

HIV/AIDS Bureau All Grant Recipient Webinar
April 15, 2020, 2:00 PM ET

Coordinator: Welcome and thank you for standing by. Your lines are in listen-only mode for today's conference. Today's conference is being recorded. If you have any objection, you may disconnect at this time. I would now like to turn the call over to Dr. Laura Cheever. You may begin.

Dr. Laura Cheever: Thank you. Good afternoon and welcome to the Health Resources and Services Administration's HIV/AIDS Bureau All-Grantee Recipient Webinar. I'm Dr. Laura Cheever, the associate administrator of the HIV/AIDS Bureau, and I'm joined today by Tom Engels, HRSA administrator, Heather Hauck, the deputy assistant administrator of the HIV-AIDS Bureau, and Captain Mahyar Mofidi, director of the Division of Community HIV/AIDS Programs in HAB.

We're so glad you could join for today's webinar. Today we will provide updates on the new COVID-19 funding for HIV/AIDS program recipients. Next slide, please.

So we have a jam-packed agenda for you today, including the announcement of this incredibly important funding for our Ryan White recipients, technical assistance regarding new awards, and a discussion of frequently asked questions and key resources. Next slide.

But to begin, I'd like to turn it over to HRSA's Administrator Tom Engels.
Thanks for joining us today, Tom.

Thomas Engels: Thank you, Dr. Cheever. And it's an honor to be with all of you today. Good afternoon, my name is Tom Engels, I'm the administrator of the Health Resources and Services Administration. It is a pleasure to be with you again today. I want to thank the HIV/AIDS Bureau associate administrator, Dr. Laura Cheever, and deputy associate administrator, Heather Hauck, for extending another opportunity to me to speak with you today.

Over the past month, we've all experienced unprecedented change at home with our families, in our communities, and of course in our work. As a primary federal agency that cares for the health and well-being of so many underserved Americans, we are now being asked to do more. And HRSA, whose programs and partners like the Ryan White HIV/AIDS Program, is rising to the challenge.

All of our work together is more vital than ever as we continue to support the national response to the COVID-19 pandemic. I would like to thank each of you for all you're doing in response to this public health emergency. You are on the front line every day, providing a comprehensive system of HIV primary medical care, medication, and essential support services to the most vulnerable people with HIV.

And many of you are playing a critical role in delivering critical services and assisting local communities during this public health emergency. We understand that as the weeks go by, you are all facing an array of challenges because of this emergency situation. And HRSA and HHS are working to ensure that you have tools, information and the resources you need to fulfill your tremendous responsibilities.

HHS is temporarily waiving laws and regulations to further empower and assist health care providers working over the course of this public health emergency. HRSA is committed to flexibility, reliable and reasonable, to ensure continuity of care during this difficult time. At HRSA we continue to keep the lines of communication open, providing new information as the situation evolves.

I want to encourage you to visit HRSA's coronavirus website, where you can get up to date information on COVID-19 related to HRSA programs. The website is www.hrsa.gov/coronavirus. On March 27 of this year, the president signed the 2020 Coronavirus Relief and Economic Security Act, also known as the CARES Act. As part of this funding, last week HRSA awarded more than \$1.3 billion, creating 1,400 health center grantees nationwide. Those dollars bolster health centers' ability to detect, prevent, diagnose, and treat COVID-19. The award will also be used to maintain or increase health center capacity and staff.

This was in addition to \$100 million that was previously made available for health centers needing emergency funding. Many of these health centers are duly funded by the Ryan White HIV/AIDS Program. And today, HRSA awarded \$90 million of the CARES Act funding to help Ryan White HIV/AIDS Program recipients across the country continue to care for their patients during the public health emergency.

This funding supports HIV/AIDS program recipients across the country, includes city, county health departments, health clinics, community-based organizations, state health departments, and AIDS education and training centers. Recipients will use the funds to prevent or minimize the impact of this pandemic on program clients and organizations. On behalf of the secretary, I

thank you all for the work that you are doing to support your states, cities, and communities during this public health crisis.

You are the heroes, continuing to provide critical care and treatment to people with HIV who need it most. Each of you individually are profound difference-makers. You are making history. There's no blueprint for continuing to provide critical services under circumstances like those we are facing today. You are showing how it's done. And I thank you, your staff, and your families for everything that you are doing. Dr. Cheever?

