



## Solicitation Information

November 5, 2021

**RFP # RW110521**

**TITLE: HIV Provision of Care and Treatment/Ryan White Part B Grant to Fulfill Additional HIV Care and Treatment Needs and Gaps**

**Submission Deadline Date: Tuesday, November 30, 2021**

**Time: 9:30 am-1:30 pm**

There will be a pre-bid proposal conference regarding this Request for Proposals. The conference is not mandatory.

**Date: 11/19/2021**

**Time: 1:00-1:30 pm**

**Location: Virtual**

<https://zoom.us/j/98600541057?pwd=OVpLSDhZWmVLZnRGR0FDNm9QdHRtUT09#success>

Questions concerning this solicitation must be received by the RI Executive Office of Health and Human Services by emailing [Patrick.O'Brien.CTR@ohhs.ri.gov](mailto:Patrick.O'Brien.CTR@ohhs.ri.gov) no later than 2:00 pm eastern time. Questions must be submitted in a Microsoft Word attachment. Please reference the Request for Proposals number on all correspondence. Questions received, with responses, 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 questions will receive individual responses. No other contact with State parties is permitted. Please be brief and succinct regarding your questions. Questions must relate to the RFP content and cannot request advisory and/or cannot contain inappropriate language. Please reference the RFP# on all correspondence. Questions will be open on **11/9/2021** and close on **11/19/2021**. Applicants should submit their questions to Patrick O'Brien by **11/16/2021** and on the due date for questions, the EOHHS will post to the designated website. Questions received, if any, will be posted on the <http://www.eohhs.ri.gov/Consumer/Adults/RyanWhiteHIVAIDS.aspx> as an addendum to this solicitation.

**Questions Pertaining to the RFP Must be sent to the Executive Office of Health and Human Services from the time associated with issuance and then received no later than 11/16/2021. All questions will be answered and posted on the website on 11/19/2021. It is the responsibility of all interested parties to check the website on this date.**

**PROPOSAL DROP OFF AND DEADLINE INFORMATION: Due Date and Instructions for Drop Off:** The RFP is due on **Tuesday, November 30, 2021** before 1:30 pm. and must be personally delivered to The Executive Office of Health & Human Services, 3 West Road, (Virks Building), Cranston, RI. 02920 First Floor, Suite 127 @ 1:30pm. Staff will be on call to accept proposals on this day. When received the proposal submission will be date stamped and a receipt will be given. Please make accommodations to deliver on time, as no proposals will be accepted after the date and time listed. **We use atomic time to monitor any incoming proposals.** No exceptions. See **Section 8 for proposal submission** below for more information. **Please also note that electronic submissions are NOT permitted.**

**BID SURETY BOND REQUIRED: NO**  
**PAYMENT AND PERFORMANCE BOND REQUIRED: NO**

**NAME OF BUYER, TITLE OF BUYER**

Buyer: RI Executive Office of Health and Human Services

Name of Contact Person: Garlete Parker

Title of Contact Person: Program Administrator

**Note to Applicants:**

1. Vendors must register in RIVIP at the Division of Purchases' website at <https://www.purchasing.ri.gov/RIVIP/VendorRegistration.aspx>.
2. Proposals received without a completed RIVIP Vendor Certification Cover Form attached may result in disqualification.

**THIS PAGE IS NOT A RIVIP VENDOR CERTIFICATION COVER FORM**

**COVID-19 EMERGENCY PROTOCOL FOR DELEGATED AUTHORITY PROPSAL  
DROP OFF,  
PRE-CONFERENCE, AND BID OPENINGS**

Vendors and the public are advised that due to Covid-19 emergency social distancing requirements for such matters associated with proposal drop offs, the delegated authority, pre-conference and bid openings shall be conducted via a ZOOM virtual meeting.

On the drop off date applicants shall pass through the front door of the EOHHS, 3 West Rd. Cranston, RI. 02920 (Virks Building), no later than the assigned due date and time. Applicants will stop at security and must wear a mask for entry.

On the bid opening day (**November 30, 2021 @1:30 pm**) Vendors and the public shall not be permitted to enter the Executive Office of Health and Human Services (EOHHS) to attend bid openings. Vendors and the public who attend bid openings via live ZOOM streaming shall be required to identify themselves and a record of all such attendees shall be maintained by the EOHHS. Vendor bid proposals shall be opened and read aloud at the date and time listed herein. The results of bid solicitations requiring a public copy for public works projects shall be posted on the EOHHS website as soon as possible after the bid opening. For RFP solicitations only vendor names shall be read aloud at the opening.

In accordance with the Governor's Executive Order(s) and Department of Health emergency regulations all visitors to the Virks Building must wear a cloth mask which covers the nose and mouth. Vendors delivering bid proposals to the EOHHS should allow sufficient time for any additional, COVID or security screening processes. The EOHHS assumes no responsibility for delays caused by the screening process or any other reason. Vendors are solely responsible for on time delivery of bid proposals. The EOHHS shall not accept late bids for any reason.

**BID OPENING ZOOM INFORMATION**

EOHHS is inviting you to a scheduled Zoom meeting for the bid opening.  
<https://zoom.us/j/92818399011?pwd=UU5JamFPL0krUkx2c0FuS1kyb29GZz09>

