organizations, providers, and individuals;
- 2) Increase LHJs' and community-based organizations' (CBOs) capacity for and delivery of HCV screening, testing, and linkages to care services;
- 3) Increase CHCs', federally qualified health centers' (FQHCs), rural health clinics' (RHCs), and other primary care providers' capacity for and delivery of hepatitis C clinical management and acceptance of hepatitis C care referrals;
- 4) Identify and address barriers, and generate lessons learned and promising practices; and
- 5) Develop and disseminate tools for replicating best practices to LHJs, CBOs, and CHCs serving local populations at increased risk for hepatitis C.

B. BACKGROUND

Senate Bill 75 (Chapter 18, Statutes of 2015) authorized funding for HCV testing and linkage to care demonstration projects. California Health and Safety Code (H&SC) Section 122420 requires the Director of Health Services to develop and implement a public education and outreach program to raise hepatitis C awareness in high-risk groups, physician's offices, health care workers, and health care facilities by including

hepatitis C counseling, education, and testing, as appropriate, into local state-funded programs including those addressing human immunodeficiency virus (HIV), tuberculosis, sexually transmitted disease, and all other appropriate programs approved by the director. H&SC Section 122425 establishes a three-year Hepatitis C LTC demonstration pilot project to allow for innovative, evidence-based approaches to provide outreach, HCV screening, and linkage to, and retention in, quality health care for the most vulnerable and underserved individuals living with, or at high risk for, HCV.

H&SC Section 122430 authorizes CDPH/OVHP, upon appropriations, to award funding, on a competitive basis, to CBOs or LHJs to operate demonstration pilot projects pursuant to H&SC Section 122430. CDPH/OVHP will determine the funding levels of each demonstration project based on scope and geographic area. Funds may be used to support other activities consistent with the goals of this chapter, including the purchase of HCV test kits, syringe exchange supplies, or other HCV prevention and linkage to care materials and activities.

This RFA is aligned with the U.S. Department of Health and Human Services (HHS) *Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis, 2014-2016*, which outlines steps for improving viral hepatitis prevention and the care and treatment available to infected individuals and persons at risk. This RFA supports the HHS action plan goal to increase the proportion of persons who are aware of their hepatitis C infection from 45 percent to 66 percent. This RFA also supports the goals of the *California Adult Viral Hepatitis Prevention Strategic Plan, 2010-2014*, which outlines practical recommendations and action steps to reduce the impact of viral hepatitis among adults in California, and the draft *California Viral Hepatitis Prevention Strategic Plan, 2015-2019*.

CDPH/OVHP works in partnership with local, state and national health officials, CBOs, service providers, and individuals to reduce the impact of viral hepatitis (e.g., hepatitis B and hepatitis C) in California. CDPH/OVHP accomplishes this by supporting and enacting policies and programs that achieve the primary goals of: 1) preventing new hepatitis B and hepatitis C infections; 2) increasing the proportion of people with hepatitis B and hepatitis C infection who are aware of their infection and access appropriate care; and 3) reducing hepatitis B and hepatitis C-related health disparities.

C. DEFINITIONS AND GLOSSARY OF ACRONYMS

For purposes of this RFA, the following definitions apply:

Client: An individual whose case of hepatitis C was reported to the local health department, health care provider or laboratory; an individual who receives outreach, testing, and/or linkage to care services in a community-based setting; or an individual who receives hepatitis C care coordination services in a clinical setting. The term client is used for the sake of consistency throughout this RFA where individuals served in

different settings would otherwise be referred to using terms such as “individual,” “case,” “program participant,” “consumer,” or “patient.”

Community-based organization: A CBO is defined as a private entity that is a nonprofit corporation [Int. Rev Code Section 501(c)] operating at the local level with extensive experience serving persons living with or at risk for hepatitis C infection. CBOs include community health centers and opioid substitution programs providing primary care.

Community health center: A FQHC, FQHC look-alike, or rural health clinic as defined by the HHS Human Resources and Services Administration.

HCV prevention: Strategies, policies, and actions that prevent HCV transmission from initially occurring or from recurring following clearance of hepatitis C infection. Research suggests that the most effective HCV prevention strategies for persons who inject drugs and are at highest risk for hepatitis C infection include multiple component interventions delivered in combination: 1) HCV prevention education; 2) access to sterile syringes and other injection equipment; 3) medication assisted treatment for opioid use disorders (e.g., methadone or buprenorphine); and 4) hepatitis C treatment with antiviral medications to eliminate HCV infection.

HCV testing: Screening for HCV antibodies (using a conventional blood draw or a U.S. Food and Drug Administration-approved hepatitis C rapid test), followed by HCV NAT for persons with a positive (or reactive) anti-HCV test result. Antibodies indicate whether a person was ever infected with hepatitis C. HCV NAT (also referred to as HCV ribonucleic acid (RNA) testing looks for the hepatitis C virus in the blood and is needed to determine whether people with anti-HCV have current infection. The most effective methods for ensuring HCV NAT following a reactive anti-HCV test include collecting a blood sample immediately after rapid anti-HCV testing and ordering reflex HCV NAT when testing for anti-HCV via blood draw.

High risk: The U.S. Centers for Disease Control and Prevention recommends screening the following groups for hepatitis C infection:

- Persons who have ever injected illegal drugs, even once, many years ago
- Persons born during the years 1945-1965 (recommended for one-time testing)
- Persons with selected medical conditions
 - All persons with HIV infection, including annual testing of HIV positive men who have sex with men
 - Patients with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
 - Recipients of clotting factor concentrates made before 1987
 - Recipients of blood transfusions or solid organ transplants before July 1992

- Patients who have ever received long-term hemodialysis
- Children born to HCV-positive mothers
- Persons with known HCV exposures (e.g., healthcare workers after needle sticks involving HCV-positive blood and recipients of blood or organs from an HCV-infected donor)

This RFA prioritizes clients who have injected drugs, even once, for hepatitis C screening, testing, and linkage to care services because these clients are most likely to be out of care and may be at high risk of transmitting HCV to others.

Linkage to care: The process of engaging persons who screen HCV antibody positive to ensure they receive follow-up HCV NAT results and an initial primary care visit. Linkage to care activities include, but are not limited to, conducting street outreach, home visits, phone calls, electronic communications, and other means to locate and communicate with clients, making appointments, assisting clients with obtaining identification, assisting clients with enrolling in health coverage and other benefits, accompanying clients to appointments, and providing transportation, among other services. *Active linkage to care* programs provided in a client-centered model (e.g., the use of navigators to schedule appointments, assist clients with obtaining identification, enroll clients in benefits, and bring clients to medical appointments) is more effective than passive referral methods (e.g., providing clients with information about the disease and a list of resources or referrals to medical care). Clients should be linked to a primary care setting where they can receive or be referred to clinical management and treatment for hepatitis C infection.

Local health jurisdiction: Local health departments as defined in H&SC Section 101185 represent the 58 counties in California as well as three cities: Berkeley, Long Beach, and Pasadena.

Outreach: Activities that have the purpose of targeting and identifying persons at high risk for hepatitis C whose status is unknown, as well as people who are aware of their hepatitis C infection but are out of care, so they become aware of the availability of HCV-related services and enroll in screening, testing, and/or primary care.

Retention in care: Attendance of scheduled medical appointments.

A list of acronyms can be found in **Appendix A**.

D. ELIGIBILITY CRITERIA

LHJs with 200 or more cases of chronic hepatitis C infection newly reported to CDPH in 2011 are eligible for this RFA. Eligible LHJs, which accounted for 79.0 percent of all

chronic hepatitis C cases newly reported in 2011 (the last year for which published data are available), are as follows:

Alameda	Madera	San Diego	Santa Cruz
Butte	Monterey	San Francisco	Shasta
Contra Costa	Orange	San Joaquin	Solano
Fresno	Placer	San Luis Obispo	Sonoma
Humboldt	Riverside	San Mateo	Stanislaus
Kern	Sacramento	Santa Barbara	Tulare
Los Angeles	San Bernardino	Santa Clara	Ventura

Within eligible LHJs, EEs include CBOs that have served $\geq 1,250$ injection drug users (IDUs) in the past year for which program data are available and whose hepatitis C testing programs yielded at least 25 reactive HCV antibody test results among IDUs in the past year.

An EE may submit only one application and must identify which goal(s) it is applying for and provide a response for all of the goals and objectives for which it anticipates participating in (see Scope of Work template in **Attachment E**, Budget Justification template in **Attachment F**, and Budget Detail template in **Attachment G**).

Organizations applying for any of the goals identified in Section II, Program Requirements of this RFA must submit an application that includes the proposed activities and performance indicators/deliverables for each goal. However, applications submitted for multiple goals of the RFA may be submitted as a package. In those instances, the application cover letter must indicate that the lead organization is applying for two or more goals of the RFA. Organizations applying for two or more goals of this RFA must include a separate Project Narrative, Budget, and Budget Narrative for each goal. Each goal must have a budget for all three years. The other parts of the application may be the same.

E. FUNDING GUIDELINES

CDPH/OVHP received funding for three years to establish hepatitis C screening and linkages to care demonstration projects in LHJ or CBO settings serving vulnerable and underserved populations. CDPH/OVHP will award multi-year grant funding based on a competitive application review and selection process. Applications must be for the full term of the grant.

Grant awards will range from a minimum of \$150,000/year to a maximum of \$500,000/year. CDPH/OVHP will determine the funding levels of each demonstration project based on the scope described in responses to this RFA and geographic area.

CDPH/OVHP will award approximately 1-2 grant awards per goal, with an average award amount of \$386,222.

All funding is contingent on the appropriation of state general funds allocated by the Legislature for this purpose and multi-year spending authority. If the Legislature reduces the amount of the appropriation for this program, CDPH/OVHP may cancel or amend the grant to reflect reduced funding and reduced activities. If sufficient funds are not appropriated through the Budget Act, CDPH/OVHP shall have no liability to pay any funds whatsoever to the EE or to furnish any other considerations under this grant agreement and the EE shall not be obligated to perform any provisions of the grant agreement. If funding for any fiscal year is reduced or deleted by the Budget Act, CDPH/OVHP shall have the option to either cancel the grant agreement with no liability occurring to CDPH/OVHP or to offer a grant amendment to the EE to reflect the reduced amount.

CDPH/OVHP reserves the right to fund more or fewer sites within each goal in response to applications received. Organizations or multi-agency collaboratives that apply to implement two or more goals of this RFA may be funded for one, two, three, or none of the goals, depending on the strength of their application(s). CDPH/OVHP reserves the right to notify potential EEs from within the same LHJ of the intent of other EEs in their geographical area to apply and to encourage these EEs to collaborate and submit collaborative applications. Refer to **Appendix G** for a map of California that shows the boundaries for each county. For a list of cities within each county, visit <http://www.counties.org/cities-within-each-county>.

