

Funding Opportunity Submissions due 04/19/19 by 6pm, no exceptions

Government of the District of Columbia Department of Health



H A H S T A

FY 2019 Ryan White HIV/AIDS Part A MAI Program

RFA #HAHSTA_VAMAI_03.22.19



The Department of Health (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 Department of 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
MURIEL BOWSER, MAYOR

Department of Health (DC Health)
HIV/AIDS, Hepatitis, STD, Tuberculosis Administration (HAHSTA)
Notice of Funding Availability (NOFA)
RFA# HAHSTA_VAMAI_03.22.19

Minority AIDS Initiative (MAI) Youth Reach for Virginia Providers Only

The District of Columbia, Department of Health (DC Health) is soliciting applications from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the Department of 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:	Minority AIDS Initiative (MAI) Youth Reach for Virginia
Funding Opportunity Number:	FO-HAHSTA-PG-00113-019
Program RFA ID#:	HAHSTA_VAMAI_03.22.19
Opportunity Category:	Competitive
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD, Tuberculosis Administration
DC Health Program Bureau	Care and Treatment Division
Program Contact:	Ebony Fortune, Part A Program Coordinator, ebony.fortune@dc.gov, 202.671.4819
Program Description:	The HIV/AIDS, Hepatitis, STD, Tuberculosis Administration is soliciting applications from qualified organizations to provide services under the MAI Youth Reach program targeting individuals between the ages of 13 - 30.
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 within the 11 cities and 6 counties of the

	Northern Virginia jurisdiction of the Washington, DC EMA.
Anticipated # of Awards:	2
Anticipated Amount Available:	\$400,000.00
Floor Award Amount:	\$150,000.000
Ceiling Award Amount:	\$N/A

Funding Authorization

Legislative Authorization	Ryan White HIV/AIDS Treatment Extension Act of 2009
Associated CFDA#	93.914
Associated Federal Award ID#	H89HA00012
Cost Sharing / Match Required?	No
RFA Release Date:	March 22, 2019
Pre-Application Meeting (Date)	March 28, 2019
Pre-Application Meeting (Time)	10:00am – 12:00pm
Pre-Application Meeting (Location/Conference Call Access)	899 North Capitol Street, NE, 4 th Floor, Washington, DC 20002
Letter of Intent Due date:	Is required
Application Deadline Date:	April 19, 2019
Application Deadline Time:	6:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse http://opgs.dc.gov/page/opgs-district-grants-clearinghouse . DC Health EGMS https://dcdoh.force.com/GO_ApplicantLogin2

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District of Columbia Department of Health RFA Terms and Conditions

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

- A. Funding for a DC Health subaward is contingent on DC Health's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- C. The RFA does not commit DC Health to make any award.
- D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.
- E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.
- F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- H. DC Health may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management

(SAM) at www.sam.gov prior to award.

- K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DC Health electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.
- L. 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.
- M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC Health under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- P. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: [City-Wide Grants Manual](#). If your agency would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at



doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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Contents

RFA #HAHSTA_VAMAI_03.22.19	1
Part A MAI	15
➤ Core Medical Services	15
Category: Outpatient/Ambulatory Health Services	15
Definition	15
Category: Early Intervention Services.....	16
Definition	16
Category: Mental Health Services.....	18
Definition	18
Category: Substance Abuse Outpatient Care.....	20
Definition	20
Category: Medical Case Management	22
Definition	22
Part A MAI Services	24
➤ Support Services	24
Category: Psychosocial Support Services	24
Definition	24
III. General Requirements -- All Services	26
1. Program Goal	26
2. Referral Sources.....	26
3. Coordination among Agencies	26
4. Staff Cultural Competency	26
5. RWHAP as Payer of Last Resort.....	26
6. Preparation of Project Work Plan, Budget and Budget Narrative Justification	26
Pre-Award Activities	44
X. Grant Terms and Conditions.....	48

Drug-Free Workplace 48

District of Columbia Regulatory Requirements..... 48

Confidentiality 48

Quality Improvement 48

Compliance with the Americans with Disabilities Act..... 49

Client Satisfaction and Grievance Procedure..... 49

Availability of Funds 49

Information Systems 49

Technical Assistance..... 49

NOTICE
PRE-APPLICATION CONFERENCE
RFA # HAHSTA_VAMAI_03.22.19

FO-HAHSTA-PG-00113-019

WHEN: Thursday, March 28, 2019

WHERE: DEPARTMENT OF HEALTH
899 NORTH CAPITOL STREET, NE
4TH FLOOR CONFERENCE ROOM 407
WASHINGTON, DC 20002

TIME: 10:00 - 12:00 P.M.

CONTACT:

Ebony Fortune
Part A Coordinator, Ryan White HIV/AIDS Program
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
DC Department of Health (DC HEALTH)
899 North Capitol Street NE, 4th Floor
Washington, DC 20002
202.671.4819 phone
202.671.4860 fax

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

I. Overview

The District of Columbia Department of Health (DC Health) HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA) developed and implemented a regional system of care for people living with HIV/AIDS in the Washington, DC Eligible Metropolitan Area. This system includes a compendium of core medical and supportive services that offer an individualized panel of services to eligible clients with the desired outcomes of engaging HIV positive persons in care and increasing viral suppression rates. DC Health works in conjunction with the Commission on Health and HIV (COHAH) to establish funding priorities for the services that will be supported by Ryan White HIV/AIDS Program Part A funds in each of the four jurisdictions of the EMA (Washington, DC and select counties and cities located in Maryland, Virginia, and West Virginia). Youth of Color have been prioritized for service delivery under the Minority AIDS Initiative.