## Table of Contents

<b>SECTION 1: INTRODUCTION</b> .....	6
1.1 Instructions and Notifications to Vendors .....	7
<b>SECTION 2: BACKGROUND</b> .....	11
2.1 Grant Award.....	11
2.2 Gaps and Needs for Target Population to be Served.....	11
2.3 Funding Priorities .....	12
<b>SECTION 3: SCOPE OF WORK AND REQUIREMENTS</b> .....	12
3.1 Key Program Objectives and Qualities.....	12
3.1.1 Addressing the Needs and Filling the Gaps.....	12
3.1.2 Cultural Competence/Cultural Humility .....	13
3.1.3 Quality Management .....	14
3.2 Summary of Specific Requirements to be Included in the Scope of Work.....	15
3.2.1 General Requirements of All Applicants .....	15
3.2.1.1 Service Reports .....	15
3.2.1.2 CAREWare .....	15
3.2.1.3 Gaps and Needs.....	15
3.2.1.4 Quality Management Plan.....	16
3.2.1.5 Public Awareness Plan.....	16
3.2.2 Service Category Selection .....	17
Chart 3.1 Service Categories .....	18
3.2.3 Description of All Available Service Categories.....	19
3.2.3.1 Mental Health Services .....	19
3.2.3.2 Substance Use Services.....	20
3.2.3.3 Targeted Case Management (Non-Medical).....	20
3.2.3.4 Emergency Financial Assistance.....	21
3.2.3.5 Health Education Risk Reduction (HERR).....	22
3.2.3.6 Housing Services.....	22
3.2.3.7 Food Bank/Home Delivered Meals.....	23
3.2.3.8 Linguistic Services .....	23
3.2.3.9 Medical Transportation Services .....	24
3.2.3.10 Outreach.....	24
3.2.3.11 Psychosocial support services.....	24

<b>SECTION 4: TECHNICAL AND COST PROPOSAL REQUIREMENTS.....</b>	<b>25</b>
4.1 Technical Proposal .....	25
4.1.1 Section 1 Applicant Organization Profile Capability, Capacity, and Qualifications of the Vendor .....	25
4.1.2 Section 2 Workplan/Project Plan .....	27
4.1.3 Section 3 Approach/Methodology, Outcomes and Evaluation .....	28
4.1.4 Section 4 Staff Qualifications .....	28
4.1.5 Section 5 Other Information .....	29
4.2 Cost Proposal .....	29
4.2.1 Detailed Budget and Budget Narrative .....	29
4.3 ISBE Proposal .....	29
<b>SECTION 5: EVALUATION AND SELECTION .....</b>	<b>30</b>
5.1 Technical Proposal Evaluation .....	30
5.2 Cost Proposal Evaluation.....	30
5.3 ISBE Participation Evaluation .....	31
5.4 Technical Proposal Scoring .....	31
5.5 General Evaluation.....	32
<b>SECTION 6. QUESTIONS.....</b>	<b>33</b>
<b>SECTION 7. PROPOSAL CONTENTS.....</b>	<b>34</b>
<b>SECTION 8. PROPOSAL SUBMISSION .....</b>	<b>35</b>
<b>SECTION 9: CONCLUDING STATEMENTS.....</b>	<b>35</b>
APPENDIXES .....	36
APPENDIX A ISBE Responsibilities, MBE, WBE, Disability Participation Forms .....	36
A.1 Proposer’s ISBE Responsibilities .....	36
A.2 MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form.....	37
APPENDIX B Agency Entry Checklist .....	39
APPENDIX C Recommended Worksheets.....	40
WK-1 Application Cover Sheet.....	41
WK-2 Staffing Plan Worksheet .....	42
WK-3 Staffing of Service Categories.....	43
WK-4 Service Category Budget Form.....	45
WK-5 Budget Template .....	48
WK-6 Estimate Service Category Total Cost .....	50

WK-7 Combined Service Category Total Cost .....	51
WK-8 Budget Narrative Worksheet .....	52
WK-9 RFP Budget Summary .....	53

## SECTION 1: INTRODUCTION

Under delegated authority, The Rhode Island Executive Office of Health and Human Services (EOHHS), on behalf of the Department of Administration/Division of Purchases (DOA), is soliciting proposals from qualified providers to deliver projects to fulfill the existing needs and gaps with Rhode Islanders living with HIV receive necessary care, treatment and vital support services via the Ryan White Part B grant. Through this Request for Proposals (RFP), the state will utilize funding from the state’s Ryan White program Part B grant from HRSA to support vital services that promote the Rhode Island Ryan White program’s performance measures. Funded projects will address needs and gaps in available services in Rhode Island or strengthen, but not duplicate, existing offerings. For clarification this RFP is a request for grant proposals and will result in the awarding of grant funds to successful applicants to provide services identified within.

An initial solicitation RFP # RW-073021 is in the process of being awarded. This new solicitation will result in one or multiple awards for which no vendor bid on services requested in the initial solicitation, and/or additional vendor(s) may be needed to fulfill the needs of EOHHS.

Services will be implemented in accordance with the terms of this RFP and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

Please note these care, treatment and support services are specifically outlined herein and need to be followed as noted, in accordance with the terms of this Request for Proposals (“RFP”) and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at [www.ridop.ri.gov](http://www.ridop.ri.gov).

The initial contract period will begin approximately December 1, 2021, for one year. 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 a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses received by the Executive Office of Health and Human Services (EOHHS), pursuant to this solicitation, other than to name those vendors who have submitted proposals.

## 1.1 Instructions and Notifications to Vendors

1. Potential vendors are advised to review all sections of this 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.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
6. It is intended that an award 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 the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

*If subcontracting 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 subcontractors must be clearly detailed in the submitted budget and further explained in a narrative justification of all requested costs.*

7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.
8. Vendors are advised that all materials submitted to Executive Office of Health and Human Services (EOHHS), for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, et seq. and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that Executive Office of Health and Human Services (EOHHS), may release records marked confidential by a vendor upon a public records request if the State

determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that vendors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.

Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an “Affirmative Action Policy Statement.”

Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written “Affirmative Action Plan” prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.
- b. Vendors further agree, where applicable, to complete the “Contract Compliance Report” as well as the “Certificate of Compliance” (<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>), and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order.

For further information, contact the Rhode Island Equal Employment Opportunity Office via e-mail at [odeo.eeo@doa.ri.gov](mailto:odeo.eeo@doa.ri.gov).

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).



12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at [www.gcd.ri.gov](http://www.gcd.ri.gov).

