Webinar #2:

DVH CDC-RFA-PS21-2103: *Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments*

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Overview

- **FAQ's Follow up (Webinar #1)**
  - To include introduction of Resource Documents (templates)

- **Links to resources:**
  - PS21-2103 Notice of Funding Opportunity
    Webinar #1 Slides
  - NOFO FAQs
  - Workplan Templates:
    - Components 1 & 2
    - Component 3
  - Budget templates:
    - Sample SF424A
    - OFR Budget Guidance

- **Live Q & A**

FAQs from Webinar #1

The NOFO doesn't specify award floors or ceilings for the 3 components. Can you give any recommendations of the maximum that a jurisdiction can request in these categories?

- The estimated average year 1 funding amounts listed in the PS21-2103 funding opportunity announcement for Components 1, 2, and 3 are neither funding floors nor funding ceilings.

Can you provide guidance for the awards you have in mind for the activities that are contingent on funding?

- Within the same Component, budget details for elements “contingent on funding” should be detailed separately from elements not contingent on funding.
- No estimated average funding amounts for year 1 are provided for Component 1 and 2 elements that are “contingent on funding”; therefore, applicants should request what funds they believe are necessary to complete these elements (e.g. 1.3, 2.2, and 2.3).

Can this funding support the procurement of hepatitis C test kits for high impact sites?

- Yes, funding can be used to purchase test kits under Components 2 and 3.

Regarding page limit of the application, the instructions state that the Narrative (inclusive of the Background, Approach, Purpose, Outcomes, Strategies & Activities, Collaborations, Target Populations & Health Disparities, Evaluation and Performance Measurement Plan including Data Management Plan, Organizational Capacity, and Work Plan) should be no longer than 20 pages. Is it 20 pages in total, or 20 pages for each of the three components?

- Applicants applying for Components 1 and 2 will submit a maximum 20-page application.
- Applicants applying for Components 1, 2, and 3 will submit a maximum 30-page application. Work Plans are included in the page limits. Budgets are not included in the page limits.

Are there going to be standard workplan, budget templates, and narratives for this grant put forth by the Program?

- Yes, the division has provided workplan templates that are available for reference on the VH webpage.

Sample Combined Evaluation & Workplan

PS21-2103 Components 1 and 2 Combined Evaluation and Work Plan Template

This template is provided as an aid to applicants in preparing the evaluation and work plan for PS21-2103; however, its use is optional. Space is provided for brief narrative descriptions of the 5-year plan and Year 1 plan for each strategy, with a suggested limit of 100 words each.

The tables in this template include only the required short-term activities and expected (bolded) outcomes from the PS21-2103 Logic Model.

- Short-term outcomes may be achieved during Years 1-3 of funding; applicants should indicate what outcomes are expected to be achieved in Year 1 and edit tables accordingly.
- Applicants planning to address the Intermediate expected (bolded) or remaining (non-bolded) short- or intermediate-term activities/outcomes in Year 1 may copy sections of the template and edit them accordingly.
- Example process measures (example: not required) are shown for required short-term activities with no required process measure in the evaluation and performance section of the NOFO.

Component 1: Core Viral Hepatitis Outbreak Response and Surveillance Activities

Strategy 1.1.: Develop, implement and maintain plan to rapidly detect and respond to outbreaks of hepatitis A, acute hepatitis B, and acute hepatitis C

Overall 5-year plan (100 words):

Detailed Year 1 plan (100 words):

Outcome 1.1.1: Established jurisdictional framework for outbreak detection and response

Year 1 Activities	**Process Measure(s)**	**Responsible Party/Person**	**Completion Date**
1. Engage surveillance stakeholders at the state and local levels and collaborate with CDC DVH epidemiologists to develop plan to rapidly detect and respond to outbreaks	(example: not required) Engaged stakeholders and met ___ times (remotely) to develop plan to rapidly detect and respond to outbreaks		
2. Develop plan to respond to outbreaks of viral hepatitis	1.1.1.a. A documented plan for responding to hepatitis A, hepatitis B, and hepatitis C infection outbreaks 1.1.1.b. CDC is notified of outbreaks within 5 business days of identifying the outbreak		