Should additional funds become available, CDPH/OVHP reserves the right to fund additional applicants and/or negotiate additional work and amend grants, as necessary. The additional activities shall be consistent with this RFA's objectives with successful applicants. CDPH/OVHP also reserves the right to terminate the grant if the application submitted, awarded, negotiated, and approved by CDPH/OVHP is not implemented satisfactorily, or if the work is not completed by the due dates prescribed in the grant.

F. RFA TIME SCHEDULE

Below is the time schedule for this application process.

Event	Date	Time
RFA Released	November 2, 2015	
RFA Informational Teleconference	November 5, 2015	12:00 PM -1:30 PM

Answers to Questions to be Posted to CDPH/OVHP website	November 10, 2015	2:00 PM
Mandatory Non-Binding Letter of Intent to Apply Due	November 18, 2015	5:00 PM
Application Due	December 9, 2015	4:00 PM
Notice of Award	January 4, 2016 or upon approval	
Grant Start Date*	February 1, 2016 or upon final approval	
Grant End Date	June 30, 2018	

* Note: Grant effective dates subject to change pending CDPH/OVHP review/approval of grant applications.

G. INFORMATIONAL CONFERENCE CALL

An informational teleconference is scheduled to provide guidance and answer questions related to the RFA requirements:

Date: Thursday, November 5, 2015
Time: 12:00 PM – 1:30 PM
Telephone Number: (877) 402-9753
Pass Code: 4321690

EEs that intend to submit an application are encouraged to participate in the informational teleconference. Technical assistance regarding programmatic content will not be available. It is each EE's responsibility to join the call promptly at the scheduled time. Spontaneous verbal remarks provided in response to questions are not binding unless later confirmed by CDPH/OVHP staff in writing.

As this is a competitive application process, CDPH/OVHP will not answer/respond to questions about the RFA after the conclusion of the teleconference.

CDPH/OVHP will post all questions and responses by November 10, 2015 on the CDPH/OVHP website at: <http://www.cdph.ca.gov/programs/pages/ovhp.aspx>.

H. LETTER OF INTENT TO APPLY

EEs must indicate their intent to submit an application by sending a letter of intent (LOI) to CDPH/OVHP to the following email addresses:

Email: Christine.Johnson@cdph.ca.gov AND
May.Otow@cdph.ca.gov

Please include the name of the lead organization in the subject line: “**HCV LOI for [Organization Name]**” and **submit the LOI by November 18, 2015, 5:00 PM**. Letters should include:

- Title and number of the RFA (HCV Linkages to Care RFA 15-10749);
- Goal(s) to which the applicant is applying (Goal 1, Goal 2, and/or Goal 3);
- Lead contact; and
- Brief description (250 words or less) of the project.

A sample LOI is available in **Appendix F**. This LOI is not binding and EEs that submit a LOI may later choose not to apply. **The LOI is a mandatory prerequisite to the submission of an application.** Letters will be used for RFA review planning purposes only. Applications received from EEs that did not submit a LOI will be considered non-compliant by CDPH/OVHP and will not be reviewed.

II. PROGRAM REQUIREMENTS

This section contains a description of **Attachment E**, Scope of Work (SOW), to be performed. Applications must address all activities required of all grantees, as well as all activities required under the respective goal(s) (Goal 1, Goal 2, or Goal 3) of the RFA to which the applicant is responding. EEs have the option to submit an application for more than one goal. Grant funds must be used to support the purpose of this RFA and not for research.

The required and optional activities have been identified in **Attachment E**, SOW template.

A. GOAL 1: USING SURVEILLANCE TO IMPROVE HCV OUTCOMES

Applications for Goal 1 must be submitted by a LHJ, which has the sole local authority to receive HCV-related provider reports and laboratory reports under California Code of Regulations, Title 17, Section 2500 and Section 2505, respectively. Applicants funded to implement Goal 1 must implement all required activities listed under Goal 1 (Objectives 1 and 2) in the SOW (see **Attachment E**).

Description: Increase the proportion of clients with a reactive hepatitis C antibody test who receives follow-up HCV NAT and appropriate clinical management.

Objective 1: Identify clients reported through public health surveillance with a positive anti-HCV test, but no HCV NAT result and request the ordering provider request HCV NAT.

- a. Performance Indicators/Deliverables
- i. Number and percentage of clients reported through public health surveillance with a positive anti-HCV test result and no known HCV NAT result selected for follow-up.
 - ii. Provider fax-back forms completed and entered monthly [e.g., in the California Reportable Disease Information Exchange (CalREDIE)]. (See **Appendix C** for a draft, sample provider fax-back form by LHJs and other data elements for Goal 1. (CDPH/OVHP hopes to work with CalREDIE to build a provider fax-back form into the CalREDIE Electronic Filing Cabinet so that existing data elements in CalREDIE (<bracketed and highlighted in yellow in **Appendix C**>) will prepopulate the form. CDPH/OVHP will work with non-CalREDIE LHJs to develop alternate mechanisms for collecting information from ordering providers. This form may be subject to change and CDPH/OVHP will provide more information as it becomes available.)
 - iii. Percent of clients reported through public health surveillance (e.g., in CalREDIE) with a positive anti-HCV test result known to have received

HCV NAT. (See Technical Assistance within this section for information on CDPH/OVHP assistance with monitoring this measure.)

- iv. *Optional:* Number of clients with positive HCV NAT who receive the following key clinical management services, if indicated: Hepatitis A and Hepatitis B vaccination (or testing for immunity); HCV genotype testing; liver disease staging (including using non-invasive methods); HCV treatment.

- b. Reporting Requirements
Quarterly reports.

Objective 2: Partner with ordering providers to identify and address policy and systems barriers to ensure all clients with a positive HCV antibody test receive follow-up HCV NAT.

- a. Performance Indicators/Deliverables
 - i. Number of high volume providers identified for follow-up.
 - ii. Number of partners convened and outcome of convening, including potential policy solutions identified.
 - iii. Number of policy solutions for which feasibility has been assessed and the results of the feasibility assessment
 - iv. *Optional:* Number of policy solutions implemented and description of results.
 - v. *Optional:* Number and type of activities conducted with task forces, work groups, and/or partnerships and outcomes of activities.
- b. Reporting Requirements
Quarterly reports.

Technical assistance: CDPH/OVHP will provide Goal 1 EEs with:

- a. Line lists of clients (and ordering providers) with a reactive anti-HCV test result with known vs. missing HCV NAT result reported in CalREDIE; methods (e.g., SAS code) for generating such lists using other surveillance reporting systems; and assistance monitoring HCV NAT among clients with positive anti-HCV tests over time.
- b. Sample data and narrative forms and templates.
- c. Subject matter expertise on HCV testing, diagnosis, reporting, and surveillance.
- d. Analysis of state and national policies and resources affecting implementation of HCV NAT following anti-HCV testing, and assistance leveraging these resources.
- e. Advice on engaging health plans, CHCs, CBOs, hepatitis C specialists, laboratories, pharmacies, and/or other partners in designated jurisdictions.
- f. Periodic conference calls, webinars, site visits, and other technical assistance, as needed.

B. GOAL 2: HEPATITIS C TESTING AND LINKAGES TO CARE

Applicants for Goal 2 may include LHJs, CBOs, and CHCs. Lead organizations should not apply solely to act as a pass-through for another organization, but collaborations are encouraged. For example, a LHJ could provide administration, leadership, and HCV testing and also contract with CBOs to conduct HCV testing and linkages to care in community-based settings. Applicants funded to implement Goal 2 must implement all required activities listed under Goal 2 (Objectives 1 through 3) in the SOW (see **Attachment E**).

Description: Increase LHJs' and CBOs' capacity for and delivery of hepatitis C screening, testing, and linkages to care services to vulnerable and underserved clients at high risk for hepatitis C.

Objective 1: Provide outreach and hepatitis C screening, testing, and active linkages to care for vulnerable and underserved clients at high risk for hepatitis C infection.

- a. Performance Indicators/Deliverables
- i. Description of hepatitis C screening, testing, and linkage to care promotion activities among clients living with and at high risk for hepatitis C, including educating clients about recent changes in hepatitis C treatment.
 - ii. Description of outreach activities to clients at high risk for hepatitis C who are unaware of their hepatitis C infection status, including clients with a positive anti-HCV test who never received HCV NAT and other clients at risk who did not receive follow-up services.
 - iii. Client-level risk factor data for persons tested for HCV [entered monthly in Local Evaluation Online (LEO)].
 - iv. Number of clients (IDU vs. non-IDU) tested for anti-HCV; number who test positive; number who test negative.
 - v. Number of clients who report injecting drugs within the past 12 months who are referred to syringe access and/or substance use disorder treatment services.
 - vi. Completed client tracking logs available upon request. (Sample client tracking logs will be developed by CDPH/OVHP and CDPH/Office of AIDS and provided to grantees for their use. Tracking forms will enable EEs to collect information such as client contact information, HCV linkage supports needed, contact attempts, and supports provided, such as benefits enrollment, identification, and transportation, without requiring that information on each attempt be entered into LEO.)
 - vii. Number of clients (IDU vs. non-IDU) with a positive anti-HCV test result who received HCV RNA testing (on-site vs. off-site).

- viii. Number of clients (IDU vs. non-IDU) tested for HCV RNA who received their results.
 - ix. Number of clients (IDU vs. non-IDU) with a positive HCV RNA test who attended their first medical appointment.
 - x. Summary of linkages to care activities for HCV testing clients who test HIV positive.
- b. **Reporting Requirements**
- i. Client-level records completed monthly (e.g., in the CDPH/Office of AIDS LEO system). (See **Appendix D** for a draft form and required client-level data elements for tracking HCV NAT and linkages to care in LEO.)
 - ii. Quarterly reports.

Objective 2: Increase organizational capacity in non-healthcare settings to deliver HCV screening, testing, and linkages to care through training and quality assurance.

- a. Performance Indicators/Deliverables
- i. Number of staff full-time equivalents (FTEs) dedicated to HCV linkages to care.
 - ii. ONLY IF PERFORMING HCV RAPID TESTING: Current Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver and HCV rapid testing quality assurance plan available upon request.
 - iii. ONLY IF PERFORMING HCV RAPID TESTING: Number of non-clinical staff (FTEs) trained by CDPH/Office of AIDS or its agents in HCV rapid test kit proficiency and finger stick proficiency in accordance with H&SC Section 120917. (Information on requirements related to conducting HCV testing in non-healthcare settings in California, including CDPH/Office of AIDS training and quality assurance guidelines, can be found at www.cdph.ca.gov/hcvtest. Healthcare personnel allowed to perform CLIA-waived tests as part of their regular scope of practice are **not** required to be trained by CDPH/Office of AIDS in HCV rapid test kit or finger stick proficiency. California Business and Professions Code Section 1206.5 lists the health care personnel who may perform CLIA-waived testing as part of their regular scope of practice. For more information on California law, visit <http://leginfo.legislature.ca.gov/>).
 - iv. *Optional:* Number of staff (FTEs) who perform on-site phlebotomy for HCV RNA testing.
- b. Reporting Requirements
- Quarterly reports, including organizational capacity assessments.

