

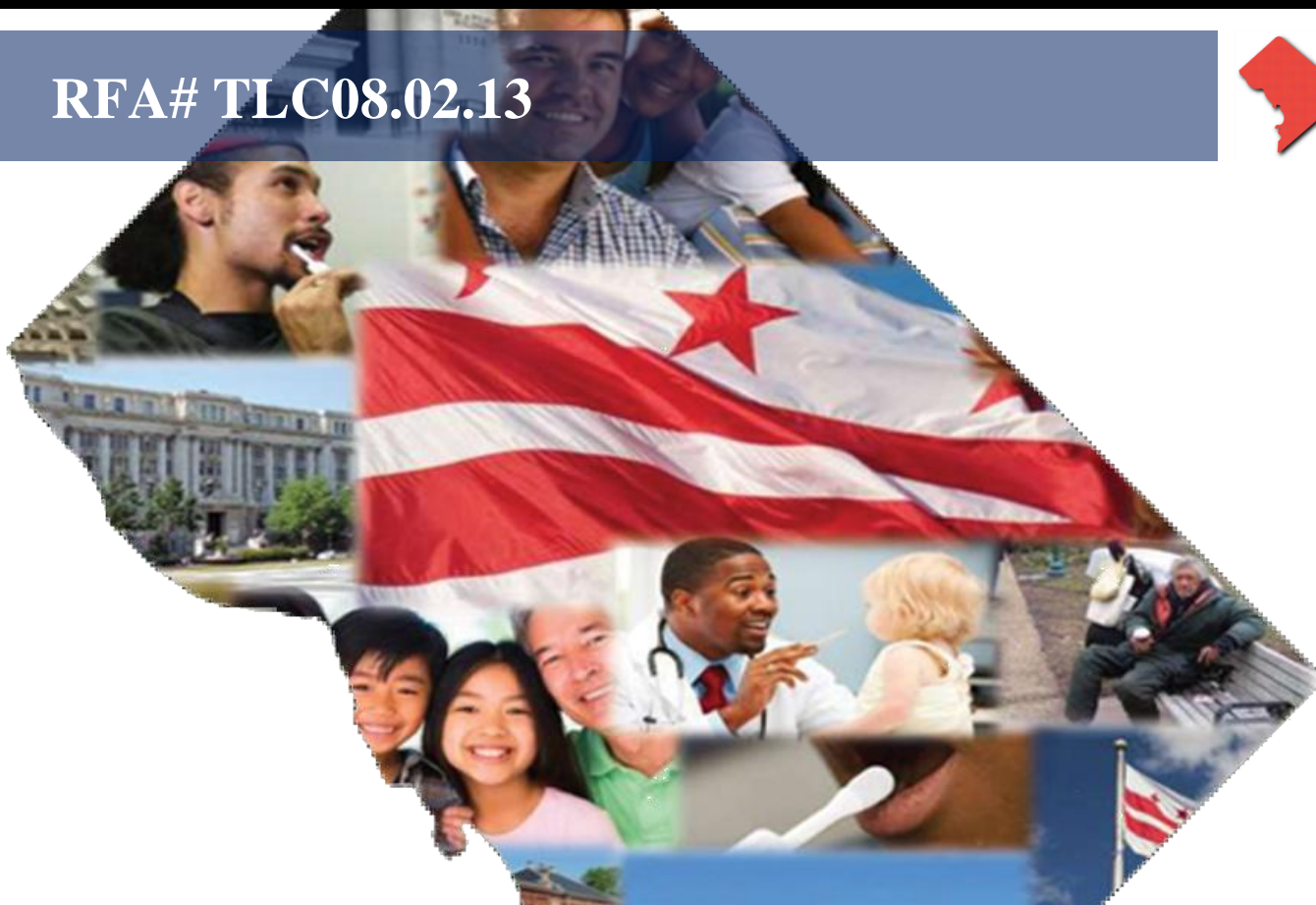
Funding Opportunity

Request for Applications (RFA)

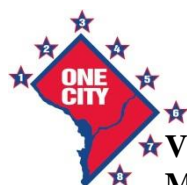
Government of the District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration

H A H S T A

RFA# TLC08.02.13



Comprehensive HIV Testing and Linkage to Care



★ Vincent C. Gray
★ Mayor, District of Columbia



Important:

RFA # TLC08.02.13

Application Due Date:

Wednesday, September 4, 2013, 4:30pm

Late applications will NOT be accepted

Pre-application Conference

Wednesday, August 7, 2013, 10am to 12pm

HAHSTA recommends that all applicants attend this important conference

Terms and Conditions

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):

1. Funding for an award is contingent on continued funding from the DOH grantor or funding source.
2. The RFA does not commit DOH to make an award.
3. DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
4. DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
8. DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DOH shall provide the citations to the statute and implementing regulations that authorize the grant or sub-grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at the following site: www.oca.dc.gov (click on Grants) or click here: [City-Wide Grants Manual](#)

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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Comprehensive HIV Testing and Linkage to Care

Overview

Purpose

The purposes of sub-grants awarded under this request for applications (RFA#TLC08.02.13) are to:

1. Support local qualified applicants in the provision of high quality HIV Testing and Linkage to Care Services (CTLC);
2. Increase the proportion of people living with HIV and AIDS who are aware of their HIV status by expanding and improving HIV testing capacity;
3. Increase the number of clinical HIV testing providers that seek third party reimbursement for routine HIV screening services;
4. Ensure linkage to, and ongoing participation in, HIV medical care and, as appropriate, supportive services for HIV-infected persons who are newly diagnosed and/or previously diagnosed but lapsed in care;
5. Reduce Perinatal HIV infection through the provision of treatment adherence support services for Pregnant HIV-infected women;

Eligible Applicants

The following are eligible organizations/entities that can apply for grant funds under this RFA. Additional eligibility criteria are listed under Program Area Descriptions:

- Private, non-profit organizations
- Private entities include clinical care providers, community-based, and social service agencies

Available Funding:

Approximately \$2,045,000.00 will be available for FY 2014 grant awards, with three optional, performance-based continuation years. All awards will be based on the availability of funds. Grants will be awarded through the use of DC Local Appropriated and Centers of Disease Control and Prevention funds (grant ID#5U62PS003685) and authorized under Sections 301 and 318 of the Public Health Service Act (42 U.S.C. Section 241 and 247c), as amended to support HIV testing strategies.

Program Areas:

1.0 Targeted HIV Testing in Community-Based, Non-Clinical Settings

Total Available - \$525,000.00, up to 6 awards

2.0 Routine HIV Screening in Clinical Settings

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2.1 HIV Screening in Community Health Centers/Clinical Settings

Total Available - \$550,000.00, up to 5 awards

2.2 Routine HIV Screening in Hospital Settings

Total Available - \$720,000.00, up to 7 awards

3.0 Navigator & Pregnancy Treatment Support Services

Total Available - \$250,000, up to 2 awards

Funding Period:

The award period for **Program Areas 1.0, 2.1, and 3.0 is October 1, 2013 – September 30, 2014.** The award period for **Program Area 2.2 is January 1, 2014 – December 31, 2014.**

There will be an optional three-year continuation through either September 30, 2016 or December 31, 2016 based upon the availability of funds, fiscal and programmatic grant performance, and alignment with developing data and community planning priorities.

