New HRSA FOA: Curing Hepatitis C among People of Color Living with HIV

HRSA announces new funding for curing hepatitis C among HIV-positive people of color.

July 10, 2017 By HRSA

HRSA-17-047 | HIV/AIDS Bureau

Application Accepted: 06/14/2017 to 07/28/2017

Projected Award Date: 09/30/2017

Estimated Award Amount: N/A

Program Description:

This announcement solicits applications for the Secretary's Minority AIDS Initiative Fund (SMAIF) fiscal year (FY) 2017 Curing Hepatitis C among People of Color Living with HIV program. This multi-pronged initiative will support up to two (2) recipients to improve the prevention, care, treatment, and cure of hepatitis C (HCV) in areas affected by HIV/HCV coinfection among low-income, underinsured, or uninsured racial and ethnic minority populations.
Components of the initiative will include:

- Expansion of HCV prevention (including education), testing, care (including preventive health care), and treatment capacity among RWHAP-funded clinics, HRSA and Medicare-certified Federally Qualified Health Centers (FQHCs),[1] and SAMHSA-funded community-based substance use disorder (SUD) and behavioral health treatment providers that predominantly serve people of color living with both HIV and HCV;
- Improved coordination of linkage to and retention in care and treatment for people who are co-infected with HIV/HCV;
- Improved coordination with SAMHSA-funded SUD treatment providers to expand the delivery of behavioral health and substance use treatment support to achieve treatment completion and to prevent HCV infection and re-infection; and

- Enhancement of health department surveillance systems to increase their capacity to monitor acute and chronic coinfections of HIV and HCV in areas affected by HIV/HCV coinfection among low-income, underinsured, or uninsured racial and ethnic minority populations, and to enable an HCV Data to Care capacity.[2]

You must provide evidence of HIV/HCV coinfection among low-income, underinsured, or uninsured racial/ethnic minority populations and demonstrate your ability to access people living with HIV (PLWH) who are also living with or at risk for acquiring HCV infection. Populations of interest include racial and ethnic minorities living with HIV who have demonstrated a high prevalence of HCV, including, but not limited to, people who use drugs (PWUD), especially people who inject drugs (PWID); men who have sex with men (MSM); high-risk heterosexuals; and transgender persons.

During the first year of the initiative, recipients will develop a plan that, based on local needs, will coordinate the implementation of multiple strategies to increase the number of people living with HIV and HCV in their service area who are screened, diagnosed, linked to care, treated, and cured of HCV. This project planning and development phase will be followed by two (2) years of implementation.

Recipients will be expected to partner with and provide annual subawards to clinical sites seeking to improve their capacity to treat HIV/HCV coinfection among low-income, underinsured, or uninsured racial/ethnic minority populations. Applicants should propose how they will work with subrecipients to increase capacity in the following areas:

- Provision of HIV/HCV coinfection care and treatment according to the HHS guidelines;
- Provision of HIV/HCV medication adherence support;
- Performance of necessary lab testing, referrals for liver biopsy and other staging procedures; and
- Provision of prevention education about HCV infection and re-infection.

Subrecipient clinics will be expected to conduct targeted outreach to include low-income, underinsured, or uninsured out of care (OOC) people living with both HIV and HCV; contact tracing; and development of their own HCV/HIV multidisciplinary teams. Strategies for collaboration between recipients and clinics may include case conferences, sharing OOC lists, and shared training events.

Please note that you may not use funds for the purchase of medications to treat HCV. Therefore, participating providers must have adequate access to direct acting antivirals (DAA) medications through other existing funding mechanisms and/or payor sources.

Recipients will also be expected to partner (which may include providing subawards) with SUD and mental health treatment provider(s) in the service communities of each of the clinical sites, if these services are not available at the clinical sites. You should propose how you will accomplish the following activities:

- Formation of partnerships (which may include providing subawards) with local SUD and mental health treatment provider(s) to build their capacity to provide integrated care and to enable bidirectional client referrals for appropriate HIV/HCV and SUD treatment;
- Linkage of clients of clinical sites who screen positive for SUDs into SUD treatment, either at the clinical site or at the partnering agency;
- Linkage of clients in SUD and mental health treatment who test or are identified as living with HIV and HCV and who are out of care to the clinical site for treatment;
- Provision of interventions by clinical sites working with SUD and mental health treatment providers to clients living with HIV and HCV with SUDs to prevent overdose and re-infection (including referrals to syringe services programs, or SSPs); and
- Provision of referrals to community education programs, including those which address the benefits of access to medication-assisted treatment (MAT) and SSPs.

