

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

HIV/AIDS Bureau  
Division of Training and Capacity Development

***Regional AIDS Education and Training Centers***

**Announcement Type:** Initial: New  
**Funding Opportunity Number:** HRSA-15-032

**Catalog of Federal Domestic Assistance (CFDA) No. 93.145**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2015

**Application Due Date: March 6, 2015**

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Registration may take up to one month to complete.*

**Release Date: January 5, 2015**  
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Authority: Section 2692 (42 U.S.C. §300ff-111) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. Funds for the CDC Expanded Testing Initiative are authorized under Sections 301 and 318 of the Public Health Service Act (42 U.S.C. Section 241 and 247c), as amended.

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau is accepting applications for fiscal year (FY) 2015 Regional AIDS Education and Training Centers Program. The purpose of this program is to provide quality education, training, consultation, and clinical decision support to health care providers, allied health care professionals and ancillary support staff caring for people living with HIV or at highest risk of HIV.

Funding Opportunity Title:	Regional AIDS Education and Training Centers
Funding Opportunity Number:	HRSA-15-032
Due Date for Applications:	March 6, 2015
Anticipated Total Annual Available Funding:	\$25,500,000
Estimated Number and Type of Award(s):	8 cooperative agreements
Estimated Award Amount:	Varies per region, see section II.2
Cost Sharing/Match Required:	No
Project Period:	7/1/15 to 6/30/19 (4 years)
Eligible Applicants:	Eligible applicants include public and private entities and schools and academic health science centers. Faith-based and community-based organizations, AIDS Service Organizations, and Minority Serving Organizations, Tribes and tribal organizations are eligible to apply.  [See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guides* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

### Technical Assistance Webinar

All applicants are encouraged to participate in a technical assistance (TA) webinar/conference call for this funding opportunity. Participation in a pre-application TA webinar is optional. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. The pre-application webinar will be held:

January 15, 2015  
 1 PM – 2 PM Eastern Time  
 Teleconference number: 888-790-3102  
 Password: 8720613

Applicants can join the webinar via this weblink:  
[https://hrsa.connectsolutions.com/rae\\_training\\_center/](https://hrsa.connectsolutions.com/rae_training_center/). Details regarding the pre-application webinar will also be posted on the TARGET Center website (<http://careacttarget.org/events>).

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# I. Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the *Regional AIDS Education and Training Centers (AETC)*, a component of the Ryan White HIV/AIDS Part F AETC Program. The mission of the AETC Program is to increase the number of health care professionals who are educated to counsel, diagnose, treat, and medically manage people living with HIV (PLWH), and to help prevent high-risk behaviors that lead to HIV transmission.

Regional AETCs will provide education, training, consultation, and clinical decision support to health care providers, allied health professionals, and health care support staff, hereafter referred to as a group as health care professionals, who care for PLWH or at high risk of HIV. Training, education, and technical assistance will focus on developing the knowledge, skills, and behaviors of health care professionals within three competency areas: 1) Clinical Care; 2) Teamwork; and 3) Organization and Systems Management.

Each Regional AETC will link experts in the diagnosis, treatment, and prevention of HIV disease to health care professionals and organizations that serve racial/ethnic minorities and other populations disproportionately affected by HIV. Experts will be linked to these health care providers through tailored education, clinical consultation, and technical assistance in an effort to integrate high quality, comprehensive care for those living with or affected by HIV. The overarching goal of the Regional AETCs is to improve the health outcomes of PLWH across the HIV care continuum.

This funding opportunity announcement will support eight (8) regional centers tasked with serving all 50 states in the United States, the District of Columbia, the Virgin Islands, Puerto Rico and the six U.S. affiliated Pacific Jurisdictions.

## Program Goals

The goals of the Regional AETCs are in alignment with the goals of the National HIV/AIDS Strategy (NHAS),<sup>1</sup> HIV Care Continuum Initiative,<sup>2</sup> the Affordable Care Act,<sup>3</sup> and the Minority AIDS Initiative. The goals of the Regional AETCs are to:

1. Increase the size and strengthen the skills of the current and novice HIV clinical workforce in the United States;
2. Improve outcomes along the HIV Care Continuum, including diagnosis, linkage, retention and viral suppression, in alignment with the National HIV/AIDS Strategy, through training and technical assistance; and
3. Reduce HIV incidence by improving the achievement and maintenance of viral load suppression of PLWH.

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<sup>1</sup> Office of National AIDS Policy. National HIV/AIDS Strategy for the United States. The White House, ONAP, July 2010. Available from: <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>.

<sup>2</sup> The White House, Office of the Press Secretary. Executive Order – HIV Care Continuum Initiative. <http://www.whitehouse.gov/the-press-office/2013/07/15/executive-order-hiv-care-continuum-initiative>, accessed September 26, 2014.

<sup>3</sup> Patient Protection and Affordable Care Act, P.L. 111-148, 111<sup>th</sup> Congress, H.R. 3590 (2010). <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/content-detail.html>, accessed September 26, 2014.

## **Program Requirements:**

Organizations funded under this program will be expected to keep their activities regional in scope, while also supporting the work of other Regional and National AETC programs.

Successful applicants funded under this funding opportunity will be required to:

1. Identify HIV/AIDS education and training needs of health care professionals in their region by working closely with RWHAP part A and B grantees in the region.
2. Train and provide technical assistance to health care professionals, interprofessional health teams, and health care organizations on the prevention, diagnosis, and treatment of HIV disease, including opportunistic infections and other co-morbidities including hepatitis, noninfectious diseases associated with HIV, sexually transmitted diseases, and oral health that are consistent with the most recent U.S. Department of Health and Human Services Treatment Guidelines<sup>4</sup> and HRSA Guides for HIV/AIDS Clinical Care.<sup>5</sup> This training should be provided to all clinics in the region, with a priority to those clinics and clinicians providing little or no HIV care.
3. For established HIV care providers, Regional AETCs will be expected to focus their efforts on assisting providers with *practice transformation* to assist awardees to improve patient outcomes along the HIV care continuum by integrating principles of the patient-centered medical home model and integrated HIV care and behavioral health services. This may include increased collaboration between the jurisdictional health department and the medical provider in use of data to target interventions to improve outcomes.
4. Train the faculty of health professions schools, graduate departments, or other programs, to better equip them to teach their students to address the health care needs of PLWH through interprofessional education and collaborative practice. Partner with accredited schools and graduate departments or programs of medicine, nursing, dentistry, public health, allied health, pharmacy, and/or behavioral health to develop or enhance curricula, utilizing interprofessional team-based learning, to train faculty and build capacity to prepare future health care professionals to provide for the health care needs of PLWH. Particular attention will be given to minority-serving educational institutions.
5. Identify and disseminate models of care and effective practices that improve patient outcomes in various clinical settings, including Ryan White HIV/AIDS Program-funded clinics, community health centers, rural health clinics, and other primary care sites caring for PLWH. This includes dissemination of findings from the Special Projects of National Significance.
6. Create and support partnerships with health care organizations providing direct patient care at the local level, particularly Federally Qualified Health Centers that are not providing HIV

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<sup>4</sup> HHS Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents. Department of Health and Human Services. Available from: <http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf>

<sup>5</sup> AIDSInfo. Clinical Guidelines Portal. Available from: <http://aidsinfo.nih.gov/guidelines>. Additional information about this legislative requirement can be found on the HRSA/HAB website: <http://hab.hrsa.gov/abouthab/legislation.html>. HRSA HAB Clinical Care Guidelines/Protocols, <http://hab.hrsa.gov/deliverhivaids/clinicalguidelines.html>, accessed September 26, 2014.

care or need assistance in increasing their capacity to provide existing care. The purpose is to implement longitudinal relationships to transform clinical practice in alignment with the goals of the NHAS and as measured by progress along the HIV Care Continuum. The expected outcomes are high functioning health care organizations providing high quality comprehensive, coordinated care and treatment for PLWH.

7. Work collaboratively within the AETC Network, including the national components of the AETC Program (see [Background](#) for more information). Collaborations should include, but are not limited to, the development of joint curricula, joint needs assessments, national evaluation tools, joint training, and marketing. Participate as subject matter experts in curriculum development, as convened by the AETC National Coordinating Resource Center funded under a separate funding opportunity announcement (HRSA-15-033).

### **Staffing**

It is expected that the applicant demonstrate capacity to fiscally manage a federally funded training program, including the capacity to develop a standardized method to manage and monitor contracts and subcontracts.

At a minimum, applicants should have the following staff with experience and skills listed below:

- **Principal Investigator:** This individual should have the experience and ability to manage a federal grantaward, provide oversight and direction to the grant program's activities, and leverage strategic partnerships within the region. S/He should have prior experience with HIV/AIDS prevention, care and treatment programs and provider training.
- **Project Director:** This individual should have the experience and ability to manage a federal grantaward, provide oversight and direction to the grant program's activities, and ensure that the day-to-day operations of the regional AETC are conducted well. S/He should have prior experience with HIV/AIDS prevention, care and treatment programs.
- **Clinical Director:** This individual should have experience caring for people living with HIV, including prescribing antiretroviral therapy, and also with provider training. S/He should be able to develop and review training content.

The Principal Investigator and Project Director positions may not be held by the same person.

Each Regional Partner is expected to have a Regional Partner Director. This individual should have the ability to manage receipt of funds from a federally funded grant award and should be involved, as requested, in activities planned by the Regional AETC Central Office). This individual should have prior experience in networking with service providers in the region, in order to form partnerships (if awarded).

Ideally, the applicant's personnel and faculty should also reflect the diversity of health professions, including the gender and racial/ethnicities existing among both trainees and patients in the training service area.

### **Target Audience**

The primary target audience for training funded by the Regional AETCs includes health care providers who care for PLWH and for people are at high risk of HIV. These providers may not necessarily be HIV experts. Other target audiences include allied health professionals (medical case managers, social workers, and others) who assist PLWH to adhere to treatment

recommendations; learn about and practice secondary prevention; and receive appropriate social support and other health service interventions and referrals.

## 2. Background

This program is authorized by Section 2692 of the Public Health Service Act (42 U.S.C. 300ff-111), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) referred to hereafter as the Ryan White HIV/AIDS Program. Funds for the CDC Expanded Testing Initiative are authorized under Section 310 and 318 of the Public Health Service Act (42 U.S.C. Section 251 and 241c) as amended. The AETC Program has been a cornerstone of HRSA's HIV/AIDS program for over two decades. The mission of the AIDS Education and Training Centers Program (AETC) is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat, and medically manage people with HIV disease, and to help prevent high-risk behaviors that lead to HIV transmission. This mission is obtained through implementation of multidisciplinary education and training programs for health care providers in the prevention and treatment of HIV/AIDS. Overall, the AETC Program is charged with increasing the knowledge skills and behaviors of providers and organizations to be able to provide quality care and increase access to care.

The AETC Program aligns with the goals of the National HIV/AIDS Strategy (NHAS):

1. Reduce new HIV infections;
2. Increase access to care and improve health outcomes for people living with HIV; and
3. Reduce HIV-related health disparities.

In addition, the AETC Program aligns with the HIV Care Continuum Initiative implemented by an Executive Order of the President in 2013.<sup>6</sup> The Initiative directs Federal agencies to prioritize the HIV Care Continuum by accelerating efforts and directing existing Federal resources to increase HIV testing, services, and treatment, and improve patient access for HIV infected individuals along the HIV Care Continuum. HAB has issued clinical performance measures tied to the HIV Care Continuum that should be implemented across all of its programs.<sup>7</sup>

The AETC Program is in prime position to support the goals of the National HIV/AIDS Strategy and the HIV Care Continuum Initiative by providing training, education, and technical assistance to strengthen the delivery of services and quality of care along the HIV care continuum. Health care providers well-trained to provide high quality HIV care are needed to ensure system capacity for the increases of PLWH in care that are expected to occur due to improved survival and increase number of patients linked and retained in care.

Health care providers, including HIV specialists and primary care providers, need to obtain the knowledge and skills necessary to ensure that HIV care is consistent with established guidelines and reflects current research.<sup>8</sup> As the treatment of HIV disease is not restricted to any one

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<sup>6</sup> Executive Order – HIV Care Continuum Initiative. <http://www.whitehouse.gov/the-press-office/2013/07/15/executive-order-hiv-care-continuum-initiative>, accessed November 24, 2014.

<sup>7</sup> HRSA. HAB HIV Performance Measures. <http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>, accessed September 26, 2014.