Objective 3: Increase community-level capacity to deliver HCV screening, testing, and linkages to care to vulnerable and underserved clients at high risk for hepatitis C through partnerships.

- a. Performance Indicators/Deliverables
 - i. Description of barriers to linkages to care among program clients identified during HCV testing pilot project.
 - ii. Number and type of activities conducted with new and existing partnerships, coalitions, task forces, and/or work groups and outcome of those partnerships in improving hepatitis C screening, diagnosis, and linkages to care for vulnerable and underserved individuals.
- b. Reporting Requirements
Quarterly reports.

Technical Assistance: CDPH/OVHP will provide sites funded under Goal 2 with:

- a. Sample risk assessments, reporting forms, logs, templates, and data systems for tracking screening, testing, and linkage to care outcomes, including through LEO.
- b. Data and program performance monitoring and quality assurance.
- c. Subject matter expertise on HCV epidemiology, prevention, screening, testing, linkages to care, reporting, and surveillance.
- d. Advice on engaging health plans, CHCs, CBOs, hepatitis C specialists, laboratories, pharmacies, and/or other partners in designated jurisdictions.
- e. Periodic conference calls, webinars, site visits, and other forms of technical assistance.

C. GOAL 3: HEPATITIS C CARE COORDINATION

Lead applicants for Goal 3 may include LHJs, CBOs, and CHCs. However, Goal 3 applications must include at least one eligible entity licensed to provide primary care that will deliver the hepatitis C clinical management services required in Goal 3 of this RFA. CHCs seeking to increase their hepatitis C clinical management capacity are encouraged to apply for Goal 3. Applicants funded to implement Goal 3 must implement all required activities listed under Goal 3 (Objectives 1 and 2) in the SOW (see **Attachment E**).

Description: Increase CHCs, FQHCs, RHCs, and other primary care providers' capacity for and delivery of hepatitis C clinical management and acceptance of hepatitis C care referrals.

Objective 1: Provide hepatitis C care coordination and clinical management to vulnerable and underserved clients living with chronic hepatitis C infection.

- a. Performance Indicators/Deliverables
 - i. Number of clients tested for anti-HCV and number who test anti-HCV positive.

- ii. Number of clients with a positive anti-HCV test who receive HCV NAT.
 - iii. Number of clients with a positive HCV NAT and ≥ 1 clinical visit who receive key hepatitis C clinical management of services, if indicated. (See list of services in **Attachment E**, SOW, Goal 3, Objective 1.C.)
(Information on non-invasive methods for staging liver disease can be found at the University of Washington, Hepatitis C online training course on evaluating and staging of liver fibrosis at www.hepatitisc.uw.edu/.)
 - iv. Summary of linkages to care activities for HCV testing clients who test HIV positive.
 - v. Description of barriers to linkages to care among program clients identified during HCV testing pilot project.
 - vi. *Optional*: Summary of HCV prevention referral activities.
 - vii. *Optional*: Summary of HCV client education activities.
 - viii. *Optional*: Summary of client health coverage enrollment activities.
 - ix. *Optional*: Summary of client transportation activities.
 - x. *Optional*: Description of partnerships with LHJs and CBOs.
- b. Reporting Requirements
- i. Quarterly reports, including organizational capacity assessment forms.
 - ii. Client-level data on performance measures and treatment outcomes (where feasible).

Objective 2: Increase organizational capacity in primary care settings to deliver HCV screening, testing, and linkages to care to vulnerable and underserved clients.

- a. Performance Indicators/Deliverables
- i. Number of staff (FTEs) dedicated to hepatitis C care coordination.
 - ii. Number of prescribing clinicians registered for the University of California San Francisco (UCSF) Project Extension for Community Healthcare Outcomes (ECHO) hepatitis C training program (or the University of Washington Hepatitis C Online training program or a comparable training program if Project ECHO is unavailable). (Online training for primary care providers and other clinicians in HCV clinical management is available at no cost from the University of Washington at www.hepatitisc.uw.edu/. The University of California San Francisco, Viral Hepatitis Center is piloting the Project ECHO model for training primary care providers in rural and medically underserved areas in hepatitis C clinical management. Information about the Project ECHO model is located at <http://echo.unm.edu>. For more Information about Project ECHO at UCSF, contact hcvecho@ucsf.edu.)
 - iii. Number of online or in-person hepatitis C training sessions for primary care providers attended by at least one prescribing clinician.
 - iv. Number of primary care prescribing clinicians treating hepatitis C.
 - v. *Optional*: Number of prescribing clinicians with a waiver to prescribe buprenorphine.

- vi. *Optional*: Number of buprenorphine prescriptions written for clients with opioid use disorders.
- b. Reporting Requirements
- i. Quarterly reports.
 - ii. Participation in Project ECHO evaluation activities including, but not limited to, pre/post tests on hepatitis C knowledge, attitudes, policies, and practices.

Technical Assistance: CDPH/OVHP will provide sites funded under Goal 3 with:

- a. Sample risk assessments, reporting forms, logs, templates, and data systems for tracking and reporting screening, testing, and linkage to care outcomes, including through the electronic health record, where feasible.
- b. Data and program performance monitoring and quality assurance.
- c. Subject matter expertise on HCV epidemiology, prevention, screening, testing, linkages to care, reporting, and surveillance.
- d. Linkage to free, web-based and/or in-person training for primary care providers in hepatitis C screening, diagnosis, clinical management, and treatment.
- e. Periodic conference calls, on-site visits, and other forms of technical assistance.

III. APPLICATION INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. Develop applications by following all RFA instructions and clarifications issued by CDPH/OVHP in the form of question and answer notices, clarification notices, Administrative Bulletins, or RFA addenda. **It is incumbent upon EEs to review the RFA thoroughly, and use the information, forms, and templates provided to develop their applications and proposed projects.**
2. Before submitting an application, seek timely clarification through participation in the informational teleconference of any requirements or instructions that are unclear or not fully understood.
3. Read all instructions carefully. Be sure to include all of the information required in the RFA, including all attachments. Re-check the application to ensure completeness.
4. Do not provide additional materials that are not requested, such as brochures or samples of materials. These will be discarded and not reviewed. CDPH/OVHP will determine the responsiveness of an application by its quality, not its volume, packaging, or colored displays.
5. In preparing an application response, all narrative portions should be straightforward, detailed, and precise. All sections, including attachments, must be completed and submitted in the order requested with clear titles for each section. **Any application that does not comply with this requirement will be considered non-responsive and will not be reviewed.**
6. Arrange for the timely delivery of the application package(s) to the address specified in this RFA. Do not delay until shortly before the deadline to submit the application.
7. Submit an electronic copy of the application and all attachments via email by the deadline. Applicants unable to submit an application electronically may submit an application via U.S. mail, Express Mail, or hand delivery. The application should include one (1) signed original application (clearly marked "original") and four (4) complete copies. (See paragraph D, **Submission of Application** for more specific information on submission requirements and locations.)

B. FORMAT REQUIREMENTS

Format the narrative portions of the application as follows:

1. Single-spaced with one-inch margins at the top, bottom, right, and left margins.
2. Use a font style of “Arial” with a font size of 12 points.
3. Print pages single-sided on white bond paper.
4. Sequentially paginate the pages in the application in the lower right corner. It is not necessary to paginate items in the Appendix.
5. Bind each application with staples or a binder clip. *Do not use binders or presentation folders.*
6. All RFA attachments that require a signature must be signed in ink, preferably in a color other than black. Signature stamps are not acceptable.

C. APPLICATION COMPONENTS

This section outlines the required components of a complete application submission for this RFA, including the page limits, where applicable, for each section of the application. The total possible scores for each section of the application vary for each goal of the RFA (Goal 1, Goal 2, and Goal 3). The total possible scores specific to each section of the application for each goal of the RFA are located in paragraph F, **Scoring Criteria**. Applications will be scored as a percentage of total possible points to allow for differences in the total possible scores across the three goals of the RFA.

Application Cover Sheet (1 page – not counted towards page limit)

Complete the Application Cover Sheet (**Attachment A**). A person authorized to legally bind the EE’s organization must sign the Application Cover Sheet. If the EE is a corporation, a person authorized by the Board of Directors to sign on behalf of the Board must sign the Application Cover Sheet. The cover sheet must be the first page of the application and marked as page 1.

Application Certification Checklist (1 page – not counted towards page limit)

Complete, sign, and date the Application Certification Checklist (**Attachment B**) to confirm all required components have been included in the application.

Program Summary (1 page – not counted towards page limit)

Briefly summarize the purpose, target population, objectives, services, and anticipated outcomes of the proposed program, including which goal(s) of this RFA (Goal 1, Goal 2 or Goal 3) you are applying to implement.

Project Narrative (35 page limit, including the SOW (Attachment E) and Budget)

The documents in this section of the application, including the SOW (Attachment E), will be used to evaluate and score the applications.

1. Statement of Need (3 Page limit)

- a. Describe the hepatitis C morbidity in your jurisdiction and indicate the specific geographical area to be served.
- b. Describe the population currently served by your organization and the (sub)populations to be served by this funding, including demographics, risk behaviors, insurance status (if known), barriers to accessing care, and other significant characteristics.
- c. Describe the impact of hepatitis C on your target population.
- d. Estimate the number of individuals you expect to serve under your proposed program and how this was determined.
- e. Describe how you determined the need for the proposed services, including any strengths and needs assessments conducted.
- f. Goal 2 and Goal 3 ONLY: Describe how members of the target population were involved in identifying the needs and interventions addressed by your program.

2. Organizational Capacity (5 page limit)

- a. Describe your organization, its overall mission, services provided, and location of services. Attach a copy of your organization chart or paste it into the project narrative.
- b. Describe existing hepatitis C-related program infrastructure, including resources (e.g., additional funding sources, in-kind support) that support its potential for long-term sustainability:
 - i. Goal 1 ONLY: Describe how your LHJ processes and follows up on hepatitis C-related reports from laboratories and providers, including the extent to which you use CalREDIE or alternative public health surveillance systems (for non-CalREDIE users).
 - ii. Goal 2 ONLY: Describe existing capacity, systems, and procedures for conducting HCV outreach, testing, and linkages to follow-up HCV NAT and care, and tracking client outcomes, including the extent to which you use LEO or another system. Complete

Attachment C to provide baseline HCV testing and linkages to care data for your program. (Organizations that use LEO may request aggregate HCV testing data by completing a LEO Data File Request Form, available through the CDPH/Office of AIDS website: <http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph8718.pdf>.) Attach a copy of any risk assessment forms used to identify persons eligible for HCV testing. (EEs proposing a multi-agency collaborative should complete separate copies of **Attachment C** for each participating agency that would be providing HCV testing services if funded through this RFA.)

