

**UPDATED 01/08/25**

**Ryan White HIV/AIDS Program (RWHAP) Part A and Minority Aids Initiative  
Grant Request for Proposals (RFP) 2024**

**RFP Number:** RW-2024-01

**Title:** Ryan White HIV/AIDS Program (RWHAP) Part A and MAI

**Application Start Date:** January 3, 2025

**Application End Date:** February 10, 2025

**Contract Duration** 3 years

**Contract Renewal** Not Applicable

**Pre-Application Conference:** Optional

**Date:** **TBD (Date and webinar link will be emailed)**

**Location:** **Virtual**

**Proposal Request Description:**

The intent of this request for proposal is to identify Subrecipients to provide services to create a comprehensive continuum of high-quality, community-based care for low-income Persons Living with HIV (PLWH).

HIV Medical and/or Support services are to be implemented to Part A eligible clients in the Nashville/Davidson County Transitional Grant Area (TGA), according to Nashville TGA Standards of Care (attached hereto and incorporated herein by reference), the HRSA National Monitoring Standards (located at <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>), and as described herein. Metro reserves the right to make multiple awards for any resultant contract(s) and/or deliverables identified herein. Amounts available per Ryan White defined service are subject to the final annual Notice of Grant Award.

A comprehensive continuum of care includes core medical services specified in the Ryan White legislation and appropriate support services that assist PLWH in accessing treatment and services that meet their needs consistent with the Department of Health and Human Service Eligible Individuals & Allowable Uses of Funds: [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

Only the service categories prioritized and funded by the MPHD RWP are eligible under this RFP. Nashville TGA Standards of Care.

Annual budgets will change according to availability of funding and allocations made by the Part A Planning Council. The following services will be awarded for the grant year. Applicants may apply for one or more of the service categories (Part A and MAI).

## Funding Categories

### **Part A:**

Outpatient Ambulatory  
Early Intervention Services  
Mental Health  
Medical Case Management/Case Management  
Emergency Financial Assistance  
Nutrition Services  
Housing Assistance  
Linguistics  
Transportation  
Psychosocial  
Referral

### **Ryan White MAI**

Outpatient Ambulatory  
Early Intervention Services  
Mental Health  
Medical Case Management  
Outreach

The following is a listing of all services available through Ryan White Grant funding for Part A/MAI:  
The services that are offered throughout the TGA are indicated with an \*.

### Core Medical Services

ADAP Treatments  
AIDS Pharmaceutical Assistance  
Early Intervention Services \*  
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals  
Home and Community-Based Health Services  
Home Health Care  
Hospice Services  
Medical Case Management, including Treatment Adherence Services \*  
Medical Nutrition Therapy  
Mental Health Services \*  
Oral Health Care  
Outpatient/Ambulatory Health Services \*  
Substance Abuse Outpatient Care \*

### Support Services

Childcare Services  
Emergency Financial Assistance \*  
Food Bank/Home Delivered Meals \*  
Health Education/Risk Reduction  
Housing \*  
Legal Services  
Linguistic Services \*  
Medical Transportation \*  
Non-Medical Case Management Services \*  
Other Professional Services

Outreach Services \*  
Permanency Planning  
Psychosocial Support Services \*  
Referral for Health Care and Support Services \*  
Rehabilitation Services  
Respite Care  
Residential Substance Abuse Disorder Services

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## **Client Recipient Eligibility Policy:**

To be deemed eligible for coverage by Ryan White Services Programs a recipient must meet the following criteria:

1. The recipient must have been diagnosed with HIV/AIDS as determined by:
  - a. A positive HIV sero-status confirmed by a 4th gen Immunoassay
  - b. Laboratory results showing a detectable Viral Load
  - c. A letter, office note, or discharge summary signed by a licensed physician documenting HIV or AIDS as a diagnosis may be used temporarily until one of the first two described lab results can be obtained.
  
2. The recipient must be a resident of the Nashville TGA as evidenced by one of the following:
  - a. Valid driver's license or state identification card
  - b. Mortgage or rental lease in recipient's name
  - c. Tennessee utility bills in recipient's name
  - d. Letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals
  - e. Mail postmarked within the last 30 days and delivered to recipient's address.
  
3. The recipient must meet the income guidelines established by the Program:
  - a. Maximum gross monthly income for the legal household unit is less than or equal to 400% of current Federal Poverty Level (<https://aspe.hhs.gov/poverty-guidelines>) as evidenced by one of the following:
    - i. Recent paycheck stub
    - ii. Copy of most recent Federal Income Tax Return (1040) using line #22 (Gross Income), unless self-employed.
    - iii. Self-employed case client's income will be determined by taking their total income (line 22 on form 1040) and subtracting, one-half of self-employment tax (line 28), Self-employed SEP, SIMPLE, and qualified plans (line 30), and Self- employed health insurance deduction (line 29) (if applicable).  
Note: A client may not count IAP payment of premiums, co-pays, and deductibles as a deduction on his/her federal income tax return and use it to reduce total income to qualify for the Ryan White Services programs.
    - iv. Letter form and signed by Employer, providing income information, i.e., defining pay period, salary per pay period, rate of hourly pay, number of hours normally worked per pay period, etc.
    - v. For fixed income applicants, a letter or benefits statement from originating source, showing the amount of benefits and frequency received (Social Security, Private Disability, Retirement, Unemployment, etc.).
    - vi. Letter from the Department of Human Services (DHS), showing calculated income and/or resources.
    - vii. Statement of Direct Deposit as long as the gross income is reflected.
  
4. Household resource values less than or equal to \$8,000, as reported by the client. (Resources Include cash on hand, money in checking and/or savings accounts, or resources that can be quickly converted into cash, such as stocks, bonds, or certificates of deposit.)
  