Sample Combined Evaluation & Workplan

Component 2: Core Viral Hepatitis Prevention Activities

Strategy 2.1.: Support viral hepatitis elimination planning and surveillance, and maximize access to testing, treatment, and prevention

Overall 5-year plan (100 words):

Detailed Year 1 plan (100 words):

Outcome 2.1.1: Increased state engagement with key stakeholders in viral hepatitis elimination planning

Year 1 Activities	Process Measure(s)	Responsible Party/Person	Completion Date
1. Identify and engage partners as members of a jurisdictional "Viral Hepatitis Elimination Technical Advisory Committee" or create a coalition of appropriate partners and key stakeholders.	2.1.1.a. Established and maintained a viral hepatitis elimination technical advisory committee or coalition of partners/stakeholders.		
2. Develop or expand upon an evidence based viral hepatitis B and C elimination plan.	2.1.1.c. Developed and maintained viral hepatitis elimination plan with support from technical advisory committee/coalition		
3. Engage with key partners and stakeholders to set goals and objectives, identify target populations, develop a logic model and an action plan.	2.1.1.b. Conducted at least 2 meetings per year of the viral hepatitis elimination technical advisory committee or coalition		

Sample Combined Evaluation & Workplan

Combined Evaluation and Work Plan Template

PS21-2103 Component 3: Special Projects: Prevention, Diagnosis, and Treatment Related to the Infectious Disease Consequences of Drug Use

This template is provided as an aid to applicants in preparing the evaluation and work plan for PS21-2103, however, its use is optional. Space is provided for brief narrative descriptions of the 5-year plan and Year 1 plan for each strategy, with a suggested limit of 200 words each.

The tables in this template include only the required short-term activities and expected (bolded) outcomes from the PS21-2103 Logic Model.

- Short-term outcomes may be achieved during Years 1-3 of funding; applicants should indicate what outcomes are expected to be achieved in Year 1 and edit tables accordingly.
- Applicants planning to address the Intermediate expected (bolded) or remaining (non-bolded) short- or intermediate-term activities/outcomes in Year 1 may copy sections of the template and edit them accordingly.
- Evaluation section can be collapsed appropriately to allow space to explain how evaluation will be conducted and how evaluation results will be used.

Strategy 3.1 Improve access to services for PWID in settings disproportionately affected by drug use

Overall 5-year plan (200 words):

Detailed Year 1 plan (200 words):

Outcome 3.1.1: Increased access to high-coverage needle-syringe exchange among PWID
Outcome 3.1.2: Increased linkage to SUD treatment (including MAT among PWID with OUD)
Outcome 3.1.3: Increased HCV, HIV, and HBV testing among PWID
Outcome 3.1.4: Increased linkage to treatment services among people with infectious complications (viral hepatitis, HIV, bacterial, fungal) of SUD
Outcome 3.1.5: Increased receipt of hepatitis B and A vaccination among PWID

Sample Combined Evaluation & Workplan cont'd

Year 1 Activities	Process Measure(s)	Responsible Party/Person	Completion Date
1. Form project management team	1. 2. 3.		
2. Complete rapid health services assessment	1. 2. 3.		
3. Develop service delivery model	1. 2. 3.		
4. Prioritize elements of PWID bundle for implementation	1. 2. 3.		
5. Evaluate access to high-coverage needle-syringe exchange among PWID	3.1.1.a-b Report containing number, stratified by setting serving PWID (SSPs, SUD treatment programs, hospitals, correctional settings, etc.) of: a. PWID served b. Syringes distributed		
6. Evaluate linkage to SUD treatment (including MAT among PWID with OUD)	3.1.2.a-d Report containing number, stratified by setting serving PWID of: a. PWID linked to SUD treatment b. PWID assessed for OUD c. PWID with OUD d. PWID with OUD linked to MAT		
7. Evaluate access to HIV, HCV, and HBV testing among PWID	3.1.3.a-c Report containing number, stratified by setting serving PWID of: a. Clients tested for anti-HCV b Clients screened (anti-HBc, HBsAg, anti-HBs) for HBV		

Are there three SF424As required as well as three budgets?

- No, only one form SF424A will be required for submission. Section B of the SF424A will accommodate up to 4 budgets.

