

Amendment I made 5.22.12 to the following Sections:

- *Part I: The title of this Funding Opportunity Announcement is revised to “PPHF 2012 Viral Hepatitis, Early Identification and Linkage to Care for Person with Chronic HBV and HCV Infections Financed Solely by 2012 Prevention and Public Health Funds.*
- *Key Dates: In addition, this amendment is to add web conference information for applicants interested in applying for funding under this project. Additional information can be found at the “Key Dates” section and “Section VIII. Other Information.”*
- *Section II Award Information: Also, the Approximate Total Project Funding for Category B is corrected to be \$5,000,000.*
- *Changes were added to Attachment I – Minimum Test-Level Data Variables, clarifying the acronyms “AVT” and “SRP;” “AVT” is “Antiretroviral Therapy” and “SRP” is “Self-Report Positive.”*

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: PPHF 2012 Viral Hepatitis, Early **Identification** and Linkage to Care for Persons with Chronic HBV and HCV Infections Financed Solely by 2012 Prevention and Public Health Fund

Agency Funding Opportunity Number: CDC-RFA-PS12-1209PPHF12

Announcement Type: NEW – Type 1

Catalog of Federal Domestic Assistance Number: 93.736

Key Dates:

To receive notification of any changes to CDC-RFA-PS12-1209PPHF12, return to the synopsis page of this announcement at: www.grants.gov and click on the “Send Me Change Notification Emails” link. An email address is needed for this service.

Letter of Intent Deadline Date: June 8, 2012

Application Deadline Date: July 2, 2012, 5:00 p.m. U.S. Eastern Standard Time

Additional Key Dates: Potential applicants may participate in a webinar regarding this Funding Opportunity Announcement (FOA). The webinar will be conducted by the Division of Viral Hepatitis, National Center for HIV, Viral Hepatitis, STD and Tuberculosis Prevention, on May 30, 2012 from 3:00 p.m. – 4:00 p.m. Eastern Daylight Savings Time. Registration is required for this webinar. More information can be found at Section VIII. Other Information.

Overview:

This funding opportunity announcement (FOA) reflects Centers for Disease Control and Prevention (CDC) efforts to improve early identification of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections in clinical and community settings and to enhance linkage to care, treatment, and preventive services for infected persons. To meet this prevention goal, the FOA includes two (2) categories: Category A - Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B; and Category B - Testing for HCV Infection and Enhancing Linkage to Care for Persons with Hepatitis C.

Executive Summary:

CDC announces the availability of Fiscal Year (FY) 2012 funds for a cooperative agreement program. The purpose of this funding announcement is to support implementation of a viral hepatitis testing initiative to increase early identification of persons with HBV and HCV

infections, with a focus on populations that are disproportionately affected by these infections, and to enhance linkage to care, treatment, and preventive services for persons with these infections.

The goals of this FOA are derived from the HHS Viral Hepatitis Action Plan (available at: <http://www.hhs.gov/ash/initiatives/hepatitis>) and reflect the *Healthy People 2020* Immunization and Infectious Diseases objectives.

CDC will support the provision of services that (1) enhance testing for HBV and HCV infections among persons for whom testing is indicated and (2) ensure that persons living with hepatitis B or hepatitis C are informed, appropriately counseled, and provided with linkage to care, treatment, and preventive services. Enhanced testing efforts should target populations disproportionately affected by chronic hepatitis B and hepatitis C, especially those that are medically underserved.

This FOA consists of two (2) categories: Category A - Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B; and Category B - Testing for HCV Infection and Enhancing Linkage to Medical Care for Persons with Hepatitis C. These components are described in detail below.

Category A – Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B

CDC anticipates awarding approximately 10 awards to grantees to work in collaboration with organizations/agencies targeting persons born in countries with intermediate (2%-7%) or high (>8%) hepatitis B prevalence. Actual award amounts will be competitive through scoring of applications. Only those applicants who meet the eligibility criteria will be considered.

Category B – Testing for HCV Infection and Enhancing Linkage to Medical Care for Persons with Hepatitis C

The program activities under Category B are divided into three parts:

- Part 1 - HCV testing and linkage to care in settings that provide services to persons who inject drugs (PWID)
- Part 2 - Hepatitis C services in community health centers (CHCs)
 - 2a – HCV testing and linkage to care in CHCs
 - 2b – Strengthening HCV care and treatment in CHCs
- Part 3 – HCV testing and linkage to care in other settings

For each Part except Category B-Part 2b CDC anticipates awarding approximately 10 awards to grantees to increase HCV testing in the targeted settings and provide linkage to care, treatment, and preventive services for persons identified with HCV infection.

For Category B – Part 2b, CDC anticipates awarding approximately two (2) grantees to implement a telehealth knowledge network for sharing case presentations and facilitating consultations among CHCs, local health departments, and academic medical faculty with expertise in HCV care and treatment. Modeled after Project ECHO¹, the goals of the programs are to strengthen the capacity for HCV testing, care, and treatment within CHCs and other institutions in the network.

¹ **Outcome of Treatment for Hepatitis C virus Infection by Primary Care Providers** – Sanjeev Arora, MD; et al.; New England Journal of Medicine, 10.1056, Jun 2011

Applicants may apply for more than one category; however, separate applications are required. For Category B, separate applications are required for each part, with the exception of Part 2b, which can be combined with Part 2a. For applicants seeking funding for Category B - Part 2b, only those who apply for Category B - Part 2a will be considered.

Measurable Outcomes

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the CDC Division of Viral Hepatitis (DVH), which reflect those outlined in the HHS Viral Hepatitis Action Plan:

Category A

- an increase in the proportion of persons who are aware of their HBV infection status among populations born in countries with intermediate or high prevalence of HBV infection
- an increase in the proportion of those persons testing positive for HBV infection (among those tested through the screening project) who receive prevention counseling and are linked to care treatment and prevention services.

Category B

Parts 1, 2a, and 3

- an increase in the proportion of persons who are aware of their hepatitis C virus infection, especially persons at increased risk for transmission (e.g., PWID) and demographic populations with increased HCV prevalence and risk for morbidity and mortality (e.g., persons born from 1945 through 1965)

- an increase in the proportion of those persons testing positive for hepatitis C (e.g., positive HCV RNA) who receive preventive services and are linked to care treatment and prevention services

Part 2b

- an increase in the proportion of newly infected persons who are linked to best practice care and medical evaluation for treatment
- an increase in the proportion of persons with chronic hepatitis C who receive antiviral therapy

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This program is authorized under Sections 301(a), 317N of the Public Health Service Act (42 U.S.C. Section 241(a) and 247b-15), as amended.

Purpose

The purpose of this FOA is to support implementation of a viral hepatitis testing initiative to increase early identification of persons with hepatitis B and hepatitis C (or both), with a focus on

medically underserved populations and populations that are disproportionately affected by these infections. In accordance with the HHS Viral Hepatitis Action Plan (available at <http://www.hhs.gov/ash/initiatives/hepatitis>), this FOA focuses on CDC's commitment to ensure that new cases of viral hepatitis are prevented and that persons who are already infected are tested, informed of their infection, provided with counseling, and linked to care, treatment, and prevention services. This program also addresses the *Healthy People 2020* focus area(s) of Immunization and Infectious Diseases (available at <http://www.healthypeople.gov>)

The goals of this FOA are to increase the number and proportion of persons: (1) tested for HBV and HCV, (2) with chronic viral hepatitis who are aware of their infection, and (3) linked to care, treatment, and prevention services. These goals will be achieved by augmenting recipients' (grantees') capacity for hepatitis B and hepatitis C testing, linking persons with hepatitis B and hepatitis C to care, treatment, and preventive services, and ensuring program monitoring and accountability.

CDC expects each grantee to achieve the following performance benchmarks when the testing and care referral programs are fully implemented:

For Category A: Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B

- For each grantee, approximately 1,000-4,000 persons (depending on funding tier provided in Table A, see Part II Award Information) are tested for HBV infection (hepatitis B surface antigen [HBsAg] and antibody to the hepatitis core antigen [anti-HBc]) within the project year, with the objective of identifying HBV-infected persons not previously aware of their infections, particularly those born in countries with an HBsAg prevalence of $\geq 2\%$.

(See map in *MMWR* for endemic countries at:

<http://www.cdc.gov/mmwr/PDF/rr/rr5708.pdf>).

- A minimum of 85% of persons who test positive for HBsAg will receive their test results.
- At least 85% of persons tested for hepatitis B have their risk factors documented, including country of birth.
- At least 90% of cases identified during the project period are reported to the appropriate state/local health department within 6 months of diagnosis date.
- A minimum of 75% of persons who test positive for hepatitis B receive post-test counseling.
- A minimum of 75% of persons who test positive for hepatitis B are referred to care, treatment, and preventive services.

For Category B: Testing for HCV Infection and Enhancing Linkage to Medical Care for Persons with Hepatitis C

- For each grantee, approximately 1,000-4,000 persons are tested for HCV (depending on funding tier listed in Table B, see Part II Award Information) within the project year, with the objective of identifying HCV-infected persons (hepatitis C antibody and hepatitis C RNA) who were not previously aware of their infection.
- Risk data are obtained for at least of 85% of persons found positive for HCV antibody.
- A minimum of 85% of persons who are found to be hepatitis C antibody reactive are tested for hepatitis C RNA.
- A minimum of 85% of persons who test positive for hepatitis C RNA receive their test results.
- At least 90% of cases identified during the project period are reported to the appropriate state/local health department within 6 months of diagnosis date.

- A minimum of 75% of persons who test positive for hepatitis C RNA receive post-test counseling.
- A minimum of 75% of persons who test positive for hepatitis C RNA are linked to care, treatment, and preventive services.
- A minimum of 15% of persons who test positive for hepatitis C RNA begin antiviral therapy (all CHC settings).

For Category B, Part 2b: Strengthening HCV Care and Treatment in CHCs

- A minimum of 50% of physicians and other clinical staff providing care for persons with HCV participate in training sessions and case presentations.
- At least 100 cases of HCV are presented in training sessions over the project year.
- Based on the presentation and consultation, at least 75% of persons presented for case conference have their care management updated, including a decision to begin or defer HCV therapy.
- A minimum of 20% of persons presented for case conference begin antiviral therapy.

Health Equity

The FOA supports efforts to improve the health of populations disproportionately affected by viral hepatitis by maximizing the health impact of public health services, reducing disease prevalence, and promoting health. Health disparities in viral hepatitis are inextricably linked to a complex blend of social determinants that influence populations most severely affected by this disease. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage.

Applicants should use epidemiologic and social determinants data to identify communities disproportionately affected by viral hepatitis and related diseases and conditions within their jurisdictions. Likewise, applicants should use data describing the social determinants of diseases in their coverage areas to focus activities for reducing health disparities and to identify strategies to promote health equity. In collaboration with partners and appropriate sectors of the community, applicants should consider social determinants of health in the development,

implementation, and evaluation of program-specific efforts and use culturally appropriate interventions that are tailored for the communities for which they are intended.

Details of the health equity strategy and approach are outlined in the NCHHSTP Social Determinants of Health White Paper (<http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>).

Program Collaboration and Service Integration

To maximize opportunities for viral hepatitis prevention, care, and treatment, this FOA supports the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) program imperative calling for program collaboration and service integration (PCSI). PCSI promotes improved integrated HIV, viral hepatitis, STD, and TB prevention and treatment services at the client level through enhanced collaboration at the health department jurisdictional level and organizational program level. Such collaboration can (1) increase efficiency, reduce redundancy, and eliminate missed opportunities; (2) increase flexibility and better adapt to overlapping epidemics and risk behaviors; and (3) improve operations through the use of shared data, enabling service providers to adapt to, and keep pace with, changes in disease epidemiology and new technologies.

