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DC **MURIEL BOWSER, MAYOR**

# Community Based DIS Services



★ **Funding Opportunity Number:** FO-HAHSTA-PG-00005-005
★ **Program RFA ID Number:** HAHSTA_CBDIS_07.09.21
★ **Application Due Date:** August 9, 2021 6:00 PM

DC Health reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DC Health reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DC Health, as well as any reduction, elimination, or re-allocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the DC Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DC Health terms of agreement.

DEPARTMENT OF HEALTH (DC Health)

HIV/AIDS, Hepatitis, STD, Tuberculosis Administration (HAHSTA)

NOTICE OF FUNDING AVAILABILITY (NOFA)

Community-Based DIS Services

The District of Columbia, Department of Health (DC Health) is seeking applications from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA).  This announcement is to provide public notice of the DC Health's intent to make funds available for the purpose described herein.  The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

**General Information:**

| | |
|---|---|
| Funding Opportunity Title: | Community-Based DIS Services |
| Funding Opportunity Number: | FO-HAHSTA-PG-00005-005 |
| Program RFA ID#: | HAHSTA_CBDIS_07.09.21 |
| Opportunity Category: | Competitive |
| DC Health Administrative Unit: | HIV/AIDS, Hepatitis, STD, Tuberculosis Administration |
| DC Health Program Bureau | Care and Treatment Division |
| Program Contact: | T'Wana Holmes, Program Coordinator<br><br>Twana.holmes@dc.gov |
| Program Description: | The HIV/AIDS, Hepatitis, STD, Tuberculosis Administration is seeking applications from community providers to deliver Community-Based Disease Intervention Services (DIS) to residents of the Washington Eligible Metropolitan Area. |
| Eligible Applicants | Applicant eligibility for the Community-Based DIS service category was determined using surveillance data. The embedded DIS model is available to the District's providers based on new HIV case reporting and as a result, are limited to the following entities (listed in alphabetical order):<br><br>• George Washington University Medical Faculty Associates<br>• Georgetown University Infectious Disease Clinic<br>• Howard University Hospital<br>• Kaiser – Capitol Hill Medical Center<br>• Unity Health Care<br>• Washington Hospital Center Infectious Disease Clinic<br>• Whitman-Walker Health |

| | |
|---|---|
| Anticipated # of Awards: | 1 |
| Anticipated Amount Available: | $175,000 |
| Floor Award Amount: | N/A |
| Ceiling Award Amount: | Up to $175,000 |

**Funding Authorization**

| | |
|---|---|
| Legislative Authorization | Ryan White HIV/AIDS Treatment Extension Act of 2009; CDC HIV Prevention Activities Health Department Based.<br><br>Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113).<br><br>Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq. |
| Associated CFDA# | 93.686 |
| Associated Federal Award ID# | UT8HA33932 |
| Cost Sharing / Match Required? | No |
| RFA Release Date: | July 9, 2021 |
| Pre-Application Meeting (Date) | Wednesday, July 14, 2021 |
| Pre-Application Meeting (Time) | 2:00 p.m.- 3:30 p.m. |
| Pre-Application Meeting (Location/Conference Call Access) | Visit DC Health's Eventbrite page for the virtual meeting information. https://OGMDCHealth.eventbrite.com |
| Letter of Intent Due date: | Not required |
| Application Deadline Date: | Monday, August 9, 2021 |
| Application Deadline Time: | 6:00 p.m. |
| Links to Additional Information about this Funding Opportunity | DC Grants Clearing house https://communityaffairs.dc.gov/content/community-grant-program<br>DC Health EGMS https://dcdoh.force.com/GO__ApplicantLogin2 |

# NOTICE

# PRE-APPLICATION CONFERENCE

# RFA #HAHSTA_CBDIS_07.09.21

## FO-HAHSTA-PG-00005-005

**DETAILS:**        **Please visit the DC Health Office of Grants Management Eventbrite page for date/time of the pre-application conference**
https://OGMDCHealth.eventbrite.com

**CONTACT:**

*T'Wana Holmes*
Program Coordinator, Ryan White HIV/AIDS Program
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)
DC Department of Health (DC Health)
HAHSTARFAs@dc.gov
202.671.4900 phone

**Note that all questions may be archived and shared with the public.**

**District of Columbia Department of Health**
**RFA Terms and Conditions**

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DC Health) and to all awards, if funded under this RFA:

A. Funding for a DC Health subaward is contingent on DC Health's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.

B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.

C. The RFA does not commit DC Health to make any award.

D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.

E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.

F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).

G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

H. DC Health may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.

J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

K. DC Health reserves the right to require registry into local and federal systems for award

management at any point prior to or during the Project Period.   This includes DC Health electronic grants management system, for which the awardee will be required to register and maintain registration of the organization and all users.

L.  DC Health may enter negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the project period (e.g. initial partial year, or a 12-month budget period). The NOGA shall outline conditions of award or restrictions.

N.  Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility, and determination that the continued funding and activities is in the best interest of the District of Columbia.

O.  DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC Health under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the  awardee.

P.  If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.


Additional information about grants management policy and procedures may be obtained at the following site: https://dc.gov/page/grants-management

If your agency would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy,** please contact the Office of Grants Management at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DC Health program staff or reviewers. Copies will be made available at all pre-application conferences.

# Contents

# Overview

## Introduction

The District of Columbia Department of Health (DC Health) HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA) established a regional system of care for people living with HIV/AIDS and HIV prevention in the Washington, DC Eligible Metropolitan Area. This system includes a compendium of prevention, core medical, and supportive services that offer an individualized panel of high-quality services to eligible customers with the intended outcomes of reducing new HIV transmissions, engaging HIV positive persons in care, and increasing viral suppression rates.

In 2016, District of Columbia Mayor Muriel Bowser issued the *90/90/90/50 Plan to End the HIV Epidemic (EHE) in the District of Columbia by 2020*. The plan was developed through a public-private collaboration among the DC Department of Health, DC Appleseed, and the Washington AIDS Partnership. The 90/90/90/50 plan is named for its ambitious goals: 90% of DC residents with HIV will know their status, 90% of those diagnosed will be in treatment, and 90% of those in treatment will reach viral load suppression. Through these and other activities, the District aimed to see a decrease of 50% in new infections by 2020.

