

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



HIV/AIDS Bureau
Division of State HIV/AIDS Programs

AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF)

Funding Opportunity Number: HRSA-22-035
Funding Opportunity Type(s): New—Limited Competition
Assistance Listings (CFDA) Number: 93.917

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: October 25, 2021

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.*

Issuance Date: July 26, 2021

Susan Robilotto, D.O.
Director, Division of State HIV/AIDS Programs
Telephone: (301) 443-6554
Email: SRobilotto@hrsa.gov

Authority: 42 U.S.C. §§ 243(c) and 300ff-26 (§§ 311 (c) and 2616 of the Public Health Service Act).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF). The purpose of this program is to provide funding to states/territories to prevent, reduce, or eliminate ADAP waiting lists, including through cost-containment measures. Section 311 of Title III of the Public Health Service (PHS) Act authorizes the Secretary to utilize resources to control epidemics of any disease. These funds are to be used in conjunction with the Ryan White HIV/AIDS Program (RWHAP) Part B ADAP administered by the HRSA, HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP).

Funding Opportunity Title:	AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF)
Funding Opportunity Number:	HRSA-22-035
Due Date for Applications:	October 25, 2021
Anticipated Total Annual Available FY 2022 Funding:	\$75,000,000
Estimated Number and Type of Award(s):	Up to 25 grants
Estimated Award Amount:	Up to \$7,000,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	April 1, 2022 through March 31, 2023 (1 year)
Eligible Applicants:	All 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) 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 NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, August 18, 2021

Time: 3 p.m. – 4:30 p.m.

<https://hrsa-gov.zoomgov.com/j/1603212428?pwd=RExScWM4Y1RpWIVKdHZlbiVXSE1HUT09>

Meeting ID: 160 321 2428

Passcode: X09TA2021

One tap mobile

+16692545252,,1603212428#,,,,*946833435# US (San Jose)

+16468287666,,1603212428#,,,,*946833435# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

833 568 8864 US Toll-free

Meeting ID: 160 321 2428

Passcode: 946833435

Find your local number: <https://hrsa-gov.zoomgov.com/u/a2qlFlxlu>

HAB will record the TA webinar and make it available on the [TargetHIV](#) website.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE	1
2. BACKGROUND	1
II. AWARD INFORMATION	6
1. TYPE OF APPLICATION AND AWARD	6
2. SUMMARY OF FUNDING	6
III. ELIGIBILITY INFORMATION	7
1. ELIGIBLE APPLICANTS	7
2. COST SHARING/MATCHING.....	7
3. OTHER	7
IV. APPLICATION AND SUBMISSION INFORMATION	8
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	8
2. CONTENT AND FORM OF APPLICATION SUBMISSION	8
i. <i>Project Abstract</i>	10
ii. <i>Project Narrative</i>	10
iii. <i>Budget</i>	17
iv. <i>Budget Narrative</i>	18
v. <i>Attachments</i>	18
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)	19
4. SUBMISSION DATES AND TIMES	21
5. INTERGOVERNMENTAL REVIEW.....	21
6. FUNDING RESTRICTIONS	21
V. APPLICATION REVIEW INFORMATION	22
1. REVIEW CRITERIA	22
2. REVIEW AND SELECTION PROCESS.....	25
3. ASSESSMENT OF RISK	26
VI. AWARD ADMINISTRATION INFORMATION	27
1. AWARD NOTICES	27
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	27
3. REPORTING	27
VII. AGENCY CONTACTS.....	28
VIII. OTHER INFORMATION	29
APPENDIX A: MODEL FOR CALCULATING AVERAGE CLIENT COSTS	31
APPENDIX B: AGREEMENTS AND COMPLIANCE ASSURANCES.....	35

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF). The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP) administers this program.

ADAP ERF awards are intended for states/territories that demonstrate the need for additional resources to prevent, reduce, or eliminate ADAP waiting lists, including through cost-containment measures (for example, the provision of health care coverage assistance). HRSA will base ADAP ERF awards upon your ability to successfully demonstrate need for additional funding. An external objective review committee (ORC) will evaluate this need based on criteria published in this notice of funding opportunity (NOFO), with priority given to addressing existing waiting lists.

HRSA first funded the ERF initiative in August 2010, when numerous states/territories were experiencing ADAP waiting lists. At the time of this NOFO publication, there are no ADAP waiting lists. States/territories that establish a waiting list after the publication of this NOFO must report the waiting list to HRSA immediately and use funding awarded under this NOFO to remove clients from the waiting list. Previously, eligibility for this funding was limited to states/territories that had historically imposed waiting lists. HRSA continues to anticipate an increase in potential clients in need of ADAP services due to loss of income and/or loss of health care coverage among people with HIV resulting from the economic downturn within states/territories. States/territories may use ERF funds to address current or projected increases in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in their ADAP.

2. Background

This program is authorized by 42 U.S.C. §§ 243(c) and 300ff-26 (§§ 311(c) and 2616 of the Public Health Service Act). ADAPs ensure access to medication to treat HIV for eligible clients through the direct purchase of medication and through covering the costs of health care coverage premiums, copays, and deductibles. The state/territory determines client eligibility, which includes verification of positive HIV status, financial eligibility, and residence eligibility criteria. Financial eligibility is usually determined as a percentage of the Federal Poverty Level (FPL). ADAPs are expected to recertify client eligibility at least every six months.

