Funding Opportunity

FY 2022 Ryan White HIV/AIDS Program Part B

HAHSTA_RWB_11.19.21

Submissions due 1/7/22 by 6pm, no exceptions

The 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 reallocation 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

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
HIV/AIDS, Hepatitis, STD, and TB Administration

WE ARE WASHINGTON DC

DEPARTMENT OF HEALTH (DC Health)

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

NOTICE OF FUNDING AVAILABILITY (NOFA)

FY 2022 Ryan White HIV/AIDS Program Part B

The District of Columbia, Department of Health (DC Health) is seeking proposals 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:	FY 2022 Ryan White HIV/AIDS Program Part B
Funding Opportunity Number:	FO-HAHSTA-PG-00068-001
Program RFA ID#:	HAHSTA_RWBP_11.19.21
Opportunity Category:	Competitive
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD, Tuberculosis Administration
DC Health Program Bureau	Care and Treatment Division
Program Contact:	Andrea Augustine, Ryan White Program Officer HAHSTARFAs@dc.gov
Program Description:	The Government of the District of Columbia, DC Health, HIV/AIDS, Hepatitis, STD and Tuberculosis Administration (HAHSTA) is soliciting applications from qualified applicants to provide a variety of clinical and medical support services to indigent, uninsured, and under-insured persons living with HIV/AIDS in Washington, DC.
Eligible Applicants	Not-for-profit organizations, including healthcare entities and universities; government-operated health facilities; for-profit health and support service providers demonstrated to be the only entity able to provide the service. All applicants must be located within and provide services in the District of Columbia.
Anticipated # of Awards:	8
Anticipated Amount Available:	$4,500,000
Floor Award Amount:	N/A
Ceiling Award Amount:	N/A

Funding Authorization

Legislative Authorization	Ryan White HIV/AIDS Treatment Extension Act of 2009
Associated CFDA#	93.917
Associated Federal Award ID#	X07HA00045 and Local Funds
Cost Sharing / Match Required?	No

RFA Release Date:	Friday, November 19, 2021
Pre-Application Meeting (Location/Conference Call Access)	Visit DC Health's Eventbrite page for the virtual meeting information. https://OGMDCHealth.eventbrite.com
Notice of Intent Due date:	Recommended: December 8, 2021
Application Deadline Date:	Friday, January 7, 2022
Application Deadline Time:	6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse https://communityaffairs.dc.gov/content/community-grant-program#4 DC Health EGMS https://dcdoh.force.com/GO__ApplicantLogin2

Notes:

1. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of this NOFA, or to rescind the NOFA.

2. Awards are contingent upon the availability of funds.

3. Individuals are not eligible for DC Health grant funding.

4. Applicants must have a DUNS# or Unique Entity Identifier (UEI, FEIN #, and be registered in the federal Systems for Award Management (SAM).

5. Grant application submissions must be submitted via the DC Health Enterprise Grants Management System (EGMS). Applicants must register to obtain an EGMS account at least two weeks prior to the submission deadline date.

District of Columbia DC Health RFA Terms and Conditions

v.2021

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

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

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

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

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

- 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.

- 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).

- 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.

- 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.

- 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.

- 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.

- 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's electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

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

- 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.

- 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.

- 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 2 CFR 200 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; 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.

- 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://communityaffairs.dc.gov/content/community-grant-program

If your agency would like to obtain a copy of the **DC Health's RFA Dispute Resolution Policy,** please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov. Your request for this document will not be shared with DC Health program staff or reviewers. Copies will be posted with this RFA.

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Visit DC Health's Eventbrite page for the virtual meeting information.
https://OGMDCHealth.eventbrite.com

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I. 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 for HIV prevention in Washington, DC. 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.

The District issued its updated *DC Ends HIV Plan* in December 2020. 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.

To meet these goals, HAHSTA will support innovative programs that contribute to ending the HIV epidemic using the following key pillars:

- **Diagnose:** Enhancing key entry points for people with HIV who are undiagnosed. Increasing risk-based HIV testing in highly impacted areas by expanding outreach within their communities.

- **Treat:** Getting people with HIV, newly diagnosed or not-in-care, linked to essential HIV care, treatment, and support services and helping them stay in care and on their medication to help them reach and maintain an undetectable viral load.

- **Prevent:** Providing HIV prevention services, including outreach, partnerships, and workforce expansion to increase access to and uptake of PrEP for those who are behaviorally vulnerable to HIV.

- **Respond:** Support transmission-ending strategies by providing HIV care and treatment and PrEP to those identified through cluster detection activities.

While there may be overlap between the pillars, HAHSTA's Care and Treatment Division focuses on the Treat and Respond pillars.

Background

According to the most recent DC HIV Care Continuum data, 98.4% of persons with HIV have been linked to care. Of those, 76% had at least one CD4 or viral load test within the past year, 46% of which were retained in care, meaning they had two or more CD4 or viral load tests performed in the same year. 66% of the HIV-positive District residents in care them were virally suppressed, which means they had a viral load of less than 200 copies per milliliter.

The data depict the need for significant improvement in care engagement, retention, and viral suppression rates, given the District's goals to have 95% of people with HIV linked to and engaged in care as well as virally suppressed by 2030.

Service Area 1 – Status Neutral Care Continuum

There are four components of the status neutral care coordination program: 1) linkage to care/navigation services; 2) rapid initiation of ART/PrEP; 3) treatment adherence and retention strategies, and 4) customer re-engagement and recapture efforts.

To maximize a whole person-based approach, this service area prioritizes the engagement of both people living with HIV and persons who are behaviorally vulnerable to HIV. A status-neutral approach to HIV aims to deliver high-quality, culturally affirming health care in every interaction, supporting optimal health for people with and without HIV. This approach is especially important now, as the unacceptably high number of annual HIV infections and persistent gaps along the HIV care continuum show that insufficient numbers of people are being engaged or retained in HIV prevention and treatment.

Below are three of many barriers that may keep people from being engaged in HIV care:

- HIV testing, treatment, and prevention services are often offered separately and can be challenging to navigate. Offering services separately also further emphasizes the division between people with HIV and people who could benefit from prevention services.

- Separating various HIV and healthcare services also results in missed opportunities to engage people in HIV testing, prevention, and treatment when they seek sexual health or other non-HIV-related services.

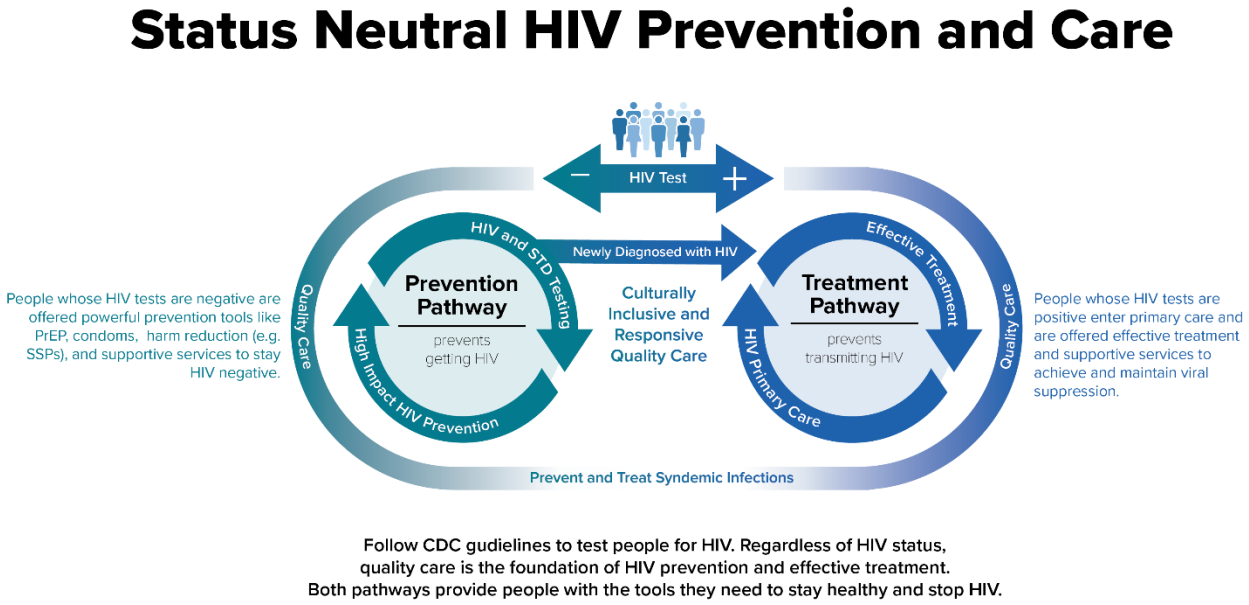
- Providing critical support services, such as housing, food, and transportation assistance can improve someone's ability to stay on HIV treatment or access prevention. While these services are readily available to people with HIV through Ryan White funding, they are not typically offered alongside what are considered "traditional" HIV Prevention services.

HIV subject matter experts believe a status-neutral approach can help improve care and service provision as well as eliminate structural stigma by meeting people where they are, offering a "whole person" approach to care, and putting the needs of the person ahead of their HIV status. The status-neutral approach aims to advance health equity and drive down disparities by embedding HIV prevention and care into routine care. Integrating HIV prevention and care with strategies that address an individual's social needs can help reduce barriers to accessing and remaining engaged in care.

