



**Solicitation Information**  
**10/12/2016**

**Request for Proposals # HIV-17-1**

**Title: HIV Provision of Care and Treatment/Ryan White Part B Services**

**Submission Deadline: December 9, 2016 @ 1:00 PM (Eastern Time)**

**There will be a technical assistance regarding this RFP on October 28, 2016 from 1:00-3:00 PM in the HP 203 Conference Room at the HP Building (301 Metro Center Blvd., 3<sup>rd</sup> Fl. Warwick, RI, 02886.**

Questions concerning this solicitation must be received by the Executive Office of Health and Human Services at Katelyn. Case @ohhs.ri.gov no later than **November 07, 2016 at 12 noon (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. **No other contact with State parties will be permitted.**

**SURETY REQUIRED: No**

**BOND REQUIRED: No**

NAME OF BUYER: RI Executive Office of Health and Human Services, Medicaid Division

NAME OF CONTACT PERSON: Paul Loberti, c/o Garlete Parker

TITLE OF CONTACT PERSON: Administrator, HIV Provision of Care

**Applicants must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)**

Note to Applicants:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

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## **NOTICE TO ALL OFFERORS:**

**During the RFP process, bidders shall not contact the RI Executive Office of Health & Human Services (EOHHS) staff. Additionally, bidders and their employees of related agencies/companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with EOHHS staff. Such contact may result in the vendor being disqualified.**

Only written responses to written communication shall be considered official and binding. The state reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

All addendums and/or any other correspondence (general information, question and responses) to this RFP will be made available exclusively through the Executive Office of Health and Human Services, Ryan White website for retrieval. Proposers are solely responsible for frequently checking this website for updates to this RFP. Addendums to this RFP can be located at the following web address <http://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx> (go to the appropriate RFP #, click on the appropriate hyperlink for viewing and/or downloading.)

## INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS

Under delegated authority, the Rhode Island Executive Office of Health and Human Services, Medicaid Division, HIV Provision of Care Program (herein referred to as EOHHS), on behalf of the Department of Administration (DOA)-is soliciting proposals from qualified non-profit organizations to provide comprehensive core medical and/or support services to low-income persons living with HIV/AIDS (PLWH/A) in Rhode Island; as described elsewhere herein, in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at [www.purchasin.g.ri.us](http://www.purchasin.g.ri.us). The contract period will begin 1 July 2017 through 31 June 2018. Level funding is anticipated and contracts may be renewed for up to two additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

Potential offerors are advised to review all sections of this Request for Proposals (RFP) carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.

All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the offeror. The State assumes no responsibility for these costs.

Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

Proposals misdirected to other State locations or which are otherwise not present in the Executive Office of Health & Human Services at the time of opening for any cause will be determined to be late and will not be considered. The "Official" time clock is in the reception area of the EOHHS.

It is intended that an award(s) pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of work. Subcontracts are permitted, provided that their use is clearly indicated in the bidder's proposal and the sub-contractor(s) to be used is identified in the proposal. ***In addition, if sub-contracting is assumed, a required Memorandum of Understanding between all parties listed under the lead agency is required to be included with the proposal. Specific***

***budgets pertaining to the work of sub-contractors, must be clearly detailed in a spreadsheet and further explained in a justification (narrative) of all requested costs.***

All proposals must include the Bidder's Cover Sheet with the bidder's FEIN or Social Security number as evidenced by a W-9. The Bidder's Cover Sheet is downloadable from the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

The purchase of services under an award made pursuant to this Request will be contingent on the availability of funds.

Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request once an award has been made.

Interested parties are instructed to peruse the EOHHS web site at: <http://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx> (go to the appropriate RFP #, click on the appropriate hyperlink for viewing and/or downloading) on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.

If you wish to seek to do business with the State of Rhode Island, you must register and utilize the E-Verify Program. Please refer to [www.dhs.gov/E-verify](http://www.dhs.gov/E-verify) or the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov) for more information.

Equal Employment Opportunity (RIGL 28-5.1) § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where the State dollar is spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090 or via email [raymond1@gw.doa.state.ri.us](mailto:raymond1@gw.doa.state.ri.us)

In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the successful Contractor.*

The offeror should be aware of the State's MBE requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8670 or visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov) or contact [Dorinda.Keene@doa.ri.gov](mailto:Dorinda.Keene@doa.ri.gov). Visit the website <http://www.mbe.ri.gov>

ARRA Supplemental Terms and Conditions for contracts and sub-awards funded in whole or in part by the American Recovery and Reinvestment Act of 2009 Public Law Number 111-5 and any amendments thereto, such contracts and sub-awards shall be subject to the Supplemental Terms and Conditions for Contracts and Sub-awards funded in whole or in part by the American Recovery and Reinvestment Act of 2009 Public Law. No. 111-5 and any amendments thereto located on the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

The objective of this Request for Proposals (RFP) is to procure the services of qualified non-profit community-based organizations that have the expertise to provide core medical and/or support services to people living with HIV/AIDS (PLWHA) living in the state of Rhode Island, in accordance with federal and state Ryan White Part B requirements. **It is critical for all applicants to understand that HRSA funds service categories, not programs.** For Part B grantees, service standards should be included in the offeror's response to this RFP when service categories are competitively bid. The service standards outline the key components of each service category, guide the implementation of each service category, and form the basis for monitoring service delivery, including site visits and chart reviews. The EOHHS, as the primary State HRSA Part B Grantee, will use service standards when conducting programmatic site visits, chart reviews, and routine monitoring of sub- recipients to determine if service providers are meeting the minimal expectations and adhering to service standards.

[https://careacttarget.org/sites/default/files/file-upload/resources/Service%20Standards%20HRSA%20HAB%20Guidance%2012\\_14.pdf](https://careacttarget.org/sites/default/files/file-upload/resources/Service%20Standards%20HRSA%20HAB%20Guidance%2012_14.pdf)

## Section I: Eligible Applicants

All applicants that apply for these grant funds must ensure that their agency is compliant with the all federal requirements associated with accepting grant funds and with the Health Resources and Services Administration/HIV/AIDS Bureau (HRSA/HAB). Please be aware that additional assurances specific to individual service categories may be listed in the continuum of care section. All applicants must read and understand the aforementioned grant regulations and standards as well as the assurances listed in the appendices.

All applicants that are awarded funds must comply with the Health Resources and Services Administration (HRSA) Ryan White National Part B Programmatic, Fiscal, and Universal Monitoring Standards as implemented by **The Rhode Island Executive Office of Health and Human Services, Medicaid Division, HIV Provision of Care & Special Populations Unit**. The Ryan White National Monitoring Standards detail minimum acceptable standards. The HRSA Ryan White National Part B standards may be accessed at <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>. Applicants are strongly encouraged to review these standards.

Eligible applicants include faith-based and nonprofit community-based organizations. Awards can be made to public or nonprofit entities or to “for-profit” entities if such entities are the only available providers of quality care in the area. **If the applicant is a “for-profit” organization, the applicant must demonstrate that no profit is made from these funds, in accordance with, “Grants to For-Profit Organizations,” of the Public Service Grants Policy Statement.**

All applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for funds. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number on the Service Category Cover Sheet.

Applicants, if incorporated, must be incorporated for a minimum of three years prior to the submission of a proposal and they must not be delinquent in all or any federal, state, and local obligations. All applicants will be subject to a physical site visit survey. The purpose of the site visit survey is to verify that the applicant satisfies the minimum checklist of requirements for becoming a Ryan White provider, b) to familiarize the site visit survey team with the way the applicant operates and the condition of the facility providing the delivery of service, and, c) to ensure all required privacy, confidentiality and security requirements are in place.

All prospective bidders must have facilities capable of handling the specified volume and services.

Not-for-profit and governmental agencies receiving Federal funding assistance in the aggregate amount of \$750,000.00 or more within their fiscal year must have an audit conducted in accordance with Office of Management and Budget (OMB) Circular 2 CFR 200.

### **Twelve-Month Waiting Period for Employment of State Employees**

In accordance with the State's Ethic's Policy, any applicant awarded a contract for the procurement of goods or services shall be prohibited from hiring any individuals who has previously worked for the State and in that capacity either evaluated, recommended, approved, monitored, or managed a contract involving a contractor no sooner than twelve months after that individual has ceased to work for or be employed by the State. Failure to adhere to such a contractual requirement may result in the termination of the contract with the state of Rhode Island.

## Section II: Introduction, Focus, and Intent

The Rhode Island Executive Office of Health and Human Services, Medicaid Division, HIV Provision of Care & Special Populations Unit (herein referred to as EOHHS) is soliciting proposals (under its delegated authority for grants) from qualified organizations to provide comprehensive core medical and/or support services to low-income persons living with HIV/AIDS (PLWHA) in Rhode Island; as described elsewhere herein, and in accordance with the terms and of the Request of the State's General Conditions of Purchase available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

This is a Request for Proposals, not an Invitation to Bid. To that end, responses will be evaluated on the basis of the relative merits of the proposals. There will be no public opening and reading of the responses received by the Office of Purchases pursuant to this Request, other than to name those bidders who have submitted proposals.

### *RFP Organization and Instructions*

The RFP is organized into the following sections for ease of use by the applicant.

**Section I: Eligible Applicants** provides an overview of what types of organizations are eligible to apply for funds through this RFP.

**Section II: Introduction, Focus, and Intent** summarizes the purpose of the RFP and provides key information for applicants on how the RFP is organized.

**Section III: Background** presents important frameworks, national goals, and local research findings that applicants should use as context and evidence in their proposal. This will be particularly helpful when developing goals and objectives in Worksheet 5.

**Section IV: Service Provision & Contract Conditions** presents information on allowable costs, ineligible uses of funds, and the conditions for service provision.

**Section V: Scope of Work** explicates the responsibilities of each contractor, key program qualities and objectives, general requirements of all applicants, and the HRSA service categories available to be applied for in RI. This section also contains an important chart on page 34 that shows which service categories are required.

**Section VI: Corporate Experience, Staffing, and Contractor/State Requirements** presents requirements that each contractor must fulfill during the contract period.

**Section VII: Proposal Submission Requirements** carefully explains how to prepare a proposal submission. Please note that the technical proposal will consist entirely of worksheets filled out by the applicant.

### *Summary of Worksheets, Attachments, and References*

The following section summarizes documents that will be useful for offerors as they prepare their application. **Worksheets** are included as attachments to the RFP. Offerors will fill out the worksheets and submit them as their response to the RFP. **Attached References** are also included as attachments. They provide useful information to the offeror about the application and the scoring process. **Additional References** are documents that also contain useful frameworks, local context, and federal guidelines that they offeror *may* reference in their RFP response. These documents have been included as hyperlinks.

#### **Worksheets (Found in Appendix)**

*Used to complete the technical proposal.*

Worksheet 1: Agency Cover Sheet & Abstract  
Worksheet 2: Project Narrative Worksheet  
Worksheet 3: Service Category Plan(s) Worksheet  
Worksheet 4: Strategies to Meet Requirements  
Worksheet 5: Agency Qualifications  
Worksheet 6: Staffing Plan  
Worksheet 7: Service Category Budget Form  
Worksheet 7b: Total Budget Form  
Worksheet 8: Budget Narrative

#### **Attached References (Found in Appendix)**

*Provided as important references.*

Reference A: Agency Entry Checklist  
Reference B: Application Scoring Sheet

#### **Additional References**

*To be referenced as needed.*

Part B Manual: <http://hab.hrsa.gov/manageyourgrant/files/habpartbmanual2013.pdf>

Program Monitoring Standards:

[http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/programmonitoringpartb\\_2.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/programmonitoringpartb_2.pdf)

Fiscal Monitoring Standards:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/fiscalmonitoringpartb.pdf>

National Monitoring Standards (Universal):

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/universalmonitoringpartab.pdf>

Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds:

<http://hab.hrsa.gov/healthcarelandscape/webinars/020316servicecategorieswebinar.pdf>

2015 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual:

<https://careacttarget.org/sites/default/files/file-upload/resources/2015%20RSR%20Manual%20091215-508.pdf>

National HIV/AIDS Strategy: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

2015-2016 RI EOHHS Ryan White HIV Consumer Survey:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/RIRWEOHHS2015ConsumerSurvey.pdf>

2016 RI EOHHS Ryan White Consumer Focus Groups:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/RIRWEOHHS2016FocusGroupReport.pdf>

2013 Provider Capacity in the Provision of Services Survey:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/RIRWProviderSurvey.pdf>

Transgender Health and ADAP: <https://www.nastad.org/sites/default/files/Crossroads-Trans-Health.pdf>

Peer Recovery Specialist Certification Guide:

[http://jsi.com/JSIInternet/Inc/Common/download\\_pub.cfm?id=16496&lid=3](http://jsi.com/JSIInternet/Inc/Common/download_pub.cfm?id=16496&lid=3)

### *Procurement Objectives and Process*

It is anticipated that the first year project period will begin on July 1st 2017 and end on the June 30<sup>th</sup> 2018. This amount may be increased, decreased, or withdrawn entirely based on actual federal awards received by EOHHS. Once vendors are selected, consideration will be given to modifying contract amounts based on need for services within the contract's scope of services, contractor performance, and availability of funding. In the event that need surpasses existing funds in an agreement, it is the responsibility of the vendor to notify EOHHS immediately so we may determine need for services within the contract's scope of services, contractor performance, and availability of funding. Additional need may not warrant additional funding.

Ryan White Part B funds are defined as being any funds utilized by EOHHS for the provision of Ryan White HIV care and treatment services. Regardless of the funding source (federal, state, rebate, or other funds), EOHHS has assumed the policy that all Ryan White funds shall be distributed, implemented, reviewed, monitored and evaluated in the manner prescribed by the federal authority HRSA/HAB. Services are expected to begin on 1 July 2017 and will replace previously funded Ryan White Part B services that will end on 30 June 2017. EOHHS reserves the right to modify the scope of services within a contract, at any time, based on the availability of funding, contractor performance and new and/or modified federal or state requirements. EOHHS also reserves the right to modify the scope of services within a contract, at any time, to include services and needs related to EOHHS's AIDS Drug Assistance Program (ADAP).

EOHHS will renew the project on an annual basis for up to two (2) additional one-year terms, subject to federal requirements, contractor performance, compliance with the terms and conditions of the contract, and availability of funds. EOHHS reserves the right, at any time during the term of the resultant award pursuant to this solicitation, to expand and/or reduce the base engagement. Contractors must adhere to the federal Ryan White legislative intent and HRSA Ryan White Part B policy regarding allowable services, cost effectiveness, coordination of care, and payer of last resort requirements. All applicants must understand the Monitoring Standards associated with HRSA and incorporate these standards into their proposals. If a vendor and/or a client associated with a vendor is determined to be fraudulent in their use of Ryan White funds, the state has the right to request back payment and further invoke fiscal penalties and/or sanctions to the vendor.

## Section III: Background

This section presents important frameworks, national goals, and local research findings. Applicants should use the following background information to as context and reference when responding to this RFP. In particular, all applicants must describe how their work is aligned with the goals of the NHAS and HRSA. We recommend that in the goals and objectives section of the written proposal you submit, you incorporate the NHAS and HRSA goals.

Applicants are also encouraged to reference the state's HIV epidemiologic profile <http://www.health.ri.gov/publications/epidemiologicalprofiles/2014HIV/AIDS/ViralHepatitisWithSurrogateData.pdf> to ascertain Rhode Island data relevant to their agency's goals.

### Subsection A: HRSA Goals and Funding Priorities

#### *HRSA Goals*

Health Resources and Services Administration (HRSA), an Agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care for the tens of millions of Americans who, for a variety of reasons, are medically underserved or face barriers to needed care. Specifically, funds to support this RFP will be from Part B of the federal Ryan White HIV/AIDS Treatment Modernization Act of 2006 (PL 109-415) and associated rebates from the AIDS Drug Assistance Program (ADAP). Part B, via the granting agency, Health Resources and Services Administration (HRSA), provides grants to all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five (5) U.S. Pacific Territories or Associated Jurisdictions. In 2009, Congress passed a bill that makes minor changes to the Ryan White HIV/AIDS Program and reauthorizes it through fiscal year 2013. The president signed the bill (PL 111-87) on October 30, 2009.

The emphasis of Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the 2009 reauthorization is on providing life-saving and life-extending services for low-income PLWHA. Specifically, the purpose of this federal legislation is to develop and/or enhance access to a comprehensive continuum of high quality, community-based care for low-income PLWHA. It also retains the requirement that there be a plan for finding PLWHA not in care and connected them with primary care.

The HRSA Strategic Plan FY 2016-2018 sets forth five mission-critical goals: Because of their continuing relevance the first four goals are the same as those in HRSA's Strategic Plan 2010-2015. A fifth goal has been added to focus on improving and strengthening operational and programmatic efficiency and effectiveness. The Plan reflects the Agency's commitment to build upon past successes while advancing its mission to improve health and health equity through access to quality services, a skilled health workforce and innovative programs.

In providing Services for the State, each Contractor shall consider and implement in its Services the following five (5) goals developed by HRSA to focus on the uninsured, underserved, and special needs population.

**HRSA Goal 1: Improve Access to Quality Health Care and Services,  
HRSA Goal 2: Strengthen the Health Workforce,  
HRSA Goal 3: Build Healthy Communities,  
HRSA Goal 4: Improve Health Equity,  
HRSA Goal 5: Strengthen HRSA Program Management and Operations**

*HRSA Funding Priorities*

It is a requirement of HRSA that 75 percent of the Part B funds each state receives must be used to fund “core medical services,” defined as a set of essential, direct health care services provided to PLWHA and specified in the Ryan White HIV/AIDS Treatment Modernization Act. “Core medical services” in Rhode Island are limited to: outpatient/ ambulatory medical care, oral healthcare, health insurance premium assistance, home and community-based health services, mental health services, medical nutrition therapy, and transitional/medical case management services (including treatment adherence and referral for health care/supportive services) for incarcerated individuals. These services assist PLWHA in accessing treatment of HIV infection that is consistent with US Department of Health & Human Services (HHS) Treatment Guidelines ([www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)). These guidelines include ensuring access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections as well as combination antiretroviral therapies.