Application Checklist:

Below are some critical elements that you must include in your application. For a full list of items on the Application Checklist, please see Attachment G.

- The applicant has submitted only one application per organization with multiple program activity plans, if applicable. Multiple applications from a single entity will be deemed ineligible and will not be reviewed.
- The Proposed Budget is complete and complies with the Budget format listed in Attachment E of the RFA. The budget narrative is complete and describes the categories of items proposed.
- One hard copy marked “original” with all attachments is in an individually sealed envelope and four (4) hard copies. Applications will not be forwarded to the review panel if the applicant fails to submit the required submission.
- The application is submitted to the HAHSTA no later than 4:30 p.m. on the deadline date of September 4, 2013.
- The Certifications and Assurances, and all of the items listed on the Assurance Checklist, are complete and are included in the assurance package.
- The appropriate appendices, including sub-contractual agreements, job descriptions; licenses (if applicable) and other supporting documentation are enclosed.

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Application Core Elements:

Each application should address the following, as applicable to the respective Program Areas:

- *Past Program Performance:* Evaluation of past performance will include: the quality of services administered by the sub-grantee, ability to meet program deliverables, adherence to terms of the grant agreement, submission of program reports and invoices on a timely basis, maintaining the fidelity of the funded intervention and, ensuring that applicable staff is properly trained on the selected intervention. Past performance on **all** HAHSTA subgrants will be a factor used to determine individual funding eligibility under this RFA.
- *Linkage to/Retention in Medical Care:* The thoughtful linkage of an HIV positive individual to a medical home is critical to their remaining engaged in care. With regard to the provision of long term, ongoing care, one size does not fit all. Ensuring a good fit when initially connecting a person to care can impact overall engagement. Providing follow up activities to ensure engagement in care is a vital component of Navigation Services. Regardless of whether the proposed program focuses on HIV Testing or Navigation services, all program applications for this RFA should have provide a detailed discussion of linkage to &/or retention in medical care activities, to include a description of established pathways to linking/engaging positives to medical homes. Applicants should provide documentation of formalized signed agreements between linkage/retention agencies and medical homes, as well as any other agency through which the exchange of patient information will take place. Agreements outline the expected services to be provided by each party and address how patient information will be exchanged between service providers.
- *Recruitment/Retention:* Depending on the setting, recruitment or engagement may be performed through outreach/in-reach efforts within clinical and non-clinical settings. Providers describing themselves as Navigators must demonstrate their ability to engage, recruit or re-engage clients lost to care. Organizations applying to conduct HIV Testing and Linkage to Care must demonstrate their ability to access, recruit and serve the target population. Additionally, HAHSTA encourages the use of models with demonstrated efficacy in diagnosing and/or engaging HIV positive individuals unaware of their status or not linked to a medical home.
- *Monitoring and Evaluation:* Demonstrate ability to capture and report on the number of patients tested for HIV, the number of patients *linked to* medical care and treatment, and the number of patients receiving Navigation and/or Comprehensive Pregnancy Support, if applicable. All funded providers are required to report these deliverables through DOH-approved systems client-level data in accordance with specific policies and processes. Proposed plans should address the following items:
 - Person(s) responsible for monitoring and evaluation of services—describe whether there is a dedicated staff (part time, full time, and team) who is

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- responsible for client level data, surveillance, and qualifications of these staff have.
 - Identify who and how your organization will collect quality client level data. Does your program have EMR or other data systems? Detail how you use data to improve delivery and quality of services, management and planning.
 - Identify how and who will develop and implement the Quality Improvement plan and quality improvement strategies.
 - Describe your service-area specific Quality Improvement plan and how this Quality Improvement Plan will be implemented to ensure the provision of continuous quality services
 - Describe the organization's provisions for periodic and ongoing continuous staff education and training.
- *Collaboration:* All DOH/HAHSTA funded prevention providers will be required to participate in collegial forums/workshops. The purpose of these groups will be to foster collaboration, share best practices, address challenges, and coordinate prevention efforts across service area types in order to maximize the city's HIV prevention resources.

Resources:

Applicants are strongly encouraged to use the local data available in their program design and application activities. HIV/AIDS statistics and HIV needs assessment data may be obtained from the HAHSTA website:

- HIV/AIDS, Hepatitis, STD and TB Annual Report 2011
<http://doh.dc.gov/node/239202>
- HIV Prevention Plan for 2012-2015
<http://doh.dc.gov/node/377212>
- Washington, DC Regional Eligible Metropolitan Area Comprehensive HIV Care Plan for 2012 - 2015
<http://doh.dc.gov/node/343392>
- HIV Resource Directory
<http://haadirectory.doh.dc.gov/>

In addition, data from research studies and other valid and reliable resources, such as peer-reviewed literature, journal articles and published findings may be used.

The Jacques Initiative

<http://www.jacques.umaryland.edu/default.html>

Additional Non-funded Resources and Program Add-ons

HAHSTA encourages applicants to consider adding complementary activities and resources to its core HIV Prevention programs as appropriate. The following add-on opportunities are

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available to address key District goals for reducing transmission of HIV/AIDS.

Condom Distribution Recruitment: condom use is a critical tool in preventing the transmission of HIV, as well as STDs and Hepatitis. Yet, surveys of District residents show that many people do not use condoms regularly. Increasing the quantity and accessibility of condoms is a high priority for HAHSTA. Studies show that public free condom distribution programs increase use and encourages up take rates. A recent survey revealed that three-quarters of District residents would use more condoms if they were available for free. Applicants could include recruitment of non-stigmatized locations within their geographic or population group communities to receive free condoms from HAHSTA.

Needle Exchange Program: In December 2007, Congress lifted the nearly 10-year ban on the District from using its local dollars for needle exchange programs. HAHSTA sees this as a tremendous opportunity for the District to test implement models of integrating needle exchange services into existing service delivery models. Applicants can consider partnerships with District needle exchange programs or taking advantage of the technical assistance provided by HAHSTA to initiate needle exchange services as part of the DC NEX Program.

Innovative Testing Strategies: HAHSTA also makes available to funded and non-funded providers, training and skills development in innovative CTLC strategies such as Social Networks and Couples HIV Testing. HAHSTA is able to mobilize resources to schedule Social Networks and Couples HIV Testing trainings, hosted by CDC and DOH/HAHSTA staff.

Program Area Descriptions

Full Spectrum HIV Counseling, Testing and Linkage to Care:

Full spectrum CTLC includes: recruitment/engagement, HIV testing, effective linkages, and the promotion of partner services.

HIV Testing Strategy: Routine Voluntary Opt-out HIV Testing in Medical Settings requires regular access to patients seeking general medical services but who may be unaware of their own HIV risk or status. Pre-test risk screening and extensive pre-test counseling is neither required nor encouraged in clinical settings. Targeted HIV CTLC is provided through a variety of settings to include fixed site, outreach and/or mobile. Pre-/post-test counseling are components of targeted, community-based HIV CTLC and may be delivered in clinical, community-based settings or through a combination of both.

Recruitment/engagement: Depending on the strategy and the setting, recruitment or engagement may be performed as a routine part of medical care or through outreach/in-reach efforts within clinical and non-clinical settings. HAHSTA encourages the use of models with demonstrated efficacy in engaging HIV positive individuals unaware of their HIV status.