The status-neutral approach also aims to increase efficiency, since the clinical and social services that prevent or treat HIV are nearly identical and can be unified in a single service plan rather than different plans based on an individual's HIV status. Adopting a status-neutral approach is

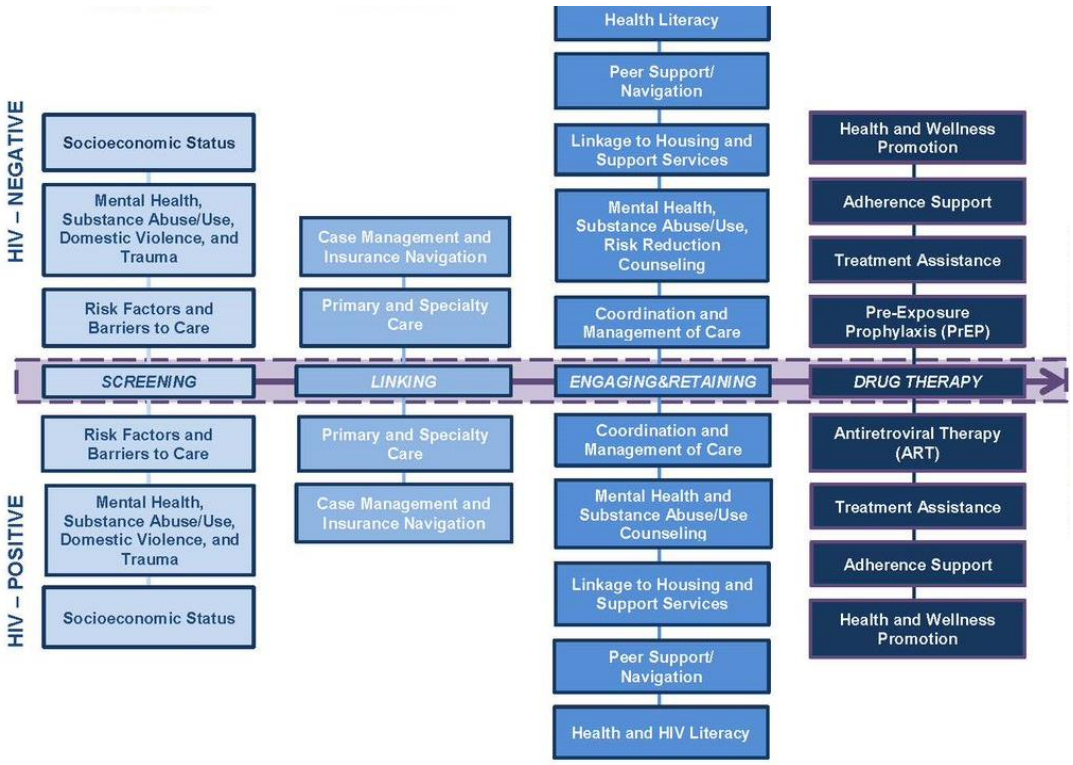
one way to help deliver better prevention and care and ultimately decrease new HIV infections in the United States.

Many people cycle in and out of care making it difficult for them to achieve viral suppression. Individuals that are not in care, or not aware of their HIV status and not virally suppressed are more likely to transmit HIV. Additionally, those that are not adherent to treatment regimens are more likely to face negative health outcomes.



The graph below depicts the HIV care continuum for the District of Columbia. While the goals have advanced to 95/95/95/75, the activities remain consistent. The services solicited through this funding opportunity will focus on the linking, engaging/retaining, and drug therapy pillars of the care continuum.

District of Columbia HIV Prevention and Care Continuum



Purpose

The overall purpose of this service area is to support the development of comprehensive, status neutral programs that improve linkage and adherence to evidence-based biomedical interventions (such as, PrEP for HIV-negative individuals and ART for HIV-positive individuals). Specific program activities will focus on 1) linkage to care/navigation services; 2) rapid initiation of ART/PrEP; 3) treatment adherence and retention strategies; and 4) customer re-engagement and recapture efforts.

Planned Outcomes

1. Identify members of the focus population and increase their navigation to or engagement in medical care.

2. Increase the number of individuals re-engaging in medical care after having lapsed or fallen out of care.

3. Reduce HIV Transmission through the rapid initiation of Biomedical Interventions for individuals that could benefit from PrEP and those with HIV.

4. Increase viral suppression for persons living with HIV and decrease new HIV cases among people who are behaviorally vulnerable to HIV through the provision of treatment adherence counseling and care retention strategies.

Service Area 2 –Outreach MAI

Ryan White Part B Outreach MAI services increase the number of minorities participating in the AIDS Drug Assistance Program (ADAP). Services identify individuals eligible for ADAP through engagement and screening, assist them with enrolling in ADAP and transition them to more comprehensive public or private health care coverage, and provide referrals to address their immediate needs. The primary components delivered through this service area are outreach, education, screening, enrollment, assessment and referral, and follow-up and closure.

Outreach MAI identifies and provides services that target high-prevalence, racial/ethnic minority populations and individuals who are behaviorally vulnerable to HIV. It includes an emphasis on the importance of knowing their HIV status and early entrance into care, relays information regarding health care coverage options, and promotes the efforts under the MAI-funded program. The HAHSTA's Ryan White Part B Outreach MAI program primarily focuses on outreach and includes education services that will assist with ADAP enrollment. Individuals determined to be ineligible for ADAP shall be given enrollment assistance into comprehensive public or private health care coverages such as DC Healthcare Alliance, DC Health Exchange Plans, Patient Assistance programs, DC Medicaid, & Medicare Part A, B, & D.

Enrollment activities assist customers with applying for ADAP and the transition to comprehensive health care coverage for DC Alliance, Health Exchange plans, DC Medicaid, & Medicare Parts A, B, & D. Additionally, enrollment may require follow up with a healthcare coverage program to ensure that a customer's application has been received, processed, and determined to be eligible. If the customer's application is determined to be ineligible, the provision of assistance in enrolling customers into other eligible medication assistance programs is required to appeal the denial or pursue alternative coverage.

Planned Outcomes

1. Increase the number of minority individuals **linked** (screened) to the ADAP and other medication assistance programs *such as DC Alliance, Medicaid, Medicare Part D, employer-sponsored prescription plans, and Health exchange prescription plans.*

2. Increase the number of minority individuals **accessing** (enrolled) in ADAP and other medication assistance programs.

3. Increase the number of minority individuals **retained** in ADAP and in other medication assistance programs such as DC Alliance, Medicaid, Medicare Part D, employer-sponsored prescription plans, and Health exchange prescription plans. Recertify 90% of ADAP-enrolled customers before their termination date to prevent lapses in medication coverage.

4. Support **viral suppression** for 90% of customers enrolled in ADAP through the Outreach MAI program by the end of the grant period.

5. Ensure **linkage to care** for 85% of customers referred for clinical or support services.

Focus Populations

Focus populations for Service Area 1 –Status Neutral Care Continuum include:

- Black/African American and Latino men who have sex with men (MSM)
- Black/African American women
- Black/African American heterosexual men

Focus populations for Service Area 2 – Outreach MAI include:

- Foreign-born Individuals
- Transgender Individuals
- Returning Citizens

Available Funding

Several funding sources will support the awards made through this solicitation: Ryan White Part B, Ryan White Program Income (Rebates), and Federal Payments.

- Service Area 1: The three funding sources will be braided to support a status-neutral effort.
- Service Area 2: This will be funded exclusively by Ryan White Part B funds.

Period of Funding

Grants awarded under this RFA are anticipated to have a project period of four years, with a start date of April 1, 2022 through March 31, 2026. Each annual budget period continuation shall be contingent upon satisfactory performance, continued eligibility status, overall grant compliance, the availability of continued funding and compatibility with HAHSTA and DC Health priorities. The HAHSTA reserves the right to discontinue or change the funding mechanism by which it supports programming at any time.

Eligible Applicants

The following organizations/entities are eligible to apply for grant funds under this RFA:

- Not-for-profit health and support service providers, including universities.
- For-profit entities are eligible for funding *only in the event* there are no non-profit organizations that are willing and able to deliver the solicited services
- See additional program specific eligibility criteria listed under each Service Area.

Location of Services

Services must be located within the District of Columbia and be provided to District Residents exclusively.

Important Notes:

- Service Area 1 contains a status neutral requirement. Service Area 2 is restricted to District Residents with HIV.

- Braided funds will be derived from Ryan White Part B, Ryan White Program Income (Rebates), and Federal Payments. Applicant organizations must possess the fiscal capacity to track program budgets and expenditures separately.

- Applicants under Service Area 1 are required to offer HIV testing services, though these funds may not be used to support HIV testing services.

- These funds may not be used to support or duplicate Early Intervention Services funded by Ryan White Part A. However, Early Intervention Services programs may serve as a bridge to this RFA's Service Areas 1 and 2.

- Applicants that receive (or have applied for) funding under the Ryan White Part A Early Intervention Services bundle (under a separate solicitation) must draw clear lines of distinction between the two proposed programs.

- Ryan White is a "payor of last resort," meaning that all other resources should be exhausted before Ryan White funded services are delivered. Additionally, the RWHAP requires the documentation of customer eligibility, which is based on residency, financial eligibility, and medical eligibility. U.S. Department of Health and Human Services, Health Resources & Services Administration (HRSA) requires Ryan White customers to (re)enroll annually.

- Specific key activities and application guidance can be found within each service area section of the funding document, and additional guidance can be found in Appendix 1.

II. Service Areas

There are two service areas within this funding announcement:

- Service Area 1: Status-Neutral Care Continuum
- Service Area 2: Part B MAI - Outreach

The Ryan White Compendium of Services in *Appendix 1* contains the definition, key activities, and program requirements for each service category funded in this RFA. The service category descriptions comprised in the compendium provides applicants with additional program requirements to which they must respond in the project description and program summary sections of their applications.

Applicants must complete a Work Plan (Attachment C), identifying the proposed service category, goals, and objectives which should include the total number of customers to be served. The total number of customers to be served should be realistic and correlate to funding requested. For Core Services, applicants must provide evidence of Medicaid certification or application for certification.

Service Area 1: Status Neutral Care Continuum: Linkage, Retention and Treatment Adherence Featuring Biomedical Interventions

Available Funds

Approximately $4,300,000 in funding will be available to fund approximately eight (8) providers in this service area. Several sources of funding will be braided together to support this effort: Ryan White Part B grant, Ryan White Program Income (Rebates), and Federal Payments.