Dr. Laura Cheever: Thank you so much, Tom. Our next slide? As Tom mentioned, Heather and I would like to thank each one of you on today's call for all you continue to do during this trying time in response to this unprecedented health emergency of COVID-19, particularly among the people with HIV and the nation's most vulnerable population. We're also excited to be able to share with you this important announcement made earlier today. The US Department of Health and Human Services, through the Health Resources and Services Administration, awarded \$90 million to Ryan White HIV/AIDS Program recipients across the country to prevent, prepare for and respond to coronavirus disease 2019 or COVID-19.

This funding supports 581 Ryan White HIV/AIDS Program recipients like you across this country--city and county health departments, health clinics, community-based organizations, state health departments, AIDS education and training centers, and AIDS drug assistance programs--technical assistance in an effort to help prevent or minimize the impact of this pandemic on people with HIV. The award gives Ryan White HIV/AIDS Program recipients the flexibility to meet the evolving needs in your respective communities. A little later in today's webinar, we'll go into more detail about the flexibility provided by this funding.

As the nation confronts the COVID-19 pandemic, this new funding will assist recipients to better respond to this new threat in their communities while maintaining their ability to provide HIV primary care, medications and support programs to their patients. The HIV/AIDS bureau knows that the safety and well-being of our Ryan White program recipients, patients, clients and people with HIV is paramount. And HRSA's HIV/AIDS Bureau is here to support their efforts.

This new funding is an important step in the effort to ensure you have the maximum flexibility to manage your Ryan White program work at this time. As Tom said, on March 27 the CARES Act was enacted and authorized \$90 million to the Ryan White HIV Program to provide one-time awards to recipients to address the COVID pandemic. Heather is going to go into greater detail about this funding.

Heather Hauck: Great, thanks Laura. So (unintelligible). Next slide. The new CARES Act has three main areas of focus. The first one is prevent and work in that space is intended to promote practices to reduce the risk and transmission of the virus. The second area of focus is prepare. This is aimed at enhancing the ability of our grant recipients to respond to COVID-19. And the third area of focus is respond, which is bolstering the capacity of our recipients to test and treat to limit the spread of the virus.

So these three focus areas will also provide the framework for reporting on the activities supported by the CARES Act funding. Next slide.

On this slide, a list of the number of awards made by programs, or served. As we mentioned, a total of 581 awards were made today. And because these are code one or new awards, they will each have a new activity code. Next slide.

So we wanted to also walk you through the funding methodology for these particular awards. So the Ryan White HIV/AIDS Program parts A, B, C and D recipients received awards based on a data-driven funding methodology for each part that focuses on the number of clients served for parts A through C. For in the case of Part D, their base award amount.

So for Ryan White parts A and B, using 2018 Ryan White HIV/AIDS Program services report or RFR data, the methodology was based on a relative distribution of clients served by each jurisdiction as reported to HRSA HAB. The Ryan White Part C program, using 2018 as our data, the Ryan White HIV/AIDS Program Part C funding methodology was used based solely on the number of clients served by recipients.

So the Ryan White Part D programs, we used funding data or just base grant awards and the methodology was based on the relative distribution proportionate to the recipients FY19 award amount. For Part F and the ADSP technical assistance, we used historical costs of comparable training and technical assistance activities previously funded by HRSA HAB, and those informed the funding amount.

I'd next like to turn it over to Captain Mufidi, who will go into detail about the flexibility provided by these funds. Next slide. Mahyar?

Capt. Mahyar Mofidi: Thank you, Heather. Good afternoon everyone. I'm going to present information on funding flexibility, allowable costs, and some examples of uses of funds under the COVID-19 awards. So there are certain flexibilities that are embedded in the COVID-19 funds in order to counteract the results or related effects of COVID-19. Given that many of you have already incurred COVID-19-related costs, before even receiving your NOAs today, HRSA

allows recipients to use the awards for any pre-award COVID-19 costs incurred dating back to January 20.

So you'll be asked to note in the brief narratives and the budget narratives that I'll get into it in a minute to articulate if funds have been used to date for COVID-19 activities dating back to January 20. Additionally, recipients are able to begin spending the funds for COVID-19 activities upon receiving your Notice of Award. You are not required to wait until you submit the required documents in order to start using these funds.