HIV Testing Method: HIV Testing may be performed through rapid tests, through conventional blood panels (EIAs/ELISAs), or using multi-platform analyzers. For programs performing rapid testing, note that linkage to care should take place immediately upon a preliminary reactive

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result. Separate appointments for confirmatory-testing should not take place, as local data have demonstrated a substantial loss to follow-up. Testing methodology should be determined at the organizational level and will depend on specific programmatic settings and organizational resources. HAHSTA encourages the use of the most cost effective HIV testing technologies that maximize the number of HIV screenings performed as well as offering potential for third party reimbursement, where applicable. HAHSTA will continue to make rapid tests available to non-clinical, community-based organizations without billing capabilities.

Linkage: For HIV preliminary or confirmed positive persons, ensure linkage to HIV-medical services for continuation of HIV care and treatment (including confirmatory testing) immediately following *any* positive/reactive HIV test result. Linkage should be provided both for persons newly diagnosed with HIV and for previously positive persons who have re-engaged through HIV testing services but, who are out of care. The applicant should work with HIV positive clients/patients to eliminate barriers to accessing care services or to effectively access care services despite barriers. For targeted testing programs identifying high-risk HIV negative persons, clients/patients should be effectively linked into prevention and harm reduction services. Note that ‘referrals’ are insufficient evidence of linkage to care—linkage includes confirmation that the patient attended the first medical appointment for evaluation and received initial blood-work, including viral load testing. This linkage confirming process routinely requires active feedback or informational exchange between the ‘sending’ and ‘recipient’ providers. Providers are expected to establish formal relationships that foster the exchange of patient data, beyond the traditional MOUs.

Partner Services (PS): PS is an effective public health strategy, which has yielded great results in the District of Columbia. PS is a critical and expanding component of CTLC, that provides outreach to recent sex or injection partners of newly diagnosed persons (whose identity is not disclosed) to offer HIV testing. Recently, HAHSTA has redesigned its PS program. PS is now an active component of our surveillance system. Using surveillance data, HAHSTA Disease Intervention Specialist staff will contact newly diagnosed HIV positive persons to offer them PS. All HAHSTA CTLC providers are required to participate in PS efforts by informing clients about the PS program and promoting acceptance of the confidential service when it is offered.

Monitoring and Evaluation (M&E): Routine capture, reporting, and review of key characteristics of persons tested and new positives identified are critical to informing program implementation. All funded providers are required to report client-level data in accordance with HAHSTA-specific policies and processes. Specific requirements, forms, and technical support will be provided by DOH/HAHSTA.

Collaboration: All HAHSTA CTLC grantees will be required to participate in collegial forums/workgroups. The purpose of these groups will be to foster collaboration, share best practices, address challenges, and coordinate HIV testing efforts across service area types in order to maximize the city’s HIV testing resources.

1.0 Comprehensive HIV Testing and Linkage to Care

Total Available: \$ 525,000.00 up to 6 awards

Comprehensive HIV Testing and Linkage to Care

Eligible Applicants: For Program Activity Area 1.0, we are seeking applications from non-medical, community-based organizations or other social service/non-medical organizations with specific access to, experience reaching, or service provision capacity for Target Populations described below or otherwise described by the applicant.

Organizations with clinical/medical services applying for specific targeted outreach or other community-based, non-clinical HIV testing activities **must also provide HIV screening services within their clinical settings and should apply under Program Activity Area 2.1.*

Description: The primary overall goal of HIV testing is to identify persons who are HIV infected and to link them to care. Targeted voluntary routine opt-out HIV counseling and testing services serve persons or populations with specific needs, especially high-risk behaviors, or difficulties routinely accessing health services. These HIV Counseling, Testing and Linkage to Care Services (CTLTC) do not end with the completion of the HIV test, but also include both linking HIV-positive (including preliminary positives and previously diagnosed positives) to medical care as well as linking high-risk HIV-negative persons to additional prevention information and behavior change support services. Targeted HIV testing can also serve to encourage lifelong routine testing practices among HIV negative persons.

Oftentimes, people at increased risk of contracting HIV are marginalized persons with little to no access to and/or irregular utilization of traditional health care systems. Offering CTLTC in outreach and other non-medical community settings, by trusted entities, are critical methods of ensuring that those disenfranchised or specific at-risk populations actually learn their HIV status and are given the opportunity to enter into medical and social service systems. In addition, some populations, such as youth, may require specific services to address not only current but also future health behaviors and developmental issues that will not be fully or regularly met through the health care system.

Non-traditional or community-based (CBO) CTLTC programs are typically targeted testing programs that focus on difficult to reach or specialty populations served by a particular organization. These organizations frequently directly provide or link persons to critical non-HIV or non-health related services that address specific needs of the target population. These CBO CTLTC programs can include fixed site, mobile & outreach programs and may incorporate innovative recruitment strategies, such as Couples HIV Testing and/or Social Networks Strategy of HIV Testing.

Effectively linking HIV positive persons to a medical home has been a challenge for some CBO CTLTC providers. For this RFA, Program Area 1.0 Applicants **MUST** demonstrate an established partnership with a medical HIV provider(s) who will be the recipient(s) of the program's referrals for HIV positive persons (i.e., demonstrated connected partnerships or contractual relationships with clinical care providers to include medical releases to exchange patient data). HAHSTA's Red Carpet Entry program is available as an additional resource for HIV testing partners seeking to reduce barriers to care for HIV positive clients.

For this RFA, Program Area 1.0 Applicants **MUST** address how they will assess previously diagnosed positive clients for current participation in primary HIV medical care, and how they

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will link those currently without an HIV medical home to/back into those services. Program Area 1.0 Applicants proposing to give incentives for testing **MUST** describe the specifics of the incentive program and discuss measures to be taken to reduce the likelihood of previously identified persons repeatedly testing for the purpose of receiving incentives.

Target Populations: The HIV Prevention Planning Group (HPPG) no longer simply prioritizes populations; it uses epidemiological data to identify the populations and Wards that bear the heaviest burden of HIV in the District. As such, the group has recommended that HIV testing using high-impact prevention be focused on the populations and Wards with the highest number of people living with HIV, and/or the populations with the largest number of new infections.

Since the District has a generalized epidemic, with high rates of HIV in 7 out of 8 Wards, all areas of the City bear a heavy burden of HIV/AIDS. As such, there will be no targeted Wards highlighted for this RFA. Based on the criteria established by the HPPG and the 2010 epi data, the populations bearing the heaviest burden of the HIV epidemic are (**not listed in priority order**): African American Men Who Have Sex with Men (MSM), African American Heterosexual Men and Women, White MSM, Hispanic MSM, People Who Inject Drugs (PWID), Transgender Persons.