Based on the most recent Ryan White Program and surveillance data, viral load suppression among persons in HIV medical care was 75%. However, the viral load suppression rates were lower than average for those ages 13-24 and 25-34. As such, in GY28 the PC issued a directive for MAI funds termed “MAI Youth Reach.” Youth Reach, which began in GY28 and continued in the GY29 planning cycle, focuses on minority teens and young adults ages 13-30. The MAI cluster of services provides a seamless transition from prevention/testing to care then offers a cadre of services to keep youth adherent to treatment.

This Request for Application (RFA) will result in sub-grants for services that will be funded through the Ryan White Part A Minority AIDS Initiative (MAI) Program.

Purpose of this Request for Applications (RFA)

The HIV/AIDS, Hepatitis, STD, Tuberculosis Administration is soliciting applications from qualified organizations in the Virginia jurisdiction of the Ryan White Part A Washington, DC EMA to provide services under the MAI Youth Reach program targeting youth of color ages 13-30. The Youth Reach program is designed to provide an intensive set of core and support services for high need young people of color. The goal of Youth Reach is to provide a seamless transition for youth of color from prevention and testing programs into care, and offer a one stop shop with experienced, diverse, youth-serving staff.

Youth Reach will support a compendium of services for young persons living with HIV and persons affected by HIV that:

- Reduces health disparities in HIV-related health outcomes
- Increases timely access to HIV-related care and treatment
- Increases engagement and retention in HIV care
- Increases viral suppression among young persons living with HIV

Focus Population

All Ryan White services are intended to support indigent, uninsured, and under-insured persons living with HIV in the EMA. For Youth Reach, the focus population is limited to youth of color ages 13-30.

Available Funding

Approximately \$400,000 of Ryan White Part A MAI funds will be made available for this RFA. It is anticipated that this solicitation will yield multiple awards, with an estimated average award of \$200,000.

Funding for this RFA is contingent upon the availability of funds to HAHSTA by the U.S. Health Resources & Services Administration (HRSA) under the RWHAP Part A program for the Washington, DC EMA under FAIN# H89HA00012.

The services available for funding under this RFA represent a subset of the total Ryan White service categories that will be funded in the EMA for FY2019/GY29.

The chart below outlines the approximate funds available for service categories offered under this funding announcement.

Available Funding for RFA#HAHSTA_VAMAI_03.22.19

Service Categories	Part A-MAI
Youth Reach: <ul style="list-style-type: none"> ➤ Early Intervention Services; ➤ Medical Case Management; ➤ Mental Health; and ➤ Psychosocial Support Services. ➤ Outpatient/Ambulatory Health Services; and ➤ Substance Abuse Outpatient Care 	\$400,000

Period of Funding

Programs supported by the Part A programs, will begin on June 1, 2019 and run through February 29, 2020.

HAHSTA may elect to continue the funded programs for an additional period of one year, through 2021. The project period will be June 1, 2019 through February 28, 2021. Continuations will be determined based upon satisfactory program performance and grant compliance, the availability of continued funding, and the compatibility with HAHSTA’s business model. HAHSTA reserves the right to change the mechanism by which it supports Ryan White programming at any time.

Eligible Applicants

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

- Organizations located within the Virginia jurisdiction of the Washington, DC EMA. The Virginia jurisdiction is inclusive of the following cities and counties: The City of Alexandria, Fairfax City, Falls Church City, the City of Fredericksburg, Manassas City, Manassas Park City, and the counties of Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudoun, Prince William, Spotsylvania, Stafford and Warren.
- Not-for-profit health and support service providers, including universities.
- Government-operated health facilities, which are located within and provide service in the designated service category.
- For-profit health and support service providers may be funded if there are no qualified non-profit organizations able to provide the service.

Location of Services

Awards are specifically for services to residents in the Virginia jurisdiction of the Washington, DC EMA and service location must be within the Virginia jurisdiction of the Washington, DC EMA. The Virginia jurisdiction is inclusive of the following cities and counties:

Cities of:	Counties of:	
Alexandria	Arlington	Loudoun
Fairfax	Clarke	Prince William
Falls Church	Culpeper	Spotsylvania
Fredericksburg	Fairfax	Stafford
Manassas	Fauquier	Warren
Manassas Park	King George	

Applicants are responsible for documenting the availability of locations proposed and securing/maintaining all applicable assurances and certifications necessary to transact business in the jurisdiction where services will be offered.

II. Service Area

This funding opportunity consists of the following service area:

Service Area	
1. Youth Reach	Part A MAI

The select service area has a designated geographic limitation requiring that services are provided in the Virginia jurisdiction of the Washington, DC EMA. The sub-grants that result from this effort will be awarded as a cluster. The successful applicant will have the discretion to allocate the total budget across the required service categories.

1. Youth Reach Part A MAI Services

Overview:

The EMA MAI Youth Reach program is a targeted initiative geared towards serving the following target population and sub populations:

MAI Target Population

- *Youth of Color ages 13-30*

Inclusive Sub-populations:

- *African-American/Hispanic/Latino MSM*
- *African-American Heterosexual Men*
- *African-American/Hispanic/Latino Transgender Women*
- *African-American Heterosexual Women*

Listed in the sections below are the service categories required under this RFA for MAI services in the Virginia jurisdiction of the Washington, DC EMA. All applicants must have service locations in the Virginia jurisdiction of the Washington, DC EMA, and be able to provide services to eligible clients with limited English proficiency.