<sup>8</sup> Bashook, PG, Linsk, NL, Jacob, B, Aguado, P, Edison, M, Rivero, R, Schechtman, B, & Prabhugate, P. Outcomes of AIDS Education and Training Center HIV/AIDS Skill-Building Workshops on Provider Practices. *AIDS Education and Prevention*. 2010; 22 (1): 49-60.

medical specialty, various health care professionals serve as HIV experts. Ongoing continuing education is required for HIV expertise, regardless of specialty training.<sup>9</sup>

Continuing education and training that utilizes adult learning principles are effective ways for health care providers to improve knowledge, skills, and behaviors and impact patient outcomes.<sup>10, 11</sup>

The AETC Program and its multiple components work together and serve as a comprehensive training and educational resource for health care providers in the treatment and prevention of HIV/AIDS. Several national grants, cooperative agreements and special initiatives serve as crosscutting components of the AETC Program and support and complement the regional centers. AETCs are required to work together to enhance their individual roles and performance within the network, as well as reduce duplication of efforts across the network. For example, in the development of joint needs assessments, joint curricula, joint training programs and marketing activities where appropriate, and national evaluation tools to be utilized across the AETC Network. For information on components of the current AETC Network please refer to the HRSA/HAB website: <http://hab.hrsa.gov/abouthab/parteducation.html>.

In addition to the national and regional AETC components, there are several other organizations that work in partnership with AETCs to provide training and HIV/AIDS health professions education. One example is the National Quality Center (NQC), the primary resource for Ryan White HIV/AIDS Program awardees on issues related to quality improvement and quality management (QI/QM).<sup>12</sup> The NQC provides technical assistance related to QI/QM to Ryan White awardees as they strive to improve the quality of care for PLWH.

### ***HIV Care Continuum***

Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART), are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV Care Continuum or the HIV Treatment Cascade. The HIV Care Continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the CDC, which estimate that only 25 percent of individuals living with HIV in the United States have complete HIV viral suppression.<sup>13</sup> Data from the 2011 Ryan White Service Report (RSR)

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<sup>9</sup> Gallant JE, Adimora AA, Carmichael JK, Horberg M, Kitahata M, Quinlivan EB, Raper JL, Selwyn P, & Williams SB. Essential Components of Effective HIV Care: A Policy Paper of the HIV Medicine Association of the Infectious Diseases Society of America and the Ryan White Medical Providers Coalition. *Clinical Infectious Diseases*, 2011;53 (11):1043–50.

<sup>10</sup> *Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment*. Agency for Healthcare Research and Quality/U.S. Department of Health and Human Services. 2007; 149, Available from: <http://archive.ahrq.gov/downloads/pub/evidence/pdf/cme/cme.pdf>

<sup>11</sup> Pilcher J and Bradley DA. Best practices for learning with technology, *Journal for Nurses in Professional Development*, 2013; (29) 3: 133 – 137.

<sup>12</sup> National Quality Center, <http://nationalqualitycenter.org/>, accessed September 26, 2014.

<sup>13</sup> CDC. Stages of Care Fact Sheet, [http://www.cdc.gov/hiv/pdf/research\\_mmp\\_StagesofCare.pdf](http://www.cdc.gov/hiv/pdf/research_mmp_StagesofCare.pdf), accessed September 26, 2014.

indicate that there are better outcomes in Ryan White HIV/AIDS Program (RWHAP) funded agencies with approximately 73% of individuals who received Ryan White HIV/AIDS Program-funded medical care being virally suppressed.<sup>14</sup> Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination antiretroviral regimens.

RWHAP awardees including the regional AETCs are expected to assess the outcomes of their programs along the HIV care continuum. Awardees should work with the community and public health partners to improve outcomes across the HIV Care Continuum, so that individuals diagnosed with HIV are linked and engaged in care, started on ART as early as possible, and achieve and maintain viral load suppression. The HIV/AIDS Bureau has worked with other agencies within the Department of Health and Human Services (HHS) to develop performance measures to assist in assessing outcomes along the continuum.<sup>15</sup> The HAB encourages awardees to use these performance measures at their local level to assess the efficacy of their programs and to analyze and address the gaps along the HIV Care Continuum to improve the care outcomes provided.<sup>16</sup> These efforts are in alignment with the support and goals and objectives of the National HIV/AIDS Strategy.

The HIV Care Continuum measures also align with the HHS Common HIV Core Indicators approved by the Secretary and announced in August 2012. RWHAP Part A, B, C, and D grantees and health care providers are required to submit data through the Ryan White Services Report (RSR). Through the RSR submission, the HAB currently collects the data elements to produce the HHS Common HIV Core Indicators. The HAB will calculate the HHS Core Indicators for the entire RWHAP and will use these data to report six of the seven HHS Common HIV Core Indicators to the Department of Health and Human Services, Office of the Secretary for Health. The AETCs may include these measures in assessing the impact of their work on improving patient outcomes.

## II. Award Information

### 1. Type of Award

Type(s) of applications sought: New.

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include:**

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<sup>14</sup> Doshi RK et al. High Rates of Retention and Viral Suppression in United States HIV Safety Net Program: HIV Care Continuum in the Ryan White HIV/AIDS Program, 2011. *Clinical Infectious Diseases*, published online August 15, 2014.

<sup>15</sup> Forsyth A. Secretary Sebelius Approves Indicators for Monitoring HHS-funded HIV Programs. <http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html>, accessed September 26, 2014.

<sup>16</sup> HRSA. HAB HIV Performance Measures. <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>, accessed September 26, 2014.

- 1) Participate in the design of models and tools as described in the project narrative;
- 2) Review, and provide recommendations (on an as needed basis), including training curriculum, publications, and other resources;
- 3) Provide assistance in the management and technical performance of activities;
- 4) Participate in the planning and coordination of meetings, including participation in the awardee's Executive/Steering Committee;
- 5) Assist the awardee in establishing linkages between this project and other AETC and the HAB-supported projects to enhance collaboration;
- 6) Ensure integration into the HAB programmatic and data reporting efforts;
- 7) Review of all project information prior to dissemination; and
- 8) Review all conference presentations (oral, poster, roundtable, etc.) where cooperative agreement data activities, work products, and/or best practices and lessons learned are presented.

**The cooperative agreement recipient's responsibilities shall include:**

- 1) Collaborate with the HAB and the various programs within the AETC network, including other Regional AETCs, to achieve the expectations as outlined in the project narrative;
- 2) Identify activities to be planned jointly and to include HAB input and approval; and
- 3) Inform the HAB of project activities and allow ample time to receive input and/or technical assistance and any changes in key personnel.
- 4) Attend Ryan White Grantee meetings. Meetings are anticipated to occur virtually in Program Years 1, 3, and 5; and face-to-face in Years 2 and 4.
- 5) Attend the annual AETC Directors' reverse site visit meetings.

## **2. Summary of Funding**

This program will provide funding during Federal fiscal years 2015-2018.; thus, the project period will begin July 1, 2015, and will end June 30, 2019. Approximately \$25,500,000 is expected to be available annually to fund up to eight (8) awardees. The actual amount available will not be determined until enactment of the final FY 2015 Federal budget. Applicants may apply for a ceiling amount based upon the region for which they are applying (see amounts below). The project period is four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the "Regional AIDS Education and Training Centers Program" in subsequent fiscal years, awardee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Upper limits for funding levels for year 1 of the 4-year project (FY 2015) for each region are as follows; Limits only include AETC appropriated funds (does not include CDC HIV Testing Initiative funds, or other special project funds). Funds will be awarded to the Regional AETCs to assure all 50 states and the U.S. territories are provided the opportunity for HIV clinical training to support the overall mission and objectives of the RWHAP. It is the intention of HRSA/HAB to have one award in each of the eight (8) AETC designated regions.

HRSA has determined funding levels for each of the 8 regional AETCs based on factors that contribute to the training needs of the HIV workforce in each region. These factors determined by HAB/program are: AIDS death rates, virologic failure rate, number of persons living with HIV, rate of new HIV infection, number of health care delivery sites, number of RWHAP

outpatient ambulatory medical care providers, total primary care HPSA designations, number of RWHAP Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs),<sup>17</sup> number of states and territories, and area (square miles) of the region. Each of these factors was given a weight. A table with the maximum amounts that the applicants for each Regional AETC can request in each region is included below.

Each of the 8 regional AETCs will be considered independently through the HRSA Division of Independent Review (DIR) and will not be judged against each other, in determining the applicant to be funded in each of the regions. Each successful applicant will be considered for the amount requested, but no more than the amount available for the region in which they applied.

<b>Regional AETC Name</b>	<b>Alignment with HHS Regions</b>	<b>States Included in Regional AETC area</b>	<b>Funding ceiling</b>
<b>New England AETC</b>	Region 1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	\$2,500,000
<b>Northeast/Caribbean AETC</b>	Region 2	New York, New Jersey, Puerto Rico, U.S. Virgin Islands	\$4,300,000
<b>Mid-Atlantic AETC</b>	Region 3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	\$3,300,000
<b>Southeast AETC</b>	Region 4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	\$4,700,000
<b>Midwest AETC</b>	Region 5 and Region 7	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin	\$3,500,000
<b>South Central AETC</b>	Region 6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	\$3,600,000
<b>Frontier AETC</b>	Region 8 and Region 10	Alaska, Colorado, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	\$3,300,000

<sup>17</sup> Ryan White HIV/AIDS Program, Part A: <http://hab.hrsa.gov/abouthab/parta.html>.

<b>Regional AETC Name</b>	<b>Alignment with HHS Regions</b>	<b>States Included in Regional AETC area</b>	<b>Funding ceiling</b>
<b>Pacific AETC</b>	Region 9	Arizona, California, Hawai'i, Nevada, and the 6 U.S.-affiliated Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, Republic of Palau)	\$3,700,000

Under this Regional AETC funding opportunity announcement, approximately 20% of the funds are being made available through the Minority AIDS Initiative (MAI), to support education, training, and technical assistance activities and programs aimed at building the capacity of minority patients and minority-serving health care professionals. Specifically, MAI activities should target minority health professionals and health care professionals providing treatment for minority individuals with HIV disease and other individuals who are at high risk of contracting such disease. Training, education and technical assistance activities and programs to be funded by MAI should be described separately in the application and should be equal to at least 20% of the total AETC project amount. Activities funded by MAI can include special projects listed in Section IV of . Funded applicants will be responsible for tracking how MAI funds are spent and report accordingly. NOTE: If awarded, the actual MAI amount will be listed on the Notice of Award (NOA). Awardees will be expected to submit a revised budget and work plan to appropriately reflect the MAI amount provided in the NOA.

*CDC Expanded HIV Testing for Disproportionately Affected Populations*<sup>18</sup>

As part of this funding opportunity, applicants are expected to apply for funds to assist health care facilities and health departments to implement routine HIV testing in accordance with CDC's HIV Testing Recommendations in their geographic areas. Funding for this project depends on availability of funds from CDC. If available, the award amount will range from approximately \$5,000 to \$80,000 per Regional AETC. These funds are in addition to the AETC appropriated funds. The funding amount for each Regional AETC related to this program activity will depend on the number and size of jurisdictions (listed below) within each Regional AETC coverage area. HRSA and CDC will work together to determine the funding amount for each regional AETC.

Each awardee will be expected to disseminate funds to each of the 34 health department jurisdictions funded under CDC's PS12-1201 Expanded HIV Testing Program, Category B, in a manner consistent with need. Eligibility for Category B is limited to health department jurisdictions with at least 3,000 Black/African American and Hispanic/Latino adults and adolescents (unadjusted number) living with a diagnosis of HIV infection as of year-end 2008 surveillance reports to expand access to HIV testing for populations disproportionately affected by HIV, including African Americans, Hispanics, men who have sex with men, and injection

<sup>18</sup> CDC. Expanded Testing Initiative, <http://www.cdc.gov/hiv/policies/eti.html>, accessed September 26, 2014.

drug users. The jurisdictions include: Alabama; Arizona; Atlanta, GA; Baltimore, MD; California; Chicago, IL; Colorado; Connecticut; District of Columbia; Florida; Georgia; Houston, TX; Illinois; Indiana; Los Angeles, CA; Louisiana; Maryland; Massachusetts; Michigan; Mississippi; Missouri; New Jersey; New York City; New York State; North Carolina; Ohio; Pennsylvania; Philadelphia, PA; Puerto Rico; San Francisco, CA; South Carolina; Tennessee; Texas; and Virginia. These regions may be subject to change, based on changes in HIV epidemiology, over the 4 year project period.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Eligible applicants include public and private entities, including schools and academic health science centers. Faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.