Program Required Elements and Specific Evaluation Criteria for Program Area 1.0

The list below contains the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area 1.0 that will be used to evaluate the feasibility of the proposed program:

- Full Spectrum HIV CTLC: Program Activity Plan narrative effectively addresses ALL elements highlighted in the Program Activity Description for Area 1.0, specifically: HIV Testing Strategy, Recruitment/Engagement, HIV Testing Method, Linkage, Promotion of Partner Services, Monitoring and Evaluation, and Collaboration.
- HIV Testing Performance: Describes the HIV testing services to be offered to include specific targets of tests to be performed and the anticipated positivity rate for the proposed 12-month grant period. If current or past activities include HIV Testing, describe the testing methodology employed and details of past performance, including the number of HIV tests, percentage testing positive, and percentage linked to HIV care. Past performance as a HAHSTA sub-grantee is a factor during the review process.
- Target Population: Clearly describes the population to be served, the rationale for selecting that population and demonstrates organizational experience providing services to that target population. Plan provides specific targets of number of clients to be reached in the proposed 12-month grant period.
- Incentives (optional): If incentives are part of your proposed testing program, plan describes a clear plan to utilize them in a manner that increases the likelihood of individuals getting tested and minimizes repeat testing for known HIV positives or those who have had a recent HIV test and are motivated by incentives.

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- **Innovative Testing Strategies (optional):** Describes the proposed use of innovative approaches and their intended enhancement of HIV CTLC services.
- **Linkage for Positives and High Risk Negatives:** Describes detailed and established pathways into care through a formalized network of providers and describes clear protocols for assessing client needs for additional services. Proof of formal patient exchange relationships is required, beyond the traditional MOU, and describes impact to medical provider's ability to retain clients.
- **Monitoring and Evaluation:** Describes detailed plan for collecting and submitting client level data for all activities related to HIV CTLC, such as discordant/invalid results to HAHSTA. Submit quantitative and qualitative data on a monthly, quarterly and annual basis detailing program activities and progress towards program deliverables.

2.0 HIV Screening in Clinical Settings

Targeted HIV testing in community-based, nonclinical settings remains an important strategy in providing HIV testing to members of niche or hard to reach populations however, it is HAHSTA's contention that the incorporation of routine HIV screening as a regular, billable component of clinical services be the primary means of HIV screening in the District.

Background:

HAHSTA recommends that as a part of regular medical care, all District Residents be routinely screened for HIV annually, with additional recommendations for men who have sex with men to receive HIV testing every six months, and pregnant women screened for HIV during their first and third trimesters.

HAHSTA has promoted this routine HIV screening recommendation for the past seven years. During this time, HAHSTA has worked with a variety of clinical partners on the feasibility of routine HIV screening in hospital and community health centers. The best course of action at that time was to launch those programs using rapid HIV test technologies. Our efforts to implement some level of HIV screening into hospital emergency departments and community health centers were successful. In 2007, HAHSTA partners performed just over 42,000 HIV tests. In 2012, that number grew to more than 138,000 HIV tests. Despite that tremendous progress, District clinicians need to continue to bring HIV testing to scale by routinely screening their patients for HIV.

Moving Forward: We have been working with our clinical HIV testing providers to develop the infrastructures necessary to implement billable models of HIV screening as a means of creating sustainability and reducing the dependence upon ever diminishing public funds. Our providers have had varying levels of success in receiving reimbursement. Despite the relatively slow start up, the paradigm shift of viewing HIV screening NOT as a public health initiative, but rather as a clinical indicator of quality care is a permanent one for the District's clinical HIV testing providers.

Comprehensive HIV Testing and Linkage to Care

HIV screening is a medical standard of quality care for District Residents. Like all other routine medical services, providers should be performing those screenings and billing for services rendered. HIV screening in medical settings is no longer an unfunded public health mandate. Legislative changes at the national level support HAHSTA's recommendations for routine HIV screening, and have paved the way for District clinicians to make billable routine HIV screening a reality on a very large scale.

In April of this year, the US Preventive Services Task Force (USPSTF) gave an "A" grade for routine HIV screening for people between 15 and 65 years of age, with additional risk-based testing for those outside that age group. USPSTF also gave an "A" grade for HIV screening of pregnant women, including those in labor with unknown HIV status. This decision by the USPSTF further supports the shift necessary to make HIV screening a routinely billable service.

The USPSTF is an independent panel of non-Federal experts in prevention and evidence-based medicine, composed of primary health care providers. USPSTF provides evidence-based recommendations about clinical preventive services for primary care clinicians and health systems. Their recommendations form the basis of clinical standards for many professional societies, health organizations, and medical quality review groups.

The Affordable Care Act (ACA) expands the availability of private insurance and Medicaid eligibility to ensure that Americans have access to quality healthcare coverage at affordable rates. The USPSTF HIV screening grades are a game changer. Under the Affordable Care Act, private health insurance policies created after March 23, 2010 are required to offer all preventive services that have been given an "A" or "B" recommendation by USPSTF, at no extra cost to the consumer. The law also gives state Medicaid programs financial incentives to cover USPSTF-recommended preventive services for adults. The increased USPSTF rating and the ACA will make it easier for clinicians to seek reimbursement for billable HIV screening services.

Third Party Reimbursement: In order to advance in our municipal scale up of HIV testing and to incorporate HAHSTA's recommendation of routine HIV screening, we need to dedicate our limited resources where there is the greatest need. With the elevated rating of HIV screening and ACA's requirement that preventive services be covered by most payers, programs that are able to bill must do so, so that HAHSTA can divert its HIV testing funds to programs that are ineligible to seek third party reimbursement, HIV testing in non-traditional settings, and the expansion of Partner Services testing efforts.

In researching third party reimbursement options, we have learned that Medicaid and other private insurers will not reimburse for peer based point of care testing (rapid tests). As a result, the way that many of our clinical providers perform HIV screening will have to be retooled in order to maximize reimbursement opportunities.

HAHSTA does not anticipate a negative programmatic impact to changing testing methodologies. Our strong scale up of routine HIV testing in the District of Columbia has increased the awareness and acceptance of HIV testing dramatically. This is evidenced by DC's yearly increase in HIV testing performance, as well as other outcome measures such as a dramatic decrease in the rate of late testers (people who test positive for HIV well after their exposure and likely after disease progression).

Comprehensive HIV Testing and Linkage to Care

These successes afford District providers an opportunity to again use more traditional methods of HIV screening to reach our intended goal. For example, HIV screening tests performed in laboratories are covered by third party payers. Participating labs bill directly for blood analysis services, which means that neither the client nor the referring clinical service would incur any expenses in performing the tests. Clinicians are encouraged to explore opportunities to seek reimbursement for the clinician services associated with routine HIV screening.

CPT Coding:

HAHSTA encourages clinical partners to seek technical assistance in determining the proper billing codes and related protocols to develop the capacity to generate and maximize reimbursement. Both laboratory and clinician services are reimbursable. Reimbursement for certain behavioral interventions is also possible.

The American Medical Association has a section in their CPT coding guidance on Preventive Medicine, Individual or Group Counseling. For additional codes, visit:

http://www.ama-assn.org/resources/doc/infectious-disease/hiv_cpt_guidance.pdf

A sample of clinician CPT codes is as follows:

Individual Counseling:

CPT Code	Timed Session
99401	15 minute session
99402	30 minute session
99403	45 minute session
99404	60 minute session

Group Counseling:

CPT Code	Timed Session
99411	30 minute group session
99412	60 minute group session

The CPT guidelines indicate the use of these codes for face-to-face visits provided by a physician, nurse practitioner, or otherwise "qualified health care professional "promoting health and preventing illness or injury". They are distinct from Evaluation & Management services and may be billed separately when performed on the same visit.