Applicants must submit a project description that includes a plan for the provision of all six service categories that comprise the MAI Youth Reach program. Of the six services identified below, successful applicants must offer the following services directly and on-site by the applicant organization: Early Intervention Services, Medical Case Management, Mental Health and Psychosocial Services. The remaining service categories may be provided on site or through formalized partnerships.

Core Service Categories

The required MAI Youth Reach Service Categories are:

- Outpatient/Ambulatory Health Services
- Medical Case Management
- Mental Health
- Substance Abuse Outpatient Care
- Early Intervention Services

Support Service Categories

- Psychosocial Support Services

The plan for these funds is to support services designed to provide an intensive set of care and support services for high need young people. Applicants must develop a program budget that will support all six service categories however; applicants are not required to fund all service categories and may leverage these services using other funds.

All proposals must detail how each client served will be re-assessed at a minimum of every six months for continued program eligibility and appropriateness with this intensive approach of service delivery.

Proposals should detail collaborations (through MOUs or shared funding arrangements) with organizations currently receiving HIV prevention, outreach and/or testing funding, provide seamless transition from prevention and testing programs into care, and offer a one stop shop with experienced, diverse, youth-serving staff providing mental health and substance abuse care, early intervention services, medical case management, and outpatient ambulatory health services.

Successful applicants will provide a detailed plan to promote the proposed program, which will have a name/identity distinct from existing RW programs, to attract youth/young adult persons living with HIV of color through social media, posters, apps, brochures, or word of mouth campaigns.

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

Applicants must provide a baseline assessment of total number of current clients, the percentages of current clients on ART, and of those what percentages have 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;

Part A MAI

➤ Core Medical Services

Category: Outpatient/Ambulatory Health Services

Definition

Outpatient/Ambulatory Health Services (OAHS) are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. This includes, diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). See Attachment G for guidelines and definitions related to health outcomes.

Key activities include: (1) medical history taking; (2) physical examination; (3) diagnostic testing, including laboratory testing; (4) treatment and management of physical and behavioral health conditions; (5) behavioral risk assessment, subsequent counseling, and referral; (6) preventive care and screening; (7) pediatric developmental assessment; (8) prescription, and management of medication therapy; (9) treatment adherence; (10) education and counseling on health and prevention issues; and (11) referral to and provision of specialty care related to HIV diagnosis.

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

1. 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;
2. A description of the agency's treatment triage plan that includes provisions for addressing any delay of access to primary medical care;
3. A description of the agency's "Treatment Adherence Support Policy" that defines the roles and responsibilities of the client and each staff position partnered in the care of the client (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers);
4. The current approved protocol for outpatient/ambulatory medical care can be found at <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0>. The

guidelines are titled “Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents”;

5. A description of the agency’s proposed program components and demonstrate consistency with U.S. Public Health Service guidelines;
6. A description of the project implementation of Red Carpet Entry and retention as core activities of this service category. Red Carpet Entry into primary care is expected to ensure the ease of enrollment of new clients, and re-enrollment of returning clients. There are three criteria for being a Red Carpet Entry provider: 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 appointment and navigate the client through the clinic system; and a phrase for these clients 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. All successful applicants will demonstrate their capacity and commitment to these activities.
7. 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 clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider; and
8. A description of how clients 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
9. A description of previous experience providing OAHS services, to include a description of the planned continuum of care for the target population.

Category: Early Intervention Services

For the purpose of this of this RFA, EIS will emphasize ensuring the movement of clients along the prevention to care continuum – specifically ensuring retention in care and improved health outcomes. These services will be targeted to vulnerable populations either at very high risk of HIV infection or with demonstrated high rates of HIV prevalence or poor engagement in care or at increased risk of loss to care.

Definition

Counseling individuals with respect to HIV; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV; periodic medical evaluations for individuals with HIV; and provision of therapeutic measures.

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service.

EIS does not include general awareness or education efforts or broad based testing.

Successful applicants must demonstrate their ability to identify Youth of Color for early intervention services.

Key activities must include the following four components:

1. Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if diagnosed with HIV.
 - **HIV testing efforts must be provided through a source of funding other than RWHAP Part A.**
2. Referral services to improve HIV care and treatment services at key points of entry.
3. Access and linkage to HIV care and treatment services such as Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis that will provide outreach and education services to increase linkage to primary care and supportive services for youth of color between the ages of (13-30) not engaged in care and have not been in primary care for six or more months.

Key minority populations include and are limited to: *Youth of Color ages 13-30 and the inclusive sub-populations of (1) African-American/Hispanic/Latino MSM; (2) African-American Heterosexual Men; (3) African-American/Hispanic/Latino Transgender Women; and (4) African-American Heterosexual Women.*

Applicants proposing to provide EIS must describe their proposed program components and detail how it will support the service category program activities. Proposals should include:

1. A detailed and clear plan to move clients 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;
2. A detailed and clear plan to ensure that clients from among the target populations are effectively linked with HIV primary medical care, medical case management, mental health and substance abuse services as appropriate;
3. A description of services/activities to be implemented with the use of community health workers as patient navigators in order to reach the target population;

4. A description of how identified barriers will be addressed to increase linkage to primary care and supportive services for the target population not engaged in care and have not been in primary care for six or more months.
5. A description of performance measures that demonstrate how the planned service objectives will contribute to the accomplishment of planned outcomes; and
6. Formal agreements with organizations if the plan for delivering any required early intervention services relies on working cooperative with one or more other organizations, including identified point(s) of entry. Such agreements will outline respective responsibilities for engaging the client in care and methods of ongoing coordination.