Some populations disproportionately affected by viral hepatitis are also affected by other infections, including TB, HIV, and STDs. CDC encourages integration of screening, testing, and prevention services for viral hepatitis and these diseases for the following reasons:

- hepatitis B can be sexually transmitted and is preventable by a safe and highly effective vaccine;
- prevention of HBV and HCV infection and disease protects the health of HIV-infected persons;
- foreign-born populations are at risk for both TB and hepatitis B;
- viral hepatitis, HIV, and STDs share common risks and modes of transmission;
- risks for acquiring these diseases are associated with similar behaviors and environmental conditions and have reciprocal or interdependent effects; and
- populations disproportionately affected by HIV are also frequently affected by HBV and/or HCV.

Details of this strategy and approach are outlined in the NCHHSTP PCSI White Paper (http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf).

Improving Sexual Health

The program supports efforts to improve program impact for prevention of HIV, STD, and viral hepatitis by enhancing traditional disease-specific control efforts with a holistic health promotion framework that more comprehensively address broader issues of health and wellness, including sexual health. Sexual health is considered to be a state of physical, emotional, mental, and social well-being in relation to sexuality. Although it is inextricably bound to both physical and mental

health, it is not limited to the absence of disease and dysfunction and is an important component of health across the lifespan. It includes the ability to understand and weigh the risks, responsibilities, outcomes, and impacts of sexual actions, and requires a positive and respectful approach to sexuality and sexual relationships and a respect for sexual rights.

HIV, STD, and viral hepatitis are highly stigmatized conditions, associated with sensitive behaviors, and are often concentrated among socially marginalized populations. Consequently, use of a broader sexual health-focused framework has the potential for reducing the fear, discrimination, and stigma associated with these conditions, enabling better reach of prevention programs to the general public, populations at risk, and health care providers. A more holistic and comprehensive health-focused framework may also help facilitate more open and honest societal dialogue around sensitive issues that are critically important to comprehensively address, such as human sexuality, relationships, and sexual behavior. This approach is consistent with the National Prevention Strategy with its vision to move the nation from a focus based on sickness and disease to one based on prevention and wellness and its designation of reproductive and sexual health as one of its highest priority areas of focus.

Program Implementation

Recipient (Grantee) Activities

CDC seeks applications that address the following categories of activities that reflect the priority goals listed above. Eligible organizations may apply for one or more of the categories and corresponding parts therein; however, separate applications are required for each **Category** and specific **Part**. Awards will be made to the highest scoring applicant(s) received from each Category and corresponding Part, up to the maximum number of awards designated for that category.

Category A: Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B

The purpose of Category A is to support and enhance the capacity of grantees to (1) increase the identification of chronic hepatitis B, focusing on foreign-born persons from intermediate (2%-7% prevalence) or high (>8% prevalence) hepatitis B endemic countries (which includes most

countries in Asia and Africa)² and (2) improve linkage and access to care, treatment, and preventive services for HBV infected individuals. The goal for this category is to increase the number of persons who receive hepatitis B testing and the number of hepatitis B infected persons who are aware of their infection by:

- Providing routine hepatitis B screening in health-care or community-based settings serving these populations.
- Informing persons testing positive for hepatitis B of their test results, providing prevention counseling, and providing linkages to care, treatment, and preventive services.

To accomplish the goals in this Category, CDC encourages applicants to build partnerships that include state or local health departments, Community Based Organizations (CBOs), CHCs/federally qualified health centers, hospitals, and specialty clinics that have demonstrated the capacity to conduct outreach and work with foreign-born populations from hepatitis B-endemic countries and to use practices that are culturally and linguistically appropriate for the targeted populations.

Applicants are required to comply with the applicable provisions of the Privacy Act and adhere to the standards for data security and confidentiality of public health data.³

The grantee will be expected to collect and submit client- and test-level data for hepatitis B testing using a CDC-developed reporting mechanism that will be made available for the purpose of this FOA. CDC will provide guidance on these requirements throughout the project period.

² **Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection.** ([MMWR 2008; 57 \[No. RR-8\]](#))

³ <http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>

Recipient (Grantee) activities for Category A:

1. Develop plans for conducting routine hepatitis B testing activities that address the following:
 - a. goals and specific, measurable, achievable, and time-phased (SMART) objectives of the project;
 - b. activities that will be conducted to meet the objectives;
 - c. measures that will be used to reflect the progress made towards the objectives;
 - d. data collection mechanisms and timelines; and
 - e. monitoring and evaluation process (in collaboration with CDC).
2. Collaborate with administrators, managers, and clinical directors to develop strategies for increasing the number of foreign-born persons from high or intermediate hepatitis B endemic countries who receive testing for HBV infection, ensuring that all services are delivered in a culturally and linguistically appropriate manner.
3. Develop protocols for conducting HBV testing, providing test results to those testing positive, providing counseling, and referring persons found to be HBsAg positive for medical evaluation, care, and treatment.
4. Document follow-up on referrals to determine whether persons with HBV infection attend at least the initial visit with a specialty-care or primary provider.
5. Ensure that cases of HBV infection are reported to the appropriate local or state health department in accordance with applicable notifiable infectious disease reporting requirements.
6. Develop and implement a process to ensure that data collection, entry, management (including quality assurance activities), submission, and data security and confidentiality are consistent with CDC guidelines, found at the following link:
<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>.
7. In collaboration with participant venues, collect, monitor, and report data to CDC on a monthly basis using a reporting template provided by CDC (see Appendix I and II).

8. Develop and submit to CDC a detailed monitoring and evaluation plan using a template provided by CDC (See Appendix III) to enable the tracking and monitoring of the overall goals, objectives, and performance indicators set forth by CDC.
9. Collect and submit information required for interim and annual progress reports in meeting project goals and objectives.

Category B: Testing for HCV Infection and Enhancing Linkage to Care for Persons with Hepatitis C

The purpose of Category B is to support and enhance the ability of grantees to increase testing for HCV infection, increase the number of persons diagnosed with HCV infection, and improve access to care services for HCV-infected persons.

CDC encourages applicants to submit proposals that (1) augment hepatitis C testing activities at targeted settings and (2) link HCV infected persons to care, treatment, and preventive services (e.g., substance abuse and mental health).

CDC encourages applicants to collaborate with state/local viral hepatitis prevention coordinators and/or the jurisdictional viral hepatitis task force to coordinate planning and training, technical assistance and guidance, and implementation of activities to be carried out in this FOA.

The Category B is further divided into three (3) Parts:

Part 1 – HCV testing and linkage to care in settings that provide services to PWID

The purpose of Category B Part 1 is to increase HCV testing and linkage to care, treatment, and preventive services among PWID. CDC encourages applicant(s) to submit proposals that document collaborations among health departments and agencies/organizations/venues (e.g.,

drug and alcohol treatment centers, methadone clinics, and syringe services programs) that routinely provide services to uninsured and underserved populations of PWID, particularly adolescents and young adults.

Part 2 - Hepatitis C Services in community health centers (CHCs)

Part 2 of this FOA is further divided into two subcomponents, Part 2a and Part 2b, which are described below.

Part 2(a) - Hepatitis C Testing and Linkage to Care in CHCs

The purpose of Part 2(a) is to implement HCV testing and linkage to care, treatment, and preventive services in CHCs that serve populations who are disproportionately affected by HCV (e.g., persons born from 1945 through 1965)⁴, with an emphasis on persons not previously known to be infected with HIV.

Part 2(b) - Strengthening HCV care and treatment in CHCs

Part 2(b) aims to improve access to testing and best practice care and treatment for persons living with HCV by: (1) strengthening the capacity of health systems to prevent, diagnose, and provide best practice care and treatment for HCV; (2) reducing costs associated with avoidable complications of HCV infection; and (3) establishing collaborations between public health agencies, CHCs, and academic medical centers to improve the effectiveness and efficiency of HCV care, treatment, and prevention services.

⁴ [Smith, B.D., Patel N., Beckett, G., Ward, J.W. \(2011\). Hepatitis C Virus Antibody Prevalence, Correlates and Predictors among Persons Born from 1945 through 1965, United States, 1999-2008. Presented at the American Association for the Study of Liver Disease Liver Meeting, San Francisco, CA.](#)

Approximately two (2) sites will be funded to provide training and education via the telehealth approach of case-based presentations and consultation, as is being done as part of the New Mexico-based Project ECHO88 below (Arora S) (Arora S)⁵. Via telehealth, applicants will be expected to present cases and receive clinical decision making support from a liver specialist(s), gastroenterologist(s), or infectious disease physician with experience in HCV care and in preventive services by public health staff. Possible topics covered in the case presentations include HCV testing, HCV preventive services (alcohol counseling, hepatitis A and hepatitis B vaccination, harm reduction, and management of opioid dependence), mental health, HCV care (co-morbidity management, disease monitoring, and hepatocellular carcinoma (HCC) surveillance), and HCV treatment. Provision of identification and linkage to care, treatment, and preventive services for persons with chronic hepatitis C will be guided by recommendations of government agencies (e.g., CDC and NIH) and professional societies (e.g., AASLD and IDSA). Applicants will be expected to identify a mechanism to accept referrals from state and/or local health departments/facilities for those uninsured individuals who have been identified as chronically infected with HCV during screenings conducted at their clinic sites.

Applicants are requested to work collaboratively with the participating agencies and organizations to establish models of HCV service delivery that are responsive to the complex needs of those chronically infected with HCV. Participating centers should also be able to provide necessary diagnostic services and mental health care, and effectively track patients for required medical care and treatment.

Applications are encouraged from:

⁵ **Outcome of Treatment for Hepatitis C virus Infection by Primary Care Providers** – Sanjeev Arora, MD; et al.; New England Journal of Medicine, 10.1056, Jun 2011

- organizations that have adapted and shown the ability to effectively use electronic medical record systems in routine care delivery;
- organizations that can demonstrate that proposed program staff has the skills, experience, and success in providing quality medical care, treatment, and supportive services for those chronically infected with HCV; and
- organizations that have clearly defined and articulated bi-directional linkage agreements with health departments, academic medical centers, and CHCs focused on specific services needed by the target population. (Such agreements must be in writing and should include a system for tracking and documenting outcomes of the services provided by other participating partners.)

The project(s) to be conducted and implemented during the project period should focus on the implementation of enhanced linkage to care, treatment, and preventive services for the persons being identified positive for viral hepatitis infection under Category B of this FOA.

Part 3 – HCV Testing and Linkage to Care in Other Settings

The purpose of Part 3 is to ensure HCV testing and linkage to care, treatment, and preventive services in settings other than those identified in Part 1 and Part 2. These settings may include but are not limited to public health clinics (e.g., STD, jails, mobile health clinics, CBOs, refugee health clinics, health services for the homeless, and hospital-based primary care clinics), and health department outreach initiatives.

Recipient (Grantee) Activities for Category B, Parts 1, 2(a), and 3:

1. Develop plans for conducting HCV testing and linkage to care, treatment, and preventive services as a routine clinical service that address the following:

- a. goals and specific, measurable, achievable, realistic, and time-phased (SMART) objectives of the project;
 - b. activities that will be conducted to meet the objectives;
 - c. measures that will be used to reflect the progress made towards the objectives;
 - d. data collection mechanisms and timelines; and
 - e. monitoring and evaluation process (in collaboration with CDC).
2. Work with administrators, managers, and clinical directors to implement or coordinate HCV testing in health-care and community-based settings capable of finding the largest number of HCV positive persons and referring them for care and treatment.
 3. Collaborate with administrators, managers, clinical directors, and partner agencies/organizations to support HCV testing activities in venues, settings, and/or locations that are particularly effective in reaching disproportionately affected populations with undiagnosed HCV infections, ensuring that all services are delivered in a culturally and linguistically appropriate manner.
 4. Utilize CDC recommendations to guide HCV testing, counseling, and linkage to care, treatment, and preventive services of targeted populations.
 5. Ensure the provision of test results, particularly to clients testing positive, including prevention counseling and linkage to care, treatment, and preventive services. Those individuals who test positive for anti-HCV on initial screening must also be tested for HCV RNA.
 6. Conduct follow-up on referrals to ensure that clients identified with HCV infection attend at least the initial visit with a primary care or specialty provider.
 7. Ensure that newly identified cases are reported to health departments according to state/local reporting laws/requirements.
 8. When conducting HCV testing, use FDA approved tests, to include CLIA-waived point-of-care tests.