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov/> and see R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email [Dorinda.Keene@doa.ri.gov](mailto:Dorinda.Keene@doa.ri.gov)

13. Insurance Requirements – In accordance with this solicitation, or as outlined in Section 13.19 of the General Conditions of Purchase, found at <https://rules.sos.ri.gov/regulations/part/220-30-00-13> and General Conditions - Addendum A found at <https://www.ridop.ri.gov/documents/general-conditions-addendum-a.pdf>, the following insurance coverage shall be required of the awarded vendor(s):

***General Requirements:***

- 13a)  Liability - combined single limit of \$1,000,000 per occurrence, \$1,000,000 general aggregate, and \$1,000,000 products/completed operations aggregate.
- 13b)  Workers’ compensation - \$100,000 each accident, \$100,000 disease or policy limit and \$100,000 each employee.
- 13c)  Automobile liability - \$1,000,000 each occurrence combined single limit.
- 13d)  Crime - \$500,000 per occurrence or 50% of contract amount, whichever is greater.

***Professional Services:***

- 13e)  Professional liability (“errors and omissions”) - \$2,000,000 per occurrence, \$2,000,000 annual aggregate.
- 13f)  Environmental/Pollution Liability when past, present or future hazard is possible - \$1,000,000 per occurrence and \$2,000,000 aggregate.
- 13g)  Working with Children, Elderly or Disabled Persons – Physical Abuse and Molestation Liability Insurance - \$1 Million per occurrence.

***Information Technology and/or Cyber/Privacy:***

- 13h)  Technology Errors and Omissions - Combined single limit per occurrence shall not be less than \$5,000,000. Annual aggregate limit shall not be less than \$5,000,000.
- 13i)  Information Technology Cyber/Privacy – minimum limits of \$5,000,000 per occurrence and \$5,000,000 annual aggregate. If Contract Party provides:
  - a)  key back-office services Contract Party shall have a minimum limit of \$10,000,000 per occurrence and \$10,000,000 annual aggregate.
  - b)  if Contract Party has access to Protected Health Information as defined in HIPAA and its implementing regulations, Personal Information as defined in in R.I. Gen. Laws § 11-49.3-1, et seq., or as otherwise defined in the Contract (together Confidential Information”), Contract Party shall have as a minimum the per occurrence, per annual aggregate, the total rounded product of projected number of persons data multiplied by \$25 per person breach response expense per occurrence; but no less than \$5,000,000 per occurrence, per annual aggregate; or,
  - c)  if the Contract Party provides or has access to mission critical services, network architecture and/or the totality of confidential data \$20,000,000 per occurrence and in the annual aggregate.

- 14. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or

transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Vendor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement. {Required for all agencies that have client or patient records related to health services.}

15. Eligible Entity - In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

## SECTION 2: BACKGROUND

### 2.1 Grant Award

The grant award shall be dependent upon available grant funds as well as the applicant’s ability to successfully meet the gaps and needs we seek to fulfill existing HIV care and treatment...

Applicants are advised that proposals may not be funded for the full request. Be certain to categorize deliverables so they can stand alone if your application is accepted and is not funded in its entirety. Be sure line-item budget details can be distinguishable if reductions occur.

Should additional funding become available, EOHHS reserves the option to direct the vendor(s) to conduct additional tasks to support the overall scope of this project.

One or more grant awards may be issued to one or more vendors based upon the need to fulfill the requirements of this RFP.

### 2.2 Gaps and Needs for Target Population to be Served

The EOHHS has not received ample applicants to fulfil the gaps in the HIV care and treatment system nor the needs for specified target populations.

Gaps and Needs requested for this RFP:

- Intensive, targeted, case management for people living with HIV is insufficient and we require assistance to maintain the volume and depth of HIV targeted case management.
- An innovative, HRSA compliant series of housing options that successfully meet people living with HV where they are.

- Additional innovative behavioral health needs compliant with the HRSA requirements for offering mental health and substance services.
- Additional medical transportation services and other services that will enhance the lives of people living with HIV that are in crisis (e.g., support services, emergency financial relief, etc.) See matrix of services below.

### 2.3 Funding Priorities

Funding priority will be given to those applicants that fulfill unmet needs and gaps in the system. A project will be evaluated based on the following criteria:

- Has a clearly identified and supported gap or need
- Is not otherwise available through Medicaid or another funding source (Ryan White is payer of last resort)
- Serves the target populations
- Has SMART goals and objective clearly outlining a project plan and has an evaluation plan to determine outcomes and effectiveness
- Is cost effective
- Demonstrates a realistic plan for sustainability

The Ryan White Part B grant has a long-standing history in the state that dates back more than 28 years. This bid is for qualified service organizations that can deliver the complex array of medical and support services associated with the Ryan White program. The Ryan White HIV/AIDS Program provides HIV-related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The program fills gaps in care not met by other payers.

We rely upon community-based organizations to fulfill much of the menu that HRSA offers for HIV care and treatment. Most of our current Ryan White agencies are also Medicaid providers and this allows for comprehensive coverage.

The critical aspects of Ryan White must be understood fully to be executed properly.

## SECTION 3: SCOPE OF WORK AND REQUIREMENTS

### 3.1 Key Program Objectives and Qualities

#### 3.1.1 Addressing the Needs and Filling the Gaps

As noted above, 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, and 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 grant funds meet the needs and gaps as a result not fulfilling the targeted populations to be served in RFP # RW073021 in order to provide for 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 funding work plans which aim to identify those unaware of their status, enroll PLWHA in care, keep them in care, pay for essential services, and reach people other payers do not reach. 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.

### 3.1.2 Cultural Competence/Cultural Humility

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." Moreover, HRSA recognizes the importance of practicing "patient-centered care" (PCC). Regardless of where on the HIV care continuum they may be, PLWHAs benefit from a PCC approach. PCC places patients—people—at the center of their own health care decisions and management and focuses on engagement. (<https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/patient-centered-care-2018.pdf>)

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>).