The remaining 25% of Part B funds must go to “support services”, defined as a set of services needed to achieve medical outcomes that affect the HIV-related clinical status of PLWHA. “Support services” in Rhode Island are limited to: non-medical case management services (including referral for health care/supportive services), emergency financial assistance, food bank/home-delivered meals, medical transportation services, psychosocial support services. This continuum of care includes only those services that enable individuals to access and remain in primary medical care. ***While applicants may bid on non-core medical services listed herein, the state must insure that 75% of total funds are directed towards core medical services, therefore priority shall be given to core medical services. For clarification, applicants do not need to address the 75%/25% split in their proposals. It is the state’s responsibility to distribute funds in this manner.***

- **Core Medical Services:** 75% of Ryan White Part B funds awarded to the State must be spent for core services.
- **Priority Populations:** In 1996 Congress established four priority populations under the Ryan White Program to ensure that an amount of Part B funds be used to provide services (including treatment measures to prevent perinatal transmission of HIV) proportionate to the number of women, infants, children and youth (WICY) living with HIV disease in each state.

Definitions are as follows:

Infants: under 2 years

Children: 2 – 12 years

Youth: 13 – 24 years

Women: 25 and older

Link to WICY: <http://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx> (Under “RFP Documents”)

## **Subsection B: The National HIV/AIDS Strategy (NHAS)**

Applicants must fully understand and exemplify the NHAS in their proposals. First released by President Obama on July 13, 2010, the Strategy identified a set of priorities and strategic action steps tied to measurable outcomes for moving the Nation forward in addressing the domestic HIV epidemic. In July 2015, the White House released the National HIV/AIDS Strategy for the United States: Updated to 2020. This Update reflects the work accomplished and the new scientific developments since 2010 and charts a course for collective action across the Federal government and all sectors of society to move us close to the Strategy's vision. The National HIV/AIDS Strategy (NHAS) intended to be a concise plan that will identify a set of priorities and strategic action steps tied to measurable outcomes has four primary goals:

<b>NHAS Goal 1:</b>	<b>Reducing New HIV Infections</b>
<b>NHAS Goal 2:</b>	<b>Increasing Access to Care and Improving Health Outcomes for People living with HIV</b>
<b>NHAS Goal 3:</b>	<b>Reducing HIV-related Disparities and Health Inequities</b>
<b>NHAS Goal 4:</b>	<b>Achieving a More Coordinated National Response to the HIV Epidemic</b>

*The NHAS Goals further articulated...*

### **Goal 1: Reducing New HIV Infections**

Step 1.A: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated

Step 1.B: Expand efforts to prevent HIV infection using a combination of effective evidence-based approaches

Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission

### **Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.

Step 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV.

Step 2.C: Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing.

### **Goal 3: Reducing HIV-related Disparities and Health Inequities**

Step 3.A: Reduce HIV-related disparities in communities at high risk for HIV infection

Step 3.B Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities

Step 3.C: Reduce stigma and eliminate discrimination associated with HIV status

#### **Goal 4: Achieving a More Coordinated National Response to the HIV Epidemic**

Step 4.A Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local government

Step 4.B: Develop improve mechanisms to monitor and report on progress toward achieving national goals

Source: <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

*Further, and relevant to this funding opportunity announcement, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, they often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.*

To ensure success and support of the NHAS goal related to increased collaboration, efficiency, and innovation among Federal government and State, tribal and local governments the Ryan White HIV/AIDS program activities should support the three primary goals of the NHAS. Note: The Part B Early Identification of Individuals with HIV/AIDS (EIIHA) requirement and the Centers for Disease Control and Prevention's (CDC) Enhanced Comprehensive HIV Prevention Plan (ECHPP) are two Federal initiatives that support the NHAS. Go to <http://aids.gov/federal-resources/national-hiv-aids-strategy/overview> for more information on NHAS.

#### **Subsection C: The HIV Care Continuum or the Treatment Cascade**

The HIV/AIDS care continuum (treatment cascade) is a way to show, in visual form, the numbers of individuals living with HIV/AIDS who are actually receiving the full benefits of the medical care and treatment they need. The Continuum of HIV Care is defined as having the following stages: **diagnosis of an HIV/AIDS infection, linkage to care, retention in care, prescribed antiretroviral therapy, and achieved viral suppression.**

This model was first described by Dr. Edward Gardner and colleagues, who reviewed current HIV/AIDS research and developed estimates of how many individuals with HIV in the U.S. are engaged at various steps in the continuum of care from diagnosis through viral suppression. Their analysis, published in the March 2011 edition of the journal *Clinical Infectious Diseases* <http://cid.oxfordjournals.org/content/52/6/793.short?rss=1>, found that along each step of the cascade, a significant number of people living with HIV in the U.S. “fall off”, and only a minority of persons with HIV actually achieve suppression of their viral infection.

[For more information on the treatment cascade please read:

<https://stacks.cdc.gov/view/cdc/26481>.]

## **Subsection D: Healthy People 2020**

Introduced on December 2, 2010, Healthy People 2020 provides “science-based, 10-year national objectives for improving the health of all Americans.” The vision, mission, and goals of Healthy People 2020 are listed below. It is important for applicants to consider how their organization contributes to the collective achievement of these goals.

### **Vision**

A society in which all people live long, healthy lives.

### **Mission**

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

### **Overarching Goals**

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

For more information on Healthy People 2020, please see <https://www.healthypeople.gov/2020/About-Healthy-People>.

## Subsection E: Rhode Island Needs Assessment and Prioritization

### *2015 RI EOHHS Ryan White Consumer Survey*

A survey of people living with HIV/AIDS (PLWHA) who access care services in Rhode Island was undertaken by the Rhode Island Executive Office of Health and Human Services, Medicaid Division, HIV Provision of Care & Special Populations Unit (EOHHS) through a contract with John Snow, Inc. (JSI).

The goals of the survey effort were to (1) assess service utilization, barriers to care, needs that are not being met by current services, and risk and prevention behavior and (2) determine social, demographic, and economic characteristics of PLWHA which might contribute to their risk for lack of healthcare access and poor health outcomes.

The following summarizes six key findings and strategic recommendations.

#### Key Findings

- Health disparities by racial, social, and economic categories among PLWHA were a strong theme throughout nearly all of the results from the survey.
- Heterosexual women with HIV may be an underemphasized subpopulation of PLWHA in RI.
- While substance use issues impact a small subset of the overall PLWHA in RI, those with substance use were significantly less likely to report always taking their medication as prescribed and being virally suppressed.
- Depression and other mental health issues are the most commonly reported medical or personal issues that PLWHA in RI face in addition to HIV. Over half of this survey's respondents reported needing mental health services.
- Case managers represent a great opportunity to help consumers access the medical and support services they need, especially mental health and substance use services. The results of this survey did not show significant health process and outcomes differences between those respondents that have a case manager and those that do not. This is likely due to inconsistency among case managers across agencies and individuals.
- In most areas, gay men (men who have sex with men—MSM) are performing as well or better than straight men in terms of economic social determinants of health, health processes, and health outcomes. This speaks to the continued success of prevention, outreach, and care programs that focus specifically on the MSM population.

Possible approaches could include:

- Evaluate HIV medical and non-medical services evaluated on whether they are *easy to find, access, and use* by impoverished and minority populations.
- Target heterosexual women in care outreach activities.
- Promote coordination between HIV medical providers and substance use treatment centers and recovery clinics, with a particular focus on peer recovery services.

- Better integrate mental health care into HIV medical care by either co-locating mental health services within HIV medical clinics or by ensuring that all patients receive a brief mental health screening with every visit to their HIV medical provider.
- Explore ways make case management services more consistent by identifying and promoting regular professional development and training opportunities, best practices and quality management improvements.
- Continue care, outreach, and education efforts that target gay men and men who have sex with men.

#### Assessment of Need

The following two graphics (Figure 1 and Figure 2) represent this survey's findings around assessment of need. Respondents were asked to rate sixteen different services by whether they 'need but can't get the service,' 'need and use the service,' or 'don't need the service.' In this context, need is defined as the number of people who need the services and either are currently receiving it or not receiving it. 'UnMet need' is defined as the number of people who need the service and cannot get it.

The following graphs show need as a percentage of all individuals who responded to the question in blue. They show UnMet need as a percentage of respondents who indicated a need.

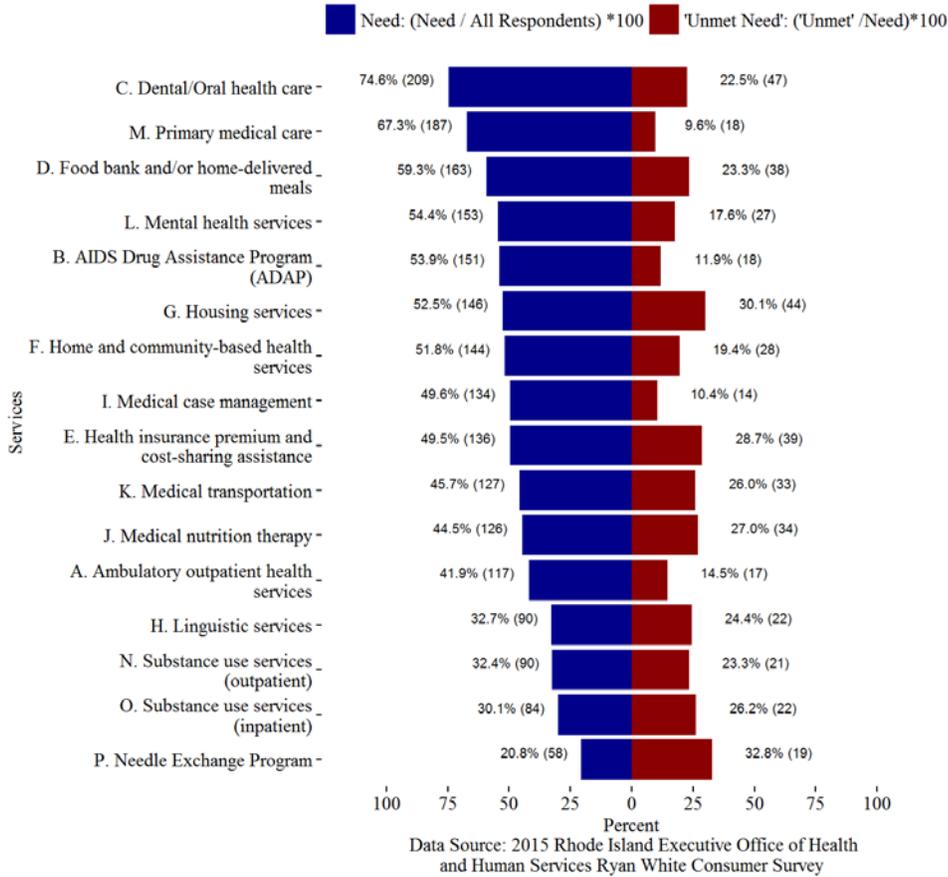
**Need (Blue)**  $\frac{Need}{AllRespondents} (100)$ ; **'UnMetNeed' (Red)**:  $\frac{UnMetNeed}{Need} (100)$

The graphs are presented in two fashions: sorted by need (Blue) and sorted by 'unmet need' (Red).

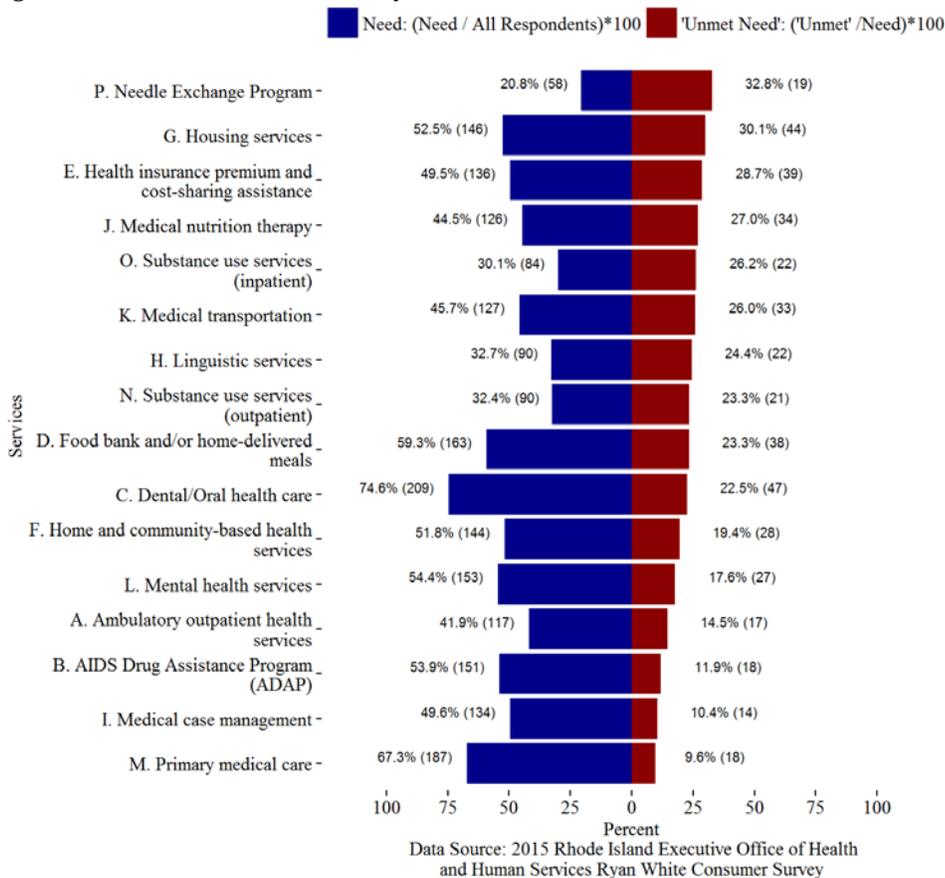
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**Figure 1: Assessment of Need: Sorted by Need**



**Figure 2: Assessment of Need: Sorted by 'Unmet' Need**



*Note that some of the suggested services in the aforementioned assessment may not appear as service category options in this RFP. Substance abuse services may only be funded for consumers with documented co-occurring mental health diagnoses that are not being funded elsewhere.* In addition, policies and recommendations from HRSA, and a review of services available through other public and private entities in Rhode Island were also taken into consideration. Based on this process, the list of core services for Rhode Island included in this RFP were identified from the list of definitions for eligible services under the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and subsequent 2009 reauthorization. Vendors must adhere to the HRSA defined services as written.

Links to the full consumer survey results, the consumer focus group results, and the provider capacity survey are provided on page 12 of this RFP.

## Section IV: Service Provision & Contract Conditions

### Subsection A: Ryan White Modernization Act Framework for Allowable Costs and Services

The federal Ryan White HIV/AIDS Treatment Modernization Act requires that services be provided in a manner that are coordinated, cost effective, and ensures that Ryan White Part B funds are the “payer of last resort.” Cost effectiveness includes two interrelated dimensions: outcomes and costs. Ryan White Part B programs are required to accomplish positive results (be effective) and to do so at reasonable cost (be cost effective).

Grant funds may be used for personnel, fringe benefits, staff travel, supplies, contractual services, and other direct and indirect costs. Reimbursement of administrative activities/ expenses in support of a contract shall be limited to 10% of the total expenditure of the contract. All budget requests are subject to negotiation. Applicants are required to adhere to Federal principles for determining allowable costs. Such costs are determined in accordance with OMB Circular 2 CFR 200.

Ryan White stipulates that funds cannot be used to make payments for any item or service where payment can reasonably be expected to be made by sources other than Ryan White funds. Ryan White services are the “payer-of-last resort”, meaning that they fill in gaps **not covered** by other payers/resources. At the individual client level, this means that contractors must make efforts to secure non-Ryan White Part B funds whenever possible for services to individual clients. In support of this intent, all services funded under this RFP must include a central function ensuring that eligibility for other funding sources is aggressively and consistently pursued.

In every instance, EOHHS expects that services funded through this RFP will fall within the federal Ryan White-defined range of services, and those specifically selected by the state. The goal and the burden of proof of the applicant is to meet documented statewide service categories and client needs/gaps; meet outcomes for clients/patients associated with the HIV continuum of care for PLWHA in Rhode Island outlined herein; to reveal positive quality management/improvement strategies and outcomes via performance measures; to demonstrate adherence to monitoring standards; to provide available and accessible services to PLWHA. Ryan White funds are intended to support only the HIV related needs of eligible individuals. Contractors must be able to make an explicit connection between any service supported with Ryan White funds and the intended recipients’ HIV status.

Applicants are reminded that, if awarded funds through this RFP, it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in the Public EOHHS Service (PHS) Grants Policy Statement, copies of which are available online at <http://www.hrsa.gov/grants/default.htm> (click on “HHS Policy Statement” in the right-hand menu box). In the case of services being supported in violation of an existing federal policy (e.g. payment

of home mortgages), the use of Ryan White Part B funds will be terminated immediately and the contractor may be required to return already-spent funds to the federal government.

**In no case may Ryan White Part B funds be used to make direct payments of cash to recipients of services (i.e. clients). Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g. transportation) must be used. Contractors are advised to administer voucher programs in a manner, which assures that vouchers cannot be used for anything other than the allowable service, and that systems are in place to account for disbursed vouchers.**

#### *Ineligible Uses of Grant Funds*

Grant funds may not be used for the following:

- To make cash payments directly to intended recipients of services;
- To purchase or improve land, or to purchase, construct, or permanently improve any building or other facility (other than minor remodeling);
- To develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
- Funeral, burial, cremation, or related expenses;
- Criminal defense or for class action suits unrelated to access to services eligible for funding under TMA or State Services;
- Direct maintenance expenses of privately owned vehicles or other costs associated with a vehicle that is operated outside of program purposes;
- To pay local or State personal property taxes;
- To pay for foreign travel;
- For influencing or attempting to influence members of Congress or other Federal personnel;
- To pay for off-premise social/recreational activities;
- To pay for syringe exchange programs;
- To support employment, vocational rehabilitation, or employment-readiness services;
- To reimburse charges which are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, and Medicare);
- Outreach activities that exclusively promote HIV prevention education;
- Non-targeted marketing promotions or advertising about HIV services that target the general public (e.g. poster campaigns for display on public transit or radio public service announcements);
- For direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees;
- For local or state personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied; and off-premise social and/or recreational activities or to pay for a client's gym membership);
- To purchase clothing; employment, vocational, or employment readiness services;
- Broad scope awareness activities about HIV services that target the general public; or,
- Any other expense defined as an "unallowable cost" under Public Health Services grant policy (e.g. bad debts).