Testing Methodology: HIV screening can be implemented using a variety of testing modalities including conventional blood draws, rapid test technology performed by laboratory technicians, platform analyzers and 4th generation testing using technology such as the Abbott Architect.

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In the past, HAHSTA distributed rapid tests to HIV screening partners. As clinical providers transition into billable models of HIV screening, HAHSTA will reinvest its contribution of rapid test kits to cover HIV testing efforts that take place outside of a billable setting. In the event providers wish to continue using rapid testing technology for HIV screening, they must either procure their own rapid tests or make a strong case for continued HAHSTA support. For ongoing clinical routine HIV screening activities, providers should implement the testing modality that is best suited for their specific environment.

Rapid HIV testing provides results in a short window of time however; it is one of the more expensive methodologies to sustain. The most cost effective means of conducting HIV screening remains adding HIV testing orders to blood panels. 4th Generation Platform testing is a combination antibody/antigen assay performed on blood samples and serves as a means of screening for acute HIV infection rapidly. While providers have their choice of testing methodology, applicants who have the capacity are encouraged to explore the use of 4th Generation Platform testing.

2.1 Routine HIV Screening in Clinical Settings

Total Available: \$ 550,000.00, up to 5 awards

Eligible Applicants: For Program Activity Area 2.1, we are seeking applications from providers of clinical health services who offer or propose to offer fully integrated HIV testing programs in any of the following ways: targeted testing; integrated with STD or Drug Treatment or Mental Health clinics; dedicated HIV testing clinics; routine HIV testing as a part of primary care. Applicant organizations must be the core provider of the medical/clinical services for the proposed program and must possess the ability to bill and receive third party reimbursement for services provided.

**Organizations with clinical/medical services applying for specific targeted outreach or other community-based, non-clinical HIV testing activities must also provide HIV screening services within their clinical settings and should apply under this Program Activity Area.*

Description: This service area is designed to support the development &/or continuation of fully integrated, billable HIV screening programs for any clinical institution capable of receiving third party reimbursement for HIV testing services provided. These programs include, but are not limited to: routine HIV screening programs in community health centers and a variety of other non-hospital clinical settings.

The routinizing and normalization of HIV screening as a medical intervention is the direction that clinical providers need to take in the future in order to make a lasting impact in identifying persons with undiagnosed HIV infection. Moving forward, HAHSTA will support a variety of HIV screening programs in clinical settings that are fully integrated, seek third party reimbursement, and implement cost effective means of conducting HIV screening.

Program Required Elements and Specific Evaluation Criteria for Program Area 2.1

Comprehensive HIV Testing and Linkage to Care

The list below contains the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area 2.1 that will be used to evaluate the feasibility of the proposed program:

- **Full Spectrum HIV CTLC:** Describes a continuum of care that effectively addresses ALL elements highlighted in the Program Activity Description for Area 1, specifically: HIV Testing Strategy, Recruitment/Engagement, HIV Testing Method, Linkage, Monitoring and Evaluation.
- **Target Population:** demonstrates competency and experience providing HIV and non-HIV services, which will enhance the program's ability to reach target population. Plan provides specific targets of the number of clients to be reached in the proposed 12 month grant period.
- **HIV Testing Performance:** if current or past activities include HIV testing, describes the testing methodology employed and details of past performance, to include the number of HIV tests, percentage testing positive and percentage linked to care for prior 12 months.
- **Implementation Approach:** Plan describes HIV testing services to be offered. Several community health centers offer multiple modalities of HIV testing services, to include outreach, mobile and fixed site settings. Applicants in this section are encouraged to perform a full array of HIV testing services however; a required component of these services is a fully integrated, billable routine HIV screening program.
- **Linkage for Positives and High Risk Negatives:** describes detailed pathways into care through a formalized network of providers and describes clear protocols for assessing client needs for additional services. If provider organization has no experience or internal linkage to HIV care programming, establishes formal collaborative agreements with experienced HIV care providers. Submit proof of formal patient data sharing agreements.
- **Monitoring and Evaluation:** describes detailed plan for collecting and submitting client level data for all HIV testing services to HAHSTA. Submit quantitative and qualitative data on a monthly, quarterly and annual basis detailing program activities and progress towards program deliverables.
- For previously funded billable/clinical program participants, plan describes the progress made, calculates the amount of revenue generated, if any, and projected reimbursement revenue for the proposed program. Programs without previous billable experience must project the amount of revenue to be generated from the proposed program. Past performance as a HAHSTA subgrantee is a factor during the review process.
- Applicants intending to use rapid tests for all or part of their HIV screening programs must include in their plans a strong justification with the rationale for maintaining the use of rapid test kits and a projection of the proportion of those test kits that are expected to be supplied from HAHSTA's HIV test kit distribution program.

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- Describes detailed plan for reporting program financial data such as, program income and invoiced amounts vs. receivables.

2.2 Routine HIV Screening in Hospital Settings

Total Available: \$ 720,000.00, up to 7 awards

***Limited Application (See Application Elements page 30) ***

Eligible Applicants: For Program Activity Area 2.2, we are seeking applications from any hospital programs seeking to implement fully integrated routine HIV screening services as an add-on to the current services being offered to its patient population. Applicant organizations must be the core provider of the medical/clinical services for the proposed program and must possess the ability and willingness to bill and receive third party reimbursement for services provided.

Description: Many of the District's hospitals have successfully implemented routine HIV screening programs in their emergency departments. These hospital systems have myriad other access points where patient care is provided to large numbers of people. With their established third party reimbursement infrastructures and access to a large and varied population of District Residents, hospital departments are ideal programs to expand their implementation of HIV screening services.

Program Required Elements and Specific Evaluation Criteria for Program Area 2.2

The list below contains the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area 2.2 that will be used to evaluate the feasibility of the proposed program:

- **Program Design:** Plan describes an approach to identifying and implementing a feasible routine HIV testing model, and highlights proposed elements of the design in this application, which includes: implementation timeline, program algorithm, protocols, and billing and reimbursement approach.
- **HIV Screening Performance:** Describes testing targets for the grant period to include number of HIV tests to be performed and estimated positivity rates. If applicable, describes prior experience implementing routine HIV screening in a hospital setting, including number of tests performed, number of HIV positive diagnoses & number of patients linked to care. Past performance as a HAHSTA subgrantee is a factor during the review process.
- **Implementation Approach:** Plan describes how HIV screening will be expanded from or implemented outside of any previous or existing HIV screening program settings. Describes process by which third party billing will occur.

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- **Testing Methodology:** Describes the testing strategy to be employed. If rapid tests will be used, provide strong rationale for continued usage and project the percentage of rapid tests to be provided by HAHSTA.
- **Linkage to Care for Positives:** describes established pathways into care for persons testing HIV positive. If provider organization has no experience or internal linkage to HIV care programming, establishes formal collaborative agreements with experienced HIV care providers. Submit proof of formal agreements.
- **Monitoring and Evaluation:** describes plan for collecting and submitting client level data for HIV screening services to HAHSTA, including discordant/invalid results. Submits quantitative and qualitative data on a monthly and annual basis detailing program activities and progress towards program deliverables.