In order to ensure that areas with the greatest incidence of HIV/AIDS, but with relative shortages of HIV care and treatment professionals receive adequate support, HRSA has divided the US and its jurisdictions into eight (8) regions in alignment with the HHS Regions<sup>19</sup> as follows:

- 1) **New England AETC (aligns with HHS Region 1):** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- 2) **Northeast/Caribbean AETC (aligns with HHS Region 2):** New York, New Jersey, Puerto Rico, U.S. Virgin Islands
- 3) **Mid-Atlantic AETC (aligns with HHS Region 3):** Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
- 4) **Southeast AETC (aligns with HHS Region 4):** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
- 5) **Midwest AETC (aligns with combined HHS Regions 5 and 7):** Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin
- 6) **South Central AETC (aligns with HHS Region 6):** Arkansas, Louisiana, New Mexico, Oklahoma, Texas
- 7) **Frontier AETC (aligns with combined HHS Regions 8 and 10):** Alaska, Colorado, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming
- 8) **Pacific AETC (aligns with HHS Region 9):** Arizona, California, Hawai'i, Nevada, and the 6 U.S.-affiliated Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, Republic of Palau)

Each applicant must select no more than one region to support in its application, and must agree to support the HIV/AIDS training and education needs across the entire region selected. The applicant must be physically located in the region which it intends to serve.

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

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<sup>19</sup> HHS. Regional Offices, <http://www.hhs.gov/iea/regional/>, accessed September 26, 2014.

### **3. Dun and Bradstreet Universal Numbering System Number and System for Award Management (formerly, Central Contractor Registration)**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicants must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's SF-424 Application Guide.

**Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

### **4. Other**

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from the same organization are not allowable.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF424 application package associated with this funding opportunity following the directions provided at [Grants.gov](http://Grants.gov).

## 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the funding opportunity announcement to do otherwise.

See Section 8.5 of the Application Guide for the Application Completeness Checklist.

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to print your application to ensure it does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.**

### **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following.

#### ***i. Project Abstract***

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

Provide an abstract for the basic AETC Program including information on all key components of the project (i.e. Practice Transformation Project and HIV Interprofessional Education Project, and the HRSA/CDC HIV Testing Training Initiative Project). The abstract must include the following information:

**TARGETED POPULATION:** Briefly describe the geographic area and the health care professionals to be served by the proposed project. Include key information pertaining to the training needs of the target population.

**GOALS AND MILESTONES:** Summarize the major goals and milestones for the four (4) year project period.

**OVERVIEW OF PROGRAM PLAN:** Briefly describe the proposed project and outline the approach and activities that will be implemented. Identify the key organizations that are collaborating in the project as contractors (in terms of the special projects, these will be the direct care sites and the health professions programs). Describe the anticipated impact of the proposed project on the geographic area being served and its systems of care. Relate the

impact of the project to the principal problems and unmet needs identified in the needs assessment.

**PROJECT EVALUATION PLAN:** Briefly describe the proposed project's impact evaluation plan.

**ii. *Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion 1 (Need)***  
The applicant is expected to articulate the key issues and challenges to be addressed through the use of AETC Program funds. This section should include a description of the proposed geographical area, or region, to be served and should demonstrate an understanding of the HIV/AIDS epidemic and care delivery system in the proposed region, the evolving HIV treatment options and associated challenges, and their impact on the education and training needs of the regions' health care professionals. This section should include a discussion of the problems associated with increasing clinical care capacity in general, and specifically among clinical health care providers practicing at the community level. This section should include a discussion of the challenges for the targeted populations to be trained and should be inclusive of urban, rural, and suburban communities. The applicant may request a preference for funding if the organization is located at a minority health professional educational institution. If requesting a preference, applicants must indicate it here.

The problems described by the applicant should be supported by, at a minimum, a preliminary needs assessment described below, and they should be reflected in the applicant's program plan, associated work plans and budgets.

- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)***
  - Each Regional AETC will be expected to complete a comprehensive needs assessment of HIV diagnosis, treatment, and prevention-related training needs in collaboration with other Federal Training Center Collaborative partners in year 1 and year 3 of the project period. Awardees will be expected to collaborate with HRSA and the AETC National Clinicians Consultation Center (NCCC) and the AETC National Evaluation Center (NEC) in the development of the needs assessment. Please describe how your organization will identify the gaps and support needed in the region with regard to knowledge and ability of health care professionals to counsel, diagnose, treat, and medically manage people with HIV disease, and to help prevent high-risk behaviors that lead to HIV transmission.
    - Awardees will be expected to include data from the NCCC in their needs assessment regarding clinical consultations provided per region.
    - The analysis must be conducted working closely with all RWHAP part A and B grantees in the region.
    - The needs assessment should consider the following factors related to PLWH in the region: HIV epidemiology, health insurance coverage,

racial/ethnic groups, quality of HIV care, unmet needs, and health outcomes along the HIV Care Continuum.

- The needs assessment should include an analysis of the HIV workforce continuum from pre-service to in-service clinical providers and allied health professionals who are part of the HIV health care teams (such as community health workers).
  - Please describe how your organization will build and maintain strategic-partnership networks with federal, regional, state, and local organizations to ensure relevancy and timeliness of education, training and technical assistance to be provided. Successful applicants will ensure that their training plans are in alignment with corresponding city, county, and state HIV strategic plans (e.g. State HIV Comprehensive Plan), including the RWHAP State Coordinated Statement of Need (SCSN).
  - Please describe how your organization will assess HIV workforce shortages in the region, particularly in medically underserved areas. This includes shortages among pre-service, novice and experienced HIV providers.
  - Please describe how your organization will assess HIV workforce needs regarding cultural competency in the region.
  - Please describe the methodology and tools used to develop and collect data for the needs assessment.
  - Describe the process for identifying the target population to be trained. This should include specific language regarding recruitment and training of minority health care professionals and health care professionals who care for minority HIV-infected patients. Please describe how the applicant organization will identify training needs among Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), Tribal Colleges and Universities (TCU) in the region.
  - Provide a succinct summary of the literature that demonstrates a comprehensive understanding of the issues related to strategic planning for system-level change; the methods for practice transformation that increase capacity; and adherence to standardized or evidence-based quality metrics to demonstrate ability to implement the Practice Transformation Project (described in Section IV. Methodology).
  - Please describe how your organization will assess existing and/or potential students of accredited schools of, and graduate departments or programs of, medicine, nursing, and pharmacy (may also include but are not limited to accredited schools of, and graduate departments or programs of, dentistry, behavioral health, social work, public health, and allied health) in identified partner institutions to determine the desirability and acceptance of the HIV Interprofessional Education Project.
- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2 (Response)*  
Propose methods that will be used to address the stated needs and meet each of the described program requirements and expectations in each category below:

### **Training and Technical Assistance**

Please describe the project's development and implementation of training and technical assistance, including the following components:

- A process to work with other Regional AETCs and the NCRC to develop components of a national HIV curriculum and associated training materials and how components of the curriculum will be mapped to the national HIV provider competencies and linked to specific desired patient outcomes along the HIV Care Continuum. Describe how training

will be implemented by the AETC and their subcontractors across the region to help HIV providers in the region achieve the national HIV provider competencies. Include how training tools will be updated to integrate new clinical and treatment developments, what resources will be utilized to ensure state-of-the-art treatment and care information, and how existing materials and resources will be utilized to prevent duplication of efforts. Awardees must utilize resources already developed through other HRSA-funded programs. Resources may be found on the TARGET Center website (<https://careacttarget.org/>).

- The target audience for training including projected numbers of novice health care professionals (those not currently providing HIV care), low-volume HIV providers, and current HIV providers to be trained (by type of professional), description of clinical care organizations to be targeted (include type of clinical practice, total patient case load and number of HIV patients), and potential to increase patient access to quality HIV care.
- The major education and training programs to be offered by the applicant and how the findings from the needs assessment would be utilized. Include a description of how these training programs will be coordinated with existing training resources available in the region, including other federal training centers (including members of the Federal Training Centers Collaborative: Addiction Technology Transfer Centers, HIV/STD Prevention Training Centers, TB Regional Training and Medical Consultation Centers, Title X National Training Centers, and Viral Hepatitis Education and Training Projects), for the counseling, diagnosis, and treatment of people with HIV disease, opportunistic infections and co-morbid conditions. The training methods and levels to be used for the topics identified and the rationale for different methods and levels as they relate to increasing skills, knowledge and behaviors among health care professionals. Include innovative training techniques to engage rural or clinically isolated health care professionals and a discussion of your region's distance learning capabilities. Describe how trainings developed will support the cultural and ethnic diversity among trainees and patients served. Processes by which trainees will receive skill appropriate longitudinal support and ongoing training and consultation; include those individuals referred by the NCCC. Also include how the AETC will provide updated information to individuals who have been trained. A process to identify technical assistance opportunities for health care professionals and agencies/organizations providing direct care for PLWH. Include a description on how the needs assessment will be utilized to develop strategies for providing technical assistance as well as how technical assistance will be coordinated in the region with other federally supported technical assistance resources to address competencies in the areas of teamwork, HIV /AIDS clinical care, and organization and systems management.
- Training plans should be aligned with the National HIV/AIDS Strategy and the HIV Care Continuum.
- Training plans should strongly consider including content on gender-informed care, such as screening for intimate partner violence. Training and technical assistance plans should include sections on the Practice Transformation Project, HIV Interprofessional Education Project, CDC Expanded Testing Program, MAI Capacity Building, U.S.-Mexico Border AETC Steering Team, Training for American Indian / Alaska Native Health Care Providers, and Dissemination of Special Projects of National Significance programs. Details on each of these components can be found below.
- Describe how your organization will work collaboratively with Special Projects of National Significance (SPNS) demonstration projects to meet their needs of staff training

and HIV education, to ensure the successful development of replicable HIV service delivery models.<sup>20,21</sup>

- For applicants for the Northeast Caribbean AETC, Mid-Atlantic AETC, Midwest AETC, Southeast AETC, South Central AETC, and Pacific AETC, describe how your organization will work with grantees of the System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings - Demonstration Sites (HRSA-14-055).<sup>22</sup>

### **Training and Technical Assistance Modalities**

Please describe the training and technical assistance modalities that your organization will use to improve the knowledge, skills and behaviors of HIV health care professionals, that will ultimately impact clinical patient outcomes, in accordance with the National HIV/AIDS Strategy and HIV Care Continuum Initiative. Regional AETCs are expected to use the following guidance when developing training and TA:

- Training and TA should incorporate adult learning principles.
- Training and TA should demonstrate cultural competency, both for trainees as well as patients.
- Trainees should have the opportunity to participate in longitudinal training.
- Applicants will be expected to use technologies that facilitate distance-based learning (telehealth) and technical assistance. Applicants must demonstrate the existence of a telehealth infrastructure to include broadband bandwidth; a secure network by which to broadcast videoconferencing; relevant hardware and equipment (e.g. webcams, microphones, speakers, monitors/screens, etc.); and videoconferencing software able to operate with any browser, computer, or mobile device. Existence of a telehealth infrastructure may reside in the Regional AETC’s Central Office or through a written agreement with a local partner.
- Training and TA modalities may include the categories listed in the table below, with the options of in-person and distance-based delineated. Each individual training event could include multiple modalities. Purely didactic training events or learning modules (with no engagement of the trainee) should be limited to no more than 20% of the overall activities described in this application.

<b>Training and TA Modality</b>	<b>Definition</b>	<b>In-person</b>	<b>Distance-based</b>
Didactic presentations	Trainer presents information to learners in oral and/or written presentation. This category may include lectures and archived webinars.	Yes	Yes

<sup>20</sup> See <http://hab.hrsa.gov/abouthab/partfspns.html>

<sup>21</sup> See Integrating HIV Innovative Practices (IHIP) at: <https://careacttarget.org/ihip>

<sup>22</sup> See [http://hab.hrsa.gov/abouthab/special/spns\\_workforce.html](http://hab.hrsa.gov/abouthab/special/spns_workforce.html).