More recently, providers are moving toward “cultural humility” as a lifelong, working process that requires self-reflection and openness to other people’s identities, in a way that acknowledges their authority over their own experiences. Cultural humility has been shown to help reduce the experience of stigma for PLWHA, especially those who have been marginalized due to their racial, ethnic, sexual, or gender identities. To learn more about stigma, HIV and cultural humility, refer to the following link: <https://www.seaetc.com/understanding-cultural-competence-cultural-humility/>

Within the scope of work, applicants must explain how they will ensure that 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 that the applicant’s program is effective as part of the scope of work.

### 3.1.3 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 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, adherence to the “Service Standards and Performance Measures,” developed by EOHHS for each service category funded through this RFP, adherence to the statewide Ryan White Quality Management Plan, and creation of an agency Quality Management Plan. Performance Measures are clearly labeled, and all applicants must integrate these performance measures into their goals and objectives for this proposal (e.g., be certain quality performance measures are in your Project Plan for this proposal). The Performance Measures developed by EOHHS, and the Ryan White Quality Management Committee will be based on the most current federal HIV Performance Measures (See <http://hab.hrsa.gov/special/habmeasures.htm>).

EOHHS solicits 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. Tools that will assist us in collecting quality performance measures are CAREWare, TAVIE Red, Care Plans, and agency documentation of key performance indicators translated into reports submitted by the agency to EOHHS.

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. Within the body of each applicant's proposal, each agency must also designate one staff member who is affiliated with the Ryan White contract as an HIV Quality Management Liaison, and that person or designee must serve on the Rhode Island HIV Quality Management Committee.

### 3.2 Summary of Specific Requirements to be Included in the Scope of Work

#### 3.2.1 General Requirements of All Applicants

##### **3.2.1.1 Service Reports**

Submit 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>.

##### **3.2.1.2 CAREWare**

Contractors will be required to have data systems that are transferable 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 <https://hab.hrsa.gov/program-grants-management/careware>. If you are currently a funded agency and do not have the internal capabilities to transfer data into CAREWare (exporting data to the EOHHS) your proposal may be disqualified.

##### **3.2.1.3 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 service needs 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 through the development of 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 assessments and/or surveys 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, targeted population data that reflect needs/gaps. Typically, agencies utilize 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.

#### 3.2.1.4 Quality Management Plan

- Contractors awarded funds through this RFP must present a quality management plan for your agency and establish a quality management program that is consistent with the most recent Public Health Services guidelines for the treatment of HIV/AIDS and related opportunistic infections.
- The quality management program must be approved by EOHHS prior to implementation.
- If you are a currently funded agency and your agency does not have a Quality Management Plan 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 need to be adaptive to change and should focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement.

#### 3.2.1.5 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.



### 3.2.2 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 Grant Program”. (Note that RI has chosen to fund some of the HRSA allowable service categories, not all.). Go to: Policy Notices and Program Letters | HIV/AIDS Bureau ([hrsa.gov](http://hrsa.gov)) [PCN 16-02 RWHAP Services Eligible Individuals and Allowable Uses of Funds \(hrsa.gov\)](#)

Applicants that wish to provide 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 case management services.

Chart 3.1 Service Categories is a summary of all available Service Categories based upon the current gaps and needs.

The following chart summarizes the available service categories for applicants. Some services (labeled required) must be applied for by all applicants. Services are intended for non-medical agencies. Five of the services are listed as optional.

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.

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.

Chart 3.1 Service Categories

Service Category		Required (Note 1 Below)	Intended for Credentialed Non-Medical Agencies (Note 2 Below)	Optional Services (Note 3 Below)
1	Mental Health Services		XXX	XXX
2	Substance Use Services*			XXX
3	Case Management (Non-Medical)	XXX	XXX	
4	Emergency Financial Assistance	XXX	XXX	
5	Health Education Risk Reduction (HERR)			XXX
6	Housing Services	XXX	XXX	
7	Food Bank/Home Delivered Meals	XXX	XXX	
8	Linguistic Services	XXX	XXX	
9	Medical Transportation Services	XXX	XXX	
10	Outreach			XXX
11	Psychosocial Support Services			XXX

**Note: 1** All applicants must apply for all these service categories (3,4,6,7,8,9) or demonstrate that they will partner with an agency that provides those services.

**Note: 2** Credentialed non-medical agencies required to apply for this service category

**Note: 3** Agencies may pick Zero (0) or more

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

### 3.2.3 Description of All Available Service Categories

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.

#### 3.2.3.1 Mental Health Services

Mental health services are psychological and psychiatric treatment and counseling services provided to 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 for mental health services in the community 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 strengths-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 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) and may also be

referred to as 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. PRS provide access to community-based resources and 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, [PCN 16-02 RWHAP Services Eligible Individuals and Allowable Uses of Funds \(hrsa.gov\)](#)

HRSA requires that PLWHA accessing behavioral health and/or Peer Recovery Supports have a primary diagnosis of a mental illness, but these supports 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, see [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 PRS in RI or develop PRS as a service provided by the applying organization.

### **3.2.3.2 Substance Use Services** (focus on drug user health)

Substance use services (outpatient) are medical or other treatment and/or counseling services provided 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.

### **3.2.3.3 Targeted Case Management (Non-Medical)**

Targeted 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. Applicants must abide by the current Targeted HIV Case Management Manual

issued by the RIEOHHS. Comprehensive Medicaid Case Management (CMCM) Services Policy Guidelines (ri.gov).

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 present 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. Intensive case management is needed to fill gaps and needs.

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 includes 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 targeted case management (non-medical case management) organization, the vendor must be a Medicaid provider.

#### ***3.2.3.4 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). 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 also apply for and be successful in receiving funds for non-medical or medical case management services so as to create an 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 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.