- iii. Goal 3 ONLY: Describe your organization's experience providing primary care and hepatitis C screening, diagnosis, and clinical management. Complete **Attachment D** to provide baseline HCV testing and linkages to care data for your program. Attach a copy of any risk assessment forms used to identify persons eligible for HCV testing. (EEs proposing a multi-agency collaborative should complete separate copies of **Attachment D** for each participating agency that would be providing HCV care coordination if funded through this RFA.)
- iv. Goal 3 ONLY: Describe your organization's electronic health record (EHR) system, including the name of the system. Include whether HCV-specific templates or prompts have been created in the EHR and, if so, describe them. If your organization has multiple EHR systems in place to manage various aspects of care (e.g., laboratory tests, medications, billing, and clinical services), please list accordingly. Also, indicate if the EHR offers HL7 interfacing capabilities and, if so, the HL7 version that is used. Describe the feasibility of extracting aggregate, organization-level data and/or client-level data from the EHR for program evaluation purposes. *(EEs with EHRs able to submit client-level data for evaluation will automatically be awarded two points.)*
- c. EEs must demonstrate each of the following qualifications. Please briefly describe your capacity in these ten areas:
 - i. Leadership on access to HCV care and testing issues and experience addressing the needs of highly marginalized populations in accessing medical care and support.
 - ii. Experience with the target population or relationships with community-based organizations or non-governmental organizations, or both, that demonstrates expertise, history, and credibility working successfully in engaging the target population.

- iii. Experience working with non-traditional collaborators who work within and beyond the field of HCV education and outreach, including homeless services, veterans' medical and service programs, substance use disorders treatment, syringe exchange programs, women's health, reproductive health, immigration, mental health, or HIV prevention and treatment.
 - iv. Strong relationships with community-based HCV health care providers that have the trust of the targeted population.
 - v. Strong relationships with the state and local health departments.
 - vi. Capacity to coordinate a community-wide planning phase involving multiple community collaborators.
 - vii. Experience implementing evidence-based programs or generating innovative strategies, or both, with at least preliminary evidence of program effectiveness.
 - viii. Administrative systems and accountability mechanisms for grant management.
 - ix. Capacity to participate in evaluation activities.
 - x. Strong communication systems that are in place to participate in public relations activities.
- d. Describe the proposed staffing plan, including the qualifications, roles, responsibilities, and percent FTEs that may be hired to support the goal you are applying to implement, including how you will hire staff well qualified to serve the target population (including whether you propose to use peers in service delivery), and the hiring timeline. Describe how staff will be trained and supervised to deliver quality, culturally competent services, and how this staffing plan adequately supports the proposed project.
 - e. Describe any new or existing partnerships that will support implementation of the project, including the roles and responsibilities of key partners. Attach any existing memoranda of understanding or subcontracting agreements that formalize these collaborations.

3. Scope of Work (25 page limit – use template provided)

All proposed projects must include a SOW that covers the entire three (3)-year budget period using the template provided (see **Attachment E**).

- a. EEs should use the check boxes at the beginning of each goal to indicate whether they will be applying to implement that goal, and only complete the SOW template for the goal(s) they propose to implement.
 - b. The SOW template lists all of the objectives listed in the Program Requirements section, in order, along with required and optional activities for each objective. Within the SOW for each goal, required activities have been pre-selected using the checkboxes in the template. EEs should indicate which optional activities they are proposing to implement by completing the checkbox associated with each selected optional activity. EEs may insert specific project activities beneath the activities to indicate tasks that will be performed to meet the stated activity.
 - c. The SOW template also includes the performance measures/deliverables for required activities. The column for Performance Indicators/Deliverables should briefly indicate how EEs will measure and/or prove the completion of objectives and activities. This should include information on the development and submission of all required reports or information.
 - d. The SOW template includes a timeline for project reporting. If the grant agreement begins in the middle of a quarter, summary/progress reports will not be due until the end of a full quarter. The SOW also includes a three-year project reporting timeline summary.
 - e. Within the SOW, EEs should indicate the cost of completing each goal for each of the three (3) project years. This task-based budget will serve as the final budget.
 - f. Following each objective, EEs should use the SOW Narrative portion of the SOW template to describe the specific methods and approaches they will use to complete the activities selected for that objective. The SOW narrative should describe the anticipated scope (e.g., estimated number of clients tested and linked to care) of the proposed activities and a projected timeline that is realistic and achievable. The timeline should include the approximate beginning and ending month and year for each major activity. This portion of the SOW will be used for evaluation and scoring purposes only.
- 4. Proposed Budget Justification/Budget (no page limit – use template provided)**
- A. Budget Justification
Prepare a detailed budget justification for each year of the project using the Budget Justification template (**Attachment F**). EEs submitting an

application for more than one goal must submit separate budget justifications for each goal and for all three budget years. The budget justification must be clearly aligned with the SOW to ensure the availability of sufficient resources to complete all required activities and any optional activities selected by the EE. You may use either Word or Excel format. Clearly depict all calculations and round all dollar amounts and percentage figures to whole numbers. Include relevant in-kind expenses. This information will be used by CDPH/OVHP for reference only and will not be made part of the final grant.

Provide a brief description of each line item identified in the budget. This information will be used by CDPH/OVHP for reference only. For personnel line items, explain the FTEs in the budget. For operating and general expenses, explain the expenditures for each line item and justify their inclusion. If the applicant is claiming non-profit status, provide certification of this eligibility to claim non-profit status and include this documentation as an attachment. For use of incentives (such as gift cards), describe how the incentives are tied to the SOW and include a plan for tracking participation in the activities (such as hepatitis C education classes or scheduled medical appointments) for which incentives were provided. When issuing incentives, a Subject Reimbursement Log must be completed and kept within a secure file. This log should contain subject identification numbers, date of visit, and incentive description (amount/type). Each participant receiving an incentive will be required to complete a Subject Incentive Payment Receipt (SIPR) at the time an incentive is received. To maintain confidentiality, the SIPR will contain the subject identification number, date of visit, and payment amount. Participation incentives shall not be used for the purchase of alcohol or tobacco products.

EEs proposing to use consultants or subcontractors in the performance of the work should describe that arrangement, including the business reason for subcontracting the services to be delivered. EEs planning to use consultants or subcontractors in the performance of the work must identify each proposed consultant/subcontractor, if known, at the time of application submission; list each known consultant's/subcontractor's expertise; and describe the responsibilities to be assigned to each consultant/subcontractor. Include a description of plans for overseeing the performance of consultants/subcontractors. Include in the application the consultant's title, hourly rate, and number of hours to be worked (e.g., per week, per month). The State reserves the right to approve the use of or changes in any consultant/subcontractor selection. Notwithstanding the use of any consultant/subcontractor, the applicant will ultimately be responsible for performance of all terms and conditions of the resulting grant.

- B. EEs submitting an application for more than one goal must submit separate budget details for each goal and for all three budget years. The detailed budgets will be used for review only and will not be part of the grant. The proposed budget detail (**Attachment G**), should take into account the following:
- 1) Budget Amount
 - a) Annual budget amounts for each fiscal year should not exceed \$500,000, and should align with the budget.
 - 2) Personnel
 - a) List personnel by job category or classification rather than by name to allow for staff changes. Each position must be included at least once within your work plan.
 - b) Indicate total monthly salary for FTEs. The salary stated should include any anticipated increases (i.e., cost-of-living or merit salary adjustments).
 - c) Indicate percentage of time the position will be utilized in this project (e.g., 20 hours of work within a 40-hour week is 50 percent FTE). All percentages should be in whole numbers. If biweekly pay periods cause the monthly salary amount to vary, indicate the variance in a footnote at the bottom of the page.
 - d) Indicate the amount requested per position based on the monthly salaries and total amounts. If the percentage rate for benefits differs for various positions, indicate the specific amount for each position on a separate detail sheet.
 - e) Indicate the benefit rate for your organization as a percentage of salary.
 - f) Subtotal all personnel costs.
 - 3) Operating Expenses

Include all costs except personnel costs. List only those operating expenses that apply to this project. Project funds cannot be used for purchase or renovation of buildings, facilities or land, or the purchase of major equipment. Major equipment is defined as property costing over \$5,000 with a life expectancy of one or more years. Examples of common operating expense line items are provided in the template. The following is a list of operating expense items most commonly recognized by the State:

 - a) *General Expenses* – Include office supplies, books, manuals, publications, and minor equipment (unit cost under \$5,000). General expenses for this project may also include HCV rapid test kits and laboratory services for HCV NAT, as

well as hygiene kits, outreach supplies, and other materials (including pay-as-you-go phones, bus tokens) needed for medical appointment reminders and accompaniment for homeless and transient individuals facing barriers to care. (Projects may also use HCV test kits obtained through in-kind donations.) Applicants with mechanisms in place to bill third-party payers (e.g., Medi-Cal) for the delivery of clinical services are encouraged to do so.

- b) *Other Expenses* – Include utilities, telephone, space, insurance, equipment rental, postage, and duplication. These expenses must be itemized (e.g., by calculating total cost per FTE per month) and totaled for each budget year.
- c) *Consultant Services/Subcontractors* – Include costs for subcontracted services. Identify which goal(s), objective(s), and activity(ies) in which each consultant and subcontractor will be participating. A detailed budget must be submitted for all subcontracts that exceed \$50,000.
- d) *Training* – Includes staff training. EEs should include sufficient funds to cover costs and fees for trainings, meetings, and conferences attended by project staff. Sample training topics may include, but not be limited to, hepatitis C epidemiology, testing, diagnosis, linkages to care, prevention, clinical management, and treatment; phlebotomy certification for non-clinicians; and buprenorphine certification for clinicians. Training of HIV test counselors performing HCV testing in non-healthcare settings must be delivered by CDPH/Office of AIDS or its training agents. For more information on HIV test counselor training requirements and a list of CDPH/Office of AIDS training agents, see *Hepatitis C Testing in Non-Health Care Settings – Guidelines for Site Supervisors and Testing Coordinators*, 2012 at www.cdph.ca.gov/hcvtest.
- e) *Travel* – Includes costs for transportation. EEs should include sufficient travel funds to facilitate inter-agency collaboration, attend meetings, conferences, and trainings, and accompany clients to appointments, as needed. Travel should be budgeted at current California Department of Human Resources rates, which can be accessed at: <http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx>). Mileage should indicate the number of miles for ground transportation and rate per mile (not to exceed 57.5 cents per mile). For airfare, indicate the number and destination of trips and expected cost per trip. Per diem should specify the number of days and rate of pay. No out-

- of-state travel is allowed without prior written CDPH approval.
- f) *Indirect Costs* – Include overhead costs that are not directly identifiable to the applicant or to the applicant’s project. Express indirect costs as a percentage. Indirect cost rates (ICRs) for each LHJ, and for programs within that LHJ, must be consistent with those negotiated between CDPH and the LHJ on an annual basis. See **Appendix E** for the approved ICRs by LHJ for Fiscal Year 2015/2016.
 - g) *Non-Reimbursable Items* – State and local programs cannot use CDPH/OVHP funds to support the following activities:
 - a. *Lobbying*: Expenses associated with lobbying, whether conducted directly or indirectly, are not eligible for funding.
 - b. *Food/Refreshments*: Because there are regulations that govern the use of federal and state funds for food expenses, these costs are ineligible.
 - c. *Promotional Items*: On February 1, 2011, Governor Brown issued a memo directing all state agencies and departments to stop the purchase and distribution of “gifts” or “giveaway items” used to promote programs. Examples of restricted items include (but are not limited to): mugs; lapel or stickpins; pens; and key chains with logos used to promote a campaign.