Please note that funds from this initiative may be used by recipients to make subawards to accomplish any or all of the activities outlined above. Partnership agreements and/or subawards with either clinical sites or SUD providers should be established expeditiously in order to accomplish the goals of the project in the time period.

Recipients will also be expected to deliver training to HCV care providers at the clinical sites. You should propose how you will accomplish the following activities:

- Training of providers through the use of a curriculum and provider competencies developed by the AIDS Education Training Center (AETC) National Coordinating Resource Center;
- Collaboration (which may include subawards) with their Regional AETC;
- Collaboration (which may include subawards) with their Local Performance Site (LPS), if applicable, and;
- Support of practice transformation and other HIV/HCV – specific workforce development activities for all entities within the formal partnership of the recipient and all of their

subrecipients/subawardees.

Please note that recipients will also be expected to partner (which may include subawards) with their state, local, or tribal health department to improve surveillance of HCV coinfection among PLWH in areas of high populations of racial/ethnic minorities, including people of color. Similar to HIV Data to Care efforts, the enhanced surveillance data systems will enable the use of HCV surveillance data to identify HCV-diagnosed PLWH in areas of high populations of racial/ethnic minorities, including people of color, who are not in care, and link them directly to care. Health departments will also play a critical role in facilitating the collection of HCV-related data required by the initiative.

Recipients will also be expected to work closely with a technical assistance and evaluation team (funded separately by HRSA/HAB) to demonstrate outcomes and disseminate findings, best practices and lessons learned. Recipients will be required to collect and report data on the extent of knowledge among HIV and HCV coinfected patients regarding HCV treatment; and of health care providers regarding HCV screening and treatment. Applicants who have previously collected these data should indicate such and provide the results. Applicants that have not previously collected these data will be required to conduct rapid assessments using existing instruments previously developed by the evaluation team. With the assistance of the technical assistance and evaluation team, recipients must submit these instruments to their Institutional Review Board (IRB) for review and approval within two months of award. The two knowledge assessments must be completed in the first nine months of year one, and will be used to identify gaps among consumers to be addressed by implementing educational programs; and to address provider training needs in their areas. During the first year of the initiative, recipients will be expected to develop a detailed project implementation plan to enhance their service area's public health infrastructure that will result in increased prevention, screening, care, treatment, and cure of HCV in people living with HIV, targeted to people of color. Subsequently, recipients shall implement their plans to expand their area's capacity to provide HCV screening, care, and treatment to people who are living with HIV and HCV, targeted to people of color. In year three, recipients will also be expected to work collaboratively with the evaluation team in the production of a project monograph and other publication and dissemination activities to document the findings, best practices, and lessons learned from this demonstration project initiative.

At the end of the three-year project period, recipients will have implemented effective, comprehensive, area-wide HCV screening, care, and treatment systems leading to demonstrable improvements in HCV care outcomes among people living with HIV and HCV, including people of color. Recipients also will be expected to work with their partners and/or subrecipients to fully integrate their HCV screening, care, and treatment systems into their ongoing program efforts, clinical practice, and fiscal and administrative planning for their continuous operation and maintenance beyond the three-year funded project period.

[1] See https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf

[2] See https://effectiveinterventions.cdc.gov/en/highimpactprevention/publichealthstrategies/DatatoCare.aspx

Additional Eligibility

Eligible applicants include RWHAP Parts A, B, C and D funded recipients of record; state, local, and tribal governments, including health departments; institutions of higher education; and domestic public or private, nonprofit organizations, including community-based, faith-based, and tribal organizations, involved in addressing HIV/AIDS-related issues among people of color at the state, regional, or national level. Foreign entities are not eligible to apply.

This article was originally published on the Health Resources and Services Administration (HRSA) website.

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