Category: Mental Health Services

Definition

Mental health services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients 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 state/jurisdiction to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Mental health services are allowable only for persons living with HIV.

Applicants may not use interpreters in sessions with non-English speaking clients and must demonstrate linkages with culturally and linguistically competent substance abuse counselors and mental health professionals.

Key activities include: (1) initial evaluation; (2) individual, couple, and group psychotherapy; (3) psychiatric, psychological, and/or neuro-psychological assessments; (4) treatment planning and monitoring; (5) psychiatric medications; (6) may include professionally facilitated support groups as well as spiritual and bereavement counseling; and (7) participation on a multidisciplinary team.

The mental health services supported in this service category are those services that meet the criteria of those that are reimbursable by Medicaid. All mental health services will be provided by individuals with the necessary credentials and licenses required for Medicaid reimbursement.

http://www.dss.virginia.gov/benefit/medical_assistance/manual.cgi

Applicants proposing to provide mental health services must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. 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;

2. A description of how clients 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;
3. A description of how clients will have routine access to the services of a licensed psychologist or licensed therapist;
4. A description of how clients will be screened and further assessed (using the Global Appraisal of Individual Needs or GAIN Short Screener or another instrument) for mental health services;
5. A description of how culturally and linguistically competent mental health professionals for individual psychotherapy sessions with non-English speaking clients will be made available either through linkage or direct provision;
6. 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 clients 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.
7. 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 clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider;
8. Current and proposed strategy to support retention in mental health and care services. This should include current loss to care rate, tracking, reminder, and support system to minimize 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.
9. Employing mental health professionals who possess current licensure or certification in Virginia and are, or are in the process of becoming Virginia Medicaid billable; mental health professionals may be psychiatrists, psychiatric nurse practitioners, licensed professional counselors, marriage and family therapists, clinical psychologists, and/or LCSWs.
10. 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 emphasize on ART compliance and viral suppression as a risk reduction strategy; and

11. Following the current guidelines for mental health services found at <http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>

Category: Substance Abuse Outpatient Care

Definition

Substance abuse outpatient care is the provision of outpatient services for the treatment of drug or alcohol use disorders (i.e., alcohol, and or legal and illegal drugs, injection drugs and non-injection drugs) provided in an outpatient setting rendered by a physician or under the direct supervisor of a physician, or by other identified qualified personnel.

The types of substance abuse services supported in this service category are those outpatient services provided by Northern Virginia Community Services Boards and as are included on within the plan offerings of Va. Dept. of Health approved ACA insurance plans.

Key activities include: (1) screening; (2) assessment; (3) diagnosis; and/or (4) treatment of substance use disorder, including: pre-treatment/recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorder; outpatient drug-free treatment and counseling; medication assisted therapy; neuro-psychiatric pharmaceuticals; and relapse prevention.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

Applicants may not use interpreters in sessions with non-English speaking clients and must demonstrate linkages with culturally and linguistically competent substance abuse counselors and mental health professionals.

Applicants proposing to provide substance abuse outpatient care must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. A description of current and proposed strategies to support ART readiness for those not on treatment and ART adherence and treatment outcomes for those currently on treatment; Clients with current or recent substance use often face unique challenges with medical providers in ART initiation, and often suffer from low treatment expectations of providers and occasionally themselves.

2. A description of strategies for skills-building with clients to demonstrate stability and reliability to providers to overcome misperceptions—this may include regular attendance with medical appointments/focus on eliminating no-shows;
3. A description of strategies for routinely reviewing documented viral load outcomes with clients on ART to provide specific feedback and support for successful outcomes;
4. A description of how behavior change models with a focus on reshaping sexual behaviors and substance use will be implemented.
5. A description of strategies to ensure joint medical management with HIV primary care, mental health, and case management providers; This includes specific attention to understanding the support needs of clients with regards to ART adherence and viral suppression when applicable, as well as ensuring that primary medical providers are aware of substance use issues and progress when applicable. Barriers to such joint medical management should be clearly described and solutions proposed. Linkages with specific providers should be clearly detailed.
6. A description of how services will be developed and implemented for dually diagnosed clients (substance abuse and HIV) delivered by Certified Supervised Counselors (CSC-AD) or Certified Associate Counselors (CAC-AD) under the supervision of Certified Professional Counselors – Alcohol and Drugs (CPC-AD), or under the supervision of Licensed Clinical Professional Alcohol and Drug Counselors (LCPC); or delivered by CPC-AD or LCPC; Virginia certified substance abuse counselors and certified substance abuse counseling assistants may provide services with oversight by licensed substance abuse or mental health professionals.;
7. 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 clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider;
8. The substance abuse services supported in this service category are those services that are reimbursable by Medicaid. All substance abuse services will be provided by individuals with the necessary credentials and licenses required for Medicaid reimbursement.
9. Current and projected ability to gain access to and retain clients in care. Define baseline number and targets for clients served, measures of success, retention in services, and frequency and duration of services. Describe strategies to ‘recapture’ past clients who have been lost to follow up.
10. A description of the agency’s harm reduction strategies that incorporate a spectrum of safer use, of drugs to managed use with the goal of abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.