There are instances when the steady growth in the number of eligible clients combined with rising costs of complex HIV treatments has resulted in states/territories experiencing greater demand for ADAP services than available resources can cover. As a last resort, a state/territory may implement an ADAP waiting list when adequate funding is not available to provide medications to all eligible persons requesting enrollment in their ADAP and after all other feasible cost-containment strategies have

been utilized. HRSA HIV/AIDS Bureau (HAB) defines a waiting list as a register of individuals who have applied for and been deemed eligible for a state's/territory's ADAP, but who the state cannot immediately serve due to insufficient resources. ADAPs with waiting lists are required to verify program eligibility for all individuals on a waiting list and prioritize individuals by a pre-determined criterion. The ADAP manages the waiting list to bring clients into the program as funding becomes available. At the time of the publication of this NOFO, there are no ADAP waiting lists.

Cost-containment strategies employed by ADAPs can include cost-cutting measures and cost-saving measures. Eligible states/territories may request ADAP ERF funding to implement measures to help reverse cost-cutting measures and/or enhance cost-saving measures.

Examples of cost-cutting measures include:

- reductions in ADAP financial eligibility below 300 percent of the FPL;
- capped enrollment;
- formulary reductions with respect to antiretroviral and/or medications to treat opportunistic infections and complications of HIV disease; and/or
- restrictions with respect to ADAP funded health care coverage assistance eligibility criteria.

Examples of cost-saving measures include:

- RWHAP Part B structural or operational changes such as expanding health care coverage;
- strategies to increase enrollment in health care coverage;
- improved systems and procedures for the collection of rebates and/or program income; and
- data-sharing agreements to facilitate coordination of benefits.

ADAPs are required to secure the best price available for all products on their ADAP formularies in order to achieve maximum results with these funds. As covered entities, ADAPs are eligible to participate in the 340B Drug Pricing Program under Section 340B of the PHS Act. Funds received as a result of participating in the 340B Drug Pricing Program must be returned to the RWHAP Part B program, with priority given to ADAP (see Policy Clarification Notices [15-03](#) and [15-04](#) for more information). You must ensure that you use rebates and program income consistent with RWHAP requirements.

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D and F) that provide funding for core medical, support services, and medications; technical assistance; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

An important framework in the RWHAP is the HIV care continuum, which depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like the [Healthy People 2030](#), the [HIV National Strategic Plan: A Roadmap to End the HIV Epidemic \(2021 – 2025\)](#); the [Sexually Transmitted Infections National Strategic Plan for the United States \(2021 – 2025\)](#); and the [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021 – 2025\)](#) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provides a blueprint for collective action across the federal government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to extent possible.

Expanding the Effort: Ending the HIV Epidemic in the U.S.

According to recent data from the [2019 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.¹ For example, the disparities in viral suppression rates between Black/African Americans and white clients have decreased since 2010.² These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.³

In February 2019, the [Ending the HIV Epidemic in the U.S.](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. <http://hab.hrsa.gov/data/data-reports>. Published December 2020. Accessed December 2, 2020.

² Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of white clients were virally suppressed in 2015 and 91.8 percent in 2019

³ National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov/> NCT00074581 NLM Identifier: NCT00074581.

initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed in care but not yet virally suppressed to the essential HIV care and treatment and support services needed to help them achieve viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action.](#)
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the HIV National Strategic Plan goals and improve outcomes on the HIV care continuum.

HRSA strongly encourages complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the U.S. can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HAB cooperative agreements, contracts, and grants focused on specific technical assistance (TA), evaluation, and intervention activities. A list of these resources is available on [TargetHIV](#). Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

An important technical assistance resource is the [RWHAP Recipient Compilation of Best Practices Intervention Strategies](#) (Best Practices Compilation). The Best Practices Compilation is currently under development, but will present strategies that have been implemented in real world settings and that improve outcomes along the HIV care continuum. The RWHAP Best Practices Compilation will be an easily searchable resource to support recipients' work and the needs of the people served by the RWHAP.

In addition, many RWHAP Special Projects of National Significance (SPNS) projects have demonstrated promising new approaches for linking and retaining priority populations into care. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#). Examples of these resources include:

- [E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV](#)
E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.
- [Integrating HIV Innovative Practices \(IHIP\)](#)
Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.
- [Replication Resources from the SPNS Systems Linkages and Access to Care](#)
There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.
- [Dissemination of Evidence Informed Interventions](#)

The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

HRSA HAB also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these critical issues, HRSA HAB funds projects to provide technical assistance and resources for recipients. Examples of projects include:

- [Building Futures: Supporting Youth Living with HIV](#)
- [The Center for Engaging Black MSM Across the Care Continuum \(CEBACC\)](#)
- [Using Community Health Workers to Improve Linkage and Retention in Care](#)

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New—Limited Competition

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$75,000,000 to be available annually to fund up to 25 recipients. You may apply for a ceiling amount of up to \$7,000,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is April 1, 2022 through March 31, 2023 (1 year).

As noted, HRSA will cap FY 2022 ADAP ERF funds at a maximum of \$7,000,000 and a minimum of \$100,000, subject to the availability of funds. HAB will base the amount of each award on your ability to demonstrate the need for funding to prevent, reduce, or eliminate a waiting list, including through cost-cutting and/or cost-saving measures, or the need for additional funding for a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S., or other unanticipated increases in the number of clients in the program due to new diagnoses, re-engagement in care, loss of income, and/or loss of health care coverage. HRSA will base funding decisions on an external ORC review and scoring of the criteria published in Section V.1 of this notice.