9. To evaluate project activities, identify lessons learned and best practices associated with HCV testing and linkage to care, treatment, and preventive services.
10. Develop and implement a process to ensure that data collection, entry, management (including quality assurance activities), submission, and data security and confidentiality are consistent with CDC guidelines (<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>).
11. In collaboration with participant venues, collect, monitor, and report data to CDC on a monthly basis using a reporting template provided by CDC (see Appendices I and II).
12. Develop and submit to CDC a detailed monitoring and evaluation plan using a template provided by CDC (see Appendix III) to enable the tracking and monitoring of the overall goals, objectives, and performance indicators set forth by CDC.
13. Collect and submit information required for interim and annual progress reports in meeting project goals and objectives.

Recipient (Grantee) Activities for Category B, Part 2(b):

1. Using a Project ECHO-like model, strengthen delivery of medical evaluation and treatment for persons who were identified as being HCV-infected through the activities conducted by CHCs in Part 2a of this FOA.
 - Identify and select project sites.
 - Engage public health officials, clinical care experts, and primary care clinicians.
 - Identify and meet telehealth technology requirements.
2. Develop a plan for implementing medical evaluation and treatment activities that addresses the following:
 - a) goals and specific, measurable, achievable, realistic, and time-phased (SMART) objectives of the project;

- b) activities that will be conducted to meet the objectives;
 - c) measures that will be used to reflect the progress made towards the objectives;
 - d) data collection mechanisms and timelines; and
 - e) monitoring and evaluation process (in collaboration with CDC).
3. Train participating staff.
 4. Via telehealth, present cases to and receive clinical decision making support from liver specialist(s), gastroenterologist(s), or infectious disease physician(s) with experience in HCV care.
 5. Collaborate with CDC or designated technical assistance providers to:
 - a) provide ongoing training, technical assistance, and consultation to all staff conducting the project; and
 - b) develop a quantitative and qualitative data collection matrix.
 6. Develop and implement a process to ensure that data collection, entry, management (including quality assurance activities), submission, and data security and confidentiality are consistent with CDC guidelines (<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>).
 7. In collaboration with participant venues, collect, monitor, and report test-level data (e.g., quantitative PCR and genotype), performance indicators, and data regarding initiation of antiviral therapy to CDC on a monthly basis [starting on the third month after receipt of Notice of Award (NOA)] using a reporting template provided by CDC (see Appendices I and II).
 8. Collect and submit information required for interim and annual progress reports in meeting project goals and objectives.
 9. Within 6 months of project implementation, participate in a series of surveys, including *The Annual Survey of Physicians Participating in Project ECHO*, *The Annual Survey of Community Clinician Assessment of Self Efficacy in HCV Patient Care*, and *The Assessment*

of Clinical Providers of Degree of Learning in HCV Clinical Content Areas and of Benefits Associated with ECHO Participation.

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

1. Provide technical assistance (TA), guidance, consultation, and training as related to the recipient (grantee) activities for developing and enhancing HBV and HCV testing activities.
2. Monitor grantee implementing program activities and progress in conducting monitoring and evaluation. Work with grantees through consultation via site visits, email, telephone, and review of data reports to support progress, program improvement, and reduced hepatitis transmission.
3. Conduct an evaluation process of activities to be conducted during the entire project period.
4. Provide requirements and expectations for standardized data reporting, and support monitoring and evaluation (M&E) activities with contractual technical assistance, web-based training on M&E, and M&E-related materials, such as data collection tools.
5. Provide training to enhance staff and program capacity for the viral hepatitis prevention program. CDC will:
 - support and provide training for viral hepatitis prevention planning, management, and reporting;
 - provide training in relevant scientific and technical information regarding laboratory methods used to diagnose and evaluate viral hepatitis infections; and
 - work with grantees to address training and TA needs that are crucial to the successful execution of their activities.

6. Provide TA in assessing and prioritizing training and educational needs, and for planning, implementing, and evaluating training and educational activities.

II. AWARD INFORMATION

Category A: Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B

Type of Award: New

Award Mechanism: U51 - Infectious Disease Assessments of Prevention, Control and Elimination

Fiscal Year Funds: 2012

Approximate Current Fiscal Year Funding: \$1,500,000

Approximate Total Project Period Funding: \$1,500,000

(This amount is an estimate, and is subject to availability of funds. It includes direct and indirect costs.)

Approximate Number of Awards: Approximately 10

Approximate Average Award: \$150,000

Floor of Individual Award Range: \$100,000

Ceiling of Individual Award Range: \$300,000

(This ceiling is for the first 12-month budget period)

Anticipated Award Date: Sept 30, 2012

Budget Period Length: 12 months

Project Period Length: 1 year

Category A: Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B	
Funding Amount Range	Number of Persons to be tested
\$50,000 - \$100,000	1,000
\$100,001 - \$200,000	2,000
\$200,001 - \$300,000	3,000
\$300,001 - \$400,000	4,000

Table A –Target Number of Persons to be tested for Hepatitis B

Category B: Testing for HCV Infection and Enhancing Linkage to Care for Persons with Hepatitis C

Type of Award: New

Award Mechanism: U51 - Infectious Disease Assessments of Prevention, Control and

Elimination

Fiscal Year Funds: 2012

Approximate Current Fiscal Year Funding: \$5,000,000

- Part 1 - Testing and linkage to care in settings that provide services to PWID \$1,600,000
- Part 2(a) – Testing and linkage to care in CHCs \$1,600,000
- Part 2(b) - Strengthening HCV care and treatment in CHCs \$500,000
- Part 3- HCV Testing and Linkage to Care in Other Settings \$1,300,000

Approximate Total Project Period Funding: \$ 5,000,000

(This amount is an estimate, and is subject to availability of funds. It includes direct and indirect costs.)

Approximate Number of Awards:

- Part 1 - Testing and linkage to care in settings that provide services to PWID Approximately 10
- Part 2(a) – Testing and linkage to care in CHCs Approximately 10
- Part 2(b) - Strengthening HCV care and treatment in CHCs Approximately 2
- Part 3 - Testing at Non-CHC and other clinics seeing disproportionately affected adults Approximately 10

Approximate Average Award:

- Part 1 - Testing and linkage to care in settings that provide services to PWID \$100,000
- Part 2(a) – Testing and linkage to care in CHCs \$150,000
- Part 2(b) - Strengthening HCV care and treatment in CHCs \$250,000
- Part 3 - HCV Testing and Linkage to Care in Other Settings \$150,000

Floor of Individual Award Range:

- Part 1 - Testing and linkage to care in settings that provide services to PWID \$50,000
- Part 2(a) – Testing and linkage to care in CHCs \$50,000
- Part 2(b) – Strengthening HCV care and treatment in CHCs \$50,000
- Part 3 - HCV Testing and Linkage to Care in Other Settings \$50,000

Ceiling of Individual Award:

- Part 1 - Testing and linkage to care in settings that provide services to PWID \$300,000
- Part 2(a) - Testing and linkage to care in CHCs \$400,000
- Part 2(b) - Strengthening HCV care and treatment in CHCs \$250,000
- Part 3 - HCV Testing and Linkage to Care in Other Settings \$250,000

(This ceiling is for the first 12-month budget period)

Anticipated Award Date: September 30, 2012

Budget Period Length: 12 months

Project Period Length: 1 year

Category B: Testing for HCV Infection and Enhancing Linkage to

Care for Persons with Hepatitis C	
Funding Amount Range	Number of Persons to be Tested
\$50,000 - \$100,000	1,000
\$100,001 - \$200,000	2,000
\$200,001 - \$300,000	3,000
\$300,001 - \$400,000	4,000

Table B – Target Number of Persons to be tested for Hepatitis C

Throughout the project period, CDC’s commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the grantee (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

III. ELIGIBILITY INFORMATION

Eligible Applicants

Eligible applicants that can apply for this funding opportunity are listed below:

Category A: Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B

Eligibility is limited to applicants serving populations of the cities with the highest number of foreign-born persons from Asia and Africa as documented in the *2006–2010 American Community Survey*. These 50 eligible geographic areas/cities combined contain approximately 12.5% of the total US population and approximately 33% of the Asia-born population, 28% of the Africa-born population, and 32% of the combined Asia- and Africa-born population.

Eligible Applicants are:

City and State	City and State	City and State
Alhambra, California	Irvine, California	Rosemead, California
Anaheim, California	Irving, Texas	Sacramento, California
Arlington, Texas	Jacksonville, Florida	San Antonio, Texas
Austin, Texas	Jersey City, New Jersey	San Diego, California

Bellevue, Washington	Las Vegas, Nevada	San Francisco, California
Boston, Massachusetts	Long Beach, California	San Jose, California
Charlotte, North Carolina	Los Angeles, California	Santa Ana, California
Chicago, Illinois	Milpitas, California	Santa Clara, California
Columbus, Ohio	Minneapolis, Minnesota	Seattle, Washington
Dallas, Texas	Monterey Park, California	St. Paul, Minnesota
Daly, California	Nashville-Davidson, TN	Stockton, California
Fremont, California	New York, New York	Sunnyvale, California
Fresno, California	Oakland, California	Torrance, California
Garden Grove, California	Philadelphia, PA	Union, California
Glendale, California	Phoenix, Arizona	Washington, DC
Honolulu, Hawaii	Plano, Texas	Westminster, California
Houston, Texas	Portland, Oregon	

The majority (47–70%) of the chronic hepatitis B disease burden within the U.S. is among foreign-born persons. Sixty percent of new immigrants to the United States come from countries where hepatitis B is prevalent and the prevalence of chronic hepatitis B infection among some immigrant and refugee populations has been estimated as high as 26%. According to the Institute of Medicine Report, Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C, (January 2010), “It is increasingly urgent that appropriate programs provide hepatitis B screening and related services to this high-risk population.”

The Division of Viral Hepatitis will be funding a hepatitis B screening and referral to care project appropriated through the Prevention and Public Health Fund (PPHF). The target population is foreign-born persons from high or intermediate level hepatitis B endemic countries (most countries in Asia and Africa).

In order to reach areas with the largest number of foreign born persons from Asia and Africa, eligibility for participation in the project will be limited to 50 geographic areas/cities listed above. These 50 city areas combined make up approximately 25% of the total Asia- (excluding Western Asia which has low hepatitis B endemicity) and Africa-born populations in the United States

(2,734,861 out of 11,401,432 foreign-born persons born in Asia and Africa) as documented in the 2006 – 2010 American Community Survey.

State health departments with more than one eligible city must discuss how the state and local area will work in collaboration to ensure appropriate provision of services within the targeted city/cities. A letter of agreement between the state and local area(s) must document all agreements and must be submitted with the application by both the state and local area. County and city health departments may apply separately from the state. In the case that both a state and local health department in that state are funded, the local health department will assume responsibility for provision of services within their local area.

Category B: All Parts (1, 2a, 2b, and 3)

Eligible applicants for this funding opportunity are listed below:

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities
- Colleges
- Research institutions
- Hospitals
- CBOs

- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a Bona Fide Agent of an eligible state, local, or territorial government, a Memorandum of Agreement (MOA) with the eligible state or local government is required as documentation of the status and must be submitted with the application. At a minimum, the MOA must include the following:

- roles and responsibilities of the state or local government agency;
- roles and responsibilities of the Bona Fide Agent;
- key personnel contacts for the state or local government agency; and
- key personnel contacts for the Bona Fide Agent.