The principle intent of the Ryan White HIV/AIDS Treatment Extension Act of 2009 is to provide services to persons infected with HIV, including those whose illness has progressed to the point of clinically defined AIDS. Contractors are expected to establish and monitor written procedures to ensure that client eligibility for Part B services are verified and documented. To be eligible for funded Ryan White Part B services in Rhode Island, an individual must be a verified resident of Rhode Island, have a verified and documented HIV diagnosis, and a verified gross family income less than 500% of the most current federal poverty level (FPL).

It is not necessary to be a citizen of the United States to receive services. If an applicant proposes additional eligibility requirements for their clients, those requirements must be described in their proposals. Contractors awarded funds through this RFP are expected to establish written policies and protocols for determining eligibility for Ryan White funded services, which must be approved by EOHHS. Applicants must demonstrate experience and proficiency in serving PLWHA. They must also demonstrate the ability to commence services on 1 July 2017.

## **Subsection B: Summary of Conditions for Service Provisions**

*The successful agency must insure that:*

- Proof of HIV diagnosis is documented in the client record.
- Written authorization is obtained from each client prior to provision of service and that this is updated at least annually.
- Income status of clients is obtained using MAGI or tax returns; or in the case of undocumented individuals, an acceptable methodology and/or process approved by EOHHS that can be verified through written documentation maintained in the client record and that this is updated every six months.

*Note for Salaried Service*

- *Unlike billing where items or services are procured, the units delivered under salaried services are used to justify the time purchased under the scope of Ryan White Part B. The amount of service provision time, as measured in units, should equal at least 75% of the salaried time procured. The other 25% of time is for activities such as staff meetings, clinical supervisions sessions, training, Consortium meetings, etc.*
- A service may be considered cost effective if it can be provided less expensively than other similar services, but provides an equal or better outcome.
- A service is cost effective if it provides an additional benefit worth the additional cost.

*Definition of Cost Effective*

A service or program is considered cost effective when the unit cost is reasonable and acceptable relative to the benefits and outcomes received. Definitions of Unit of Service: In general, a unit is defined as a single procedure, service or item. Although the state of Rhode Island no longer accepts unit cost billing for case management, a case management

unit can still be viewed and reviewed within the increments of providing services to a client. It is critical that all case management agencies have an acuity or severity index to determine client gravity/intensity. This index should specifically outline necessary and essential services assigned to varying levels of the index. For example, a low index client will require less time and effort from a case manager as the client’s care plan is implemented. A case with a higher index may require more time and effort. Additionally a mileage unit is defined as one mile.

*Charges to Clients*

**All applicants must agree to bill all available third-party payers for applicable services provided to clients.** These potential payers include, but are not limited to private health insurance, prepaid health plans, self-pay, Medicare, Medicaid, etc. To this end, intake requirements are essential so that they document insurer/payer. In addition, front line staff at agencies receiving Ryan White funds must have firsthand knowledge of client/patient insurer/payer so as to appropriately bill third parties.

Applicants who receive funding may not impose service charges to persons with an income less than or equal to 100 percent of the United States Department of Health and Human Services Poverty Guidelines published annually in the Federal Register. Service charges on individuals with an income greater than 100 percent of the Poverty Guidelines must be according to a schedule of charges that is made available to the public. Charges for services (including enrollment fees, premiums, deductibles, cost sharing, or co-payments) must conform to the following limitations per calendar year. Individual, annual aggregate charges to clients receiving services must conform to limitations established in the table below. The term “aggregate charges” applies to the annual charges imposed for all such services without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges for services.

Individual/family Annual Gross Income	Total Allowable Annual Charges
Equal to or below the Poverty Guidelines	No charges permitted
101 to 200 percent of the Poverty Guidelines	5% or less of gross income
201 to 300 percent of the Poverty Guidelines	7% or less of gross income
More than 500% percent of the Poverty Guidelines	10% or less of gross income

Poverty Guidelines: Please access the following website for the latest guidelines: <http://aspe.hhs.gov/poverty>).

In every instance, EOHHS expects that services funded through this RFP will fall within the federal and state Ryan White-defined range of services, meet documented needs, and contribute to the establishment of a continuum of care for PLWHA in Rhode Island. Ryan White funds are intended to support only the HIV-related needs of eligible individuals. Contractors must be able to make an explicit connection between any service supported with Ryan White funds and the intended recipients’ HIV status. Applicants are reminded that, if awarded funds through this RFP, it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in the Public EOHHS Service (PHS) Grants Policy Statement, copies of which are available online at <http://www.hrsa.gov/grants/default.htm>

(click on “HHS Policy Statement” in the right-hand menu box). In the case of services being supported in violation of an existing federal policy (e.g. payment of home mortgages), the use of Ryan White Part B funds will be terminated immediately and the contractor may be required to return already-spent funds to the federal government.

- Subcontractors shall not use funds under the scope of this proposal to provide care to persons or individuals with family incomes greater than the Rhode Island Ryan White FPL income limit.
- Insurance status of clients is verified through written documentation maintained in the client record and that this is updated at least every six months.
- All services must be delivered in a client-centered and culturally appropriate manner and provided in a setting that is accessible to low-income individuals with HIV disease.
- HIV related services shall be delivered without regard to the ability of the client to pay for such services and without regard to the current or past condition of the individual with HIV disease.
- All providers of health care services are informed of the HIV status of any referred clients to ensure appropriate planning for the continuity of care.
- Funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item of service under any, state compensation program; insurance policy; federal or state health benefits program; or entity that provides health services on a prepaid basis verifying that Ryan White Part B is the payer of last resort.
- The subcontractor may not utilize funds to make direct or indirect payments to intended recipients of services or the families of recipients of services.

### **Subsection C: Service Delivery Area, Lead Applicants, and WICY**

Non-profit organizations are eligible to submit proposals in accordance with this RFP. The service delivery area is the entire state of Rhode Island, New Bedford and Fall River [as declared by HRSA’s designation of our state’s Metropolitan Statistical Area (MSA)]. Applicants must demonstrate that they will only serve clients who are eligible for Ryan White Part B-funded services.

A single organization must be the lead applicant. However, EOHHS welcomes collaboration and cooperation among organizations proposing to provide services. The lead applicant’s proposal must document and describe collaborative efforts through the inclusion of formal written agreements with collaborative organizations with the application.

Non-profit organizations are prohibited from serving as conduits that pass on their awards to for-profit corporations. Federal grants management policy is clear that the eligibility requirements that apply to first-level entities cannot be evaded by passing awards through second or sub-level entities that could not have received the award in the original competition.

## Section V: Scope of Work

This section refers to the scope expected from each successful applicant. This includes key underlining program objectives and qualities along with the service categories that applicants can apply for. **This section also contains an important chart on page 34 that shows which service categories are required and which are optional.**

### Subsection A: Key Program Objectives and Qualities

#### *Addressing the Needs and Filling the Gaps*

Ryan White Part B funds target PLWHAs who do not have sufficient healthcare coverage or financial resources for coping with HIV disease by addressing needs and filling in gaps in care not covered by other sources. As a result, EOHHS will award funds to applicants that demonstrate an ability to contribute to the creation and maintenance of a statewide HIV care infrastructure.

***The primary goal associated with the scope of work for each applicant is to address needs and meet gaps in the existing systems of HIV care to ensure quality, comprehensive, coordinated and responsive care.***

Furthermore, Rhode Island seeks to maintain and improve the health of all PLWHA in the state. While doing so HRSA is clear that the services are to be payer of last resort, cost effective, quality oriented. We seek applicants that shall maximize productivity for each awarded Ryan White dollar within federal and state contracting limits. Funded Ryan White providers must be aware of the changing landscape and clearly determine their role in this new healthcare environment.

The goal of this RFP is to assure that, Rhode Island's Ryan White Part B funds reach the populations they have been charged to reach (those disproportionately impacted by HIV disease, the underinsured, uninsured and undocumented; the poor; ethnic and racial minorities; women; and people of all ages), by identifying those unaware of their status, enrolling PLWHA in care, keeping them in care, paying for essential services, and reaching people other payers do not. EOHHS encourages the design of proposals, which aim to achieve "100% access and 0% disparity" with respect to the provision of comprehensive HIV core medical and support services for PLWHA in Rhode Island.

***To that end, each applicant must address the needs and gaps within the current system of HIV care within the state and create specific outreach, recruitment and maintenance components that directly and positively affect PLWHA.***

### *Cultural Competence*

The U.S. Health Resources and Services Administration (HRSA) defines cultural competence as “a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural and linguistically diverse situations.”

National Standards for Culturally and Linguistically appropriate Services (CLAS) in Health Care mandates, guidelines, and recommendations issued by the U.S. Department of Health & Human Services, Office of Minority Health are intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health care services. CLAS **mandates** are current federal requirements for all recipients of federal funds (<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=15>).

Within the scope of work applicants must explain and insure they are able to approach diverse populations in a culturally competent and effective manner. Rhode Island’s Ryan White Part B funds target PLWHA living throughout Rhode Island and the New Bedford/Fall River Metropolitan Statistical Area (MSA) – a racially, ethnically, culturally and linguistically diverse population – and since HIV/AIDS infection has had a devastating impact on low-income persons, women, and racial and ethnic minority populations the selected contractors must demonstrate cultural and linguistic competence.

***Towards the goal of creating culturally competent service provision and policies within/between agencies, each applicant must address specific cultural competency criteria that prove your program is effective as part of the scope of work.***

### *Quality Management*

Quality management is a continuous process to improve the degree to which a health or social service meets or exceeds established professional standards and user expectations. The purpose of a quality management program is to ensure that: (a) services adhere to PHS guidelines and established clinical practice; (b) program improvements include supportive services; (c) supportive services are linked to access and adherence to medical care; and (d) demographic, clinical, and utilization data are used to evaluate and address characteristics of the local epidemic. (For further information on quality management of the federal Ryan White HIV/AIDS Program, refer to the Technical Assistance Manual available at <http://hab.hrsa.gov/tools/QM/index.htm>.)

Contractors will be required to adhere to EOHHS’s Quality Management Program, which includes, but is not limited to, Service Standards and Performance Measures developed by EOHHS for each service category funded through this RFP. Performance Measures are clearly labeled, and all applicants must integrate these performance measures into their goals and objectives. The Performance Measures developed by EOHHS will be based on the most current federal HIV Performance Measures (See <http://hab.hrsa.gov/special/habmeasures.htm>) and input from key local stakeholders. The Performance Measures will comprise indicators that EOHHS will use in monitoring the quality of care provided by its contractors. EOHHS will select Performance

Measures that are most important to Rhode Island and the HIV populations it serves. Contractors will be required to submit quality management reports to EOHHS in accordance with federal and state requirements.

*As part of the scope of work all applicants/vendors must have a clearly written quality management plan with associative service standards and performance measures in accordance with the HRSA guidelines. Each agency must also designate one staff member that is affiliated with the Ryan White contract, as a HIV Quality Management Liaison and that person or designee must serve on the Rhode Island HIV Quality Management Committee and designate a staff person within the body of your proposal.*

## **Subsection B: Summary of Specific Requirements to be Included in the Scope of Work**

### *General Requirements of All Applicants*

- a. **Service Reports:** Report Ryan White HIV/AIDS Program Services Reports (RSR) in accordance with federal and state requirements. For additional information about HRSA's RSR reporting requirements, see <http://hab.hrsa.gov/manageyourgrant/clientleveldata.html>.
- b. **CAREWAre:** Contractors will be required to have data systems that are transferrable and complimentary to CAREWAre software. They also have the option of utilizing CAREWAre within their agencies and reporting directly via this system. CAREWAre is free software for managing and monitoring HIV clinical and supportive care, which quickly produces a completed Ryan White HIV/AIDS Program Services Report (RSR). For additional information about CAREWAre, see <http://hab.hrsa.gov/CAREWAre/>. If you are currently a funded agency and do not have the internal capabilities of transferring data into CAREWAre (exporting data to the EOHHS) your proposal may be disqualified. Funded service providers will be required to complete a Service Provider Report to HRSA on-line. In addition to providing some basic information about their organization, providers, in collaboration with EOHHS, will be required to view a list of Ryan White Program services and check the boxes next to all services that their organization delivered to Ryan White Part B clients during the reporting period. In addition, service providers will be required to submit a Client Report on-line as an electronic file upload using a standard format. Each upload file will contain one record per client. Each client record will include information on demographic status, HIV clinical information, HIV-care medical and support services received, and the client's "UCI", - an encrypted, unique client identifier.
- c. **Gaps and Needs:** Contractors will be required to document gaps and needs within their scope of programming and activities. They must participate in needs assessment, comprehensive planning, and coordinated statement of needs activities in accordance with federal and state requirements. These activities involve a process of collecting information about the need for services among PLWHA (both those receiving care and those not in

care). The information is analyzed to identify what services are needed in Rhode Island. Results from the needs assessment will be utilized to set priorities for the allocation of resources, developing a statewide comprehensive plan and coordinated statement of need. Participation in this process will include but not be limited to, participating in meetings, working with EOHHS to coordinate provider and/or client survey and/or focus groups activities involving contractor staff and clients, and implementing and sharing the results of any internal needs assessment data and/or survey information pertaining to client needs, gaps, and service priorities with EOHHS. Applicants must have a firm understanding of the needs and gaps within the targeted populations they serve. To that end, the State has done extensive analysis on needs and gaps and these assessments and analyses are shared herein. Agencies applying for these funds must reveal agency specific and/or other agency population data that reflect needs/gaps. Typically agency utilized accumulated data to describe these gaps and capitalize upon the state's HIV needs assessment processes. Each agency applying for funds must submit accurate and detailed needs assessment and gaps data based upon the services provided under Ryan White, and other services for people living with HIV/AIDS. Failure to do so may disqualify the applicant's proposal.

- d. **Quality Management Plan:** Contractors awarded funds through this RFP must present a quality management plan and establish a quality management program that are consistent with the most recent Public Health Services guidelines for the treatment of HIV/AIDS and related opportunistic infections and, as applicable, to develop strategies for ensuring that services are consistent with the guidelines for improvements in the access and quality of HIV services. The quality management program must be approved by EOHHS prior to implementation. *If you are a currently funded agency and do not have a Quality Management Plan for your agency devoted exclusively to the Service Standards in the state HIV QM Plan, your proposal may be disqualified.* Quality management services are a systematic process with identified leadership, accountability, and dedicated resources that uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. Quality management programs should focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement, and need to be adaptive to change.
- e. **Public Awareness Plan:** Contractors are also expected to develop and implement a brief written public awareness plan with a strong evaluation component for ensuring that eligible PLWHA in Rhode Island are made aware of the availability of Ryan White funded services. The public awareness plan must be approved by EOHHS.

#### *Service Category Selection*

As part of the scope of work and noted activities, applicants must select from the following "Definitions for Eligible Services under Rhode Island's Ryan White HIV Care Part B Program". (Note that RI has chosen to fund some of the HRSA allowable service categories, not all.)

These definitions, which are based on the federal HIV/AIDS Bureau's list of definitions for eligible services (October 1, 2016), updated Policy Notice 16-02 describing the allowable uses of Ryan

White HIV/AIDS Program funds for defined categories for eligible individuals (April 8, 2010) and Policy Notice 07-04 regarding the use of Ryan White funds for transitional support and primary care services for incarcerated persons (September 28, 2007), have been tailored to meet Rhode Island's specific needs.

**Applicants that wish to provide oral health care, health insurance premium assistance, mental health services, medical nutrition therapy, emergency financial assistance, food bank/home delivered meals, medical transportation, and psycho-social support services must also provide non-medical or medical case management services.**

#### Summary Chart: Menu of All Available Service Categories

The following chart summarizes the available service categories for applicants. Some services (labeled *required*) must be applied for by all applicants. Other services will only be awarded to one applicant (labeled *one award available*). Some services are intended for medical agencies while others are intended for non-medical agencies. Seven of the services are listed as optional.

For example, only one award will be given for the service category of oral health.

For the required services, each applicant must apply for each required service category OR demonstrate that they will partner with an agency that provides those services.

Credential medical agencies must pick one or more service categories from the column “Intended for Credentialed Medical Agencies.” Likewise, credentialed non-medical agencies must pick one or more service categories from the column “Intended for Credentialed Non-Medical Agencies.”

Any applicant agency may pick a service category from the column “Optional Services.” Applicant agencies are not required to pick a service category from this column.

<b>Service Category</b>	<b>Required</b> <i>(all applicants must apply for ALL of these service categories OR demonstrate that they will partner with an agency that provides those services)</i>	<b>One Award Available</b> <i>(each category will be awarded to only one applicant)</i>	<b>Intended for Credentialed Medical Agencies</b> <i>(Credentialed medical agencies required to pick one or more)</i>	<b>Intended for Credentialed Non-Medical Agencies</b> <i>(Credentialed non-medical agencies required to apply for this service category)</i>	<b>Optional Services</b> <i>(Agencies may pick 0 or more)</i>	<b>Provided by EOHHS</b>
<b>Core Medical Services</b>						
1. Ambulatory Outpatient Medical Care			X			
2. Early Intervention Services	X					
3. Health Insurance Premium and Cost Sharing Assistance (e.g. COBRA)		X				X*
4. Home and Community Based Health Services					X	
5. Home Health Care			X			
6. Medical Case Management			X			
7. Medical Nutrition Therapy	X					
8. Mental Health Services	X					
9. Oral Health Care		X				
10. Substance Use Services*	X					
<b>Support Services</b>						
11. Case Management (non-medical)				X		
12. Child Care Services					X	
13. Emergency financial assistance	X					
14. Health Education Risk Reduction (HERR)	X					
15. Housing Services					X	
16. Food Bank/Home Delivered Meals	X					
17. Legal Services					X	
18. Linguistic Services	X					
19. Medical Transportation Services	X					
20. Outreach	X					
21. Psychosocial support services					X	
22. Rehabilitation Services					X	
23. Respite Care					X	

\*Substance use services may only be funded for individuals with documented co-occurring mental health diagnoses that cannot be funded elsewhere.  
EOHHS provides ADAP and there is one award available for COBRA.