The District and its partners have made great strides toward its original EHE goals and have committed to continuing their effort to end the HIV epidemic in Washington, DC. HAHSTA applied for and received funding under *Ending the HIV Epidemic: A Plan for America* (EHE) for planning and implementation. The District issued its updated plan DC Ends HIV in December 2020. The new plan increases goals from the District's 2016 plan. By 2030, DC will achieve a minimum of 95% of people knowing their HIV status, 95% of people with HIV diagnoses will be on treatment, 95% of people engaged in treatment for HIV will be virally suppressed, more than 13,000 individuals on Pre-Exposure Prophylaxis (PrEP), and less than 130 new HIV diagnoses per year.

Through this funding opportunity, HAHSTA seeks to launch a community model for newly diagnosed individuals with HIV to ensure linkage to treatment and identify social networks for HIV care and prevention services.

## Purpose of this Request for Applications (RFA)

The purpose of this RFA is to solicit applications from eligible organizations to implement Community-Based Disease Intervention Services (DIS) that:

- Increase awareness of HIV status.
- Increase timely access to HIV-related care and treatment.
- Increase engagement and retention in HIV care.

## Available Funding

HAHSTA intends to use funds received from the Health Resources and Services Administration (HRSA), FAIN# (UT8HA33932) also as a cooperative agreement, CFDA# 93.686 to fund the services solicited through this RFA. The availability of funding is contingent upon the availability of funds to HAHSTA.

## Period of Funding

Grants awarded under this RFA are expected to begin on October 1, 2021. The initial award period will be October 1, 2021 through February 28, 2022.

*Applicants will submit a 12-month budget however, awards will be prorated for the initial award period.

HAHSTA may elect to continue funded programs for an additional three years beyond the initial award period through February 28, 2025. Continuations are offered at the discretion of HAHSTA and will be exercised based upon satisfactory program performance, overall grant compliance, the availability of continued funding, and the compatibility with HAHSTA's priorities. HAHSTA reserves the right to discontinue or change the funding mechanism by which it supports programming at any time.

## Eligible Applicants

Applicant eligibility for the Community-Based DIS service category was determined using surveillance data. The embedded DIS model is available to the District's providers based on new HIV case reporting and as a result, are limited to the following entities (listed in alphabetical order):

- George Washington University Medical Faculty Associates
- Georgetown University Infectious Disease Clinic
- Howard University Hospital
- Kaiser – Capitol Hill Medical Center
- Unity Health Care
- Washington Hospital Center Infectious Disease Clinic
- Whitman-Walker Health

## Location of Services

Services will be located within the District of Columbia; however, customers may reside anywhere within the Washington Metropolitan Eligible Metropolitan Area, which is comprised of the District of Columbia, five counties in Maryland, 11 counties and six independent cities in northern Virginia, and two counties in West Virginia.

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# I. SERVICE CATEGORY DESCRIPTIONS

| Service Category | Funding Source | Total Funds Available | Anticipated # of Awards |
|---|---|---|---|
| Community Disease Intervention Services | HRSA | $175,000 | 1 |

## SERVICE CATEGORY 1: Community-Based Disease Intervention Services

**Total Funds Available: Approximately $175,000.00; Anticipated Number of Awards: 1**

Disease Intervention Services (DIS) or Partner Services are a critical part of the public health infrastructure and in building the link to health care. They are offered to newly diagnosed people with HIV and sexually transmitted infections (STIs), their partners, and other people who may be at increased risk for exposure. These services attempt to prevent disease transmission and reduce their complications. The initial focus of Disease Intervention Services is to identify, locate, and interview the sexual contacts of people newly diagnosed with HIV and STIs and others at risk for behavioral or other factors (also known as 'contact tracing') – and then refer them for testing, care and treatment. The initial basic focus of identifying, locating, and interviewing this population for testing and treatment is now more commonly called Partner Services and has evolved to include a broad view of the clinical and epidemiologic activities. Today's more comprehensive scope of Disease Intervention Services can improve the health of individuals and surrounding communities.

Disease Intervention Services are conducted by Disease Intervention Specialists (DIS). DIS are typically health department staff that work within health departments, community health centers, and in the field. They aid newly HIV and STI diagnosed individuals with education on their condition, risk reduction counseling, confidential partner referral, and assistance to encourage their partners to seek counseling, testing, treatment, and prevention services.

Historically, some providers have remained resistant to cooperate with the health department through the provision of mandated disease reporting. This resistance to reporting can hinder DIS efforts to help prevent further transmission of HIV and STIs to other individuals and the community. In order to address this, DC Health is proposing a pilot program to fund community providers to hire a dedicated Community-based DIS position. The Community DIS will perform traditional DIS duties but serve the specific needs of that provider's customer population. It is anticipated that Disease Intervention Services offered directly within a facility will promote customer receptiveness to DIS activities: interviews, elicitation of partner names, and confidential outreach to partners to newly link or re-engage into care. The expected outcome is to improve the timeliness of responses to new diagnoses, increase the number of newly identified partners within social networks and clusters, and reduce potential transmissions through connections to treatment or access to biomedical HIV prevention options like PrEP and PEP. The pilot will ensure that legally required disease reporting is conducted, customers receive DIS services from a trusted source, and provider organizations have an opportunity to engage new and existing customers into critical care and treatment.

## Program Activity Description

The goal of this pilot is to ensure the delivery of services within high morbidity or case reporting clinical settings by creating an internal DIS and customer engagement program.

DIS have expertise in essential skills such as communication, motivational interviewing, counseling, case analysis, and provider and community engagement. As the health care landscape evolves, DIS are needed even more as patient navigators and network builders to ensure individuals are linked to care through expanded relationships with health care providers.