The MOA should be included with “Other Attachment Forms” when submitting via www.grants.gov.

Required Registrations

Registering an organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting an application to become familiar with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that an applicant register their organization with the Central Contractor Registry (CCR) and DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) which will require up to at least 4 weeks to complete registration in its entirety. The CCR registration can require an additional two weeks to complete. Organizations are required to maintain a current registration in CCR. CCR registration must be renewed annually.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

Special Requirements:

The following additional requirements should be considered by applicants.

- Late applications are considered non-responsive. See Section IV. Submission Dates and Times for more information on deadlines.
- If the application organization is a Bona Fide agent of the health department, the organization must be located in the eligible jurisdiction and provide a letter from the state or local government as documentation of their Bona Fide agent status. This documentation should be placed behind the first page of the application form.
- Applicants may apply for more than one category; however, separate applications for Category A and Category B are required. In addition, for Category B, separate applications are required for each part, with the exception of Part 2(b), which can be combined with Part 2(a). For applicants seeking funding for Category B - Part 2(b), only those who apply for Category B - Part 2(a) will be considered.

Note: Title 2 of the United States Code Section 1611 states that an organization that engages in lobbying activities (described in Section 501(c)(4) of the Internal Revenue Code) is not eligible to receive Federal funds constituting a grant, loan, or award.

Maintenance of Effort:

Maintenance of Effort is not required for this program

IV. APPLICATION AND SUBMISSION INFORMATION

Submission Dates and Times

This announcement is the definitive guide on LOI and application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Letter of Intent (LOI) Deadline Date: June 8, 2012

Application Deadline Date: July 2, 2012, 5:00 p.m. U.S. Eastern Standard Time

Applicants must download the SF424 application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 email: pgotim@cdc.gov Monday-Friday 7:00 a.m. – 4:30 p.m. U.S. Eastern Standard Time for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If an applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. The Grants.gov Support Center can be reached at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information. Applicants should submit one, single application package to include separate sections for each Category and Part to which the applicant is applying. Unless specifically indicated, this announcement requires submission of the following information. Refer to Attachment I – Application Checklist (page 70) for items to be included with the application.

- A table of contents must be included with the application. The table of contents will not count toward the page limit of the project narrative for viral hepatitis prevention and surveillance programs. It must include page numbers where each section starts and a list of all application sections and appendices within the application package. A cover letter is required within the application and must contain the following information:
 - The applicant's name, address, and the name of the principal investigator/program director.

- A statement about the category(ies) and part(s) under which the applicant is applying (i.e., Category A, Category B-Part1, Category B-Part 2(a), Category B-Part 2(b), and Category B-Part3).
- An application cover letter must be written in the following format:
 - Maximum number of pages – 2
 - Font size: 12 point unreduced, Times New Roman
 - Single-Spaced
 - Paper size: 8.5 by 11 inches
 - Page margin size: 1 inch

If requesting more than one category of funding, the application must include complete, stand-alone sections (e.g., project abstract, narrative, budget and budget justification) for each requested funding component (part) for each category so that each request for a funding category can be identified and provided to the respective objective review panel. Each section and appendix of the application submitted to grants.gov should clearly identify the category and part of funding for which it is submitted. Applicants may label each file with the state or city abbreviation and the category of funding (e.g., **AL** for Alabama, **NYC** for New York City, **HBV** for hepatitis B testing, **HCV** for hepatitis C testing (**HCVPWID** for HCV testing of PWID, **HCVCHC1** for HCV testing at CHCs, **HCVCHC2** for care and medical evaluation, and **HCVNCHC** for testing at Non-CHCs). Each detailed budget and budget justification should support the activities for the first year of funding in response to this FOA and a summary narrative for the entire project period.

All applicants are required to sign and submit CDC Assurances and Certifications that can be found on the CDC Web site at the following Internet address:
<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

Print, scan, and upload as an additional attachment into the application package.

Letter of Intent (LOI):

LOI Submission Address: Submit the LOI by express mail, delivery service, fax, or E-mail to:

Gilberto Ramirez, Project Officer
Centers for Disease Control and Prevention
1600 Clifton Rd, NE, M/S G-37
Atlanta, GA 30333
Telephone: 404-718-8535
Fax: 404-718-8595
E-mail: ghr0@cdc.gov

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate and plan the review of submitted applications.

A **Project Abstract** must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information. This abstract must not include any proprietary/confidential information.

A **Project Narrative** must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages:
 - Category A – Hepatitis B Testing 15 pages
 - Category B – Hepatitis C Testing
 - Part 1 - Testing for PWID 15 pages
 - Part 2 – HCV Services in CHCs
 - Part 2(a) – Testing and Linkage to Care 15 pages
 - Part 2(b) - Strengthening HCV care and treatment in CHCs 7 pages

- Part 3 – HCV Testing and Linkage to Care in Other Settings 15 pages

Note: If the narrative exceeds the page limit, only the number of pages which are within the page limit specified for each category will be reviewed.

- Font size: 12 point unreduced, Times New Roman
- Single-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: One inch
- Number all narrative pages of the application (excluding the forms provided in the application package) sequentially from page one (application face page) to the end of application, including charts, figures, tables, and appendices

The narrative should address activities to be conducted over the entire project period and must include the following sections:

For Category A and Category B Part 1, Part 2(a), and Part 3:

- Executive Summary (no more than 1 page)
- Background and Need (no more than 3 pages)
- Program Description (no more than 5 pages)
- Organizational Capacity (no more than 4 pages)
- Staffing and Management (no more than 2 pages)
- Budget Justification (no page limit)

For Category B, Part 2(b)

Note: Those who are applying for Category B, Part 2(b) must submit an attachment containing the following information:

- Executive Summary (no more than 1 page)
- Background and Need (no more than 1 page)
- Program Description (no more than 2 pages)
- Organizational Capacity (no more than 2 pages)
- Staffing and Management (no more than 1 page)
- Budget Justification (no page limit)

Narrative for Category A and Category B

Those applying under Category B and its parts are required to submit a separate application narrative for each focus area (*Part*). The evaluation criteria are applicable to each individual *Part*.

Executive Summary

- 1) State the category and parts for which funding is requested.
- 2) Summarize the proposed program.
- 3) Describe the purpose of the program, target population(s), proposed services and interventions, and anticipated outcomes.

A. Background and Need

- 1) Describe the target population(s), to include demographics, number of targeted persons residing in the project area, any statistics that demonstrate the impact of viral hepatitis infection, and known barriers to accessing medical care and treatment for the population(s) to be served.
- 2) Define the geographic areas to be served and describe how the applicant organization is strategically located to facilitate access to viral hepatitis services for the target population.

- 3) List anticipated challenges and opportunities for enhancing viral hepatitis prevention and control efforts in participating venues.
- 4) Describe how the need for services has been determined, including any pertinent statistics to substantiate this rationale.
- 5) Describe any prior experience with viral hepatitis testing and linkage to care in the targeted communities. Describe how these efforts have involved collaborations among public health partners, CBOs, and other agencies/institutions.

B. Program Description

1. Provide detailed methodology regarding how project activities will be conducted as described in this FOA, to include a description of how target populations will be reached.
2. Present a viable plan that includes project goals and objectives that are specific, measurable, achievable, realistic and time-phased (SMART), to include a timeline for accomplishing project activities, referencing Appendix III of this FOA.
3. Delineate the estimated number of individuals expected to be tested and linked to care, treatment and prevention services under the proposed program and how this has been determined.
4. Describe how local data (local epidemiology and surveillance data) and technical assistance materials will be used to support implementation of activities in target settings and at-risk population(s) during the project period.
5. Describe the process that will be used to ensure that data collection, entry, management (including quality assurance activities), submission, and data security and confidentiality are consistent with CDC guidelines.
6. If activities will be conducted at multiple sites, describe how required data will be monitored and collected.

7. Provide a realistic plan for working with CDC and describe how the applicant organization will comply with the data reporting requirements for activities to be conducted and for collaboration with the CDC project evaluation process.
8. Category B – Part 2(b) applicants must also:
 - describe rationale for selecting participating community health centers, health department staff, and the staff of the academic medical staff;
 - describe telehealth technology, timeline for project development, training protocols, proposed schedule for case based presentations and consultations, and expected number of case presentations and participating staff;
 - describe opportunities to provide continuing education credits to participating health staff;
 - describe process and outcomes evaluation to measure number of participating staff, effectiveness of training and consultations, and impact on patient care; and
 - outline quality assurance measures to support activities being implemented and to improve program quality and accountability.

C. Organizational Capacity

1. Document that the applicant's organizational mission, goals, and activities are consistent with relevant national viral hepatitis prevention and control priorities and conducted in accordance with CDC recommendations.
2. Provide evidence of relevant experience, leadership, capacity, and infrastructure (e.g., resources, facilities, and technical and administrative systems) to successfully conduct the proposed activities.
3. If applicable, demonstrate established linkages with other programs in the community for client outreach and recruitment

4. If the applicant organization intends to work and collaborate with community partners to conduct the activities outlined in the FOA:
 - a. describe the community partner's capacity and ability to accomplish them;
 - b. describe the specific agencies, organization and partners with which the applicant is currently collaborating;
 - c. describe how collaborators were and will be involved in designing and implementing activities and include specifics about their roles and requested collaborative activities; and
 - d. include original letters of support or commitment, memoranda of agreement, or other similar documentation from appropriate non-applicant organizations, individuals, institutions, public health department, and others needed to carry out the proposed activities, and ensure that such letters clearly indicate the organization's roles and responsibilities.
5. Describe the applicant's capacity to successfully enter and retrieve clinical information using electronic health records systems and/or other data collection systems that meet the requirements established by HHS.
6. Describe how the applicant intends to maximize resources, reduce duplication of efforts, and improve quality, efficiency, and accessibility of health-care services associated with viral hepatitis services.

D. Staffing and Management

1. Describe how implementation of activities will be planned, managed, and overseen.
2. Submit a management plan that describes proposed staff, staff experience, and background.

3. As appropriate to implement activities covered by this FOA, describe how the applicant will manage, monitor, and maintain collaborations with selected programs.
4. For Category B – Part 2(b) applicants, demonstrate that proposed program staff have the skills, experience, and success in providing quality medical care, treatment, and supportive services for those chronically infected with HCV.

E. Budget and Budget Justification

The budget justification will not be counted in the page limit. In accordance with Form CDC 0.1246 (E)⁶, applicants are required to provide a line-item budget and narrative justification for all requested costs that are consistent with the purpose, objective, and proposed program activities. The budget and budget justification should be placed in the application's attachments and named "Budget and Budget Justification."

Within the budget, include the following:

1. A detailed line-item budget and justification (also known as a budget narrative).
2. A line-item breakdown and justification for all personnel that includes name, position title, actual annual salary, percentage of time and effort, and amount requested.
3. If contractor is used, a line-item breakdown and justification for all contractor(s), including:
 - a. Name of contractor
 - b. Method of selection
 - c. Period of performance
 - d. Scope of work
 - e. Method of accountability
 - f. Itemized budget and justification

⁶ www.cdc.gov/od/pgo/forms/01246.pdf

Note: If the above information is unknown for any contractor/consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget.

4. The budget must allocate sufficient funding to enable the grantee Point of Contact to attend one CDC-sponsored or sanctioned conference or meeting each year (e.g., the grantee orientation meeting and/or national viral hepatitis meetings/conferences).

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.
- Sec 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

- Sec 738. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 739. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 433. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, made a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 434. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.
- Grantees may not use funds for clinical care.
- Grantee may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Grantees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- Grantees may not use funds to supplant state, local, institution, or organization funds.