## Description of All Available Service Categories

### Core Medical

Core medical services are a set of essential, direct health care services provided to PLWHA and specified in the Ryan White HIV/AIDS Treatment Modernization Act. As mentioned above the State must invest at least 75% of Ryan White resources for this purpose.

#### 1. Ambulatory Outpatient Medical Care

**Outpatient/ambulatory medical care** includes the provision of professional diagnostic and therapeutic services directly to a client by a physician, physician assistant, clinical nurse specialist, nurse practitioner, or other health care professional certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include 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). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.

#### 2. Early Intervention Services

**Early intervention services (EIS) for Parts A and B** include counseling individuals with respect to HIV/AIDS; 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/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures. Note: All four components of 1.) HIV testing and targeted counseling, 2.) Referral services, 3.) Linkage to care and 4.) Health education and literacy training that enable clients to navigate the HIV system of care, must be present for this service category. Part B funds to be used for HIV testing only as necessary to supplement, not supplant existing funding.

#### 3. Health Insurance Premium and Cost Sharing Assistance

**Health insurance premium and cost-sharing assistance**, also referred to as Health Insurance Program (HIP), is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

**COBRA Health insurance premium assistance** is the provision of financial assistance through premium payments for eligible PLWHA living with HIV to maintain a continuity of health insurance. Eligible individuals include PLWHA who were covered, but who are no longer covered, by an employer-based health plan (the individual may have become unemployed or their employer no longer offers health insurance coverage to its employees). The purpose of the assistance is to maintain uninterrupted access to health care for eligible individuals until they qualify for Medicare, Medicaid, other employer-based health care, or until their COBRA eligibility expires. The contractor must insure timely payment of COBRA benefits in cases that require such assistance.

**AIDS Drug Assistance Program (ADAP)** is a State-administered program authorized under Part B of RWHAP that provides FDA-approved medications to low-income people with HIV/AIDS disease who have limited or no coverage from private insurance, Medicaid, or Medicare. Program funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments. ADAP is provided by EOHHS and not available for application within this RFP.

#### **4. Home and Community Based Health Services**

**Home and community-based health services** includes skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. **Inpatient hospital services, nursing homes, and other long-term care facilities are not included as home and community-based health services.**

*In order to qualify as a Ryan White home and community-based health care agency providing residential services, an agency must provide comprehensive therapeutic nursing and supportive health services care to clients and have Rhode Island Assisted Living Care Facility licensure. An agency may propose to offer in-home care options, and they must prove cost effectiveness associated with the services they provide. The state is interested in minimizing costs associated with hospital emergency department visits, hospitalizations, and long term care stays. In short, if an agency can prove diversion of these high cost items via home and community based health services, they will be highly desirable.*

**To be eligible for a residential home and community based service, clients must have a history of incarceration, substance abuse and/or mental health problems and meet the guidelines for home and community-based health services annually. It is expected that all other sources of funding in the community for home and community-based health care (including opportunities presented through healthcare reform) will be effectively pursued and utilized**

**and that any allocation of Ryan White funds for these purposes will be the payer of last resort. Agencies awarded funds to provide home and community-based health care services must accept referrals from other Ryan White funded agencies that do not provide such services. Funding for this service category will be through line-item reimbursement.**

## **5. Home Health Care**

**Home health care** is the provision of services in the home by licensed health care professionals, such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

## **6. Medical Case Management**

**Medical case management services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff. The coordination and follow up of medical treatments are 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 needs and personal support systems of the client and other key family members. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan, at least every 6 months, as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face meetings, telephone calls, and any other forms of communication.

**If an applicant chooses to apply for medical case management (without transitional services) the setting must fit with the definition herein and must adhere to the delivery requirements associated with medical case management.**

The medical case management services provided under this service category must be provided by trained professionals, including both medically credentialed and other healthcare staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other services. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through an ongoing assessment/reassessment of the client and other key family members' needs and personal support systems.

Referral for healthcare/supportive services are the act of directing a client to a service in person or through telephone, written, or other type of communication. Funds awarded under medical case management must also be used to refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g. Medicaid, Medicare Part D, AIDS Drug Assistance Program (ADAP), Pharmaceutical Manufacturer's Patient Assistance Programs (PAPS), and other state and local health care and supportive services).

*A key component of medical case management are services that have as their principal purpose identification of individuals who know their HIV status but who have dropped out of care and treatment services, including ADAP, so that they may be re-enrolled in such services by the medical case manager.*

## **7. Medical Nutrition Therapy**

**Medical nutrition therapy**, including nutritional supplements, is provided by a licensed, registered dietitian outside of an outpatient/ambulatory medical care visit. The provision of food may be provided pursuant to the recommendation of a health care professional (i.e., physician, physician assistant, clinical nurse specialist, nurse practitioner) and a nutritional plan developed by a licensed, registered dietitian. Nutritional counseling services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service and be reported under psychosocial support services and food bank/home-delivered meals, respectively. Food not provided pursuant to a health care professional's recommendation and a nutritional plan developed by a licensed, registered dietitian should also be considered a support service and is reported under food bank/home-delivered meals.

The provision of nutritional supplements must address unintentional weight loss and malnutrition in an individual caused by decreased intake of food, medication side effects, decreased absorption of nutrients, untreated secondary infection, or alterations in metabolism. It is not acceptable to provide nutritional supplements to individuals to address economic and social conditions, including the lack of knowledge about good nutrition, the inability to prepare meals, or not having enough money to purchase food (these individuals should be referred to nutritional counseling, Meals on Wheels, the Supplemental Nutrition Assistance Program (SNAP), a local Food Bank/Food Pantry or other local nutrition/food assistance program). A clinician must provide documentation that the MNT is medically necessary. The maximum amount of nutritional supplements provided to each individual shall be no more than three cans per day or the equivalent amount in other forms (e.g. powders, bars, etc.). Clients receiving nutritional supplements must have a written nutritional management plan, which would include nutritional counseling, designed by a licensed dietitian to help the client stop the weight loss and regain lost weight and lost Lean Body Mass (LBM) or Body Cell Mass (BCM) through primarily food and the management of medical symptoms, such as nausea, diarrhea, and vomiting. The dietitian must forward a copy of the plan and subsequent progress reports to the client's physician. The physician will determine the progress report schedule. Agencies awarded funds to provide medical nutrition therapy services must accept referrals from other Ryan White funded agencies that do not provide such services. Funding for services provided by the dietitian and the nutritional supplements will be provided through line-item reimbursement. Agencies applying for this service must be also apply for and be successful in receiving funds for non-medical or medical case management services so as to create and effective use of these funds.

## 8. Mental Health Services

**Mental health services** are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers. The goal of this funding is to support PLWHA maintaining treatment adherence by improving their mental health through the provision of mental health and/or dual mental health/substance abuse counseling and care coordination between the funded agency and the client's primary care provider. *Substance abuse counseling services provided to eligible PLWHA who do not have a mental health diagnosis is not allowable under this service category.* Individuals who receive Ryan White funded mental health services must have no source of healthcare or have public or private insurance that does not meet their mental healthcare needs. It is expected that all other sources of funding in the community for mental health services will be effectively utilized and that any allocation of Ryan White funds for these purposes will be the payer of last resort. Agencies awarded funds to provide mental health services must accept referrals from other Ryan White funded agencies that do not provide such services. Funding for this service category will be through line-item reimbursement.

Peer recovery supports are also included in mental health services. **Peer Recovery Supports** are provided by individuals who have lived experience with mental illness and/or substance use disorders, focusing on one-to-one strength-based support to persons in recovery. SAMHSA defines recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential" Peer recovery supports assumes that everyone is capable of recovery, that there are many paths to recovery and are an important component in a recovery oriented systems of care (ROSC), [http://www.samhsa.gov/sites/default/files/rosc\\_resource\\_guide\\_book.pdf](http://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf). Peer Recovery Supports are provided by Peer Recovery Specialists (PRS). Peer Recovery Specialist may also be referred to as Peer Support Specialist or Peer Recovery Coaches. PRS offer insight into the recovery process based on their lived experience and offer a unique perspective for those with similar challenges. PRS are not clinical providers, sponsors or case managers and do not replace other professional services. They are trained providers who serve as mentors, role models, motivators, and advocates and provide access to community-based resources, implement self-directed recovery planning and support in navigating state and local behavioral health services. HRSA lists psychological support services as an allowable use of funds under Support Services, [http://hab.hrsa.gov/affordablecareact/service\\_category\\_pcn\\_1\\_6-02\\_final.pdf](http://hab.hrsa.gov/affordablecareact/service_category_pcn_1_6-02_final.pdf). HRSA requires PLWA accessing behavioral health and/or Peer Recovery Supports, have a primary diagnosis of a mental illness but may address co-occurring substance use disorders.

Rhode Island has a certification process for PRS through the state's Certification Board (RICB). To learn more about Peer Recovery Supports in Rhode Island and the requirements of the Certified Peer Recovery Specialist (CPRS) visit the Rhode Island Certification Board (RICB) website,

<http://www.ricertboard.org/requirements--applications.html>. For additional information on peer recovery supports: [http://jsi.com/JSIInternet/Inc/Common/download\\_pub.cfm?id=16496&lid=3](http://jsi.com/JSIInternet/Inc/Common/download_pub.cfm?id=16496&lid=3)

Applicants applying for the mental health service category are encouraged to partner with community-based agencies providing Peer Recovery Supports and/or certified Peer Recovery Specialists in RI or develop PRS as a service provided by the applying organization. Currently (as of July 27, 2016) there are 86 certified Peer Recovery Specialist in the state, a list is provided on the RICB website, <http://www.ricertboard.org/professionals.html>.

## 9. Oral Healthcare

**Oral healthcare** includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants. Individuals who receive Ryan White funded oral health care services must have no source of health care or have public or private insurance that does not meet their oral health care needs. In Rhode Island, our goal is to focus upon preventive care, and when absolutely necessary therapeutic services when no other payer is available. These services are provided on a case-by-case basis.

Non-profit agencies that propose to provide reimbursement to licensed dentists (including their trained staff) who provide oral health care services directly to eligible PLWHA are eligible to apply for these funds. ***In addition, EOHHS will strongly consider agencies that have solicited oral health insurance bids from reputable agents as part of this proposal. Specifically, agencies that provide us with estimates of oral health insurance that match or are below the yearly cap per client, will be highly desirable. In this scenario clients will receive basic coverage for dental services, be issued a card from the insurer, and the insurer shall establish a relationship with the agency. The successful agency in this case shall be the payer to the insurer and no clients shall receive direct monies. In this scenario the likelihood of providing a comprehensive array of dental services is increased whereby preventive and therapeutic services will be possible.***

Regardless of the option selected by the applicant, organizations awarded funds under this category must develop and implement a consumer outreach plan, with a strong evaluation component, that is designed to maximize the number of eligible clients who access oral health care benefits. Agencies awarded funds under this category must accept referrals from Ryan White funded agencies that do not provide such services.

As mentioned above, the annual benefit for clients who receive Ryan White-funded oral health care services will have a yearly cap per client. Clients who need oral health care services that exceed the cap will be required to obtain pre-authorization from EOHHS. If an oral health insurer is involved then the oral health insurer shall dictate eligibility and payment to dentists. The agency must be specific as to what these benefits consist of in their proposal. EOHHS reserves the right to review and revise the benefit cap and reimbursement rates provided by contractors for oral

health care services annually based on the reasonable cost of providing such services and other considerations, as appropriate.

## 10. Substance Use Services

**Substance abuse services (outpatient)** are medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel. They include limited support of acupuncture services to HIV-positive clients, provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.

**Substance use services may only be funded for individuals with documented co-occurring mental health diagnoses that cannot be funded elsewhere.**

### Support Services

Support services are a set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS.

## 11. Case Management (Non-Medical)

**Case management services (non-medical)** include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

Non-medical case management does not involve coordination and follow-up of medical treatments. Referral for health care/supportive services are the act of directing a client to a service in person or through telephone, written, or other type of communication. Individuals who receive Ryan White funded non-medical services must have no source of care or have public or private insurance that does not meet their non-medical case management needs.

Funds awarded under non-medical case management must also be used to refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g. Medicaid, Medicare Part D, AIDS Drug Assistance Program (ADAP), Pharmaceutical Manufacturer's Patient Assistance Programs (PAPS), and other state and local EOHHS care and supportive services). Contractors providing non-medical case management services under this RFP must adhere to EOHHS's current scope of work for non-medical case management services. EOHHS reserves the right to revise the scope or work for non-medical case management services in response to changing client needs and new state or federal requirements.

*A key component of non-medical case management are services that have as their principal purpose identification of individuals who know their HIV status but who have dropped out of care*

*and treatment services, including ADAP, so that they may be re-enrolled in such services by the non-medical case manager. To that end, agencies applying for this category must assert a specific plan for working with clients who know their HIV status but who have dropped out of care and treatment services, including ADAP, so that they may be re-enrolled in such services.*

Reimbursement for Ryan White services regarding non-medical (Non-Medicaid) case management will be through line-item reimbursement. ***This is noted as a change from the past practice of the state, which allowed for a unit cost structure.*** For non-Medicaid case management clients, applicants must create a budget that is based upon salary, and line items pertaining to the execution of the service. Applicants must be clear, have adequate back up, and state the time and effort associated with each client when asking for reimbursement. Agencies applying for this category of service must illustrate how they will account for the funds associated with this program as they relate to Part B clients. Agencies must also describe in detail the severity/acuity index they apply to clients and the number of clients they service that fall into the severity/acuity index categories (e.g., low, medium, high).

In order to be accepted and approved as a non-medical case management organization the vendor must be a Medicaid provider.

## **12. Child Care Services**

**Child care services** are care for the children of clients who are HIV positive while the clients are attending medical or other appointments, or RWHAP-related meetings, groups, or training. These services do not include child care while the client is at work.

## **13. Emergency Financial Assistance**

**Emergency financial assistance** is the provision of one-time or short-term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation, and medication. Part A and Part B programs must allocate, track, and report these funds under specific service categories, as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02) <ftp://ftp.hrsa.gov/hab/t2SecIVChap1.pdf>. Agencies deliberately and clearly must set priorities and delineate and monitor what part of the overall allocation for emergency financial assistance is obligated for each allowable category (medical transportation, essential utilities, rental payments, and prescription assistance). Careful monitoring of expenditures within a category of “emergency financial assistance” is necessary to ensure that planned amounts for specific services are being implemented, and to indicate when reallocations may be necessary.

In addition, agencies must develop standard limitations on the provision of funded emergency financial assistance to eligible individuals/households and mandate their consistent application. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively utilized and that any allocation of Ryan White funds for these purposes will be the payer of last resort, and for limited amounts, limited use, and limited periods of time. Agencies

awarded funds to provide emergency financial services must accept referrals from other Ryan White funded agencies that do not provide such services. Agencies applying for this service must be also apply for and be successful in receiving funds for non-medical or medical case management services so as to create and effective use of these funds.

The provision of emergency financial assistance will be limited to a total of \$2,500 per client per year regardless of the type of emergency assistance provided (medical transportation, essential utilities, rental payments, and prescription assistance). EOHHS reserves the right to modify this limit at any time based on emerging needs assessment data, client utilization patterns, the state of the economy, and other considerations. Agencies applying for this service must outline the specific eligibility requirements for clients and specify any funding that may augment this service. Agencies applying for this service must be also apply for and be successful in receiving funds for non-medical or medical case management services so as to create and effective use of these funds.

#### **14. Health Education Risk Reduction (HERR)**

**Health education/risk reduction** activities educate clients living with HIV about how HIV is transmitted and how to reduce the risk of transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status. **Health education/risk reduction services can only be delivered to individuals who are HIV positive. These services cannot be delivered anonymously. Client-level data must be reported for every person who receives these services.**

#### **15. Housing Services**

**Housing Services** are short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that provides some type of medical or supportive services (such as residential substance abuse or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services but is essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment. Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments. Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Therefore, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation. For more information, see the policy “The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs” at <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>.

## **16. Food Bank/Home Delivered Meals**

**Food Bank/Home Delivered Meals** refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following: Personal hygiene products, Household cleaning supplies, Water filtration/purification systems in communities where issues of water safety exist. Unallowable costs include household appliances, pet foods, and other non-essential products.

Food vouchers provided as an ongoing service to a client should be reported in this service category. Food vouchers provided on a one-time or intermittent basis should be reported in the emergency financial assistance category.

It is expected that all other sources of funding in the community for emergency food bank/home-delivered meals will be effectively utilized and that any allocation of Ryan White funds for these purposes will be the payer of last resort. Agencies applying for this service must outline the specific eligibility requirements for clients and specify any funding that may augment this service. Agencies awarded funds to provide food bank/home-delivered meals must accept referrals from other Ryan White funded agencies that do not provide such services. Agencies applying for this service must be also apply for and be successful in receiving funds for non-medical or medical case management services so as to create and effective use of these funds.

## **17. Legal Services**

**Legal services** are services to people with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under RWHAP. Legal services to arrange for guardianship or adoption of children after the death of their primary caregiver should be reported as a permanency planning service.

## **18. Linguistic Services**

**Linguistic services** include interpretation (oral) and translation (written) services, provided by qualified people as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support the delivery of RWHAP-eligible services.

## **19. Medical Transportation Services**

**Medical transportation services** are conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services. Funds may be used to provide transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care. Individuals who receive Ryan White funded medical transportation services must have no source of health care or have public or private insurance that does not meet their medical transportation needs. Agencies awarded funds

to provide medical transportation services must accept referrals from other Ryan White funded agencies that do not provide such services. Funding for medical transportation services will be provided through line-item reimbursement. Agencies applying for this service must be also apply for and be successful in receiving funds for non-medical or medical case management services so as to create and effective use of these funds. Agencies applying for this service must outline the specific eligibility requirements for clients and specify any funding that may augment this service.