5. Eligibility is further based upon the applicant's willingness to work with his/her Medical Care Manager / Designee (MCMs) to apply for all other possibilities of third-party coverage (i.e. TennCare, group coverage thru an employer, V.A. etc.). Clients must keep MCM informed of a current address

and Phone number, if available. Persistent failure to cooperate in applying for alternate programs, keeping contact information current, or failure to take medications as prescribed for two consecutive months, is grounds for termination / suspension from all Ryan White Services Programs.

6. Applicants who have Health Insurance (including TennCare) that provides HIV medications may not receive medical or pharmacy services from HDAP or Medical Services Program. However, co-pay and deductible payments may be made under the Insurance Assistance Plan.

### **Client Application Policy**

1. All clients must be evaluated for eligibility by a Medical Care Manager (or designee) when the initial application is submitted.
2. All Clients must be recertified semi-annually (per HRSA policy).
3. Recertification forms must be sent to State of Tennessee, Division of Ryan White Services.
4. Recertification should occur on, or close to, the client's original application date, and approximately six (6) months later.
5. A list of clients' due recertification will be sent to all Medical Care Managers each quarter.
6. Recertification may occur 45 days prior to the due date, to 45 days after due date. The next recertification will be due in six (6) months.
7. If a recertification form is not received within 60 days following the due date, the client will be un-enrolled, and the pharmacy will be notified that the client is no longer on the program.

Note: Proof of US citizenship is NOT required for assistance through Ryan White Part A programs. In cases where a MCM / Designee is certifying an undocumented alien for assistance, he/she should call the Medical Services Program Coordinator and obtain an assigned coded number to serve in the place of a Social Security Number for tracking / billing purposes. Once a coded number has been assigned, it will be used for that client for all Ryan White Services programs.

### **A. Grant Deliverables:**

Specific service deliverables are defined in the Nashville TGA Standards of Care for all Part A Ryan White core medical and support services.

### **B. Eligible Organizational Recipients:**

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

Public and private not-for-profit health and support service providers, including universities. Eligible recipients include hospitals, government operated health facilities, community-based organizations, hospices, ambulatory care facilities, community health centers, migrant health centers, homeless health centers, substance abuse treatment and mental health programs (42USC 300ff-14(b)(2)).

For-profit health and support service providers may be funded if evidence is provided to and verified by Metro Health that they are the only organization able to provide the service.

### **C. Additional Requirements:**

Proposer/Contractor(s) must also meet the following requirements:

1. Clients in the Nashville TGA must be able to access the service site in no more than one hour.
2. Have a documented history (at least one-year) of providing direct services within each service category for which they apply. It is not required that the requisite experience be HIV/AIDS-specific. However, Contractor(s) lacking HIV/AIDS experience must demonstrate the ability to transition into this field of service and provide care to persons at high risk of becoming infected and Persons Living with HIV Disease (PLWH).

3. Contractor(s) must have a DUNS number. Information can be found at the following website:  
<http://fedgov.dnb.com/webform/index.jsp>
4. Contractor(s) must have a Tax ID number.
5. Contractor(s) must be registered in SAM (System for Award Management) and be in good standing with the federal government.  
That is, Contractor(s) cannot be on the Excluded Parties Listing System. Exclusion records identify those parties excluded from receiving federal contracts, certain subcontracts, and from certain types of federal financial and non-financial assistance and benefits. Verification documentation is located at [www.sam.gov](http://www.sam.gov)
6. Unless otherwise stated in the Metro contract, Contractor(s) must comply with applicable general terms and conditions specified in the HHS Grants Policy Statement, including but not limited to fraud/waste/abuse, federal debt, lobbying, and cost principles. The HHS Grants Policy Statement can be accessed at the following website:  
<https://www.hhs.gov/grants/grants/grantspoliciesregulations/index.html?language=es>
7. Unless otherwise stated in the Metro contract, Contractor(s) must comply with requirements specified in the Ryan White Part A Provider manual.  
The authorized organizational representative's signature on application material generally serves as assurance that the Contractor(s) is eligible to apply for and receive an award. However, an awarding office may independently verify the Contractor's status.

**D. Client Eligibility Criteria:**

To be deemed eligible for coverage by Ryan White Services Programs a recipient must meet the following criteria:

1. The recipient must have been diagnosed with HIV/AIDS as determined by:
  - a. A positive HIV sero-status confirmed by a 4th gen Immunoassay
  - b. Laboratory results showing a detectable Viral Load
  - c. A letter, office note, or discharge summary signed by a licensed physician documenting HIV or AIDS as a diagnosis may be used temporarily until one of the first two described lab results can be obtained.
2. The recipient must be a resident of the Nashville TGA as evidence by one of the following:
  - a. Valid driver's license or state identification card
  - b. Mortgage or rental lease in recipient's name
  - c. Tennessee utility bills in recipient's name
  - d. Letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals
  - e. Mail postmarked within the last 30 days and delivered to recipient's address.
3. The recipient must meet the income guidelines established by the Program:
  - a. Maximum gross monthly income for the legal household unit is less than or equal to 400% of current Federal Poverty Level (<https://aspe.hhs.gov/poverty-guidelines>) as evidenced by one of the following:
    - i. Recent paycheck stub
    - ii. Copy of most recent Federal Income Tax Return (1040) using line #22 (Gross Income), unless self-employed.
    - iii. Self-employed client's income will be determined by taking their total income (line 22 on form 1040) and subtracting, one-half of self-employment tax (line 28), Self-employed SEP,

SIMPLE, and qualified plans (line 30), and Self-employed health insurance deduction (line 29) (if applicable). Note: A client may not count IAP payment of premiums, co-pays, and deductibles as a deduction on his/her federal income tax return and use it to reduce total income to qualify for the Ryan White Services programs.