<b>Training and TA Modality</b>	<b>Definition</b>	<b>In-person</b>	<b>Distance-based</b>
Interactive presentations	Trainer engages learners with brief synopses of information blended with with questions, discussion, case studies, group work, and other activities designed to promote discovery.	Yes	Yes
Communities of practice	Trainer facilitates discussion between learners of a similar level. This category includes case-based discussion.	Yes	Yes
Self-study	The learner goes through self-study materials at his/her own pace to achieve stated objectives and competencies.	No	Yes
Clinical preceptorships	Learner is actively involved with clinical care experiences under the direct supervision of an expert.	Yes	Yes, but not preferred
Clinical consultation	An expert provides recommendations for clinical management. This modality should not duplicate resources provided by the NCCC. It should also not supplant referral of a patient to a specialist if needed.	Yes, but probably less likely	Yes
Coaching for organizational capacity building	A practice coach works with health care sites to work, over time, towards goals described in the application.	Yes	Yes

**Practice Transformation Project: Community Health Centers and Ryan White HIV/AIDS Program Part A and B Subgrantees**

Please describe how your organization will employ a comprehensive longitudinal training approach incorporating multiple exposures, in a variety of mediums, that will result in a high-functioning organization that provides high quality comprehensive care and treatment to PLWH that will contribute to the development of accountable care communities.

In the description, you must identify at least three (3) health center program that are not funded by the Ryan White HIV/AIDS Program as a grantee or subgrantee, as well as at least three (3)

RWHAP-funded part A and/or part B subgrantees, to implement a longitudinal project over a 4-year period. The clinical sites may work directly with the Regional AETC central office and/or with a local partner. The purpose of the project is to transform clinical practice in alignment with the goals of the NHAS and as measured by progress along the HIV Care Continuum.

Health Center Program partners must meet the eligibility criteria listed below at the time of application to receive this supplemental funding:

1. Receive operational funding under section 330 of the PHS Act, as amended.
2. Do not receive operational funding under the HRSA HAB Ryan White HIV/AIDS Part C Early Intervention Services Program, either directly or as a subgrantee.
3. Did not receive initial (new start) New Access Point Health Center Program funding in FY 2014 or FY 2015.
4. Have fewer than five Conditions of Award related to Health Center Program requirements in 60- day status, no Conditions of Award in 30-day status or in default status..
5. Use an EHR system at all service sites.
6. Serve at least 30% of total patients who are members of racial/ethnic minority groups, as evidenced by 2013 Uniform Data System (UDS) data.

Year 1 of the project description should include planning and strategizing the training approach for transforming clinical practice with the clinics identified. The development of an evaluation plan, to include both process and impact measures, should be done in collaboration with the AETC NEC and should measure impact of training along the HIV Care Continuum while reaching the goals of the NHAS. Year 1 should, at a minimum, include the development and implementation of an organizational and individual needs assessment as well as a training plan. Actual implementation of the Practice Transformation Project may begin as early as Year 1. Years 2-4 should be focused on the implementation of the Practice Transformation Project with continuous quality improvement integrated throughout. While program evaluation is expected throughout the four years of this project, the last year (Year 4) of the project should include the analysis of data collected and an evaluation of the overall project. Evaluation of this project will require collaboration with the AETC NEC, which will serve as the lead for evaluation development and the provision of related technical assistance to awardees as needed, and other funded regional AETCs.

Applicants must select non-RWHAP funded health centers within communities with a high prevalence and/or incidence of HIV and whose patient population consist of at least 30% of members of racial/ethnic minority groups. Particular attention should be given to those clinics with minority health care professionals. Applicants must identify those clinics they will partner with as part of this project and include letters of support and/or memoranda of agreement or understanding indicating a commitment to the proposed project. Supporting documents must demonstrate that the clinics identified are conducting HIV tests and are willing to treat PLWH onsite. The clinics selected as a part of this partnership must not be involved in outside projects focused on building the capacity of their providers or their organizational system to provide HIV care.

Applicants must propose a training approach that is likely to result in an ability to transform clinical practice and build the capacity of a clinic to provide quality HIV care. Clinics identified

should be based on the ability of the project to increase access to care in a community with demonstrated need. The applicant should strongly consider assisting clinics work towards the goals of becoming certifiable as a patient-centered medical home, which includes the components of enhancing access to care, management of patient populations, care coordination, self-care, team-based care, and quality management.

**Data Requirements:** Applicants must describe their ability to access and use clinical and support services data, including U.S. Department of Health and Human Services (HHS) Common HIV Indicators<sup>23</sup> and the HAB performance measures.<sup>24</sup> These measure concepts are consistent both with the Institute of Medicine’s recommendations for monitoring HIV services<sup>25</sup> and indicators endorsed by the National Quality Forum (NQF). The AETC National Evaluation Center will serve as the lead and coordinate the measures to be used in the cross-AETC evaluation plan for this project. All data to be collected must be electronically maintained and electronically transferable to the AETC NEC’s web-based data collection system.

Applicants should describe the following elements of this project:

- Describe the process by which participating clinical sites will be recruited.
- Describe the training resources, including self-learning and instructor-dependent materials, available to be used in this project.
- Describe the methods that will be used to maintain a longitudinal relationship with participating clinical sites over the 4-year project period.
- Describe the evaluation methods to be used for this project, including baseline assessment of clinical indicators along the HIV Care Continuum, as defined by the National HIV/AIDS Strategy and the HHS Common HIV Indicators. HAB performance measures may also be used.
- Include letters of support and/or memoranda of understanding from participating clinical sites. Sites should not be participating in the Partnerships for Care project, SPNS System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings project,<sup>26</sup> or any other ongoing HHS-funded activity that is specifically designed to increase HIV care capacity at the site.

### **HIV Interprofessional Education (IPE) Project**

Please describe how your organization will design and implement the HIV Interprofessional Education Project, with the required elements described below. The description should include information on selection of educational institutions, recruitment and retention of trainees, curriculum development and evaluation of the project’s effectiveness.

Each Regional AETC will be required to develop, at a minimum, one interprofessional education (IPE) program over the entire project period to meet the following desired outcomes: 1) Health

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<sup>23</sup> Department of Health and Human Services. “Secretary Sebelius Approves Indicators for Monitoring HHS-Funded HIV Services.” August 8, 2012. Available from: <http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html>

<sup>24</sup> See <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>

<sup>25</sup> Institute of Medicine. *Monitoring HIV Care in the United States - Indicators and Data Systems*. March 15, 2012. Washington, DC: The National Academies Press. Available from: [http://www.nap.edu/catalog.php?record\\_id=13225](http://www.nap.edu/catalog.php?record_id=13225)

<sup>26</sup> SPNS System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings, [http://hab.hrsa.gov/abouthab/special/spns\\_workforce.html](http://hab.hrsa.gov/abouthab/special/spns_workforce.html), accessed October 20, 2014.

care practitioners able to provide for the diagnosis, care and treatment of PLWH as part of a interprofessional health care team and; 2) Health care professionals who understand their individual professional role and that of other health professionals in the health care team specifically with regard to the diagnosis, treatment, and prevention of HIV disease. It is at the discretion of the applicant to determine whether this activity will be completed by a regional partner or at the central office.

Applicants must partner with accredited schools of, and graduate departments or programs of, medicine, nursing, and pharmacy. Partners may also include but are not limited to accredited schools of, and graduate departments or programs of, dentistry, behavioral health, social work, public health, and allied health. IPE programs developed must, at a minimum, incorporate hands-on clinical learning opportunities and provide opportunities for students and faculty to reflect on various learning activities. Programs may also include integrated didactic coursework and service learning activities. The regional AETCs' role is to support the faculties of these schools in this work; the AETCs should not directly train students of schools. Students who complete the interprofessional education program are encouraged to obtain HIV-focused professional certification, if available for their profession. All students involved in the project through the various programs must demonstrate IPE competencies as recommended by the Interprofessional Education Collaborative.<sup>27</sup> The AETCs should measure the success of this program by assessing the proportion of students that provide HIV care upon completion of the program.

Applicants must demonstrate the following:

- Commitment, in the form of a memorandum of agreement or understanding, from accredited schools of, and graduate departments or programs of medicine, nursing, and pharmacy as well as with any other programs with whom they may partner;
- Ability to perform curriculum mapping;
- Infrastructure in place to implement an interprofessional education program which includes faculty from various health professions as well as administrative support; and
- Letters of support from community partners that will provide clinical opportunities utilizing the diverse health professions being targeted through this program.

Year 1 of this special project should include planning with the committed schools/departments/programs and strategizing the collaborative and interprofessional approach for the development of an HIV interprofessional education program. Implementation of the HIV IPE program may begin as early as Year 1. Year 1 should also include the development of an evaluation plan that will measure the program's success in meeting the outcomes identified above. Years 2-4 should be focused on the implementation of the HIV IPE Project with continuous quality improvement integrated throughout. While program evaluation is expected throughout the project, the last year of the HIV IPE project should be devoted to the analysis of data collected and an evaluation of the overall project.

### **CDC Expanded HIV Testing for Disproportionately Affected Populations<sup>28</sup>**

Applicants are expected to apply for funds to assist health care facilities implement routine HIV testing in accordance with CDC's HIV Testing Recommendations in their geographic areas. As

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<sup>27</sup> Core Competencies for Interprofessional Collaborative Practice. (May, 2011). Retrieved from:

<http://www.aacn.nche.edu/education-resources/IPECReport.pdf>

<sup>28</sup> CDC. Expanded Testing Initiative, <http://www.cdc.gov/hiv/policies/eti.html>, accessed September 26, 2014.

part of this special project include a description of how the AETC will meet the objectives and program expectations described below:

Recognizing changes in the scope and distribution of the HIV epidemic in the United States, CDC initiatives sought to make HIV testing a more routine part of medical care, on the same basis as other screening and diagnostic tests. In September 2006, the CDC released *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*.<sup>29</sup> In addition, in 2013, the United States Preventive Services Task Force supported universal screening for HIV among 15 to 65 year-olds.<sup>30</sup> These recommendations are intended for all health care providers in the public and private sectors working in a variety of health care settings. Training and technical assistance for this expanded audience of health care professionals is necessary to facilitate adoption of CDC's recommendations for expanded HIV screening in health-care settings.

Regional AETCs will be expected to provide training for clinical practitioners who are not primarily HIV care providers, especially those who are working in communities or clinical settings with populations disproportionately affected by HIV. These activities will be directed to the 34 health department jurisdictions funded under CDC's PS12-1201 Expanded HIV Testing Program, Category B to include: Alabama; Arizona; Atlanta, GA; Baltimore, MD; California; Chicago, IL; Colorado; Connecticut; District of Columbia; Florida; Georgia; Houston, TX; Illinois; Indiana; Los Angeles, CA; Louisiana; Maryland; Massachusetts; Michigan; Mississippi; Missouri; New Jersey; New York City; New York State; North Carolina; Ohio; Pennsylvania; Philadelphia, PA; Puerto Rico; San Francisco, CA; South Carolina; Tennessee; Texas; and Virginia.

Successful applicants will be required to report on training activities annually to HRSA and CDC.

- Describe how the applicant will work with health departments designated by CDC for this project.
- Describe training content and materials to be used in this project.
- Describe collection and reporting of data required by CDC.

### **Minority AIDS Initiative (MAI) Capacity Building**

Under this Regional AETC funding opportunity announcement, approximately 20% of the funds are being made available through the Minority AIDS Initiative (MAI), to support education, training, and technical assistance activities and programs aimed at building the capacity of minority patients and minority-serving health care professionals. Funds provided through the MAI are intended for innovative projects involving *training* of minority health care professionals and allied health care professionals and/or *capacity building* with community and/or faith-based clinical care organizations that target racial and ethnic minority adults, adolescents and children with HIV/AIDS (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians and Pacific Islanders in highly impacted communities (see

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<sup>29</sup> Branson BM et al. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-care Settings. *MMWR Recommendations and Reports*. September 22, 2006 / 55(RR14):1-17. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>, accessed October 10, 2014.

<sup>30</sup> United States Preventive Services Task Force, Screening for HIV, <http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm>, accessed July 18, 2014.

Section 2693(b)(2)(E) of the PHS Act). Note that while MAI funds are intended for innovative projects, they are not limited solely to new projects. MAI funds may be used to complement current activities involving training and/or capacity building that target racial and ethnic minorities. Funded applicants will be responsible for tracking how MAI funds are spent and report accordingly.

Historically, the AETC programs have targeted health care providers for highly impacted populations including racial and ethnic minorities. Applicants are invited to develop special projects targeting these communities including innovative treatment and care capacity building projects. Examples of past projects include the U.S.-Mexico Border AETC Steering Team (UMBAST) and special training for HIV providers who serve American Indian/Alaska Natives populations. Future efforts may include continued innovation of previous projects or new projects; it is recommended that new proposals strongly consider the goals of the National HIV/AIDS Strategy and the HIV Care Continuum Initiative..