3.0 Citywide Navigator and Pregnancy Support Services

Funds Available: Up to \$250,000, up to 2 awards

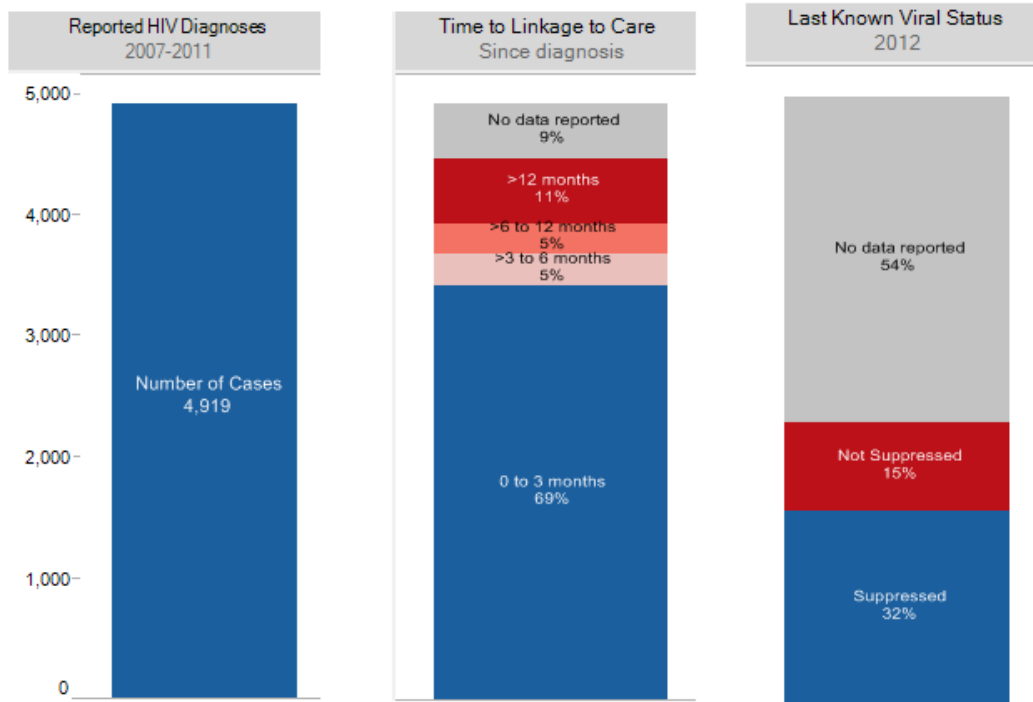
Eligible Applicants: We are seeking applications from providers who have extensive knowledge of DC's HIV care system, the Affordable Care Act, experience with successfully navigating HIV positive persons into medical care and expertise providing treatment adherence support services.

Description: The organizations will serve as a Navigator resource for providers across the District by facilitating the full linkage to care after testing HIV-positive regardless of where they test positive. The organizations will also serve as a treatment adherence support resource for HIV infected pregnant women. Use of innovative technologies and follow-up methods is encouraged. Additionally, many of HAHSTA's HIV Prevention providers strengthen their programs by taking advantage of some of our unfunded program enhancement opportunities, such as condom distribution and HIV testing.

Description: The journey between testing HIV-positive and reaching a medical home for comprehensive HIV care services can be unnecessarily confusing and difficult for many newly diagnosed individuals. Services for HIV infected persons are often fragmented as they strive to address co-occurring diseases, mental health, and substance abuse needs. These co-occurring conditions and other competing priorities can make it difficult for HIV-infected persons to remain engaged in care, adhere to treatment regimens and achieve viral suppression.

Newly diagnosed HIV Cases From 2007-2011:

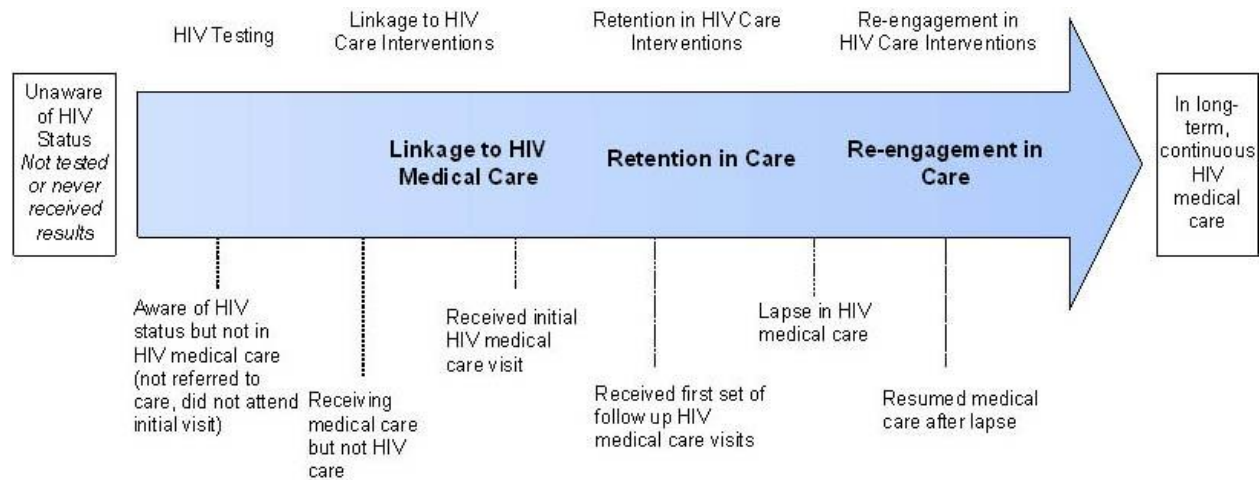
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Nationally, 66% of people diagnosed with HIV go on to be linked to care within 12 months of initially testing HIV positive however, only about 37% receive ongoing HIV care. Of all people known to be living with HIV, only 25% are virally suppressed. Locally, our linkage to care rate for new positives is higher than the national rate at 90%, as is our viral suppression rate at 32% (see table above). While our local linkage rate is exceptional, the viral suppression rate leaves a wide margin for improvement. Linkage to care is an important first step however; engagement in ongoing HIV care is the goal. One way to measure engagement in ongoing care as well as positive health outcomes is to look at viral suppression levels.

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The image below represents the CDC's continuum of engagement in HIV care:



As virally suppressed HIV-infected individuals are less likely to transmit HIV to others, treatment for HIV has become a vital HIV prevention tool. In order to achieve viral suppression, it is critical that all persons with HIV infection learn their status, get connected to and remain engaged in on-going HIV medical care and comply with treatment regimens. Making the connections to and eliminating barriers to accessing ongoing care is the foundation of patient navigation services. By funding a Citywide Navigator, HAHSTA seeks to support improve levels of ongoing engagement with HIV medical care and increase viral suppression among District residents living with HIV/AIDS who are: newly diagnosed, previously diagnosed but out of care, and/or pregnant.

Varying levels of individualized support are needed to achieve successful engagement into medical care and compliance with treatment regimens in an effort to achieve healthy, positive outcomes for HIV positive persons and those who are also pregnant. These factors vary with the competing priorities that the patient is experiencing. Patient navigation and treatment support have been shown to be effective means of: reducing barriers to care; improving mediation and communication between patients and care providers; improving health outcomes; and, improving patient compliance behaviors.