11. A description of the agency's current and proposed use of the Department of Behavioral Health's approved substance abuse assessment tools: GAIN (targeted for youth assessment, official certification available) and ASI (Addiction Severity Index). Agencies that are not currently using the Department of Behavioral Health-recommended tools should include a plan and timeline for adopting them or explain thoroughly why they are not applicable to the proposed services. Any additional standardized tools routinely used for assessment and monitoring should be described; and
12. A description of the agency's current and proposed strategies to include core prevention and harm reduction messages in routine care services. This should include: risk analysis and perception; provision of condoms and other safer sex products; linkages to prevention-for-positive programs for those with need; linkages to services and peer support interventions for persons with compulsive behaviors; provision of or linkages to harm reduction programs such as needle exchange services if applicable; and consideration of emphasize on ART compliance and viral suppression as a risk reduction strategy.

Category: Medical Case Management

Definition

Medical case management (including treatment adherence) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. An interdisciplinary team that includes other specialty care providers may prescribe activities. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication) that link clients with other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV treatments.

Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan including active client participation; (3) a multi-disciplinary team approach to coordination of services required to implement the plan; (4) timely and coordinated access to medically appropriate levels of health and support services and continuity of care; (5) ongoing assessment of the client's and other key family members' needs and personal support systems; (6) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; (7) client-specific advocacy and/or review of utilization of services; (8) continuous client monitoring to assess the efficacy of the care plan; and (9) re-evaluation and adaptation of the plan as necessary or a minimum of every 6 months over the life of the client.

Applicants providing medical case management must describe their “Treatment Adherence Support Policy” that defines the roles and responsibilities of the client and each staff position partnered in the care of the client (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers).

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

Proposals should include:

1. Describe their proposed program components and detail how it will provide guidance and assistance in improving access to needed services;
2. Describe how staff will assess client engagement in medical care, and, if the client is not receiving medical care the strategies to ensure that the client receives medical care. Note: The plan should include strategies for new clients, as well as strategies to address the needs of clients who have fallen out of care;
3. Successful applicants will use the acuity scale developed by HAHSTA to assess the level of need by clients for medical case management. Following the current guidelines for HIV medical case management services can be found at: <https://dchealth.dc.gov/service/hiv-reports-and-publications>
4. Describe efforts to retain and re-engage clients lost to care. This activity is expected to identify clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider;
5. Describe how level of care is assessed and categorized, and how clients are moved from one level to another over time. Please provide data on existing clients (the number and percentages) at which levels of need. Describe techniques to maintain clients in care and to recapture those who have fallen out of care or been lost to follow-up; and
6. Detail the proposed strategy for supervision, quality improvement, and customer service. Describe what systems are implemented and with what frequency to evaluate quality and performance of case managers. Describe trainings or interventions provided to support quality improvement routinely and when deficiencies are identified. Quantify stability of case managers (what percentage of current case managers have been with the proposing organization 2 years or more) as well as retention strategies for case managers. Describe performance expectations for timeliness of return of client calls, timeliness and completeness of follow up on paperwork submission, etc.

Part A MAI Services

➤ Support Services

Category: Psychosocial Support Services

Peer Navigation. 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 clients to understand the service systems and to consume service more effectively. This is a ‘learning the ropes’ model of peer support, and should include focus on skills-building for self-advocacy for a lifetime of care.

Definition

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 (See Food Bank/Home Delivered Meals).

Funds may not be used for social/recreational activities or to pay for a client’s gym membership.

Key activities include: (1) completion of a comprehensive psychosocial assessment and linking client with counseling services as needed; (2) HIV support group services led or co-led by peer-facilitators; (3) child abuse and neglect counseling; (4) bereavement counseling inclusive of spiritual support to persons with HIV; (5) pastoral care/counseling services; and (6) nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services).

Applications must clearly indicate the type of psychosocial services to be offered and state how these services will facilitate the movement of clients 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 it will support the service category program activities. Proposals should include:

1. Describe the population to be served by psychosocial support services, include proposed client numbers, frequency, and duration of activities; and
2. Describe a plan to ensure that peer counselors are appropriately trained and prepared to provide peer counseling and are provided with regular clinical supervision.

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III. General Requirements -- All Services

Items 1-6 below describe requirements that all applicants must meet regardless of which services they propose to provide. Applicants should reference how they will accomplish these requirements in the Program Description of each service application.

1. Program Goal

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

2. Referral Sources

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

3. Coordination among Agencies

The applicant is responsible for developing linkage agreements with shelters, congregate living facilities, community residential facilities (CRFs), day treatment facilities including, primary care sites, skilled nursing facilities, personal care services, and other potential referral sources for persons living with HIV seeking care.

4. Staff Cultural Competency

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

5. RWHAP as Payer of Last Resort

RWHAP funds are always the payer of last resort. RWHAP funds cannot be used to pay for or supplement services reimbursable by private insurance, Medicaid, Medicare, or any other federal, state or local services/programs.

6. Preparation of Project Work Plan, Budget and Budget Narrative Justification

Applicants are reminded to prepare a work plan for each proposed service category, a budget for each proposed service category, and a budget justification for each proposed

service category.

IV. Monitoring, Evaluation & Quality Improvement

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

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

Successful applicants shall adhere to all current and newly revised standards and protocols as they become effective. The Commission on Health and HIV (COHAH) has established Service Standards for several of the EMA's funded service categories.

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. It can be found at: <http://hab.hrsa.gov/sites/default/files/hab/landscape-webinars/020316servicecategorieswebinar.pdf>. For the purposes of this RFA, specific information regarding the service category standards is listed in each corresponding service category.