- The direct and primary grantee in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- Projects that involve the collection of information from 10 or more individuals and are funded by a grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Additional Submission Requirements

Electronic Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if an applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC, Procurement and Grant Office, Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 Email: pgotim@cdc.gov Monday-Friday 7:30 a.m. -4:30 p.m. for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of an application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee compliance with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that a “validation” email is not received within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov.

Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If an applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. The Grants.gov Support Center can be reached at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the GMO/GMS [See Section VII "Agency Contacts"], for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevented electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Intergovernmental Review

Executive Order 12372 does not apply to this program.

V. APPLICATION REVIEW INFORMATION

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-PS12-1209PPHF12. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the

intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible applications will be evaluated against the following criteria:

Category A: Early Identification and Linkage to Care for Foreign-born Persons with Hepatitis B

Executive Summary (not scored)

Extent to which applicant states the category for which funding is requested, concisely and comprehensively describes overall proposed activities and goals of the project, identifies targeted populations, and discusses anticipated outcomes.

A. Background and Need (10 points)

The extent to which the applicant:

- 1) Describes the target population (including numbers of targeted foreign-born persons within the project area), demographics, and any statistics that demonstrate the impact of HBV infection on the target population.
- 2) Defines the geographic areas to be served and describes how the organization is strategically located to facilitate access to viral hepatitis services for the target population.
- 3) Lists anticipated challenges and opportunities for enhancing viral hepatitis testing efforts in participating venues.
- 4) Describes how the need for services was determined.
- 5) Describes past and present collaborations with public health partners, stakeholders, and community partners that have helped identify and address the needs of the population.

B. Program Description (55 points)

The extent to which the applicant:

1. Provides detailed methodology on how testing activities and counseling will be accomplished, to include
 - expansion and/implementation of hepatitis B testing activities,
 - provision of patient counseling, and
 - provision of referral and linkage to care, treatment, and preventive services.
2. Describes how linkage to care, treatment, and preventive services and follow up for clients who test positive for HBV infection will be conducted and documented, ensuring that positive persons obtain and attend an initial follow-up appointment with a clinical provider.
3. Presents a viable plan that includes project goals and objectives that are specific, measurable, achievable, realistic and time-phased (SMART), to include a timeline for accomplishing project activities, referencing Appendix III of this FOA.
4. Delineates the estimated number of individuals expected to be tested and linked to care treatment and prevention services under your proposed program and how this has been determined.
5. Describes how local data (e.g., U.S. Census estimates of numbers of targeted foreign-born persons, local epidemiology, and surveillance data) and technical assistance materials will be used to support implementation of activities in target settings and at-risk population(s) during the project period.
6. Identifies specific organizations and venues that will be collaborating and participating in the project (for applicants who plan to collaborate with other organizations) and describes settings' ability to:

- provide clinical or outreach services to foreign-born populations and marginalized immigrants from hepatitis B-endemic countries;
 - engage linguistically and culturally competent health care providers and identify resources to manage and conduct intended activities;
 - provide culturally appropriate educational materials to these populations;
 - provide HBV awareness and education to staff and target populations, adopt screening practices for identification of persons infected with HBV; and
 - use guidelines for counseling persons at risk for infection.
7. Describes data collection systems to be used, how data will be collected and stored.
 8. Describes the process the applicant will use to ensure that data collection, entry, management (including quality assurance activities), submission, and data security and confidentiality are consistent with CDC guidelines.
 9. If activities will be conducted at multiple sites, describes how required data will be monitored and collected.
 10. Provides a realistic plan for working with CDC and describes how the applicant will comply with the data reporting requirements for activities to be conducted and for collaboration with the CDC project evaluation process.

C. Organizational Capacity (25 points)

The extent to which the applicant:

1. Describes organizational mission, goals and activities and how these are consistent with the national viral hepatitis prevention and control priorities for the identification of person undiagnosed for HBV infection and the current CDC recommendations for managing populations at risk.

2. Provides evidence of relevant experience, leadership, capacity, and infrastructure (e.g., resources, facilities, and technical and administrative systems such as data collection systems) to successfully conduct the proposed activities.
3. Demonstrates ability to perform outreach and/or demonstrate established linkages with other programs in the community for client outreach and recruitment.
4. For applicants who plan to collaborate with other organizations:
 - a. describes the specific agencies, organization and partners with which the applicant is currently collaborating and identifies those organizations that will be invited to participate in the project;
 - b. describes the capacity and ability of collaborating venues to conduct the activities outlined in the FOA;
 - c. describes how collaborators were and/or will be involved in designing and implementing activities and includes specifics about their roles and requested collaborative activities; and
 - d. includes original letters of support or commitment, memoranda of agreement, or other similar documentation from appropriate non-applicant organizations, individuals, institutions, public health department, and others needed to carry out the proposed activities and ensures that such letters clearly indicate the organization's roles and responsibilities.

D. Staffing and Management (10 points)

The extent to which the applicant:

1. Describes how implementation of hepatitis testing activities will be planned, managed, and overseen.

2. Describes a management plan outlining the proposed staff, staff experience, and background.
3. Describes how the applicant will manage, monitor, and coordinate activities conducted by participating venues (for applicants who plan to collaborate with other organizations).

E. Budget and Budget Justification (required; not scored; no page limit)

The budget justification will not be counted in the 10-page limit. In accordance to Form CDC 0.1246 (E)⁷, applicants are required to provide a line-item budget and narrative justification for all requested costs that are consistent with the purpose, objective, and proposed program activities. The budget and budget justification should be placed in the application's attachments and named "Budget and Budget Justification." Evaluation is based on the extent to which the applicant provides the following information:

1. A detailed line-item budget and justification (also known as a budget narrative).
2. A line-item breakdown and justification for all personnel that includes name, position title, actual annual salary, percentage of time and effort, and amount requested.
3. If contractor is used, a line-item breakdown and justification for all contractor(s), including:
 - a. Name of contractor
 - b. Method of selection
 - c. Period of performance
 - d. Scope of work
 - e. Method of accountability
 - f. Itemized budget and justification

⁷ www.cdc.gov/od/pgo/forms/01246.pdf

Note: If the above information is unknown for any contractor/consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget.

4. The budget must allocate sufficient funding to enable the grantee Point of Contact to attend one CDC-sponsored or sanctioned conference or meeting (e.g., the grantee orientation meeting and/or national viral hepatitis meetings/conferences).

Category B: Testing for HCV Infection and Enhancing Linkage to Care for Persons with Hepatitis C

Those applying under Category B and its parts will be required to submit a separate application narrative for each focus area (*Part*).

Executive Summary (not rated)

Extent to which applicant states the category for which funding is requested, concisely and comprehensively describes overall proposed activities and goals of the project, clearly identifies which populations are being targeted, and outlines anticipated outcomes.

A. Background and Need (10 points)

The extent to which the applicant:

- 1) Describes the target population, demographics, HCV behaviors and any statistics that demonstrate the impact of the HCV epidemic on the target population.
- 2) Defines the geographic areas to be served and describes how the organization is strategically located to facilitate access to viral hepatitis services for the target population.

- 3) Describes anticipated challenges and opportunities for enhancing viral hepatitis testing efforts in participating venues.
- 4) Describes how the needs for services that are proposed in the application were determined, including any pertinent statistics to substantiate the rationale.
- 5) Describes how other public health partners, stakeholders, and community partners participated in the process of identifying the needs and the type of interventions necessary for the targeted population.
- 6) Identifies and determines the estimated number of individuals that are expected to be tested and linked to care under the proposed program and how this number has been determined.

B. Program Description (50 points)

The extent to which the applicant:

1. Provides detailed methodology on how testing activities and counseling will be accomplished, to include
 - expansion and/implementation of hepatitis C testing activities;
 - counseling of HCV positive persons;
 - provision of referral and linkage to care, treatment, and preventive services; and
 - promotion of further medical evaluation of persons identified positive for HCV infection.
2. Identifies the type of settings and venues (health-care and community-based) that will be used in conducting the above activities.
 - For Part 1 – Testing and linkage to care at settings that provide services to IDUs
 - Describes the organization(s), venue(s) and avenue(s) (e.g., drug and alcohol treatment centers, methadone clinics, abstinence-based programs, syringe

- services programs, homeless shelters, long-term detoxification facilities, half-way houses, and drop-in clinics) that will be participating in the project.
- Identifies participating organization(s), venue(s) and avenue(s) that routinely provide services and have the ability to perform outreach to uninsured and underserved at-risk IDU populations and those with the availability of culturally appropriate educational materials for these populations.
 - Demonstrates well established linkages and written agreements with other agencies to ensure provision of services that are not being offered on-site.
- For Part 2(b) – Strengthening HCV Care and Treatment in CHCs
 - Describes rationale for selecting participating CHCs, health department staff, and academic/medical staff.
3. Describes how linkage to care, treatment, and preventive services and follow up for clients who test positive for HCV infection will be conducted and documented, ensuring that positive persons obtain and attend an initial follow-up appointment with a clinical provider.
 4. Presents a viable plan that includes project goals and objectives that are specific, measurable, achievable, realistic and time-phased (SMART), to include a timeline for accomplishing project activities, referencing Appendix III of this FOA.
 5. Delineates the estimated number of individuals expected to be tested and linked to care, treatment, and preventive services under your proposed program and how this number has been determined.
 6. Describes how local data (e.g., local epidemiology and surveillance data) and technical assistance materials will be used to support implementation of activities in target settings and at-risk population(s) during the project period.

7. Describes the process the applicant will use to ensure that data collection, entry, management (including quality assurance activities), submission, and data security and confidentiality are consistent with CDC guidelines.
8. If activities will be conducted at multiple sites, describes how required data will be monitored and collected.
9. Provides a realistic plan for working with CDC and describes how the applicant will comply with the data reporting requirements for activities to be conducted and for collaboration with the CDC project evaluation process.

C. Organizational Capacity (25 points)

The extent to which the applicant

1. Documents that the applicant's organizational mission, goals, and activities are consistent with the national viral hepatitis prevention and control priorities for the identification of persons undiagnosed for HCV infection and the current CDC recommendations for managing persons at risk for hepatitis C.
2. Provides evidence of relevant experience, leadership, capacity, and infrastructure (e.g., resources, facilities, and technical and administrative systems) to successfully conduct the proposed activities.
3. If applicant intends to work and collaborate with community partners to conduct the activities outlined in the FOA,
 - describes the community partner's capacity and ability to accomplish them;
 - describes the specific agencies, organizations, and partners with which the applicant is currently collaborating;

- describes how collaborators were and will be involved in designing and implementing activities, and includes specifics about their roles and requested collaborative activities; and
 - includes original letters of support or commitment, memoranda of agreement, or other similar documentation from appropriate non-applicant organizations, individuals, institutions, public health department, and others needed to carry out the proposed activities and ensures that such letters clearly indicate the organization's roles and responsibilities.
4. Describes capacity to successfully exchange clinical information between public health partners using electronic health records technology systems that meet the requirements established by HHS.
 5. Describes how applicant intends to maximize resources, reduce duplication of efforts, and improve quality, efficiency, and accessibility of health-care services associated with viral hepatitis services.

D. Staffing and Management (15 points)

The extent to which the applicant:

1. Describes how implementation of hepatitis testing activities will be planned, managed, and overseen.
2. Describes a management plan outlining the proposed staff, staff experience, and background.
3. Describes how the applicant will manage, monitor, and coordinate activities conducted by participating venues (for applicants who plan to collaborate with other organizations).