Pregnancy Treatment Support

For the past four years, the District's Perinatal HIV transmission rates have been relatively low when compared to similar jurisdictions across the country however; the goal is to eliminate all mother-to-child transmissions of HIV. Studies have shown that with viral suppression, the likelihood of mother-to-child transmission can be reduced to as low as 1%. Engagement in medical care, adherence to treatment regimens and the removal of barriers to remaining in care are essential elements to achieving viral suppression and therefore reducing the likelihood that a pregnant HIV-infected woman will transmit HIV to her baby.

Currently, HAHSTA estimates that 70-80 HIV-infected women who are District residents give birth to live infants every year. In an effort to provide those pregnant HIV-infected women with the best chance of delivering an HIV-negative baby, the DC Department of Health has recently

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amended the communicable disease reporting laws to make pregnancy in HIV-infected women a reportable condition in the District. Having more accurate data on the number of HIV-infected women delivering babies in the District enables HAHSTA to identify and dedicate the necessary resources to supporting this important population.

For this RFA, a comprehensive treatment support component for HIV-infected pregnant women is being added to the Citywide Navigator Services funding area. The guiding principle in the provision of Comprehensive Treatment support is the alignment of efforts between all service providers to create a patient centered plan for the client. Protocols and procedures which ensure the coordination of care management and patient data sharing are essential components of pregnancy treatment support. The goal of this program is to ensure the health of pregnant HIV-infected women and their unborn babies by providing a variety of intensive, individualized treatment support services.

HAHSTA's Perinatal Coordinator will serve as one referral source for clients for this intervention however; the expectation of the provider would be to be a referral source for pregnant, HIV-infected women meeting the following criteria:

- Two consecutive missed appointments
- One detectable viral load (viral suppression being defined as <400 copies/mL)
- Suspected or documented non-adherence with antiretroviral (ARV) medications
- STD diagnosed during the pregnancy
- Medical provider request or patient request

For the provision of comprehensive treatment support, specifically for pregnant HIV-infected women, HAHSTA recommends adopting a multi-faceted program that addresses the complex aspects of treatment adherence. Elements of such a treatment adherence program can be found in the JACQUES Initiative, which is summarized below, though adopting this specific model is not a requirement. This initiative outlines the *Journey to Wellness*, which is a five-step process to ensure that adequate support is offered to patients as they move throughout the continuum of care. All patients will not require the same level of support to adequately access care and treatment services, but it is imperative that providers offer or facilitate the necessary support through each phase of treatment. The five stages of the JACQUES Initiative to be incorporated into the care delivery system are:

Engage

The journey to wellness begins by going to individuals, families, and communities to engage them in wellness care. This can be accomplished through HIV testing in various venues, outreach and education and other avenues to enlist patients and communities.

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Prepare

Prepare clients and their support systems for a lifetime of wellness in addition to preparing the community to address prevention, stigma, treatment and support. This, for example, can be accomplished through training workshops or adherence evaluations.

Treat

With a focus on individual health and community wellness, comprehensive and integrated care is provided with a multidisciplinary team approach that can include primary medical care, nursing, case management, and substance abuse services.

Support

A support network for patients can assist in accomplishing wellness goals. Some examples may be peer advocacy, support groups, or engaging family and friends.

Develop

Client volunteerism, linkage to job training and placement, and personal independence are essential to patients' lifetime success and sustained wellness. Provide continual training and encouragement to partner organizations in addition to mentorship of volunteers, students, and HIV professionals.¹

At the University of Maryland where the JACQUES Initiative is being fully implemented, patients are assessed placed into one of six different tracts depending on the level of support the patient needs and the level of support that the patient agrees to. These tracts are:

- Directly observed therapy tract – Patients are required to come to the clinical center daily (7 days a week) for the administration of ART. A nurse or pharmacist observes the ingestion of medication. Patients who take medications twice a day may do a modified DOT for the evening dose. A review of systems is done and recorded weekly to evaluate any medical problems or medication side effects. Patients are counseled though symptom management as needed and are scheduled to see a medical provider if necessary.
- Treatment coaches tract – Treatment coaches are hired employees of the organization. The goal is to hire HIV-positive individuals who are doing well in care. They are responsible for ensuring adherence to medications and medication side-effect recognition. They provide the necessary support and education either in the patient's home or at a mutually agreed upon location. The treatment coach also serves as a liaison to the patient and any needed services such as mental health appointments or substances abuse treatment programs.

¹ The Journey to Wellness: The JACQUES Initiative: IHV. Available at www.jacques.umaryland.edu/strategy.html. Accessed 17 July 2013.

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- Weekly direct observed therapy tract – The woman will come to the center on a weekly basis for the distribution of ART. The pharmacist or treatment coach pre-fills pillboxes with a 1 week supply of medication and performs a pill count of the returned pillbox. There is also the opportunity for review of systems at this visit for medical or medication complications.
 - Treatment partners tract – Two HIV-infected women are paired together, ideally with an acquaintance or a family member. They will sign contract agreements with the organization and each other to support each other through therapy throughout the pregnancy. Daily direct observation of their partner's ingestion of medication is encouraged but if this is not possible daily phone calls or other reminders (email, text, etc.) are encouraged.
 - Care partners tract – The patient is paired with a care partner of their choice such as a close family member, friend or significant other who is HIV negative. The care partner agrees to attend all scheduled appointments and workshops. The care partner signs a contract of agreement to observe directly the ingestion of ART or make daily phone calls in support of daily medication adherence.
 - Standard of care tract – This tract would be used for HIV-infected women that use a self-administration mechanism of delivery. The women can transition to different levels of supportive therapy depending on their needs and success in a given tract. Barriers to adherence evaluations, provider advice and patient willingness to adhere to the demands of each tract will guide transition between tracts.²
-

Program Required Elements and Specific Evaluation Criteria for Program Area 3.0

The list below contains the Specific Required Program Elements that should be addressed and the Specific Evaluation Criteria for Program Area 3.0 that will be used to evaluate the feasibility of the proposed program:

Navigator Services:

- Target Population: Describes the organization's experience with HIV positive persons including pregnant HIV-infected women or ability to access that population. Plan must include the current volume of services that the organization provides to the target populations for which you will provide Navigator services. If no current Navigation services are provided to the target populations, demonstrate how the organization will effectively reach the target population. Past performance as a HAHSTA subgrantee is a factor during the review process.
- Knowledge of Systems: Demonstrates a clear understanding of the Affordable Care Act and its potential impact on the patient navigation process i.e., changes in Medicaid eligibility. Describes extensive knowledge of and comfort dealing with the health care system, public benefits system and local care networks as they pertain to people living

² Amoroso A, Spencer DE, Redfield RR. Improving on success: what treating the urban poor in America can teach us about improving antiretroviral programmes in Africa. *AIDS* 2004; 18 (Suppl 3):S39-S43.

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with HIV/AIDS. The successful applicant will be well prepared to assist a patient with managing expectations upon entering care.