- iv. Letter form and signed by Employer, providing income information, i.e., defining pay period, salary per pay period, rate of hourly pay, number of hours normally worked per pay period, etc.
- v. For fixed income applicants, a letter or benefits statement from originating source, showing the amount of benefits and frequency received (Social Security, Private Disability, Retirement, Unemployment, etc.).
- vi. Letter from the Department of Human Services (DHS), showing calculated income and/or resources.
- vii. Statement of Direct Deposit as long as the gross income is reflected.

4. Household resource values less than or equal to \$8,000, as reported by the client. (Resources include cash on hand, money in checking and/or savings accounts, or resources that can be quickly converted into cash, such as stocks, bonds, or certificates of deposit.)

5. Eligibility is further based upon the applicant's willingness to work with his/her Medical Care Manager / Designee (MCMs) to apply for all other possibilities of third-party coverage (i.e. TennCare, group coverage thru an employer, V.A. etc.). Clients must keep MCM informed of a current address and Phone number, if available. Persistent failure to cooperate in applying for alternate programs, keeping contact information current, or failure to take medications as prescribed for two consecutive months, is grounds for termination / suspension from all Ryan White Services Programs.

6. Applicants who have Health Insurance (including TennCare) that provides HIV medications may not receive medical or pharmacy services from HDAP or Medical Services Program. However, co-pay and deductible payments may be made under the Insurance Assistance Plan. .

#### **E. Client Eligibility Organizational Process**

1. All clients must be evaluated for eligibility by a Medical Care Manager (or designee) when the initial application is submitted.
2. All Clients must be recertified semi-annually (per HRSA policy).
3. Recertification forms must be sent to State of Tennessee, Division of Ryan White Services.
4. Recertification should occur on, or close to, the client's original application date, and approximately six (6) months later.
5. A list of clients' due recertification will be sent to all Medical Care Managers each quarter.
6. Recertification may occur 45 days prior to the due date, to 45 days after due date. The next recertification will be due in six (6) months.
7. If a recertification form is not received within 60 days following the due date, the client will be un-enrolled, and the pharmacy will be notified that the client is no longer on the program.

Note: Proof of US citizenship is NOT required for assistance through Ryan White Part A programs. In cases where a MCM / Designee is certifying an undocumented alien for assistance, he/she should call the Medical Services Program Coordinator and obtain an assigned coded number to serve in the place of a Social Security Number for tracking / billing purposes. Once a coded number has been assigned, it will be used for that client for all Ryan White Services programs.

## **F. Use of Grant Funds**

Allowable uses of funds, by service category, are specified in Policy Clarification Notice 16-02:

[https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

There are also expenditures that are specifically unallowable, including:

1. No funds can be used to make cash payments to intended recipients of services (i.e., clients). A cash payment is the use of some form of currency (paper or coins); this prohibition includes cash incentives and cash intended as payment for RWHAP services.
2. No funds can be used to purchase prevention supplies (i.e., safe sex supplies, testing kits).
3. No funds may be used for outreach activities that have HIV prevention education as their exclusive purpose. Other outreach activities cannot be provided unless specifically funded for this service.
4. No funds can be used to provide a grant to “for-profit” service providers unless these providers are the only available providers of HIV care in the area. All for-profit contracts must be pre-approved by Metro Health prior to award.
5. Funds cannot be used for rent in arrears (back rent) or mortgage.
6. Funds cannot be used to purchase or improve land, or to purchase, construct or permanently improve any building or other facility.
7. Funds cannot be used for international travel.
8. Funds cannot be used for fundraising expenses.
9. Funds cannot be used for lobbying expenses or for influencing or attempting to influence members of Congress and other Federal personnel.
10. Funds cannot be used for entertainment costs. This includes the cost of amusements, social activities, and related incidentals costs.
11. Funds cannot be used for general HIV education (AIDS 101) for persons who are not HIV positive.
12. Funds cannot be used for non-targeted advertising, marketing activities or broad scope awareness activities for the general public (poster campaigns for display on public transit, TV, or radio public services announcements, etc.).
13. Funds cannot be used for direct maintenance expense (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle (i.e., lease, loan payments, insurance, or license and registration fees).
14. Funds cannot be used for the purchase of vehicles without written approval from Metro Health.
15. Payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
16. Funds cannot be used for methadone treatment.
17. Funds cannot be used to support Syringe Services Programs.
18. Funds cannot be used to develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
19. Funds cannot be used to pay for preexposure prophylaxis (PrEP) or nonoccupational Post Exposure Prophylaxis (nPEP).
20. Funds cannot be used for burials and/or prayer services.
21. Funds will not be awarded in one lump sum. They are paid out as reimbursements of actual monthly expenses submitted by invoice. Funds will not be used to reimburse expenditures made by an agency before the beginning of the period of performance.
22. Funds cannot be used for payments for services covered by another federal funding stream.



23. Funds cannot be used for any item or service to the extent that payment has been made (or reasonably can be expected to be made) under any state compensation program, insurance policy.
24. Federal or state benefits program, or any entity that provides health services on a prepaid basis.
25. Funds may not be used for services provided to clients not allowed by Ryan White Treatment Modernization Act legislation or HIV/AIDS Bureau (HAB) policies.
26. Funds may not be used to make any assignment of duties in whole or in part, to any third party under that resulting contractual agreement between the parties without prior written authorization by Metro Health

**G. Payor of Last Resort:**

Pursuant to Section 2605 (a)(6) of the Ryan White legislation, funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, Federal or State health benefits program, or by any entity that provides health services on a prepaid basis. The Ryan White Part A & MAI Program is the “payer of last resort.” This means providers must make reasonable efforts to identify and secure other funding sources outside of Ryan White funds, whenever possible. If providers elect to use Ryan White funds for client services that are eligible for TennCare reimbursement, the provider must have a system in place to bill and collect from third-party payers. Ryan White funds are to be used only if a client’s services are not eligible for reimbursement from TennCare or from other third parties. Metro Health reserves the right to audit records and require proof that grant funds are not being used to support clients enrolled in third-party reimbursement programs.