#### ***3.2.3.5 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 and cannot be delivered anonymously. Client- level data must be reported for every person who receives these services.

#### ***3.2.3.6 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 these activities. 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>. The Rhode Ryan White program has made significant investments in housing across the spectrum. Currently we support RI HIV CoEXIST housing initiatives, and other housing concepts (e.g., Assisted Living, Specialized Residential Care, etc.) and we are seeking innovative, effective and efficient housing solutions and strategies.

#### ***3.2.3.7 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, and 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 also apply for and be successful in receiving funds for non-medical or medical case management services so as to create an effective use of these funds.

#### ***3.2.3.8 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.



### ***3.2.3.9 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 also apply for and be successful in receiving funds for non-medical or medical case management services so as to create an 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.

### ***3.2.3.10 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. RWHAP outreach services cannot be delivered anonymously. Client-level data must be reported for every person who receives this service.

### ***3.2.3.11 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. 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 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.



## SECTION 4: TECHNICAL AND COST PROPOSAL REQUIREMENTS

### 4.1 Technical Proposal

The narrative proposal must address each of the following elements:

#### 4.1.1 Section 1 Applicant Organization Profile Capability, Capacity, and Qualifications of the Vendor (10 page maximum)

Provide a brief description of your organization and its mission. Include an explanation of your organization's interest in this project and how the proposed project corresponds with the mission of the organization. Describe how the proposed project will fit within the organizational structure and outline the organization's experience and capacity to implement the proposed project. If applicable, describe the facility where the proposed project will operate.

In a narrative from to compliment the work plan/project plan describe how your organization will meet the goals and needs described herein. Capability, Capacity, and Qualifications of the Vendor must be outlined here.

In this narrative section, please elaborate upon the workplan/project plan and include the following:

- 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 **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.
    - 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 description of the needs and gaps of the target population of PLWHA to be served by the requested funds. Agencies that have received funding in the past must reveal data from assessments 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 the needs and/or gaps of the populations they intend to serve.

Bidders should integrate the needs/gaps assessments within their proposal. Applicants may not append additional assessments or reports.

- c. Populations to Be Served/Health Equity/HIV Continuum of Care
  - Describe any high priority populations and/or target area to improve access to the core medical and/or support service categories for which funds are requested. Describe disparities and incorporate health equity strategies. Target populations include Black and Indigenous people of color (BIPOC), men who have sex with men (MSM), transgendered individuals, individuals recently incarcerated, women, and infants, children and youth as described by Rhode Island's epidemiology.
  - Describe social determinants that may impact the overall health and well-being of the target populations. For example, some agencies may find that their clients are experiencing a high rate of food insecurity and housing instability that create barriers to access to care.
  - A description of the continuum of care offered by the applicant, including how clients will be supported in accessing and in remaining in care. Designate goals that complement the NHAS as well as specific strategies as to how your agency will isolate people out of care, retain them in care and support prevention activities associated with decreasing incidence.
  
- d. Operational Description of the Program(s) (Refer to Section III for guidance)
  - A description of existing resources for the provision of the 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 (i.e., a process map). Description should include agency relationships with other organizations, 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
  - Include 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 Grant requirements. Be certain to adhere to the HRSA/Rhode Island definitions for the selected service areas.
  
- f. Cost Effective, Coordinated, and Payer of Last Resort

- A statement describing how the agency 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
- g. Healthy People 2030
- Description of how the services and their goals and objectives relate to the goals of the national Healthy People 2030 initiatives Healthy People 2030 | health.gov
- h. HRSA Monitoring Requirements
- Agencies must clearly describe their strategy for meeting the monitoring requirements across programmatic and fiscal areas.
- i. Ryan White Services Report
- Specify effort to submit Ryan White HIV/AIDS Program Services Report (RSR) and comply with the RSR requirement.
- j. Quality Measurement 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 (j) outlined above should be no longer than 10 pages in length. Copies of formal linkage agreements must also be included in the application.

#### 4.1.2 Section 2 Workplan/Project Plan (not to exceed 20 pages)

- Describe the proposed project, outlining what you plan to accomplish in a chart or template of your choosing. We strongly recommend you use a Gantt chart or similar planning tool.
- Identify the target population to be served, including demographic information.
- Provide a description of the geographic area covered and explain any significant factors about the area.
- Explain how you determined the service gap or need for the proposed project and support the determination of need with appropriate data.
- Provide an outreach plan that demonstrates capacity to reach the target population and outlines activity you will undertake.
- Use the Workplan/Project Plan to clearly describe what you will do and how it will lead to the desired outcomes.
- Outline how you will implement proposed activities.
- The plan should include well defined objectives with action steps that will lead to completion of objectives.

- Provide a detailed timeline of the project and its activities, highlighting key milestones in development, implementation and evaluation.

#### 4.1.3 Section 3 Approach/Methodology, Outcomes and Evaluation (to be included in the Workplan/Project Plan above)

- Be clear as to your approach and methodology.
- How will you actually complete the projects and deliver the services for the Ryan White grant.
- How will you approach the project with staff and how will it be evaluated?
- In your workplan/project plan you will be specific and provide goals and objectives for the proposed project.
- Objectives should be specific, measurable, and achievable.
- Clearly describe project outcomes and performance measures that will demonstrate project effectiveness.
- Define project success and describe the evaluation process you will use. Explain how data will be used to track progress.
- Include information, and a tool, if appropriate, for assessing consumer satisfaction.
- Outline reporting procedures that you will use to share results of your evaluation with EOHHS. These explanations should be included in the narrative and the visual aspects of approach, methodology, outcomes, and evaluation should show in the workplan/project plan.

#### 4.1.4 Section 4 Staff Qualifications

The applicant must provide the following information. (Must not exceed 7 pages).