HRSA places significant importance on the elimination of waiting lists and therefore:

- HRSA will use the ORC scores to establish the rank order for awarding funds.
- HRSA will make awards to all applicants that request funds to address an existing waiting list and that are recommended for an award by the ORC based on their ORC scores (see the funding priority in Section V.2).
- After funds to address an existing waiting list are determined, HRSA will award funds to remaining applicants based on their ORC scores.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

All 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands are eligible to apply for funding if they meet the following requirements:

Eligible applicants are limited to RWHAP Part B states/territories that:

- have reported to HRSA an existing ADAP waiting list,
- have used the ADAP ERF to prevent, reduce, or eliminate an ADAP waiting list between January 2011 and July 2021,
- need additional funding for a projected increase in treatment needs aligned with ending the HIV epidemic in the U.S.,
or
- need additional funding for other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

States/territories that did not: 1. report a new ADAP waiting list to HRSA, or 2. use the ADAP ERF to prevent, reduce, or eliminate an ADAP waiting list between January 2011 and July 2021, or 3. that do not have a projected increase in treatment needs aligned with ending the HIV epidemic in the U.S., or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage, are not eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that exceeds the page limit referenced in [Section IV](#) non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **40 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 NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form "Project_Abstract Summary." Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-035, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application 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.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachment 6-15: Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness (ASPR) website via <http://www.phe.gov/Preparedness/legal/pahpa/section201/Pages/default.aspx>.

Program-Specific Instructions

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

In addition, provide brief updated information, in this order:

- General demographics of the state/territory
- Demographics of the populations with HIV in the state/territory
- Brief description of the State ADAP and key environmental factors impacting the program
- Description of the need for additional resources to prevent, reduce, or eliminate waiting lists and to address cost-containment measures (including cost-cutting and/or cost-saving) or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic, or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- Description of the planned use of ADAP ERF, if received.

ii. Project Narrative

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **INTRODUCTION** -- Corresponds to Section V's [Review Criterion 1 \(Need\)](#)
This introduction section should briefly describe how you will utilize RWHAP ADAP ERF in support of preventing, reducing, or eliminating a waiting list, including through cost-cutting or cost-saving measures, or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. during the period of performance or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- **NEEDS ASSESSMENT** -- Corresponds to Section V's [Review Criterion 1 \(Need\)](#)
The purpose of this section is to demonstrate the need for additional resources to meet the projected ADAP client service needs for FY 2022.

A. State/Territory's ADAP Profile

Provide the following information regarding eligibility for this award and the structure, functions, and operational processes of the ADAP and the clients that it serves.

a) Eligibility for ADAP ERF Funding

- i. Did you report to HRSA an ADAP waiting list between January 2011 and July 2021? (Yes/No)
- ii. Do you have an existing ADAP waiting list as of the date of this application? (Yes/No)
- iii. Did you use ADAP ERF funds to prevent, reduce, or eliminate an ADAP waiting list between January 2011 and July 2021? (Yes/No)
- iv. Do you currently have or project an increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage? (Yes/No)

Reminder: States/territories who answer “No” to all four questions above are not eligible to apply for ADAP ERF funds.

b) ADAP Funding Summary for FY 2020 and FY 2021

In a table format, please list all sources of funding for ADAP and the amount received and the amount expended during the FY 2020 period of performance (April 1, 2020 through March 31, 2021) and year-to-date for the FY 2021 period of performance (April 1, 2021 through March 31, 2022):

- i. ADAP Base
- ii. ADAP Supplemental
- iii. RWHAP Part B Base Contribution to ADAP
- iv. RWHAP Part B Supplemental Contribution to ADAP
- v. ADAP ERF Award
- vi. RWHAP Part A Contribution to ADAP
- vii. State Funds
- viii. Pharmaceutical Rebates (note if there were unexpended rebates)
- ix. Carryover
- x. Program Income (note if there was any unspent program income)
- xi. Other Sources (describe)
- xii. Total of ADAP Funding

Please include if there were unobligated balances in any of these above-mentioned funding sources reported on the FY 2020 X07 Federal Financial Report (FFR).

c) Cost-Cutting Measures for FY 2020 and FY 2021

Please identify which, if any, of the following cost-cutting measures were in place or newly implemented in FY 2020 and FY 2021 for your ADAP:

- i. Enrollment cap (if so, specify the maximum number of enrollees)
- ii. Capped number of prescriptions per month (if so, specify the cap)
- iii. Capped expenditure (if so, specify the amount and timeframe)
- iv. Drug-specific enrollment caps for antiretroviral medication (if so, specify)
- v. Reduction in formulary (if so, specify)

- vi. Decrease in financial eligibility criteria (if so, specify)
- vii. Other (please specify)

d) Cost-Saving Measures for FY 2020 and FY 2021

Please identify which, if any, of the following cost-saving measures were in place or newly implemented in FY 2020 and FY 2021 for your ADAP:

- i. Expansion of health care coverage assistance (if so, specify the services currently offered)
- ii. Enrolling eligible clients in health care coverage (if so, specify how many were enrolled and through what mechanism)
- iii. Enrolling eligible clients into Medicaid
- iv. Improved client recertification processes (if so, specify improvements)
- v. Decrease in administrative expenditures
- vi. Other (please specify)

e) Client Utilization Summary for FY 2020 and FY 2021

- i. Total number of clients enrolled in ADAP for each fiscal year
- ii. Average number of clients using ADAP each month for each fiscal year

B. Factors Affecting State ADAP Capacity to Meet Need

Provide a detailed narrative description of any key factors impacting the ADAP's need for additional resources to prevent, reduce, or eliminate a waiting list or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage. Include a description of why the ADAP is unable to meet the need with existing resources. If you reported any unobligated balance (UOB), unexpended rebates and/or unexpended program income on your FY 2020 X07 Federal Financial Report (FFR), please explain why these emergency funds are needed given these other available resources. **You should support this discussion by including data sources as appropriate when discussing trends and changes (including environmental changes) that have resulted in this need.** Examples of factors include, but are not limited to:

- Trends or changes in the HIV disease prevalence over the past 2 calendar years (January 1, 2019 through December 31, 2020) that have affected the ADAP.
- Increases in clients engaged in care due to ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- Changes to the state/territory's service delivery system that may include client need and/or administrative burden as a result of the changing health care landscape.
- Changes in client population or demographics over the last 2 calendar years including, but not limited to, increased eligible applicants, increased percentage of eligible clients below 100 percent of the FPL, high unemployment rates, increased co-morbidities (e.g., opioid addiction), and/or increased number of out-of-care clients seeking treatment.