This program will mirror the DIS program at HAHSTA and afford the successful applicants the ability to establish enhanced patient navigation services. HAHSTA will serve as a technical assistance partner in this effort and will provide capacity building assistance in the hiring, developing infrastructure requirements, and setting performance expectations, as well as coordinating training and DIS certification. Additionally, HAHSTA will evaluate the performance of the DIS staff and program through the following measures:

- ✓ Percentage of HIV/STI customers reported to HAHSTA from the sub-recipient facility that are referred for treatment and other disease intervention services.
- ✓ Timeliness of initiation and closure of disease intervention services.
- ✓ Quality of the DIS performance.
- ✓ Quality of the data reports.

## Who Receives Disease Intervention Services?

- ✓ Newly diagnosed individuals with HIV and/or syphilis, and co-occurring other STIs.
- ✓ Persons with previous HIV diagnosis who have fallen out of HIV medical care.
- ✓ Individuals with risk behaviors identified through the interviews of persons who are diagnosed with HIV and/or STIs.

High morbidity providers may diagnose thousands of individuals with DIS-eligible cases each year. Due to the high level of HIV and STI prevalence in the Washington Metropolitan Area, HAHSTA has created a system by which to prioritize cases to receive DIS services. The successful applicants will mirror the priorities established by HAHSTA. They are as follows:

## DIS Investigation Priorities

| Disease: | Priorities: |
|---|---|
| HIV | All new diagnoses in the previous 12 months |
| Syphilis | ✓ All early syphilis diagnoses<br>✓ All repeat diagnoses as indicated by two-fold rise in titer in the previous year<br>✓ All youth under age 19<br>✓ All untreated/undiagnosed serologies |
| Gonorrhea | ✓ All diagnoses in pregnant women<br>✓ All new rectal diagnoses among individuals with HIV in the previous 60 days<br>✓ All untreated/undiagnosed |
| Chlamydia | All untreated/undiagnosed |

## Disease Intervention Specialists

A successful program is achieved by the DIS employed to deliver the services and the recipients of those services.

DIS are highly trained, non-licensed, non-clinical, public health professionals with applied knowledge of HIV and syphilis and other STIs. The DIS interviews all individuals newly identified with HIV and/or syphilis and other STI co-infections to provide services including, but not limited to, intervention services, linkage to medical care, data to care, linkage to PrEP/PEP, prenatal care, behavioral health, and a range of social services. DIS are also responsible for many other roles in intervention and prevention. DIS skills include expertise in case analysis, education and counseling, linkage to care, provider and community engagement, and, critically, contact tracing and partner services. DIS also assist in services to focus populations that: have HIV risk behaviors, demonstrated high HIV prevalence, inconsistent engagement in care and treatment, and/or are at increased risk of falling out of care and treatment.

### DIS Training and Certification

DIS training is extensive and can require up to one year for completion and certification; however, staff are able to work during the training period. Required trainings can be accessed at CDC TRAIN (www.train.org). Documentation offering proof of training completion will be submitted to HAHSTA. HAHSTA staff will facilitate some training elements directly as the CDC is currently revising its training curriculum. Additional training requirements may be added as a result of the updated CDC curriculum.

Other required, non-CDC trainings include: DC Public Health Information System Training (DCPHIS), phlebotomy, HIV rapid testing, HIV counseling, and PrEP/PEP. In addition to formal education, direct observations are required for: interviews, case management, field visits,

counseling, documentation in DCPHIS, and collection of confidential health information using various information systems.

**Key Considerations:**

The following are principles for disease intervention services.

- Disease intervention services are to be delivered in a nonjudgmental, **customer-centered**, **culturally appropriate**, and sensitive manner.
- Disease intervention services may be delivered through **diverse referral approaches**. There are two basic approaches: provider referral, whereby the provider locates and informs partners of their exposure; and customer referral, whereby the diagnosed person takes responsibility for informing his or her partners. Sometimes a combination of these approaches is used.
- **Counseling and support** for those who choose to notify their own partners is essential. Assistance to customers in deciding if, how, to whom, where, and when to disclose their infection can help them avoid stigmatization, discrimination, and other potential negative effects.
- Disease intervention services are delivered in a continuum of care context that includes other **support services and referral** (e.g., referrals to family planning, violence prevention, drug treatment, social support, and housing).
- The program should be able to incorporate **new technologies and intervention/prevention tools**, such as advanced testing procedures and behavioral interventions, as developments occur.

**Key activities must include the following components:**

1. The identification of a new or existing staff person to serve as the DIS.

2. The dedication of a partial FTE to complete supervision for the DIS. These duties include, but are not limited to:

   - Oversight and coordination of DIS work schedule
   - Coordination of all formal communication between HAHSTA and the DIS
   - Ensure the DIS has adequate time and resources for training
   - Participate in all quality assurance activities
   - Monitor the workload of the DIS
   - Evaluation of the DIS performance
   - Provide guidance and supervision of workplace activities
   - Ensure disease intervention services are completed per performance standards
   - Ensure recommendations for disease intervention services given by HAHSTA are implemented

3. All positive HIV, syphilis, gonorrhea and chlamydia laboratory results will be reported to HAHSTA.

4. The program will conduct DIS services based on customers identified. In addition, the HAHSTA Strategic Information Division (SID) receives reports of new diagnoses and may engage the program to conduct services for a customer.

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5. The successful applicants will provide services for but not limited to STI and HIV case management, surveillance, outreach screening, community and individual interventions, and public awareness and professional education programs. The hired DIS must be able to conduct activities on-site, via telephone (or video technology), and home and field visits.

6. Case Management: Organizes, prioritizes, and implements case management activities (i.e., pre-interview analysis, original interview, post-interview analysis, field investigation, clustering, re-interview, and case closure) to identify opportunities for disease intervention and prevention. Researches, elicits, documents, and analyzes medical and epidemiologic information on individual cases. Relates information to associated cases and known medical and epidemiological information about the disease to determine informational gaps and/or conflicting facts to identify, locate, and treat those persons involved with a diagnosis. Formulates plans to identify trends or patterns of disease outbreak and transmission to redirect or focus disease prevention/intervention activities.

7. Surveillance: Plans and participates in surveillance and reporting activities to identify new, unreported, or untreated cases of disease. Contacts physicians, clinicians at their facility. Maintains records and makes reports for program evaluation purposes.