**H. Other Requirements:**

1. Funds received under this program must be used to supplement, but not supplant funds currently being used from local, state, and federal agency programs.
2. Must be registered in SAM (System for Award Management) and be in good standing with the federal government in order to be a Ryan White Part A provider.
3. Allowable services are defined within this solicitation by Metro Health.
4. Contractor(s) are required to meet federal and local reporting requirements
5. Contractor(s) must comply with their approved budget.
6. Contractor(s) must participate in the Part A Needs Assessment, HIV Integrated Planning and Quality Management processes.
7. Contractor(s) must employ staff who meet staff requirements specified in the Nashville TGA Standards of Care and whose responsibilities will relate solely to performance of the Part A service, per the approved service budget. Metro Health reviews resumes of staff paid for with Part A funds to verify that the person meets staffing requirements included in the Nashville TGA Standards of Care. If the review notes non-compliance, Contractor(s) cannot use Part A funds to support that position.
8. Contractor(s) agree to provide sufficient supervision of staff attached to the funded services and maintain evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services.
9. Contractor(s) assure that they have a functioning accounting system that is operated in accordance with generally accepted accounting practices. The system must provide internal controls in safeguarding assets, ensuring stewardship of Federal funds, maintaining adequate cash flow to meet daily operations, and maximizing revenue from non-Federal sources.
10. Contractor(s) agree to obtain and maintain all hardware, software, and training necessary to collect and report all required data.

**\*\*Please Note: All newly selected subrecipients will be required to use CareWARE (See New information below)**

11. Contractor(s) agree that facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use.
12. Contractor(s) are responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians, community organizations, HIV service providers, and discharge planners in the correctional system, as well as from individuals seeking services for themselves or on behalf of others.
13. Contractor(s) currently have written Personnel Policies and Procedures. Contractor(s) maintain those policies and procedures.
14. Contractor(s) currently have written Client Complaint/Grievance Policies and Procedures. Contractor(s) maintain those policies and procedures. The procedures must assure that the Contractor(s) maintains a written log documenting date of each complaints/grievances received, subject of complaint/grievance and date and result of resolution.
15. Contractor(s) currently have written Client Rights and Responsibilities Statement. Contractor(s) must maintain this statement.
16. Contractor(s) must have a written plan to provide translation services to clients.
17. Contractor(s) must have a written plan for how eligible Part A clients will be educated about and enrolled into health insurance plans and provided assistance on how to use and maintain their health insurance coverage.
18. Contractor(s) must keep current and provide to Metro Health names of staff responsible as the Executive Director and persons responsible for Fiscal, IT, Quality Management, and the program specific contact. Changes of these personnel must be reported via email to Metro Health within ten (10) business days.
19. Contractor(s) understand and agree that Metro Health shall have the right to inspect/monitor any facility or program site where the services under the resultant contract are performed.
20. Upon termination of this contract for whatever reason, expiration or termination by Metro Health, Contractor(s) shall cooperate with Metro Health and any new Part A Contractor(s) to ensure a seamless transition, including but not limited to, as applicable, continuity of programming, submission of reports, and transfer of records.

**NEW REQUIREMENT INFORMATION**

**Required and Expected Use of CAREWare Information System**

All **newly funded subrecipients** of the Ryan White Part A Program (RWPAP) will be **required** to utilize the CAREWare Information System. CAREWare is a free, comprehensive electronic health and social support services information system specifically designed for recipients and providers within HRSA's Ryan White HIV/AIDS Program. This system, developed by HRSA's HIV/AIDS Bureau, is the preferred data management tool for program participants.

**Current RWPA recipients** who receive funding **will be expected to transition to CAREWare** within a designated timeframe, which will be announced later. Meanwhile, it is crucial to understand that **all** data, reports, and information pertaining to health and social support services must be submitted in a format fully compatible with CAREWare, using the designated fields and standards outlined by the system.

For further information about CAREWare, please refer to the official HRSA resources: CareWARE Information <https://ryanwhite.hrsa.gov/grants/manage/careware> and additional support materials available at Target HIV <https://targethiv.org/library/topics/careware#tabs-0-middle-bottom-2>

## Reporting Requirements

Contractor(s) must be able to track and report unduplicated client-level demographic, clinical/medical, and core and support services data. Contractor(s) are required to submit reports/electronic data files to HRSA and Metro Health. Agencies remitting past due reports are subject to penalties. These penalties may include withholding of administrative expenses. In addition, agencies reporting late two or more consecutive months may be subject to further penalties.

The following reports are due on a monthly, quarterly and/or annual basis, as well as at the request of Metro Health:

- Invoices for each service awarded must be submitted monthly, and no later than the 10th business day of the following month.
- Budgets, performance measure reports, service utilization reports, service specific reports and quality management reports are due at the request of Metro Health.
- Quarterly Implementation Plan. Reports are to be submitted by the tenth (10) day of the month following each quarter of the contract year. This is a program review that summarizes the activities of each funded subcontractor, including progress made towards achieving the program's goals and objectives.
- Quarterly Provider Data Export Data (pde) is to be submitted electronically by the tenth (10) day of the month following each quarter of the calendar year (Jan. - March, April- June, July. - Sept., Oct. - Dec.) The data elements are prescribed by Metro Health.
- RSR report due once a year to be due one month prior to the HRSA deadline. Reports shall be submitted electronically, directly to HRSA at <https://performance.hrsa.gov/hab>.

