

# 2013 Comprehensive Treatment Support

---

*Request for Applications (RFA)*

2013 COMPREHENSIVE  
TREATMENT SUPPORT

**HAHSTA RFA# CTS122112**

**RFA Amendment & FAQs**

**Released 01.16.13**

# **APPENDICES**

- **Appendix A – Summary of Amended Content\***
- **Appendix B – Frequently Asked Questions**

\* The content of Appendix A supersedes the language and content of the RFA originally released 12.21.12. All changes are noted in the Appendix only and are highlighted in RED.

# 2013 Comprehensive Treatment Support

---

## Appendix A - RFA # CTS122112 Summary of Amended Content

### **Page:** Cover Page

#### **Change From:**

Application Submission Deadline: January 22, 2013 at 4:30 p.m.

#### **Change To:**

Application Submission Deadline: January **31**, 2013 at 4:30 p.m.

### **RFA Section:** TABLE OF CONTENTS

#### **Change From:**

Program Area B: Clinical Care Providers

#### **Change To:**

Program Area B: Clinical Care **Support**

### **Page #5, Section:** Eligible Applicants, Program Area B

#### **Change From:**

Program Area B: Clinical Care Providers

#### **Change To:**

Program Area B: Clinical Care **Support**

### **Page #6, Section:** Program Areas, Program Area B

#### **Change From:**

Program Area B: Clinical Care Providers

#### **Change To:**

Program Area B: Clinical Care **Support**

### **Page #7, Section:** Funding Period, Paragraph: 1

#### **Change From:**

The award period for these programs is April 1, 2013 – December 31, 2013. There is an optional three-year continuation through December 31, 2014 based upon the availability of funds, fiscal and programmatic grant performance, and alignment with developing data and community planning priorities.

#### **Change To:**

The award period for these programs is April 1, 2013 – December 31, 2013. There is an optional three-year continuation through **December 31, 2016** based upon the availability of funds, fiscal and programmatic grant performance and alignment with developing data and community planning priorities.

### **Page #11, Section:** Description, Paragraph, 1

#### **Change From:**

## 2013 Comprehensive Treatment Support

---

The Jacques Initiative outlines the *Journey to Wellness* as a five step process that ensures that adequate support is offered to patients as they move throughout the continuum of care. Most people do not require that same level of support as they access care and adopt a treatment regimen that may lead to viral suppression, but it is imperative that clinical care providers offer support through each phase of treatment. Listed below are the five stages that must be incorporated into the care delivery system of Full Range Clinical Providers:

### **PREPARE**

Prepare clients and their support systems for a lifetime of wellness in addition to preparing the community to address prevention, stigma, treatment and support. This is accomplished through:

**Page #11, Section: Description, Paragraph, 1**  
**Change To:**

### **THE FIVE STEPS OF THE JACQUES INITIATIVE**

#### **ENGAGE**

The journey to wellness begins by “meeting clients where they are” to engage them in wellness care. This is accomplished through:

- HIV testing through outreach testing and walk-in testing at the provider location
- Clinic hours that are accessible to clients by offering care five days a week for walk-ins as well as provides counseling, medical and case management services to anyone newly diagnosed, reconfirmed positive, re-establishing care.
- Providing advocates for community wellness, training volunteers for HIV testing, and empowering local organizations to be engaged in the HIV crisis management.

**Page #14, Section: Title**

**Change From:**

Program Area B: Clinical Care Providers

**Change To:**

Program Area B: Clinical Care **Support**

**Page #14, Section: Eligible Applicants, Paragraph: 1**

**Change From:**

For Program Activity Area B, applicants are medical community-based organizations that need to subcontract with other social service/non-medical organizations to provide comprehensive services (i.e. HIV CTR, support services, retention activities, & re-engagement activities, etc.).

## 2013 Comprehensive Treatment Support

---

These providers do not have the reach or capacity to conduct outreach and follow-up activities to re-engage clients lost to follow-up.

**Change To:** For Program Activity Area B, the lead organization may be a clinical care provider that needs to subcontract with other social service/non-medical organizations to provide outreach and comprehensive services (i.e. HIV CTR, support services, retention activities, & re-engagement activities, etc.) may take the lead in the sub-contractual agreement. The lead organization may be a community based organization that must subcontract with a clinical care provider to offer clinical services.

Providers meeting the definitions of either clinical provider or community-based organizations must demonstrate that it is applying as a stand-alone entity that does not have the capacity to conduct outreach and follow-up activities to re-engage clients lost to follow-up.

### **Page #16, Section: Description, Paragraph: 1**

#### **Change From:**

The selected clinical care providers must link to a CBO that will be responsible for: (1) conducting targeted outreach to identify individuals in need of HIV testing, (2) linking newly identified individuals and those previously diagnosed and not in care to the PCMH, and (3) conduct mobile outreach and re-capture blitzes to re-engage clients not having a lab result in more than six months.