8. Outreach Screening: Within the framework of the facility programs, participate in outreach screening and community and individual intervention activities implemented by the facility.

9. Successful applicants will be encouraged to brand or rename their program's DIS program in collaboration with DC Health if it will be more appealing and affirming to customers.

10. Successful applicants under this funding announcement will conduct data collection in support of disease intervention activities and performance evaluation. HAHSTA will prescribe the specific data collection variables and system to be used and train the awardee DIS staff on the use of that system.

Applicants for the Community-Based DIS Program must describe their proposed program components and detail how they will support the service category program activities.

Applications shall include the following:

1. A description of the process by which the organization currently follows up positive HIV/STI tests and how eligible persons will be connected to disease intervention services at their facility by providing a detailed narrative or flowchart describing the process from a positive test (including mandated reporting to DC Health) to the conclusion of the disease intervention services provided.
2. A description of the proposed process for identifying and addressing customers' need for comprehensive harm and risk reduction services.
3. A description of the organization's referral network to ensure that customers identified through the program are linked into broader services, including HIV care, primary care

and other specialty services. Details on partnerships will be included on Attachment D: Linkages Summary.

4. A description of any complementary or unfunded program support that exists within the organization, beyond the stated program requirements (i.e. condom distribution).

5. A description of the organization's experience with PrEP/PEP and rapid ART referrals and successful linkage.

6. A description of the organization's current clinical and disease intervention services capacity regarding HIV and STI testing, timely diagnosis and referral for medical intervention, treatment and counseling. Provide examples of similar services in which the organization currently provides.

7. A description of where the DIS position and supervisor fit into the organizational structure.

8. A description of the applicant's qualifications and past performance experiences with high volume, diverse populations of women of child-bearing age, young people under the age of 19, men who have sex with men, and other focus populations.

9. A description of the organization's experience providing early intervention services for HIV including Rapid ART; HIV prevention services, such as PrEP and PEP; and treatment for people with syphilis, gonorrhea, and chlamydia.

10. A description of the organization's capacity and demonstrated track record for data collection and reporting.

## General Requirements -- All Services

Items 1-5 below describe requirements and recommendations regardless of the proposed services . Applicants should reference how they will accomplish these requirements in the Program Description of each service category application.

1. **Equity Models**

   HAHSTA strongly recommends the use of models that seek to promote equity for focus populations. Examples of such models include the provision of employment and career development opportunities for members of focus populations. Other useful models will address social determinants of health for the focus population, such as housing status and health literacy.

2. **Program Goal**

   Applicants applying to provide services must demonstrate the impact of service delivery on the following outcomes: a) facilitate linkage, engagement, and retention in medical care, and b) support treatment adherence that ultimately leads to viral load suppression. Applicant must describe how the program will document and report healthcare outcomes.

3. **Referral Sources**

   The applicant is responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians, community organizations, HIV service providers, and discharge planners in the correctional system, as well as from individuals seeking services for themselves or on behalf of others.

4. **Staff Cultural Competency**

   The applicant is responsible for employing culturally competent staff that reflects the racial, ethnic, sexual orientation, gender and linguistic background of the customer population(s) the applicant expects to serve.

## Monitoring, Evaluation, and Quality Improvement

Successful applicants shall have a plan for Evaluation, Monitoring and Quality Improvement that includes a continuous quality improvement system and an implementation work plan to monitor and evaluate the delivery of all services, to ensure that identified deficiencies are addressed.

Successful applicants shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting.

Successful applicants shall adhere to all current and newly revised standards and protocols as they become effective.

**a) National Monitoring Standards**

All successful applicants are required to meet all responsibilities outlined in the National Monitoring Standard expectations for fiscal, programmatic and universal monitoring of Ryan White programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. Please see the following website for more information:

http://hab.hrsa.gov/manageyourgrant/granteebasics.html.

**b) Monitoring**

a. Successful applicants will be monitored and evaluated by HAHSTA according to the scope of work, approved budgets and related service delivery standards.

b. Successful applicants will be responsible for assuring that all customers receiving services provided through funds detailed in this RFA have provided the appropriate written consent.

c. Successful applicants will have all written policies and procedures applicable to the project, as well as monthly, quarterly, annual program and fiscal reports reviewed by HAHSTA. HAHSTA will conduct site inspections; and hold periodic conferences with the successful applicant to assess performance in meeting the requirements of the grant.

## c) Evaluation

The performance of successful applicants shall be assessed to determine the quality of the services delivered. The successful applicants' fiscal performance shall be assessed to determine compliance with accounting standards, Office of Management and Budget Circulars and expenditure requirements. These evaluations will include a pre-award site visit.

## d) Data Collection and Reporting

Successful applicants must be able to track and report unduplicated client-level demographic, clinical/medical, and core and support services data. HAHSTA will provide the data collection tools to be used for this service category and will provide training and technical assistance on their use.

All providers will be required to submit timely and accurate data files to meet reporting requirements. All providers will be required to collaborate with and share clinical and service information for the purpose of coordinating care. Failure to comply with data requirements may result in the termination of an agency's grant with the District of Columbia government.

For coordination of care and services purposes, each awardee must have the ability to exchange relevant data with each partner agency, as applicable. All data exchanges must be secure, consistent with customer disclosure authorization protocols as determined by all local and federal laws, including the Health Information Portability and Accountability Act (HIPAA).

# Program and Administrative Requirements

**Program Requirements**

**1. Nondiscrimination in the Delivery of Services**

In accordance with Title VI of the Civil Rights Act of 1964, as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any service funded by HAHSTA.

**2. Customer Eligibility Criteria**

All customers served under this RFA are required to be residents of the Washington, DC EMA.

**3. Grievances**

a. Successful applicants shall develop and implement an agency grievance procedure that is sensitive to the needs of the focus population.

b. Successful applicants shall inform customers of their rights and responsibilities, agency and EMA-wide grievance procedures, and services offered by the agency and other available community resources.