Grant funds for this program will include funding from several sources. The required program components will be awarded using approved Ryan White Service Categories, as outlined in PCN-1602:https://hab.hrsa.gov/sites/default/files/hab/landscape-webinars/020316servicecategorieswebinar.pdf.
The prescribed components for this navigation, retention and treatment adherence program comport with the following Ryan White Service Categories: Outpatient Ambulatory Health Services, Medical Case Management Services, Non-Medical Case Management Services, Mental Health Services, Psychosocial Support Services, Health Education/Risk Reduction Services.

Medical Transportation Services are available as a complementary service to program participants.

All services offered through this comprehensive program must be delivered directly by the applicant.

Applicants must provide each of the four components of the status neutral care coordination program. The program components are: 1) linkage to care/navigation services; 2) rapid initiation of ART/PrEP; 3) treatment adherence and retention strategies, and 4) customer re-engagement and recapture efforts. Applicants must select service categories from the list provided under each program component to develop the proposed comprehensive linkage, engagement, retention program that employs biomedical HIV interventions.

Proposed programs must offer all required services (Outpatient Ambulatory Health Services, Medical Case Management and Non-Medical Case Management); however, they maintain discretion in allocating the award across service categories. Successful applicants may elect to support requisite services through other funding and in-kind for this effort.

Service Category:	Status: Required/Optional
Outpatient Ambulatory Health Services	Required
Medical Case Management	Required
Mental Health Services	Optional
Non-Medical Case Management Services	Required
Health Education/Risk Reduction Services	Optional
Psychosocial Support Services	Optional
Medical Transportation Services	Optional

Applicant responses to the program components noted below must utilize the information and guidance included in the Compendium of Services (Appendix 1) in concert with the key activities outlined below when describing their proposed program.

Focus Population

- African American and Latino men who have sex with men
- African American women
- African American heterosexual men

The aim of this program solicitation is to facilitate the movement of all customers along the prevention to care continuum by providing the following services: 1) linkage to care/navigation services; 2) rapid initiation of ART/PrEP; 3) treatment adherence and retention strategies, and 4) customer re-engagement and recapture efforts.

The goals and activities supported through this funding announcement can be accomplished through a variety of approaches. Special emphasis should be placed on designing cost-effective, streamlined program models that maximize the touch points and minimize the burden on customers.

Provider Capacity Requirements

- This service area is restricted to applicants that have demonstrated the capacity to provide direct HIV-related primary medical care, medical case management, and mental health services.

- Applicants must have established HIV testing programs.

- Applicants under this service area must possess the fiscal capacity to manage braided funding or the weaving together of multiple funding streams to support high-quality services. Braided funding requires the program budget and expenditures to be tracked separately.

- This program must serve as the payor of last resort, meaning applicant organizations must possess the capacity to assess individual customer eligibility to exhaust all other available avenues of funding to support service delivery.

- Successful applicants will be awarded a single, lump sum dollar amount. Awardees will allocate the award across service categories at their discretion; however, a minimum of 60% of the award must be allocated to the three required service categories (OAHS, MCM, NMCM). The remaining menu of services may be supported in kind or through other funding.

Provider Limitations

Applicants that participate in HAHSTA's HIV Prevention Human Care Agreements or Ryan White Early Intervention Services may not duplicate services under this effort. Applicants must describe how the services offered under this program differ from those linkage/navigation services funded by the Human Care Agreements.

Status Neutral Program Components

1. Case Finding/Navigation/Linkage

Possible Service Categories include: NMCM, HE/RR, MCM

Definition

HAHSTA defines patient navigation as a community-based service delivery intervention designed to promote access to timely diagnosis and treatment of HIV and other chronic diseases by eliminating barriers to care. For those that are HIV-negative or of unknown status, navigation services extend beyond condom distribution or syringe exchange services to connect customers to medical care and assess their suitability for PrEP/PEP. Navigation services must be individualized and focus on eliminating barriers to accessing healthcare and reducing behaviors that put individuals at risk for negative health outcomes.

Referrals are insufficient evidence of linkage to care—linkage includes confirmation and documentation that the patient attended the navigated appointment, for example, the first medical appointment for evaluation and received initial blood-work, including viral load testing. This linkage confirming process routinely requires active feedback or informational exchange between the 'sending' and 'receiving' providers.

Applicants proposing to provide case finding/navigation/linkage must describe their proposed program components and detail how it will support the program's activities below:

- Applicants must describe how customers will be recruited or identified for linkage and navigation services from internal or external HIV counseling and testing initiatives.

Note: *This funding does not support HIV testing activities. However, applicants must have established, internal HIV testing programs at the time of application.*

- Applicants must describe how linkages and navigation services will be provided for persons newly diagnosed with HIV, persons re-engaging in care through HIV testing efforts, and persons identified as HIV-negative or having unknown status that could benefit from PrEP/PEP.

- Applicants must describe how navigation services will extend beyond connection to medical care to include assessment and navigation to social, behavioral, harm reduction, mental health and other ancillary services, as they are essential to eliminating barriers to accessing care.

- Applicants must describe how customer navigation staff will provide health literacy and education to customers on understanding and navigating the medical system.

- Applicants must describe how the program will ensure efficient and effective linkage to the appropriate biomedical services such as rapid ART and PrEP. Strategies may include but are not limited to fast-tracking customers and "red carpet" interventions.

2. Prescribe Biomedical Interventions (PrEP/ART)

Service Category: OAHS

Definition

Prescribed biomedical intervention will include the provision of diagnostic and therapeutic-related activities directly to a customer by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

DC Health supports the use of evidence-based, patient-centered initiatives to reduce HIV transmission, improve the lives of people diagnosed with HIV, and reduce health disparities. DC Health recommends rapid, same-day ART initiation, or as soon as possible following HIV diagnosis. Similarly, DC Health recommends rapid initiation of PrEP upon assessment. There are several resources for supplying ART for HIV positive customers, inclusive of DC Health HAHSTA's AIDS Drug Assistance Program (ADAP). The same resources are not equally or readily available for persons without HIV that could benefit from PrEP or PEP. HAHSTA recognizes the financial challenge this presents and will support this effort through its PrEP Drug Assistance Program (PrEP-DAP).

Applicants proposing to provide prescribed biomedical interventions must describe their proposed program components and detail how it will support the program's activities below:

- Applicants must describe how customers will be assessed for biomedical intervention
- Applicants must describe how the program will implement Rapid ART or PrEP on the same day (no later than 7 days) of either confirmatory HIV positive test result, re-engagement appointment, or PrEP screening, depending on the HIV status of the customer.
- Applicants must describe ow the program will ensure customer access to the biomedical intervention
- Applicants must describe how the program will motivate customers to achieve or sustain an undetectable viral load.
- Applicants must describe how the program will ensure that any other biomedical interventions that may serve as a barrier to Rapid ART or PrEP (such as comorbidities) do not prevent initiation of ART or PrEP.

3. Treatment Adherence/Retention:

Possible Service Categories include: OAHS, MCM, PSS, MHS, NMCM

Definition

HAHSTA defines treatment adherence/retention as a efforts to ensure customers' compliance to medication regimens and medical visit follow up schedules, as prescribed.

There are many approaches to treatment adherence and retention among status-neutral customers. Acceptable strategies under this activity include: PrEP/ART adherence support groups; counseling on medication adherence, harm reduction strategies, decreasing risk factors

for poor health outcomes, and strategies to cope with chronic disease. The strategies employed by the successful programs must reflect an intentional and coordinated effort.

Applicants are encouraged to employ the use of telehealth services and other technology that meets customers' needs and facilitates retention in care. Additionally, applicants should consider utilizing a community health worker (CHW) model to conduct follow-up with patients enrolled in PrEP/ART.

Applicants proposing to provide treatment adherence/retention must describe their proposed program components and detail how it will support the program's activities below:

- Applicants must describe how the program will encourage customers to reach adherence milestones, attend appointments, and adhere to treatment regimens.

- Applicants must describe how the program will ensure coordination and management of care concerning ART and PrEP.

- Applicants must describe how the program's activities and staffing will be coordinated and interconnected.

- Applicants must describe how the program will ensure at least 90% of customers are retained in PrEP or ART after 6 months.

- Applicants must describe how the program will employ the use of Community Health Workers to aid in treatment adherence and retention strategies.

4. Customer Re-Engagement/Recapture:

Possible Service Categories include: NMCM, MCM, PSS

Definition

HAHSTA defines patient re-engagement and recapture as activities that involve intensive outreach to customers that have stopped participating in medical care or have "been out of care," to re-establish care. For customers of unknown or HIV-negative status, the applicant organization can define the parameters for being considered out of care. For HIV, HAHSTA's operational definition of out of care includes:

- No other information beyond an HIV-positive diagnosis reported to eHARS
- No viral load or CD4 count on record for greater than 1 year from the index date
- A viral load test result that is >200 copies/mL at last measurement obtained 9-12 months from index date
- Newly diagnosed and never in care, as evidenced by no viral load documentation in eHARS

Successful applicants will be required to invest significant efforts to re-engage or recapture customers that have fallen out of care and document those efforts. Additionally, funded programs will be required to collaborate with HAHSTA's "Data to Care" (D2C) program. The purpose of

D2C is to use HIV surveillance data to identify PLWH who are not in care, link them to care, and support the HIV Care Continuum.

Applicants proposing to provide customer re-engagement/recapture must describe their proposed program components and detail how it will support the program's activities below:

- Applicants must describe how the program will characterize "out of care" for persons of unknown or HIV-negative status.

- Applicants must describe how innovative strategies will be used to seek out and identify previously known HIV-positives persons that are lapsed in care, with a specific objective of re-engaging them back into comprehensive medical care and supportive services.

- Applicants must describe how the program will motivate customers to return to care and attend appointments.

- Applicants must describe how the program will interface with HAHSTA's Data to Care program to generate quarterly lists of patients that are out of care.

Service Area 2: Part B MAI – Outreach

Available Funds

Approximately $190,000 of Ryan White Part B funds will be available to fund up to one (1) provider in this service category.