In addition to the collection of standard AETC data (see Evaluation section below), and other measures identified by the AETC NEC, successful applicants will be required to include the following performance measures in their evaluation of MAI efforts:

- Number of clinical and program staff who are provided HIV-related training through the MAI funds in one or more of the following areas: (1) HIV testing and risk counseling; (2) patient navigation and medical case management; (3) adherence assessment and counseling; (4) alternative models for delivering HIV care (task shifting, telemedicine, emerging technologies, etc.); or (5) cultural competency (racial/ethnic, gender, and sexual orientation).
- Number of community-based and faith-based organizations that adopt new or enhanced organizational policies, programs, or protocols in one or more of the following capacity building areas: (1) targeting HIV testing in community settings; (2) increasing the rate of receipt of HIV test results; (3) improving active linkage to, or re-engagement in, care for infected clients; and (4) facilitating effective patient navigation that improves retention in continuous care.

### **U.S.-Mexico Border AETC Steering Team (UMBAST)**

Regional AETC applicants whose areas include California, Arizona, New Mexico, and Texas (Pacific AETC and South Central AETC) should develop activities to support HIV education and training of clinical providers, outreach workers, *promotores* (health promoters), and medical case managers along the U.S.-Mexico border. Projects may be designed to complement other activities of the Regional AETC or as stand alone activities. Activities should support the work of the U.S.-Mexico Border Health Commission (<http://www.borderhealth.org/index.php>), which is an agreement between the U.S. Department of Health and Human Services and the Secretary of Health of Mexico. Pacific AETC and South Central AETC will need to work together to share strategies and best practices for implementation along the U.S.-Mexico border. Applicants who choose to be considered for this funding should include it as an attachment to this application.

### **Optional: Training for American Indian/Alaska Native (AI/AN) health care providers:**

Funds may become available to Regional AETCs awardees for targeted education and training to expand the HIV/AIDS treatment capacity of professional and paraprofessional health and social service providers caring for American Indian/Alaska Native people on reservations, in rural areas, Indian Health Service (IHS)-funded clinical care sites, tribally-managed health care

hospitals and clinics, and urban Indian centers in small towns and cities. Current projects under consideration include collaborating with the IHS to have the AETCs train staff at targeted IHS clinical sites to implement the CDC 2006 HIV Testing Recommendations.<sup>31</sup> Additional training activities related to on-site HIV training of providers serving the AI/AN population will also be considered. Applicants who choose to be considered for this funding should include it as a separate component of this application.

### **Marketing**

Describe the development and implementation of a plan to market the services of the AETC throughout the region, particularly to health care professionals in community-based organizations, interprofessional health care teams, minority populations, correctional facilities, serving minority populations, and in rural settings. Target professional organizations that represent the target audience. Discuss both regional and local approaches and collaboration with the NCRC. Describe the methods, data, audiences, and materials that will be used.

### **Continuing Education Credits**

Describe the mechanism proposed to provide continuing education credits for various health care professionals receiving education and training.

### **Quality Management**

Please describe your organization's quality management plan, which should include quality management infrastructure; the performance measures used to assess implementation, efficiency, and impact; and quality improvement activities to be undertaken. Describe how the plan will:

- Identify staff roles and responsible for the quality management activities
- Monitor program staff and measure and track program goals, objectives and activities, especially those outlined in the approved work plan and deliver technical assistance to local partners as needed.
- Ensure the education and training activities reflect the needs of the population to be trained; are delivered in an effective manner; are reflective of the current knowledge base; are acceptable at the trainee level; and incorporate adult learning principles.
- Ensure that the training is culturally competent and consistent with DHHS treatment guidelines and evidence-based practices in HIV care, treatment, and prevention methods, including co-morbidities, and are rapidly disseminated to trainees at the community level.
- Ensure that trainers' performances are evaluated, and that results are analyzed and used to make improvements.
- Use performance data to continually improve administrative, fiscal, training, and technical assistance components of the program.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)*

Describe the activities or steps that will be used to achieve each of the action steps proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff.

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<sup>31</sup> Branson BM et al. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-care Settings. *MMWR Recommendations and Reports*. September 22, 2006 / 55(RR14);1-17. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>, accessed October 10, 2014.

The work plan should include goals for the program and must identify objectives and action steps that are SMART (specific, measurable, achievable, realistic, and time measurable). The work plan should consist of goals and objectives that support the need for the service, key action steps, targeted completion dates, responsible person(s), evaluation tools/measurable outcomes, and status (this column would be completed in the future). Include appropriate milestones, any materials/products to be developed, and projected number of trainings by topic and training level, and their relationship to the knowledge and skills gaps identified in the needs assessment. Indicate the target completion dates for major activities, and specify the entity/group or person responsible for implementing and completing each activity and the expected outcome measures/tools to show that the goals and objectives will be achieved. Outcome measures should include indicators of success along the HIV Care Continuum and in meeting the goals of the NHAS and, when applicable, MAI. The work plan should relate to the needs previously identified in the needs assessment and closely correspond to the activities described in the program narrative. Note that activities of each regional partner are to be bundled and reflected in this Regional AETC Work Plan. The action steps are those activities that will be undertaken to implement the proposed project and provide a basis for evaluating the program.

**The applicant must include 4 years of work plans to cover goals, objectives and action steps proposed for the entire 4-year project period.** The work plan should clearly delineate the year in which each program activity takes place. Applicants should demonstrate that they will be able to establish their project and begin operations (including implementation of training activities) during the initial project year. The work plans can be included as attachments.

Applicant must submit a logic model for the design, management and evaluation of their project as Attachment 9. The logic model must demonstrate the connection between the program and the HIV Care Continuum as its long-term outcome. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements and the benefits or changes that result. It is the core of program planning, evaluation, program management and communications. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g. the mission or purpose of the program);
- Outcomes (i.e., short-term, intermediate, and long-term results of the program);
- Outputs (i.e. the direct products or deliverables of program activities and the targeted participants/populations to be reached);
- Activities (e.g., approach, key interventions, action steps, etc.); and
- Inputs (e.g., investments and other resources such as time, staff, money, etc.).
- Describe the number of trainees anticipated to be trained, by level of training, training site, and discipline.

Applicants should submit a logic model that describes the inputs, influential factors, outputs, and short-term and long-term outcomes as a means towards reaching the goals of the National HIV/AIDS Strategy and HIV Care Continuum. This logic model should be consistent with the work plan submitted with the application.

Additional information on developing logic models can be found at the following website: [http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic\\_model.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm). Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on

how to distinguish between a logic model and work plan can be found at the following website:  
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (Response)*

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges. Include in this discussion any special barriers to training and education identified among the targeted training audience(s) as well as any specific State and/or local legislation and regulations that may impact the implementation of activities outlined in the work plan.

*EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 (Evaluative Measures) and 5 (Resources/Capabilities)*

Describe how your organization will report data on training events and trainees to HRSA in accordance with the U.S. Office of Management and Budget regulations, by using the Participant Information Forms (PIF)<sup>32</sup> and the Event Record (ER) [note that these data collection instruments may be subject to change during the 4-year project period].<sup>33</sup>

- Describe how your organization will develop a standardized method to monitor and evaluate program activities, to ensure they meet the training needs in the region and maintain alignment with the National HIV/AIDS Strategy, HIV Care Continuum Initiative and Minority AIDS Initiative.
- Describe how your organization will ensure that HIV expertise is maintained among the faculty.
- Describe how your organization will ensure that the training materials are consistent with the most recent U.S. Department of Health and Human Services guidelines for the treatment of HIV.<sup>34</sup>
- Describe how your organization will deliver technical assistance to subgrantees as needed to ensure programmatic goals and objectives are accomplished.
- Describe how your organization will develop and implement a comprehensive evaluation plan to measure (annually and for the entire project period) the impact of education, training, and technical assistance activities on trainees' knowledge, skills and behaviors, increases in the HIV workforce, improved access to care in the community, clinical practice transformation, and patients' clinical outcomes. Describe how your organization will establish baseline data and measure process and outcome data, including the measures recommended in the HIV Care Continuum.<sup>35</sup>
- Provide evidence that the proposed data management/evaluation staff have demonstrated experience in conducting clinical quality improvement and data collection and have an understanding of Health Centers' Uniform Data System (UDS) and the Ryan White HIV/AIDS Program Services Report (RSR).
- Describe your organization's quality management plan, which should: (1) Be a systematic process with identified leadership, accountability, dedicated resources, and an infrastructure in place to implement the quality management program; (2) Use data to determine progress, efficiency, and impact toward selected outcomes; and (3) Be a

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<sup>32</sup> Participant Information Form (PIF) can be found on the AETC National Evaluation Center's website:  
<https://aetnec.ucsf.edu/evaluation-resources/participant-information-form-pif-english>

<sup>33</sup> Event Record form (ER) can be found on the AETC National Evaluation Center's website:  
<https://aetnec.ucsf.edu/evaluation-resources/event-record-er>

continuous process that is adaptive to change and that feeds back into the administrative, management, training and work plans of the program to ensure goals are being accomplished.

- Describe how your organization will identify training and educational development needs of faculty and staff of the proposed project.
  
- Specify the current experience, skills, and knowledge of the organization to:
  - Assess the education and training needs of health care professionals in the entire proposed service area.
  - Provide education, training and technical assistance in the areas of the competencies identified in this funding opportunity announcement: 1) Clinical Care; 2) Teamwork; and 3) Organizational Management and Systems Development.
  - Collaborate with the other organizations on planning, implementing and evaluating regional and national evaluation projects.
  - Ensure adherence to high quality administrative and fiscal management processes.
  - Describe the development and implementation of an evaluation plan to measure the IPE Project effectiveness which should include a process to track longitudinal training encounters over time for each trainee participating in multiple training events in a single year and over multiple years.
  
- Discuss any examples of previous projects that reflect the expertise of proposed staff, as well as proficiency in working collaboratively with other organizations to evaluate projects on a regional and national scale. Indicate how you will ensure your full participation in a multi-site evaluation, including the collection and reporting of relevant quantitative and qualitative process and outcome measures to the AETC NEC. Indicate how you will ensure your organization/institution's participation and collaboration with other AETC awardees in any focused studies proposed by the AETC NEC in
- Describe your plan to document the implementation of this program including each special projects identified as part of this application (i.e. Practice Transformation Project, HIV IPE Project, ). Describe the systems and processes that will support implementation of the program and its special projects, and how you will monitor these processes over time to assess progress towards the goals and objectives of the program and individual projects. Include descriptions of the inputs, key processes, and expected outcomes.
  
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 (Resources/Capabilities)*

### **Organizational Structure**

Please describe the mission of applicant organization and how the AETC Program fits within the scope of this mission. Provide an organizational chart.

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<sup>34</sup> HSS Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents. Department of Health and Human Services. Available from: <http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf>

<sup>35</sup> Office of National AIDS Policy. National HIV/AIDS Strategy - Improving outcomes: Accelerating progress along the HIV care continuum. ONAP, The White House, December 2013. Available from: [http://www.whitehouse.gov/sites/default/files/onap\\_nhas\\_improving\\_outcomes\\_dec\\_2013.pdf](http://www.whitehouse.gov/sites/default/files/onap_nhas_improving_outcomes_dec_2013.pdf)

Please describe your organizational structure with respect to strategic partnerships throughout the region, and include a description of the reporting relationships and rationale for the organizational structure. The policies and procedures related to the organization structure and governance are expected to be updated at least annually and as needed. Each Regional AETC central office will be expected to work closely with states, counties and cities in the region. This may be done by formal relationships with education and training sites (local partners) or another mechanism. Whatever the partnership model or mechanism used, the applicant must demonstrate that the education and training needs of the entire region, including each state/territory, will be adequately covered without duplication of effort, and that local partners' activities and expenditures will be monitored appropriately. The total number and nature of Local Partner relationships, should be reasonable, realistic, based upon on epidemiology and gaps in access to care, and demonstrate coordination without duplication of services. Local Partners must be included in strategic planning, local needs assessments, marketing and outreach, training, evaluation and quality improvement activities. In addition, Regional AETCs and their Local Partners must work with their local cities, states, and planning bodies related to HIV/AIDS service delivery in their region in order to plan for services that target gaps in access to care or outcomes.

Describe the process and rationale for determining funding distribution between the Regional AETC Central Office and Local Partners. State who will be involved in funding decisions and which data will be used to determine the funding amounts. The allocation and distribution of award funds to the local partners must be based on epidemiology and gaps in access to care. This expectation extends to all AETC funding, whether through Congressional appropriations or through Minority AIDS Initiative (MAI) funding.