E. Budget and Budget Justification (required; not scored; no page limit)

The budget justification will not be counted in the 10-page limit. In accordance to Form CDC 0.1246 (E)⁸, applicants are required to provide a line-item budget and narrative justification for all requested costs that are consistent with the purpose, objective, and proposed program activities. The budget and budget justification should be placed in the application's attachments and named "Budget and Budget Justification." Evaluation is based on the extent to which the applicant provides the following information:

1. A detailed line-item budget and justification (also known as a budget narrative).
2. A line-item breakdown and justification for all personnel that includes name, position title, actual annual salary, percentage of time and effort, and amount requested.
3. If contractor is used, a line-item breakdown and justification for all contractor(s), including:
 - a. Name of contractor
 - b. Method of selection
 - c. Period of performance
 - d. Scope of work
 - e. Method of accountability
 - f. Itemized budget and justification

Note: If the above information is unknown for any contractor/consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget.

4. The budget must allocate sufficient funding to enable the grantee Point of Contact to attend one CDC-sponsored or sanctioned conference or meeting each year (e.g., the grantee orientation meeting and/or national viral hepatitis meetings/conferences).

⁸ www.cdc.gov/od/pgo/forms/01246.pdf

**Category B, Part 2(b): Linkage to Best Practices in Medical Care and Treatment in CHCs
for Evaluation of Persons who are Chronically Infected with Hepatitis C**

Executive Summary (not rated)

Extent to which applicant states the category for which funding is requested, concisely and comprehensively describes overall proposed activities and goals of the project, clearly identifies which populations are being targeted, and outlines anticipated outcomes.

A. Background and Need (10 points)

The extent to which the applicant:

1. Provides the rationale for proposing the project to include need, epidemiologic data, or other data.
2. Describes the methods and data sources that were used to identify areas and venues or avenues to implement the project.
3. Provides evidence that the health department and participating venue(s) and/or avenue(s) have the experience and capacity to implement the demonstration project.
4. Describes how the project addresses the HHS national goals and objectives for increasing the identification of persons infected with viral hepatitis and getting them linked to care, treatment, and preventive services, as outlined in the HHS viral hepatitis action plan.

B. Program Description (50 points)

The extent to which the applicant:

1. Provides detailed methodology regarding how project activities will be conducted as described in this FOA.

2. Presents a viable plan that includes project goals and objectives that are specific, measurable, achievable, realistic and time-phased (SMART), to include a timeline for accomplishing project activities. Ensure applicants describe
 - rationale for selecting participating CHCs, health department staff, and academic/medical staff.
 - telehealth technology, timelines for project development, training protocols, proposed schedule for case-based presentations and consultations, and expected number of case presentations and participating staff;
 - opportunities to provide continuing education credits to participating health staff;
 - process and outcomes evaluation to measure number of participating staff, effectiveness of training and consultations, and impact on patient care; and
 - quality assurance measures to support activities being implemented and to improve program quality and accountability.
3. Describes how local data (local epidemiology and surveillance data) and technical assistance materials will be used to support implementation of activities in target settings and at-risk population(s) during the project period.
5. Describes the process that will be used to ensure data collection, entry, management (including quality assurance activities), and submission are consistent with CDC guidelines for data security and confidentiality.
6. Describes measures to be taken to ensure
 - compliance with CDC's data collection and reporting requirements for FOIA activities and
 - collaboration with the CDC project evaluation process.
6. If activities will be conducted at multiple sites, describes how required data will be monitored and collected.

C. Organizational Capacity (25 points)

The extent to which applicant:

1. Documents that the organizational mission, goals, and activities are consistent with the national viral hepatitis prevention and control priorities for the identification of persons with undiagnosed HCV infection and the current CDC and professional society recommendations for managing persons living with hepatitis C.
2. Provides evidence of relevant experience, leadership, capacity, and infrastructure (e.g., resources, facilities, and technical and administrative systems) to successfully conduct the proposed activities.
3. For applicants planning to collaborate with CHCs, academic, and public health community partners,
 - describes the specific agencies, organization and partners with which the applicant is currently collaborating;
 - describes how collaborators were and will be involved in designing and implementing activities and includes specifics about their roles and requested collaborative activities; and
 - includes original letters of support or commitment, memoranda of agreement, or other similar documentation from appropriate non-applicant organizations, individuals, institutions, public health department, etc., needed to carry out the proposed activities and ensures that such letters clearly indicate the organization's roles and responsibilities.
5. Describes capacity to successfully collect and retrieve clinical information in electronic health records and describes systems meeting the requirements established by HHS.

<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>

6. Describes plans to: maximize resources; reduce duplication of efforts; and improve quality, efficiency, and accessibility of health-care services associated with viral hepatitis services.

D. Staffing and Management (15 points)

The extent to which the applicant:

1. Provides staffing and management description for the proposed demonstration project to include:
 - proposed staffing, staff experience, and background and job descriptions for both proposed and current budgeted staff to support and carry out the activities of the program, including evaluation and
 - submits *curriculum vitae* for each staff member named in the proposal.
2. Describes how collaborations with other programs, service providers and/or stakeholders will be managed, monitored, and maintained.

E. Budget and Budget Justification (not scored)

The budget justification will not be counted in the 7-page limit. In accordance to Form CDC 0.1246 (E)⁹, applicants are required to provide a line-item budget and narrative justification for all requested costs that are consistent with the purpose, objective, and proposed program activities. The budget and budget justification should be placed in the application's attachments and named "Budget and Budget Justification." Evaluation is based on the extent to which the applicant provides the following information:

1. A detailed line-item budget and justification (also known as a budget narrative).

⁹ www.cdc.gov/od/pgo/01246.pdf

2. A line-item breakdown and justification for all personnel that includes name, position title, actual annual salary, percentage of time and effort, and amount requested.
3. If contractor is used, a line-item breakdown and justification for all contractor(s), including:
 - a. Name of contractor
 - b. Method of selection
 - c. Period of performance
 - d. Scope of work
 - e. Method of accountability
 - f. Itemized budget and justification

Note: If the above information is unknown for any contractor/consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget.

4. The budget must allocate sufficient funding to enable the grantee Point of Contact to attend one CDC-sponsored or sanctioned conference or meeting each year (e.g., the grantee orientation meeting and/or national viral hepatitis meetings/conferences).

Additional Budget Information

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored). Although the budget is not scored, applicants should consider the following in development of their budget. Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned project activities?

If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12

months of age. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website at the following Internet address: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by NCHHSTP and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

A CDC objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled “Criteria.”

The objective review process will follow the policy requirements as stated in the GPD 2.04 at <http://intranet.hhs.gov/administrative/grantsinfo/documents.html>.

Selection

Applications will be funded in order by score and rank determined by the review panel.

In addition, the following factors may affect the funding decision:

Funding Preferences

Category A

- Preference will be given to applicants serving the geographic areas needed to ensure geographic distribution for FOA activities.
- Funding will be provided to no more than two grantees per state.
- If two or more applications have the same score overall then the application scoring the highest under the program description criteria will be selected.

Category B (Part 1 and Part 2(a))

- Preference will be given to applicants serving the geographic areas needed to ensure geographic distribution for FOA activities.
- If two or more applications have the same score overall, then the application scoring the highest under the program description criteria will be selected.

Category B, Part 2(b)

- Preference will be given to applicants funded under Part 2a.
- Preference will be given to one Urban and one Non-Urban setting.
- Preference will be given to applicants that can provide letters of support from participating institutions.
- Preference will be given to applicants for whom proposed academic medical staff has the skills and experience to provide consultation on the testing, care, and treatment of persons in care for hepatitis C and can provide continuing education credits to participants in training sessions.
- If two or more applications have the same score overall then the application scoring the highest under the program description criteria will be selected.

Category B, Part 3

- Preference will be given to applicants capable of serving diverse settings and obtaining geographic representation.
- If two or more applications have the same score overall then the application scoring the highest under the program description criteria will be selected.

CDC will provide justification for any decision to fund out of rank order.

VI. AWARD ADMINISTRATION INFORMATION

Award Notices

Successful applicants (grantees) will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Grantees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
- AR-6 Patient Care
- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2020

- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.
- AR-30 Information Letter 10-006. – Compliance with Section 508 of the Rehabilitation Act of 1973

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, www.USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

1. The name of the entity receiving the award
2. The amount of the award
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award
5. A unique identifier of the entity receiving the award; and
6. Names and compensation of highly compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf .

Section 220 – Prevention Fund Reporting Requirements

Responsibilities for Informing Sub-recipients:

- Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2012 PPHF fun purposes, and amount of PPHF funds.
- Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2012 PPHF funds. When a recipient awards 2012 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2012 PPHF funds from regular sub-awards under the existing program.

Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:

This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1- June 30 and July 1- December 31, and email such reports (in 508 compliant agreement) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Cover Letter
 - d. Project Abstract
 - e. Project Narrative
 - f. Personnel Staffing Plan

- g. Budget and budget justification.
- h. Appendices
- i. Indirect Cost Rate Agreement.

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

- 2. Annual progress report, are due on January 31 each year
 - a. Cover letter
 - b. Project Narrative
 - Description of project activities and objectives
 - Progress towards achieving the target levels and goals of performance of each objective
 - c. Supporting documents
- 3. Financial Status Report* (SF 269) and annual progress report], no more than 90 days after the end of the budget period.
- 4. Final performance and Financial Status Reports*, no more than 90 days after the end of the project period.

*Disclaimer: As of February 1, 2011, current Financial Status Report (FSR) requirements will be obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting (FFR) requirements.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VII below entitled “Agency Contacts.”

VII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Gilberto Ramirez, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

1600 Clifton Rd, NE M/S G-37
Atlanta, GA 30333
Telephone: 404-718-8535
E-mail: ghr0@cdc.gov

For **financial, grants management, or budget assistance**, contact:

Kang Lee, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-15
Atlanta, GA 30341
Telephone: 770-488-2853
E-mail: kil8@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726
Email: support@grants.gov

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:
TTY 1-888-232-6348.

For additional information on reporting requirements, visit the CDC website at:
http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

VIII. Other Information

Technical Assistance Opportunities for Potential Applicants:

Potential applicants may participate in a webinar regarding this Funding Opportunity Announcement (FOA). The webinar will be conducted by the Division of Viral Hepatitis, National Center for HIV, Viral Hepatitis, STD and Tuberculosis Prevention, on May 30, 2012 from 3:00 p.m. – 4:00 p.m. Eastern Daylight Savings Time.

Registration is required for this webinar. To register now, click the link below:
<https://cc.readytalk.com/r/doj3wt80pzk5>

Frequently asked application questions can be accessed at:

http://www.cdc.gov/hepatitis/Resources/EarlyID-Intrv_PPFH_FOA.htm

Additional inquiries may be sent to the following email address: ghr0@cdc.gov.

Other CDC funding opportunity announcements can be found at www.grants.gov.