**4. Reports**

Successful applicants will be required to submit monthly, quarterly, annual and final reports to HAHSTA, to house and manage a client-level data system, and to participate in all provider meetings, site visits, evaluation and quality assurance activities as required by HAHSTA. All reports contain required information in the format determined by HAHSTA. Reports may include the following:

1. Service Utilization by Service Category
2. Performance Measures / Quality Improvement
3. Customer Demographics
4. Programmatic Narrative Information
5. Financial Expenditure and Supporting Documentation

**5. Records**

a. Successful applicants shall keep accurate documentation of all activities of the project. When delivering services to customers, the awardees must maintain records reflecting initial and periodic assessments (if appropriate), initial and periodic service plans; and the ongoing progress of each customer.

b. Successful applicants shall maintain compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality and security of customer information.

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## Administrative Requirements

### 1. Staff Requirements

For the purposes of this grant, "staff" is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these funds.

a. Successful applicants shall maintain documentation that staff possess adequate training and competence to perform the duties which they have been assigned.

b. Successful applicants shall maintain complete written job descriptions for all positions funded through the grant, which must be included in the project files and be available for inspection on request. When hiring staff for this grant project, successful applicants shall obtain written documentation of relevant work experience and personal references.

c. Successful applicants that use individual contracted workers and or individual consultants must have signed and dated written contractual agreements maintained in a contract file.

d. Successful applicants shall maintain an individual personnel file for each project staff member. Personnel files must be available to the HAHSTA upon request.

e. Successful applicants shall provide orientation sessions for each staff member with respect to administrative procedures, program goals, and policies and practices to be adhered to under the grant agreement.

f. Successful applicants shall demonstrate sufficient supervision of staff attached to projects and maintain evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services.

### 2. Memoranda of Understanding/Agreement (MOU/A) and Subcontracts

a. MOU and subcontracts must clearly state objectives, goals, mutual obligations and quantifiable outcomes that are consistent with the terms and conditions required by HAHSTA.

b. All MOU/A and subcontracts must be signed and dated by both parties within six months prior to the application due date and include an effective term that reflects FY 2021 grant period, that is, through February 28, 2022.

### 3. Facility Requirements

a. Regulations

Successful applicants' facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use throughout the term of the grant agreement.

b. Emergency Back-up Site

Successful applicants shall submit the address of the identified emergency site facility for use as a result of a catastrophic event of the primary facility.

c. Handicapped Access

All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act of 1990, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

**4. Use of Funds**

Funds detailed in this RFA cannot be used to provide cash and/or direct financial assistance to individuals or to fund education and training for customers.

**5. Insurance**

Successful applicants shall show proof of all insurance coverage required by law. All applicants that receive a Notice of Intent to Fund under this RFA must meet the insurance requirements in "Grant Terms & Conditions" section within the time frame designated.

**6. Audits**

Prior to the issuance of a Notice of Grant Award (i.e. Pre-Award), DC Health will request that the applicant being considered for funding submit for review a copy of its most recent and complete set of audited or unaudited financial statements (applying the single audit requirement), to include, but not limited to, the organizational budget, income/profit-loss statement, balance sheet and organizational filings to the IRS dating back to 3 years.

At any time before final payment and in accordance with federal, state and local laws thereafter, successful applicants will be required to keep all financial records, as the District of Columbia may have the applicant's expenditure statements and source documentation audited.

## Pre-Application Requirements

**Pre-application Conference**

One Pre-Application Conference will be held for services to be funded under this RFA. For details on the pre-application conference, please visit the DC Health Office of Grants Management Eventbrite page https://OGMDCHealth.eventbrite.com.

The pre-application conference will provide an overview of the programmatic requirements. Additionally, there will be information on EGMS, the electronic application submission process, sub-recipient insurance requirements and an overview of the review process being employed for this RFA.

**Notice of Intent to Apply**

A notice of intent to apply is not required but is recommended. This information will assist HAHSTA in planning for the review process. Please send an email to HAHSTARFAs@dc.gov by July 23, 2021 at 6pm. Please include the following information:
- ✓ Applicant Name
- ✓ Point of Contact

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- ✓ Email Address
- ✓ Telephone Number
- ✓ Mailing Address
- ✓ Application Service Category (Categories)

**Questions Regarding the RFA**

Please submit all questions about the content of this RFA via e-mail to HAHSTARFAS@dc.gov no later than **Wednesday, July 21, 2021 at 6:00pm.**

HAHSTA will notify all potential applicants in writing of any updates, addenda and responses to frequently asked questions by **Monday, July 26, 2021 at 6:00pm.**

## Application Preparation and Submission

## Application Format

a. Font size: 12-point Times New Roman

b. Spacing: Double-spaced

c. Paper size: 8.5 by 11 inches

d. Page margin size: 1 inch

e. Numbering: Sequentially from page 1 to the end of the application, including all charts, figures, tables, and Attachments.

## Application Elements

Each application must contain the following components. Certain application items will be entered directly into EGMS, while others will be uploaded into EGMS as attachments e.g. program description. Applications must conform to the page requirements by section detailed below. **Application Assurance Package must be organized in one PDF attachment, labeled 'Assurance File'.**

**An application package includes the following elements:**

**Narrative Section**

1. Applicant Profile (Attachment A. Not counted in page total.)

2. Table of Contents (Not counted in page total)

3. Proposal Abstract (1 page maximum)

4. Organization Background and Capacity (2 page maximum)

5. Program Description (5 pages **maximum**)

**Required Attachments (Not counted in page total)**

1. Work plan (Attachment B) (Required for each Service Category where funds are requested.)

2. Categorical Budget and Budget Narrative (Attachment C)* (Required for each Service Category where funds are requested.)