5. Evaluation (3 page limit)

Client-level data will most likely be collected for Goal 1 through CalREDIE and for Goal 2 through LEO. CDPH/OVHP seeks to collect organization-level (aggregate) data for Goal 3 through progress reports, including the organizational capacity assessment form and client-level data for Goal 3 through EHRS, where feasible. See **Appendix C**, **Attachment C**, and **Attachment D** for a preliminary list of required data elements for programs funded under Goal 1, Goal 2, and Goal 3, respectively. Measures and templates will be finalized in collaboration with grantees once funding decisions have been made, and may be modified depending on project needs and outcomes. Progress reports will include narrative updates on activities, tracking and reporting of clients served, and monitoring and evaluation of process objectives and outcome measures, and will be used to generate lessons learned and best practices.

- a. Describe the evaluation plan, including plans to collect, organize, and report qualitative data for quarterly progress reports to CDPH/OVHP (e.g., regarding barriers to care, etc.).

- b. Describe specific plans and methods for quantitative data collection and management methods, including data entry, data organization, and data quality assurance. Describe the data system(s) used to submit the data to CDPH/OVHP and indicate your organization's willingness, if funded, to use the data collection systems, measures, templates, and forms provided by CDPH/OVHP (e.g., CalREDIE, LEO, organizational capacity assessments, and/or EHRs).
 - c. Describe which of the required data elements your organization may have difficulty collecting and why, and describe strategies for addressing those challenges.
 - d. Describe new and existing plans and systems for developing and maintaining agreements to share data among collaborative partners, including plans and systems for obtaining client consent to release confidential information, where needed, to track HCV screening, testing, and linkages to care outcomes across multiple organizations and systems. If any services will be provided off-site, describe how the service will be provided and how your organization will track the outcomes and timeliness of these services. (Organizations proposing to serve criminal justice-involved populations should describe plans for tracking client outcomes during and after periods of incarceration.)
 - e. Describe your organization's policies and protocols for maintaining data security and confidentiality for protected health information.
- 6. Letter(s) of Support (not counted towards page limit)**
- a. Attach letters of support (LOS) from any key organizations with which you plan to collaborate to conduct the activities proposed in your application. Lead EEs planning to subcontract with another organization to implement components of the project must include a LOS from each subcontractor that will be working on the project. Letters must be on agency letterhead and include the organization's name, address, and phone number, and the signed and printed name of the agency representative signing the letter. Each LOS should describe the partner's experience with affected populations and how the partner is affiliated with the applicant's organization and specify the activities that will be supported or resources that will be contributed to the project. A Memorandum of Understanding (MOU) may be substituted for a LOS.

D. SUBMISSION OF APPLICATION

All EEs are required to submit their completed application electronically via email to the following email addresses: Christine.Johnson@cdph.ca.gov and

May.Otow@cdph.ca.gov. Electronic submissions must include in the subject line, and as the title of a single PDF document, “**HCV-RFA-Goal-[X]-[Organization Name].**” Organizations applying for two or more goals may indicate this information by listing each number of the goals to which they are applying in the subject line and document title. For example, an organization applying for all three goals would title its application “HCV-RFA-Goal-1-2-3-[Organization Name].” Electronic applications must be received by CDPH by December 9, 2015, no later than 4:00 PM.

EEs unable to submit an application by email may submit a hard (paper) copy. Hard copies must be submitted via U.S. mail, Express Mail, or hand delivery, and include (1) signed original application (clearly marked “original”) and four (4) complete copies delivered to:

U.S. Mail	Express Mail or Hand Delivery
Christine Johnson and May Otow California Department of Public Health STD Control Branch P.O. Box 997377, MS 7320 Sacramento, CA 95899-7377	Christine Johnson and May Otow California Department of Public Health STD Control Branch 1616 Capitol Avenue, MS 7320 Sacramento, CA 95814

Paper applications must be received by CDPH/OVHP on December 9, 2015, no later than 4:00 PM. The EE is responsible for ensuring that CDPH/OVHP receives the application by the deadline. **Applications that are not received by the stated deadline will be deemed to be non-responsive.**

Facsimile (fax) applications will not be accepted.

Applications will be date and time stamped upon receipt. Each application received by the due date will be reviewed for completeness and compliance with the instructions provided in this RFA. Incomplete, late, or non-compliant applications will not be reviewed or considered for funding and will be rejected.

Submission of an application does not guarantee funding, or that funding will be allocated at the level requested. Expenses associated with preparing and submitting an application are solely the responsibility of the EE’s agency and will not be reimbursed by CDPH/OVHP.

E. APPLICATION REVIEW PROCESS

Each application will be reviewed by CDPH staff and scored for technical merit and potential for success using the Scoring Criteria listed in Section F. The applications with

the highest total scores in each part of the RFA will be considered for funding. Additional factors, such as geographic diversity, organizational capacity, target population demographics, and strength of collaborative partnerships, will also be considered. Funding decisions will be made based on the EE's review score and capacity to implement the programmatic goals of this grant, as well as whether the EE is in good standing with the state and federal entities listed in Section J.

RFA Component	Maximum Possible Score		
	Goal 1	Goal 2	Goal 3
Statement of Need	10	12	12
Organizational Capacity	30	30	35
Scope of Work	30	30	30
Proposed Budget/Budget Justification	15	15	15
Evaluation	20	20	20
Letters of Support	10	10	10
Total	115	117	122

F. SCORING CRITERIA

APPLICATION COMPONENT (PAGE LIMIT)	TOTAL POINTS		
	Goal 1	Goal 2	Goal 3
Project Narrative (35 page limit)	115	117	122
1. Statement of Need (3 page limit)	10	12	12
EE clearly describes local hepatitis C morbidity, the geographic area to be served, and the (sub)populations to be served by this funding, including demographics, risk behaviors, insurance status (if known), barriers to accessing care, and other significant characteristics.	2	2	2
Target populations are disproportionately affected by hepatitis C, vulnerable and medically underserved, and face barriers to accessing care.	3	3	3
The estimated number of individuals to be served by the proposed program is adequate to generate meaningful lessons learned and meets or exceeds thresholds established in the RFA.	3	3	3
Description of local needs is based on recent data, grounded in local needs assessments, and relevant to understanding the current needs related to hepatitis C prevention and linkage to care efforts in the community.	2	2	2
Goal 2 and Goal 3 ONLY: EE demonstrates meaningful involvement of target population in identifying needs addressed by the application.	--	2	2

APPLICATION COMPONENT (PAGE LIMIT)	TOTAL POINTS		
2. Organizational Capacity (5 page limit)	30	30	35
EE clearly describes the organization's mission, its services, and location of services. Mission and existing services are consistent with the goals of this RFA. A current organization chart is included in the application.	2	2	2
EE clearly describes existing hepatitis C-related program infrastructure. Existing program infrastructure, including staffing, external funding sources, and in-kind supports, is robust and demonstrates the potential to augment the goals of the project, including linkages to care.	2	2	2
Goal 1 ONLY: EE clearly describes how LHJ processes and follows up on hepatitis C-related reports from laboratories and providers, including the extent to which the LHJ uses CalREDIE or an alternate surveillance system.	2	--	--
Goal 2 ONLY: EE clearly describes existing capacity and procedures for conducting HCV outreach, testing, and linkages to follow-up HCV NAT and care, and for tracking testing outcomes, including the extent to which the EE uses LEO or an alternate system. Attachment C is attached and includes complete baseline program data. EE attached any risk assessment forms used to identify persons eligible for HCV screening.	--	2	--
Goal 3 ONLY: EE clearly describes the organization's experience providing primary care and hepatitis C screening, diagnosis, and clinical management. Attachment D is attached and includes complete baseline program data. EE attached any risk assessment form used to identify persons eligible for HCV screenings.	--	--	2
Goal 3 ONLY: EE clearly describes the organization's EHR system, including the name of the system(s). Hepatitis C screening prompts, templates, and/or pre-populated laboratory requests have been established for screening persons at risk and are used to implement routine screening. The EE describes whether multiple systems are used and for what purposes. EE demonstrates the feasibility of extracting data from the EHR for program evaluation and describes whether the EHR offers HL7 interfacing capabilities and, if so, which HL7 version. The EHR system is well-established and used throughout the organization. <i>(EEs with EHRs able to submit client-level data will be awarded two automatic points.)</i>	--	--	5

APPLICATION COMPONENT (PAGE LIMIT)	TOTAL POINTS		
EE demonstrates leadership on access to HCV care and testing issues and experience addressing the needs of highly marginalized populations in accessing medical care and support.	2	2	2
EE demonstrates experience with the target population or relationships with community-based organizations or nongovernmental organizations, or both, that demonstrates expertise, history, and credibility working successfully in engaging the target population.	2	2	2
EE demonstrates experience working with nontraditional collaborators who work within and beyond the field of HCV education and outreach, including homeless services, veterans' medical and service programs, substance use disorders treatment, syringe exchange programs, women's health, reproductive health, immigration, mental health, or HIV prevention and treatment.	2	2	2
EE demonstrates strong relationships with community-based HCV health care providers that have the trust of the targeted population.	2	2	2
EE demonstrates strong relationships with the state and local health departments.	2	2	2
EE demonstrates capacity to coordinate a communitywide planning phase involving multiple community collaborators.	1	1	1
EE demonstrates experience implementing evidence-based programs or generating innovative strategies, or both, with at least preliminary evidence of program effectiveness.	2	2	2
EE demonstrates administrative systems and accountability mechanisms for grant management.	2	2	2
EE demonstrates capacity to participate in evaluation activities.	1	1	1
EE demonstrates strong communication systems that are in place to participate in public relations activities.	1	1	1
EE clearly describes the proposed staffing plan, including the qualifications, roles, responsibilities, and percent FTE that may be hired to support this project and the hiring timeline, and demonstrates how EE will hire staff well-qualified to serve the target population (including whether peers will be used in service delivery). EE describes a robust staffing plan that adequately supports the organization's ability to implement the project.	2	2	2
EE describes how staff will be trained and supervised to deliver services in a culturally competent manner.	2	2	2