- 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.
- 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.
- 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.
- Process for fiscal and program monitoring - A description of the process used for fiscal and program monitoring, including the frequency of reports.
- Process for selection and rotation of board members - A description of the process for selection and rotation of board members.
- Implementation and monitoring of CLAS requirements - A description of how the applicant will implement and monitor federally mandated CLAS requirements.

- 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).

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.

#### Sustainability (1 page maximum)

Describe the plan for sustaining the proposed project following termination of grant funding, including efforts that will be undertaken to secure permanent funding.

#### 4.1.5 Section 5 Other Information (1 page maximum)

Share other information you feel RI should consider in developing and awarding this grant and information about your proposed project that is not captured elsewhere in your response.

## 4.2 Cost Proposal

### 4.2.1 Detailed Budget and Budget Narrative

Using the budget form provided in Appendix C – Recommended Worksheets, provide a detailed budget, including a narrative, which reflects costs associated with the proposed project. Identify which focus area from Section 3 that your proposal fits. Funding is for one year with the option to renew based upon available funding. An updated budget will be required prior to commencement of the second and the third year of funding.

## 4.3 ISBE Proposal

See Appendix A for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

## SECTION 5: EVALUATION AND SELECTION

Proposals will be reviewed by a technical evaluation committee (TEC) comprised of staff from State agencies and consulting subject matter experts. The TEC will conduct an initial administrative review for completeness, responsiveness, and eligibility. Applications that are judged to be complete and responsive will advance to the evaluation process.

### 5.1 Technical Proposal Evaluation

Each proposal that meets all basic eligibility requirements as outlined in the RFP will have a full evaluation of its technical proposal. Technical proposals must receive a minimum of 60 out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 60 points will not have the accompanying cost or ISBE participation proposals opened and evaluated. The proposal will be dropped from further consideration.

Technical proposals scoring 60 points or higher will have the cost proposals evaluated and assigned up to a maximum of 30 points in the cost category bringing the total potential evaluation score to 100 points. After total possible evaluation points are determined ISBE proposals shall be evaluated and assigned up to six bonus points for ISBE participation.

### 5.2 Cost Proposal Evaluation-Example

The maximum number of points awarded for the cost proposal is thirty. Each cost proposal corresponding to a technical proposal achieving a score of at least sixty points will be evaluated. The technical proposal score and cost proposal score are added together for a total maximum score of 100 points. (Additional points may be added for providers meeting ISBE criteria, as described below.)

**Each service category will be evaluated independent of other service categories. Therefore, make sure your cost proposal for each service category is clearly identified and independent. This process will allow EOHHS to make one or many grant awards.**

An acceptable cost proposal meets the criteria outlined below. Cost proposals that do not score at least 15 points will **not** be accepted.

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based upon the following formula:

$$(\text{Lowest cost proposal} / \text{vendor's cost proposal}) \times \text{available points}$$

For example: If the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service feed and the total points available are thirty (30), Vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 \times 30 = 19.5 \text{ points}$$

### 5.3 ISBE Participation Evaluation

#### Calculation of ISBE participation rate

1. ISBE participation rate for non-ISBE applicants. The ISBE participation rate for non-ISBE applicants shall be expressed as a percentage and shall be calculated by dividing the amount of a non-ISBE applicant's total contract price that will be subcontracted to ISBEs by the non-ISBE applicant's total contract price. For example, if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
  
2. ISBE participation rate for ISBE applicants. The ISBE participation rate for ISBE applicants shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE applicant's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE applicant by the ISBE applicant's total contract price. For example, if the ISBE applicant's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

#### Assignment of points for ISBE participation

The applicant with the highest ISBE participation rate receives the maximum ISBE participation points of six. All other applicants are assigned points by applying the following formula:

(Applicant's ISBE participation rate/Highest ISBE participation rate) X Maximum ISBE participation points of six

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Applicant A has the highest ISBE participation rate at 20% and Applicant B's ISBE participation rate is 12%, Applicant A will receive the maximum 6 points and Applicant B will receive (12%/20%) X 6 which equals 3.6 points.

### 5.4 Technical Proposal Scoring- Example

Criteria	Possible Points
Staff Qualifications	10 Points

Capability, Capacity, and Qualifications of the Vendor	10 Points
Work Plan / Project Plan	30 Points
Approach / Methodology	20 Points
<b>Total Possible Technical Points</b>	<b>70 Points</b>
Cost Proposal*	30 Points
<b>Total Possible Evaluation Points</b>	<b>100 Points</b>
ISBE Participation **	6 Points
<b>Total Possible Points</b>	<b>106 Points</b>

### 5.5 General Evaluation

EOHHS reserves the right to send qualifying questions and to receive responses to those questions from bidders, request interviews and presentations from bidders, contact references, and/or use other appropriate mean to evaluate submitted proposals and a bidder’s qualifications.

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

The Technical Evaluation Committee (TEC) 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 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 cancel the solicitation in its entirety in its sole discretion.

If an applicant is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State’s General Conditions of Purchase contain the specific contract terms, stipulations, and affirmations to be utilized for the contract awarded for this RFP. The State’s General Conditions of Purchases are found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>.



## SECTION 6. QUESTIONS

Questions concerning this solicitation must be e-mailed to [Patrick.OBrien.CTR@ohhs.ri.gov](mailto:Patrick.OBrien.CTR@ohhs.ri.gov) no later than November 16<sup>th</sup>, 2021. No other contact with state parties is permitted. Please reference RFP #110521 on all correspondence. Questions must be submitted via email in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received shall be posted on the Internet as an addendum to this solicitation. No questions will receive individual responses. It is the responsibility of all interested parties to monitor the solicitation for any procurement related postings.