3. Linkages Summary (Attachment D)

4. Mandatory Disclosures (Reviewed, Completed and Submitted via EGMS)

5. DC Health Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)

6. Assurance Package (Required to Submit Application) (Not counted in page total). Scan and upload One pdf file containing all of the following business documents required for submission:

   A. Assurances Required to Submit Application (Pre-Application Assurances)

      1. Current Certificate of Clean Hands from the Office of Tax & Revenue (OTR)- Dated within 2 months of application submission

      2. 501 C 3 Certification Letter for Non-Profits Organizations

      3. Current Business License/Certificate of Licensure or proof to transact business in local jurisdiction

      4. Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the Executive Director)

      5. Certificate of Cyber Policy

      6. Certificate of Insurance

      7. Medicaid Certifications, If applicable

      8. Federal and District and DC Health Statements of Assurances and Certifications (SIGNED COPY) (Appendix D)

   B. Conditions of Funding

      1. Most Recent Single Audit uploaded to the Federal Audit Clearing House or the submission of your 990

   C. Assurances Required for Signing Grant Agreements (Post-Award)

      1. Proof of Liability, Commercial & Professional Insurance Policies

      2. Certificate of Occupancy

*Denotes an applicable form in EGMS*

The number of pages designated above represents the **maximum number of pages**

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**permitted per section.** Applications exceeding the maximum number of pages for each section *will not* be forwarded for review.

## Description of Application Elements

Applicants should include all information needed to describe adequately and succinctly the services they propose to provide. It is important that applications reflect continuity among the program design and activities, and that the budget supports the level of effort required for the proposed services.

1. **Applicant Profile** – Is Attachment A, which provides detailed information on the applicant organization, amount of funds requested, contact information and signature of authorizing official.

2. **Table of Contents –** Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.

3. **Proposal Abstract**

   - Provides a comprehensive summary of the proposed program inclusive of a description of how the program will provide services directly or through partnership.
   - A description of how the agency will make services accessible by detailing hours of operation and flexible schedules that provide for evening and weekend hours of operation.

4. **Organizational Background and Capacity**

   - Description of the history of the agency, specifically, the history in providing similar services to the selected focus population (as applicable) in the Washington EMA.
   - Level of the organization's ability to be culturally responsive in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.
   - The extent to which the applicant's staff mirrors the population it proposes to serve.

5. **Program Description -** The purpose of this section is to provide a thorough description of the proposed project and how it will improve health outcomes. Highly rated applications will include descriptions of programs that effectively reach and serve customers with high need, have a sound technical basis, address known challenges and gaps in services, strive to build stronger results through innovation, integrate equity approaches, and will contribute to the overall quality, scope and impact of the service category response.

- A description of the need for services, the demographic characteristics of the population to be served and the barriers to care/services experienced by the population to be served, as well as ways in which the program will address those barriers.

- A description of the process by which the organization currently follows up positive HIV/STI tests and how eligible persons will be connected to disease intervention services at their facility by providing a detailed narrative or flowchart describing the process from a positive test (including mandated reporting to DC Health) to the conclusion of the disease intervention services provided.

- A description of how the proposed program will facilitate the movement of customers along the prevention to care continuum in a timely manner: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, and re-engagement in care.

- A description of the organization's referral network to ensure that customers identified through the program are linked into broader services, including HIV care, primary care and other specialty services. Details on partnerships will be included on Attachment D: Linkages Summary.

- A description of the proposed process for identifying and addressing customers' need for comprehensive harm and risk reduction services.

- A description of organizational systems in place to collect data, monitor and evaluate service delivery and the proposed program has identified dedicated staff members to maintain these activities.

- A description of how the proposed program will ensure that customers are directly provided or effectively linked with primary medical care to be offered rapid anti-retroviral therapy (Rapid ART), PrEP, or PEP as indicated.

6. **Linkages Summary -** The applicant must provide a detailed response on the resources available to fulfill the tenets of the proposed program using the Linkages Summary (Attachment D).

   - An illustration of the ability to provide or link customers to needed HIV related services either directly or through partnership and the status of those efforts at the time of application. Information should include the name of the organization, purpose of the partnership, and the status of the partnership.

   - A description of newly proposed partnerships or collaborations.

7. **Work Plan -** Applicants must complete the work plan for each proposed service category (See Attachment B for template). The work plan should include projected targets, goals

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and objectives for the proposed project that are clearly defined, measurable, time-specific and responsive to service category specific goals and priorities. All work plans should be labeled clearly by service category.

8. **Scope of Services** - Applicants must complete a Scope of Services for each service category where funding is requested (See Attachment F).

9. **Budget and Budget Narrative**

   ▪ Applicants must provide a detailed line-item budget and budget narrative that includes the type and number of staff necessary to successfully provide your proposed services. All applicants applying for services must use the HAHSTA approved budget forms. The forms are posted electronically as a separate Microsoft Excel file as Attachment C. There cannot be any changes made to the format or content areas of the Excel workbook. Applicants must provide a budget for each Service Category submitted. (See Attachment C for template).
   ▪ HAHSTA reserves the right to not approve or fund all proposed activities. For the budget justification, provide as much detail as possible to support each requested budget item. List each cost separately when possible. Provide a brief description for each staff position including job title, general duties and activities related to this grant, including the rate of pay and whether it is hourly or salary and the level of effort expressed as how much time will be spent on proposed activities for each staff position. Describe this "time spent" as a percentage of full time equivalent or FTE (e.g., 50% FTE for evaluation activities).
   **A maximum of ten percent (10%) of the amount budgeted for direct services is permitted for all administrative or indirect costs activities.**

10. **Assurances and Certifications -** Assurances and certifications are of two types: those required to submit the application and those required to sign grant agreements. DC Health requires all applicants to submit various statements of certification, licenses, other business documents and signed assurances to help ensure all potential awardees are operating with proper credentials. The complete compilation of the requested documents is referred to as the **Assurance Package**.

    **Note: Failure to submit the required assurance package will make the application ineligible for funding consideration (required to submit applications) or in-eligible to sign/execute grant agreements (required to sign grant agreements).**

    **Successful applicants will be required to submit the following additional documents before executing an award:**
    - Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
    - Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
    - Certification of current/active Articles of Incorporation from DCRA.
    - Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation

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- Certificate of Occupancy
- Most Recent Audit and Financial Statements

## Application Submission

**All District of Columbia Department of Health application submissions must be done electronically via Department of Health's <u>Enterprise Grants Management System</u> (EGMS), DC Health's web-based system for grant-making and grants management.** To submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative.

If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users **do not** have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

**IMPORTANT:** When the Primary Account User is submitting an application, ensure that there are no other transactions on another device being attempted in EGMS under that Primary Account User's credentials. For security purposes, the system will only acknowledge one transaction and one of the transaction attempts may fail, if done simultaneously.