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 programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. Please see the following website for more information:

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

b) Monitoring

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

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

c. Successful applicants will have all written policies and procedures applicable to the project, as well as monthly, quarterly, annual program and fiscal reports reviewed by HAHSTA. HAHSTA

will conduct site inspections; and hold periodic conferences with the successful applicant to assess performance in meeting the requirements of the grant.

c) Evaluation

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

d) 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 client-level performance measures is also available online at:

<http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html>; and <https://careacttarget.org>.

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

Data Collection and Reporting

Successful applicants must be able to track and report unduplicated client-level demographic, clinical/medical, and core and support services data. CAREWare is a HRSA-supported software program at no cost with technical assistance available. All successful applicants will be required to use CAREWare, or a system that is compatible with CAREWare, to report client-level data. Training and technical assistance on the use and submission of data via CAREWare will be available.

Information about CAREWare, included download instructions, can be obtained at:

<http://hab.hrsa.gov/manageyourgrant/careware.html>.

All providers will be required to submit timely and accurate CAREWare data files 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 client disclosure authorization protocols as determined by all local and federal laws, including the Health Information Portability and Accountability Act (HIPAA).

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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 1964, as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any service funded by the RWHAP.

2. Client Eligibility Criteria

The following criteria must be used by service providers to determine client eligibility for services:

- a. Be a resident of the Virginia jurisdiction of the Washington, DC EMA
- b. Be HIV positive; and
- c. Have an annual gross income no greater than 500% of the Federal Poverty Guidelines.

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 client grievance procedures prior to signing for the grant award.
- b. Successful applicants shall inform clients of their rights and responsibilities, agency and EMA-wide grievance procedures, and services offered by the agency and other available community and RWHAP funded resources.

4. Sliding Fee Scale and Cap on Charges

Successful applicants will develop a sliding fee scale for clients accessing services through RWHAP Part A MAI. The scale will be based on the most current Federal Poverty Guidelines. Clients with an income less than or equal to 200% of the most current Federal Poverty Guidelines will not pay a fee for the provision of service. Sub-grantees will develop and post the sliding fee scale so that it is visible to clients and the general public.

The sliding fee scale will be implemented however; the RWHAP does not require collection of the fee charged to clients. Grantees shall make attempts to collect client fees and document those attempts however; clients may not be referred to collection agencies for non-payment of fees.

Ryan White services may not be denied to any eligible HIV-positive client seeking services.

All Sliding Fee Scale Policies are subject to review and approval by HAHSTA.

5. Reports

Successful applicants will be required to submit monthly, quarterly, annual and final reports to HAHSTA, to house and manage a client-level data system (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:

1. Service Utilization by Service Category
2. Performance Measures / Quality Improvement
3. Client Demographics
4. Ryan White Part A MAI Annual Report
5. Ryan White Services Report (RSR)
6. Programmatic Narrative Information
7. Financial Expenditure and Supporting Documentation
8. Program Income

6. Records

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

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

Administrative Requirements

1. Staff Requirements

For the purposes of this grant, “staff” is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these Local appropriated 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 descriptions for all positions funded through the grant, which must be included in the project files and be available for

inspection on request. When hiring staff for this grant project, successful applicants shall obtain written documentation of relevant work experience and personal references.

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

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

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

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

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

a. MOU and subcontracts must clearly state objectives, goals, mutual obligations and quantifiable outcomes that are consistent with the terms and conditions required by HAHSTA. See Appendix for sample of a MOU/A.

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 2019 grant period, that is, through September 30, 2019.

c. All proposed MOU/As and subcontracts for the Youth Reach Program will require prior review and approval by HAHSTA.

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 clients.

5. Insurance

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

6. Audits

Prior to the issuance of a Notice of Grant Award (i.e. Pre-Award), DC HEALTH will request that the applicant being considered for funding submit for review a copy of its most recent and complete set of audited or unaudited financial statements (applying the A-133 audit requirement), to include, but not limited to, the organizational budget, income/profit-loss statement, balance sheet and organizational filings to the IRS dating back to 3 years.

At any time before final payment and in accordance to 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.

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VI. Pre-Application Requirements

Pre-application Conference

One Pre-Application Conference will be held for services to be funded under this RFA. It will be held on **March 28, 2019** from 10:00 to 12:00 pm in room 407 of HAHSTA, located at 899 North Capitol Street, NE, 4th Floor, Washington, DC 20002.

Printed copies of the RFA will *not* be provided. Please bring a copy of the RFA for your use during the conference.

The pre-application conference will provide an overview of the programmatic requirements. Additionally, there will be a presentation on the **Enterprise Grants Management System (EGMS)**, the electronic application submission process and an overview of the review process being employed for this RFA.

Internet

Applicants who received this RFA via the Internet must e-mail HAHSTA at HAHSTARFAS@dc.gov with the information listed below. Please be sure to put “RFA Contact Information” in the subject box, including the following information:

- Name of Organization
- Key Contact Person
- Mailing Address
- Telephone and Fax Number
- E-mail Address

This information shall be used to notify applicants regarding updates or addenda to this RFA. Any RFA amendments will be posted on the DC Grants Clearinghouse at www.opgs.dc.gov.

Notice of Intent to Apply

A notice of intent to apply (NOI) *is required* for consideration under this funding announcement and is due by **Thursday, April 11, 2019 at 6:00pm**. This notification may be submitted via email to HAHSTARFAS@dc.gov or delivered in person at the pre-application conference. Please request a receipt for all hand-delivered letters of intent.