Next slide, please. Next slide, please. A little bit more about the flexibility. The CARES Act provision for Ryan White offers physicians some flexibility to address COVID-19-related health and personal care needs of client, but removing the 75% core medical services requirement under parts A, B and C. Removing this requirement allows recipients wider latitude to allocate more funding for such things as the core services, as an example, needed to address areas and challenges experienced by Ryan White clients as a result of COVID-19. ATC-required allocation of 40% practice transformation, 10% in a professional education, and minimum of 26% NAI is suspended for the COVID funds. These provisions do not apply with COVID-19 funding.

For Part C, however, at least 50% requirement for the award amount to be expended on UIS has not been waived. All other Ryan White legislative provisions continue to apply under the COVID-19 funding. As I said earlier, the administrative flexibilities associated with COVID-19 funds that allow all of you to begin expending funds immediately and also to retroactively charge COVID-19 expenses dating back to January 20.

Next slide, please. Thank you. All activities and purchases reported by the Ryan White COVID-19 awards must be used for services, activities and

supplies needed to prepare for, present and respond to the COVID-19 with respect to the Ryan White clients. What I mean by that is that COVID-19 funds for the Ryan White program must still be for people with HIV. This is not a new standard loan program, it is supplemental funding to allow you to undertake COVID-19 response activities for people with HIV. Next slide.

The next set of slides provide examples of allowable uses of COVID-19 funds. When you receive the reporting instructions, they will provide examples of allowable uses of funds, in addition to the terms and conditions that will be listed on your NOA, which will also include some examples. Again, all activities reported by COVID funding must align with the Ryan White program and focus on the three focus areas that Heather just mentioned. I'm not going to read every bullet. This list is not exhaustive, as there may be other allowable uses of funds consistent with the terms and conditions of the award.

The list is organized according to again, the three categories. Another thing to point out is that any COVID-19 activities that we list out and uses of funds could fit within more than one of those three categories. So under the bucket prevent, it can include performing outreach and providing Ryan White clients with information on handheld units, cost additives, and COVID-19 transmission, deliver culturally appropriate training and education on COVID-19 preventive practices and (unintelligible) control, behavioral health strategies, and purchasing cleaning supplies. Next slide, please.

Under the bucket prepare, it is designed to enhance your readiness, training and services to respond to COVID-19 activities can include review, update or implement emergency operation plans, provide training for all staff on infection control procedures, training staff, establish and designate separate spaces for clients, provide clinical consultation on the management of

occupational (unintelligible) to COVID-19.

So we move on to the next slide, under the category of response, these are activities about COVID-19 testing, diagnosing, limiting the spread of COVID-19. You could use funds, for instance, to increase capacity for Ryan White client (unintelligible) testing, enhanced telehealth infrastructure, purchase of vehicles to transport Ryan White clients or recipients, personnel, purchase supplies, purchase personal protective equipment, provide home (unintelligible) and medications of course (unintelligible) when appropriate. Make alterations and renovations such as (unintelligible) to support social distancing for Ryan White clients. As you can see, there are many activities to consider in using COVID-19 funds to address the health care needs of people with HIV.

As I mentioned a minute ago, many COVID-19 activities and uses of funds could fit within more than one category. Next slide, please.

What has not changed with COVID-19 awards are administrative costs, which as you know cannot be more than 10% of the overall budget. The provisions and clarifications covered in HAB's policy clarification notice (unintelligible) administrative tasks apply to COVID-19 awards. Again, you know these very well. They include for example parts A and B recipients ensuring that the aggregate total of administrative expenditures for their sub-recipients, including all indirect costs does not exceed 20% of the aggregate amount of all sub-awards. And as a reminder for Ryan White parts A and B administration and planning and evaluation costs combined may not exceed 15% of the total COVID-19 award.

Again, we encourage you all to review (unintelligible) and 1501 as you work on your budgets. Next slide, please.

And then on this slide, we have the subject of unallowable costs that are consistent costs because - they're unallowable because the Ryan White legislative provisions or regulations, or because of annual appropriations. (Unintelligible) you are familiar with these, again as a reminder to you all, (unintelligible) on the NOFOs including PrEP medication and related medical services and the prohibition of purchasing sterile needles and syringes as part of (unintelligible).

