

Size of parents family ¹	Income level ²
4	20,200
5	23,800
6 or more	26,700

¹ Includes only dependents listed on Federal income tax forms.

² Rounded to the nearest \$100. Adjusted gross income for calendar year 1995.

Dated: March 14, 1996.

Ciro V. Sumaya,
Administrator.

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The Ryan White Comprehensive AIDS Resources Emergency Act of 1990; Availability of Funds for Early Intervention Services

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Availability of Funds for Grants To Provide Outpatient Early Intervention Services with Respect to HIV Disease.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that applications will be accepted for fiscal year (FY) 1996 discretionary grants to provide outpatient early intervention services including primary care services with respect to human immunodeficiency virus (HIV) disease.

These grants are awarded under the provisions of subpart II and subpart III of part C of title XXVI of the Public Health Service (PHS) Act, as amended by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Public Law 101-381 (42 U.S.C. 300ff-51-300ff-67).

This program announcement is subject to the final action on the appropriation of funds. At this time, given the continuing resolutions and the absence of a final FY 1996 appropriation for Ryan White Title III(b) programs, the specific amount available is not known.

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting health priorities. This grant program is related to the objectives cited for special populations, particularly people with low income, minorities, and the disabled, which constitute a significant portion of the homeless population. Potential applicants may obtain a copy of *Healthy People 2000* (Full Report; Stock No. 017-001-00474-0) or *Healthy People 2000* (Summary Report; Stock No. 017-001-00473-1) through the Superintendent of

Documents, Government Printing Office, Washington, DC 20402-9325 (telephone 202 783-3238).

PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

DUE DATES: Applications are due on June 1, 1996. Applications will be considered to have met the deadline if they are: (1) received on or before the deadline date; or (2) postmarked on or before the established deadline date and received in time for orderly processing. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing. Applications received after the announced closing date will not be considered for funding.

ADDRESSES: Application kits (Form PHS 5161-1) with revised face sheet DHHS Form 424, as approved by the Office of Management and Budget under control number 0937-0189 may be obtained from, and completed applications should be mailed to, Bureau of Primary Health Care (BPHC) Grants Management Officer (GMO), c/o Houston Associates, Inc., 1010 Wayne Avenue, Suite 1200, Silver Spring, MD 20901 (telephone 1-800-523-2192; FAX 301-523-2193). The Office of Grants Management can provide assistance on business management issues. The BPHC Office of Grants Management is located at 4350 East West Highway, Bethesda, MD 20814 (telephone 301-594-4235).

FOR FURTHER INFORMATION CONTACT: For general program information and technical assistance, contact Joan Holloway, Director, Division of Programs for Special Populations, Bureau of Primary Health Care (BPHC), at 4350 East-West Highway, Bethesda, Maryland 20814 (telephone 301-594-4444).

SUPPLEMENTARY INFORMATION:

Number of Awards

It is anticipated that should sufficient funds become available, approximately 50 competing grants may be awarded to organizations to provide early intervention services with respect to HIV. These grants may range from approximately \$100,000 to

approximately \$500,000 and be made for a maximum of three years. Continuation awards for any future years will be made subject to the availability of funds and satisfactory performance in past budget years toward meeting the goals and objectives of the project.

Eligible Applicants

Eligible applicants are public entities and nonprofit private entities that are: migrant health centers under Section 329 of the PHS Act; community health centers under Section 330 of the PHS Act; health care for the homeless grantees under Section 340 of the PHS Act; family planning grantees under Section 1001 of the PHS Act other than States; comprehensive hemophilia diagnostic and treatment centers; federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act; or public and private nonprofit entities that currently provide comprehensive primary care services to populations at risk of HIV disease.

Both existing Title III(b) grantees whose project periods end September 30, 1996 and new applicants that meet eligibility requirements may apply.

Project Requirements

Funding under this grant program is intended to increase the capacity and accessibility of the specified entities to offer a higher quality and a broader scope of HIV-related early intervention services to a greater number of people in their service areas with or at risk for HIV infection. The program must meet the conditions specified in the statute and provide the services specified in the statute (sections 2651, 2661 and 2662 of the Public Health Service Act). In addition, the program may provide certain optional services.