APPLICATION COMPONENT (PAGE LIMIT)	TOTAL POINTS		
EE clearly describes any new or existing collaboration partnerships that will support implementation of the proposed project, including the roles and responsibilities of key partners. EE has attached any relevant memoranda of understanding or subcontracting agreements. EE demonstrates robust partnerships and clearly describes how these will be leveraged to support the project	3	3	3
3. Scope of Work (25 page limit– use template)	30	30	30
EE has used the check boxes provided to indicate whether they plan to participate in each goal, and has only completed the SOW template for the goal(s) to which the EE is applying to implement.	3	3	3
EE has used the check boxes provided to indicate which optional activities they are electing to implement. EE indicates specific tasks that will be performed to achieve the stated activities. The implementation of optional activities has the potential to enhance the likelihood achieving the goals of this RFA.	7	7	7
EE has indicated the cost of achieving each goal for all three (3) project years. Costs are reasonable given the proposed scope and timeline of the proposed activities.	3	3	3
EE specifically describes the specific methods and approaches that will be used to achieve the project objectives. Methods are innovative, reflect a clearly articulate plan for carrying out project activities, and are appropriate to achieve the project objectives.	10	10	10
EE specifically describes the anticipated scope of the proposed activities. Proposed activities reflect an achievable and realistic reach for the organization given its organizational capacity as described in the application.	5	5	5
EE proposes a timeline that includes the approximate beginning and ending month and year for each major activity and is realistic.	2	2	2
4. Proposed Budget/Budget Narrative (no page limit—use templates provided)	15	15	15
The proposed budget narrative and budget detail are well-balanced between personnel and program expenses, follow the instructions given, and are clearly aligned with the SOW. Proposed expenses are reasonable and realistic given the organization's capacity and the project timeline. Budget builds on existing infrastructure to support the project's implementation and success. If the EE is claiming non-	3	3	3

APPLICATION COMPONENT (PAGE LIMIT)	TOTAL POINTS		
profit status, the EE provides certification of non-profit status and includes this documentation as an attachment.			
The proposed budget narrative clearly describes the time allocation by objective for each position in the budget and clearly describes the justification for all operating expenditures.	1	1	1
Organizations proposing to use incentives provide a clear and reasonable description for how incentives are tied to the SOW, and for how participation in activities for which incentives are provided will be tracked during the project to ensure effective use of public resources.	1	1	1
EEs planning to subcontract to another organization some of the duties in implementing this project clearly describe that arrangement, including the business reason for subcontracting the services to be delivered. Proposed consultants, if any, are listed, including consultant title, hourly rates, and number of hours. EE clearly outlines the costs of any subcontractors and references the activities described in the SOW.	2	2	2
The budget detail includes accurate calculations for each line item and easy to follow formulas that substantiate how costs were calculated.	1	1	1
The budget detail lists all personnel, including salary, percentage time, and benefits for all FTEs working on the project. Percentages are expressed in whole numbers (i.e., 50 percent).	1	1	1
Budget clearly lists General Expenses, including office supplies, books, manuals, publications, and minor equipment (unit cost under \$5,000), including HCV rapid test kits and the costs of HCV NAT, as needed. Supplies are appropriately budgeted to support implementation of the SOW.	1	1	1
EE clearly outlines Other Expenses, including utilities, telephone, space, insurance, equipment rental, postage, and duplication per FTE. Costs are reasonable and support the goals of the project.	1	1	1
Budget includes sufficient and reasonable costs to cover registration costs and fees for staff trainings, meetings and conferences, including training needed to increase organizational capacity to achieve the goals of this RFA.	1	1	1
Travel budget clearly identifies trip purposes and travel plans are consistent with the SOW, including inter-	1	1	1

APPLICATION COMPONENT (PAGE LIMIT)	TOTAL POINTS		
agency collaborations, meetings and conferences, and linkages to care services, where offered. Travel costs are reasonable and sufficient to support the SOW.			
Proposed travel costs are costs consistent with California Department of Human Resources reimbursement rates.	1	1	1
Indirect costs are expressed as a percentage rate and total and cost calculations are specified. Costs are consistent with CDPH rates for the LHJ in which the lead EE organization operates.	1	1	1
5. Evaluation (3 page limit)	20	20	20
EE clearly describes the specific local monitoring and evaluation planning and implementation activities for required activities, performance measures, and deliverables; the plan is thorough and demonstrates organizational commitment to project success.	2	2	2
EE clearly describes the plans to collect, organize, and report qualitative data for quarterly progress reports; the plan is thoughtful and demonstrates the likelihood of yielding useful insights that will inform the larger public health field following completion of this project.	3	3	3
EE clearly specifies plans and methods for quantitative data collection and management methods, including data entry, data organization, and data quality assurance. EE describes the data system(s) that will be used to submit the data to CDPH/OHVP.	3	3	3
EE indicates willingness, if funded, to use the data collection systems, measures, templates, and forms provided by CDPH/OVHP (e.g., CalREDIE, LEO, organizational capacity assessments, and/ or EHRs).	3	3	3
EE describes any required data elements the organization may have difficulty collecting, and describes creative and robust strategies for addressing difficulties.	2	2	2
EE clearly describe plans and systems for developing agreements to share data among collaborative partners, including for obtaining client consent to release confidential information, where needed, to track HCV linkages to care outcomes across multiple organizations and systems. EE demonstrates strong existing data-sharing agreements and partnerships.	3	3	3
EE describes how any services that will be provided off-site, will be provided and how the lead organization will track the outcomes and timeliness of these services.	2	2	2

APPLICATION COMPONENT (PAGE LIMIT)	TOTAL POINTS		
(Organizations proposing to serve criminal justice-involved populations describe plans for tracking client outcomes during and after periods of incarceration.)			
EE demonstrates robust policies and protocols for maintaining data security and confidentiality.	2	2	2
6. Letter(s) of Support (no page limit)	10	10	10
Application includes at least one LOS (or MOU) from organization(s) with which the EE plans to collaborate to conduct the activities proposed in the application. Lead EEs planning to subcontract with another organization to implement components of the project include a LOS from each proposed subcontractor.	2	2	2
Letters of support clearly articulate the activities that will be supported, and/or resources that will be contributed to the project.	3	3	3
Letters of support demonstrate significant areas of collaboration and have the potential to increase the likelihood of successful, comprehensive, HCV screening, testing, linkages to care, and care coordination for the target population.	5	5	5

G. GRANT AWARD PROCESS

The award of a grant is based upon a competitive application review and selection process and the selection of a grantee is within the discretion of CDPH/OVHP. All EEs will be notified directly of their application status by January 4, 2016 or upon approval. CDPH/OVHP reserves the right to negotiate the agreement and not to award a grant if negotiations are unsuccessful. If an EE fails to finalize the grant agreement, CDPH reserves the right to fund another application. Each grant will be awarded based on the highest scores.

H. GRANT CONDITIONS

Once an application is selected for funding, the EE will receive a grant agreement from CDPH/OVHP. The grant agreement will incorporate the RFA requirements, including the proposed scope of work and budget, as well as any standard terms and conditions that may apply.

The term of the resulting grant is expected to be 29 months and is anticipated to be effective from February 1, 2016 through June 30, 2018. This may change if CDPH/OVHP cannot execute the agreement in a timely manner due to unforeseen

delays. CDPH/OVHP reserves the right to amend the term and the funding amount. Continued funding for years two and three are subject to satisfactory grant performance, including, but not limited to, fulfillment of reporting requirements and the ability to fully expend all funds in year one (1).

Following the award notification, grant agreement documents must be submitted for CDPH/OVHP review and approval in a timely manner. Grant agreement documents submitted will include the SOW. These documents will be incorporated into the grant agreement.

Upon review and approval of these documents, the grant agreement will be fully executed, funds will be dispersed, and work will commence. The resulting agreement will be of no force or effect until it is signed by both parties and approved by CDPH. **The grantee is hereby advised not to commence performance until all approvals have been obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered.**

The grantee is to fully expend all grant funds in accordance with the SOW and in furtherance of the purpose of the grant.

I. CDPH RIGHTS

In addition to the rights discussed elsewhere in this RFA, CDPH/OVHP reserves the right to do any of the following:

1. Modify any date or deadline appearing in this RFA and issue clarification notices, addenda, alternate RFA instructions, forms, etc. If CDPH/OVHP makes any changes to clarify, correct, or modify the RFA, CDPH/OVHP will send an email to all EEs who submit a LOI notifying them of the change(s). The update will also be posted on the CDPH/OVHP website.
<http://www.cdph.ca.gov/programs/pages/HCVLinkages.aspx>.
2. CDPH may also waive any immaterial deviation in any application. The waiver of any immaterial deviation shall not excuse an application from full compliance with the grant terms if a grant is awarded.
3. CDPH/OVHP will not accept or retain any applications that are marked confidential in part or in their entirety.

J. ADMINISTRATION

1. **An application shall be rejected if:**

- a. The grantee has been prohibited from contracting from the following agencies:
 - i. Franchise Tax Board:
https://www.ftb.ca.gov/aboutFTB/Delinquent_Taxpayers.shtml
 - ii. Board of Equalization: www.boe.ca.gov

- b. The grantee has been suspended or barred from solicitations or contracting with the state at the following websites:
 - i. Secretary of State: www.sos.ca.gov
 - ii. Federal Excluded Parties list:
www.sam.gov/portal/public/SAM/

APPENDIX A: GLOSSARY OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
Anti-HCV	Antibody to Hepatitis C Virus
CaHEP	California Hepatitis Alliance
CaIREDIE	California Reportable Diseases Information Exchange
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CHC	Community Health Center
CIF	Counseling Information Form
EE	Eligible Entity
EHR	Electronic Health Record
FQHC	Federally Qualified Health Center
FTE	Full Time Equivalent
HCV	Hepatitis C Virus
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HL7	Health Level Seven International
HRSA	Health Resources Services Administration
IDU	Injection Drug Use(r)
LEO	Local Evaluation Online
LHJ	Local Health Jurisdiction
LTC	Linkage to Care
NAT	Nucleic Acid Test(ing)
OVHP	Office of Viral Hepatitis Prevention
RFA	Request for Applications
RHC	Rural Health Center
RNA	Ribonucleic Acid
STD	Sexually Transmitted Disease

APPENDIX B: NUMBER OF POSITIVE HCV ANTIBODY TESTS WITH NO NUCLEIC ACID TEST IN CALREDIE, BY LHJ, JULY 1, 2014 – JUNE 30, 2015