Next we're going to shift gears a little bit and talk briefly about what's involved in the initial submission of documents. So HRSA has to implement an expedited process as Dr. Cheever mentioned, to let these awards (unintelligible), Therefore information that we typically request prior to awards is now collected post-award. HRSA has a directive to make (unintelligible) so these funds as soon as possible. Hence we're request a minimum amount of information from you all, our recipients. That said, for the initial reporting, recipients are required to submit a brief narrative, one to two pages, describing the proposed project activities. Again, these activities should be aligned according to the three focus areas that were mentioned earlier.

Next, essential point to the narrative should be that it's clearly benefit, these funds, to address COVID-19-related issues that have impacted Ryan White clients, Ryan White-funded health care (unintelligible) people with HIV. There's also a 424A budget information form. You know this form very well. You can complete this form the way that you normally do it. As I mentioned, HRSA is allowing pre-award costs dating back to January 20 of this year. And these funds must be (unintelligible) separately from the funds awarded under other existing Ryan White grants that you have that have been issued for your (unintelligible).

There's also a budget narrative component. As you must provide a standing budget narrative that clearly explains the amounts you're requesting. The budget narrative should describe how each of the items will support the award objectives. Make sure to explain the calculation of the (unintelligible) administrative costs. In addition (unintelligible) Part C awardee explaining the 15% (unintelligible) calculation. And should you be requesting funds for equipment, please provide an equipment list form as part of the budget.

Lastly, the initial submission of these documents are due within 30 days of the date the award has been issued. And since the awards are being issued today, they will be due May 15, a month from now. And all that I just covered with respect to these documents, you'll be receiving through your NOA and recording requirement information that are coming your way through EHB.

So with that, I'm going to turn it back to Dr. Cheever, who will respond to some of the COVID funding questions. Dr. Cheever?

Dr. Laura Cheever: Great, thank you so much Dr. Mofidi. If people can't hear me say something in the chat, I know I've seen some messages that kind of flashed on my screen, So let me know if you can't hear me.

In the last two weeks of the signing of the CARES Act, we've heard from many of you regarding your questions about COVID-19 funding awards. And what it will mean for recipients as we continue to move forward to provide care for people with HIV during the COVID-19 pandemic. This afternoon, we want to provide you with responses to several frequently asked topics on these new awards.

Let's begin with the topic of timing. The first question is "When can Ryan

White recipients begin using their COVID-19 funding?" As mentioned earlier in this presentation, Ryan White HIV/AIDS Program recipients can begin using their new CARES Act funding upon receipt of the awards. So that would be today. And I'm going to turn it over to Heather to go over a couple more questions, to find a place with no barking dogs.

Heather Hauck: Thank you. Next question is on the topic of the funding methodology, which we just covered in the slides. But just a brief iteration again for folks. Several of you have asked how was the announcement of COVID-19 funding determined for each Ryan White HIV/AIDS Program award recipient. And as indicated, the Ryan White HIV/AIDS Program parts A, B, C and D recipients received awards based on a data-driven funding methodology for each part that focused on the number of clients served for parts A, B and C, or their base grant award amount for Part D.

The next question is, "Do Ryan White HIV/AIDS Program recipients need to apply for the COVID-19 funding?" And the answer to that question is that in order to expedite the distribution of this critical funding, HRSA made funds available immediately, today, and subsequently as Dr. Mofidi just covered, we will collect budget forms and recipients will be given reporting instructions for a project narrative and budget information that must be provided within 30 days of receiving this award. So as Dr. Mofidi just indicated, you're receiving the award today, so 30 days from today.

When you look in the electronic handbook, you will see the instructions in the placeholder in EHB for the budget and narrative submissions. So as each of you received your NOA, that is what sets off the series of submissions that you will be notified about and need to submit in those 30 days. I'll turn it over to Dr. Cheever for the next couple of questions.

Dr. Laura Cheever: So a question we're getting over the chat, which I think just popped up briefly onto my screen, so I can only read the short ones, is "Will the slides be shared from today?" Yes, the slides will be shared. We were supposed to have room for something like 2,000 people joining (unintelligible) but it go full, so we'll definitely make sure that we are able to share the slides from today so everyone has access to those.