## Reporting Requirements: Clinical Quality Management

Please find the Federal Ryan White Policy Clarification Notice (PCN 15-02) information here:

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf>

- Agencies must comply with the Clinical Quality Management Project and Data Requirements. Guidance of the quality project will be given by the Ryan White Part A Program to be implemented.
- This is to ensure the HIV services improves, patient care, health outcomes, and patient satisfaction. Implementation of a yearly quality Improvement activities which includes but not limited to the following.
  - Develop strategies for ensuring that the HIV services are provided to patients under the Part A Grant are consist with the most recent Public Health Service guidelines. (known as HHS guidelines) for the treatment of HIV disease and related opportunistic infections.
  - Data requirements
    - Performance measures data
    - Surveys, questionnaires and focus groups to evaluate the agency effectiveness of the improvement activities.
  - Required quarterly updates on progress of CQM Project
    - Involvement in CQM Mandatory meetings
    - CQM Plan/Project
    - Required data and measurable outcomes to determine progress of the quality project and make improvements to the service or program as needed.

- The CQM activities should fit within the support and framework of the grant functions.

### **Explanation of Participation in Clinical Quality Monitoring Projects**

As part of our commitment to enhance the quality of care provided to individuals living with HIV, we require all applicants responding to this Request for Proposal (RFP) to fully engage in the Clinical Quality Monitoring (CQM) Projects as outlined in Policy Clarification Notice (PCN) 15-02. This participation is essential to ensure compliance with the Clinical Quality Management Project and associated data requirements established by the Ryan White Part A Program.

The main objectives of the CQM initiatives are to improve HIV service delivery, enhance patient care, achieve better health outcomes, and boost overall patient satisfaction. To this end, all selected agencies will be expected to implement annual quality improvement activities that align with this mission.

### **Key Requirements for CQM Participation Include:**

- 1. Compliance with Current Guidelines:**
  - Agencies must develop and execute strategies to ensure that HIV services provided under the Part A Grant adhere to the most recent Public Health Service (HHS) guidelines for the treatment of HIV and related opportunistic infections.
- 2. Data Requirements:**
  - Agencies are required to collect and report on specific performance measures data. This includes, but is not limited to:
  - Administering surveys, questionnaires, and utilizing focus groups to assess the effectiveness of their improvement activities and overall agency performance.
- 3. Regular Reporting:**
  - Agencies will be mandated to provide quarterly updates on the progress of their CQM Project, detailing outcomes and any necessary adjustments made to ongoing improvement initiatives.
- 4. Mandatory Participation in CQM Meetings:**
  - Engagement in CQM meetings is required. These gatherings will provide a platform for sharing insights, challenges, and strategies related to quality improvements in service delivery.
- 5. Development of a CQM Plan/Project:**
  - Agencies will need to create a comprehensive CQM Plan that includes specific goals, action steps, and measurable outcomes to monitor progress toward improving service delivery.
- 6. Utilization of Data to Drive Improvements:**
  - Agencies must be committed to collecting and analyzing relevant data that will inform improvements to services or programs as needed. This data-driven approach is essential for determining the efficacy of implemented quality improvement strategies.

### **Integration of CQM activities with Grant Functions**

All CQM activities must align with the broader support and operational framework of the grant functions. Agencies are encouraged to consider how their quality management initiatives can be integrated seamlessly into their overall program management strategies to ensure comprehensive service delivery. By participating actively in these CQM Projects, agencies will not only contribute to

the overarching goal of improving health outcomes for individuals living with HIV but will also enhance their own organizational effectiveness and responsiveness to patient needs. Your collaboration in this critical work is vital, and we look forward to your commitment to these initiatives as part of your proposal.

## **Acknowledge Reporting Requirements**

Documents to be Submitted by Contractor(s)

1. Contractor(s) must demonstrate their commitment to work with local AIDS Service Organizations (ASOs) organizations through a signed and dated letter of support or memoranda of agreement or understanding. The letter must specify example activities that the entity provides.
2. Resume of the Contractor's Finance Manager.
3. Copies of most recent State Licensure or Accreditation for relevant services.
4. Articles of Incorporation.
5. Documentation of 501(c) 3 designation.
6. Copies of most recent A-122 Audit for the last reporting year conducted by an independent certified public accountant or 990 form if not required by federal regulations to complete an A-122 audit. Current State of Tennessee Charitable Solicitations Letter.
8. System for Award Management (SAM) exclusion report.
9. Tax ID number.
10. Organizational chart for the agency; chart must clearly include the program components funded by Part A/MAI.
11. Budget using attached "Budget" excel workbook. This must be submitted in an excel format (no PDFs will be accepted). A separate budget document must be submitted for every service category that is applied for.
12. Implementation Plan.

Awardees will need to submit the following within 30 days of award notice.

1. Revised Implementation Plan, if needed (to match award amount).
2. Revised Budget, if needed (to match award amount).
3. Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification.
4. Certification Regarding Lobbying.
5. Statement of Compliance with Policy for Verification of Client HIV Status.
6. DUNS number.
7. Job descriptions of positions funded by Part A.
8. Resumes of staff funded by Part A.
9. Proof of General Liability Insurance in accordance with Metro requirements.
10. Personnel Policies and Procedures.
11. Client Grievance Policy.
12. Client Rights and Responsibilities.
13. List of Board of Directors with expiration date of terms and dates of Board Meetings for the previous year.
14. Organization's Bylaws.
15. Organization's Mission and Vision Statements.