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 **Monday, April 8, 2019 at 6:00pm**.

HAHSTA will notify all potential applicants in writing of any updates, addenda and responses to frequently asked questions by **Thursday, April 11, 2019**.

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 must contain the following components. Certain application items will be entered directly into EGMS, while others will be uploaded into EGMS as attachments e.g. program description. Applications must conform to the page requirements by section detailed below. **Application Assurance Package must be organized in one PDF attachment.** The application elements outlined under number 12 should be included in the PDF file marked Assurance Package.

An application package includes the following elements:

Narrative Section

1. Applicant Profile (Attachment A. Not counted in page total.)
2. Table of Contents (Not counted in page total.)
3. Organization Background and Capacity (1 page maximum)
4. Program Proposal Summary (4 pages maximum)
5. Project Description (3 pages **maximum** per service category within the cluster)

Required Attachments (Not counted in page total)

6. Work plan* (Required for each Service Category, Attachment C)
7. Linkages Summary* (Attachment B)
8. Table A – Scope of Work* (Required for each Service Category, Attachment J)
9. Categorical Budget and Budget Narrative* (Required for each Service Category where funds are requested.)

10. Federal, District and DC HEALTH Statements of Assurances and Certifications*
(Reviewed and Accepted via EGMS)
11. Mandatory Disclosures (Reviewed, Completed and Submitted via EGMS)
12. DC HEALTH Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)
13. Assurance Package (Required to Submitted Application) (Not counted in page total).
Scan and upload ONE pdf file containing all of the following business documents required for submission:
 - a. A Current Business License or Certificate of Licensure or certificate to transact business in the relevant jurisdiction
 - b. 501(c)(3) certification letter (for non-profit organizations)
 - c. Current Certificate of Clean Hands from the Office of Tax & Revenue (OTR)
 - d. Affidavit of Current Status of Tax Obligations
 - e. Federal, District and DC HEALTH Statements of Assurances and Certifications (Reviewed and Accepted via EGMS) ***Must include signed copy***
 - f. Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board
 - g. Medicaid Certifications, if applicable include copies of certification document.
14. Additional attachments, as applicable (Not counted in page total)
 - a. Applicant Profile
 - b. Notice of Intent to Apply
 - c. Medicaid Certification

****Denotes an applicable form in EGMS***

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***.

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) **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.

2) 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 the DC EMA. 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.

3) Program Proposal Summary

- Applications must describe the services will facilitate movement of clients 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 program will provide all services within Youth Reach.
- Applications must describe how the agency will determine client eligibility and enroll and maintain clients 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.

- 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 clients 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. This section will be reviewed in conjunction with the Linkages Summary (Attachment B), so direct references to these tables may be included. More specifically, the following elements must be included:

Describe the proposed services and how they will improve health outcomes.

- 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;
- Describe how the proposed activities will impact the following health outcomes: 1) retention and stability in care over time; 2) decreased viral load and increased CD4 counts; 4) fewer hospitalizations; 5) fewer opportunistic infections; and 6) improved quality of life;

5) **Work Plan** - Applicants must complete the work plan for each proposed service category (See Attachment C for template). The work plan should include goals and objectives for the proposed project that are clearly defined, measurable, time-specific and responsive to service category specific goals and priorities. All work plans should be labeled clearly by service category.

6) **Linkages Summary** - Applicants must complete the Linkages Summary Table (See Attachment B for template), which outlines the service categories and the level of direct and indirect service provision.

7) **Table A (Scope of Work)** - Applicants must complete a Table A for each service category where funding is requested (See Attachment J for template). The Table A must include proposed targets and units for each service category in Youth Reach.

8) **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. (See Attachment D for template).

HAHSTA reserves the right to not approve or fund all proposed activities. For the budget justification, provide as much detail as possible to support each requested budget item. List each cost separately when possible. Provide a brief description for each staff position including job title, general duties and activities related to this grant, including the rate of pay and whether it is hourly or salary and the level of effort expressed as how much time will be spent on proposed activities for each staff position. Describe this “time spent” as a percentage of full time equivalent or FTE (e.g., 50% FTE for evaluation activities).

A maximum of ten percent (10%) of the amount budgeted for direct services is permitted for all administrative or indirect costs activities.

- 9) **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 V.A. credentials. The complete compilation of the requested documents is referred to as the **Assurance Package**.

Please reference item 12 outlined in the list of Application Elements.

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

Note: If selected for a Notice of Intent to Fund, the applicant organization will be required to submit the following additional documents pre-award:

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by grant award.
- Certification of current/active Articles of Incorporation from Virginia SCC or equivalent.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements
- Other specialized licenses, etc. required by federal and Virginia laws to conduct business this RFA supports.

10) Attachments

- a. Applicant Profile (Attachment A)
- b. Medicaid Certification are required for organizations applying for any Service Categories that are reimbursable by Medicaid. If applicable include copies of certification documents.

D Application Submission (Enterprise Grants Management System)

Effective October 2016, all application submissions must be done electronically via Department of Health's Enterprise Grants Management System (EGMS), DC HEALTH's web-based system for grant-making and grants management. In order 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. **SUBJECT LINE: EGMS PRIMARY USER ___AGENCYNAME**. Note: The email will help to support the validation of authorized users for EGMS. DC HEALTH official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management

to provide additional information, if needed.