Focus Population

Focus populations include, but are not limited to returning citizens, foreign-born, and transgender individuals. Importantly, all Ryan White services must support indigent, uninsured, and under-insured persons living with HIV in the District of Columbia.

Definition

Ryan White Part B MAI services increase the number of minorities participating in the AIDS Drug Assistance Program (ADAP). Services identify individuals eligible for ADAP through engagement and screening, assist them with enrolling in ADAP and transition them to more comprehensive public or private health care coverage, and provide referrals to address their immediate needs. The program components delivered through this service area are outreach, education, screening, enrollment, assessment and referral, and follow-up and closure.

Provider Capacity Requirements

In addition to the staffing requirements outlined on page 30, Part B MAI Outreach-funded agencies are expected to adhere to the following minimum staffing requirements. Overlap among required

Full Time Equivalents (FTEs) is acceptable. HAHSTA highly recommends the use of peers as an extension of the human resources supported by the MAI Outreach program.

Staff hired under this effort must reflect the population(s) being served. At least one front-line staff member must be a representative of the focus minority population and/or bilingual in the primary language of the focus population.

a) HIV/AIDS Program Enroller: Minimum one 1.0 FTE
- The primary function of this position is: 1) to conduct outreach and education services to customers; 2) provide enrollment assistance to customers for ADAP, healthcare programs; 3) make referrals to supportive services to reduce/eliminate barriers to care.
- Minimum Qualification: Bachelor of Arts (BA)/Bachelor of Science (BS) or a minimum of two (2) years working in HIV/AIDS, substance abuse, behavioral health, and/or other chronic illnesses.

b) **Program Supervisor:** Minimum .20 FTEs
- The Program Supervisor will supervise the HIV/AIDS Program Enroller, peers, and all other front-line program staff.
- Minimum Qualification: Master's degree and one (1) year of supervisory experience in HIV and/or social services or five (5) years of supervisory experience in HIV and/or social services.

c) **Peers:** FTE level commitment is at the sub-recipient's discretion
- Peers support the provision of outreach and education services as directed by the agency. Peers work under the direction of the identified Program Supervisor.
- Peers must have a minimum of two (2) years of experience directly involving outreach and engagement to minority PLWHA or serving as a peer guide/mentor for customers.

All Part B MAI Outreach Staff are responsible for:
- carrying out the services and activities described in this RFA
- maintaining a thorough understanding of the eligibility criteria, covered services, and application processes for Ryan White and other health care entitlement programs
- demonstrating cultural and linguistic competence for the focus population(s)
- fostering partnerships and/or collaborations with other community service providers
- documenting and reporting the achievements of the funded program

Provider Limitations
- Applicants that participate in the HAHSTA's HIV Prevention or Ryan White -funded Outreach or Non-Medical Case Management Services via Human Care Agreements or grants may not duplicate services under this effort. Applicants must describe how the services offered under this program differ from those programs already funded.
- Funding under this Service Area may not support the provision of recurring services to customers enrolled in the Outreach MAI program.
- Funding under this Service Area may not pay for HIV counseling or testing.

Outreach MAI Program Components

All applicants must provide complete responses to each of the key activities listed under the following program components of the program: (1) outreach; (2) education; (3) health literacy; (4) screening; (5) enrollment; (6) assessment and referral; and (7) follow-up and case closure.

Outreach

Outreach identifies and provides services that target high-prevalence, racial/ethnic minority populations and individuals who are behaviorally vulnerable to HIV. It includes an emphasis on the importance of knowing their HIV status and early entrance into care, relays information regarding health care coverage options, and promotes the efforts under the MAI-funded program. The HAHSTA's Ryan White Part B MAI program primarily focuses on outreach and includes education services that will assist with ADAP enrollment.

Key activities include:

1) Outreach efforts during non-traditional hours and to non-traditional venues
2) The use of social media, like Facetime, and/or other online platforms to practice social distancing as an adjunct to in-person contact*
3) Partnerships with local community-based health and human service providers to support staff "out-stationed" at the provider's facility
4) Integration with internal counseling and testing program
5) Innovative strategies for re-engagement
6) Recruitment of peer mentors

Applicants must describe the key activities of a proposed program that includes:

- Applicants must describe how partnerships with local community-based health and human service providers will be included to support staff "out-stationed" at the provider's facility to screen and enroll customers in need of health care coverage and address the customer's immediate psychosocial needs.

- Applicants must describe how outreach will be performed in concert with staff from internal HIV counseling and testing initiatives to ensure immediate engagement with customers identified as HIV-positive.

- Applicants must describe how innovative strategies will be used to seek out and identify previously known HIV-positive individuals who appear to be out of care, with the specific objective of re-engaging these individuals and bringing them back to comprehensive medical care and supportive services.

- Applicants must describe how members of the focus populations will be trained to conduct outreach sessions or serve as peer guides/mentors for customers. Properly trained peers can assist others in navigating support systems while offering personal understanding and

encouragement regarding ART initiation and treatment adherence.

***NOTE**: *Applications referencing the use of electronic communication (social media, internet, email, text messaging, etc.) are also required to provide staff and peers education regarding the Health Insurance Portability and Accountability Act (HIPAA) approved policies regarding electronic Protected Health Information (PHI) and the consequences of an electronic breach of confidentiality.*

Education

Education services include efforts such as presentations and training to traditional and non-traditional HIV medical and/or case management providers that serve the focus population or belong to it and may not be aware of ADAP services.

Key activities include:

1) Generation of referrals from other providers
2) Use of case management, primary care, mental health, and support service organizations as educational venues
3) Use of homeless shelters, soup kitchens, food pantries, and state and local correctional facilities as educational venues
4) Use of internet resources as an adjunct to in-person educational resources

Applicants must describe the key activities of a proposed program that includes:

- Applicants must describe how education activities provided by the agency's Ryan White Part B MAI program generate referrals from providers for individuals in need of services provided under the scope of this grant, build a foundation of HIV/AIDS knowledge within focus communities, and strengthen the continuum of HIV/AIDS services for minority communities, and advance health equity in the District of Columbia.

- Applicants must describe how innovative uses of internet resources (e.g., Webex, ZOOM, etc.) will be used as an adjunct to in-person educational presentations. These can be stand-alone or joint community virtual meetings or forums (Case Management Operating Committee workgroups, Ending the Epidemic workgroups, etc.).

Health Literacy

Health Literacy refers to the degree to which individuals are able to receive, process, and understand basic health information as it relates to making their own health decisions. Under the Ryan White Part B MAI program, health literacy requires health care professionals to implement a universal precautions approach and assume that *all* patients are at risk for not understanding information relevant to maintaining or improving their health.

Key activities include:

1) Integration of health literacy universal precautions into policies and procedures
2) Staff training, care models, and quality improvement activities to ensure health literacy
3) Assumption that everyone can benefit from health information and literacy

Applicants must describe the key activities of a proposed program that includes:

Applicants must describe how the program will ensure a universal precautions approach to health literacy that will improve health equity, reduce disparities, and reduce costs. The approach must:

- Consider it the responsibility of the health care system to make sure patients understand what services are being done to, on behalf, and for them
- Focus on making health care environments more literacy-friendly, including training providers to communicate effectively.
- Clearly promote the enrollment, engagement, and retention of marginalized minority populations into quality health care services, thereby improving health outcomes.

Screening

Screening customers involves assessing the suitability of their eligibility for services under this grant based on Ryan White's eligibility criteria. It factors in the individual's need and potential eligibility for ADAP and other public/private health care coverage programs.

Key activities include:

1) Use of various venues and methods of screening
2) Maintenance of a thorough understanding of the eligibility criteria, covered services, and application processes for DC Alliance, Health Exchange plans, DC Medicaid, & Medicare Parts A, B, & D.
3) Assessment of eligibility for private insurance

Applicants must describe the key activities of a proposed program that includes:

- Applicants must describe how potential customers will be screened for eligibility and ensure that Ryan White is the payor of last resort.
- Applicants must describe how screenings will be conducted in a manner that is convenient and familiar to the focus populations and provided in settings that allow for the level of confidentiality necessary to exchange personal information.
- Applicants must describe how eligibility for private health insurance and appropriate referrals will be made as needed.
- Applicants must describe internal policies and procedures to ensure staff receive required training from the HAHSTA (ADAP).

Enrollment

Enrollment activities assist customers with applying for ADAP and the transition to

comprehensive health care coverage for DC Alliance, Health Exchange plans, DC Medicaid, & Medicare Parts A, B, & D.

Key activities include:

1) Access to the District's Marketplace as Assistors or Certified Application Counselors (CAC)
2) Documented verification of the completion of customer application processes to appropriate programs

Applicants must describe the key activities of a proposed program that includes:

- Applicants must describe how it plans to transition customers deemed eligible to receive services via other funding streams and ensure the timely implementation of comprehensive health care coverage.
- Applicants must describe how the program ensures that staff access to the District's Marketplace as Assistors or Certified Application Counselors (CAC) to enroll customers in comprehensive health coverage.
- Applicants must describe how the program will implement a method for teaching their customers the essential processes for using their ADAP coverage to fill prescriptions and access primary care services and how to use their ADAP in combination with other public and private programs (e.g., using ADAP to meet a Medicaid spend-down, meet health insurance co-payments and deductibles, etc.).
- Applicants must describe how and what mechanisms for evaluating and validating the customer's understanding of health care coverage enrollment knowledge will be used to raise a customer's health literacy level, empower them to take a more active role in their health care, and promote their retention in health services.

Assessment and Referral

Assessment and Referral program activities seek to remove barriers that prevent enrollment in ADAP and other comprehensive public or private health care coverage. This includes assessing customers' immediate psychosocial needs (e.g., behavioral health and housing) and addressing them through referrals to support service programs within the agency or to outside resources in the community.

Funding awarded in response to this RFA must not duplicate existing case management programs.