- Increased program costs including, but not limited to, the cost of ADAP medications and/or cost to ADAP for health care coverage premiums, deductibles, and/or cost sharing.
 - Decreased or level funding from state or federal resources for ADAP and/or HIV services.
- **METHODOLOGY** -- Corresponds to Section V's [Review Criterion 2 \(Response\)](#)

A. ADAP Average Annual Client Costs and Forecasting

Provide a calculation of the projected average cost per client for medication assistance and/or health care coverage for the FY 2022 ADAP ERF period of performance (April 1, 2022 through March 31, 2023). Important Note: You do not need to provide an average cost per client for a type of assistance for which you are not requesting funding.

Determine the average cost per client through your own calculations, or through the cost calculation template in **Appendix A**. Whichever calculation methodology is used, provide the step-by-step calculations utilized in developing the average cost per client. Use the calculated **average cost per client in developing the proposed budget for the use of the ADAP ERF funds and/or to project the impact of proposed cost-containment measures**. Provide the calculation(s) that show how you multiplied the average cost per client by the projected number of clients to be served to determine the budget request for medication assistance and/or health care coverage assistance.

1) ADAP Average Annual Client Costs

a) Medication Costs

If requesting funding for medication assistance, please provide:

- Current projected annual average medication cost per client, and
- All calculations used to determine such cost.

b) Health Care Coverage Assistance Costs

If requesting assistance for health care coverage assistance, please provide:

- Current projected annual average health care coverage assistance cost per client, and
- All calculations used to determine such cost.

2) Forecasting

a) States/Territories Requesting Funds to Purchase Medications or Health Care Coverage Assistance:

- For applicants with an existing ADAP waiting list, provide the current number of individuals on the waiting list.
- Describe the projected impact of ADAP ERF, together with FY 2022 RWHAP Part B funds, any RWHAP Part B carryover funds, funding provided by the state/territory, resources generated by rebates and program income, RWHAP Part A contributions, and any projected resources in addressing:

- 1) Your projected/potential ADAP waiting list,
- 2) Your current waiting list, and/or
- 3) Your other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

b) States/Territories Requesting Funds for other Cost-Cutting or Cost-Saving Measures:

For each proposed cost-cutting or cost-saving measure indicated in the work plan, describe the specific projected impact of ADAP ERF on enhancing cost-saving measures, reversing cost-cutting measures, improving ADAP operations, and/or maximizing available ADAP resources.

- **WORK PLAN** -- Corresponds to Section V's [Review Criteria 2 \(Response\)](#) and [3 \(Impact\)](#)

Describe the steps that you will take to carry out each of the activities proposed during the entire work period. Please present this in the form of a work plan (HRSA suggests a table format), which is uploaded as **Attachment 1**, and a narrative.

A. Planned Services and Work Plan

List each planned ADAP ERF service (e.g., purchase of ADAP medications, purchase of health care coverage premiums, payment of medication co-payments, deductibles, or co-insurance) and/or cost-containment measures (i.e., cost-cutting or cost-saving measures) designed to improve ADAP operations and maximize available ADAP resources. Only costs allowed under ADAP service category (as defined in [HRSA HAB 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#)) can be funded through ADAP ERF. Any unallowable costs will be deducted from your proposed budget prior to calculation of award. HRSA encourages you to use a table format with the following sections:

- 1) **Planned Expenditure Summary** listing the amount budgeted by service category, cost-containment measures/initiatives, and recipient administrative costs;
- 2) **Planned Expenditures by Service Category** with columns for Planned Service, Service Unit Description, # of Service Units, # of Clients, and amount budgeted for each service;
- 3) **Planned Expenditure by Cost-Containment Measures/Initiatives** listing each planned cost-containment initiative with the date initiated and the amount budgeted for each initiative;
- 4) **SMART Objectives:** Provide the SMART objective associated with the planned service category, cost-containment measures/initiatives, and recipient administrative costs that will be funded with FY 2022 ADAP ERF funds. SMART objectives are Specific—identifying target population and activity, Measureable—indicating how much or how many, Attainable—must be realistically accomplished using resources provided, Realistic—addressing and establishing reasonable programmatic steps, and Time-sensitive—indicating a timeline during which you will accomplish the objective; and

- 5) **Service Unit Definition:** Describe the definition of the unit of service for the planned service category, cost-containment measure/initiative, and recipient administrative cost that you will fund with FY 2022 ADAP ERF.

B. Planned Services and Work Plan Narrative

Provide a narrative that describes the following for each planned service, cost-containment measure/initiative, and recipient administrative cost identified in the work plan:

- 1) How you will assure that you will spend funds allocated for each service/activity within the 12-month period of performance;
- 2) If you have a new ADAP waiting list, how the services/activities will reduce the number of persons on the waiting list;
- 3) If you do not have an existing waiting list:
 - a) How the services/activities will improve ADAP operations and maximize ADAP resources; and
 - b) How the services/activities will prevent the implementation of an ADAP waiting list in FY 2022 (4/1/22-3/31/23) or address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

C. Anticipated Impact of ADAP ERF

Provide a brief description of the anticipated impact of the proposed ADAP ERF-funded planned service, cost-containment measure/initiative, and recipient administrative cost activities on currently implemented or anticipated cost-containment measures.