16. Indirect Cost Rate/Cost Allocation Plan. The agency is required to submit documentation for either a certified HHS negotiated indirect cost rate OR a Cost Allocation Plan developed by the agency that clearly documents specific detail on how the agency's indirect rate was calculated.
17. Written plan for how eligible clients will be educated about and enrolled into ACA Marketplace Insurance Program and assisted with using and maintaining their ACA coverage.

**Proposal Evaluation Criteria**

Proposals shall be evaluated by an evaluation committee and award consideration shall be given to the highest ranked proposer(s). Award is subject to Metropolitan Government Approval.

Criteria	Points
<b>A. Organization and Team Qualifications</b>	<b>25</b>
<b>B. Reference Projects</b>	<b>10</b>
<b>C. Project Approach and Process: Goals, Objectives, Service Delivery, and Work Plan</b>	<b>30</b>
<b>D. Budget</b>	<b>35</b>
<b>Total Points</b>	<b>100</b>

The following describes the required components and evaluation criteria for the applications.

**A. Organization & Team Qualifications (25 Points)**

**I. Organization Background:**

1. Describe in detail the background of your agency. Include the purpose of your organization, years of experience in providing services to People Living With HIV/AIDS (PLWHAs) and the years of providing these services (note if any HIV specific services are provided and/or if you currently collaborate with an HIV agency) and number of unduplicated persons served last year.
2. Describe in detail the current HIV counseling and testing capacity of your organization, and any existing collaborative arrangements with other organizations within your service area that provide HIV counseling and testing services.
3. Describe in detail how the proposed project fits with your agency’s mission and capabilities?
4. Describe in detail how your background, mission and past experience contribute to the ability of your organization to conduct the proposed project and meet the expectations of the program requirements. In addition, Metro Health may conduct pre-award on-site visits to determine if the contractor’s facilities are appropriate for the services intended.

**II. Organization Capacity:**

1. Provide copies of the following:
  - Resume and job description of proposed Finance Manager
  - Organizational chart for your agency; chart must clearly include the program components funded by Part A/MAI.
  - Copies of most recent State Licensure or Accreditations for relevant services.
  - Articles of Incorporation.
  - Documentation of 501(c) 3 designation
  - Current State of Tennessee Charitable Solicitations Letter.
  - System for Award Management (SAM) exclusion report

2. Describe agency's experience in administering federal, state and/or local government funds. Include funding source(s) and number of years administering those funds. Provide information for the following:
  - Agency restrictions from receiving federal funds or placed on restrictive measures in the last five years (e.g., increased reporting, increased monitoring visits), please explain.
  - Corrective action plan(s) in the last three years from any funding source, please describe (include the name of the funder, overview of issues identified and the current status of addressing the identified issues and/or recommendations).
  - Audit finding(s) in the last three years. Please describe an overview of issues identified and the current status of addressing the identified issues.
  - If Contractor(s) is currently a Ryan White Part A provider, an administrative review will be conducted of the previous year's spending of grant funds and will be included as part of the score. If Contractor(s) is not a current Ryan White Part A provider, Contractor(s) must provide a letter of reference from a funder to include a description of Contractor's performance in spending allocated grant funds. This letter will be included as part of the score.
  - Submit copies of most recent A-122 Audit (for the last reporting year) conducted by an independent certified public accountant or 990 form, if not required by federal regulations to complete an A-122 Audit
3. Describe agency's current system for collecting data on client demographics, service utilization and performance data. Include all software used to collect this data, staff resources for data collection and hardware resources.
4. Describe agency's system for managing fiscal and accounting responsibilities. Address the following:
  - Define who oversees this area, what staff is responsible for these activities.
  - Identify what software is used to manage financial information.
  - Describe the accounting system that is in place; and
  - Describe the internal systems that are used to monitor grant expenditures and track, spend, and report program income generated by a federal award.
5. Describe agency's process for completing program reports in a timely and accurate manner. Include descriptions of how responsibility for reporting responsibilities are assigned to staff, how reports are reviewed for accuracy and who assures reports are completed on time.

### **III. Cultural and Linguistic Competency:**

The National Culturally and Linguistically Appropriate Services (CLAS) Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

At Metro Public Health, we are committed to ensuring equitable services for and effective communication with persons whose primary language is not English, and who have limited or no ability to speak, read, write, or understand the English language. This includes communities traditionally identified as Limited English Proficient (LEP) and D/deaf or Heard of Hearing. In accordance with federal laws, including Section 1557 of the Patient Protection and Affordable Care Act, and Title VI of the Civil Rights Act of 1964, we will provide qualified language assistance at all points of contact at no cost to customers and their companions. This commitment aligns with Metro Public Health's mission of protecting, improving, and sustaining the health and well-being of all people in Nashville and Davidson County.

To ensure that our customers receive the necessary care and can enjoy effective communication with their medical providers, we strongly encourage our partners to respect and accommodate customer's linguistic needs. This means offering language assistance to individuals who have limited English proficiency or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Meaningful language access must come from qualified sources. Interpreting and translation services must be provided by competent, qualified individuals. Interpreter skills can be determined by administering appropriate assessments. Minors and untrained or unqualified individuals should not provide language access services (interpreting or translating). Qualified interpreters are familiar with specialized vocabulary and know to adhere to national standards of practice for interpreters in healthcare that ensure, among other things, patient confidentiality.

For written communication, machine translation alone is generally insufficient to meet civil rights requirements. Any use of AI or machine translation must be reviewed by a qualified human interpreter when the underlying text is critical for meaningful access to an activity or program. Partners are encouraged to post public notices of nondiscrimination and include notices of availability of language and disability services in significant documents. All notices about the availability of language assistance must be provided in the top 15 languages in the state or states in which the organization operates. For example, the notice of availability must be included on applications for benefits, terminations of eligibility, consent forms, discharge papers, medical bills, and explanations of benefits.