### **Administrative and Fiscal Oversight**

Please describe the organization's capacity to administratively manage a federally-funded training program and past experience managing awards and contracts.

Please describe the proposed processes to be used by the awardee for oversight of and technical assistance for contractors' services.

Please describe the organization's capacity to fiscally manage a federally-funded training program, including the capacity to develop a standardized method to manage and monitor contracts and subcontracts.

### **Staffing**

Please describe the qualifications of the individuals selected for the required project positions listed below. All required staff should be located within the region. The Principal Investigator and Project Director positions may not be held by the same person.

- **Principal Investigator:** This individual should have the experience and ability to manage a federal award, provide oversight and direction to the program's activities, and leverage strategic partnerships within the region. S/He should have strong prior experience with HIV/AIDS prevention, care and treatment programs and provider training, to guide the conceptual framework and direction of the Regional AETC Program. S/he should provide leadership and visibility for the program among clinical and public health colleagues and organizations.
- **Project Director:** This individual should have the experience and ability to manage a federal award, provide oversight and direction to the program's activities, and ensure that

the day-to-day operations of the regional AETC are conducted well. S/He should have prior experience with HIV/AIDS prevention, care and treatment programs. The level of effort should range between 0.5 and 1.0 full-time equivalent (FTE).

- Clinical Director: This individual should have experience caring for people living with HIV, including prescribing antiretroviral therapy, and also with provider training. S/He should be able to develop and review training content. This individual should be a licensed physician. The level of effort should be at least 0.1 FTE.
- Fiscal representative: This individual should have the capacity to fiscally manage a federally-funded training program, including expertise in written agreements with outside entities such as subcontractors. Must include at minimum 0.25 FTE.
- Oral Health Director with recognized HIV oral health care expertise in the region to be responsible for overseeing regional oral health training. This individual should be a licensed dentist or oral surgeon;
- Evaluator with the knowledge, skills, and experience to oversee a multi-state evaluation plan. Must include at a minimum 0.10 FTE
- Data Manager with the knowledge, skills, and experience to assist in the collection and reporting of data. Must include at a minimum 0.25 FTE

For applicants who choose to have Local Partners, please describe the qualifications of each Local Partner Director (required for each Local Partner). This individual should have the ability to manage receipt of funds from a federally funded award and should be involved, as requested, in activities planned by the Regional AETC Central Office. This individual should have prior experience in networking with service providers in the region, in order to form partnerships.

Please describe how the applicant's personnel and faculty reflects the diversity of health professions, including gender and racial/ethnicities existing among both trainees and patients in the training service area.

Please describe the strategy to identify, recruit and develop faculty for this project.

### **Content Expertise**

Please describe the organizational expertise (Regional AETC central office and local partners) in the required topics listed below. Applicants should state which entity possesses the expertise in each of these areas. A matrix or table may be helpful to organize this section. Regional AETCs will be expected to maintain high levels of expertise in HIV clinical service and social support resources, and keep current with cutting edge knowledge of comprehensive clinical treatment for HIV. Applicants who possess this expertise will receive higher scores.

- Diagnosis and clinical management of people living with HIV;
- HHS Antiretroviral Treatment Guidelines (<http://aidsinfo.nih.gov/>);
- HIV prevention;
- Vaccinations for people living with HIV;
- Cultural competency;
- Curriculum development for adult education and training programs for health professionals;
- Interprofessional health care teams;
- Organizational change management;
- Practice Transformation

- Health care delivery systems (including but not limited to care coordination, billing and coding, etc.).
- Health Information Technology
- The health care environment in their region, with an emphasis on services for the medically underserved, including mental health and substance abuse services.
- Oral health conditions of people living with HIV;
- Special expertise in pediatric, adolescent, and perinatal HIV;
- HIV pharmacology;
- Hepatitis B / HIV coinfection;
- Hepatitis C / HIV coinfection;
- Tuberculosis;
- Reproductive health;
- Substance abuse diagnosis and treatment;
- Mental illness diagnosis and treatment;
- Interprofessional education and collaborative practice;
- National HIV/AIDS Strategy;
- HIV Care Continuum;
- Affordable Care Act (at the state and national levels);
- Health care provider competencies for HIV care;

In order to maintain expertise, it is appropriate to utilize AETC funds to ensure that the AETC regional faculty receives ongoing training to support their work within the AETC. This may include training on the latest developments in the clinical treatment of HIV/AIDS, cultural competency, innovative models of capacity building, adult education theory, and interactive training techniques. Note that training supported by this program should not supplant training the individual would or is expected to receive as part of his/her regular duties.

### **Governance**

Please describe the governance structure for the applicant organization. Each Regional AETC is required to form a Steering Committee, which will provide oversight and leadership. This diverse body should be composed of AETC awardee staff, representatives of the regional partners, key contractors, AETC evaluation staff, consumers from the training target audience including health care professionals, community health centers, RWHAP-funded clinics, etc.), medical and education/training advisors, and someone who can represent people living with HIV. This body should have clearly defined roles, responsibilities, and authority, including significant input into program direction and budgetary decisions, and should meet at least annually. The regional AETC should report recommendations of the Steering Committee to HRSA.

### **Key Collaborations**

Describe how your organization will work collaboratively and partner with other Regional and National AETC awardees:

- Describe how your organization will work with the **AETC National Coordinating Resource Center (NCRC)**. Regional AETCs must work closely with the NCRC to support development of national HIV provider competencies, curricula, dissemination of training materials, and marketing. Funding for the AETC NCRC is being made available under a separate announcement (HRSA-15-033). Applicants should carefully review the funding opportunity announcement for the AETC NCRC to better understand the

importance of the collaboration that will be required. Regional AETCs may also participate in the NCRC advisory board.

- Describe how your organization will work with the **AETC National Evaluation Center (NEC)**. Regional AETCs must work closely with the NEC to support data collection, analysis and evaluation activities.
- Describe how your organization will work with the **AETC National Clinicians' Consultation Center (NCCC)**. Regional AETCs should utilize the resources of the NCCC on complex clinical consultations, pre- and post-exposure prophylaxis, and prevention of perinatal HIV transmission. Collaboration may also include participation in its advisory board.

Describe how the applicant organization will work collaboratively with the other Federal training centers, such as through participation in the Federal Training Centers Collaborative (FTCC).<sup>36</sup>

The programs and their corresponding federal agencies include:

- Regional [and](#) National AIDS Education and Training Centers (Health Resources and Services Administration),
- Addiction Technology Transfer Centers (Substance Abuse and Mental Health Services Administration);
- HIV/STD Prevention Training Centers (Centers for Disease Control and Prevention);
- TB Regional Training and Medical Consultation Centers (Centers for Disease Control and Prevention);
- Title X National Training Centers (Office of Population Affairs); and
- Viral Hepatitis Education and Training Projects (Centers for Disease Control and Prevention).

Describe how your organization will work with other HRSA- and HAB-supported programs, including the following:

- [Telehealth Resource Centers](#) (TRC)<sup>37</sup> are HRSA-funded programs with the purpose of providing technical assistance to health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations.
- [TARGET Center \(https://careacttarget.org/\)](https://careacttarget.org/) and other HRSA-funded websites provide resources to the entire RWHAP community. Regional AETCs should seek resources available on these website to avoid duplication of effort.
- National Quality Center (<http://nationalqualitycenter.org/>)
- RWHAP planning bodies and RWHAP awardees
- Local community based organizations (CBOs)
- AIDS Service Organizations (ASOs)
- State Primary Health Care Associations and State Primary Care Offices
- Community Health Centers (CHCs)
- Rural Health Centers
- Local academic institutions including Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and Tribal Colleges and Universities (TCUs).
- HRSA and HHS Regional Offices

<sup>36</sup> Federal Training Centers Collaborative, <http://nnptc.org/ftcc/>, accessed October 20, 2014.

<sup>37</sup> Telehealth Resources Center, <http://www.telehealthresourcecenter.org/>, accessed September 24, 2014.

### **iii. Budget**

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a grant-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement.

See Section 4.1.iv of HRSA's [\*SF-424 Application Guide\*](#). In addition, the AIDS Education and Training Centers Program requires the following:

Please complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form included with the application kit for each year of the project period. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application, for each of the budget components, including the AETC base, MAI, and each special project.

Program-specific line item budget: In addition to these requirements, the Regional AETC program requires a detailed budget for AETC base award, MAI Capacity Building, and each sub- project (Practice Transformation Project, HIV IPE Project, U.S.-Mexico AETC Steering Team, CDC Expanded Testing Initiative) for each of the four years. NOTE: It is recommended that the budgets be converted or scanned inot a PDF format for submission. Do not submit Excel spreadsheets. It is recommended that the program-specific line item budget be submitted in table format. The budget should be separated into columns for source of funds (AETC base appropriation, MAI, CDC, etc. and further separated into columns for )administrative and training costs,for each of these sources of funding. Include a final column with program totals for each row and column. Funding to be provided to each contracted education and training sites (local partners) must be include in the line item budget. If a Local Partner is located in the same institution as the Central Office, ensure that the budget clearly delineates Central Office costs from Local Partner costs. These stratified budgets must be included as Attachment 8. Please note that applicants should allocate at least 40% of their budget to the Practice Transformation Project and at least 10% to the HIV IPE Project. Applicants should also allocate 20% of the proposed budget to MAI activities.

The administrative budget should reflect all costs borne by the awardee and its local partners in its role as the administrator of the regional AETC award. The administrative budget does not include the costs associated with the education and training function performed by the awardee within its region. Examples of administrative costs may include:

- Personnel costs, fringe benefits, and proportion of full time equivalent of staff members responsible for the management of the project, such as the Principal Investigator, Project Director, or Project Coordinator. In-kind staff effort should be included.
- Portion of staff salaries spent on supervision activities, project management, technical assistance to contractors, or data collection. Secretarial or clerical support designated specifically for coordination/administrative tasks. NOTE: The salaries for staff that

perform both administrative and direct training functions should be split and allocated between both budgets.

- Portion of rent, utilities, telephone, other facility support costs, supplies, and insurance which represent the proportion of administrative activities performed by the awardee.
- Indirect costs based on the listed direct costs for this activity. (See below for instructions relating to indirect costs.)
- Travel, meeting, mailing, and other costs associated with administration/coordination of the regional AETCs program. Awardee must include in their administration costs the following required travel:
  - Attendance at an in-person AETC awardee meeting in year 2 and year 4.
  - Attendance at annual Regional AETC Reverse Site Visit in the Washington, D.C., area for at least two staff members, including the Project Director.
- Enter amount for trainee travel essential to the conduct of the proposed projects. List the training to be accomplished, the number of trips involved, the destinations and the number of individuals for whom funds are requested.
- The training budget should reflect all costs associated with the education and training activities performed by both the awardee and by contractors. This includes the portion of staff salaries dedicated to development and implementation of training events and activities.

*Indirect Costs:* Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. This cap applies to all awardees regardless of the applicant's negotiated cost rate approved by a recognized federal agency. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subawards and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation. Indirect costs paid to the awardee on subcontracts are limited to the first \$25,000 of each contract over the entire four year award period. Direct costs included in the Administrative budget are not considered indirect costs.

The Consolidated Appropriations Act, 2014, Division H, § 203, (P.L. 113-76) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in FY 2015, as required by law.

Please note that all program income generated must be used for approved project activities.

***iv. Budget Justification Narrative***

See Section 4.1.v. of HRSA's [SF-424 Application Guide](#). In addition, the AIDS Education and Training Centers Program requires the following:

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. For subsequent budget years, the budget justification narrative should include only information which differs from year one or clearly indicate that there are no

substantive budget changes during the project period. The budget justification must be concise. Do not use the justification to expand the project narrative.

State proposed and likely future sources of in-kind financial resources, and identify what mechanisms will be used to track these resources as part of the overall program budget.

**v. Attachments**

Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Work Plan*

Attach the Work Plan for the project that includes all information detailed in **Section IV. i. Project Narrative**. The program work plan should include administrative, fiscal, and programmatic activities. The work plan should include clearly written (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; (4) staff responsible for each action step (including consultants); and (5) anticipated dates of completion. The work plan should relate to the needs previously identified in the needs assessment and closely correspond to the activities described in the program narrative. The action steps are those activities that will be undertaken to implement the proposed project and should provide a basis for evaluating the program along the lines of the HIV Care Continuum, NHAS, and MAI (when applicable). Please note that goals for the work plan are to be written for the entire four-year award period, but objectives and action steps are required only for the goals set for Year 1. At the end of the first year, a revised work plan and budget will be submitted as part of the non-competing continuation application. For the initial project period, applicants seeking to establish a new regional AETC should build in time to adequately develop the program.