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

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: LaWanda Pelzer (202) 442-8983 and Clara McLaughlin (202) 442-9237. 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.

<https://dcnet.webex.com/dcnet/ldr.php?RCID=957d2b20dd173112ea7c2bb1025fcb33>

[\(If you have trouble linking, try Google Chrome and not Internet Explorer\)](#)

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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 nutrition, health program planning and evaluation, and social services planning and implementation.

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

For this competition, HAHSTA will evaluate applications based on an analysis of the written submission.

Written proposal – 100 points available

- a. Organizational Background and Capacity - 10 points
- b. Program Proposal Summary – 20
- c. Project Description – 60 points
- d. Work Plan (attachment C) – 10 points
- e. Linkages Summary (attachment B) Required – no points
- f. Budget and Budget Narrative – Required,– no points

Internal Review – All New Applicants that have not had a Ryan White program site visit within the past grant year (Grant Year 28) will receive a pre-decisional site visit. The site visit shall include a tour of the organization, to include the facility where proposed services will be offered and a review of the following criteria:

- a. Organizational Infrastructure
- b. Organizational History of Service Provision
- c. Program Management
- d. Fiscal Systems
- e. Billing Systems
- f. Organizational Sustainability
- g. Data Collection and Reporting
- h. Quality Management
- i. Organizational Access to Population of Focus
- j. Cultural Competence

All new applicants will be contact by HAHSTA by April 19, 2019 to schedule the pre-decisional site visit. **Please note, a letter of intent to apply for funding is required for this RFA. This information will be used to schedule site visits.**

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

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

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

The internal review process will take into consideration past performance as a HAHSTA grantee under the Ryan White HIV/AIDS Program. The review of past performance during the Ryan White Grant Year 28 is designed to examine an applicant's history of compliance as a grantee. Applicants with no history as a HAHSTA grantee will not be held at a disadvantage, as this area has a neutral effect on applicant scores *unless* the applicant has proven to be out of compliance with previously awarded HAHSTA grants. Five areas will be considered:

- a. Timely audit submission and findings
- b. History of being placed on Corrective Action Plans
- c. Late, incomplete, or inaccurate monthly CAREWare data uploads
- d. Deficient completion status of RSR mid-year and annual reports
- e. Monthly progress report delinquency (3 or more)

The above referenced criteria have a negative point value. Applicants with a demonstrated history of any of the program deficiencies listed above will lose one point off of the application's total score. For example, an organization that was placed on a Corrective Action Plan and submitted three monthly reports late will lose two (2) points from their final score (written application and site visit).

Funding Decisions

Based on the total scores from the site visit, written proposal, 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 jurisdiction.

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 and a Grant Agreement has been signed by the DC Health Director and accepted by the Grantee. The Applicant shall not announce publically receipt or award of funding from DC Health under this RFA until an actual DC Health NOGA is received.

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IX. Scoring Criteria

For this competition, each written proposal will have a maximum point value of 50 points. The breakdown of available points per criterion is as follows:

- A. Organizational Background and Capacity - 10 points
- B. Program Proposal Summary – 20 points
- C. Project Description – 60 points
- D. Work Plan (Attachment C) – 10 points
- E. Linkages Summary (Attachment B) – Required, but Not Scored
- F. Budget and Budget Narrative – Required, but Not Scored

Criterion A: Organizational Background and Capacity (Total 10 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 medical and support services to People Living with HIV/AIDS (PLWHA) in the Virginia jurisdiction of the EMA.
- 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.

Criterion B: Program Proposal Summary (Total 20 Points)

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

- a. Applications must describe the services will facilitate movement of clients 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 services within Youth Reach.
- c. Applications must describe how the agency will determine client eligibility and enroll and maintain clients in care; and

- 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.

Criterion C: Project Description (Total 60 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 clients 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. This section includes evaluation of the program proposal summary.

- 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 your 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 has described how their proposed activities will impact the following health outcomes: 1) retention and stability in care over time; 2) decreased viral load and increased CD4 counts; 4) fewer hospitalizations; 5) fewer opportunistic infections; and 6) improved quality of life;

Criterion D: Work Plan (Attachment C) (Total 10 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 in Youth Reach.

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

Criterion E: Linkage Summary (Attachment B) (No Points Awarded)

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

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

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

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

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 clear description of the contribution of each budget item proposed toward the overall goals of the program;
- c. Support appropriate direct and indirect expenses;
- d. Request a maximum 10% for administrative costs.

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X. Grant Terms and Conditions

All grants awarded under this program shall be subject to the DC Health Standard Terms and Condition for all DC Health issued grants. This is available as Attachment H for this RFA.

Additional program and administrative terms:

Reporting and Continuation of Funding

Grantees must submit monthly data 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 (attachment H).

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 those HIV infected 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 Recipient, the District of Columbia Department of Health.

Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client 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: Ebony Fortune via e-mail at HAHSTARFAS@dc.gov or by phone at (202) 671- 4900.

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Attachments

Attachment A: Applicant Profile

Attachment B: Linkages Summary*

Attachment C: Work Plan*

Attachment D: Budget and Budget Narratives*

Attachment E: Notice of Intent to Apply

Attachment F: Medicaid Certification Attachment

Attachment G: Health Outcomes – reference tool*

Attachment H: DOH Standard Terms and Conditions - reference tool*

Attachment J: Table A (Scope of Work)*

Attachment K: APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES*

Assurance Checklist

*Denotes an applicable form in EGMS