- 1) Describe how you will monitor progress toward meeting the goals and objectives of the proposed period.
- 2) Describe how these activities will support the continued function of the ADAP.
- 3) Provide a description of the anticipated outcomes resulting from ADAP ERF supported activities.
- 4) Describe how the anticipated outcomes will support ADAP service provision beyond the funding period. If you cannot support ADAP service provision beyond the funding period, identify any sustainability barriers and describe the plans on how to address them in the future.

D. Monitoring

Provide a brief description of the methods in place to monitor and assess the effectiveness of the activities proposed on the ADAP ERF work plan. The narrative should include a description of how the ADAP will measure and monitor progress on outcomes and how the ADAP will address problems identified through monitoring.

Important Note: HRSA expects that the ADAP will utilize its current RWHAP Part B clinical quality management program when implementing services funded through the ADAP ERF award.

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

State/Territory Actions to address ADAP Challenges

This section provides an opportunity for you to describe specific challenges and barriers and actions necessary to prevent, reduce, or eliminate an ADAP waiting list or address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage in FY 2022 (April 1, 2022 – March 31, 2023). Please describe for each of the following sections how the program has addressed these challenges through the employment of cost-cutting and/or cost-saving strategies in FY 2020 and FY 2021. Support each section by data showing how these strategies benefit the ADAP:

1) Improved Program Efficiencies:

Please describe any challenges regarding program efficiencies and how your program has addressed challenges, including through the use of ADAP ERF (X09) funding, by improving operations in order to reduce costs and improve efficiency. Support your decision with data showing how the improved operational efficiencies will benefit ADAP.

2) Improved Ability to Enroll Clients in Other Payor Sources:

Please describe any challenges to enrolling clients in other payor sources, and how your program has addressed challenges by improving systems to increase enrollment in other forms of health care coverage including Medicare Part D, Medicaid, and other health care coverage options. Be sure to support your decision with data showing how improved enrollment in other payor sources will benefit the ADAP.

3) Reallocation of Resources:

Please describe any challenges/limits with ADAP resources, and if/how you have reallocated funds to address ADAP challenges. Be sure to indicate if this reallocation represents a one-time augmentation to the program or an expected long-term, sustainable reallocation of funds.

4) Increased Rebates and Program Income:

Please describe any challenges with the generation or collection of rebates and program income. Include how your ADAP has modified its processes or the monitoring of those processes to ensure that you purchase drugs at the best possible cost and/or that rebates and/or program income are fully collected and applied back to the RWHAP Part B program, with priority given to ADAP.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's [Review Criteria 4 \(Resources and Capabilities\)](#) and [5 \(Support Requested\)](#)

A. ADAP Oversight/Administration

Provide a brief narrative that describes the organizational structure and resources that contribute to the administration of the ADAP in maintaining compliance with legislative requirements and program expectations, including those of ADAP ERF funding. Include an organizational chart for the ADAP as **Attachment 5**.

If you use ADAP ERF funds to support ADAP personnel, please include position descriptions (as **Attachment 2**) and biographical sketches (as **Attachment 3**) for these staff.

If you will not use ADAP ERF funds for staffing costs, please indicate that here for ORC review purposes. In this case, do not include position descriptions or biographical sketches, but rather upload a document that states "Not Applicable" as **Attachment 2** and **Attachment 3**.

B. Compliance with Reporting Requirements

Describe how you will be able to meet reporting requirements by tracking and reporting ADAP ERF specific expenditures and client utilization.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

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

In addition, the RWHAP Part B ADAP ERF program requires the following:

Please complete Sections A, B, E, and F of the SF-424A Budget Information—Non-Construction programs form included with the application package, and then provide a line item budget using Section B Object Class Categories of the SF-424A. In Section B, budget categories are limited to two columns. The required columns are:

- 1) **Medications/Health Care Coverage:** The first column should include all FY 2022 ADAP ERF funds allocated to prevent, reduce, and/or eliminate your waiting list or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program who are newly diagnosed or re-engaged in care through the purchase of medication and/or health care

coverage assistance. It may NOT include any funds for planning and evaluation or clinical quality management as defined by the RWHAP Part B program. These funds may not be used to supplant funds budgeted for any other federal award or state program.

- 2) **Other Cost-Containment:** The second column should include all funds allocated to award activities to address any other cost-cutting and/or cost-saving measures to be charged to the FY 2022 ADAP ERF award. It may NOT include any funds for planning and evaluation or clinical quality management as defined by the RWHAP Part B. These funds may not be used to supplant funds budgeted for any other federal award or state program.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 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.” 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 may apply in the following fiscal years, as required by law.

iv. **Budget Narrative**

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

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (3) Impact
Resolution of Challenges	(2) Response
Organizational Information	(4) Resources/Capabilities and (5) Support Requested
Budget and Budget Narrative	(5) Support Requested

v. **Attachments**

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. **Clearly label each attachment.**

Attachment 1: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#)) (Required—either Staffing Plan and Job Descriptions for Key Personnel or 'Not Applicable' document)

If you are using ADAP ERF to support ADAP personnel, please include position descriptions here for each staff. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

If the ADAP will not be utilizing ADAP ERF for staffing costs, attach a document that indicates "Not Applicable."

Attachment 3: Biographical Sketches of Key Personnel (Required—either Biographical Sketches or 'Not Applicable' document)

If you are using ADAP ERF funds to support ADAP personnel, include biographical sketches for persons occupying the key positions described in *Attachment 2*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

If the ADAP will not be utilizing ADAP ERF for staffing costs, attach a document that indicates "Not Applicable."

Attachment 4: Agreement and Compliance Assurances (Required)

Please complete and include Appendix B, Agreements and Compliance Assurances.

Attachment 5: ADAP Organizational Chart (Required)

Provide a one-page figure that depicts the organizational structure of the ADAP.