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
a. Personnel	$	$	$	$	$
b. Fringe Benefits					
c. Travel					
d. Equipment					

Sample SF424A, Section B (all components)

	Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
			Federal	Non-Federal	Federal	Non-Federal	Total
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
1.	Viral Hepatitis	93.270			$783,200		$783,200
2.							$0
3.							$0
4.							$0
5.	Totals		$0	$0	[illegible]	$0	$783,200

Section B - Budget Categories						
6. Object Class Categories	Grant Program, [illegible] tivity				Total (5)
	Component 1	Component [illegible]	[illegible] ponent 3	(4)	
a. Personnel	$50,000	$5[illegible]	$80,000		$180,000
b. Fringe Benefits	$25,000	[illegible]	$10,000		$60,000
c. Travel	$7,5[illegible]	$3,700	$10,000		$21,200
d. Equipment	$10,000	$10,000	$25,000		$45,000
e. Supplies	$42,000	$5,000	$10,000		$57,000
f. Contractual	$50,000	$40,000	$200,000		$290,000
g. Construction					$0
h. Other	$40,000				$40,000
i. Total Direct Charges (sum of 6a-6h)	$224,500	$133,700	$335,000	$0	$693,200
j. Indirect Charges	$35,000	$35,000	$20,000		$90,000
k. Totals (sum of 6i-6j)	$259,500	$168,700	$355,000	$0	$783,200

Sample Budget Guidance

Budget Preparation Guidelines
Office of Financial Resources (OFR)

Preparing a budget can be one of the most confusing aspects of applying for a CDC grant or cooperative agreement. This document provides guidance for the preparation of a budget request and examples to help with the process. Adherence to this guidance will facilitate timely review and approval of a budget request.

Salaries and Wages

For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample Budget

Position Title and Name	Annual Salary	Time	Months	Amount Requested
Project Coordinator Susan Taylor	*$45,000*	*100%*	*12 months*	*$45,000*
Finance Administrator John Johnson	*$28,500*	*50%*	*12 months*	*$14,250*
Outreach Supervisor (Vacant)*	*$27,000*	*100%*	*12 months*	*$27,000*
Total Personnel				**$86,250**

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Descriptions: Project Coordinator – (Susan Taylor)

When will applicants be notified if opt-out strategies and activities are approved?

- Applicants will be notified of approved activities in the Notice of Award (NOA), estimated in May 2021.

Is there an email designed for questions that come up during the writing of the NOFO?

- While CDC cannot provide assistance in the development of grant applications, general questions should be directed to DVH_FOA@cdc.gov. All questions and responses will be available and posted on DVH's Viral Hepatitis webpage.

For metric 1.2.3.a (90% of cases reported within 90 days of case investigation date). What if cases are not investigated at all? Should they be included in the denominator?

- The goal is for 90% of cases to be reported within 90 days of the jurisdiction receiving the first report, e.g., a positive laboratory result received via electronic laboratory reporting.
- Cases may be classified initially based on available information, for example, by an automated algorithm, and reported within 90 days on this basis. If further investigated later, the case classification may be revised in a subsequent notification to CDC.
- Consultation with the Surveillance Officer assigned to the jurisdiction may provide further guidance based on the jurisdiction's specific case reporting laws and regulations.

What is the timeline for the full implementation of the Hepatitis Message Mapping Guide?

- Hepatitis Message Mapping Guide is available for implementation. Jurisdictions progress through phases of implementation (pilot, receiving technical assistance, onboarding, and production).
- October 2020 issue of NMI Notes indicates that 6 states are receiving technical assistance for hepatitis, 2 are onboarding, and 23 are in production.
- The NNDSS Modernization Initiative FAQ https://www.cdc.gov/nmi/faq.html provides the following information about the Message Mapping Guide timeline for implementation, under the section "Retirement of the Legacy NNDSS Portfolio" (https://www.cdc.gov/nmi/faq.html#Retirement):

Does CDC have a final cut-off date when it will no longer accept NETSS files?

- "Right now, we do not have a firm timeline for how long we will continue to accept NETSS messages once MVPS is able to accept HL7 messages for a condition
- States should expect to complete the transition within 12–18 months after MVPS is able to accept data sent by using the new MMG.
- Jurisdictions are encouraged to begin implementing case notifications based upon new MMGs as they are finalized.
- The Health Information Systems component of the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement requires demonstrated progress toward the implementation of case notifications based upon the new MMGs.”