Key activities include:

1) Linking customers to support services
2) Tracking referrals and their outcomes and reporting them in CareWare

Applicants must describe the key activities of a proposed program that includes:

- Applicants must describe how the program expects to establish bi-directional linkage agreements with providers of medical and/or supportive services to help address the multiple needs of customers served by this initiative.
- Applicants must describe how the program will demonstrate the knowledge and capacity necessary to link customers to supportive services, including housing, transportation, employment assistance, nutrition, substance use treatment, mental health services, and case management.

Follow-up and Case Closure

Follow-up and Case Closure describes a customer's file once they are enrolled in comprehensive health care coverage and linked to medical and supportive services or if there have been no interactions with the customer within six months. It does not include the provision of recurring services to customers enrolled in the Ryan White Part B MAI program. Customers with intensive and/or ongoing needs to maintain their health care coverage (e.g., satisfying a Medicaid spend-down, recertification for the Programs, changes in health insurance premiums, etc.) must be seamlessly linked to appropriate case management programs.

Key activities include:

1) Case closure of customer files
2) Motivation of customers to reach identified adherence and other milestones

Applicants must describe the key activities of a proposed program that includes:

- Applicants must describe how internal case management programs or existing relationships with external programs that provide case management and/or Health Home services, adherence support services, and other supportive services will be used to help close out customer files.

- Applicants must describe how the program will motivate customers to reach adherence milestones, keep appointments, and achieve or sustain an undetectable viral load.

Technical Assistance

Part B MAI programs work to support education, enrollment, and retention into HAHSTA's ADAP. Close collaboration is required to ensure the funded programs comport with HAHSTA's priorities for ADAP. HAHSTA's ADAP staff will serve as the technical assistance providers for the Part B MAI Outreach programs awarded through this effort and will provide ongoing and required individual- and group-level training, technical assistance, and resource materials as necessary. Topics include but are not limited to:

- the Ryan White compendium of services in the District
- Ryan White eligibility
- Available healthcare options in Washington, DC
- ADAP enrollment
- HIV confidentiality procedures (HIPAA, etc.)

III. General Requirements

1. **Program Goal**
   Applicants applying to provide services must demonstrate a) the provision of service delivery impact on process measures specific to service category and to outcomes (health or customer satisfaction) and b) how the program's data management practice to track process and outcome data, including reporting to CAREWare.

2. **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.

3. **RWHAP as Payor of Last Resort**
   RWHAP funds are always the payor of last resort. RWHAP funds cannot be used to pay for services reimbursable by private insurance, Medicaid, Medicare, or any other federal, state, or local services/programs.

4. **Preparation of Project Work Plan, Table A, Budget, and Budget Narrative Justification**
   Applicants are required to prepare a work plan for each proposed service category, a Table A for each proposed service category, a budget for each proposed service category, and a budget narrative justification for each proposed service category and applicable budget line items.

IV. Monitoring, Evaluation & Quality Improvement

Successful applicants shall have data management and quality management systems, plans, processes, and personnel in place for the purpose of monitoring and evaluating the delivery and quality of all services, and to ensure that improvement opportunities are identified and addressed in a timely manner.

Successful applicants shall develop and implement procedures to ensure data accuracy, completeness, timeliness, collection, reporting, and utilization. Applicants should utilize data to assess program performance and quality, at regular intervals, and use information to inform program design, service delivery, decision-making, and improvement activities.

As of the release of this RFA, Health Resources and Services Administration's (HRSA) policy clarification notice 16-02 is the most recent description of Ryan White HIV/AIDS Program Services, which includes eligible individuals and allowable uses of funds. For the purposes of this RFA, specific information regarding the service category standards is listed in each corresponding service category.

The notice can be viewed here: https://hab.hrsa.gov/sites/default/files/hab/landscape-

webinars/020316servicecategorieswebinar.pdf.

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 Part A and Part B programs. Any sub-recipients 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 sub-recipient non-compliance. Please see the following website for more information: http://hab.hrsa.gov/manageyourgrant/granteebasics.html.

b) Monitoring

- Successful applicants will be monitored and evaluated by HAHSTA according to the scope of work, approved budgets, and related service delivery standards.
- Successful applicants will be responsible for assuring that all customers receiving services provided through funds detailed in this RFA should sign the appropriate written consent forms.
- Successful applicants will have all written policies and procedures applicable to the project, as well as monthly, quarterly, bi-annual, annual program, fiscal, and customer-level data 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 this funding announcement.

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, 2 CFR 200 and expenditure requirements. These evaluations will include a pre-award site visit.

d) Quality Management

HRSA's expectation of Ryan White Program grantees with respect to improving the quality of care and establishing quality management programs may be found online at: http://hab.hrsa.gov/deliverhivaidscare/qualitycare.html.

HRSA guidance in selecting the appropriate service- and customer-level performance measures is also available online at:

http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html
https://careacttarget.org.

As of the release of this RFA, Health Resources and Services Administration's (HRSA) Clinical Quality Management Policy Clarification Notice 15-02 found at: https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf is the most recent expectation of Ryan White HIV/AIDS Program Services clinical quality management

(CQM) programs, At a minimum, CQM programs must perform quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction; have adequate infrastructure to support QI to include committees, teams, plans, etc.; use a defined approach and systematic evidence-informed methodology; and actively and routinely analyze and use data.

Successful applicants are also required to meet local quality management standards and participate in local quality management activities as directed by HAHSTA.

e) Data Collection and Reporting

Successful applicants must be able to track and report unduplicated customer-level demographic, clinical/medical, and core and support services data as prescribed. The RWHAP uses CAREWare, a free, HRSA-supported software program, and provides technical assistance as needed. All successful applicants will be required to use CAREWare, or a system that is compatible with CAREWare, to report customer-level data.

General information about CAREWare can be obtained at:
http://hab.hrsa.gov/manageyourgrant/careware.html.

All providers will be required to submit timely and accurate data to meet reporting requirements, including the Ryan White Services Report (RSR). 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 can 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).

As HAHSTA seeks to increase the efficiency of its processes and support provider compliance with RWHAP requirements, it created a Centralized Eligibility System (CE), which will launch in Grant Year 32. CAREWare, the RWHAP's existing customer-level data system, has been expanded for this purpose. The CE will provide a single point of application for eligibility data for all Ryan White services. All providers in Washington, DC, funded to provide Ryan White services would have access to additional CW domains to complete their customer's eligibility status, enter annual review information and upload supporting documents. Eligibility status will be visible across the network of providers. Additionally, providers will be able to import and export eligibility status data during mid-year and annual RSR seasons.

V. Program and Administrative Requirements

Program Requirements

1. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1969, 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 the RWHAP.

2. Customer Eligibility

- These programs are open to District Residents only.
- Customers must be HIV positive or ~~who are~~ behaviorally vulnerable to HIV
- Ryan White customer eligibility requirements are in place for the use of Ryan White funding: 500% of the FPL, un/under-insured, HIV-positive, District residency.

3. Grievances

a. Successful applicants shall develop and implement an agency grievance procedure that is sensitive to the needs of the target population. Successful applicants must include a copy of their internal customer grievance procedures prior to signing for the grant award.

b. Successful applicants shall inform customers of their rights and responsibilities, agency and Ryan White HIV/AIDS Program grievance procedures, and services offered by the agency and other available community and RWHAP funded resources.

4. Sliding Fee Scale and Cap on Charges

Ryan White services may not be denied to any eligible HIV-positive customer seeking services. All Sliding Fee Scale Policies are subject to review and approval by HAHSTA.

5. Program Income

Program income is gross income earned by the non-federal entity that is directly generated by a supported activity or earned as a result of the federal award during the period of performance except as provided on 2 CFR § 200.307. It includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under federal awards, the sale of commodities or items fabricated under a federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with federal award funds.

Successful applicants must report on program income earned on a quarterly basis and submit customer-level data for any services that result from those generated funds. Sub-recipients are required to document the amount and disposition of any income received as a direct result of Ryan

White funding. All program income generated by patients with HIV must be returned to benefit the HIV program.

6. Reports

Successful applicants will be required to submit monthly, quarterly, annual, and final reports to HAHSTA, to house and manage a customer-level data system (CAREWare – See Data Collection and Reporting above), and to participate in all 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:

- Service Utilization by Service Category
- Performance Measures / Quality Improvement
- Customer Demographics
- Ryan White Services Report (RSR)
- Programmatic Narrative Information
- Financial Expenditure and Supporting Documentation
- Program Income

8. 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), eligibility assessments, 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.

Administrative Requirements

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 a complete written job description 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. Ryan White HIV/AIDS Program sub-recipient deliverables fall into four

categories: program, data, quality, and fiscal. Each sub-recipient organization is required to provide dedicated staffing for each area of responsibility. Applicants should use the staffing plan and/budget templates to indicate the staffing (FTE level) commitment for the required roles and responsibilities, including whether the staff will be charged to the administrative or direct budgets, or supplied in-kind. See chart below for details on the aforementioned staff roles.

Required Roles	Responsibilities
Program Manager/Coordinator	Provides leadership, oversight, strategic planning, and management to ensure that goals and outcomes are compliant with Ryan White program requirements. Directly or indirectly ensures the coordination of day-to-day operations and deliverables of Ryan White grants
Data Manager	Ensures complete and accurate customer-level data submission into CAREWare monthly. Ensures timely submission of annual and mid-year RSR.
Quality Management	Quality management staff to manage their clinical quality management (CQM) programs, which perform quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction Additionally, they must have adequate infrastructure to support quality improvement (QI) to include committees, teams, plans, etc.
Fiscal Management	Responsible for the creation, improvement and implementation of financial policies and procedures for the organization. Ensures timely and accurate internal and external financial reports, accounts payable, accounts receivable, reconciliations, including monthly and annual financial statements. Ensures timely invoice submission into EGMS and E-Invoicing.

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

e. Successful applicants shall maintain an individual personnel file for each project staff member.

f. Personnel files must be available to the HAHSTA upon request.

g. 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.

h. 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.