Local Health Jurisdiction	Positive Anti-HCV Result Only*	Percent of all HCV antibody positive tests reported
Alameda**	154	64.7%
Butte	112	49.1%
Contra Costa	673	58.5%
Fresno	831	53.9%
Humboldt	80	36.7%
Kern	907	70.8%
Los Angeles**	124	75.6%
Madera	285	68.2%
Monterey	192	54.2%
Orange	1435	54.9%
Placer	97	44.9%
Riverside	1587	55.6%
Sacramento	1257	65.5%
San Bernardino	978	31.9%
San Diego**	19	90.5%
San Francisco**	41	93.2%
San Joaquin	1075	64.8%
San Luis Obispo	145	42.8%
San Mateo	219	66.6%
Santa Barbara	211	41.3%
Santa Clara	735	53.3%
Santa Cruz	156	41.8%
Shasta	136	46.4%
Solano	291	53.1%
Sonoma	287	44.1%
Stanislaus	460	55.8%
Tulare	179	42.5%
Ventura	238	34.1%

* Excludes unknown HCV test types and patients with unknown anti-HCV results

** Numbers are underestimates for LHJs with limited or no participation in CalREDIE

APPENDIX C: DRAFT PROVIDER FAX-BACK FORM FOR GOAL 1

CONFIDENTIAL
<LHJ Letterhead>

Public Health Follow-up of Hepatitis C Virus (HCV) Laboratory Report

Please complete and fax to: <Confidential Fax Number>

Clinician Information <input type="checkbox"/> Check here (and return form) if this is not your patient	
Ordering Clinician: <RSName> Provider Type: <input type="checkbox"/> Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> OB/GYN <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Hepatology <input type="checkbox"/> GI <input type="checkbox"/> Other: _____	CalREDIE ID: <IncidentID> Medical Record No. (if known): <MRN>
Patient Information	
First Name: <FirstName> Last Name: <LastName> DOB: <DOB> Sex: <Sex> Phone: <CellPhone> Address: <Address> Apt #: <AptNo> City: <City> Zip: <Zip>	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> White <input type="checkbox"/> Native Amer./Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Hispanic or Non-Latino
Anti-HCV Test Result Information	
Date HCV antibody test ordered: <DtLabCollect> Date report was received by LHJ: <DtCreate>	
<p><LHD Name> received a positive HCV antibody test result for this patient through routine public health surveillance. Presence of HCV antibody indicates previous HCV exposure. An HCV nucleic acid test (e.g., qualitative HCV RNA test) is needed to diagnose current HCV infection. We are contacting providers to ensure that all patients with positive HCV antibody results receive HCV RNA testing.</p>	
HCV RNA Testing (Please answer all questions. Check Yes or No)	
Has this patient received HCV RNA testing? <input type="checkbox"/> Yes <input type="checkbox"/> No- If no, PLEASE ORDER AN HCV RNA TEST NOW If No, why not? _____ If Yes, what was the result? <input type="checkbox"/> Positive/HCV RNA Detected (See Column A) <input type="checkbox"/> Negative/HCV RNA not detected/Not Chronically Infected (See Column B)	
COLUMN A (HCV RNA POSITIVE)	COLUMN B: (HCV RNA NEGATIVE)
Please indicate whether the patient received the following clinical management services recommended for persons living with chronic hepatitis C infection.	Please indicate whether the patient received the following preventive services for persons at risk for hepatitis C infection.
Clinical Management (Check all that apply) Does the patient have a health care provider managing his/her HCV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, who is the patient's provider? _____ <input type="checkbox"/> Unknown Has this patient received: <input type="checkbox"/> Education on reducing alcohol intake? <input type="checkbox"/> Education on preventing HCV transmission? <input type="checkbox"/> Education on HCV treatment options? <input type="checkbox"/> Hepatitis A vaccination (if not immune?) <input type="checkbox"/> Hepatitis B vaccination (if not infected or immune?) <input type="checkbox"/> HCV genotype testing? <input type="checkbox"/> Liver disease staging? <input type="checkbox"/> Evaluation for HCV treatment eligibility? Was HCV treatment initiated for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? <input type="checkbox"/> Refused <input type="checkbox"/> Lost to Follow-up <input type="checkbox"/> No Insurance <input type="checkbox"/> Coverage Denied <input type="checkbox"/> Not Eligible <input type="checkbox"/> Other: _____ If yes, when did treatment begin (mm/dd/yyyy)? _____ If yes, when was treatment completed (mm/dd/yyyy)? _____ If yes, did patient have a sustained virological response <input type="checkbox"/> Yes <input type="checkbox"/> No	Preventive Services (Check all that apply) Does this patient have ongoing risk for HCV (e.g., active injection drug use)? <input type="checkbox"/> No (STOP AND RETURN FORM) <input type="checkbox"/> Yes (Please continue) If yes, has this patient received: <input type="checkbox"/> Education on avoiding HCV (re)infection? <input type="checkbox"/> Opioid substitution therapy (e.g., buprenorphine or methadone)? <input type="checkbox"/> Referrals to drug treatment <input type="checkbox"/> Referrals to a syringe exchange program or pharmacy syringe sales? <input type="checkbox"/> Referrals to insurance enrollment, housing, and other social services? <input type="checkbox"/> Other: _____ _____ _____

Thank you for completing and returning this form. Questions? Please call <Phone Number>.

APPENDIX D: PRELIMINARY REQUIRED DATA ELEMENTS FOR GOAL 2

Grantees funded to implement Goal 2 will be required to collect and track HCV testing and linkage to care data at the client-level using Local Evaluation Online (LEO). Most of the required variables are already collected via the HIV CIF (see key fields highlighted in yellow on pages 39-40). Additional required variables specific to HCV testing and linkages to care that are not currently collected with the CIF are shown in a draft form on page 47. Required data elements and forms are subject to change following pilot-testing with funded sites.

RISK FACTORS				
Was client asked about HIV risk factors? (mark one <input type="checkbox"/>) <input type="checkbox"/> (1) Risk factors discussed <input type="checkbox"/> (2) Client was not asked about risk factors <input type="checkbox"/> (3) Client declined to discuss risk factors				
VAGINAL OR ANAL SEX (past 12 months)			ORAL SEX (past 12 months)	
MALE PARTNER	Had vaginal or anal sex with a male? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <input type="checkbox"/> (9) Declined	Type of sex: (mark all that apply <input type="checkbox"/>) <input type="checkbox"/> (1) Vaginal receptive <input type="checkbox"/> (1) Anal insertive <input type="checkbox"/> (1) Anal receptive	Had vaginal or anal sex with a male ... (mark all that apply <input type="checkbox"/>) <input type="checkbox"/> (1) without using a condom <input type="checkbox"/> (1) who injects drugs <input type="checkbox"/> (1) who is HIV positive <input type="checkbox"/> (1) known to have had sex with a male (if female)	
FEMALE PARTNER	Had vaginal or anal sex with a female? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <input type="checkbox"/> (9) Declined	Type of sex: (mark all that apply <input type="checkbox"/>) <input type="checkbox"/> (1) Vaginal insertive <input type="checkbox"/> (1) Anal insertive	Had vaginal or anal sex with a female ... (mark all that apply <input type="checkbox"/>) <input type="checkbox"/> (1) without using a condom <input type="checkbox"/> (1) who injects drugs <input type="checkbox"/> (1) who is HIV positive	
TRANSGENDER (TG) PARTNER	Had vaginal or anal sex with a TG? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <input type="checkbox"/> (9) Declined	Type of sex: (mark all that apply <input type="checkbox"/>) <input type="checkbox"/> (1) Vaginal <input type="checkbox"/> (1) Anal insertive <input type="checkbox"/> (1) Anal receptive	Had vaginal or anal sex with a transgender person ... (mark all) <input type="checkbox"/> (1) without using a condom <input type="checkbox"/> (1) who injects drugs <input type="checkbox"/> (1) who is HIV positive	
Total number of vaginal or anal sex partners: (past 12 months, 1 – 999) <input type="text"/> <input type="text"/> <input type="text"/>			Had oral sex with a male? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	
Has received money, drugs, or other items or services for sex? (past 12 months) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No			Had oral sex with a female? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	
Has had sex with a person who exchanges sex for drugs or money? (past 12 months) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No			Had oral sex with a TG? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	
SESSION ACTIVITIES			OPTIONAL DATA	
Risk reduction counseling provided? <input type="checkbox"/> (1) Yes, counseling provided <input type="checkbox"/> (2) No, counseling not offered <input type="checkbox"/> (3) No, client declined	Referrals: (mark all that apply <input type="checkbox"/>) <input type="checkbox"/> (1) No referrals <input type="checkbox"/> (1) HIV risk reduction activities <input type="checkbox"/> (1) Pre-exposure prophylaxis <input type="checkbox"/> (1) Substance use services <input type="checkbox"/> (1) Syringe services program <input type="checkbox"/> (1) STD testing & treatment <input type="checkbox"/> (1) Hepatitis services <input type="checkbox"/> (1) Mental health services <input type="checkbox"/> (1) TB testing & treatment <input type="checkbox"/> (1) Housing services		Completed hepatitis A (HAV) vaccination series? (lifetime) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	Optional data: Item 1: _____ Item 2: _____ Item 3: _____ Item 4: _____
Personal action plan developed? <input type="checkbox"/> (1) Yes, plan developed <input type="checkbox"/> (2) No, service not offered <input type="checkbox"/> (3) No, client declined			Completed hepatitis B (HBV) vaccination series? (lifetime) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	
Number of alcoholic drinks on a typical day when drinking: (0 - 99) <input type="text"/> <input type="text"/>			Used these drugs: (past 12 months, mark all that apply <input type="checkbox"/>) <input type="checkbox"/> (1) Stimulants <input type="checkbox"/> (1) Heroin <input type="checkbox"/> (1) Prescription opioids <input type="checkbox"/> (1) Poppers <input type="checkbox"/> (1) None of these drugs	
Used a needle to inject drugs? (past 12 months) <input type="checkbox"/> (1) Yes → If yes, shared needles or injection equipment? <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No <input type="checkbox"/> (0) No <input type="checkbox"/> (9) Declined			Ever used a needle to inject drugs? (lifetime) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No	
Hepatitis C (HCV) diagnosis? (lifetime) <input type="checkbox"/> (1) Yes <input type="checkbox"/> (0) No			STD Diagnosis: (past 12 months, mark all that apply <input type="checkbox"/>) <input type="checkbox"/> (1) Chlamydia <input type="checkbox"/> (1) Gonorrhea <input type="checkbox"/> (1) Syphilis <input type="checkbox"/> (1) None of these STDs	
Other HIV behavior/exposure risk? (past 12 months) <input type="checkbox"/> (1) Yes (specify) <input type="checkbox"/> (0) No			If other HIV behavior/exposure, specify: _____	