The required services to be provided under this grant are:

- Comprehensive individual counseling, including counseling of pregnant women, regarding HIV disease according to specific statutory mandates for the content and conduct of pretest counseling, counseling of those with negative test results, counseling of those with positive results, with attention to the appropriate setting for all counseling;

- Testing individuals with respect to HIV disease, in laboratories certified by the Clinical Laboratories Improvement Amendments, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and

for preventing and treating conditions arising from the disease;

- Referral to appropriate providers of health and support services, including, as appropriate to entities funded under parts A and B of title XXVI of the PHS Act, to biomedical research facilities, community-based organizations or other entities that offer experimental treatment for HIV disease, and to grantees under section 2671 for the care of pregnant women;

- Other clinical and diagnostic services regarding HIV disease, and periodic medical evaluations of individuals with the disease; and
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.

Optional services that may be included if they can be shown to be essential to the delivery of care are:

- Outreach, case management, and counseling for eligibility for other health services.

Applicants, or providers acting under an agreement with the applicant, must be participating and qualified providers under the State Medicaid plan approved under title XIX of the Social Security Act, unless the participation agreement has been waived by the Secretary. A waiver procedure is available from BPHC. Grantees are required to maximize service reimbursements from private insurance, Medicare, other Federal programs, and other third-party payment sources.

Other Grant Requirements

The applicant must agree that the services provided will conform to the assurances and agreements required under the statute that:

- The applicant will participate in an HIV care consortium established pursuant to part B, title XXVI, if such a consortium exists.

- Hemophilia services will be provided through the network of regional comprehensive hemophilia diagnostic and treatment centers.

- The applicant will ensure confidentiality of patient information.

- Testing will be provided only after obtaining a statement that the testing is done after counseling has been conducted and that the decision of the individual to undergo testing is voluntarily made.

- Opportunities for anonymous testing will be provided.

- Individuals seeking services will not have to undergo testing as a condition of receiving other health services.

- A sliding fee schedule which conforms to the requirements at *section 2664(e) of the PHS Act will be utilized.

- Funds will not be expended for services covered, or which could reasonably be expected to be covered, under any State compensation program, insurance policy, or under any Federal or State health benefits program, or by an entity that provides health services on a prepaid basis.

- Funds will be expended only for the purposes awarded, and such procedures for fiscal control and fund-accounting, as may be necessary, will be established.

- Counseling programs shall be designed to reduce exposure to, and transmission of HIV disease by providing accurate information; and shall provide information on the health risks of promiscuous sexual activity and injecting drug use.

- No more than 5 percent of the grant funds may be expended for administrative expenses. Funds may not be expended for construction, inpatient care, residential care, or cash payments to recipients of services.

- The HIV Client and Program Profile, which has been formally established as the Minimum Data Set (MDS) for BPHC, will be submitted annually. (Approved under the Paperwork Reduction Act, OMB No. 0915-0158.)

A review of applications may take place to screen out new application(s) which should not be forwarded to the objective review committee because the above-mentioned requirements have not been met.

Criteria for Evaluating Applications

These competitive applications for grant support will be reviewed based upon the following evaluation criteria:

- The need in the community, based on the 2-year period preceding the proposed grant period, for additional preventive and primary care services to those at risk for HIV infection, including women, children, and minorities, and to persons with HIV infection; barriers to meeting those needs within the existing service provider system; and other information (e.g., epidemiological and health resources data) that makes a compelling case for the grant requested as specified in section 2653 of the PHS Act.

- The extent of the applicant's role within the community in addressing the unmet needs for delivery of HIV primary care services to the targeted populations.

- The degree to which the proposed budget is appropriate to the program plan and the degree to which

coordination with other funding sources is documented.

- Comprehensiveness of the existing, plus proposed, scope of counseling and testing, referral, primary care prevention, diagnostic and treatment services, and optional outreach, case management, or eligibility assistance services provided by the applicant; and development of mechanisms to assure continuity of primary care for persons living with HIV infection.

- The applicant's demonstrated efforts related to implementation of the HRSA Program Advisory, "ZDV Therapy for Reducing Perinatal HIV: Implementation in HRSA Funded Programs."

- Extent of active inclusion of people living with HIV disease in program planning or program implementation or program evaluation or formal advisory activities.

- Evidence of the provision of comprehensive oral health services (diagnostic, preventive, and therapeutic) as an integral part of the applicant's HIV early intervention program.

- Extent to which actions taken assure effective collaboration with city/county/State health department HIV prevention activities supported by the Centers for Disease Control and Prevention, and with State Care Consortia funded under section 2613 of the PHS Act; extent to which efforts are consistent with priorities of the HIV Planning Council in the cities funded under Title XXVI of the PHS Act, and with programs funded by other PHS agencies.

- The adequacy and completeness of the program evaluation plan, and the relationship of the evaluation plan to the goals and objectives of the proposed program, so that effectiveness can be measured.