**Partners must also ensure the effectiveness of their language access procedures. Please consider the following:**

- Instructions on how employees can obtain qualified translators/interpreters.
- Explanations of how employees identify LEP individuals.
- A list of translated materials and their locations.



**Cultural and Linguistic Standards Requirements:**

1. Describe your agency's cultural competency capabilities as it relates to the population being served by this funding announcement.
2. Describe the agency's strategic plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and developing culturally and linguistically competent staff. Cultural competence means having a set of congruent behaviors, attitudes, and policies that come together in a system or organization or among professionals that enables effective work in cross-cultural situations.
3. It includes an understanding of integrated patterns of human behavior, including language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on psychological well-being and incorporating those variables into your service delivery system. Include any innovative or successful activities your agency has undertaken in order to improve your cultural and linguistic capacity.

**IV. Collaboration:**

1. Describe a plan for creating a new or improving an existing network to improve collaboration with HIV agencies that will link PLWHAs to HIV testing and HIV medical care and support services. If applicable, identify any collaborating organizations that will assist the applicant through HIV testing and linkage to HIV medical care and services.
2. Contractor(s) must demonstrate their commitment to work with or collaborate with organizations representing the HIV/AIDs community through a signed and dated letter of support or memoranda of agreement or understanding. The letter must specify example activities that each entity provides that will help connect high risk clients to HIV testing and services.

## **B. Reference Projects (10 Points) Service History & References:**

1. If your agency currently provides this service(s) to the HIV/AIDs client population, describe the number of years you have provided this service and the funder of the service. Please provide a reference name and phone number.
2. If your agency does not currently provide service(s) to the HIV/AIDs client population, explain any related experience that would demonstrate the agency's competency in providing services to this population. Please provide a reference name and phone number.
3. Describe any related experience that would demonstrate your agency's competency in providing HIV medical or support services to this population. Please provide a reference name and phone number.

Metro reserves the right to check any and/or all contacts for projects, including but not limited to internet each and media reviews, submitted but is not obligated to do so as part of the evaluation.

The file is limited to 5 pages and should in PDF format titled "Reference Projects."

## **C. Project Approach and Process (30 Points)**

### **I. Staffing:**

Present in detail your organization's staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time/hours per month being requested for each proposed staff position.

If applicable, describe in detail the roles and responsibilities of any consultants and/or subcontractors will be used to carry out aspects of the proposed project.

### **II. Overview of Population:**

Describe in detail the HIV/AIDs population in Davidson County. Describe in the detail the issues that interfere with identifying, engaging, and retaining PLWHAs in routine HIV testing and HIV services. Describe in detail:

- 1) The number of persons you plan to serve with the funding.
- 2) The number of units of service you plan to provide by type of intervention (e.g., number of face-to-face contacts with clients and amount of time each client will be seen each year, number of educational sessions provided, number of contacts with gatekeepers); and
- 3) the average amount of service a client is expected to receive each year (e.g., 2 face to face each year) and the amount of time that will be spent with gatekeepers (e.g., 3 hours/gatekeeper/year).

### **III. Implementation Plan:**

The importance of improving progress along the HIV care continuum is supported by the use of scientific research that leads to the identification of best practices and evidence-based practices. The use of best practices/evidenced informed models is preferred for all services and as applicable/available.

Describe in detail any evidence bases or best practice models you will use to provide the service. Include a reference to the model name and source of the best practice (e.g., "Healthy Living Project," CDC Evidence-Based Intervention-EBI).

<https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html>

Ideally, interventions will be based upon proven outreach and engagement models; and/or adaptations of proven models; and /or novel models of outreach and engagement in care, particularly developed for the HIV/AIDs population.

### **IV. Best Practices:**

Provide a clear and succinct description of the proposed project to implement an intervention model designed to create access to HIV testing, improve timely entry, engagement, and retention in quality HIV medical care for persons living with HIV infection.

Describe the strategies you will use to identify and engage with key stakeholders recognized and trusted by the HIV/AIDs community; include the names of specific people and entities.

Describe the components of your intervention model and its specific strategies that will:

- a) Increase awareness of HIV disease, with a focus on reaching persons at high risk for becoming infected with HIV disease.
- b) Identification of high-risk persons who need but do not access regular HIV tests and how you will link those persons to HIV testing agencies; and
- c) Identification of persons who are HIV positive but have never or who have dropped out of HIV medical care and services and how you will facilitate linking those persons with needed HIV services and care.

Proposed interventions must address personal, financial, sociocultural, and structural barriers, especially stigma, that affect PLWHAs access to HIV testing and retention in HIV medical care and services. Define specific barriers that may be encountered by the population being served and discuss how your proposed interventions will positively address each of these barriers.

### **V. Service Specific Questions:**

#### **1. Service Model**

Provide a work plan that delineates all steps and activities that will be used to achieve the goals and objectives of your proposed project. Include all aspects of planning, implementation, and evaluation, listing the role of everyone involved in activity.

#### **2. Work Plan**

Provide a work plan that delineates all steps and activities that will be used to achieve the goals and objectives of your proposed project. Include all aspects of planning, implementation, and evaluation, listing the role of everyone involved in each activity.

The work plan should include clearly written:

1. Goals
2. Objectives that are specific, time-framed, and measurable
3. Action steps
4. Staff responsible for each action step; and
5. Anticipated dates of completion.

Please note that goals for the work plan are to be written for the first year of the grant. Discuss any challenges that are likely to be encountered in planning and implementing the project's activities described in the work plan and describe realistic and appropriate approaches to be used to resolve these challenges.