Attachments 6 – 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. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following

webpages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

*Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- 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](#).

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is October, 25, 2021 at 11:59 p.m. ET. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

AIDS Drug Assistance Program (ADAP) Emergency Relief Funds (ERF) is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to one (1) year, at no more than \$7,000,000 per year (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) 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 the following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- Any costs unallowable under the ADAP service category (as defined in [PCN 16-02](#)).
- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
- Planning and evaluation activities as defined by the RWHAP Part B.
- Cash payment to intended recipients of RWHAP services.
- Clinical quality management.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

- Pre-Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP is not living with HIV and therefore not eligible for RWHAP funded medication.

For further information regarding allowable and non-allowable costs, please refer to <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters> and at [45 CFR 75 Subpart E Cost Principles](#).

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for the purposes for which the award was made. Rebates generated as a result of awarded funds must be used for the statutorily permitted purposes under the RWHAP Part B with a priority for ADAP. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

Per [CFR Section 75.305\(b\)\(5\)](#), to the extent available, you must disburse funds available from program income and rebates before requesting grant funds. Please see [PCNs 15:03: Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) and [15:04: Utilization and Reporting of Pharmaceutical Rebates](#) for more information.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Review criteria are used to review and rank applications. The RWHAP Part B ADAP ERF has five review criteria. See the review criteria outlined below with specific detail

and scoring points.

Criterion 1: NEED (25 points) – Corresponds to Section IV's [Introduction](#) and [Needs Assessment](#)

The extent to which the application demonstrates the problem and associated contributing factors to the problem as well as the feasibility and applicability of the steps to be taken to prevent, reduce, or eliminate a waiting list, including through reversing cost-cutting measures and/or enhancing cost-saving measures, or to address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

Introduction (5 points)

The extent to which the description of how the state/territory will utilize RWHAP ADAP ERF in support of preventing, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage is feasible in addressing the problem.

State/Territory's ADAP profile (10 points)

The strength, completeness, and clarity of the information in the State/Territory ADAP Profile for Fiscal Years 2020 and 2021.

Factors Affecting the State ADAP Capacity to Meet Need (10 points)

The strength and clarity of the demonstrated need for additional resources to prevent, reduce, or eliminate a waiting list or address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage and clarity as to why the ADAP is unable to meet the need with existing resources; and the strength of the data provided to support the narrative description.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#))

The extent to which the proposed project responds to the “[Purpose](#)” included in the ADAP ERF program included in Section 1 of the NOFO and the extent to which the activities described in the application (including Attachment 1) are capable of addressing the problem and attaining the project objectives of avoiding, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

ADAP Average Annual Client Costs and Forecasting (10 points)

The strength, completeness, and clarity of the following:

- A step-by-step methodology for calculating average cost per client for medication assistance and/or health care coverage assistance (depending on the type of assistance requested);

- Accurate calculations of annual client costs, reflected in plan and budget; and
 - **Note:** If the calculations are incorrect, the error will be noted along with its impact on your average client cost calculations and budget request.
- Information provided in the Forecasting section on the impact of the requested funding on preventing, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.

Work Plan and Work Plan Narrative (15 points)

The strength and feasibility of the following:

- The proposed services, cost-containment measures/initiatives, and projected expenditures detailed in the work plan to address the problem and align with the project objectives of preventing, reducing, or eliminating a waiting list or addressing a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage.
- Evidence that funds allocated for each service/activity will be spent within the 12-month period of performance.
- For applicants with an ADAP waiting list, proposed services/activities to reduce the number of persons on the waiting list:
 - Proposed services/activities to improve ADAP operations and maximize ADAP resources; and
 - Proposed services/activities to prevent the implementation of a waiting list in FY 2022.

State/Territory Actions to Address ADAP Challenges (15 points)

The strength and clarity of the following:

- The description of the specific challenges facing the ADAP in the following areas:
 - program efficiencies;
 - the ability to enroll clients in other payor sources;
 - ADAP resources; and/or
 - generation or collection of rebates and discounts.
- The cost-cutting or cost-saving strategies taken in response to these challenges and the extent to which they could prevent, reduce, or eliminate an ADAP waiting list or address a current or projected increase in treatment needs aligned with ending the HIV epidemic in the U.S. or other unanticipated increases in the number of clients in the program due to new diagnosis, re-engagement in care, loss of income, and/or loss of health care coverage in FY 2021.
- The data provided for each challenge area demonstrates how these strategies benefit the ADAP.

Criterion 3: IMPACT (10 points) – Corresponds to Section IV's [Work Plan](#)

The strength and feasibility of the following:

- Your description of how you will monitor progress toward meeting the proposed goals and objectives;

- Your description of how the proposed activities support the continued function of the ADAP;
- Your description of the anticipated outcomes resulting from ADAP ERF supported activities; and
- Your description of your ability to sustain the program beyond the FY 2022 ADAP ERF period of performance.

Criterion 4: RESOURCES/CAPABILITIES (10 points) – Corresponds to [Section IV's Organizational Information](#) and the [Staffing Plan](#) and [Biographical Sketches](#), if applicable

- The strength and completeness of the description of your ability to implement the ADAP ERF, as evidenced by:
 - The strength of the organizational structure and resources that contribute to the administration of the ADAP to maintain compliance with legislative requirements and program expectations, including those of ADAP ERF funding.
 - The clarity of the organizational chart for the ADAP in **Attachment 5**.
 - The strength and appropriateness of the position descriptions (in **Attachment 2**) and biographical sketches (in **Attachment 3**) for key ADAP staff to impact the stated problem, if ADAP ERF funds are being used to support staffing.