## **20. Outreach**

**Outreach services** have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. Broad activities such as providing leaflets at a subway stop, a poster at a bus shelter, or tabling at a health fair would not meet the intent of the law. These services should target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort, targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection, conducted at times and in places where there is a high probability of reaching individuals with HIV infection, and designed with quantified program reporting that will accommodate local effectiveness evaluation. **RWHAP outreach services cannot be delivered anonymously. Client-level data must be reported for every person who receives this service.**

## **21. Psychosocial support services**

**Psychosocial support services** are support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Nutrition counseling services provided by a nonregistered dietitian are reported in this service category. Individuals who receive Ryan White funded psychosocial support services must have no source of care or have public or private insurance that does not meet their psychosocial support service's needs. Agencies applying for this service must outline the specific eligibility requirements for clients and specify any funding that may augment this service. Agencies awarded funds to provide psychosocial support services must accept referrals from other Ryan White funded agencies that do not provide such services. Funding for psychosocial support services will be provided through line-item reimbursement.

Nutritional services and nutritional supplements provided by a licensed, registered dietician are considered a core medical service and should be reported as Medical nutrition therapy. The provision of food and/or nutritional supplements by someone other than a registered dietician should be reported in the Food bank/home-delivered meals service category.

## 22. Rehabilitation Services

**Rehabilitation Services:** Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. *Program Guidance:* **Examples of allowable services under this category are physical and occupational therapy.**

## 23. Respite Care

**Respite Care** is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV. *Program Guidance:* Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities. Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

## Section VI: Corporate Experience, Staffing, and Contractor/State Requirements

### *Corporate Experience*

The Contractor must have the corporate resources necessary to support the successful outcome of this contract. The contractor selected will have the requisite experience and resources to carry out the activities detailed in this Request. More specifically, the successful contractor:

- Must be an organization that meets the competence and independence requirements set forth in 42 CFR 438.354
- Must have staff available with the required expertise and experience for this proposed contract

### *Staffing*

The Applicants will identify staff that are associated with key areas of programming:

- Project Manager/Supervisor
- Quality Management Liaison
- Data Analyst/Programmer
- Credentialed Staff Associated with Service Categories Selected. For example, case managers, physicians, etc.

### *Corporate Responsibilities*

The following are the major responsibilities of the Contractor and the State of Rhode Island:

- **Multiple Awards** – A variety of contracts will be awarded.
- **Conditions Governing Subcontracting** – If the Contractor intends to use any subcontractors, the Contractor must clearly identify the subcontractor in the response to the RFP. The Contractor retains responsibility for the completion and quality of any work assigned to subcontractors. The Contractor is expected to supervise the activities of subcontractors and employees in order to ensure quality. A Memorandum of Agreement is a necessary component of this RFP for all sub-contractors.
- **Compliance with Statutory, Regulatory and Other Standards** – The Contractor must comply with all applicable State and Federal regulations and statutes.
- **Confidentiality and Protection of Public Health Information and Related Data** – The Contractor shall be required to execute a Business Associate Data Use Agreement, and any

like agreement, that may be necessary from time to time, and when appropriate. The Business Associate Agreement, among other requirements, shall require the successful bidder to comply with 45 CFR 164.502(e), 164.504(e), 164.410, governing Protected Health Information (“PHI”) and Business Associates under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 USC Section 1320d, et seq., and regulations promulgated there-under, and as amended from time to time, the Health Information Technology for Economic and Clinical Health Act (HITECH) and its implementing regulations, and regulations promulgated there-under, and as amended from time to time, the Rhode Island Confidentiality of Health Care Information Act, R.I. General Laws, Section 5-37.3 et seq. The successful Bidder shall be required to ensure, in writing, that any agent, including a subcontractor, to whom it provides Protected Health Information received from or created or received by and/or through this contract, agrees to the same restrictions and conditions that apply through the above-described Agreements with respect to such information. Any information provided by the Department to the Contractor for the completion of the project may not be sold, given or otherwise shared with outside parties.

- **Office Space and Equipment** – The Contractor shall supply its own office space and equipment such as desks, file cabinets, and telephones. The Contractor need be located in the State of Rhode Island.
- **Computers** – The Contractor shall supply its own computers, printers, and basic Microsoft Office software. The Contractor is responsible for any special software required for tasks related to the scope of work.
- **Data and Reports** – Data, information, analyses, reports or publications prepared by the Contractor as part of the scope of work, shall be deemed to be the property of the State. Any equipment purchased and paid for by the State under this contract, if any, shall be considered as Rhode Island State property.

The contractor will work under the direction of the EOHHS-designated Project Director.

#### *Minimum Vendor Requirements to Meet HRSA Requirements*

The successful applicant(s) will have the requisite experience and resources to carry out the activities detailed in the scope of work section of this RFP that they propose to provide to eligible PLWHA. Specifically, the successful applicant(s) must:

- Be a non-profit organization (designated a 501(c)3 organization by the Internal Revenue Service)
- Have expertise providing medical care and/or support services to PLWHA
- Be Medicaid-certified if providing Medicaid-eligible services
- Demonstrate cultural and linguistic competence through clearly defined values, behaviors, attitudes, policies, structures and practices and compliance with, at a minimum, CLAS mandates

- Provide a sufficient number of dedicated on-site and/or consulting staff with expertise and credentials to carry out funded activities
- Have the expertise to participate in quality management and needs assessment activities
- Implement and maintain an electronic system for reporting federally mandated Ryan White HIV/AIDS Program Services Report (RSR) and other data, including, but not limited to, CAREWAre, client and encounter and level data (CLD and ELD), quality management data, and progress report data, in accordance with EOHHS's requirements

### *Contractor Responsibilities*

The contractors selected as a result of this RFP will:

- Be responsible to the Administrator of Medical Services and the HIV Provision of Care and Special Populations Unit staff of the Rhode Island Executive Office of Health & Human Services.
- Identify a Project Director as well as an HIV Quality Management Liaison, a Reporting specialist, a Data Manager, a Monitoring Standards/Fiscal contact and other appropriate staff to support the tasks outlined in the RFP and the designated contract to successful applicants. Dependent upon the scope of work, one person may assume more than one role.
- Provide office space, equipment, utilities, and supplies necessary for the management of the project.
- In accordance with EOHHS requirements, develop, maintain, and enhance an agency quality management plan and program consistent with HRSA requirements that includes service standards and performance measures developed by EOHHS and serves to identify needs and gaps in services as well as in helping to ensure the delivery of quality services to clients.
- Develop and implement a strategy for assessing the needs of their clients annually (e.g. a client needs assessment and a client service satisfaction survey should be included and distinct. We recommend including these into the assessment component) and share the results of completed assessments, or portions thereof, with EOHHS for the purpose of inclusion as a part of the EOHHS's comprehensive Ryan White Part B needs assessment.
- In accordance with EOHHS's requirements, comply with all required project reporting requirements; including data reports, annual WICY report, annual RSR, Monitoring Standards, QM Service Standards and QM Performance Measures.
- Collaborate with EOHHS to develop, implement, and enhance data systems that will allow for the accurate collection and reporting of program data.
- Submit monthly invoices utilizing EOHHS approved invoice forms by the 10<sup>th</sup> of each month.
- Appoint appropriate staff to serve on the State's HIV Care and Prevention Planning Group (CPPG) and its associated subcommittees, including, but not limited to the Quality Management Committee, groups focused on quality management, needs

assessment, comprehensive planning, coordinated statement of needs, quality management, systems of care, and RSR reporting activities.

- Allow a team authorized by EOHHS to periodically conduct comprehensive site reviews to assure that contractors conform to existing federal Office of Management & Budget (OMB) requirements and federal and state Ryan White Part B program Monitoring Standards and requirements, and to take corrective actions if contracted services are found not to be in compliance with these requirements
- Serve each client equitably, without regard to the client's age, gender, sexual orientation, disease status, local residency, citizenship status, etc.
- Collect and report gross program income earned by the vendor under a grant directly generated by grant-supported activity or earned as a result of the award consistent with federal grant requirements.
- Conduct and submit to EOHHS audits, using auditors meeting established criteria for qualifications and independence, in accordance with federal OMB requirements.
- Provide a documented and verifiable 10% match in non-federal revenue sources.
- Inform EOHHS immediately of any waiting lists or delays in providing Ryan White funded services to eligible PLWHA.
- Comply with all federal and state monitoring and reporting requirements.
- Adherence to NHAS, strategies developed to create Equity among PLWHA, Early Identification of Individuals Living with HIV/AIDS (EIIHA) and Healthy People 2020 by creating strategies or plans that outline specific methods associated with agency support of the NHAS, equity, HP 2020 and goals associated with these national endeavors.

## Section VII: Proposal Submission Requirements

The Rhode Island Executive Office of Health and Human Services, within its delegated authority and on behalf of the Rhode Island Department of Administration (DOA) is issuing this Request for Proposal. Any attempt by a bidder to contact any State employees regarding this procurement, other than those named above, may cause rejection of a bid submitted by that party.

### *Questions*

Questions concerning this solicitation may be emailed to Katelyn. Case @ ohhs.ri.gov at EOHHS, Ryan White HIV Provision of Care no later than the date and time indicated on page one of this solicitation. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP number of all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the Help Desk at (401) 574-8100.

Bidders should recognize that the only official answers to any questions will be those made in writing and issued by the Office of Purchases to prospective bidders.

### *Procurement Resources Library*

Page 11 contains a listing of available Web-based resources that may be helpful to offerors in preparing their proposals.

### *Proposal Submission Overview*

Bidders shall submit a Technical Proposal with and associated budget and budget justification (narrative). The Technical Proposal shall be bound with clips and no staples.

Individual page limits have been specified for each worksheet in the technical proposal and cost proposal in **Section VII, Subsection A**. Times New Roman font no smaller than 12 points must be used.

Proposals (an original, plus seven (7) hard copies) must include the following:

1. A completed and signed three-page RIVIP Bidder Certification Form, available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
2. Letter of Transmittal on company/organization letterhead that indicates that the bidders agreement to comply with the terms and conditions of this RFP and the name, address, telephone number and e-mail address of the individual who serve as the lead contact representing the bidder. The owner, officer of individual who in authorized to legally bind the organization in contractual matters, must sign the Letter of Transmittal.

3. A separate, signed, sealed Technical Proposal consisting of the corresponding worksheets (specified in Section VII, Subsection A) describing the qualifications and background of the applicant and experience with similar programs, as well as the work plan, or approach proposed for this requirement.
4. A separate, signed, sealed Cost Proposal consisting of the corresponding worksheets (specified in Section VII, Subsection A) reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
5. A completed and signed W-9 (taxpayer identification number and certification). Form is downloadable at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
6. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (flash drive). Microsoft Word/Excel or PDF format is preferable. Two (2) electronic copies are requested and should be identical to the original hard copy submission. In any variance between the hard copy and electronic file, the original hard copy takes precedence.

All proposals must conform to the following writing guidelines:

- Written in English;
- Use 8 ½ x 11 inch,
- One (1) inch margins on all sides, except for pre-printed forms provided;
- Font - Twelve (12) point Times New Roman;
- Text spacing - 1 ½ lines, with the exception of the abstract;
- Pages printed on one side only;

The entire proposal must be typed in black ink on white paper. Applications may be bound with a metal clip or elastic band, but cannot be stapled or permanently bound. The narrative must be typed on one side of each page and the applicant's name must appear on each page. The entire application must be sequentially page numbered.

*Submission Time and Location*

Requests for Proposals to provide the services covered by this Request must be received by the EOHHS on or before the date and time indicated on page one of this solicitation. Responses received after this time as registered by the official time clock in the reception area of EOHHS, will not be considered.

Responses (**an original, seven (7) hard copies, and two (2) electronic copies on a flash drive**) should be hand-delivered in a sealed envelope marked “**RFP # HIV-17-1:**”

**Executive Office of Health and Human Services**

Hazard Building, 1<sup>st</sup> Floor Reception Desk  
74 West Road  
Cranston, RI 02920  
401-462-3520

***The technical proposal and cost proposal need to be separately sealed and signed with the RFP # and agency name visible on the outside of each envelope.***

Proposals misdirected to other State locations or which are otherwise not presented at EOHHS by the scheduled due date and time will be determined to be late and will not be considered. We strongly recommend hand delivery. Proposals that have been faxed, or emailed to EOHHS will not be considered. The official time clock is located in the reception area of the EOHHS.

## Subsection A: Technical Proposal & Cost Proposal

The technical proposal consists of six main components:

- (1) Agency Cover Sheet, Abstract, and Table of Contents
- (2) Project Narrative
- (3) Service Category Plan(s)
- (4) Strategies to Meet Requirements
- (5) Agency Qualifications
- (6) Staffing Plan

The cost proposal consists of three main components:

- (7) Service Category Budget Form
- (7b) Total Budget Form
- (8) Budget Narrative

### Technical Proposal

*(1) Agency Coversheet, Abstract, and Table of Contents*

Use **Worksheet 1** to complete this section.

**Agency Abstract** – Submit a brief, one (1) page abstract of the proposed submission. The abstract may be single-spaced.

Note that if you are applying for more than one service category you must clearly state those in the cover abstract. The individual(s) authorized to sign on behalf of the applicant organization must sign the cover page. As noted previously, the cover page must be included as the first page of the application. A Table of Contents must follow the abstract and the cover page. There is no limit to the Table of Contents.

## (2) Project Narrative

Use **Worksheet 2** to complete this section. The page limit for this section is 10 pages.

**Project Narrative** – Applicants must follow the outline below when preparing narratives. Please organize the requested information with the appropriate number or letter as listed below.

The information contained in the Project Narrative section constitutes a bulk of the proposal. Requested supporting documentation must be included as appendices. Do not include oversized pages or attachments, audio/video clips, etc. All supplementary appendices must be directly related to this application. The Project Narrative must be presented in accordance with the following format:

### (a) Introduction

Please describe to the reviewers what you plan to accomplish and outline the parameters of the content of your intent and proposal.

### (b) Needs Assessment

The applicant must provide the following information:

- A geographic description of the service area your agency will serve regarding communities affected by HIV/AIDS. Discuss seasonal or topographic factors if they impact the availability of and accessibility to Ryan White service categories for which funding is requested. If you are to extend beyond state lines into the MSA designated areas of New Bedford and Fall River clearly describe the outreach and the physical ability of the agency to be in these areas (e.g., We have an office in New Bedford, We have a mobile van that shall be located on XXX Street in Fall River, We have outreach workers in Fall River and New Bedford designated for the purposes of XXX...etc.).
- A demographic description of the service area and populations proposed to be served. Demographic statistics should be included if the information impacts access to or delivery of Ryan White services categories for which funding is requested. Examples of data presented could include, but not be limited to, health disparities, including race/ethnicity, and special populations.
- A description of the needs and gaps of the eligible PLWHA to be served that experience disparities in access to the core medical and/or support service categories for which funds are requested. **Agencies that have received funding in the past must reveal data from assessments and or specific data they have accumulated under their Ryan White funding time span. Failure to do so will result in deductions from overall scoring.** Agencies not currently funded with Ryan White resources must also have definitive assessments that display need and/or gaps of the populations they intend to serve. Applicants may **not** append

additional assessments or reports. The reviewer's shall be looking at specific data that reveals needs/gaps, an analysis of that data and integration of the needs/gaps assessments with the proposal (e.g., Based on this data and the needs/gaps described herein ,agency XXX can meet these needs/gaps in the following manner...).

**(c) Populations to Be Served/HIV Continuum of Care Described**

- Describe any high priority populations and/or target area to be served. Describe disparities and incorporate equity strategies that meet the populations you mention. Target populations include minorities, MSM, Transgender, Women, Infants, Children and Youth as described by Rhode Island's epidemiology.
- A description of the continuum of care offered by the applicant, including how clients are supported in accessing and in remaining in care. Follow the NHAS here and designate goals that compliment NHAS as well as specific strategies as to how your agency and this proposal will isolate people out of care, keep them in care and support prevention activities associated with decreasing incidence.

**(d) Operational Description of the Program(s)**

- A description of existing resources for the provision of this service category for which funding is requested.
- Description of any fee schedules and/or restrictions (such as waiting lists, cost-shares, or co-pays, etc.).
- A description of statewide or community resources and networks related to HIV care, including inter- and intra-agency linkages. Describe the relationship with these organizations. Describe how the agency will work with other agencies within a comprehensive system of care framework and minimize duplication of resources. Provide copies of formal agreements if applicable.

- (e) Fulfill the Purpose of Ryan White** - A description of how the applicant's proposed project plan will reflect the intended purpose of Ryan White for the service categories for which funds are requested. This section should describe the applicant's understanding of federal and state Ryan White Part B requirements. Be certain to adhere the HRSA/Rhode Island definitions for the service areas you select and describe.

- (f) **Address Disparities and Access** - A description of how the applicant’s plan will reduce or eliminate service and health outcomes/disparities among populations with specific needs for services proposed to be funded. A description of how proposed Work Plan activities will provide increased access to the HIV continuum of care for minority communities and will meet the needs of any emerging populations.
- (g) **Pursuing Health Equity** - A description of how the agency will utilize all sources of funding available to it to work toward achieving health equity for PLWHA populations, through eliminating health disparities and by preventing and controlling disease.
- (h) **Engaged in Care and Adherent to Treatment** - A description of how the proposed Work Plan activities will ensure that PLWHA remain engaged in HIV/AIDS primary medical care and adhere to HIV treatment.
- (i) **Unmet Needs** - A description of how proposed Work Plan activities will address unmet need and reduce the number of PLWHA out of care, keeping in mind that the needs assessment that EOHHS conducted indicated that a higher proportion of persons “not in care” are persons of color, born outside the United States of its territories, living with HIV not AIDS, and recently incarcerated.
- (j) **Healthy People 2020** - How the services and their goals and objectives relate to the goals of the national Healthy People 2020 initiatives (See [www.Healthypeople.gov/](http://www.Healthypeople.gov/) and <http://www.Healthypeople.gov/2010/default.htm>).
- (k) **Cost Effective, Coordinated, and Payer of Last Resort** - How the plan will ensure that Ryan White funds will be cost effective, coordinated, and used as the payer of last resort for each service category for which funds are requested.
- (l) **HRSA Monitoring Requirements** - Since HRSA has outlined a very specific monitoring strategy, agencies must clearly describe their strategy for meeting the monitoring requirements across program, fiscal areas.
- (m) **RSR** - Specific plans to submit Ryan White HIV/AIDS Program Services Report (RSR) and comply with the RSR requirement.
- (n) **QM Service Standards** - Specific plans to submit, utilize and adhere to the QM Service Standards and the Performance measures.