State of California—Health and Human Services Agency

California Department of Public Health

RACE / ETHNICITY CODES				
Asian:	313 Laotian	Native Hawaiian/Pacific Islander:	Hispanic/Latino(a):	
301 Asian Indian	324 Madagascar	422 Guamanian	505 Caribbean	
302 Bangladeshi	314 Malaysian	411 Hawaiian	503 Central American	
303 Bhutanese	321 Maldivian	403 Melanesian	507 Cuban	
304 Burmese	322 Nepalese	402 Micronesian	502 Mexican	
305 Cambodian	315 Okinawan	401 Polynesian	506 Puerto Rican	
306 Chinese	316 Pakistani	412 Samoan	504 South American	
308 Filipino	323 Singaporean	404 Other Pacific Islander	501 Spaniard	
309 Hmong	317 Sri Lankan		599 Other Latino	
310 Indonesian	307 Taiwanese			
320 Iwo Jiman	318 Thai			
311 Japanese	319 Vietnamese			
312 Korean	399 Other Asian			
CALIFORNIA COUNTY CODES				
1 Alameda	13 Imperial	25 Modoc	37 San Diego	49 Sonoma
2 Alpine	14 Inyo	26 Mono	38 San Francisco	50 Stanislaus
3 Amador	15 Kern	27 Monterey	39 San Joaquin	51 Sutter
4 Butte	16 Kings	28 Napa	40 San Luis Obispo	52 Tehama
5 Calaveras	17 Lake	29 Nevada	41 San Mateo	53 Trinity
6 Colusa	18 Lassen	30 Orange	42 Santa Barbara	54 Tulare
7 Contra Costa	19 Los Angeles	31 Placer	43 Santa Clara	55 Tuolumne
8 Del Norte	20 Madera	32 Plumas	44 Santa Cruz	56 Ventura
9 El Dorado	21 Marin	33 Riverside	45 Shasta	57 Yolo
10 Fresno	22 Mariposa	34 Sacramento	46 Sierra	58 Yuba
11 Glenn	23 Mendocino	35 San Benito	47 Siskiyou	
12 Humboldt	24 Merced	36 San Bernardino	48 Solano	
STATE/TERRITORY CODES				
AL Alabama	IL Illinois	MT Montana	RI Rhode Island	FM Federated States of Micronesia
AK Alaska	IN Indiana	NE Nebraska	SC South Carolina	GU Guam
AZ Arizona	IA Iowa	NV Nevada	SD South Dakota	MH Marshall Islands
AR Arkansas	KS Kansas	NH New Hampshire	TN Tennessee	MP Northern Mariana Islands
CA California	KY Kentucky	NJ New Jersey	TX Texas	PW Palau
CO Colorado	LA Louisiana	NM New Mexico	UT Utah	PR Puerto Rico
CT Connecticut	ME Maine	NY New York	VT Vermont	VI Virgin Islands of the U.S.
DE Delaware	MD Maryland	NC North Carolina	VA Virginia	88 Client does not currently reside in a US state, territory, or district.
DC District of Columbia	MA Massachusetts	ND North Dakota	WA Washington	
FL Florida	MI Michigan	OH Ohio	WV West Virginia	
GA Georgia	MN Minnesota	OK Oklahoma	WI Wisconsin	
HI Hawaii	MS Mississippi	OR Oregon	WY Wyoming	
ID Idaho	MO Missouri	PA Pennsylvania	AS American Samoa	

DRAFT REQUIRED VARIABLES SPECIFIC TO HCV TESTING AND LINKAGES TO CARE

HCV RIBONUCLEIC ACID (RNA) TESTING INFORMATION																																									
<p>Referred to HCV RNA testing?</p> <p><input type="checkbox"/> (1) Yes → If yes, what type of HCV RNA referral was given?</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) On-site testing <input type="checkbox"/> (2) Off-site appointment made <input type="checkbox"/> (3) Off-site referral given (verbal or written) <p><input type="checkbox"/> (0) No → If not referred to HCV RNA testing, indicate why:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Client previously tested/known HCV RNA positive <input type="checkbox"/> (2) Client refused <input type="checkbox"/> (3) Other, specify: _____ 	<p>Indicate client-anticipated HCV RNA supports needed: <i>(mark all that apply (3))</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Reminder <input type="checkbox"/> (1) Identification <input type="checkbox"/> (1) Insurance enrollment <input type="checkbox"/> (1) Transportation <input type="checkbox"/> (1) Accompaniment <input type="checkbox"/> (1) Language supports <input type="checkbox"/> (1) None <input type="checkbox"/> (1) Other, specify: _____ 																																								
<p>HCV RNA Test conducted?</p> <p><input type="checkbox"/> (1) Yes, test conducted →</p> <p style="text-align: center;">Sample Date: (mm/dd/yyyy)</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>If Yes, HCV RNA test result:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Negative/HCV RNA not detected <input type="checkbox"/> (2) Positive/HCV RNA detected <input type="checkbox"/> (3) Inconclusive <input type="checkbox"/> (0) Don't Know <p><input type="checkbox"/> (0) No → If HCV RNA Test not conducted, indicate why: <i>(mark all that apply (3))</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Could not obtain a sufficient sample <input type="checkbox"/> (1) Perception of stigma or discrimination by provider <input type="checkbox"/> (1) Client crisis or competing priorities <input type="checkbox"/> (1) Arrested or incarcerated or deported <input type="checkbox"/> (1) Hospitalized or institutionalized <input type="checkbox"/> (1) Insurance or coverage barrier <input type="checkbox"/> (1) Transportation barrier <input type="checkbox"/> (1) Language barrier <input type="checkbox"/> (1) Deceased <input type="checkbox"/> (1) Out of jurisdiction <input type="checkbox"/> (1) Unable to locate client <input type="checkbox"/> (1) Don't Know <input type="checkbox"/> (1) Other, specify: _____ <p><input type="checkbox"/> (0) Don't Know</p>											<p>HCV RNA Test result provided?</p> <p><input type="checkbox"/> (1) Yes →</p> <p style="text-align: center;">Date result provided: (mm/dd/yyyy)</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">Provider ID:</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> (1) Client obtained result from another agency</p> <p><input type="checkbox"/> (0) No → If HCV RNA Test results not provided, indicate why: <i>(mark all that apply (3))</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Client perception of stigma or discrimination by provider <input type="checkbox"/> (1) Client crisis or competing priorities <input type="checkbox"/> (1) Arrested or incarcerated or deported <input type="checkbox"/> (1) Hospitalized or institutionalized <input type="checkbox"/> (1) Insurance or coverage barrier <input type="checkbox"/> (1) Transportation barrier <input type="checkbox"/> (1) Language barrier <input type="checkbox"/> (1) Deceased <input type="checkbox"/> (1) Out of jurisdiction <input type="checkbox"/> (1) Unable to locate client <input type="checkbox"/> (1) Don't Know <input type="checkbox"/> (1) Other, specify: _____ <p><input type="checkbox"/> (0) Don't Know</p>																			<p style="text-align: center; background-color: #f2f2f2;">HCV RNA POSITIVE RESULT</p> <p>Referred to HCV medical care?</p> <p><input type="checkbox"/> (1) Yes</p> <p>If yes, indicate client-anticipated medical appointment supports needed: <i>(mark all that apply (3))</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Reminder <input type="checkbox"/> (1) Identification <input type="checkbox"/> (1) Insurance Enrollment <input type="checkbox"/> (1) Transportation <input type="checkbox"/> (1) Accompaniment <input type="checkbox"/> (1) Language supports <input type="checkbox"/> (1) None <input type="checkbox"/> (1) Other, specify: _____ <p><input type="checkbox"/> (0) No → If not referred to HCV medical care, indicate why:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Client already in HCV medical care <input type="checkbox"/> (2) Client declined HCV medical care <input type="checkbox"/> (3) Other, specify: _____ 	<p>Did client attend first appointment?</p> <p><input type="checkbox"/> (1) Yes →</p> <p style="text-align: center;">Appointment date: (mm/dd/yyyy)</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> (0) No → If client did not attend first appointment, indicate why: <i>(mark all that apply (3))</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Perception of stigma or discrimination by provider <input type="checkbox"/> (1) Client crisis or competing priorities <input type="checkbox"/> (1) Arrested or incarcerated or deported <input type="checkbox"/> (1) Hospitalized or institutionalized <input type="checkbox"/> (1) Insurance coverage barrier <input type="checkbox"/> (1) Transportation barrier <input type="checkbox"/> (1) Language barrier <input type="checkbox"/> (1) Deceased <input type="checkbox"/> (1) Out of jurisdiction <input type="checkbox"/> (1) Unable to locate client <input type="checkbox"/> (1) Don't Know <input type="checkbox"/> (1) Other, specify: _____ <p><input type="checkbox"/> (0) Don't know</p>										

APPENDIX E: LOCAL HEALTH JURISDICTION INDIRECT RATES (2015/16)

County/City	2015/16 Indirect Cost Rate Applied		
	Total Personnel Cost	Total Allowable Direct Cost	2015/16 Notes
Alameda		13.90%	
Butte	25.00%		Submitted ICR was above cap
Contra Costa	16.20%		
Fresno		14.68%	
Humboldt	25.00%		Submitted ICR was above cap
Kern	25.00%		Submitted ICR was above cap
Los Angeles	19.66%		
Madera	25.00%		Submitted ICR was above cap
Monterey	15.00%		LHD did not submit ICR
Orange	20.94%		
Placer	25.00%		Submitted ICR was above cap
Riverside	25.00%		Submitted ICR was above cap
Sacramento	14.76%		
San Bernardino	15.00%		LHD did not submit ICR
San Diego	25.00%		Submitted ICR was above cap
San Francisco	25.00%		Submitted ICR was above cap
San Joaquin	19.97%		
San Luis Obispo	20.30%		
San Mateo	19.88%		
Santa Barbara	16.87%		
Santa Clara	25.00%		Submitted ICR was above cap
Santa Cruz	18.93%		
Shasta	25.00%		Submitted ICR was above cap
Solano		15.00%	Submitted ICR was above cap
Sonoma	16.25%		
Stanislaus	25.00%		Submitted ICR was above cap
Tulare	19.40%		
Ventura	18.26%		

APPENDIX F: SAMPLE LETTER OF INTENT TO APPLY

SUBJECT: HCV LOI for [Organization Name]

This letter is in response to the Request for Applications (RFA) entitled *Hepatitis C Virus (HCV) Testing and Linkages to Care Demonstration Projects*, RFA #15-10749. Our organization is planning to submit an application for the following goal(s):

- Goal 1, Using Surveillance to Improve HCV Outcomes
- Goal 2, Hepatitis C Testing and Linkages to Care
- Goal 3, Hepatitis C Care Coordination

Lead Contact Information:

Name:

Title:

Address:

Phone Number:

Brief Description of the Project (250 words or less)

APPENDIX G: MAP OF CALIFORNIA'S COUNTIES