## Register in EGMS

DC Health recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DC Health's Office of Grants Management (OGM) in time for submission.   To register, complete the following:

IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check web browser requirements for EGMS -** The DC Health EGMS Portal is supported by the following browser versions:
    - Microsoft ® Internet Explorer ® Version 11
    - Apple ® Safari ® version 8.x on Mac OS X
    - Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
    - Google Chrome ™ version 30 & above (Most recent and stable version recommended)

2. **Access EGMS**: The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO_ApplicantLogin2. Click the button REGISTER and following the instructions.  You can also refer to the **EGMS External User Guide.**

3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.

4. Your EGMS registration will require your legal organization name, your **DUNS # and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).

5. When your Primary Account User request is submitted in EGMS, the DC Health Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME**. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

6. Once you register, your Primary Account User will get an auto-notice to upload a "DUNS Certification" – this will provide documentation of your organization's DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

**EGMS User Registration Assistance:**

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: Jennifer Prats (202) 306-9684. Here are the most common registration issues:
- Validation of the authorized primary account user
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

## REVIEW AND SELECTION OF APPLICATIONS

### Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by HAHSTA personnel prior to being forwarded to the review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

## Review Panel

The review panel will be composed of neutral, qualified, public health professionals with unique experiences in human services, public health, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

## Internal Review

HAHSTA program managers will review the individual and summary recommendations of the review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC Health will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct an DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

HAHSTA staff prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DC Health Director for signature. The DC Health Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

## Pre-Award Activities

Successful applicants will receive a letter of *Notice of Intent to Fund* from HAHSTA. Grant award making activities will take place in EGMS. Successful applicants will interact with HAHSTA staff to prepare final the Scope of Work (Table A) and Budget and Budget Narrative.

**Organizations receiving Notification of Intent to Fund cannot begin activities until a Notice of Grant Award (NOGA) is issued and a Grant Agreement has been signed by the DC Health Director and accepted by the Grantee. The Applicant shall not publicly announce receipt or award of funding from DC Health under this RFA until an actual DC Health NOGA is received.**

**Scoring Criteria**

**Written proposal – 100 points available**

    A. Proposal Abstract – Required, but Not Scored
    B. Organizational Background and Capacity - 20 points
    C. Program Description – 40 points
    D. Work Plan – 20 points
    E. Linkages Summary – 20 points
    F. Budget and Budget Narrative – Required, but Not Scored

## Criterion A: Proposal Abstract (No Points Awarded)

This section will be evaluated on the extent to which the applicant includes a thorough summary of proposed services.

a. The extent to which the abstract provides a comprehensive summary of the proposed program inclusive of a description of how the program will provide Community-Based Disease Intervention Services, directly or through partnership, and proposed targets for the initial award period.

b. Applications must describe how the organization will make services accessible by detailing your hours of operation and flexible schedules that provide for evening and weekend hours of operation.

## Criterion B: Organizational Background & Capacity (Total 20 Points)

Organizations will be scored on the extent to which past and current experience and structure provide a strong likelihood for success in accessing, servicing, and engaging members of the focus population. Specific areas of review include:

a. Description of the history of the agency, specifically, the history in providing services to the selected focus population in the Washington, DC EMA.

b. Level of the organization's ability to be culturally responsive in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.

c. The extent to which the applicant's staff mirrors the proposed focus population.

## Criterion C: Program Description (Total 40 Points)

This section will be evaluated on the extent to which the proposal includes a thorough description of the proposed program and how it will improve health outcomes. Highly rated applications will include descriptions of programs that effectively reach and serve customers with high need, have a sound technical basis, incorporate best practices, address known challenges and gaps in services, strive to build stronger results through innovation, and will contribute to the overall quality, scope and impact of the service category response.

a. The applicant has described the need for services, the demographic characteristics of the population to be served and the barriers to care/services experienced by the population to be served, as well as ways in which the program will address those barriers.

b. The applicant has described the process by which the organization currently follows up positive HIV/STI tests and how eligible persons will be connected to disease intervention services at their facility and provided a detailed narrative or flowchart describing the process from a positive test (including mandated reporting to DC Health) to the conclusion of the disease intervention services provided.

c. Extent to which the proposed program will facilitate the movement of customers along the prevention to care continuum in a timely manner: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care.

d. Extent to which the application detailed the process for identifying and addressing customers' need for comprehensive harm and risk reduction services.

e. Extent to which organizational systems are in place to collect data, monitor and evaluate service delivery and the proposed program has identified dedicated staff members to maintain these activities.

f. The extent to which the applicant described the organization's referral network to ensure that customers identified through the program are linked into broader services, including HIV care, primary care and other specialty services.

g. The application described how the proposed program will ensure that customers are directly provided or effectively linked with primary medical care to be offered rapid anti-retroviral therapy (Rapid ART), Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP) as indicated.

## Criterion D: Work Plan (Attachment B) (Total 20 Points)

This section will be evaluated on the extent to which there is a work plan for the proposed project.

a. The goals and objectives of the proposed project are clearly defined, measurable and time-specific, and respond effectively to service category specific goals and priorities.

## Criterion E: Linkage Summary (Attachment D) (20 Points)

This section will be evaluated on the extent to which the linkage summary table includes a thorough illustration of services, which outlines the Service Categories and the level of direct and indirect service provision.

a. The extent to which the applicant illustrated the ability to provide or link customers to Outpatient Ambulatory Health Services directly or indirectly.

b. The extent to which the applicant demonstrates the ability to provide or link customers to Mental Health Services.

c. The extent to which the applicant demonstrates the ability to provide or link customers to Non- Medical Case Management and or other Support Services.

## Criterion F: Budget and Budget Narrative (Attachment C) (No Points Awarded)

The budget and budget narrative will be reviewed during the selection process but are not included in the scoring of the proposal. Comments on the budget will be accepted from the review panel and the technical reviewers and will guide budget negotiations for selected applications.

In preparing budgets, applicants shall:

a. Maximize the cost efficiency of the service provided.
b. Provide a clear description of the contribution of each budget item proposed toward the overall goals of the program.
c. Support appropriate direct and indirect expenses.
d. Request a maximum 10% for administrative costs.