Identify sources of all data. This Project Narrative parts (a) through (n) outlined above should be no longer than 10 pages in length. Copies of formal linkage agreements must also be included in the application.

### *(3) Service Category Plan(s)*

Use **Worksheet 3** to complete this section.

The service category worksheet (Worksheet 3) must be completed for each service category that each applicant applies for. Each applicant will fill out at least 10 service category worksheets because there are 10 required service categories. The page limit for each service category worksheet is 4 pages.

There are four parts to each service category worksheet

- (a) Description of Services
- (b) Implementation Plan: Goals and Objectives
- (c) Action Steps
- (d) Evaluation System

**When completing the service category worksheets, please refer to the information below to ensure that you include the necessary information.**

**Service Category Plan** – Applicants must follow the outline below when preparing narratives. Please organize the requested information with the appropriate number or letter as listed below.

Agencies must consult the Service Category Chart included herein and submit only one (1) service category worksheet per service category area. However the applicant must relate the required menu of services categories to the other optional and/or credentialed areas.

The purpose of this section is to present the applicant's service plan, with specific attention to ensuring access to a continuum of HIV/AIDS care. The Implementation Plan is meant to be an ongoing monitoring and evaluation tool for the contractor and EOHHS. The Implementation Plan is a major component of the application.

The applicant must provide the following information for this section:

- (a) **Description of Services** – Applicant must describe in **1 page or less** the services to be delivered and the plan to deliver them.
- (b) **Implementation Plan: Goals and Objectives** - Goals and objectives for the first year of the proposed 3-year project period for each of the service categories for which funds are requested. Goals are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs. Objectives are descriptions of Specific, Measurable, Achievable, Realistic, Time-Framed (SMART) results or outcomes projected. They can be used to identify an acceptable level of performance and/or establish criteria for evaluation. A baseline, or starting point, for each objective should be included. Each Goal must have an associated series of objectives, and activities associated with the objectives.
- (c) **Action Steps** - A description of the action steps that must occur to accomplish each objective – critical actions that must be taken to attain the measurable outcome or end

result. Identify the kinds of data to be collected and maintained and the staff who will be responsible for oversight and/or performance for each objective.

- (d) **Evaluation System** - A description of the evaluation system for service categories for which funds are requested which must assess, at a minimum, the quality of care provided to clients, the success or failure in meeting goals and objectives, effectiveness in meeting identified needs of the targeted population, effectiveness and efficiency of program operations, and the process used to assess client satisfaction, the method for ensuring ongoing availability of effective and high quality services, and the process for resolution of identified quality issues. An evaluation statement at the end of each goal/objective section, must offer quantifiable endpoints within a specified timeframe as to how and when the goal/objectives will be achieved.

**Service categories are detailed starting on page 34 of this RFP.**

**Service category narratives in offeror's applications must adhere to both the service category descriptions in this RFP and the descriptions in the RI EOHHS Ryan White HIV Provision of Care Service Standards.**

This section must not exceed 4 pages in length for each service category applied for.

The applicant must complete the Implementation Plan Table (included in Worksheet 3) for the first-year of the 3-year project period and include it as a part of this application. The Implementation Plan Table can be used by the applicant as a way to present to visually present the applicant's proposed goals, objectives, and outcomes/indicators to be tracked as long as this decision is referenced, all other information requested above is included in the Service Category Plan narrative, and that it is clear to the reviewers what the proposed Service Category Plan strives to accomplish during the project period. A distinct and separate Implementation Plan must be completed for each service category for which funds are requested.

*(4) Strategies to Meet Requirements*

The applicant must provide the following information within **Worksheet 4**. The page limit is 5 pages.

Applicant's Strategies to Meet National Requirements, HRSA Requirements and State Requirements (as they relate to this service category)

- (a) **Adherence to Payer of Last Resort** - Clearly describe and provide proof of adherence to how the agency implements Ryan White “payer of last resort” requirements. The applicant will describe and append any procedures policies, etc. that describe how Part B dollars will be tracked and what specific policies are in place regarding screening and insuring payer of last resort.
- (b) **EOHHS's Comprehensive Planning** - A description of how the agency will implement and share with EOHHS, for inclusion as a part of EOHHS's needs assessment, comprehensive planning, and coordinated statement of needs process, any internal assessment data and/or survey information pertaining to agency client needs, gaps, and service priorities.
- (c) **Contractor Responsibilities** - A description regarding how the applicant will meet the aforementioned contractor responsibilities (Page 49) specifically outlining each area.

This section must not exceed 5 pages in length.

### (5) Agency Qualifications

The applicant must provide the following information within Worksheet 5:

- (a) **Experience providing core medical and support services** - Description on the degree to which the applicant is qualified and experienced in providing core medical and/or support services to culturally diverse, low-income PLWHA.
- (b) **Similar projects and clients** - A description of similar projects undertaken and/or similar clients served, including a brief detailing of the projects that have tasks similar to those included in this RFP.
- (c) **Process to track Ryan White funds** - A description of the applicant's process to track Ryan White funds, including information of the data systems used.
- (d) **Process for fiscal and program monitoring** - A description of the process used for fiscal and program monitoring, including the frequency of reports.
- (e) **Process for selection and rotation of board members** - A description of the process for selection and rotation of board members.
- (f) **Implementation and monitoring of CLAS requirements** - A description of how the applicant will implement and monitor federally mandated CLAS requirements.
- (g) **Ability to adhere to EOHHS's reporting requirements** - A description of the applicant's ability to adhere to EOHHS's reporting requirements, including the applicant's plans to adopt CAREWare (include a description of the applicant's data management client tracking and reporting systems).

This section must not exceed 4 pages in length.

The applicant must also include evidence of non-profit status\*, a listing governing board and/or advisory board members that have identified expertise and populations represented, evidence of Medicaid certification (if the agency is providing Medicaid-eligible services), and, for home and community-based health care services in a residential setting, evidence of Rhode Island Assisted Living Facility licensure as an appendix to the application. The organizational chart must depict the administrative structure responsible for the administration of the Part B grant. The applicant should also include an organization chart for fiscal staff, if fiscal staff is not within the proposed Ryan White project staff personnel.

*\*Awards can be made to public or nonprofit entities or to "for-profit" entities if such entities are the only available providers of quality care in the area. If the applicant is a "for-profit" organization, the applicant must demonstrate that no profit is made from these funds, in accordance with, "Grants to For-Profit Organizations," of the Public Service Grants Policy Statement.*

*(6) Staffing Plan*

The applicant must provide the following information within Worksheet 6.

- (a) **Detailing of Staffing Plan** – A detailed staffing plan that includes a detailing of the education, experience, qualifications, roles and responsibilities of each staff position (include both program and fiscal staff positions) dedicated to Ryan White Part B activities.
- (b) **Staffing of Service Categories** – A detailed listing that shows how many FTEs per staff member will be dedicated to each of the service categories the applicant is applying for.
- (c) **Organizational Chart** - An organizational chart depicting the agency as a whole and the proposed staff and functions affiliated with this proposal.
- (d) **Coordinating Fiscal and Program Staff** - A description of the process and coordination of program and fiscal staff in ensuring adequate reporting, reconciliation, and tracking of expenditures for the proposed Ryan White project.
- (e) **Cultural and Linguistic Competence** - A description how the proposed Ryan White project's staffing plan will demonstrate cultural and linguistic competence through clearly defined values, behaviors, attitudes, policies, structures, and practices, as well as through the employment of bilingual and bi-cultural staff at all levels of the agency.
- (f) **Employee Orientation** - A description of the applicant's policy and procedures for employee orientation and in-service training.
- (g) **Professional Licenses** - A description of the applicant's policy and procedures for ensuring that required professional licenses are current and on file.

This section must not exceed 7 pages in length.

The applicant must include the curriculum vitae or resume and job descriptions for key program staff, including the Project Director and Chief Financial Officer and, if applicable, the Medical Director. Place the Detail of Personnel Form and the curriculum vitae or resumes and job descriptions for key program staff as an Appendix in the application.

## Cost Proposal

The applicant must prepare a separate, signed, and sealed Cost Proposal using worksheets 7, 7b, and 8.

**Worksheet 7: Service Category Budget Form must be completed for each service category applied for.** Worksheet 7b: Total Budget Form and Worksheet 8: Budget Narrative should only be completed once.

### *(7) Service Category Budget Form*

Please use **Worksheet 7** to complete this information. Worksheet 7: **Budget Form must be completed for each service category applied for.** Worksheet 7 does not have a page limit.

Applicants must provide a proposed budget and budget justification for the **first year** of the 3-year project period for each service category for which funds are requested for each year (1 July 2017-30 June 2018). Please note that applicants must provide a documented and verifiable 10% match of the total project cost in non-federal funds in each year. Include the source of funds for the match (e.g. development funds) and a description of how the match is being used to support Part B program activities (e.g. 5% of a case manager FTE).

### *Line-Item Budget Proposals*

A line item budget proposal form is provided as a part of this RFP (See Worksheet 7). The applicant is strongly recommended to use this form provided. However, if the applicant opts to use another form or format, the applicant must ensure that all requested information is present.

Provide a narrative in the budget form provided (or equivalent form) that explains the amounts requested for each line item in the budget. The budget justification must specifically describe how each item will support the achievement of proposed objectives. Applicants must estimate the number of clients to be served and the total estimated costs for each service category for which funds are requested. Line item information must be provided to explain the costs.

**Each applicant is required to have an accounting system in place that adequately tracks Part B clients/patients in real time throughout the grant year.** Applicants will be reviewed on this fact and if agencies are not able to distinguish Part B clients/patients and funds used to support them, immediate disqualification of the application may result. Similarly, for agencies receiving other “Part” funds for Ryan White, they must prove their accounting system can differentiate clients/patients and the services they receive.

Pay particular attention to how each item in the “other” category is justified. The budget justification must be concise yet articulate all matters pertaining to the budget request.

Include the following in the budget justification narrative on the budget form provided (or equivalent form):

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, hourly wages, and annual salary.

Fringe: List the components that comprise the fringe benefit rate, for example EOHHS insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated to the project.

Travel: List travel costs according to local travel. For local travel, the mileage rate, number of miles, reason for travel, and staff member completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops relevant to the project. The mileage rate requested for in-state travel cannot exceed the state mileage rate for in-state travel (currently, \$0.54 per mile).

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the project's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 and a useful life of one or more years).

Program Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases.

Office Supplies: Office supplies could include paper, pencils, and the like; medical supplies are blood tubes, plastic gloves, etc. and educational supplies may be pamphlets and educational videotapes.

Sub-Contracts: Only agencies the RWHAP Part B grantee directly contracts with (or whom lead agencies or consortia contract with on their behalf) are considered **“first-tier entities” (formerly called ‘first-line entities)**. Entities providing services under subcontracts are second-tier entities. Both first and second-tier entities are also referred to as **“sub -recipients.** Similarly, grantees are required to submit information about subcontracts. Examples of this type of report include the RWHAP Part B Program Consolidated List of Contractors report and the Contract Review Certification.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in the category. In some cases, rent, utilities, insurance, and other administrative costs fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives that cannot be readily identified but are necessary to the operations of the organization (e.g. the cost of operating and maintaining facilities, depreciation, and administrative salaries.

The inclusion of indirect costs (capped at 10%) is allowable only where the applicant has a current certified negotiated rate approved by HRSA using the Certificate of Cost Allocation Plan or Certificate of Indirect Costs. For agencies wishing to include an indirect cost rate, documentation of a current Certificate of Cost Allocation Plan or Certificate of Indirect Costs signed by an individual at a level no less than the Chief Financial Officer of the agency that submits the proposal or component covered by the proposal must be included as an Appendix in the application.

If an applicant does not have an indirect cost rate that meets HRSA requirements, the applicant may wish to obtain one through the U.S. Department of EOHHS & Human Services' Division of Cost Allocation (DCA). Visit DCA's website at <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Agencies that do not have a current certified negotiated rate approved by HRSA must request costs that they would have categorized as indirect costs (and other administrative costs requested) as direct line-item administrative costs. Applicants requesting direct line-item administrative costs must provide supporting documentation on how they arrive at the costs. These costs would most likely be included in the "other" line item. Please note that EOHHS is required by HRSA to meet a 10% aggregate administrative cost cap for contracted direct services. The aggregate cost cap includes indirect costs.

For all case management applicants (non-medical and medical case management) - applicants must estimate the number of medical/non-medical case management clients to be served, the number of service units and hours to be provided, and the estimated total cost. The budget justification must specifically describe how these services will support the achievement of proposed objectives.

Vendors are expected to coordinate between Part B, other Ryan White funded services (e.g., Part C, D and SPNS) and third party payers who are ultimately responsible to pay the cost of services provided to eligible or covered persons. In some cases other Ryan White "Parts" may pay for different services than Part B. It is acceptable for a client to accept and be offered a variety of services under Ryan White. It is, however, the agency's responsibility to document eligibility for a Part B service and to be clear that Part B is not assuming the burden of costs that can be billed to other "Parts."

Third party sources include Medicaid, Children's EOHHS Insurance Programs (SCHIP), Medicare (including the Part B prescription benefit), and private insurance (The Indian Health Service is exempt from the payer of last report provision). Vendors providing Medicaid-eligible services must be Medicaid-certified. Ryan White Part B funds are payer of last report funds and vendors must make every effort to ensure that alternative sources of payment are pursued and that program income is used consistent with grant requirements.

Ryan White Program legislation requires vendors to collect and report program income. The program income is to be returned to the respective Ryan White HIV/AIDS Program and used to provide eligible services to eligible clients. Program income is gross income – earned by a vendor under a grant – directly generated by the grant-supported activity or earned as a result of the award.

Program income includes, but is not limited to, income from fees for services performed (e.g. direct payment, or reimbursement received from Medicaid, Medicare, and third party insurance), and income a vendor earns as a result of a benefit made possible by receipt of a grant or grant funds.

Direct payments include charges imposed by vendors for Part B services such as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges. Program income must be added to funds committed to the project or program and used to further eligible project or program objectives. Program income is subject to cost principles. Vendors are responsible for having systems in place to account for program income and for monitoring to ensure that program income is tracked and used consistent with grant requirements (See <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>)

#### *(7b) Total Budget Form*

Please use **worksheet 7b** to provide a detailed cost breakdown of the total project cost. This estimated cost should reflect all of the service categories combined.

#### *(8) Budget Narrative*

Please use **Worksheet 8** to provide this information.

Applicants must provide a narrative that describes the following:

- a) **Administration Cost Documentation** - Supporting documentation on how administrative costs were determined.
- b) **Third Party Reimbursement Monitoring Process** - The process that will be used by the applicant to monitor third party reimbursement,
- c) **Payer of Last Resort Process** - How the applicant will document that clients have been screened for and enrolled in eligible programs such as Medicare, Medicaid, private EOHHS insurance, or other programs to ensure that Ryan white HIV/AIDS Program funds are the payer of last resort.
- d) **Program Income Monitoring** - How the applicant will monitor the appropriate tracking, use, and reporting of any program income, and
- e) **Client Eligibility Criteria** - Client eligibility criteria for clients who are supported with Ryan White HIV/AIDS Part B Program services by proposed service category (e.g. outpatient/ambulatory medical care, non-medical case management services, oral EOHHS care, emergency financial services, etc).
- f) **Distinguishing Part B Clients** - Each applicant is required to have an accounting system in place that adequately tracks Part B clients/patients in real time throughout the grant year. Applicants will be reviewed on this fact and if agencies are not able to distinguish Part B clients/patients and funds used to support them, immediate disqualification of the application may result. Similarly, for agencies receiving other "Part" funds for Ryan White, they must prove their accounting system can differentiate clients/patients and the services they receive. Please describe your system for distinguishing part B clients and tracking the services they receive.

The budget narrative (Worksheet 8) must not exceed 5 pages in length. Include the Budget Narrative section behind the completed budget forms in the application.

### **Subsection B: Review Process and Scoring**

Applications will first be reviewed administratively by a Technical Review Committee within EOHHS for completeness, responsiveness, and eligibility. We shall use the entry checklist found in Attachment A. EOHHS will disqualify a proposal at this point if it does not meet the basic eligibility requirements set forth in the RFP. Proposals that pass the entry review will then be evaluated by a Technical Review Committee composed of state government personnel.

If the applicant passes the Technical Review, a Proposal Review Committee will evaluate proposals competitively for adherence to the intent of the RFP and federal and state Ryan White Part B requirements, as well as how well the proposal will provide increased access to the HIV continuum of care for minority PLWHA, provide increased access to the HIV continuum of care for minority communities, address unmet need and reduce the number of persons out of care, ensure geographic parity in access to HIV/AIDS services throughout the state, meet the needs of any emerging populations, ensure that PLWHA remain engaged in HIV/AIDS primary medical care and adhere to HIV treatment, ensure that resource allocations for services to women, infants, children, and youth are in proportion to the percentage of the state's disease cases represented by each population, relate to the goals of Healthy People 2020. The committee shall also be educated in the National HIV/AIDS Strategy (NHAS), the equity considerations of the proposal, the Early Identification and Intervention of People Living with HIV/AIDS (EIIHA) plan, and the overall elements associated with HRSA requirements. Applicants must have a complete understanding as to these components and reviewers shall be judging the extent by which applicants adhere to these areas.

A major factor of consideration will be on how all proposals will contribute to accomplishing the following federal and state expectations for PLWHA in Rhode Island:

- (a) Ensure the availability and quality of all core medical and support services within the state,
- (b) Eliminate disparities in access to core medical and support services for PLWHA among disproportionately affected subpopulations and historically underserved communities,
- (c) Identify individuals who know their HIV status, but who are not in care, informing them about available treatment and services, and assisting them in the use of those services,
- (d) Address the primary EOHHS care and treatment needs of those who know their HIV status but who are not in care, as well as the needs of those currently in care,
- (e) Provides goals, objectives, timelines, and appropriate allocation of funds (as determined by needs assessment).
- (f) To the maximum extent possible, address the needs identified by consumers in EOHHS's 2015 needs assessment as being services they "needed but could not get"

meets Ryan White cost effectiveness, coordination, and payer-of-last resort requirements.