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to [Section IV's Organizational Information](#) and [Budget](#) and [Budget Narrative](#)

- The reasonableness of the proposed budget for the period of performance (1 year) in relation to the objectives and the anticipated results.
- The ability to allocate the costs outlined in the budget and budget narrative sections to the scope of work.
- The accuracy with which you based your budget request on the average cost per client calculated, and/or the accuracy with which you based your budget request on the number of individuals on the ADAP waiting list.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

Funding Preferences

This program provides a funding preference for some applicants. 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 receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Name of the funding preference: Current ADAP Waiting List

Qualification(s) to meet the funding preference(s): You will receive a funding preference if you demonstrate within the application that you have a current ADAP waiting list or if by January 15, 2022, you notify the Director of the Division of State HIV/AIDS Programs that you have started a waiting list.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of April 1, 2022. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion [website](#).

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on a semi-annual basis. Further information will be available in the NOA.

- 2) **Other required reports and/or products:**

ADAP Data Report (ADR). Acceptance of this award indicates that you will comply with data requirements of the ADR and will mandate compliance by each of your contractors and subcontractors. The ADR captures information necessary to demonstrate program performance and accountability. Please refer to the [ADR webpage](#) for more information. Further information will be available in the NOA.

Program Terms Report. You must submit a Program Terms Report through the HRSA Electronic Handbook (EHB) using the format provided in that system. Further information will be available in the NOA.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: NGaines@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Susan Robilotto, D.O.
Director, Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09W52
Rockville, MD 20857
Telephone: (301) 443-6554
Email: SRobilotto@hrsa.gov

You may need assistance when working online to submit your application forms electronically. 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, August 18, 2021

Time: 3 p.m. – 4:30 p.m.

<https://hrsa-gov.zoomgov.com/j/1603212428?pwd=RExScWM4Y1RpWlVKdHZlbiVXSE1HUT09>

Meeting ID: 160 321 2428

Passcode: X09TA2021

One tap mobile

+16692545252,,1603212428#,,,,*946833435# US (San Jose)

+16468287666,,1603212428#,,,,*946833435# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

833 568 8864 US Toll-free

Meeting ID: 160 321 2428

Passcode: 946833435

Find your local number: <https://hrsa-gov.zoomgov.com/u/a2qIFlxlu>

HAB will record the TA webinar and make it available on the [TargetHIV](#) website.

Tips for Writing a Strong Application

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

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in [Section VII. Agency Contacts](#).

Appendix A: Model for Calculating Average Client Costs

Average Client Cost Calculations

Provide a calculation of your projected average cost per client for medication assistance and/or health care coverage assistance for the FY 2022 ADAP ERF period of performance (April 1, 2022 – March 31, 2023). **Important Note:** You do not need to provide an average cost per client for a type of assistance for which you are not requesting funding. Determine the average cost per client through your own calculations or through the cost calculation template in this Appendix. Use the average cost per client calculated in developing the proposed budget for the use of the ADAP ERF funds and/or to project the impact of proposed cost-containment measures. **States/territories must provide the step-by-step calculations and clearly identify all data elements required to complete the calculations, not just the resulting average client cost.**

Due to the timing of this NOFO, the calculations in this model are based on client utilization and ADAP cost data for the January 1, 2021 to June 30, 2021 period. The calculations should incorporate all clients who received at least one medication through ADAP during the January 1, 2021 to June 30, 2021 period, including clients who were enrolled in ADAP temporarily or part of the year (e.g., because they experienced changes in their health care coverage, moved out of state, or died).

I. Average Cost per Client to Provide Medications

Step 1: Baseline Average Annual Client Medication Cost:

Determine the total amount spent to purchase prescription medications (not health care coverage) in the January 1, 2021 to June 30, 2021 period. Divide this amount by the total number of ADAP clients who received at least one (1) prescription medication in the same period. Multiply that amount by two (2) to determine the ADAP's baseline average annual medication cost per client.

Step 2: Average Annual Client Rebate Reduction:

Determine the total amount of rebate income received by the state/territory.

- If you operate a 340B Rebate State ADAP, this includes all 340B rebates and other negotiated rebates (e.g., ADAP Crisis Task Force rebates) you received in the January 1, 2021 to June 30, 2021 period.
- If you operate a 340B State Direct Purchase ADAP, this includes all negotiated rebates (e.g., ADAP Crisis Task Force rebates) you received in the January 1, 2021 to June 30, 2021 period.

Divide the total amount of rebate income by the total number of ADAP clients that received at least one prescription medication in the January 1, 2021 to June 30, 2021 period. Multiply that amount by two to determine the average rebate reduction per client.

Note: The health care coverage section below addresses the impact of rebates for health care coverage deductibles and co-payments.

Step 3: Adjusted Average Client Medication Cost:

Subtract the Average Annual Client Rebate Reduction amount determined in Step 2 from the Baseline Average Annual Client Medication Cost determined in Step 1.

Step 4: Average Annual Client Dispensing Fee:

Determine the total number of prescriptions filled in the January 1, 2021 to June 30, 2021 period. Multiply that number by the dispensing fee for a single pharmacy prescription in the January 1, 2021 to June 30, 2021 period. Divide the resulting product by the total number of ADAP clients that received at least one prescription in the same period. Multiply that amount by two for the average annual dispensing fee cost per client.

Step 5: Average Annual Medication Cost per Client:

Add the Average Annual Client Dispensing Fee cost determined in Step 4 to the Adjusted Average Annual Medication Cost calculated in Step 3. The sum of these two amounts will be your State's Average Medication Cost per Client.