How does CDC advise measuring the hepatitis B care cascade when treatment is not recommended for everyone?

- Guidance for measuring the hepatitis B care cascade will be developed in collaboration with jurisdictions and national partner organizations.

Strategy 1.2 addresses acute hepatitis B and acute and chronic hepatitis C, but one of the short-term outcomes speaks to perinatal hepatitis C and chronic hepatitis B. At the same time, strategy 1.3 addresses chronic hepatitis B and perinatal hepatitis C. Under which strategy should applicants detail their plans for chronic hepatitis B and perinatal hepatitis C?

- The Strategy 1.2 short term outcome to increase public health **reporting** of chronic hepatitis B and perinatal hepatitis C supports activities to increase reporting from providers to the jurisdiction, and from the jurisdiction to CDC.
- Strategy 1.3 addresses monitoring, that is, use of the surveillance data for chronic hepatitis B and perinatal hepatitis C to describe case distribution and trends geographically, demographically, and by risk factors, to inform public health action.
- Applicants should detail activities for chronic hepatitis B and perinatal hepatitis C surveillance under the relevant strategy.

Page 27 of NOFO states "Local health department applicants are required to submit a letter of agreement / MOU between the appropriate state and local health department delegating authority for surveillance to the local health department and detailing how surveillance data will be reported to CDC. Do LHDs need to submit surveillance data directly to CDC or just describe how surveillance data flows from local to state to CDC?

- The application should describe how the LHD and SHD will collaborate, and how data will be submitted to CDC, within the laws and regulations of the state and local jurisdictions, and authority of the LHD and SHD for notifying CDC of viral hepatitis cases.

Component 2.1, Outcome 2.1.3. refers to increased HCV and/or HBV testing in health care systems. Is there a specific definition applicants should use for what qualifies as a health care system?

- The PS21-2103 NOFO, page 81, provides a list of definitions. The definition of health systems are organizations of people, institutions, and resources that deliver health care services to meet the health needs of target populations. The specific definition of a health care system evolves over time; example definitions are available on the Agency for Healthcare and Research Quality (AHRQ) website. https://www.ahrq.gov/chsp/chsp-reports/resources-for-understanding-health-systems/defining-health-systems.htm

Can funds from Component 2 be used for provider trainings to design and offer CME courses where a state and a city within the state apply for funding, but surveillance is mostly handled by the State; can the city applicant defer some of the Component 1 outcomes to the state applicant?

- Yes, funds can be used for provider trainings and CME courses and the applicant needs to explain it clearly in the budget narrative/justification.
- Local health department applicants are required to submit a letter of agreement/MOU between the appropriate state and local health department delegating authority and provide details on the activities that will be conducted.

Does the service bundle for component 3 have required elements? Do we have to include all items on the NOFO list? There is a challenge with syringe services programs (SSPs) because of laws regarding them in our state.

- Yes, the PWID service bundle does have required elements.
- The PWID service bundle should include access (directly or through referral) for all the elements.
- For more detailed information applicant may refer to Page 24 of the NOFO.

Our determination of need (DON) was approved in January 2020. Do we have to submit a request each year or will that response be sufficient for the PS21-2103 NOFO?

- Once a jurisdiction receives a CDC approval of DON there is no need for reapproval. However, a jurisdiction that does not have a DON in place can submit/resubmit an application with new supporting evidence justifying the need.

Is it permissible to offer incentives to clients participating in Components 3.1, 2.2 and 2.3?

- Yes, it is permissible for the recipient to offer non-cash incentives to clients participating in PS21-2103 Component 2.2, 2.3, and 3.1 activities.
- Recipients will be expected to track the incentives given. There should be a log or record showing when, where and how much each gift card cost, notating who the gift cards were issued to, the date and then signature of the persons receiving the incentive.
- Gift cards should be vendor specific. limiting the use for general purpose purchases (avoiding AMEX/VISA/Master Card gift cards). All gift cards amounts should be targeted at $5 and $10 and should not exceed a $25 cap.

Thank you!

For questions, please email DVH_FOA@cdc.gov.
Additional information and resources may be found at
https://www.cdc.gov/hepatitis/policy/FO-CDC-RFA-PS21-2103.htm

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov