

**District of Columbia Department of Health  
HIV/AIDS, HEP, STD, TB Administration (HAHSTA)  
RFA # RW\_A&B03.29.13**

**Appendix A  
Summary of Amendments**

(Also see the revised RFA, where amended items are in RED font)

**Page 11 - Section IV. Tier Descriptions/Tier One: Primary Care and Care Coordination**

**Add to bulleted list the following:**

- **Potential applicants for Tier One with a current case load of fewer than one hundred and fifty primary care clients with HIV may propose under Tier One. All Tier One awardees will be required to provide ambulatory outpatient medical care and medical case management directly, so applicants should clearly describe their agency's experience with HIV clinical care (including clinical care other than primary care), capacity, timeline and plan to provide HIV primary care and medical case management.**

**Page 14 – Section IV. Tier Descriptions/Tier Three: MAI Cluster**

**Add to bulleted list the following:**

**Services supported through Tier Three are intended for services to high-need clients. Criteria used to estimate “high-need” are**

- **Very low income**
- **Limited experience with health care**
- **Non-adherence to treatment services, including high likelihood of non-adherence to medications.**
- **Homelessness, recent history of homelessness, or imminent homelessness**
- **Co-occurring Mental illness**
- **Co-occurring Substance abuse**

**Page 16 – Section IV. Tier Descriptions/Tier Four /Single Point of Payment**

**First Sentence only –**

**Change first sentence from:**

Applicants proposing in **Tier Five** will serve as a source of payment for specific service activities upon request of providers funded under Tier One, Tier Two or Tier Three, and will provide these services under a partnership agreement with these providers.

**Change first sentence to:**

Applicants proposing in **Tier Four** will serve as a source of payment for specific service activities upon request of providers funded under Tier One, Tier Two or Tier Three, and will provide these services under a partnership agreement with these providers.

**Page 20 - Table 1: Service Categories and Tiers/Table**

See the row “ Health Insurance Premium and Cost Sharing Assistance.” **Change column entries to:**

Table 1: Service Categories and Tiers	Tier One: Primary Care	Tier Two: Medical Case Management	Tier Three: MAI Cluster (DC and EMA-Wide)	Tier Four: Single Point of Payment	Tier Five: EMA-Wide
Health Insurance Premium and Cost Sharing Assistance	<del>Direct OR</del> <b>Indirect</b>	<del>Direct OR</del> <b>Indirect</b>		<b>Direct</b>	

All other columns and rows remain the same

**Page 26 - Table 2: Funding Amounts by Service Categories and Tiers**

See the following rows: **Support Services Subtotal** and **Program Total**. **Change column entries to:**

Table 2: Funding Amounts by Service Categories and Tiers	Tier One: Primary Care and Care Coordination	Tier Two: Medical Case Management and Care Coordination	Tier Three: MAI Cluster	Tier Four: Single Point of Payment	Tier Five: EMA-Wide	TOTAL
<b>Core Medical Services Subtotal</b>	<b>11,096,208</b>	<b>1,586,042</b>	<b>1,337,316</b>	<b>500,000</b>	<b>325,000</b>	<b>14,844,566</b>
<b>Support Services Subtotal</b>	<b>1,303,410</b>	<b>1,222,740</b>	<b>233,247</b>	<del>748,442</del> <b>575,759</b>	<b>100,000</b>	<b>3,435,156</b>
<b>PROGRAM TOTAL</b>	<b>12,399,618</b>	<b>2,808,782</b>	<b>1,570,563</b>	<del>1,248,442</del> <b>1,075,759</b>	<b>425,000</b>	<b>18,279,722</b>

**Page 37- Section XII/ Item2 - Application Elements**

Change the content and order of Bullets “a” through “n” to the following:

- a. Application Checklist Form (See Attachment A. Not counted in page total.)
- b. Applicant Profile (See Attachment C. Not counted in page total.)
- c. Client Summary (See Attachment D. Not counted in page total.)
- d. Linkages Summary (See Attachment E. Not counted in page total.)
- e. Table of Contents (1 page)
- f. Abstract (1 page)
- g. Organization Knowledge and **Experience** (10 pages)
- h. **Program** ~~Project~~ Description will describe the program to be supported within the Tier and each service category within the respective Tier. Applications may include up to fifty pages to describe the plan to provide core medical services and may include an additional twenty-five pages to describe the plan to provide support services categories, a total of 75 pages).
- i. **Care and Service Coordination** ~~Prevention to Care Continuum~~ (5 pages)

- j. **Monitoring and Evaluation (5 pages)** ~~Monitoring, Evaluation and Quality Improvement (5 pages)~~
- k. **Quality Management (5 pages)**
- l. Budget and Budget Narrative **for each service category within the respective Tier.** (Not counted in page total)
- m. Appendix A: Focus Population Description(s) (Optional, 4 pages per Focus Population).
- n. Appendix B: Partners in Care (Not counted in page total)
- o. Attachments (Not counted in page total)

**Page 38 – Section XII – Application Elements/Item 3 – Description of Application Elements**

**Change Bullet “e” heading from:**

- e. Organizational Knowledge and Experience

**Change Bullet “e” heading to:**

- e. Organizational **Knowledge Capacity** and Experience

**Page 55 Scoring Criteria**

**Change the Scoring Criteria and Point Assignments outlined on pages 55 – 59 to the following:**

**Criteria A Technical Proposal (Total ~~290~~ 225 Points)**

- Criterion A.1 Agency Experience (Total **25** Points)
- Criterion A.2 Project Description (Total **75** Points)
- Criterion A.3 Care and Service Coordination (Total **75** Points)
- Criterion A.4 Monitoring and Evaluation (Total **25** Points)
- Criterion A.5 Quality Management (Total **25** Points)

**Page 59 - Criterion C HAHSTA Past Performance (No Points Awarded)**

**Change from :**

Grant and program level of performance on activities funded by any HAHSTA program (October 1, 2011 – December 31, 2012) will be considered but not scored during internal review process. The performance review shall be an objective review based on the documented results of reviews conducted by both fiscal/administrative and program staff of HASHTA.

**Change to:**

Grant and program level of performance on activities funded by any HAHSTA program – **funded and concluded during calendar 2012. This will include sub-grants funded by DC Fiscal Year 12 (October 1, 2011 – September 30, 2012), Part A Grant Year 21 (March 1, 2011 – February 28, 2012) and Part B Grant Year 21 (April 1, 2011 – March 31, 2012).** Past Performance will be considered but not scored when applications are reviewed.