Example:

Step 1	In the January 1, 2021 to June 30, 2021 period, the ADAP spent a total of \$7,410,000 for prescription drugs; a total of 1,000 clients received at least one prescription medication.	$\$7,410,000/1,000 = \mathbf{\$7,410}$	Baseline Average 6-Month Client Medication Cost
		$\$7,410 \times 2 = \mathbf{\$14,820}$	Baseline Average Annual Client Medication Cost
Step 2	In that same period, the ADAP received \$555,000 in total 340B rebates and \$100,000 in negotiated rebates.	$\$555,000 + \$100,000 = \$655,000$	Total Rebates Received by the ADAP
		$\$655,000/1,000 \text{ clients} = \mathbf{\$655}$	Average 6-Month Client Rebate Reduction
		$\$655 \times 2 = \mathbf{\$1,310}$	Average Annual Client Rebate Reduction
Step 3	Adjusted Average Annual Cost per Client: Baseline Average Annual Client Medication cost minus Average Annual Client Rebate Reduction	$\$14,820 - \$1,310 = \mathbf{\$13,510}$	
Step 4	The ADAP filled 10,000 prescriptions in the January 1, 2021 to June 30, 2021 period of CY 2021 and the dispensing fee per prescription was \$10; 1,000 ADAP clients	$\$10 \times 10,000 = \mathbf{\$100,000}$	Total Dispensing Fee Expenditures
		$\$100,000/1,000 \text{ clients} = \mathbf{\$100}$	Average 6-Month Client Dispensing Fee

	received at least 1 ADAP prescription.	$\$100 \times 2 = \textbf{\$200}$	Average Annual Client Dispensing Fee
Step 5	Add amount calculated in Step 3 to amount calculated in Step 4.	$\$13,510 + \$200 = \textbf{\$13,710}$	Average Annual Medication Cost per Client

Note: For States/Territories with Hybrid/Dual ADAPs:

Step 1: Determine the number and percentage of clients who received medications through the 340B Rebate model and the number and percentage who received medications through the 340B Direct Purchase model.

Step 2: For each cohort of clients, determine the total amount spent to provide medications for that cohort.

Step 3: Determine the average client costs for the rebate cohort, follow the instructions above in Steps 2 through 5. For the direct purchase cohort, follow the instructions above in Steps 2 through 5.

II. Average Cost per Client to Provide Health Care Coverage Assistance

All ADAPs providing access to prescription medications through health care coverage assistance must provide step-by-step calculations of average costs per client, making sure all required data elements for each calculation are clearly identified.

Step 1: Total Health Care Coverage Expenditures:

Add the total amount spent on health care coverage premiums, deductibles, and co-payments/co-insurance in the January 1, 2021 to June 30, 2021 period. This includes amounts spent for ADAP eligible clients who are also eligible for Medicare Part D, including payments for Part D premiums, deductibles, co-payments, and True out of Pocket (TrOOP).

Step 2: Rebate Reduction:

Determine the total amount of manufacturer's rebates received in the January 1, 2021 to June 30, 2021 period on health care coverage deductibles, co-payments/co-insurance, and Medicare Part D TrOOP expenditures.

Step 3: Adjusted 6-Month Total Insurance Cost:

Subtract the total amount of manufacturers' rebates received from the Total Health Care Coverage Expenditures calculated in Step 1. This is your Adjusted 6-Month Total Health Care Coverage Cost.

Step 4: Average Annual Cost per Client for Health Care Coverage Assistance (including COBRA, High Risk Health Insurance Pools, private insurance, State-sponsored insurance, and Medicare Part D):

Divide results from Step 3 by the total number of clients on whose behalf the ADAP paid at least one premium, co-payment/co-insurance, deductible, or TrOOP payment in the January 1, 2021 to June 30, 2021 period. Multiply by two for average annual cost per client for health care coverage assistance.

Example:

The ADAP spent \$1,500,000 in the January 1, 2021 to June 30, 2021 period to pay for health care coverage premiums and \$300,000 on co-payments/co-insurance, deductibles, and TrOOP, providing assistance to 300 ADAP eligible clients.			
Step 1	Add health care coverage premiums expenditures to expenditures for co-payments/co-insurance, deductibles, and TrOOP.	$\$1,500,000 + \$300,000 =$ \$1,800,000	Total 6-Month Health Care Coverage Expenditures
Step 2	Determine the total amount of rebates received by adding the manufacturers rebates received from January 1, 2021 to June 30, 2021 on health care coverage co-payments/co-insurance/deductibles.	\$50,000	Total 6-Month Rebates Received
Step 3	Total 6-Month Health Care Coverage Expenditures minus Total 6-Month Rebates Received	$\$1,800,000 - \$50,000 =$ \$1,750,000	Adjusted Total Health Care Coverage Cost
Step 4	Divide Adjusted Total Health Care Coverage Cost by total clients served. Multiply the Average 6-Month Cost per Client by two to calculate the Average Annual Cost per Client.	$\$1,750,000/300 =$ \$5,833 $\$5,833 \times 2 =$ \$11,666	Average 6-Month Cost Per Client Health Care Coverage Assistance Average Annual Cost Per Client for Health Care Coverage Assistance

Appendix B: Agreements and Compliance Assurances

FY 2022 Ryan White HIV/AIDS Program ADAP Emergency Relief Funds Awards Agreements and Compliance Assurances

I, the Governor of the State or Territory or his/her official designee for the Ryan White HIV/AIDS Part B Program Grant, _____, pursuant to Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, hereby certify that:

Pursuant to §§ 2616 and 311 of the PHS Act, these funds will be used specifically for the provision of medications and/or cost containment strategies that prevent, reduce, or eliminate an ADAP waiting list in the State or Territory.

These funds and services will be allocated and administered in accordance with the *FY 2022 Part B Ryan White HIV/AIDS Program Agreements and Compliance Assurances* submitted to the Health Resources and Services Administration.

SIGNED: _____ **Title:** _____
Governor or Official Designee

Date: _____