*Attachment 2: Position Descriptions for Key Personnel (see Section 4.1. of the HRSA's [SF-424 Application Guide](#))*

Keep each position description to one page in length as much as is possible. Include position descriptions that describe the roles, responsibilities, and qualifications for proposed project staff. Include, at a minimum the following key personnel: Principal Investigator, Project Director, Fiscal representative/officer, Medical Director, Dental Director, Evaluator, Data Manager, and a sample position for the project lead position at a regional partner site.

*Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

*Attachment 4: Signed and Dated Letters of Support, Memoranda of Agreement or Understanding, and Summary Descriptions of Proposed and Existing Contracts*

Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the

subcontractors and their anticipated contractual scopes of work. Letters of support and memoranda of agreement or understanding should be specific in indicating a commitment to the proposed project and detail in-kind services, staff, space, equipment, etc.

*Attachment 5: Project Organizational Chart*

Provide an organizational chart of the proposed project which depicts both the central office staffing and the contracted education and training sites and their staffing. Include both project staff and consultants.

*Attachment 6: Projected number of trainees*

**Provide the following in table format:**

- 1) Projected number of health professionals (i.e. trainees) to be trained by training modality and location.
- 2) Projected number of health professionals to be trained by training modality and discipline.
- 3) Projected number of health service sites to be targeted for expanding access to HIV care or training by subsite.

*Attachment 7: Request for Funding Preference*

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2](#).

*Attachment 8: Line Item Budgets Spreadsheet for Years 1 through 4*

In addition to the SF-424A form, submit separate line item budgets for each year of the proposed project period as a single table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate. Excel spreadsheets are strongly preferred.

*Attachment 9: Logic Model*

Applicants should submit a logic model that describes the inputs, influential factors, outputs, and short-term and long-term outcomes as a means towards reaching the goals of the National HIV/AIDS Strategy and HIV Care Continuum. This logic model should be consistent with the work plan submitted with the application. More detail on logic models can be found in section VII of this announcement.

*Attachments 10 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is *March 6, 2015 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s SF-424 Application Guide for additional information.

#### 4. Intergovernmental Review

The Regional AIDS Education and Training Centers is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

#### 5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than the amounts stipulated in section II.2 per year.

<b>Regional AETC Name</b>	<b>Alignment with HHS Regions</b>	<b>States Included in Regional AETC area</b>	<b>Funding ceiling</b>
<b>New England AETC</b>	Region 1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	\$2,500,000
<b>Northeast/Caribbean AETC</b>	Region 2	New York, New Jersey, Puerto Rico, U.S. Virgin Islands	\$4,300,000
<b>Mid-Atlantic AETC</b>	Region 3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	\$3,300,000
<b>Southeast AETC</b>	Region 4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	\$4,700,000
<b>Midwest AETC</b>	Region 5 and Region 7	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin	\$3,500,000
<b>South Central AETC</b>	Region 6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	\$3,600,000
<b>Frontier AETC</b>	Region 8 and Region 10	Alaska, Colorado, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	\$3,300,000

<b>Pacific AETC</b>	Region 9	Arizona, California, Hawai'i, Nevada, and the 6 U.S.-affiliated Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, Republic of Palau)	\$3,700,000
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Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

1. To supplant training and education activities which should be provided as part of the mission of a awardee or sub-awardee institution.
2. For international HIV/AIDS activities.
3. To supplant funds for educational efforts which should be supported by private industry or other public agencies.
4. Purchase of food whether for conferences or meetings, for meals, light refreshments, or beverages for Federal or non-Federal participants.
5. To provide individual continuing education credits to trainees.

The General Provisions in Division H, Title V of the Consolidated Appropriations Act, 2014 (P.L. 113-76), apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2015, as required by law.

AETCs are expected to leverage their resources to create enhanced training opportunities through partnerships and collaboration. All program income generated as a result of awarded funds must be used for approved project-related activities.

## **V. Application Review Information**

### **1. Review Criteria**

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The *Regional AIDS Education and Training Centers Program* has 6 review criteria:

*Criterion 1: NEED (15 points) – Corresponds to Section IV’s Introduction and Needs Assessment*

### **Introduction**

- Extent to which the applicant demonstrates an understanding of the HIV/AIDS epidemic and the HIV/AIDS service delivery systems in the localities and states in the proposed geographic region, including demographics on consumer and provider populations in the region, areas of unmet need for HIV/AIDS care and treatment, and impact of the Affordable Care Act on the states within the region.
- Extent to which the applicant demonstrates an understanding of the evolving HIV care and treatment options and associated challenges and its impact on the education and training needs of the proposed regions’ health care providers.
- Clarity of the applicant’s description of the problems and challenges associated with increasing HIV clinical care capacity in general and within their region.

### **Needs Assessment**

- Extent to which the applicant describes the gaps in access to quality HIV/AIDS health care and unmet service needs and their impact on the quality of the care to PLWH within the service area.
- Extent to which the applicant describes the current HIV care delivery systems and the HIV workforce shortages within the proposed region and the impact on health outcomes along the HIV Care Continuum.
- Extent to which the applicant demonstrates knowledge about current continuing education and training opportunities for health care providers within the proposed geographic region as well as their training needs and knowledge gaps related to the three areas of competency described in the FOA (clinical skills, teamwork, and organizational management and systems development).
- Extent to which the applicant demonstrates the ability to develop and perform a needs assessment of health care providers and interprofessional health care teams in the three competency areas described in the FOA (clinical skills, teamwork, and organizational management and systems development).
- Extent to which the applicant demonstrates collaboration with Part A and B grantees to target resources to areas identified as having worse health outcomes or less access to HIV medical care.
- Adequacy of proposed plans and mechanisms for updating needs assessment throughout the project period.
- Extent to which the applicant demonstrates the ability to develop a training and technical assistance (TA) plan based on data collected from the needs assessment that is also consistent with the most recent U.S. Department of Health and Human Services treatment guidelines for the treatment of HIV/AIDS and the interprofessional education (IPE) competencies as recommended by the Interprofessional Education Collaborative.
- Extent to which the applicant describes the longitudinal training and TA plans in alignment with National HIV/AIDS Strategy (NHAS) goals and HIV care along the HIV Continuum of Care.

- Extent to which the applicant identifies the training needs of HIV health care professionals working in hard-to-reach and/or high-risk communities, including correctional facilities and community health centers, in the proposed geographic area.
- Extent to which the applicant identifies the training needs of minority HIV health care professionals and minority-serving HIV health care professionals in their proposed geographic area .
- Extent to which the applicant identifies and assesses the need for clinical care training, faculty development, and/or interprofessional education and training in predominantly minority higher education institutions, with particular emphasis on Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Tribal Colleges and Universities (TCUs).
- Extent to which applicant assesses training needs within local, county, state public health programs, local AIDS service organizations, CBOs, health professional organizations, State Primary Care Associations, State Primary Care Offices, and academic institutions.
- Extent to which applicant assesses existing and/or potential students in the identified partner institutions to determine the desirability and acceptability of an HIV interprofessional education program.
- Extent to which applicant demonstrates an understanding of the issues related to strategic planning for system-level change; the methods for practice transformation that increase capacity in accordance with the goals of this funding opportunity announcement; and adherence to standardized or evidence-based quality metrics.

*Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges*

**Methodology**

- Extent to which the proposed plan provides real-time training and technical assistance to health care providers, allied health care professionals and support staff, and interprofessional health care teams, on prevention, care and treatment of HIV and related conditions, teamwork, and organizational management and systems development.
- Extent to which the applicant describes the Practice Transformation project to improve patient outcomes along the continuum by integrating principles of the medical home model, patient centered care, and integrated HIV care and behavioral health services.
- Extent to which the applicant demonstrates the ability to educate, train and provide technical assistance (TA) to interprofessional health care teams that is consistent with the most recent U.S. Department of Health and Human Services treatment guidelines for the treatment of HIV/AIDS.
- Extent to which the proposed plan is likely to positively impact on minority HIV health care professionals and minority-serving HIV health care professionals.
- Extent to which proposed plan demonstrates a commitment to provide ongoing support and follow up training and consultation to health care professionals, including how updated information will be disseminated.
- Appropriateness of training and education methods selected for the target populations, topics identified with an emphasis on methods that will most likely result in an increase in knowledge and skills and positive change in behaviors and practices of health care professionals to improve patient outcomes along the HIV Care Continuum.

- Extent to which applicant demonstrates the use of innovative training techniques to engage rural or isolated health care professionals and a discussion of your region's distance learning capabilities
- Extent to which that the training and TA plan incorporates adult learning principles.
- Extent to which plans for training are practical and reflect geographical, cultural and service system barriers for trainees and their patient populations.
- Extent to which the activities described in the application meet the requirements of the Minority AIDS Initiative.
- For applicants for the Pacific AETC and South Central AETC: Extent to which the activities described in the application meet the training and TA needs of HIV health care professionals working along the U.S.-Mexico border.
- Extent to which the applicant trains on universal HIV testing, as per the CDC Expanded Testing Initiative expectation.
- Extent to which the applicant describes how the organization will disseminate best practices from the Special Projects of National Significance.

### **Marketing Plan**

- Appropriateness of applicant's plan to market their services to their target audience within their proposed geographic region at the regional, state and local level.
- Extent to which proposed marketing plan will reach novice health care professionals in community-based organizations, interprofessional health care teams, in correctional facilities, serving minority populations, and in rural settings.
- Extent to which the proposed marketing plan will reach current HIV health care professionals who practice in a variety of care settings, including community health centers, correctional facilities, minority-serving settings, and rural environments.

### **Work Plan**

- Strength, clarity and feasibility of the applicant's work plan and its goals over the entire project period.
- Extent to which the applicant's work plan addresses the identified needs and program activities the applicant described in Section IV.
- Extent to which work plan is realistic and contains objectives that are specific, measurable, achievable, relevant, and time-bound (SMART) to implement the proposed project
- Extent to which objectives are aligned with the goals of the NHAS and MAI (when applicable) and integrates the HIV Care Continuum as indicators of success.
- If applicant is establishing an AETC Program for the first time, extent to which work plan adequately builds in time to develop the program.

### **Resolution of Challenges**

- Extent to which the applicant identifies possible challenges that are likely to be encountered during the planning and implementation of the project described in the work plan.
- Extent to which the applicant identifies realistic and appropriate responses to be used to resolve those challenges.
- Strength and clarity of the applicant's description of anticipated technical assistance needs in the design, implementation and evaluation of its project, to be used in resolution of challenges

*Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity*

- Strength and clarity of the applicant’s description of the quality management plan; how the QM process will be used to modify and/or tailor AETC administrative, fiscal, and programmatic components; and extent to which applicant identified performance measures/indicators to be used as part of the quality management plan.
- Extent to which the quality management plan includes monitoring staff and subcontractors, measures and tracks goals and objectives over the whole project period, ensures education/training/TA activities are effective and consistent with DHHS treatment guidelines, and are culturally competent.
- Strength and feasibility of the applicant’s plan to document the implementation of the program activities described in this application
- Adequacy of the evaluation plan presented, to measure, monitor, and evaluate the impact of the program on clinical practice and organizational systems.
- Evidence of the applicant’s ability to evaluate whether and how the trainings offered are meeting the needs in the region and improving patient outcomes along the HIV Care Continuum.
- Extent to which applicant’s proposed data management/evaluation staff have demonstrated experience in:
  - Conducting clinical quality improvement and/or data collection and have an understanding of Health Centers’ Uniform Data System (UDS) and the Ryan White HIV/AIDS Program Services Report (RSR);
  - Assessing the education and training needs of health care professionals and health care organizations and;
  - Assessing the impact of program training, education and technical assistance on the knowledge, skills, and behavioral and practices of health care professionals.
- Evidence of the applicant’s intent to use the HIV Care Continuum measures described in this announcement.
- Extent of the applicant’s current ability to access and use clinical and support services data clinical and support services data, including U.S. Department of Health and Human Services (HHS) Common HIV Indicators<sup>38</sup> and the HAB performance measures.
- Adequacy of the organizations’ capacity to, manage, collect, utilize and report program data which captures educational and training program information and individual participant information from all project funded activities including ability to track longitudinal training encounters per trainee.
- Evidence of the applicant’s willingness to fully participate in a multi-site evaluation, including the collection and reporting of relevant quantitative and qualitative process and outcome measures to the AETC NEC.
- Evidence of applicant’s electronic database to collect data and electronically transfer data.
- Adequacy of the program evaluation plan to assess education and training activities to ensure that they are appropriate, effective, reflective of the current knowledge base, and incorporate and incorporate adult learning principles.