#### **Change To:**

The lead agency must link to either a clinical care provider or a CBO that will be responsible for: (1) conducting targeted outreach to identify individuals in need of HIV testing, (2) ensuring that newly identified HIV positive or those not currently in care are linked to care and treatment services, (3) coordinating mobile outreach and re-capture blitzes to re-engage clients not having a lab result in more than six months.

### **Page #16, Section: Description, Paragraph: 2**

#### **Change From:**

For this RFA, Program Area B Applicants **MUST** demonstrate an established sub-contractual agreement with a community based organization who will ensure effective linkages for HIV positive persons.

#### **Change To:**

For this RFA, Program Area B Applicants **MUST** demonstrate an established sub-contractual agreement **with either a clinical care or community based organization that will ensure effective linkages for HIV positive persons.**

### **Page #18, Section: Program Required Elements and Specific Evaluation Criteria for Program Area B, Paragraph: 1.Comprehensive Treatment Support**

#### **Change From:**

## 2013 Comprehensive Treatment Support

---

Comprehensive Treatment Support: Describes how ALL elements highlighted in the Program Activity Description for Tier 1, specifically: Comprehensive Treatment Support, Treatment Adherence, Condom Distribution, Prevention with Positives, Engagement in Care and sub-contractual agreements with community based organizations to address HIV CTR and linkage to care if funded. Must demonstrate extensive knowledge and experience with implementing comprehensive treatment support.

### **Change To:**

Comprehensive Treatment Support: Describes how ALL elements highlighted in the Program Activity Description for Tier 1, specifically: Comprehensive Treatment Support, Treatment Adherence, Condom Distribution, Prevention with Positives, Engagement in Care and sub-contractual agreements with **selected organizations** to address HIV CTR and linkage to care if funded. Must demonstrate extensive knowledge and experience with implementing comprehensive treatment support.

### **Page #18, Section: Program Required Elements and Specific Evaluation Criteria for Program Area B, Paragraph: 2.HIV Testing Performance**

### **Change From:**

HIV Testing Performance: Describes current or past activities of the sub-contracted community-based organization conducted HIV testing, the testing methodology employed and details of past performance, to include the number of HIV tests, % of individuals who received his or her test results, % testing positive and % linked to care for prior 12 months. The degree to which the clinical care provider and community based organization will utilize HIV testing to engage new and previously positive individuals into care.

### **Change To:**

HIV Testing Performance: Describes current or past activities of **the lead agency or partner that will be conducting the following activities:** HIV testing, the testing methodology employed and details of past performance, to include the number of HIV tests, % of individuals who received his or her test results, % testing positive and % linked to care for prior 12 months. **The degree to which HIV testing will be used to engage new and previously positive individuals into care.**

### **Page #18, Section: Program Required Elements and Specific Evaluation Criteria for Program Area B, Paragraph: 4.Viral suppression**

### **Change From:**

Viral suppression: Applicant thoroughly describes how comprehensive treatment support and partnerships with community based organizations will lead to viral suppression among enrolled HIV positive patients. Must include the current % of viral suppression and the expected level of improvement with the addition of these funds.

### **Change To:**

Applicant thoroughly describes how comprehensive treatment support and **the sub-contractual partnerships** will lead to viral suppression among enrolled HIV positive patients. Must include

## 2013 Comprehensive Treatment Support

---

the current % of viral suppression and the expected level of improvement with the addition of these funds.

**Page #18, Section: Program Required Elements and Specific Evaluation Criteria for Program Area B, Paragraph: 5.Partnerships**

**Change From:**

Partnerships: Thoroughly describes the sub-contractual agreements with the selected community based organizations, rationale for selecting the community based organizations, outlines specific tasks assigned to the clinical care provider and the CBO, describes how the linkage communication loop will be closed, describes how CBO staff will be integrated into the clinical care provider's system, describe how the electronic medical records system will be utilized and include a copy or copies of executed agreements. If sub-contractual agreements have not been executed, applicant must describe plans for doing so in the first three months of funding. **Failure to implement within the first three months of funding will result in a discontinuation of funds.**

**Change To:**

Partnerships: Thoroughly describes the relationships with the selected organizations, rationale for selecting the organizations, outlines specific tasks assigned to each entity, describes how the linkage communication loop will be closed, describes how staff will be integrated into each provider's system, describes how the electronic medical records system will be utilized and include a copy or copies of **letters of intent or memorandums of agreement (MOA)**. If agreements have not been executed, applicant must describe plans for doing so in the first months of funding. **Failure to execute written agreements with partners prior to the issuance of a DOH Notice of Grant Award (NOGA) may result in the denial of the award by DOH.**

**Page #25, Section: Eligible Applicants, Paragraph: 2**

**Change From:**

*Eligible Applicants:* For Program Activity Area C2, HAHSTA is seeking applications from community-based organizations, social service organizations, clinical or non-clinical providers with demonstrated experience working among specific social networks (MSM, heterosexual, youth, injection drug users, LGBTQ, etc.).