List of Attachments

1. Attachment I - Minimum Test-Level Data Variables
2. Attachment II – Testing Activity Report Template
3. Attachment III – Monitoring and Evaluation Plan Template

Funding Opportunity Announcement (FOA) CDC RFA-PS12- 1209PPHF12
Early Identification of Chronic HBV and HCV infections through Screening of Highly Affected Populations

Attachment I – Minimum Test-Level Data Variables

Data Element:	Comments:
Test Site Information	
Name of test site	
Type of test site	(IDU, CHC, Other)
Contact information of test site	Address, Phone #, Fax #
Demographic Information	
Patient ID	
Patient's state of residence	
Country of origin/county of birth	
Date of Birth/Age	00/00/0000, Age (month, year)
Gender (Current Gender Identity)	Male, Female, Transgender
Race	AA, W, Asn, NH/PI, AI/AN, Oth
Ethnicity	Hsp, Non-Hsp, Oth
Vaccination History	
Hep A vaccine	Ever, # of dose
Hep B vaccine	Ever, # of dose
Lab Information	
Lab Name (The lab that performed the test)	
Patient ID	
Date of test	
Test Technology	
Test Results	
Hep C	
Hepatitis C antibody (HCV Ab)	Date, Positive, Negative, Indeterminate, Invalid
Hepatitis C RNA (HCV-RNA)	Date, Positive, Negative, Indeterminate, Invalid
Quantitative HCV RNA	Result, Date (Category B - ECHO option)
HCV Genotype	Result, Date (Category B - ECHO option)
Hep B	
Hepatitis B core antibody	Data, Positive, Negative, Indeterminate, Invalid
Hepatitis B surface antigen	Data, Positive, Negative, Indeterminate, Invalid
Diagnosis	Chronic HBV, Chronic HCV
HIV-positive [Self-Report Positive (SRP)]	
Hep B	
Persons born in countries with intermediate or high prevalence of HBV infection	
Other at-risk populations, including PWID and MSM	
Contacts of hepatitis B positive person	
HIV-positive (SRP)	
If female, is client pregnant?	yes, no, don't know, declined, not asked
NOTE	
All personal identifying information, such as Name (FN, LN, MN), SSN, Address at Diagnosis and/or Current Address, Phone # should NOT be submitted to CDC	
All personal identifying information, such as Name (FN, LN, MN), SSN, Address at Diagnosis and/or Current Address, Phone # should NOT be submitted to CDC	

Funding Opportunity Announcement (FOA) CDC RFA-PS12-1209PPHF12
Early Identification of Chronic HBV and HCV infections through Screening of Highly Affected Populations

Attachment II – Testing Activity Report Template

EXCEL FILE

(Provided Separately)

Early Identification of Chronic HBV and HCV infections through Screening of Highly Affected Populations

Attachment III – Monitoring and Evaluation Plan Template

Goals and Objectives

The project will increase early identification of persons with undiagnosed chronic HBV and HCV infections, with a focus on population groups that are disproportionately affected. There are two overall goals: 1) Increase the proportion of persons living with HBV infection who are aware of their infection and linked to prevention and clinical care services; 2) Increase the proportion of persons living with HCV infection who are aware of their infection and linked to prevention and clinical care services. The objectives utilize the SMART (specific, measurable, achievable, realistic, and time-oriented) format and were developed to assist in measuring the fulfillment of the goals and objectives, ultimately aiding the evaluation process. The specific programmatic goals and corresponding objectives are listed below:

Category A: Testing and Referral of Persons who are Chronically Infected with HBV	
Goals	Objectives
Increase the proportion of persons among highly affected populations living with chronic HBV infection who are aware of their of their infection: <ul style="list-style-type: none"> • Persons born in countries with intermediate or high rate of HBV infection 	<ul style="list-style-type: none"> • Within the project year, conduct approximately 1,000-4,000 (depending on funding Tier) HBV tests per awardee, to identify chronic HBV-infected persons (Hepatitis B surface antigen and Hepatitis core antibody) who were previously not aware of their infection • A minimum of 85% of persons who test positive for hepatitis B receive their test results • At least 85% of persons tested for hepatitis B have their risk factors documented including country of birth • At least 85% of cases identified during the project period are reported to surveillance within 6 months of diagnosis date
Increase the proportion of persons who tested positive for hepatitis B receive prevention counseling and are linked to care treatment and prevention services	<ul style="list-style-type: none"> • A minimum of 75% of persons who test positive for hepatitis B receive post-test counseling • A minimum of 75% of persons who test positive for hepatitis B are linked to care, treatment, and preventive services
Category B: Testing for HCV Infection and Enhancing Linkage to Care for Persons HCV	

Goals	Objectives
<p>Increase the proportion of persons among highly-affected populations living with chronic HCV infection who are aware of their of their infection:</p> <ul style="list-style-type: none"> • Persons Who Inject Drugs (PWIDs) and persons who use non-injection opiates • Persons born from 1945 through 1965 	<ul style="list-style-type: none"> • Within the project year, conduct 1,000 to 4,000 HCV tests per awardee (depending on funding Tier) to identify HCV-infected persons (Hepatitis C antibody and Hepatitis RNA) who were previously not aware of their infection • A minimum of 85% of persons who are found to be HCV antibody positive are tested for HCV RNA • A minimum of 85% of persons who test positive for HCV RNA receive their test results • Obtain risk factor data for at least of 85% of persons tested for hepatitis C antibody • At least 85% of cases identified during the project period are reported to surveillance within 6 months of diagnosis date
<p>Increase the proportion of persons who test RNA positive for hepatitis C who receive prevention counseling and are linked to care treatment and prevention services</p>	<ul style="list-style-type: none"> • A minimum of 75% of persons who test positive for HCV RNA receive post-test counseling • A minimum of 75% of persons who test positive for hepatitis C RNA are linked to care, treatment, and preventive services • A minimum of 15% of persons who test positive for HCV RNA begin antiviral therapy (All CHC settings)
<p>Increase the proportion of newly diagnosed persons who receive antiviral therapy within CHC ECHO settings</p>	<ul style="list-style-type: none"> • A minimum of 50% of physicians and other clinical staff providing care for persons with HCV will participate in training sessions and case presentations • At least 100 cases of HCV will be presented in training sessions over the project year • Based on the presentation and consultation, at least 75% of persons presented for case conference will have their care management updated including a decision to begin or defer HCV therapy • A minimum of 20% of persons presented for case conference will begin antiviral therapy

Monitoring & Evaluation Matrix – Category B: HEP C

TESTING					
Objective 1: Within the project year, conduct 1,000 to 4,000 (depending on funding Tier) HCV tests per awardee to identify chronic HCV-infected persons (Hepatitis C antibody and Hepatitis RNA) who were previously not aware of their infection					
<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
1. What are the key resources and infrastructures that must be in place for test site to successfully implement testing?	<ul style="list-style-type: none"> # of test site Type of test site Names of collaborative partners 	<ul style="list-style-type: none"> Test site documentation Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
2. What are challenges for test site to successfully implement testing?	<ul style="list-style-type: none"> Lists of challenges Lists of TA needs 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
3. What is the total number of tests that have been conducted within the funded test site?	<ul style="list-style-type: none"> # of test events occurred # of eligible persons # of consented persons # of persons tested 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
Objective 2: Obtain risk factor data for at least of 85% of persons tested for hepatitis C antibody					
<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	

4. What is the percentage of persons tested for HCV Ab whose risk factors have been obtained?	<ul style="list-style-type: none"> # persons tested for HCV Ab # persons for whom risk behavior obtained among person tested for HCV Ab 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
5. Are the populations disproportionately affected by HCV infection being reached and tested?	<ul style="list-style-type: none"> Demographics of persons tested Risk factors of persons tested 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
6. If not, what are the barriers and how can outreach and acceptability of hepatitis testing among highly affected populations be enhanced?	<ul style="list-style-type: none"> Lists of barriers Lists of TA needs Lists of new venues 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

Objective 3: A minimum of 85% of persons who are found to be hepatitis C antibody positive are tested for Hepatitis C RNA

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person		Timeline	
a.		a.		a.	
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
7. What is the proportion of HCV antibody positive persons who are tested for HCV RNA?	<ul style="list-style-type: none"> # person tested for HCV antibody # person HCV antibody reactive # of person tested for HCV RNA among persons antibody positive 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
8. What is the total number of newly identified confirmed chronic HCV positive tests that have been conducted?	<ul style="list-style-type: none"> # of persons tested for HCV antibody # person HCV antibody reactive # of person tested for HCV RNA 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

Objective 4: At least 85% of cases identified during the project period are reported to surveillance within 6 months of diagnosis date

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
9. What is the percentage of diagnosed cases reported to surveillance?	<ul style="list-style-type: none"> # newly diagnosed cases # cases reported to local surveillance 	<ul style="list-style-type: none"> Surveillance database Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

NOTIFICATION

Objective 5: A minimum 85% of person who test positive for hepatitis C RNA receive their test results

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
10. What is the percentage of persons who test HCV RNA positive who receive their results?	<ul style="list-style-type: none"> # persons tested HCV RNA positive # persons contacted # persons received their results 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
11. What are the most efficient ways to notify persons who test HCV RNA positive?	<ul style="list-style-type: none"> Describe the process Lists of tips 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
12. If results not provided, why?	<ul style="list-style-type: none"> List reasons and percentage: <ul style="list-style-type: none"> ◦ Declined Notification ◦ Did not return/Could not locate ◦ Other 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

COUNSELING

Objective 6: A minimum 75% of persons who test positive for hepatitis C RNA receive post-test counseling

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
13. What is the percentage of persons tested positive received post-test counseling?	<ul style="list-style-type: none"> # persons tested positive # persons contacted # persons received post-test counseling 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
14. What are the challenges in conducting counseling?	<ul style="list-style-type: none"> Describe the counseling curriculum used Lists of TA and/or training needed 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

LINKAGE – Part I: IDU Setting

Objective 7.1: A minimum of 75% of persons who test positive for hepatitis C RNA are linked to care treatment and preventive services. [Measured by proportion of persons identified as HCV RNA+ who attend a first appointment in a medical home setting (e.g. CHCs, FQHCs, or other primary care clinics) within 90 days of HCV RNA positive testing]

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
1. What is the percentage of persons tested HCV RNA positive who were linked to medical evaluation and prevention services?	<ul style="list-style-type: none"> # person tested HCV RNA positive # person attended 1st appointment in medical home setting within 90 days of HCV RNA+ test # persons referred to prevention services 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

2. What is the referral and linkage and follow-up mechanism to assure linking RNA+ persons to medical evaluation and prevention services?	<ul style="list-style-type: none"> Describe the referring mechanisms Describe the follow-up mechanisms Lists of TA and/or resources needed 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
3. What are the challenges of linking persons tested HCV RNA positive to care and prevention services and how can linkage to care be improved?	<ul style="list-style-type: none"> List of challenges List of solutions Lists of TA and/or resources needed 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

LINKAGE – Part II A: CHC Setting

Objective 7.2.A1: A minimum 75% of persons who test positive for hepatitis C RNA are linked to care treatment and preventive services. (Measured by proportion of persons who test HCV RNA+ and are seen for an initial medical evaluation for antiviral treatment within 90 days of provision of HCV RNA positive results)

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
1. What is the percentage of HCV RNA+ persons who are linked to medical evaluation and prevention services?	<ul style="list-style-type: none"> # person tested HCV RNA positive # persons seen for medical evaluation within 90 days of HCV RNA+ testing # persons referred to prevention services 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

Objective 7.2.A2: A minimum of 15% of persons who test positive for hepatitis C RNA begin antiviral therapy

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
2. What is the percentage of persons who test	<ul style="list-style-type: none"> # person tested HCV RNA positive # persons began AVT 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC

positive for HCV RNA+ begin AVT?					<ul style="list-style-type: none"> Provide semi-annual and annual reports to: CDC
3. What is the referral and linkage mechanism to assure linking RNA+ persons to medical evaluation and prevention services?	<ul style="list-style-type: none"> Describe the referring mechanisms Describe the follow-up mechanisms Lists of TA and/or resources needed 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
4. What are the challenges of linking persons tested HCV RNA positive to care and prevention services and how can linkage to care be improved?	<ul style="list-style-type: none"> List of challenges List of solutions Lists of TA and/or resources needed 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

LINKAGE – Part II B: CHC Setting with ECHO

Objective 7.2. B1: A minimum of 50% of physicians and other clinical staff providing care for persons with HCV will participate in training sessions and case presentations.

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person		Timeline	
a.		a.		a.	
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
1. What is the percentage of physicians and other clinical staff providing care to persons with HCV participated in training sessions and case presentations?	<ul style="list-style-type: none"> # physicians and other clinical staff providing care # physicians and other clinical staff providing care to persons with HCV participated in training sessions and case presentations ECHO case conference 	<ul style="list-style-type: none"> Test /ECHO site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

Objective 7.2. B2: At least 100 cases of HCV will be presented in ECHO case conference session over the project year.