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<sup>38</sup> Department of Health and Human Services. “Secretary Sebelius Approves Indicators for Monitoring HHS-Funded HIV Services.” August 8, 2012. Available from: <http://blog.aids.gov/2012/08/secretary-sebelius-approves-indicators-for-monitoring-hhs-funded-hiv-services.html>

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan*

- Extent to which applicant demonstrates that the entire region is adequately covered and meets the needs of each state/territory within the region.
- Extent to which the proposed training will likely impact minority HIV health care professionals and minority-serving HIV health care professionals, and their ability to increase access to high quality HIV care for high risk minority and underserved patient populations.
- Extent to which logic model is able to connect program activities to the HIV Care Continuum.
- The extent to which project will increase HIV clinical service capacity in the proposed geographic region.
- Extent to which training and education strengthens service delivery linkages for health care professionals and their patients.
- Extent to which training, education, and technical assistance proposed will meet the goals of the NHAS and are aligned with the HIV Care Continuum.
- Extent to which some training is planned and conducted in collaboration with other FTCs.
- Extent to which CHC partners identified for the Practice Transformation Project will increase capacity and access to care in an area of demonstrated need.
- Extent to which training approach proposed for the Practice Transformation Project will result in a transformed clinical practice and build the capacity of the partner CHCs to provide HIV care.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity, Organizational Information, Budget, and Budget Justification Narrative.*

**Content expertise within the Regional AETC**

- Extent to which the applicant demonstrates content expertise as described in Section IV.
- Extent to which key staff identified meet the minimum requirements stated in Section IV.
- Extent to which applicant has extensive experience in the field of adult training and education for health care providers, allied health care professionals, ancillary support staff, adult learning theory, curriculum development, and organizational change.
- Extent to which applicant demonstrate experience, skills, and knowledge in the diagnosis, treatment and prevention of HIV disease, interprofessional practice and education, organizational management, and systems development..
- Extent to which applicant demonstrates expertise and capacity to support the HIV/AIDS training and education needs across the entire region identified.
- Extent to which applicant demonstrates the Clinical Director is a physician with extensive experience managing PLWH and will be involved in program planning and curriculum development.
- Extent to which applicant demonstrates the capacity to incorporate new treatment information into education and training activities, including rapid dissemination of late-breaking scientific findings and updates to the HHS Antiretroviral treatment guidelines.

**Collaboration**

- Strength and clarity of the applicant’s description of its plans for ongoing linkages and coordination with other RWHAP-funded HIV care sites in the proposed geographic region.
- Strength, clarity and feasibility of applicant’s proposed plan to partner with accredited schools of, and graduate departments or programs of, medicine, nursing, and pharmacy to develop collaborative and interprofessional approaches for the development of an HIV interprofessional education program. Special consideration should be given to those applicants that are able to increase interprofessional collaboration by including accredited schools of, and graduate departments or programs of, dentistry, behavioral health, social work, public health, and allied health.
- Adequacy of description, or plans to engage HBCUs, HSIs, TCUs and other minority training institutions for clinical care training, interprofessional education and collaboration, and AETC faculty development.
- Strength, clarity, and feasibility of the applicant’s description of its plans for linkages with local, county, state public health programs, local AIDS service organizations, CBOs, health professional organizations, State Primary Care Associations, State Primary Care Offices, and academic institutions.
- Adequacy of description, or plans for coordination with the several components of the AETC Network (e.g. other Regional AETCs, NCRC, CCC, and NEC).
- Applicant demonstrates experience with developing partnerships and collaborating to provide education, training and technical assistance.
- Evidence of the applicant’s intent to partner with CHCs to implement the Practice Transformation Project.
- Extent to which CHCs identified by the applicant as a partner to implement the Practice Transformation Project.is interested in providing HIV care onsite.
- Evidence of commitment from accredited schools of, and graduate departments or programs of medicine, nursing, and pharmacy as well as with any other programs with whom they may partner;
- Extent to which education, training, and TA plan demonstrates coordination with available training resources, including coordination with other awardees of the AETC Program and other federally-funded training programs.

### **Project Management and Governance**

- Overall capability and experience of the applicant organization to provide education, training, and technical assistance to health care providers, allied health care professionals, ancillary support staff, direct care organizations, and accredited colleges and universities.
- Applicant organization or key staff demonstrated past success with developing and implementing similar programs or populations (i.e. target audience to be trained) and managing awards, contracts, program expenditures, staff and subcontractor performance.
- Strength and clarity of the applicant’s description of the structure of the applicant organization and the proposed program.
- Extent to which applicant demonstrates organizational and staff expertise and leadership to address the administrative, fiscal and training components of the program.
- Ability to manage and monitor subcontractors and provide technical assistance.
- Adequacy of Steering Committee to provide guidance and oversight to the project, adequacy of description of roles and responsibilities and delineation of their functions, and adequacy of conflict of interest policies.

- Demonstrated commitment to an inclusive and regional process for project decision-making and governance.
- Feasibility of accomplishing the project in terms of 1) time frames, 2) adequacy, equity, and availability of resources (e.g., staffing, consultants, facilities, equipment) and 3) management work plan.
- Ability to administer direct, lead, and monitor a large federally funded training program award and provide adequate administrative and financial oversight of Federal resources.
- Extent to which the staffing and management plans, project organization, and other resources are: appropriate to implement all aspects of the proposed project; reflective of the diversity of the trainee populations, and sensitive to age, gender, race/ethnicity and other cultural factors related to the target population and the communities to be served.
- Extent to which the local partnership structure applicant proposes demonstrates adequate coverage of the entire proposed geographic region and meets the needs of each state/territory within the region.
- Strength and clarity of applicant's justification for the proposed regional partnership structure within their region and extent to which it demonstrates a lack of redundancy and is based on epidemiology and gaps in access to care. Extent to which applicant is able to demonstrate a formal standard operating procedure that outlines the relationship and expectations between the Central Office of the Regional AETC and their local partners.
- Extent to which applicant demonstrates an expertise either in the Central Office or through a subcontract in distance-based technology, information sharing, and dissemination.
- Evidence of a telehealth infrastructure to include access to state-of-the-art electronic and telehealth technologies with the existence of a broadband bandwidth, a secure network by which to broadcast videoconferencing, applicable hardware and equipment (e.g. webcams, microphones, speakers, monitors/screens, etc.), and videoconferencing software able to interoperate with any browser, computer, or mobile device.
- Evidence of an infrastructure in place to implement an interprofessional education program which includes faculty from various health and administrative professions;
- Ability to monitor, evaluate, and provide feedback on the achievement of program goals and objectives along the HIV Care Continuum and in meeting the goals of the NHAS and, when applicable, MAI, and to submit related semi-annual and annual progress reports.
- Ability to identify training and educational development needs of faculty and staff.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification*

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and appropriate to the proposed work plan and scope of work.
- The extent to which budget reflects a reasonable allocation of funds to administrative versus training/education costs.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- Evidence of adherence to the eight percent (8%) limit on indirect costs (applicants other than State, local, or Indian tribal governments).
- Evidence of adherence to the allocation guidelines provided in Section II and Section IV: 20% of the budget should reflect activities consistent with the Minority AIDS Initiative

- Evidence of adherence to the allocation guidelines provided under the Budget section: at least 40% of their budget to the Practice Transformation Project and at least 10% to the HIV IPE Project.
- Strength and clarity of the presented budget narrative in justifying each line item in relation to the goals and objectives of the project.
- Strength, clarity, and reasonableness of applicant's justification for the total number of local partners within their region and the allocation and distribution of award funds to the sites.
- Strength and clarity of the presented budget narrative in justifying and providing defined deliverables with all written agreements between the Regional AETCs and the local partners.
- Appropriateness of projected number of trainees by discipline, modality training, and training site as related to the budgeted cost per training; and the needs identified in the region.

## 2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

### Funding Preferences

This program provides a funding preference for some applicants as authorized by Section 2692 (42 U.S.C. §300ff-111) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. The funding factor will be determined by HRSA Staff. The law provides that a funding preference be granted to any qualified applicant that specifically requests the preference and meets the criteria for the preference as follows:

In making awards under paragraph (1), the Secretary shall give preference to qualified projects which will –

- (A) train, or result in the training of, health professionals who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting such disease;
- (B) train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease; and
- (C) train, or result in the training of, health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.

#### Qualification 1: Training of Minority Serving Health Professionals

An applicant may request funding preference if the proposed program: (A) trains, or results in the training of health professionals who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting such disease;

#### Qualification 2: Training of Minority Health Professionals

An applicant may request funding preference if the proposed program: trains, or result in the training of minority health professionals and minority allied health professionals to provide treatment for individuals with such disease;

#### Qualification 3: Training for Treatment of Hepatitis B or C Co-infection with HIV

An applicant may request funding preference if the proposed program: train or result in the training of health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected (with HIV) individuals.

### 3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2015.

## VI. Award Administration Information

### 1. Award Notices

The Notice of Award will be sent prior to the start date of July 1, 2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

### 3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

1) **Progress Report(s).** The awardee must submit a progress report to HRSA twice a year. This report includes awardee progress on program-specific goals and core performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

2) **Other required reports and/or products.**

*Participant Information and Event Record data report:* AETCs are expected to utilize and submit to HRSA the standard AETC data collection instruments; the Participant Information Form (PIF)<sup>39</sup> and the Event Record (ER) [note that these data collection instruments may be subject to change during the 4-year project period].<sup>40</sup>

Awardees must submit the Data Report on-line in the Electronic Handbooks (EHB) system at <https://grants.hrsa.gov/webexternal/home.asp> on an annual basis.

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<sup>39</sup> Participant Information Form (PIF) can be found on the AETC National Evaluation Center's website: <https://aetnec.ucsf.edu/evaluation-resources/participant-information-form-pif-english>

<sup>40</sup> Event Record form (ER) can be found on the AETC National Evaluation Center's website: <https://aetnec.ucsf.edu/evaluation-resources/event-record-er>

*Final Report:* A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goal and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks (EHB) system at <https://grants.hrsa.gov/webexternal/home.asp>.

*CDC Expanded Testing Initiative Data Reports:* Awardees who receive funds for the CDC Expanded Testing Initiative will be expected to report data on the activities related to this source of funds. The data to be reported will include the number, location, and description of training events, number of trainees, successes and challenges. Further details will be provided in the notice of award.

*Minority AIDS Initiative Report:* Awardees will be expected to report project activities related to the Minority AIDS Initiative. The data to be reported will include the number, location, and description of training events, number of trainees, successes and challenges. Further details will be provided in the notice of award.

## **VII. Agency Contacts**

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Karen Mayo, Grants Management Specialist  
Attn.: Regional AIDS Education and Training Centers Program  
HRSA Division of Grants Management Operations, OFAM  
Parklawn Building, Room 18-05  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-3555  
Fax: (301) 594-4073  
Email: [KMayo@hrsa.gov](mailto:KMayo@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Rupali Doshi, MD, MS  
Acting Branch Chief, HIV Education Branch  
Attn: Regional AIDS Education and Training Centers Program  
HIV/AIDS Bureau, HRSA  
Parklawn Building, Room 7-89  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-5313  
Fax: (301) 443-2697  
Email: [AETCmovingforward@hrsa.gov](mailto:AETCmovingforward@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center

Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)

E-mail: [support@grants.gov](mailto:support@grants.gov)

iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

E-mail: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## **VIII. Other Information**

Additional information on developing logic models can be found at the following website:

[http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic\\_model.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>

### **Technical Assistance Webinar**

All applicants are encouraged to participate in a technical assistance (TA) webinar/conference call for this funding opportunity. Participation in a pre-application TA webinar is optional. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. The pre-application webinar will be held:

January 15, 2015

1 PM – 2 PM Eastern Time

Teleconference number: 888-790-3102

Password: 8720613

Applicants can join the webinar via this weblink :

[https://hrsa.connectsolutions.com/rae\\_training\\_center/](https://hrsa.connectsolutions.com/rae_training_center/) Details regarding the pre-application webinar will also be posted on the TARGET Center website (<http://careacttarget.org/events>).

## **IX. Tips for Writing a Strong Application**

See Section 4.7 of HRSA's [\*SF-424 Application Guide\*](#).