Another question was around period of performance. People have asked whether the period of performance for the COVID-19 funding. (Unintelligible) of grants in the period of performance is 12 months. Funding is available for use as I just said and pre-award costs are permitted for COVID-19 prevention, preparedness and response-related expenses dating back to January 20, 2020.

In terms of allowable use of funds as highlighted by Dr. Mofidi, people have asked us what they can use their funds for. The answer is that all Ryan White HIV/AIDS Program COVID-19 activities (unintelligible) supported by the FY2020 CARES Act fund must be used for services, activities and supplies needed to prevent or minimize the impact of COVID-19 on Ryan White HIV/AIDS Program clients. The CARES Act provision for the Ryan White HIV/AIDS Program offers recipients some flexibility to address COVID-19-related health and support needs to clients by removing the 75% core medical services requirement.

Removing this requirement allows recipients to allocate more funds for necessary support services for Ryan White HIV/AIDS Programs as a result of COVID-19. With that 75% core medical services requirement, recipients may extend all sorts of support services otherwise not utilize COVID fund awards, for example administrative costs, costs of clinical quality management, planning and evaluation. It should be noted though that as Dr. Mofidi noted,

the 50% EIS continues to apply in Part D.

The COVID-19 funding will primarily support core medical support services for Ryan White clients. Funds may also be allocated for technical assistance programs to ensure HIV health organizations and professionals have timely access to current training and technical assistance needed to address COVID-19-related issues impacting people with HIV or at risk for HIV. For additional information on allowable use of funds, we encourage you to download the examples of allowable use of funds document from the HAB website.

Heather?

Heather Hauck: The next question is whether Ryan White HIV/AIDS Program administrative tasks are applicable to the COVID-19 award. And as touched on earlier in the presentation, yes, grant recipients are required to comply with the Ryan White HIV/AIDS Program administrative costs (unintelligible). And administration costs are costs associated with the administration of the grant. No more than 10% of the budget can be spent on such administrative costs.

Recipients and allowable staff activities that are administrative in nature to the administrative cost category. The aggregate total of administrative expenditures for parts A and B sub-recipients including all indirect costs may not exceed 10% of the aggregate amount of the COVID award. For the Ryan White HIV/AIDS Program parts A and B administration and planning evaluation costs combined does not exceed 15% of the total award. And for the Ryan White parts C and D total administrative costs should not exceed 10% of the award. Indirect expenses must be considered administrative expenses subject to the 10% cap under Part D.

So we know that there are a number of questions that we're not going to be able to get to today. Just in point of time and given the fact that we have many

people who were not able to access the Adobe today. So we're encouraging people to go to the HIV/AIDS Bureau website. Our COVID-19 FAQ page. We are updating this page on an almost daily basis with new FAQs and information as it becomes available. (Unintelligible) is www.hab.hrsa.gov/coronavirus-frequently-asked-questions. And if there was a question that you did not receive an answer to today that we can clarify, you can send that to your project officer and we will make sure to, as appropriate, respond to those up on the FAQ site.

You can also - on the website you can also find the link to our last all-grant recipient call from March, and then we will also put today's webinar at that same web page. We also would encourage you to visit several other web pages for critical information as our COVID-19 pandemic continues to evolve. First and foremost, please visit coronavirus.gov, which is the primary portal for information for the public regarding COVID-19. For up to date information on the status of the outbreak, please visit the CDC website, which includes information on clinical evaluation criteria for providers and information about COVID-19 symptoms, prevention and treatments.

You can also find a compendium of resources about COVID-19 for people with HIV on HIV.gov. In addition, HRSA has also put together a list of HRSA programs, COVID-19 resources, which is available at www.hrsa.gov/coronavirus. And then of course we also encourage you to visit HAB's web page for technical assistance for these FY2020 CARES Act funding for Ryan White HIV/AIDS program recipients. So there's a wealth of resources that are available that we encourage you to access, take a look at, and certainly follow up with us if you have additional questions. And I will turn it back over to Dr. Cheever. She may be on mute.

Dr. Laura Cheever: Sorry about that. Yes, thank you all again. As we close today, just want to

thank you all again for the vital work you do in your communities and for your participation in today's call. As we've noted, the slides will be available and the recording of the webinar will be posted in the coming days. So thank you all very much. Hope you've all received your NOAs and we look forward to working with you closely as the program is funding. Thanks very much for participating.

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