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded
Activities		Lead Person		Timeline
a.		a.		a.

Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
2. What is the newly identified HCV cases are presented in Project ECHO case conference during the project year?	<ul style="list-style-type: none"> # newly identified HCV cases # newly identified HCV cases are presented in Project ECHO case conference 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

Objective 7.2. B3: at least 75% of persons presented for case conference will have their care management updated including a decision to begin or defer HCV therapy

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded
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Activities	Lead Person	Timeline
a.	a.	a.

Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
3. What is the percentage of newly identified HCV-infected persons presented for case conference will have their care management updated including a decision to begin or defer HCV therapy?	<ul style="list-style-type: none"> # newly identified HCV-infected persons # persons presented for case conference had their care management updated including a decision to begin or defer HCV therapy 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

Objective 7.2.B4: A minimum of 20% of persons presented for case conference begin antiviral therapy

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded
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Activities	Lead Person	Timeline
a.	a.	a.

Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	

<p>4. What is the percentage of persons presented for case conference begin antiviral therapy?</p>	<ul style="list-style-type: none"> ▪ # of persons presented for case conference ▪ # of person tested for quantitative HCV RNA prior to initiation of ART ▪ # of person tested for HCV Genotype prior to initiation of ART ▪ # of persons presented for case conference begin ART ▪ Record of ART regimen and date 	<ul style="list-style-type: none"> ▪ Test-level Database ▪ Progress Report Database 	<ul style="list-style-type: none"> ▪ Dataset obtained from the databases 	<ul style="list-style-type: none"> ▪ Monthly 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC
<p>5. Has the ECHO model been strictly implemented?</p>	<ul style="list-style-type: none"> ▪ All ECHO case conference are recorded and well documented ▪ Consultation with CDC and ECHO consultant regularly 	<ul style="list-style-type: none"> ▪ Test /ECHO site documentation 	<ul style="list-style-type: none"> ▪ Site reports ▪ Site visits 	<ul style="list-style-type: none"> ▪ Monthly ▪ Semi-annual ▪ Annual 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC
<p>6. Have the series surveys been well attained?</p>	<ul style="list-style-type: none"> ▪ # of survey disseminated ▪ # of survey responded <p>Surveys –</p> <ul style="list-style-type: none"> ◦ “Annual Survey of Clinicians Participating in Project ECHO” ◦ “Annual Survey of Community Clinician Assessment of Self-Efficacy in HCV Patient Care”, ◦ “Assessment of Clinical Providers of Degree of Learning in HCV Clinical Content Areas, After Six Months of Participation” ◦ Assessment of Clinical Providers of Benefits Associated with ECHO Participation, After Six Months of Participation” 	<ul style="list-style-type: none"> ▪ Test /ECHO site documentation 	<ul style="list-style-type: none"> ▪ Site reports ▪ Site visits 	<ul style="list-style-type: none"> ▪ Monthly ▪ Semi-annual ▪ Annual 	<ul style="list-style-type: none"> ▪ Provide 6 month survey and annual survey to CDC to for content analysis ▪ Provide semi-annual and annual reports to: CDC
<p>7. What are the challenges of implementing</p>	<ul style="list-style-type: none"> ▪ List of challenges ▪ List of solutions ▪ Lists of TA and/or 	<ul style="list-style-type: none"> ▪ Test /ECHO site documentation 	<ul style="list-style-type: none"> ▪ Site reports ▪ Site visits 	<ul style="list-style-type: none"> ▪ Monthly ▪ Semi-annual 	<ul style="list-style-type: none"> ▪ Provide monthly reports to:

Project ECHO?	resources needed			▪ Annual	CDC ▪ Provide semi-annual and annual reports to: CDC
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LINKAGE – Part III: Other Settings

Objective 7.3: A minimum 75% of persons who test positive for hepatitis C RNA are linked to care treatment and preventive services. [Measured by proportion of persons identified as HCV RNA+ who attend a first appointment in a medical home setting (e.g. CHCs, FQHCs, or other primary care clinics) within 90 days of HCV RNA positive testing]

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified		<input type="checkbox"/> Unfunded
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
1. What is the percentage of persons tested HCV RNA positive who were linked to medical evaluation and prevention services?	<ul style="list-style-type: none"> ▪ # person tested HCV RNA positive ▪ # person attended 1st appointment in medical home setting within 90 days of HCV RAN + testing ▪ # person referred to prevention services 	<ul style="list-style-type: none"> ▪ Test-level Database ▪ Progress Report Database 	<ul style="list-style-type: none"> ▪ Dataset obtained from the databases 	<ul style="list-style-type: none"> ▪ Monthly 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC
2. What is the referral and linkage and follow-up mechanism to assure linking RNA +persons to medical evaluation and prevention services?	<ul style="list-style-type: none"> ▪ Describe the referring mechanisms ▪ Describe the follow-up mechanisms ▪ Lists of TA and/or resources needed 	<ul style="list-style-type: none"> ▪ Test site documentation 	<ul style="list-style-type: none"> ▪ Site reports ▪ Site visits 	<ul style="list-style-type: none"> ▪ Monthly ▪ Semi-annual ▪ Annual 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC
3. What are the challenges linking persons tested HCV RNA positive to care and prevention services and how can linkage to care be improved?	<ul style="list-style-type: none"> ▪ List of challenges ▪ List of solutions ▪ Lists of TA and/or resources needed 	<ul style="list-style-type: none"> ▪ Test site documentation 	<ul style="list-style-type: none"> ▪ Site reports ▪ Site visits 	<ul style="list-style-type: none"> ▪ Monthly ▪ Semi-annual ▪ Annual 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC

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Monitoring & Evaluation Matrix – Category A: HEP B

TESTING					
Objective 1: Within the project year, conduct approximately 1,000-4,000 (depending on funding Tier) HBV tests per awardee to identify chronic HBV-infected persons who were previously not aware of their infection, in particular among highly affected populations					
<input type="checkbox"/> Met		<input type="checkbox"/> In Progress		<input type="checkbox"/> Not Met	
<input type="checkbox"/> Modified		<input type="checkbox"/> Unfunded			
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
1. What are the key resources and infrastructure that must be in place for test sites to successfully implement testing?	<ul style="list-style-type: none"> ▪ # of test site ▪ Type of test site ▪ Names of collaborative partners 	<ul style="list-style-type: none"> ▪ Test site documentation ▪ Test-level Database ▪ Progress Report Database 	<ul style="list-style-type: none"> ▪ Site reports ▪ Site visits 	<ul style="list-style-type: none"> ▪ Monthly ▪ Semi-annual ▪ Annual 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC
2. What are challenges for test site to successfully implement testing?	<ul style="list-style-type: none"> ▪ Lists of challenges ▪ Lists of TA needs 	<ul style="list-style-type: none"> ▪ Test site documentation 	<ul style="list-style-type: none"> ▪ Site reports ▪ Site visits 	<ul style="list-style-type: none"> ▪ Monthly ▪ Semi-annual ▪ Annual 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC
3. What is the total number of test have been conducted within the funded test site?	<ul style="list-style-type: none"> ▪ # of test events occurred ▪ # of eligible persons ▪ # of consented persons ▪ # of person tested 	<ul style="list-style-type: none"> ▪ Test-level Database ▪ Progress Report Database 	<ul style="list-style-type: none"> ▪ Dataset obtained from the databases 	<ul style="list-style-type: none"> ▪ Monthly 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC
Objective 2: At least 85% of persons tested for hepatitis B have their risk factors documented, including country of birth					
<input type="checkbox"/> Met		<input type="checkbox"/> In Progress		<input type="checkbox"/> Not Met	
<input type="checkbox"/> Modified		<input type="checkbox"/> Unfunded			
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	

4. What is the percentage of persons tested for HBV whose risk factors have been obtained?	<ul style="list-style-type: none"> # person tested for HBV # person for whom risk behavior obtained among persons tested for HBV 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
5. Are the populations at highest risk for HCV infection being reached and tested?	<ul style="list-style-type: none"> Demographics, in particular 'County of Birth' of persons tested Risk factors of persons tested 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
6. If not, what are the barriers and how can outreach and acceptability of hepatitis testing among highly effected populations be enhanced?	<ul style="list-style-type: none"> Lists of barriers Lists of TA needs Lists of new venues 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

Objective 3: At least 85% of cases identified during the project period are reported to surveillance within 6 months of diagnosis date

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
7. What is the percentage of diagnosed cases who been reported to surveillance?	<ul style="list-style-type: none"> # newly diagnosed cases # cases reported to local surveillance 	<ul style="list-style-type: none"> Surveillance database Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

NOTIFICATION

Objective 4: A minimum 85% of person who test positive for hepatitis B receive their test results

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination

		Source	Method	Timing	and Use
8. What is the percentage of persons tested positive who receive their results?	<ul style="list-style-type: none"> # persons tested positive # persons contacted # persons received their results 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	Monthly	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
9. What are the most efficient ways to notify persons tested positive?	<ul style="list-style-type: none"> Describe the process Lists of tips 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
10. If results not provided, why?	<ul style="list-style-type: none"> List reasons and percentage: <ul style="list-style-type: none"> Declined Notification Did not return/Could not locate Other 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

COUNSELING

Objective 5: A minimum 75% of person who test positive for hepatitis B receive post-test counseling

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person		Timeline	
a.		a.		a.	
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
11. What is the percentage of persons tested positive who receive post-test counseling?	<ul style="list-style-type: none"> # persons tested positive # persons contacted # persons received post-test counseling 	<ul style="list-style-type: none"> Test-level Database Progress Report Database 	<ul style="list-style-type: none"> Dataset obtained from the databases 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC
12. What are the challenges in conducting counseling?	<ul style="list-style-type: none"> Describe the counseling curriculum used Lists of TA and/or training needed 	<ul style="list-style-type: none"> Test site documentation 	<ul style="list-style-type: none"> Site reports Site visits 	<ul style="list-style-type: none"> Monthly Semi-annual Annual 	<ul style="list-style-type: none"> Provide monthly reports to: CDC Provide semi-annual and annual reports to: CDC

LINKAGE

Objective 6: A minimum 75% of persons who test positive for hepatitis B are linked to care treatment and preventive services. [Measure by person who tested HBV positive attend the first appointment in medical home settings (e.g. CHCs, PCCs, FQHCs) within 90 days of HBV positive testing]

<input type="checkbox"/> Met	<input type="checkbox"/> In Progress	<input type="checkbox"/> Not Met	<input type="checkbox"/> Modified	<input type="checkbox"/> Unfunded	
Activities		Lead Person			Timeline
a.		a.			a.
Evaluation Questions	Indicator(s)	Data collection			Dissemination and Use
		Source	Method	Timing	
13. What is the percentage of persons tested HBV positive were referred to medical evaluation and prevention services?	<ul style="list-style-type: none"> ▪ # person tested HBV positive ▪ # person attended 1st appointment in medical home setting within 90 days of HBV positive testing ▪ # person referred to prevention services 	<ul style="list-style-type: none"> ▪ Test-level Database ▪ Progress Report Database 	<ul style="list-style-type: none"> ▪ Dataset obtained from the databases 	<ul style="list-style-type: none"> ▪ Monthly 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC
14. What is the referring and follow-up mechanism to assure linking persons tested positive to care and prevention services?	<ul style="list-style-type: none"> ▪ Describe the referring mechanisms ▪ Describe the follow-up mechanisms ▪ Lists of TA and/or resources needed 	<ul style="list-style-type: none"> ▪ Test site documentation 	<ul style="list-style-type: none"> ▪ Site reports ▪ Site visits 	<ul style="list-style-type: none"> ▪ Monthly ▪ Semi-annual ▪ Annual 	<ul style="list-style-type: none"> ▪ Provide monthly reports to: CDC ▪ Provide semi-annual and annual reports to: CDC

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