1. COVID-19 Vaccine Requirement

The sub-recipient is required to comply with Mayor's Order 2021-099, COVID-19 Vaccination Certification Requirement for District Government Employees, Contractors, Interns, and Sub-recipients, dated August 10, 2021, and all substantially similar vaccine requirements including any modifications to this Order, unless and until they are rescinded or superseded. At the request of the District government, Sub-recipients may be asked to provide certification of compliance with this requirement and/or documents and records in support of this certification.

The Sub-recipient is required to comply with City Administrator's Order 2021-4, Resumption of Requirement for All Persons to Wear a Mask Inside District Government Buildings and While on Duty as a District Government Employee or Contractor, dated July 30, 2021, and all substantially similar mask requirements including any modifications to this Order, unless and until they are rescinded or superseded.

Use the link below to access the full order.
https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/MayorsOrder2021.099.pdf

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 2022 grant period, that is, through March 31, 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 with HIV disease or to fund education and training for customers.

5. Insurance

All applicants that receive awards under this RFA must show proof of all insurance coverages required by the Office of Risk Management (ORM) prior to receiving funds. At minimum, the awardee must meet the insurance coverage requirements outlined in the Appendix D. The coverage levels may be adjusted by ORM following issuance of the NOGA per a review of activities performed under the grant and any other grants with DC Health or other District agencies. DC Health reserves the right to request certificates of insurance pre-award and post-award and adjust coverage limits per requirements promulgated by the District of Columbia Office of Risk Management.

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 2 CFR 200 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 three 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.

VI. Pre-Application Requirements

Pre-application Conference
The Pre-Application Conference will be held virtually for services to be funded under this RFA. Visit DC Health's Eventbrite page for the virtual meeting information. https://OGMDCHealth.eventbrite.com

The pre-application conference will provide an overview of the programmatic requirements. Additionally, there will be a 20-minute presentation on insurance requirements from Office of Risk Management (ORM) and an overview of the review process being employed for this RFA.

Notice of Intent to Apply
A notice of intent to apply (NOI) ***is strongly recommended*** for consideration under this funding announcement. The applicant should deliver the notice of intent to the HAHSTA using the format provided in Attachment I, no later than 6:00pm on **Wednesday, December 8, 2021**. Please submit only one NOI per organization. Email submission of the NOI is acceptable via HAHSTARFAs@dc.gov .

Questions Regarding the RFA
Applicants who have questions about the RFA must submit their questions via e-mail to HAHSTARFAs@dc.gov no later than **Thursday, December 9, 2021, at 6:00pm.**

HAHSTA will notify all potential applicants in writing of any updates, addenda, and responses to frequently asked questions by **Tuesday, December 14, 2021**.

VII. Application Preparation and Submission

A. 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.

B. Application Elements

Each application is required to contain the following components. Certain application items will be entered directly into EGMS, while others will be uploaded into EGMS as attachments. Applications must conform to the page requirements by section detailed below.

An application package includes the following elements:

Narrative Section – must be submitted and uploaded into EGMS as one document file

1. Applicant Profile (Attachment A. Not counted in page total.)
2. Table of Contents (Not counted in page total.)
3. Organization Background and Capacity (4 pages maximum)
4. Project Description (5 pages **maximum per service category proposed**)
5. Program Proposal Summary (5 pages maximum)
6. Monitoring, Evaluation, and Improvement (5 pages maximum)

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

Required Attachments (Not counted in page total) – each attachment must be labeled and submitted individually into the corresponding portal in EGMS

7. Work plan* (Attachment C)
8. Table A – Scope of Work* (Required for each Service Category, Attachment G)
9. Categorical Budget and Budget Narrative* (Required for each Service Category where funds are requested.) (Attachment D)
10. Staffing Plan (Attachment H)
11. Other Funding Sources table (Attachment E)
12. Organizational Chart (Attachment M)
13. The Notice of Intent to Apply (Attachment I) is strongly recommended for all applicants. **It is due by Wednesday, December 8, 2021, at 6pm.**
14. Medicaid Certification are required for organizations applying for any Service Categories that are reimbursable by Medicaid.

C. 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 – The applicant profile is the application cover sheet identifying the applicant organization, the service categories the organization is applying for and the amount of funds requested per service category.

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) Organizational Background and Capacity

- Description of the history of the agency, specifically, the history in providing services to People Living with HIV/AIDS (PLWHA) in Washington, DC. If the applicant has not

provided services to PLWHA in the past, describe why it is proposing to serve this population.

- Level of organization's competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.

- Applications must describe how the agency will verify customer eligibility and enroll and maintain customers in care; and

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

- Applications must describe how the positions/roles of program manager, data manager, quality management and financial management (accounts payable, accounts receivable and reconciliation) will be funded through these grant funds or other resources and submit a staffing plan (Attachment H) and budget (Attachment D) that illustrates the corresponding staffing level required to administer these grant funds**.** ***See administrative requirements section of this RFA for additional details.***

4) Project Description – The purpose of this section is to provide a thorough description of the proposed projects and how they will improve health outcomes. Applications rated most highly 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, and will contribute to the overall quality, scope, and impact of the service area response.

The following elements must be included:

- Applications must describe the geographic area where the target population is found, the need for services, the demographic characteristics of the population to be served and the barriers to care experienced by the population to be served, as well as ways in which you will address those barriers.

- Applications must describe with specific detail how your agency will provide services in accordance with the service category definitions and key activities.

- Applications should pay special attention to addressing the issues highlighted in the 'key activities' sections of the service category. These activities highlight areas of known technical complexities, service gaps, or frequent challenges. Approaches to addressing these issues are critical.

- The applicant describes how the proposed activities will contribute to improved health outcomes, including:
  1) Rapid Start ART;

2) Durable viral load suppression;
3) Engagement in medical care;
4) Rapid Re-start; and
5) Decreased acuity for MCM/NMCM customers.

5) Program Proposal Summary

- Applications must describe the services will facilitate movement of customers along the continuum from prevention to care: early diagnosis, linkage to medical care and other services, antiretroviral treatment, adherence to medication, retention in medical care, re-engagement in medical care and improved health outcomes.

- Applications must provide a comprehensive summary of the proposed project inclusive of a description of how the applicant will provide all four components of the status neutral care continuum program and/or MAI outreach program.

6) Monitoring, Evaluation, and Quality Improvement – This section will be evaluated on the extent to which past and current experience and structure provide a strong likelihood for a meaningful monitoring, evaluation, and improvement, as detailed in Section IV.

- Applicant must describe how past and current experiences with continuous quality management, including plans, processes, and how personnel, will be used to improve customer satisfaction, outcomes, and/or care in a timely manner.

- Applicant must describe existing or proposed structure for data management, including processes for data capture, accuracy, completeness, timeliness, reporting, and utilization to determine progress and make improvements to CQM aims.

7) Work Plan – Applicants must complete the work plan (Attachment C) for each proposed Service Category. The work plan should include proposed targets and the goals and objectives for the proposed program. All work plans should be labeled clearly by Service Category.

- Applications must develop goals and objectives for the proposed project that are clearly defined, measurable, time-specific, and responsive to service area specific goals and priorities.

8) Table A – The Service Categories Scope of Work (Table A) is tool used by the Ryan White Program (RWP) to highlight and report on how grant awards and subrecipients contribute to strategic goals and a comprehensive system of care.

For the purposes of this RFA applicants are required to complete a Table A for each service category where funds are requested. The Table A's submitted should be accurate, competitive and contain realistic targets that are in alignment with the applicant's proposed workplan, linkage summary and overall program proposal.

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 alongside this RFA. 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.

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) Staffing Plan – Attachment H, is a required attachment which illustrates how the positions/roles of program manager, data manager, quality management and financial management (accounts payable, accounts receivable and reconciliation) will be filled to meet the staffing levels required to administer these grant funds. ***See administrative requirements section of this RFA for additional details.***

11) Other Funding Sources – Attachment E, is a required attachment that illustrates all other sources of funding received by the applicant organization. *Note the date on the attachment which indicates the applicable time frame***.**

12) Organizational Chart – Attachment M, is a required attachment that illustrates the organization structure of the applicant organization.

13) Notice of Intent to Apply– Attachment I, is strongly recommended of all potential applicants for planning purposes to assist HAHSTA in securing adequate external reviewers.

14) 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
- Certification of current/active Articles of Incorporation from DCRA
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

EGMS Assurances, Disclosures and Certifications
The items listed below are required and must be uploaded in EGMS to submit and complete the application.

1. Federal, District and DC Health Statements of Assurances and Certifications
2. Mandatory Disclosures
3. DC Health Standard Grant Terms and Conditions
4. **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)

- Current Certificate of Clean Hands from the Office of Tax & Revenue (OTR)-Dated within 60 days of application deadline date
- 501(c)3 Certification Letter for Non-Profit Organizations
- Current Business License/Certificate of Licensure or proof to transact business in local jurisdiction
- Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board (this cannot be the Executive Director)
- Copy of Cyber Liability Policy
- Certificate of Insurance
- Medicaid Certifications, If applicable
- Federal and District and DC Health Statements of Assurances, Disclosures and Certifications (SIGNED COPY)
- Proof of Liability, Commercial & Professional Insurance Policies

b. Conditions of Funding

- 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)

- Certificate of Occupancy

D. Application Submission (Enterprise Grants Management System)

All application submissions must be done electronically via Department of Health's

Enterprise Grants Management System (EGMS), DC Health's 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.

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 Office of Grants Management 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.

1) SUBJECT LINE: EGMS
2) PRIMARY USER
3) 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:

The Office of Grants Management at egms.support@dc.gov assists with all end-user registration if you have a question or need assistance. 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 the EGMS External User Recorded Webinar for information on the submission process and navigation of EGMS.

(If you have trouble linking, try Google Chrome and not Internet Explorer)

VIII. Review and Selection of Applications

Pre-Screening – All applications will be reviewed initially for completeness, formatting, and eligibility requirements by DC Health personnel prior to being forwarded to the external 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.

External Review Panel – The review panel will be composed of neutral, qualified, professional individuals that have been selected for their 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 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.

For this competition, the written proposal will be scored for a maximum of 100 points available.