## Grant Terms and Conditions

All grants awarded under this program shall be subject to the DC Health Standard Terms and Condition for all grants issued by DC Health.

Additional program and administrative terms:

## Reporting and Continuation of Funding

Grantees must submit monthly data reports and progress and outcome reports using the tools provided by the HAHSTA and following the procedures determined by the HAHSTA.

Continuation funding for option years is dependent upon the availability of funds for the stated purposes, fiscal and program performance, and willingness to incorporate new directives, policies, or technical advancements that arise from the community planning process, evolution of

best practices or other locally relevant evidence.

**District of Columbia Regulatory Requirements**

a. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations annually (conducted through the local law enforcement agency) on all paid or volunteer service providers.

b. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate jurisdictional licenses with grant proposals.

**Confidentiality**

The applicant must demonstrate that they will protect the identity of those persons with HIV receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.

**All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with the HIPAA.**

**Quality Improvement**

The organization will agree to participate in Quality Improvement activities and record review processes established by the Recipient, the District of Columbia Department of Health.

**Compliance with the Americans with Disabilities Act**

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations and other specified conditions as applicable.

**Customer Satisfaction and Grievance Procedure**

The organization will agree to maintain and disseminate information regarding the customer grievance process and will provide a mechanism for assessing customer satisfaction with services annually.

**Availability of Funds**

The funds listed in this RFA are projections and subject to change.

**Information Systems**

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via data collection tools provided by or approved by the HAHSTA.

**Technical Assistance**

The HAHSTA shall offer technical assistance for issues related to this RFA.
Contact T'Wana Holmes via e-mail HAHSTARFAS@dc.gov.

# Appendices and Attachments

Appendix A: DIS Position Requirements

Attachment A: Applicant Profile
Attachment B: Work Plan*
Attachment C: Budget and Budget Narratives*
Attachment D: Linkages Summary
Attachment E: Applicant/Grantee Assurances, Certifications & Disclosures*
Attachment F: Community-Based DIS Scope of Services

*denotes form embedded in EGMS

# Appendix A: DIS Position Requirements

**Requirements for an effective DIS**

**Knowledge Required by the Position**

The work requires knowledge of: STI and HIVs, including an understanding of transmission and pathogenesis, diagnostic requirements, and treatment and prevention modalities; operational and programmatic concepts and practices applied by public, private, and non-profit agencies and organizations engaged in STI, HIV and other public health activities; methods, processes, and techniques used to deliver public health or health-related programs and conduct public awareness and health education activities; and methods and techniques used in evaluating public health programs.

**Assignment Complexity**

The assignment is moderately complex requiring the application of STI and HIV knowledge, skills, and abilities to part take in HAHSTA's disease intervention and prevention activities. The incumbent is engaged with HAHSTA's employees who perform disease intervention and prevention activities. Considerable skills in oral and written communications, initiative, and resourcefulness are required to effectively carry out the mission of the program.

**Scope and Effect**

Duties and responsibilities involve working collaboratively with medical, nursing, social service, clinic, laboratory, health education, and records, clerical and administrative staff of the host health department; private providers; hospital staff; community-based organizations; other public and private agencies; and members of the community including high-risk populations. The successful applicant's actions should assist in the enhancement in the quality of STI and HIV services in the District of Columbia and have a considerable impact on the health and well-being of a large population. Work produced by the incumbent contributes to progress toward achieving the national goals for ending the HIV epidemic and the overall decrease in STI infections here in the District.

**Personal Contacts**

The successful applicants must establish and maintain effective working relationships with health department officials and staff, private and public health agency staff, and other individuals and organizations that have a role in HIV and STI prevention including high risk populations. Successful applicants will communicate frequently with local public health officials, physicians, nurses, social workers, program managers, laboratory personnel, epidemiologists, health educators, hospital administrators, infection control practitioners, officials of community organizations, and members of the public. Successful applicants will use independent judgment, tact, and diplomacy during these communications.

**Physical Demands**

Light physical effort is required.  This involves walking, standing, and carrying light items, such as papers, files, books, and small equipment or supplies among offices and between office and field locations.  Travel by car or public transportation from the headquarters office to clinics, laboratories, hospital, health department facilities, community agencies and organizations, and other field locations, such as residences, schools, and places of employment, is required.

**Work Environment**

Work is performed primarily in office, clinic, and field settings.  Work in the field requires an awareness of and training to deal with threats to personal safety.

**Training Requirements**

Disease Intervention Services are Confidential DIS are extensively trained to maintain a client's confidentiality. Throughout the Disease Intervention process, names or identifiers (including the dates of exposure) are never revealed to the partners. The anonymity and privacy of the patient is the highest priority.

Required trainings from CDC TRAIN ([www.train.org](http://www.train.org)).  All trainings have certificates or acknowledgement of course completion.  A copy of the certificates or the acknowledgments of course completion will be required to be submitted to HAHSTA.  Currently, CDC is developing new trainings that will be required once the trainings are launched nationally.   There may be other required non- CDC trainings and direct observation that are required but limited:  DC Public Health Information System Training (DCPHIS), Phlebotomy Training, HIV Rapid Testing Training, HIV Counseling Training, and PrEP / PEP Training.  In addition, direct observations of interviews, case management, field visits, counseling, and documentation in DCPHIS, collection of confidential health information using various information systems.  Below are the required CDC trainings but not limited to:

[Passport to Disease intervention services Modules](#) (Course ID# 4299)

[Integrating PrEP into Disease intervention services](#) (Course ID#1090747)

[Introduction to Field Safety for DIS](#) (Course ID# 1090980)

[Introduction to Public Health Detailing](#) (Course ID# 1091014)

[Introduction to Telephone Interviewing for DIS](#) (Course ID# 1090632)

[Introduction to Trauma Informed Care for DIS](#) (Course ID# 1090752)

[Sexual Orientation and Gender Diversity](#) (Course ID# 1090755)

[STI/HIV Disease intervention services Interview Demonstration Video](#) (Course ID# 1091138)