## SECTION 7. PROPOSAL CONTENTS

### A. Proposals must include the following:

1. An original plus six hard copies. 7 in total. In addition, submissions must include a complete proposal in electronic format (state accepts CD and not a flash drive). Be sure your cost proposal is on a separate clearly marked CD then the technical proposal. The electronic version must be identical to the original hard copy submission. The technical proposal, cost proposal, must be separate CDs. The ISBE documentation, RIVIP Bidder Certification Cover Form, and Rhode Island W-9 must each be separate folders within the technical proposal CD and must be clearly labelled to indicate the contents. In any variance between the hard copy and the electronic file, the original hard copy takes precedence.
2. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov). Do not include any copies in the Technical or Cost proposals.
3. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at <http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf>. Do not include any copies in the Technical or Cost proposals.
4. One completed, signed, and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation. Do not include any copies in the Technical or Cost proposals.
5. The Technical Proposal, including the work plan, as described in Section 4. The technical proposal is limited to seven (7) pages, excluding the work plan. Appendix C contains worksheet to assist with the requirements of the Technical Proposal.
6. The Cost Proposal, as described in Section 4. Appendix C contains worksheet to assist with the requirements of the Cost Proposal. For the original and each hard copy, the cost proposal must be in a separate, signed, sealed envelope.

### B. All proposals must conform to the following writing and formatting guidelines.

- Be written in English
- Be single-spaced
- Have one-inch margins on all sides
- Be prepared with black ink on white 8.5" x 11" paper
- Use 12-point font that is clearly readable (Times, Arial, Calibri etc.)
- Have sequential page numbers on each page
- Have the applicant's name on each page
- Have clearly labelled attachments

- Not have staples or permanent binding (binder clips or elastic bands are acceptable)

## SECTION 8. PROPOSAL SUBMISSION

Applicants must submit proposals responsive to this RFP on or before 1:30 pm., Eastern Time. Responses received after this date and time, as registered by the official time clock in the reception area of EOHHS, shall not be accepted.

Proposals must be hand-delivered or mailed in a sealed envelope marked RFP #110521 to:

RI EOHHS  
Virks Building  
3 West Road  
Cranston, RI 02920  
Attention: Garlete Parker

The Executive Office of Health & Human Services, 3 West Road, TRAINING ROOM, First Floor from the times of 9:30am until absolute deadline 1:30pm. All guests must enter 3 West Road using the Front Door which is level to the ground floor. Must also stop at the Security Desk and check in and will then be escorted to the Training Room located on the First Floor. Please allow for ample time to check in with Security and be escorted to the Training Room. Your proposal will be date-stamped after it is given to an EOHHS staff member.

Proposals received after the above-referenced due date and time will not be accepted. Proposals misdirected to other State locations or those not presented to EOHHS by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to EOHHS shall not be accepted. The official time clock is in the reception area of EOHHS, Virks Building.

## SECTION 9: CONCLUDING STATEMENTS

Notwithstanding the above, the EOHHS reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State's best interest.

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

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase shall be the contractual terms and conditions between the parties upon issuance of a Purchase Order by the Division of Purchases. The State's General Conditions of Purchase can be found at

<https://rules.sos.ri.gov/regulations/part/220-30-00-13> and addenda can be found at <https://ridop.ri.gov/rules-regulations/>.

## APPENDIXES:

### APPENDIX A ISBE Responsibilities, MBE, WBE, Disability Participation Forms

#### A.1 Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

## A.2 MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form

Below is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Vendors are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

**MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN**

Vendor's Name:

Vendor's Address:

Point of Contact:

Telephone:

Email:

Solicitation No.:

Project Name:

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:

Type of RI Certification:  MBE  WBE  Disability Business

Address:

Point of Contact:

Telephone:

Email:

Detailed Description of Work to Be Performed by Subcontractor or Materials to be Supplied by Supplier:

Total Contract Value (\$):

Subcontract	ISBE Participation Rate (%)
-------------	-----------------------------

Anticipated Date of Performance:

I certify under penalty of perjury that the forgoing statements are true and correct.

<b>Prime Contractor/Vendor Signature</b>	<b>Title</b>	<b>Date</b>
--	--------------	-------------

<b>Subcontractor/Supplier Signature</b>	<b>Title</b>	<b>Date</b>
---	--------------	-------------

## APPENDIX B Agency 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.

<i>Rhode Island Executive Office of Health and Human Services HIV Provision of Care</i> <b>Ryan White Part B Care Grant</b> <b>Grant Services for Persons Living with HIV/AIDS Request for Proposals</b> <b>ENTRY Checklist</b>	
Entry Checklist Component	Yes/No
The applicant delivered all the necessary copies requested to EOHHS by the deadline date/time.	
The applicant utilized a readable font no less than 12 points fonts on 8 ½ x 11-inch paper.	
The applicant’s electronic (2 CDS, one for the technical one for the cost proposals) and hard copy submission are handed in.	
There is a separate cost and technical proposal.	
The applicant’s proposal is typed in black ink on white paper and is spiral or permanently bound. A steel clip is acceptable. No staples!	
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: <b><u>(1) Please note, clearly mark your Ryan White Service Categories in the Project/Implementation Plan Worksheet and create separate Ryan White Service Category Budget Forms for each category for which funds are requested.</u></b>	
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.  *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.	

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

## APPENDIX C Recommended Worksheets

**We recommend you use these worksheets or a format of your choice to order your proposal). Please note all budget and cost related materials (worksheets or forms you use) should be included in your cost proposal not in the technical proposal unless otherwise noted.**

<b>Appendix C – Recommended Worksheets</b>	
<b>Number</b>	<b>Title</b>
WK – 1	Application Cover Sheet
WK – 2	Staffing Plan
WK – 3	Staffing of Service Categories
WK – 4	Service Category Budget Form
WK – 5	Budget Template & Match Amount
WK – 6	Estimated Service Category Total Cost
WK – 7	Combined Service Category Total Cost
WK – 8	Budget Narrative
WK – 9	RFP Budget Summary



**Rhode Island Executive Office of Health and Human Services Medicaid Division  
Ryan White Part B HIV Care Grant Program  
APPLICATION COVER SHEET**

Agency Name:

Address:

FEIN:

Type of Organization:

Please include name, phone number, and email address of the follow staff:

Title	Name	Phone Number	Email Address
Executive Director			
Chair, Board of Directors			
Finance or Accounting Director			
Medical Director (if applicable)			
Project Manager (for RW HIV Care Services)			

Project Period:	Please detail the project period
-----------------	----------------------------------

In response to this RFP for funding to support the Ryan White HIV Care Grant, please accept the accompanying application. I hereby certify that, to the best of my knowledge and belief, the program and budgetary information supplied in support of this application is accurate, complete, and current for the award period of December 1, 2021, through November 30, 2022.