Written proposal – 100 points available

a. Organizational Background and Capacity – 12 points
b. Project Description – 42 points
c. Program Proposal Summary – 22 points
d. Work Plan (Attachment C) – 12 points
e. Monitoring, Evaluation, and Improvement – 12 points
f. Budget and Budget Narrative – Required, but Not Scored

Internal Review – Subsequently, DC Health program managers will use the individual and summary recommendations of the external review panel to make recommendations for awards. Additionally, program managers will consider the following factors: risk assessment and applicant eligibility, 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.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities, and conditions of award 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.

Funding Decisions - Based on the total scores from external and internal review of eligible applications, HAHSTA will prepare and submit a formal recommendation of prospective awardees, proposed funding levels and service categories to the DC Health Director for approval. The final funding recommendations will ensure that the overall portfolio of Ryan White funded services meets the overall programming needs of the District.

Pre-Award Activities - Successful applicants will receive a letter of Notice of Intent to Fund from HAHSTA. Grant award activities will take place in EGMS. Successful applicants will interact with HAHSTA staff to review draft contract provisions, prepare final Table(s) A: Scope of Work and Budget Format and Budget Narratives.

Organizations receiving Notification of Intent to Fund cannot begin activities until a Notice of Grant Award (NOGA) is issued. The applicant shall not announce publicly receipt or award of funding from DC Health under this RFA until an actual DC Health NOGA is received.

IX. Scoring Criteria

For this competition, the written proposal will be scored for a maximum of 100 points available.

Written proposal – 100 points available

a. Organizational Background and Capacity – 12 points
b. Project Description – 42 points
c. Program Proposal Summary – 22 points
d. Work Plan (Attachment C) – 12 points
e. Monitoring, Evaluation, and Improvement – 12 points
f. Budget and Budget Narrative (Attachment D) – Required, but Not Scored

Criterion A: Organizational Background and Capacity (Total 12 Points)

Organizations will be scored on the extent to which past and current experience and structure provide a strong likelihood for success in the achievement of key activities. Specific areas of review include:

a. Description of the history of the agency, specifically, the history in providing clinical and support services to People Living with HIV/AIDS (PLWHA) in Washington, DC.

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

c. Applications must describe how the agency will maintain eligibility and retain customers in care.

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

e. Applications must describe how the positions/roles of program manager, data manager, quality management and financial management (accounts payable, accounts receivable and reconciliation) will be funded through these grant funds or other resources and submit a staffing plan (Attachment H) and budget (Attachment D) that illustrates the corresponding staffing level required to administer these grant funds.

Criterion B: Project Description (Total 42 Points)

This section will be evaluated on the extent to which the proposal includes a thorough description of the proposed projects and how they will improve health outcomes. Applications rated most highly 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, and will contribute to the overall quality, scope and impact of the service category response.

a. The applicant has described the geographic area where the target population is found, the need for services, the demographic characteristics of the population to be served and the barriers to care experienced by the population to be served, as well as ways in which you will address those barriers.

b. The applicant has described how their agency will provide services in accordance with the service category definitions, key activities, and detail activities that will focus on the highlighted areas of known technical complexities, service gaps, or frequent challenges.

c. The applicant describes how the proposed activities will contribute to improved outcomes, including: : 1) Rapid Start ART; 2) Durable viral load suppression; 3) Engagement in medical care; 4) Rapid Re-start; and 5) Decreased acuity for MCM/NMCM customers.

Criterion C: Program Proposal Summary (Total 22 Points)

a. Applications must describe the services that will facilitate movement of customers along the continuum from prevention to care: early diagnosis, linkage to medical care and other services, antiretroviral treatment, adherence to medication, retention in medical care, re-engagement in medical care and improved health outcomes.

b. Applications must provide a comprehensive summary of the proposed project inclusive of a description of how the program will provide all required services.

Criterion D: Work Plan (Attachment C) (Total 12 Points)

This section will be evaluated on the extent to which there is a work plan for the proposed project. The work plan must include proposed targets for each service category within service areas 1 and 2 where funds are requested.

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: Monitoring, Evaluation, and Improvement (Total 12 Points)

This section will be evaluated on the extent to which past and current experience and structure provide a strong likelihood for a meaningful monitoring, evaluation, and improvement, as detailed in Section IV.

a. Applicant describes how past and current experience with continuous quality management, including plans, processes, and personnel, will be used to improve customer satisfaction, outcomes, and/or care in a timely manner.

b. Applicant describes existing or proposed structure for data management, including processes for data capture, accuracy, completeness, timeliness, reporting, and utilization to determine progress and make improvements to CQM aims.

Criterion F: Budget and Budget Narrative (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 must:

a. Maximize the cost efficiency of the service provided.

b. Provide a budget for each service category where funds are requested.

c. Provide a clear description of the contribution of each budget item proposed toward the overall goals of the program.

d. Support appropriate direct and indirect expenses.

e. Request a maximum 10% for administrative costs.

Grant Terms and Conditions

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

Additional program and administrative terms:

Reporting and Continuation of Funding

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

Continuation funding for option year(s) 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.

Drug-Free Workplace

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement.

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 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 persons 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 HIPAA.

Quality Improvement

The organization will agree to participate in Quality Improvement activities and record review

processes established by the Grantee, 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.

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 HAHSTA.

Technical Assistance

HAHSTA shall offer technical assistance for issues related to this RFA.
Contact: Andrea Augustine via e-mail HAHSTARFAs@dc.gov.

Required Attachments/Appendices	Definitions
Appendix #1 – Ryan White Compendium of Services	The service categories provide a summary of the services available under this core service area.
Attachment A - Applicant Profile	Applicant Demographic Details & Requested Funding
Attachment C – Work plan	Itemizing details of Program
Attachment D - Categorical Budget and Budget Narrative	Specific Details of the Budget and Narratives
Attachment E - Other funding sources table	Demonstrates the financial capacity of the organization to support programming
Attachment F – Medicaid Certification	Certification by Center for Medicare and Medicaid Services (CMS) or a state agency or entity under contract with CMS that a health care operation is in compliance with all the conditions of participation set forth in the Medicaid Regulations.
Attachment G - Table A	Description of proposed tasks and deliverables for service delivery
Attachment H -Staffing Plan	Demonstrates applicant's human resources as capacity to deliver services.
Attachment I – Notice of Intent	Allows HAHSTA to anticipate the applicant response to RFA strongly recommended: due December 8, 2021)
Attachment L – RFA dispute policy	Applicant recourse to competitive funding solicitation process
Attachment M – Org Chart	A graphic representation of the structure of an organization showing the relationships of the positions or jobs within it.

Appendix #1

Compendium of Services: Ryan White Part B

Category 1: Outpatient and Ambulatory Medical Services

Outpatient/Ambulatory Health Services (OAHS) provide diagnostic and therapeutic-related activities directly to a patient by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Key activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Prescription and management of medication therapy (PrEP, ART)
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Applicants proposing to provide outpatient ambulatory health services must describe their proposed program components and detail how they will support the service category program activities.

Proposals should include:

a. A description of an established a clinical management plan that, at a minimum, addresses confirming HIV status, completing medical assessments, and details developing individualized treatment plans.

b. A description of the agency's treatment triage plan that includes provisions for addressing any delay of access to primary medical care.

c. A description of the agency's "Treatment Adherence Support Policy" that defines the roles and responsibilities of the customer and each staff position partnered in the care of the customer (e.g., primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers);

   The current approved protocol for outpatient/ambulatory medical care can be found at https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines. The guidelines are titled "Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV."

d. A description of the agency's proposed program components and demonstrated consistency with U.S. Public Health Service guidelines.

e. A description of the implementation of expedited care and treatment services (e.g., Red Carpet (re)Entry/Rapid ART (re)Start) as core activities of this service category. Red Carpet Entry into primary care is expected to ensure the ease of enrolling new customers and re-enrolling returning customers. There are three criteria for being a Red Carpet Entry provider in Washington, DC: the commitment to providing appointments for newly diagnosed or previously diagnosed but out of care appointments within 72 hours of contact; a Red Carpet concierge that can be contacted to set up the appointments and navigate the customer through the clinic system; and a phrase for these customers to use when they first arrive for services to ease their transition into care, such as "I am here to see Dr. White" or "I am here for Red Carpet Services." Recommended activities to facilitate implementation of this program are additional clinic hours and a dedicated Red Carpet Entry telephone line. Rapid ART ensures that customers are not only linked to medical care expeditiously, but prescribed ART the same day (no later than 7 days). All successful applicants will demonstrate their capacity and commitment to these activities.

f. A description of the agency's re-engagement plan which may be included as a service activity in the service categories ambulatory outpatient medical care, mental health, substance abuse and medical case management. This activity is meant to identify customers whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the customer and encourage the customer to resume services. Also included in this activity is any set of actions designed to identify the customer in care at another site or service provider.

g. A description of how customers will have regular and routine access to the services of a psychiatric provider that is able to prescribe psychotropic medications to those for whom it is clinically indicated.

h. A description of previous experience providing OAHS services, to include a description of the planned continuum of care for the target population.

Category 2: Medical Case Management Services

Medical Case Management is the provision of a range of customer-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan

- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous customer monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the customer's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Customer-specific advocacy and/or review of utilization of services

Applicants proposing to provide Medical Case Management services must describe their proposed program components and detail how they will support the service category program activities.

Proposals should include:

a. Proposed program components and detail how it will provide guidance and assistance in improving access to and delivery of needed services.

b. Proposed "Treatment Adherence Support Policy" that defines the roles and responsibilities of the customer and each staff position partnered in the care of the customer (e.g., primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers).

c. A description of how staff will assess customer enrollment in medical care, and if the customer is not receiving medical care, the strategies to ensure that the customer receives medical care. Note: The plan should include strategies for new customers as well as strategies to address the needs of customers who have fallen out of care.