#### **D. Budget (35 Points)**

Complete the entire Budget Spreadsheet attachment (excel version) which describes how your will use the funds to provide the service requested in the scope of work for this solicitation. Include detailed information about the number and type of staff your firm will fund, staffing costs and other specific costs associated with providing the service. Contractor(s) will be allowed to budget up to 10% for administrative costs, including indirect charges.

Leaving blanks on any of the Budget Spreadsheets and/or not following the provided format may result in your proposal being deemed non-responsive.

#### **Terms and Conditions**

Proposer states that Offeror has all applicable licenses, including business licenses. Proposer also states that offeror is current on its payment of all applicable gross receipt taxes and personal property taxes. M.C.L. 4.20.065.

Proposer affirms that by its employment policy, standards and practices, it does not subscribe to any personnel policy which permits or allows for the promotion, demotion, employment, dismissal or laying off of any individual due to race, creed, color, national origin, age or sex, and are not in violation of, and will not violate, any applicable laws concerning the employment of individuals with disabilities. M.C.L. 4.28.020.

Proposer affirms that in consideration of the privilege to submit offers in response to this solicitation, we hereby consent, covenant, and agree as follows:

1. To adopt the policies of the Metropolitan Government relating to equal opportunity in contracting on projects and contracts funded, in whole or in part, with funds of the Metropolitan Government; To attempt certain good faith efforts to solicit Minority-owned and Woman-owned business participation on projects and contracts in addition to regular and customary solicitation efforts.
2. Not to otherwise engage in discriminatory conduct; To provide a discrimination-free working environment.
3. That the Covenant of Nondiscrimination is requirement to submit an offer and shall be incorporated by reference into any contract or portion thereof which the Supplier may hereafter

4. obtain; and shall be continuing in nature and shall remain in full force and effect without interruption.
5. That the failure of the Supplier to satisfactorily discharge any of the promises of nondiscrimination as made and set forth herein shall constitute a material breach of contract. M.C.L. 4.46.070.

Proposer affirms that in consideration of the privilege to submit a proposal in response to this RFP, we hereby consent, covenant, and agree as follows:

1. No person shall be excluded from participation in, denied the benefit of, or otherwise discriminated against on the basis of race, color, national origin, gender, or disability when otherwise qualified in connection with any solicitation offer submitted to Metro or the performance of any contract.
2. That it is and shall be the policy of this Company to provide equal opportunity to all business persons seeking to contact or otherwise interested in contracting with this Company, including various eligible business enterprises.
3. In connection herewith, I/We acknowledge and warrant that this Company has been made aware of, understands, and agrees to make good faith efforts to solicit disadvantaged businesses (as defined in MCL § 4.46) to do business with this Company.
4. That the Covenant of Nondiscrimination as made and set forth herein shall be continuing in nature and shall remain in full force and effect without interruption.
5. That the Covenant of Nondiscrimination as made and set forth herein shall be and are hereby deemed to be made a part of, and incorporated by reference into, any contract or portion thereof which this Company may hereafter obtain.
6. That the failure of this organization to satisfactorily discharge any of the Covenant of Nondiscrimination as made and set forth herein shall constitute a material breach of contract entitling Metro to declare the contract in default and to exercise any and all applicable rights and remedies, including but not limited to, termination of the contract, suspension and debarment from future contracting opportunities, and withholding and/or forfeiture of compensation due on a contract.

Should you decline this covenant, your firm/organization will not be allowed to submit an offer to the Metropolitan Government of Nashville and Davidson County.

Proposer affirms that neither the offeror nor utilized temporary staffing service employs any person who is not a legally authorized to work in the United States. Any contractor who knowingly violates the provisions of this section is subject to debarment or suspension. M.C.L. 4.40.060.

It is a breach of ethical standards for a person to be retained, or to retain a person, to solicit or secure a Metro contract upon an agreement or understanding for a contingent commission, percentage, or brokerage fee, except for retention of bona fide employees or bona fide established commercial selling agencies for the purpose of securing business. After first being duly sworn according to law, the undersigned Proposer states that the Offeror has not retained anyone in violation of the foregoing. M.C.L. 4.48.080.

By submission of this offer and in response to the RFP, offeror(s) and each person signing on behalf of offeror(s) affirm, under penalty of perjury, that to the best of their knowledge and belief, neither the offeror(s), nor proposed subcontractors, subconsultants, partners and any joint venturers, are on the list created pursuant to the Tennessee Code Annotated § 12-12-106 (Iran Divestment Act).

Referenced website: [https://www.tn.gov/content/dam/tn/generalservices/documents/cpo/cpo-library/public-information-library/List\\_of\\_persons\\_pursuant\\_to\\_Tenn.\\_Code\\_Ann.\\_12-12-106\\_Iran\\_Divestment\\_Act\\_updated\\_7.7.17.pdf](https://www.tn.gov/content/dam/tn/generalservices/documents/cpo/cpo-library/public-information-library/List_of_persons_pursuant_to_Tenn._Code_Ann._12-12-106_Iran_Divestment_Act_updated_7.7.17.pdf).

Proposer affirms that should it be awarded a contract with the Metropolitan Government for a period of more than twelve (12) months and/or valued at over five hundred thousand (\$500,000) dollars, Proposer shall be required to provide sexual harassment awareness and prevention training to its employees if those employees:

- Have direct interactions with employees of the Metropolitan Government through email, phone, or in-person contact on a regular basis
- Have contact with the public such that the public may believe the contractor is an employee of the Metropolitan Government, including but not limited to a contractor with a phone number or email address associated with Metropolitan government or contractors with uniforms or vehicles bearing insignia of the Metropolitan Government, or
- Work on property owned by the metropolitan government.
- Such training shall be provided no later than (90) days of the effective date of the contract or (90) days of the employee's start date of employment with affiant if said employment occurs after the effective date of the contract. M.C.L. 2.230.020.