**EOHHS reserves the right to accept and/or reject proposals in their entirety or any part thereof.**

The following list outlines the relevant evaluation categories and their maximum scores. Each proposal will receive a rating score with a maximum of 100 points, and a minimum score of 70 points for consideration.

Technical Proposal

- (1) Agency Cover Sheet, Abstract, and Table of Contents (5 points)
- (2) Project Narrative (20 points)
- (3) Service Category Plan(s) (25 points)
- (4) Strategies to Meet Requirements (10 points)
- (5) Agency Qualifications (15 points)
- (6) Staffing Plan (10 points)

Cost Proposal

- (7 & 7b) Budget Plan (9 points)
- (8) Budget Narrative (6 points)

Note: Components **(Worksheet 3) Service Categories** and **(Worksheet 7) Budget Plan** must be completed for each of the service categories an applicant applies for.

A copy of the scoring sheet that will be utilized to review applications is included as Attachment B. Applicants are advised to use this scoring sheet as a template for submitting your proposals. The applicant with the total highest score will be considered first for possible funding within the category specifically being reviewed. Based on the Review Committee's evaluation and assigned scores, a recommendation for tentative awards will be made to the Chief Fiscal Officer of EOHHS, the Medicaid Director and Secretary of Health and Human Services. The Review Team will submit the rank-ordered recommendations, comments and score to these individuals for final approval. Once approved, EOHHS staff will begin negotiations with the recommended applicants to finalize the contractual agreements.

Applicants are required to use the entry checklist form provided with the application package (See Attachment A), which may be included as a finished checked copy with the application. Applicants must place this checklist on top of the original proposal as a means of revealing their compliance with the RFP.

### *Contract Award*

The Technical Review Subcommittee will provide a written recommendation, including the results of all evaluations, to the Rhode Island Department of Administration, Division of Purchases who will make the final selection for this RFP.

The State also reserves the right to accept or reject any or all options, bids, or proposals and to act in its own best interest.

The State also reserves the right to send qualifying question and to receive responses to those question from bidders, request interviews and presentations from bidders, contact references, and/or use other appropriate means to evaluate submitted proposals and a bidder's qualifications.

Proposals found to be technically and substantively non-responsive at any point in the evaluation process may be rejected and not considered further.

### *State and Federal Approvals*

Final contract approval is contingent upon Federal and State approvals. Every effort will be made by the State to facilitate rapid approval upon award.

Reference A: Agency Entry Checklist

**Rhode Island Executive Office of Health and Human Services HIV Provision of Care  
Ryan White Part B Care Program  
2016  
Services for Persons Living with  
HIV/AIDS Request for  
Proposals  
ENTRY Checklist**

Proposals will be immediately reviewed for the following “entry criteria” by the Entry Review Committee. If the agency fails to meet these criteria, they are deemed non-compliant and the proposal will not be forwarded to the Review Committee.

Entry Checklist Component	Yes/No
The applicant delivered one original, seven hard copies, and two (2) electronic (Microsoft Word/Excel or PDF format) copy on a flash drive, of the proposal to Executive Office of Health & Human Services by the deadline date/time.	
The applicant utilized a standard 12-point Times New Roman font on 8 ½ x 11 inch paper.	
The applicant’s electronic and hard copy submission are identical.	
The applicant’s proposal is typed in black ink on white paper and is spiral or permanently bound. A steel clip is acceptable.	
The applicant has included a completed and signed W-9 (taxpayer identification number and certification. This form can be downloaded at <a href="http://www.purchasing.ri.gov">www.purchasing.ri.gov</a>	
The applicant’s proposal includes margins on all sides that are one inch and single- line spacing.	
The applicant’s narrative/ proposal is typed on one side of each page and the applicant’s name appears on each page.	
The applicant’s entire application, including both worksheets and appendices are sequentially ordered and page numbered. The application sequence is as follows: (1) Agency Cover Sheet & Abstract, (2) Project Narrative, (3) Service Category Plans, (4) Strategies to Meet Requirements, (5) Agency Qualifications, (6) Staffing Plan, (7) Service Category Budget Form, (7b) Total Budget Form, (8) Budget Narrative. <b><u>Please note, a separate Service Category Plan Worksheet and Service Category Budget Form is required for each service category for which funds are requested.</u></b>	

Reference A: Agency Entry Checklist

<p>The applicant has included evidence of non-profit status*, list of governing board and/or advisory board members, evidence of Medicaid certification (if the agency proposes to provide Medicaid services), and, for home and community based health care services, evidence of state Assisted Living Facility licensure as an appendix to the application.</p> <p>*Awards can be made to public or nonprofit entities or to “for-profit” entities if such entities are the only available providers of quality care in the area. If the applicant is a “for-profit” organization, the applicant must demonstrate that no profit is made from these funds, in accordance with, "Grants to For-Profit Organizations," of the Public Service Grants Policy Statement.</p>	
<p>The applicant has included completed Implementation Forms in Worksheet 3, section b.</p>	
<p>The applicant has included a completed detailed staffing plan in Worksheet 6 and the curriculum vitae and/or resumes and job descriptions for key program staff as an appendix.</p>	
<p>The applicant has included a sealed separate budget/cost proposal and justification (narrative) reflecting the hourly rate, or other fee structure proposed to complete all the requirements of this project which includes a budget projection for a 1-year period in Worksheet 7 and 7b and, if applicable, a current indirect cost agreement approved by HRSA (The indirect cost agreement is included in the application).</p>	

- Agency Passed Entry Checklist
- Agency Failed entry Checklist (If failed, immediate dismissal of application)

Reviewer Initials:

**Ryan White HIV Provision of Care  
Ryan White Part B Care Program**

**Request for Proposals – Review Committee  
Scoring Sheet**

**Note to Applicants:** This may be used as a template for applicants: Please note it is advisable that applicants use this as a template to guide them in detailing all required elements of this RFP. Applicants are not asked to score themselves as this is the reviewer’s responsibility.

**Note to Reviewers:** Please follow the outline associated with all required areas; specifically, the application sequence is as follows: (1) Agency Cover Sheet, Abstract, and Table of Contents, (2) Project Narrative, (3) Service Category Plan(s), (4) Strategies to Meet Requirements, (5) Agency Qualifications, (6) Staffing Plan, (7) Service Category Budget Form, (7b) Total Budget Form, and (8) Budget Narrative. The applicants will complete **Worksheet 3: Service Category Plan** and **Worksheet 7: Service Category Budget Form** for each service category applied for. Please provide only one score for these sections, taking into account all service category-specific worksheets provided.

Agency Name: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

**Quarter points may be awarded each sub-criterion (e.g. 1.25, .5, etc.).**

<b>Worksheet 1: Agency Coversheet, Abstract, and Table of Contents:</b>	<b>Maximum Points</b>	<b>Score</b>
<p><b>Description of Section</b> – (The Agency Abstract is limited to 1 page. There is no limit on the table of contents]</p> <p>The Cover Page and Abstract (<i>See Worksheet A</i>) must be completed and included as a part of the application. Note that if you are applying for more than one service category you must clearly state those in the cover letter. The individual(s) authorized to sign on behalf of the applicant organization must sign this page. As noted previously, the cover page must be included as the first page of the application. A Table of Contents must follow the Cover Letter.</p>	5	
<b>Cover Page Form (Limited to 1 page)</b>	2	
<b>Abstract (Limited to 1 page)</b>	2	
<b>Table of Contents (Unlimited pages)</b>	1	

Reference B: Reviewer Scoring Sheet

**Worksheet 1. TOTAL SCORE:** \_\_\_\_\_ (not to exceed 5 points)

Comments: \_\_\_\_\_

<b>Worksheet 2: Project Narrative</b>	<b>Maximum Points</b>	<b>Score</b>
<p>The applicant shall clearly describe for the reviewer’s a detailed overview of the Project(s).</p> <p>The information contained in the Project Narrative section constitutes a bulk of the proposal; and includes the following criteria to be judged (a) Introduction, (b) Needs Assessment, (c) Populations to Be Served/HIV Continuum of Care Described, (d) Operational Description of Programs, (e) Fulfill the Purpose of Ryan White, (f) Address Disparities and Access, (g) Pursuing Health Equity, (h) Engaged in Care and Adherent to Treatment, (i) Unmet Needs, (j) Health People 2020, (k) Cost Effective, Coordinated, and Payer of Last Resort, (l) HRSA Monitoring Requirements, (m) RSR, and (n) QM Service Standards. Identify sources of all data.</p> <p>Identify sources of all data. This Project Narrative parts (a) through (n) outlined above <u>should be no longer than 10 pages in length.</u> Copies of formal linkage agreements must also be included in the application.</p>	<b>20</b>	
<p><b>(a) Introduction</b></p> <p>The applicant should describe to the reviewers what you plan to accomplish and outline the parameters of the content of your intent and proposal.</p>	1	
<p><b>(b) Needs Assessment</b></p> <p>The applicant must provide the following information:</p> <ul style="list-style-type: none"> <li>• A geographic description of the service area your agency will serve regarding communities affected by HIV/AIDS. Discuss seasonal or topographic factors if they impact the availability of and accessibility to Ryan White service categories for which funding is requested. If you are to extend beyond state lines into the MSA designated areas of New Bedford and Fall River clearly describe the outreach and the physical ability of the agency to be in these areas (e.g., We have an office in New Bedford, We have a mobile van that shall be located on XXX Street in Fall River, We have outreach workers in Fall River and New Bedford designated for the purposes of XXX...etc.).</li> </ul>	3	

Reference B: Reviewer Scoring Sheet

<ul style="list-style-type: none"> <li>• A demographic description of the service area and populations proposed to be served. Demographic statistics should be included if the information impacts access to or delivery of Ryan White services categories for which funding is requested. Examples of data presented could include, but not be limited to, health disparities, including race/ethnicity, and special populations.</li> <li>• A description of the needs and gaps of the eligible PLWHA to be served that experience disparities in access to the core medical and/or support service categories for which funds are requested. <b>Agencies that have received funding in the past must reveal data from assessments and or specific data they have accumulated under their Ryan White funding time span. Failure to do so will result in deductions from overall scoring.</b> Agencies not currently funded with Ryan White resources must also have definitive assessments that display need and/or gaps of the populations they intend to serve. Applicants may <b>not</b> append additional assessments or reports. The reviewer's shall be looking at specific data that reveals needs/gaps, an analysis of that data and integration of the needs/gaps assessments with the proposal (e.g., Based on this data and the needs/gaps described herein ,agency XXX can meet these needs/gaps in the following manner...).</li> </ul>		
<p><b>(c) Populations to Be Served/HIV Continuum of Care Described</b> The applicant must provide the following information:</p> <ul style="list-style-type: none"> <li>• Describe any high priority populations and/or target area to be served. Describe disparities and incorporate equity strategies that meet the populations you mention. Target populations include minorities, MSM, Transgender, Women, Infants, Children and Youth as described by Rhode Island's epidemiology.</li> <li>• A description of the continuum of care offered by the applicant, including how clients are supported in accessing and in remaining in care. Follow the NHAS here and designate goals that compliment NHAS as well as specific strategies as to how your agency and this proposal will isolate people out of care, keep them in care and support prevention activities associated with decreasing incidence.</li> </ul>	3	
<p><b>(d) Operational Description of the Program(s)</b> The applicant must provide the following information:</p> <ul style="list-style-type: none"> <li>• A description of existing resources for the provision of this service category for which funding is requested.</li> <li>• Description of any fee schedules and/or restrictions (such as waiting lists, cost-shares, or co-pays, etc.).</li> <li>• A description of statewide or community resources and networks related to HIV care, including inter- and intra-agency linkages. Describe the relationship with these organizations. Describe how the agency will work with other agencies within a comprehensive</li> </ul>	2	

Reference B: Reviewer Scoring Sheet

system of care framework and minimize duplication of resources. Provide copies of formal agreements if applicable.		
<b>(e) Fulfill the Purpose of Ryan White</b> - The applicant must provide the following information: A description of how the applicant’s proposed project plan will reflect the intended purpose of Ryan White for the service categories for which funds are requested. This section should describe the applicant’s understanding of federal and state Ryan White Part B requirements. Be certain to adhere the HRSA/Rhode Island definitions for the service areas you select and describe.	1	
<b>(f) Address Disparities and Access</b> - The applicant must provide the following information: A description of how the applicant’s plan will reduce or eliminate service and health outcomes/disparities among populations with specific needs for services proposed to be funded. A description of how proposed Work Plan activities will provide increased access to the HIV continuum of care for minority communities and will meet the needs of any emerging populations.	1	
<b>(g) Pursuing Health Equity</b> - The applicant must provide the following information: A description of how the agency will utilize all sources of funding available to it to work toward achieving health equity for PLWHA populations, through eliminating health disparities and by preventing and controlling disease.	1	
<b>(h) Engaged in Care and Adherent to Treatment</b> - The applicant must provide the following information: A description of how the proposed Work Plan activities will ensure that PLWHA remain engaged in HIV/AIDS primary medical care and adhere to HIV treatment.	1	
<b>(i) Unmet Needs</b> - The applicant must provide the following information: A description of how proposed Work Plan activities will address unmet need and reduce the number of PLWHA out of care, keeping in mind that the needs assessment that EOHHS conducted indicated that a higher proportion of persons “not in care” are persons of color, born outside the United States of its territories, living with HIV not AIDS , and recently incarcerated.	2	
<b>(j) Healthy People 2020</b> - The applicant must provide the following information: How the services and their goals and objectives relate to the goals of the national Healthy People 2020 initiatives (See <a href="http://www.Healthypeople.gov/">www.Healthypeople.gov/</a> and <a href="http://www.Healthypeople.gov/2010/default.htm">http://www.Healthypeople.gov/2010/default.htm</a> ).	1	
<b>(k) Cost Effective, Coordinated, and Payer of Last Resort</b> - The applicant must provide the following information: How the plan will ensure that Ryan White funds will be cost effective, coordinated, and used as the payer of last resort for each service category for which funds are requested.	1	

Reference B: Reviewer Scoring Sheet

<b>(l) HRSA Monitoring Requirements</b> - The applicant must provide the following information: Since HRSA has outlined a very specific monitoring strategy, agencies must clearly describe their strategy for meeting the monitoring requirements across program, fiscal areas.	1	
<b>(m)RSR</b> - Specific plans to submit RSR and comply with the RSR requirement.	1	
<b>(n) QM Service Standards</b> - Specific plans to submit, utilize and adhere to the QM Service Standards and the Performance measures.	1	

**Worksheet 2. TOTAL SCORE:** \_\_\_\_\_ (not to exceed 20 points)

Comments: \_\_\_\_\_

\_\_\_\_\_

<b>Worksheet 3: Service Category Plan(s)</b>	<b>Maximum Points</b>	<b>Score</b>
<p>The purpose of this section is to present the applicant’s service plan, with specific attention to ensuring access to a continuum of HIV/AIDS care. The Implementation Plan is meant to be an ongoing monitoring and evaluation tool for the contractor and EOHHS. The Implementation Plan is a major component of the application.</p> <p>Agencies must consult the Service Category Chart included herein and submit only one (1) service category worksheet <u>per service category area</u>. However the applicant must relate the required menu of services categories to the other optional and/or credentialed areas.</p> <p><u>This section must not exceed 4 pages in length for each service category applied for.</u></p>	25	
<b>(e) Description of Services</b> – Applicant must describe in <b>1 page or less</b> the services to be delivered and the plan to deliver them.	5	
<b>(f) Implementation Plan: Goals and Objectives</b> - The applicant must provide the following information: Goals and objectives for the first year of the proposed 3-year project period for each of the service categories for which funds are requested. Goals are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs. Objectives are descriptions of Specific, Measurable, Achievable, Realistic, Time-Framed (SMART) results or outcomes projected. They can be used to identify an acceptable level of performance and/or establish criteria for evaluation. A baseline, or starting point, for each	10	

Reference B: Reviewer Scoring Sheet

objective should be included. Each Goal must have an associated series of objectives, and activities associated with the objectives.		
(g) <b>Action Steps</b> - The applicant must provide the following information: A description of the action steps that must occur to accomplish each objective – critical actions that must be taken to attain the measurable outcome or end result. Identify the kinds of data to be collected and maintained and the staff who will be responsible for oversight and/or performance for each objective.	5	
(h) <b>Evaluation System</b> - The applicant must provide the following information: A description of the evaluation system for service categories for which funds are requested which must assess, at a minimum, the quality of care provided to clients, the success or failure in meeting goals and objectives, effectiveness in meeting identified needs of the targeted population, effectiveness and efficiency of program operations, and the process used to assess client satisfaction, the method for ensuring ongoing availability of effective and high quality services, and the process for resolution of identified quality issues. An evaluation statement at the end of each goal/objective section, must offer quantifiable endpoints within a specified timeframe as to how and when the goal/objectives will be achieved.	5	

**Worksheet 3. TOTAL SCORE:** \_\_\_\_\_ (not to exceed 25 points)

Comments: \_\_\_\_\_

\_\_\_\_\_

<b>Worksheet 4: Strategies to Meet Requirements</b> The applicant must provide the following information within <b>Worksheet 4. The page limit is 5 pages.</b>	<b>Maximum Points</b>	<b>Score</b>
	<b>10</b>	
(d) <b>Adherence to Payer of Last Resort</b> - The applicant must provide the following information: Clearly describe and provide proof of adherence to how the agency implements Ryan White “payer of last resort” requirements. The applicant will describe and append any procedures policies, etc. that describe how Part B dollars will be tracked and what specific policies are in place regarding screening and insuring payer of last resort.	<b>3</b>	
(e) <b>EOHHS’s Comprehensive Planning</b> - The applicant must provide the following information: A description of how the agency will implement and share with EOHHS, for inclusion as a part of EOHHS’s needs assessment, comprehensive planning, and coordinated statement of needs process, any internal assessment	<b>3</b>	

Reference B: Reviewer Scoring Sheet

data and/or survey information pertaining to agency client needs, gaps, and service priorities.		
<b>(f) Contractor Responsibilities</b> - The applicant must provide the following information: A description regarding how the applicant will meet the aforementioned contractor responsibilities (RFP Page 52) specifically outlining each area.	<b>4</b>	