   Successful applicants will use the acuity scale developed by HAHSTA to assess the level of need by customers for medical case management. Following the current guidelines for HIV MCM services can be found at: http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/MCM%202ND%20EDITION%202014.pdf

d. A description of efforts to retain and re-engage customers lost to care. This activity is intended to identify customers whose ongoing treatment plan has lapsed for reasons unknown to the service provider and support activities designed to contact the customer and encourage the customer to resume services. Also included in this activity is any set of actions designed to identify the customer in care at another site or service provider.

e. A baseline assessment of total number of current customers, percentages of current customers are on ART, and subsequent percentages of customers with an undetectable viral load. Targets for compliance with care and for viral suppression for those on ART should be set and strategies to reach them from this baseline assessment should be included.

f. A description of how the level of care is assessed and categorized and how customers are

moved from one level to another over time. Please provide data on existing customers (the number and percentages) at each level of need. Describe techniques to maintain customers in care and to recapture those who have fallen out of care or been lost to follow-up.

g. A detailed strategy for supervision, quality improvement, and customer service. Describe what systems are implemented and with what frequency the quality and performance of case managers are evaluated. Describe trainings or interventions provided to support quality improvement routinely and when deficiencies are identified. Quantify the stability of case managers (what percentage of current case managers have been with the proposing organization two years or more) as well as retention strategies for case managers. Describe performance expectations for the timeliness of returning customer calls, timeliness and completeness of follow up on paperwork submission, etc.

Category 3: Mental Health Services

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to customers living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the District to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Key activities include:

- Intake
- Initial Assessment of Service Needs
- Treatment Plan
- Referrals
- Reassessment
- Transition & Discharge
- Case Closure

Applicants proposing to provide mental health services must describe their proposed program components and detail how they will support the service category program activities.

Proposals should include:

a. A description of how outpatient mental health services will be provided, including diagnostic and treatment services to ensure a continuum of mental health services for persons living with HIV, with an emphasis on those persons who are dually or triply diagnosed with HIV and mental illness and/or substance abuse.

b. A description of how customers will have routine access to the services of a licensed psychiatric provider, to include a nurse practitioner, that is able to prescribe psychotropic medications to those for whom it is clinically indicated.

c. A description of how customers will have routine access to the services of a licensed psychologist or licensed therapist.

d. A description of how customers will be screened and further assessed (using the Global Appraisal of Individual Needs or GAIN Short Screener or another instrument) for mental health services.

e. A description of how culturally and linguistically competent mental health professionals for individual psychotherapy sessions with non-English speaking customers will be made available either through linkage or direct provision.

f. A description of strategies to ensure joint medical management with HIV primary care, substance abuse, and case management providers, including any routine communications or case conferences. This includes specific attention to understanding the medical management needs of customers with regards to ART adherence and viral suppression when applicable as well as ensuring that primary medical providers are aware of mental health treatment plan. Barriers to such joint medical management should be clearly described and solutions proposed. Linkages with specific providers should be clearly detailed.

g. A description of the agency's Retention and Re-Engagement plan, which may be included as a service activity in the service categories ambulatory outpatient medical care, mental health, substance abuse, and medical case management. This activity is meant to identify customers whose ongoing treatment plan has lapsed for reasons unknown to the service provider and support activities designed to contact the customer and encourage the customer to resume services. Also included in this activity is any set of actions designed to identify the customer in care at another site or service provider.

h. A current and proposed strategy to support retention in mental health and care services. This should include the current loss to care rate, tracking, reminder, and support system to minimize the no-show rate, and most of all, minimize loss to follow-up. Retention and no-show rates for scheduled appointments should be provided as baseline and targets.

i. A certification from the DC Department of Behavioral Health to provide and seek reimbursement for services. Proposals from agencies that are not certified by the Department of Behavioral Health should indicate their plan and timeline to secure certification. Describe Medicaid certification for mental health services.

j. A description of current and proposed strategies to include core HIV prevention and harm reduction messages in routine care services. This should include any plans to routinely provide risk screening and counseling; condoms and other safer sex products; linkages to prevention-for-positive programs; services geared towards compulsive behaviors; provision of or linkages to harm reduction programs such as needle exchange services if appropriate; and consideration of emphasis on ART compliance and viral suppression as a risk reduction strategy.

The current resources for mental health services found at https://www.samhsa.gov/find-help/disorders.

Category 4: Non-Medical Case Management

Non-Medical Case Management Services Description: Non-Medical Case Management Services (NMCM) is the provision of a range of customer-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.

NMCM Services may also include assisting eligible customers to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Customer-specific advocacy and/or review of utilization of services
- Continuous customer monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the customer's and other key family members' needs and personal support systems

Applicants proposing to provide non-medical case management services must describe their proposed program components and detail how it will support the service category program activities.

Proposal should include:

a. A description of how non-medical case management services will provide coordination, guidance, and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services.

b. A description of how non-medical case management services will provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed

services. Under this service category, you can provide NMCM services, Benefits and Entitlement Counseling, and/or Re-entry Planning.

c. A description of how non-medical case management services will provide benefits counseling that assists eligible customers in obtaining access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and health insurance plans through health insurance Marketplaces/Exchanges.

d. A description of how non-medical case management services will be provided using several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the recipient.

e. A description of how non-medical case management services will provide transitional case management for incarcerated persons as they prepare to exit the correctional system. Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes. This service category does not include the provision of Treatment Adherence Services.

Category 5: Psychosocial Support Services

Psychosocial support services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. It includes nutrition counseling provided by a non-registered dietician but excludes the provision of nutritional supplements.

Funds under this service category may not be used to provide nutritional supplements. Funds may not be used for social/recreational activities or to pay for a customer's gym membership.

Key activities include:

- A comprehensive psychosocial assessment linking customer with counseling services as needed
- HIV support group services led or co-led by peer-facilitators
- Child abuse and neglect counseling
- Bereavement counseling inclusive of spiritual support to persons with HIV
- Pastoral care/counseling services

Peer Navigation Models recommended: Newly diagnosed people with HIV are frequently challenged by the unfamiliarity and complexity of the services available and may be overwhelmed by trying to learn the system of services. A peer support model can improve the ability of customers to understand the service systems and to consume services more effectively. This is a "learning

the ropes" model of peer support and should include focus on building self-advocacy skills for a lifetime of care.

Applications must clearly indicate the type of psychosocial services to be offered and state how these services will facilitate customers' movement along the prevention-to-care continuum: 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, and improved health outcomes.

Applicants proposing to provide psychosocial support services must describe their proposed program components and detail how they will support the service category program activities.

Proposals should include:

a. A description of the population to be served by psychosocial support services, include proposed customer numbers, frequency, and duration of activities

b. A description of how the wellness coaching or group sessions

Category 6: Outreach Services

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status or who know their status but are not currently in care. As such, Outreach Services provide the following activities:

1) identification of people who do not know their HIV status and/or

2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including the provision of information about health care coverage options.

Outreach Services must:

1. Use data to target populations and places that have a high probability of reaching PLWH who
    - have never been tested and are undiagnosed
    - have been tested and diagnosed as HIV positive but have not received their test results or
    - have been tested and know their HIV positive status but are not in medical care

2. Be conducted at times and in places where there is a high probability that PLWH will be identified

3. Be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV, or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible customers should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care. Outreach Services must not include outreach activities that exclusively promote HIV prevention education.

Proposals should include:

a. A description of the applicant's proposed program components and detail how they will support the service category program activities.

b. A description of the population of focus

c. A description of how the proposed program will 1) identify people who do not know their HIV status and/or 2) link or re-engage PLWH who know their status into HRSA RWHAP services, including providing of information about health care coverage options.

Category 7: Health Education/Risk Reduction

Health Education/Risk Reduction (HE/RR) is the provision of education to customers living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with customers to improve their health status.

Key activities may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for customers' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

HE/RR services cannot be delivered anonymously.

Applicants proposing to provide HE/RR services must describe their proposed program components and detail how they will support the service category program activities.

Proposals should include:

a. A description of the HIV-related services complemented by HE/RR services and the likely contribution of the addition of HE/RR services to improved health outcomes of the customers served.
b. A description of the population to be served by the HE/RR, including target number of customers, average frequency, and duration of support.

c. The role of HE/RR services in re-engaging customers who have been previously lost to care.

Category 8: Medical Transportation Services

Medical Transportation is the provision of non-emergency transportation services that enables an eligible customer to access or be retained in core medical and support services.

For this RFA, Medical Transportation Services are not intended to support an entire program but are intended to support programmatic activities by eliminating barriers to accessing care and supportive services. Programs should request what is needed based on cost estimates. Organizations applying for Medical Transportation Services support should include a brief program description within the Program Proposal Summary. A separate work plan is not required for this service category. Applicants should include program targets for Medical Transportation Services in the Program Proposal Summary.

Key activities include:

- Providing transportation services to medical and support services appointments for non-Medicaid eligible customers with HIV.
- Utilizing leased vans with drivers, a taxi voucher system, SmarTrip® cards for Metrorail, Metrobus passes, disability commuter tickets, reimbursements for mileage and parking.
- Providing appropriate modes of transportation for disabled persons living with HIV needing assistance or wheelchair accommodations.

Medical transportation may be provided through:

- Contracts with providers of transportation services
- HIPAA-compliant rideshare, voucher, or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to customers
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Applicants proposing to provide medical transportation services must describe their proposed program components and detail how they will support the service category program activities.

Proposals should include:

a. A description of the proposed program components and detail how they will support the service category program activities

b. A description of how HIV-related services will be complemented by the medical transportation services and the likely contribution of the addition of medical transportation services to improved health outcomes of the customers served.

c. A description of the population to be served by the medical transportation services, including target number of customers, average frequency, and duration of support.

d. A description of the method and approach for supporting transportation, such as direct provision, vouchers, or medical rideshare program. The proposal may include requests to support clinic transportation services.

e. A description of the capacity to assess for and link customers to other District-wide transport options and to ensure that the full-range of low-cost, efficient transportation options are considered and used to address the medical transportation services needs of customers.

f. A description of the role of the medical transportation services in re-engaging and recapturing customers in care who have been previously lost to follow up.