**Change To:**

*Eligible Applicants:* For Program Activity Area C2, HAHSTA is seeking applications from community-based organizations, social service organizations, clinical or non-clinical providers with demonstrated experience working among specific social networks (MSM, **heterosexual males and females**, youth, injection drug users, LGBTQ, etc.).

**Page: 44, Section: Definitions**

**Add:** Clinical Care Support: Clinical care providers or community based organizations are eligible to apply under Program

Area B: Clinical Care Support as the lead organization. These organizations must sub-contract with other entities in order to ensure linkages to care, HIV counseling and testing, retention, engagement and re-engagement in care to ensure viral suppression.

# 2013 Comprehensive Treatment Support

---

## **Appendix B - RFA # CTS122112 Frequently Asked Questions (FAQs)**

---

### **Program Area A: Full Range Clinical Providers**

**Q1:** Can an applicant propose to implement more than one prevention with positives intervention?

**A:** Yes.

### **Program Area B: Clinical Care Support**

**Q1:** Can a community based organization to apply to be the lead contractor and subcontract to the medical provider under Part B?

**A:** Yes, the lead agency may be either a CBO that does not have the capacity to provide clinical care and must sub-contract with a medical provider or a clinical care provider that must sub-contract with a CBO to expand reach for retention activities.

**Q2:** Is there a preference given to existing providers that are already doing this similar work?

**A:** No, preference will not be given to existing providers.

### **Program Area C- Community Based Providers**

**Q1:** Can Latino adult men who have sex with men (MSM) and transgender populations be target populations for C2?

**A:** Yes. Please describe experience with reaching the target population and proposed targets.

**Q2:** Can applicants submit applications in multiple areas? How do you organize the application if you are applying for multiple areas?

**A:** Yes, please ensure that only one application is submitted per organization. Separate and label program areas in the application if you are applying for multiple areas in this grant.

**Q3:** Do CBOs applying for Program Area C need to complete Attachment H?

**A:** Yes, all applicants need to complete Attachment H.

### **Finance –**

**Q1:** What is the current reimbursement rate for travel?

**A:** 55 cents per mile.

**FAQ\_RFA # CTS122112**

## 2013 Comprehensive Treatment Support

---

**Q2:** Is January 17<sup>th</sup> the final deadline for submitting assurances required for this application?

**A:** January 17<sup>th</sup> is the deadline for submitting Assurances to April Richardson to get a status prior to the application due date. Assurance packages must be submitted with the application unless a receipt has been provided by Ms. Richardson. Incomplete Assurance packages submitted on the application due date will render the application non-compliant and will not be forwarded for review. Please contact April Richardson at (202) 671-4930 or at April.Richardson@dc.gov for additional information.

**Q3a:** How long are Assurances current?

**A3a:** Assurances must be dated **after January 25, 2012** to be considered current for this RFA. Please contact April Richardson at (202) 671-4930 or at April.Richardson@dc.gov for additional information.

**Q3b:** For checking assurances by January 17, can assurances be emailed or do they need to be brought to HAHSTA?

**A3b:** Assurances must be brought to HAHSTA at 899 North Capitol Street, NE 4<sup>th</sup> Floor. Please contact April Richardson at (202) 671-4930 or at April.Richardson@dc.gov for additional information.

**Q4:** How do you submit the budget since the first year will be prorated and the award period will be April-December 2013?

**A:** Submit a 12 month budget. HAHSTA will prorate the first year.

### **General Questions**

**Q1:** What is the deadline submission of the application?

**A:** **Thursday, January 31, 2013 at 4:30 p.m.** There are no exceptions. This is a change to the previous date.

**Q2:** Are there any restrictions on how the funding is used in terms of hiring staff?

**A:** No. Make sure the staff meets all requirements: background, education and criminal records check, where applicable.

**Q3:** Can Maryland and Virginia based companies apply for the grant? What are the restrictions or acceptable protocols?

**A:** Yes. Funds are to be used to serve District residents exclusively.

**FAQ\_RFA # CTS122112**

## 2013 Comprehensive Treatment Support

---

**Q4:** If you have 2 finalists but one of the entities is incorporated in Maryland and the other in the District would the one in the District receive a favor first?

**A:** Various criteria are considered in the selection process. Please refer to pages 39 and 40 for additional information.

**Q5:** Will the budget templates be provided via excel or word version? We were not able to access them on the site provided.

**A:** Yes, the budget template will be attached to the amended RFA.

---

This section intentionally left blank.