**Worksheet 4. TOTAL SCORE:** \_\_\_\_\_ (not to exceed 10 points)

Comments: \_\_\_\_\_

<b>Worksheet 5: Agency Qualifications</b>	<b>Maximum Points</b>	<b>Score</b>
<p>The applicant must provide the following information within Worksheet 5. This section must not exceed 4 pages in length.</p> <p>The applicant must also include evidence of non-profit status, a listing governing board and/or advisory board members that have identified expertise and populations represented, evidence of Medicaid certification (if the agency is providing Medicaid-eligible services), and, for home and community-based health care services in a residential setting, evidence of Rhode Island Assisted Living Facility licensure as an appendix to the application. The organizational chart must depict the administrative structure responsible for the administration of the Part B grant. The applicant should also include an organization chart for fiscal staff, if fiscal staff is not within the proposed Ryan White project staff personnel.</p>	<b>15</b>	
<b>(h) Experience providing core medical and support services</b> - The applicant must provide the following information: Description on the degree to which the applicant is qualified and experienced in providing core medical and/or support services to culturally diverse, low-income PLWHA.	<b>5</b>	
<b>(i) Similar projects and clients</b> - The applicant must provide the following information: A description of similar projects undertaken and/or similar clients served, including a brief detailing of the projects that have tasks similar to those included in this RFP.	<b>3</b>	
<b>(j) Process to track Ryan White funds</b> - The applicant must provide the following information: A description of the applicant's process to track Ryan White funds, including information of the data systems used.	<b>2</b>	
<b>(k) Process for fiscal and program monitoring</b> - The applicant must provide the following information: A description of the process used for fiscal and program monitoring, including the frequency of reports.	<b>1</b>	

Reference B: Reviewer Scoring Sheet

(l) <b>Process for selection and rotation of board members</b> - The applicant must provide the following information: A description of the process for selection and rotation of board members.	<b>1</b>	
(m) <b>Implementation and monitoring of CLAS requirements</b> - The applicant must provide the following information: A description of how the applicant will implement and monitor federally mandated CLAS requirements.	<b>1</b>	
(n) <b>Ability to adhere to EOHHS's reporting requirements</b> - The applicant must provide the following information: A description of the applicant's ability to adhere to EOHHS's reporting requirements, including the applicant's plans to adopt CAREWare (include a description of the applicant's data management client tracking and reporting systems).	<b>2</b>	

**Worksheet 5. TOTAL SCORE:** \_\_\_\_\_ (not to exceed 15 points)

Comments: \_\_\_\_\_

\_\_\_\_\_

<b>Worksheet 6: Staffing Plan</b>	<b>Maximum Points</b>	<b>Score</b>
<p>The applicant must provide the following information within Worksheet 6. This section must not exceed 7 pages in length.</p> <p>The applicant must include the curriculum vitae or resume and job descriptions for key program staff, including the Project Director and Chief Financial Officer and, if applicable, the Medical Director. Place the Detail of Personnel Form and the curriculum vitae or resumes and job descriptions for key program staff as an Appendix in the application.</p>	<b>10</b>	
(h) <b>Detailing of Staffing Plan</b> – The applicant must provide the following information: A detailed staffing plan that includes a detailing of the education, experience, qualifications, roles and responsibilities of each staff position (include both program and fiscal staff positions) dedicated to Ryan White Part B activities.	<b>3</b>	
(i) <b>Staffing of Service Categories</b> – The applicant must provide the following information: A detailed listing that shows how many FTEs per staff member will be dedicated to each of the service categories the applicant is applying for.	<b>2</b>	
(j) <b>Organizational Chart</b> - The applicant must provide the following information: An organizational chart depicting the agency as a whole and the proposed staff and functions affiliated with this proposal.	<b>1</b>	

Reference B: Reviewer Scoring Sheet

<p><b>(k) Coordinating Fiscal and Program Staff</b> - The applicant must provide the following information: A description of the process and coordination of program and fiscal staff in ensuring adequate reporting, reconciliation, and tracking of expenditures for the proposed Ryan White project</p>	<p><b>1</b></p>	
<p><b>(l) Cultural and Linguistic Competence</b> - The applicant must provide the following information: A description how the proposed Ryan White project’s staffing plan will demonstrate cultural and linguistic competence through clearly defined values, behaviors, attitudes, policies, structures, and practices, as well as through the employment of bilingual and bi-cultural staff at all levels of the agency.</p>	<p><b>1</b></p>	
<p><b>(m) Employee Orientation</b> - A description of the applicant’s policy and procedures for employee orientation and in-service training.</p>	<p><b>1</b></p>	
<p><b>(n) Professional Licenses</b> - A description of the applicant’s policy and procedures for ensuring that required professional licenses are current and on file.</p>	<p><b>1</b></p>	

**Worksheet 6. TOTAL SCORE:** \_\_\_\_\_ (not to exceed 10 points)

Comments: \_\_\_\_\_

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Reference B: Reviewer Scoring Sheet

Cost Proposal

<b>Worksheet 7 &amp; 7b: Service Category Budget Form &amp; Total Budget Form (Budget Plan)</b> The applicant must provide the following information within Worksheet 6. This section must not exceed 7 pages in length.	<b>Maximum Points</b>	<b>Score</b>
	<b>9</b>	
The applicant presented a budget and budget narrative that reflects the description in the Cost Proposal section of the RFP and the appropriate expenses to accomplish the project goals are evident and the budget is cost effective.	<b>4</b>	
The applicant presented a budget justification that specifically describes how proposed services will support the achievement of proposed goals and objectives.	<b>2</b>	
The applicant demonstrated clarity in describing how it will document that clients have been screened for and enrolled in eligible programs to ensure that Ryan white HIV/AIDS Program funds are the payer of last resort.	<b>2</b>	
The applicant demonstrated appropriate use of required 10% match and HRSA requirements relative to indirect and administrative costs.	<b>1</b>	

**Worksheet 7 and 7b. TOTAL SCORE:** \_\_\_\_\_ (not to exceed 9 points)

Comments: \_\_\_\_\_

\_\_\_\_\_

<b>Worksheet 7 &amp; 7b: Service Category Budget Form &amp; Total Budget Form</b> The applicant must provide the following information within Worksheet 6. This section must not exceed 5 pages in length.	<b>Maximum Points</b>	<b>Score</b>
	<b>6</b>	
<b>(a) Administration Cost Documentation</b> - The applicant must provide the following information: Supporting documentation on how administrative costs were determined.	<b>1</b>	
<b>(b) Third Party Reimbursement Monitoring Process</b> - The applicant must provide the following information: The process that will be used by the applicant to monitor third party reimbursement,	<b>1</b>	
<b>(c) Payer of Last Resort Process</b> - The applicant must provide the following information: How the applicant will document that clients have been screened for and enrolled in eligible programs such as Medicare, Medicaid, private EOHHS insurance, or other programs to ensure that Ryan white HIV/AIDS Program funds are the payer of last resort.	<b>1</b>	

Reference B: Reviewer Scoring Sheet

<p><b>(d) Program Income Monitoring</b> - The applicant must provide the following information: How the applicant will monitor the appropriate tracking, use, and reporting of any program income, and</p>	<p><b>1</b></p>	
<p><b>(e) Client Eligibility Criteria</b> - The applicant must provide the following information: Client eligibility criteria for clients who are supported with Ryan White HIV/AIDS Part B Program services by proposed service category (e.g. outpatient/ambulatory medical care, non-medical case management services, oral EOHHS care, emergency financial services, etc).</p>	<p><b>1</b></p>	
<p><b>(f) Distinguishing Part B Clients</b> - The applicant must provide the following information: Each applicant is required to have an accounting system in place that adequately tracks Part B clients/patients in real time throughout the grant year. Applicants will be reviewed on this fact and if agencies are not able to distinguish Part B clients/patients and funds used to support them, immediate disqualification of the application may result. Similarly, for agencies receiving other “Part” funds for Ryan White, they must prove their accounting system can differentiate clients/patients and the services they receive. Please describe your system for distinguishing part B clients and tracking the services they receive.</p>	<p><b>1</b></p>	

**Worksheet 8. TOTAL SCORE:** \_\_\_\_\_ (not to exceed 6 points)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference B: Reviewer Scoring Sheet

**Reviewers Recommendation Summary**

Total Score: \_\_\_\_\_ (not to exceed 100 points)

Has the required minimum score of 70 been met? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reviewer's Recommendation: \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended

Scoring:

Criterion	Maximum Score	Score Given By Reviewer
<b>Technical Proposal</b>		
Worksheet 1: Agency Cover Sheet, Abstract, and Table of Contents	5	
Worksheet 2: Project Narrative	20	
Worksheet 3: Service Category Plans	25	
Worksheet 4: Strategies to Meet Requirements	10	
Worksheet 5: Agency Qualifications	15	
Worksheet 6: Staffing Plan	10	
<b>Total for Technical Proposal</b>	<b>85</b>	
<b>Cost Proposal</b>		
Worksheet 7 & 7b: Budget Plan	9	
Worksheet 8: Budget Narrative	6	
<b>Total for Cost Proposal</b>	<b>15</b>	
<b>Total Point Awarded (Technical + Cost Proposal)</b>	<b>100</b>	



Worksheet 1: Agency Cover Sheet, Abstract, and Table of Contents

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Worksheet 1: Agency Cover Sheet, Abstract, and Table of Contents

*This worksheet is designed to be used in conjunction with the technical proposal description in the RFP.*

**(a) Abstract (1 page)**

Worksheet 1: Agency Cover Sheet, Abstract, and Table of Contents

**(b) Table of Contents (no limit)**

**Rhode Island Executive Office of Health and Human Services  
Medicaid Division  
Ryan White Part B HIV Care Program  
PROJECT NARRATIVE WORKSHEET**

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*This worksheet is designed to be used in conjunction with the technical proposal description in the RFP. The page limit for this section is 10 pages.*

Agency Name: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

**Instructions**

*Please refer to the RFP for instructions on what to include in this worksheet. The page limit is 10 pages.*

**(a) Introduction**

**(b) Needs Assessment**

**(c) Populations to be Served / HIV Continuum of Care Described**

**(d) Operational Description of the Program(s)**

**(e) Fulfill the Purpose of Ryan White and Adhere to Federal and State Requirements**

Worksheet 2: Project Narrative Worksheet

**(f) Address Disparities and Access**

**(g) Pursuing Health Equity**

**(h) Engaged in Care and Adherent to Treatment**

**(i) Unmet Needs**

**(j) Healthy People 2020**

**(k) Cost Effective, Coordinated, and Payer of Last Resort**

**(l) HRSA Monitoring Requirements**

**(m) RSR**

**(n) QM Standards of Care**

**Rhode Island Executive Office of Health and Human Services  
Medicaid Division  
Ryan White Part B HIV Care Program  
SERVICE CATEGORY PLAN WORKSHEET**

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*This worksheet is designed to be used in conjunction with the technical proposal description in the RFP. The page limit is 4 page per service category.*

Agency Name: \_\_\_\_\_

Service Category: \_\_\_\_\_

Total Funds Requested for this Service Category: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

**Instructions**

*Please refer to the RFP for instructions on what to include in this worksheet. This worksheet must be completed separately for each individual category that the applicant applies for.*

Worksheet 3: Service Category Plan(s) Worksheet

**(a) Description of Services (1 page or less)**

**(b) Implementation Plan: Goals and Objectives**

<b>Service Goal:</b>				
<b>Total Cost of Service:</b>				
1. Objectives: List quantifiable time-limited objectives related to the service category listed above.	2. Service Unit Definition: Define the service unit to be provided	3. Quantity		4. Time Frame: Indicate the estimated duration of activity relating to the objective listed.
		3a. Number of People to Be Served	3b. Total Number of Service Units to Be Provided	
a:				
b:				
c:				
d.				
e.				
<b>5. List planned client level outcomes/indicators to be tracked and include benchmarks for each objective:</b>				

Worksheet 3: Service Category Plan(s) Worksheet

**(c) Action Steps**

**(d) Evaluation System**

**Rhode Island Executive Office of Health and Human Services  
Medicaid Division  
Ryan White Part B HIV Care Program  
Strategies to Meet Requirements WORKSHEET**

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*This worksheet is designed to be used in conjunction with the technical proposal description in the RFP. This section must not exceed 5 pages in length.*

Agency Name: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

**(a) Adherence to Payer of Last Resort**

**(b) EOHHS's Comprehensive Planning**

**(c) Contractor Responsibilities**

**Rhode Island Executive Office of Health and Human Services  
Medicaid Division  
Ryan White Part B HIV Care Program  
Agency Qualifications WORKSHEET**

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*This worksheet is designed to be used in conjunction with the technical proposal description in the RFP. This section must not exceed 4 pages in length.*

Agency Name: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

**(a) Experience providing core medical and support services**

**(b) Similar projects and clients**

**(c) Process to track Ryan White funds**

**(d) Process for fiscal and program monitoring**

**(e) Process for selection and rotation of board members**

**(f) Implementation and monitoring of CLAS requirements**

**(g) Ability to adhere to EOHHS's reporting requirements**

Worksheet 6: Staffing Plan

**Rhode Island Executive Office of Health and Human Services  
Medicaid Division  
Ryan White Part B HIV Care Program  
STAFFING PLAN WORKSHEET**

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*This worksheet is designed to be used in conjunction with the technical proposal description in the RFP. This section must not exceed 7 pages in length.*

Agency Name: \_\_\_\_\_

Date Prepared: \_\_\_\_\_



Worksheet 6: Staffing Plan

(b) Staffing of Services Categories

(c) Organizational Chart

Service Categories <i>Insert the percentage of FTE time dedicated to RW HIV care service delivery per staff member for each of the service categories.</i>	Required Services Categories									Additional Service Categories (selected by applicant)									TOTAL PERCENT OF FTE PER STAFF MEMBER
	Early Intervention Services	Medical Nutrition Therapy	Mental Health Services	Substance Use Services	Emergency Financial Assistance	Health Education Risk Reduction (HEER)	Food Bank/Home Delivered Meals	Linguistic Services	Medical Transportation Services	Outreach									
<b>Staff Members</b>	<i>Percent of FTE's per staff member per service category</i>																		
John Doe (sample)	20%		20%		50%														90%

Worksheet 6: Staffing Plan

**(d) Coordinating Fiscal and Program Staff**

**(e) Cultural and Linguistic Services**

**(f) Employee Orientation**

**(g) Professional Licenses**

**Rhode Island Executive Office of Health and Human Services  
Medicaid Division  
Ryan White Part B HIV Care Program  
SERVICE CATEGORY BUDGET FORM WORKSHEET**

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***THIS FORM MUST BE FILLED OUT FOR EACH SERVICE CATEGORY  
APPLIED FOR.***

Agency Name: \_\_\_\_\_

Service Category: \_\_\_\_\_

Budget Period: \_\_\_\_\_

Worksheet 7: Service Category Budget Form Worksheet

Agency Name: Service Category: Budget Period: Estimated Service Category Total Cost: Estimated Clients Served in this category: <i>For all Medical/Non-Medical Case Management Clients</i> Service Units: Hours:				
Personnel	Direct Service	Administration	Quality Management	Total Amount
<b>Total Personnel</b>				
Fringe	Direct Service	Administration	Quality Management	Total Amount
<b>Total Fringe</b>				
Travel	Direct Service	Administration	Quality Management	Total Amount
<b>Total Travel</b>				
Equipment	Direct Service	Administration	Quality Management	Total Amount
<b>Total Equipment</b>				
Program Supplies	Direct Service	Administration	Quality Management	Total Amount
<b>Total Program Supplies</b>				
Office Supplies	Direct Service	Administration	Quality Management	

Worksheet 7: Service Category Budget Form Worksheet

				Total Amount
<b>Total Office Supplies</b>				
SubContracts	Direct Service	Administration	Quality Management	Total Amount
<b>Total SubContracts</b>				
Other	Direct Service	Administration	Quality Management	Total Amount
<b>Total Other</b>				
Indirect Costs	Direct Service	Administration	Quality Management	Total Amount
<b>Total Indirect Costs</b>				
<b>Total Service Category Cost Requested</b>	<b>Direct Service</b>	<b>Administration</b>	<b>Quality Management</b>	<b>Total Amount</b>

**Amount and source of required 10% match in non-federal sources**

<b>10% Match Amount \$</b>
Narrative Description:

Worksheet 7: Service Category Budget Form Worksheet

The following table is meant to be a summary of the service category budget. The cell in the “Total Costs” row and “Total Amount” column represents the total requested amount for this service category.

<b>Proposed Budget Summary (This Service Category Only)</b>	<b>Direct Service</b>	<b>Administration</b>	<b>Quality Management</b>	<b>Total Amount</b>
Personnel				
Fringe				
Travel				
Equipment				
Office Supplies				
Program Supplies				
Subcontracts				
Other				
Indirect Costs				
Total Costs				
Percentage to Total Amount				

**Rhode Island Executive Office of Health and Human Services  
Medicaid Division  
Ryan White Part B HIV Care Program  
TOTAL BUDGET FORM WORKSHEET**

***THIS FORM MUST ONLY BE FILLED OUT ONCE.***

Agency Name: Budget Period: Estimated Total Cost: Estimated Total Clients Served: <i>For all Medical/Non-Medical Case Management Clients</i> Service Units: Hours:
--

The following table is meant to be a summary of all the service category budgets combined. The cell in the "Total Costs" row and "Total Amount" column represents the total requested amount for all services categories combined.

Total Proposed Budget Summary (All Service Categories Combined)	Direct Service	Administration	Quality Management	Total Amount
Personnel				
Fringe				
Travel				
Equipment				
Office Supplies				
Program Supplies				
Subcontracts				
Other				
Indirect Costs				
Total Costs				
Percentage to Total Amount				

**Rhode Island Executive Office of Health and Human Services  
Medicaid Division  
Ryan White Part B HIV Care Program  
BUDGET NARRATIVE WORKSHEET**

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*This worksheet is designed to be used in conjunction with the cost proposal description in the RFP. The page limit for this section is 5 pages.*

*Include narrative inclusive of ALL service categories applied for. This form only needs to be filled out once.*

Agency Name: \_\_\_\_\_

Budget Period: \_\_\_\_\_

**a) Administration Cost Documentation**

**b) Third Party Reimbursement Monitoring Process**

**c) Payer of Last Resort Process**

**d) Program Income Monitoring**

**e) Client Eligibility Criteria**

**f) Distinguishing Part B Clients**