I additionally certify that I am duly authorized to submit this application on behalf of the governing body of

Organization Name:	
Authorized Signature:	Date:
Typed Name:	Title:

WK-2 Staffing Plan Worksheet

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

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

**Agency Name:**

**Date Prepared:**

**Description of Staff Plan** - Include administrative, clinical, and support staff dedicated to Ryan White HIV care and support service delivery, funded through this RFP. Use additional sheets, if necessary.

NAME	POSITION TITLE	PROFESSIONAL LICENSURE (IF APPLICABLE)
John Jones	Executive Director	
John Doe	Case Manager	MSW

WK-3 Staffing of Service Categories

Rhode Island Executive Office of Health and Human Services Medicaid Division											
Ryan White Part B HIV Care Grant Program											
STAFFING OF SERVICES CATEGORIES											
Additional Service Categories (Selected by Applicant)											
Service Categories Insert the percentage of FTE time dedicated to RW HIV Care service delivery per staff member for each service category	Mental Health Services	Substance Use Services	Case Management (Non-Medical)	Emergency Financial Assistance	Health Education Risk Reduction (HERR)	Housing Services	Food Bank/Home Delivered Meals	Linguistic Services	Medical Transportation Services	Outreach	TOTAL PERCENT OF FTE PER STAFF MEMBER
<b>Staff Members</b>											
John Doe (sample)	5%	20%	10%	50%	10%	5%					100%

**Staffing Plan and Pathway to Advancement Plan Must be detailed narrative following the below:**

- How will the agency coordinate Fiscal and Program Staff?
- How will the staff meet cultural and linguistic Services?
- What is Employee Orientation/Training/Advancement Plan for each funded Staff (note here Professional Licenses)
- Pathway to Advancement Plan:

HIV Case Manager's Pathway to Advancement Plan – The EOHHS requires each applicant to propose a Pathway to Advancement for HIV case managers inclusive of Ryan White and Medicaid staff working as HIV case managers. We recognize the high turnover of HIV case managers and have worked on a solutions-based model for years to alleviate transition, burn out, recognition, and career advancement. The Pathway to Advancement concept will insure outreach for new recruits, and sustainability, insurance for advancement existing staff. The Pathways for Advancement Plan must include ways the agency will promote a clear and articulate strategy for employment transformation, including advancement (salary increases over time and dependent upon targeted achievements) and staff development within your agency for HIV case managers. It must entail the following:

- An Apprenticeship Phase (e.g., include outreach and recruitment strategies for new case managers) - We expect salary ranges to be present here and we suggest Apprentice salaries should be slightly more than minimum wage.
- **Levels of Advancement** -Aside from the Apprentice phase, the agency will propose a series of advanced levels series advancement levels for case managers dependent upon years of experience, level of education and attainment of targeted professional trainings/achievements. We expect salary ranges to be present here and Level One salaries should be considerably more than the current minimum wage. **In addition, please propose what your agency can do under contract, to solicit bonuses and or salary advancements post earned professional achievement, yearly milestones and/or other skills based or merit-based opportunities. Please note regarding advancement target achievements - Consider that EOHHS HIV Provision of Care & Special Populations Unit has initiated the HIV CM certification @ RIC, and a new concept of BH specialty is going to be implemented shortly. These can both be counted as achievements.**

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

THIS FORM MUST BE FILLED OUT FOR EACH SERVICE CATEGORY APPLIED

<b>Agency Name:</b>	<b>Service Category:</b>	<b>Budget Period:</b>
---------------------	--------------------------	-----------------------

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 who 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.

[WK-4 Service Category Budget Form](#)

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 grant 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 grant 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>)

WK-5 Budget Template

**Rhode Island Executive Office of Health and Human Services Medicaid Division  
Ryan White Part B HIV Care Grant Program – Budget Template**

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

10% Match Amount

Narrative Description:

\$ \_\_\_\_\_

WK-6 Estimate Service Category Total Cost

**Rhode Island Executive Office of Health and Human Services Medicaid Division  
Ryan White Part B HIV Care Grant Program  
Estimated Service Category Total Cost**

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>Agency Name:</b>		<b>Service Category:</b>		<b>Budget Period:</b>	
<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 Grant Program  
Combined Service Category Total Cost**

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" columns represents the total requested amount for all Service Categories combined.

<b>Agency Name:</b>		<b>Service Category:</b>		<b>Budget Period:</b>	
<b>Proposed Budget Summary</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					
<b>Total Costs</b>					
Percentage to Total Amount					

WK-7 Combined Service Category Total Cost

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

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.

**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**

WK-8 Budget Narrative Worksheet

WK-9 RFP Budget Summary

Service Category		Required	Intended for Credentialed Non-Medical Agencies	Optional Services
1	Mental Health Services		XXX	XXX
2	Substance Use Services			XXX
3	Case Management (Non-Medical)	XXX	XXX	
4	Emergency Financial Assistance	XXX	XXX	
5	Health Education Risk Reduction (HERR)			XXX
6	Housing Services	XXX	XXX	
7	Food Bank/Home Delivered Meals	XXX	XXX	
8	Linguistic Services	XXX	XXX	
9	Medical Transportation Services	XXX	XXX	
10	Outreach			XXX
11	Psychosocial Support Services			XXX