IN ADDITION, FOR PROJECT PERIOD RENEWALS: The degree to which the grantee succeeded in accomplishing the goals and objectives in the preceding project period, including the extent to which HIV primary care services were integrated into the applicant's overall primary care program; and a record of compliance with reporting requirements in effect during that period.

IN ADDITION, FOR NEW APPLICANTS: demonstrated ability of the applicant organization to carry out the proposed program, including the extent to which the proposed key clinical staff have had prior experience in the provision of clinical care for individuals with HIV infection.

Planning Grants

In the event that an amendment to the Ryan White CARE Act authorizing planning grants is enacted before the application due date of June 1, applications will be accepted for fiscal year (FY) 1996 planning grants to develop a system of care to provide outpatient early intervention services including primary care services with respect to human immunodeficiency virus (HIV) disease. Subject to the availability of funds, it is anticipated that approximately 10 grants ranging from approximately \$25,000 to \$50,000 each may be awarded. The awarding of a planning grant will range from one to three years and will not, in any way, commit the PHS to support the applicant for additional planning grants or for future operational funding.

Eligible Applicants for Planning Grants

Applicants for planning grants must be public entities and nonprofit private entities that are: migrant health centers under Section 329 of the PHS Act; community health centers under Section 330 of the PHS Act; health care for the homeless grantees under Section 340 of the PHS Act; family planning grantees under Section 1001 of the PHS Act other than States; comprehensive hemophilia diagnostic and treatment centers; federally qualified health centers under section 1905(I)(2)(B) of the Social Security Act; or public and private nonprofit entities that currently provide comprehensive primary care services to populations at risk of HIV disease. The applicant must be located in a rural or underserved community where emerging or ongoing HIV issues have not been adequately addressed.

Project Requirements for Planning Grants

Funding under this grant program is intended to increase the capacity and accessibility of the specified entities to offer a higher quality and a broader scope of HIV-related early intervention services to a greater number of people in their service areas who are at risk of HIV infection. The program must propose to address the requirements for the Ryan White Early Intervention Services Program, as outlined above, and as specified in the statute and provide the services specified in the statute (sections 2651, 2661 and 2662 of the Public Health Service Act).¹

¹ These references will be clarified in the program guidance document.

Criteria for Evaluating Applications for Planning Grants

These competitive applications for grant support will be reviewed based upon the following evaluation criteria:

- The need in the community, based on the 2-year period preceding the proposed grant period, for additional preventive and primary care services to those at risk for HIV infection, including women, children, and minorities, and to persons with HIV infection; barriers to meeting those needs within the existing service provider system; and other information (e.g., epidemiological and health resources data) that makes a compelling case for the grant requested.
- The applicant's proposed role within the community in addressing the unmet needs for delivery of HIV primary care services to the targeted populations.
- The degree to which the proposed budget is appropriate to the program plan and the degree to which coordination with other funding sources is documented.
- The degree to which the applicant proposes to include people living with HIV disease in program planning or program implementation or program evaluation or formal advisory activities.
- The degree to which the applicant proposes effective collaboration with city/county/State health department HIV prevention activities supported by the Centers for Disease Control and Prevention, with State Care Consortia funded under Section 2613 of the PHS Act, with the HIV Planning Council in the cities funded under Title XXVI of the PHS Act, and with programs funded by other PHS agencies.
- The adequacy and completeness of the program evaluation plan, and the relationship of the evaluation plan to the goals and objectives of the proposed program, so that effectiveness can be measured.

Other Award Information

Public Health System Reporting Requirements: Under these requirements (approved by the Office of Management and Budget 0937-0195), the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions. Community-based nongovernmental applicants are required to submit the following information to the head of the

appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- (1) A copy of the face page of the application (SF 424).
- (2) A summary of the project, not to exceed one page, which provides:
 - (a) A description of the population to be served,
 - (b) A summary of the services to be provided, and
 - (c) A description of the coordination planned with the appropriate State and local health agencies.

The Program to Provide Outpatient Early Intervention Services with Respect to HIV Disease has been determined to be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies, as implemented by 45 CFR Part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages to be made available under this notice will contain a listing of States which have chosen to set up a review system and will provide a State point of contact (SPOC) in the State for the review. Applicants (other than federally recognized Indian tribal governments) should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the appropriate deadline dates. The BPHC does not guarantee that it will accommodate or explain its responses to State process recommendations received after the date. (See "Intergovernmental Review of Federal Programs", Executive Order 12372, and 45 CFR part 100 for a description of the review process and requirements.)

The OMB *Catalog of Federal Domestic Assistance* number for this program is 93.918.

Dated: March 14, 1996.

Ciro V. Sumaya,

Administrator.

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