- **Program Implementation:** Describes a detailed plan to identify partners, sites and locations to promote referrals from providers targeting HIV positive adolescents and adults in the District. Describes projected number of HIV positive clients to be served during grant year. Provide a description of marketing plan to promote the use of navigation services inclusive of existing or established working relationships with potential referring agencies.
- **Partnerships:** Thoroughly describes relationship with partnering clinical and/non-clinical providers, rationale for selecting the partners, outlines specific tasks assigned to both the applicant and the partnering organizations, describes how the linkage communication loop will be closed and describes how the electronic medical records systems will be utilized and include a copy or copies of executed agreements.
- **Retention/Case Coordination:** Provides documentation of signed agreements with clinical providers that set out a strategy to identify a shared roster of clients that will be managed by both the clinic and the applicant program. Plan demonstrates how Navigation staff will be integrated into medical provider to coordinate case management plans in an effort to ensure that care is well coordinated for clients. Plan describes how applicants will receive ongoing information about patients who are “lost to follow up,” missing visits, and not virally suppressed. Describe protocols for how those non-compliant patients will be addressed.
- **Implementation Approach:** Describes a detailed plan for the development of protocols to ensure that clients are not lost to care following diagnosis of HIV infection. Plans should include methods to select pathways into care, eliminate or reduce barriers to accessing medical homes, and strategies to provide additional support to HIV positive clients around risk reduction and HIV prevention messaging. Special emphasis will be placed on applications that demonstrate adequate evidence for the proposed project using best practice models from HIV or other diseases.
- **Innovative Use of Technology:** For programs proposing the use of technology, the program plan adequately describes how the use of technology will facilitate follow up efforts and increase the efficacy of the linkages that are made. Ex. Use of technology or other tools as an incentive to engage and maintain in medical care.
- **Linkage Network:** Describes a comprehensive network of providers that will be responsive to the needs of the HIV positive clients referred for Navigator services. Application must include MOUs or other formalized collaborative agreements, to include a detailed description of the roles and responsibilities of each party.
- **Quality Assurance:** Adequately describes a plan to develop outcome indicators as well as monitoring and evaluation protocols to assess program effectiveness in linking HIV positive clients into medical homes, and utilizing indicators that demonstrate adherence

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to care during the course of the grant period.

- **Program Enhancements (Optional):** Describes additional enhancement services to be offered, such as HIV testing and/or condom distribution, and associated implementation approaches, target populations, proposed targets and projected positives to be identified.

Pregnancy Support:

- **Treatment Support:** Plan identifies and agrees to work with HAHSTA to identify partners, sites and locations from which potential pregnancy treatment adherence support clients will be generated. These services will target all HIV-infected pregnant women and become a connection point for clients newly diagnosed with HIV or re-entering care. The applicant will identify strategies to address multiple care entry points including emergency rooms, family planning centers and private physicians.
- **Outreach Strategies:** Describes an ongoing marketing plan to promote routine HIV screening in 1st and 3rd trimesters for pregnant women and to promote the use of the treatment support program among Obstetric, Primary Care and Infectious Disease service providers.
- **Coordination of Care:** Establishes relationships with the providers to coordinate the HIV-infected pregnant woman's entry into care at both the HIV and obstetrical (OB) care provider that best matches the needs of the patient. These services are not designed to funnel patients into a single medical facility. Applicant must include an assessment of medical and public benefits needs in identifying a care provider to which the patient will be linked.
- **System Navigation:** Describes extensive knowledge of and comfort dealing with the health care system, public benefits system and local care networks as they pertain to pregnant women. The successful applicant will be well prepared to assist a patient with managing expectations upon entering care. Special consideration should be given to engagement of women living with HIV as navigation service providers.
- **Treatment Adherence Support:** Demonstrates knowledge of and/or experience with treatment adherence support that includes the need for engagement in primary HIV medical care, obstetric care, treatment adherence, case management, mental health treatment support, substance abuse treatment support, condom distribution, prevention with positive activities, retention and/or re-engagement activities.
- **Implementation approach:** Demonstrates how treatment support services will be provided or coordinated. Effectively describes how clients will be assessed for treatment support needs across a continuum of care services and how those activities will lead to sustained viral suppression. Creates strategies that ensure that the potential client is not lost to care following diagnosis with HIV and pregnancy. Develop methods to assist potential clients to address and reduce the impact of any barriers potential clients might experience in

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enrolling in and staying engaged in care. Ensures an appropriate level and kind of support to family members of potential clients and surrounding issues of disclosure. Outlines the techniques that will be used to provide adherence support & engage/re-engage the women in care throughout the pregnancy, such as the Jacques Initiative outlined above. See also Amoroso et. al “Improving on success: what treating the urban poor in America can teach us about improve antiretroviral programmes in Africa” AIDS 2004. Examples of adherence support ranges from transportation assistance to directly observed therapy (DOT).

- **Support Network:** If full range of treatment support services is not offered, but will be facilitated, describes a comprehensive network of providers that will be responsive to the needs of the HIV positive pregnant women in need of services. Application must include formalized collaborative agreements, to include a detailed description of the roles and responsibilities of each party. Plan also addresses how patient information will flow between the proposed program and the clinic, to include continuous updates on: viral load, missed appointments, lost to follow-up, increased viral load, etc., so that increased effort can be directed at those clients.
- **Targets:** Plan outlines projections of possible impact through targets of number of women to be reached and range of services offered.
- **Monitoring & Evaluation:** Describes outcomes to be monitored, to include process of service provision from pregnancy diagnosis through the initial post-partum medical visit and transition to ongoing treatment support services as needed. Plan should detail the indicators to be monitored to ensure that the patient is being compliant with medical appointments and medication adherence, including viral load. The plan should also include what changes (besides the patient requesting more or less support) will trigger a re-evaluation of the level of support the patient receives.
- **Reporting Requirements:** All pregnancies in HIV-infected women must be reported to DOH.

Application Elements

Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

- I. **HAHSTA Assurance Packet**
- II. **Executive Summary (Required Template)**
- III. **Background, Need, and Impact Description (up to 7 pages)**
- IV. **Organizational Capacity Description (up to 10 pages)**
- V. **Partnership, Linkages and Referrals Description (up to 5 pages)**

VI. Program Activity Plan (one for each activity—up to 15 pages for each activity)

- i. Program Activity Narrative, including evaluation plan
- ii. Work Plan (Required Template)
- iii. Budget (Required Template)

VII. Attachments

***Limited Application: Routine HIV Testing in Hospital Settings:**

The Limited Application applies **ONLY** to Program Activity 2.2: For eligible applicants interested in providing routine HIV Testing in Hospital Settings.

Providers, and who are applying **ONLY** for activity 2.2 in this RFA, a Limited Application will be accepted. Limited Application consists of:

- I. Assurance Packet
- II. Brief Description of Organization and Services (1-2 pages)
- III. Program Activity and Monitoring Description: (3-5 pages)
See Program Details Section 2.2 for more information.
- IV. Budget: (Required Template)

Application Submission Procedures

1. Pre-application Conference

A Pre-Application Conference will be held on Wednesday, August 7, 2013 from 10:00 a.m. to 12:00 p.m. The meeting will provide an overview of HAHSTA's RFA requirements and address specific issues and concerns about the RFA.

The conference will be held in the 4th Floor Conference Room at the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) 899 North Capitol Street, NE, 4th Floor.

2. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting Avemaria.Smith@dc.gov. Please be sure to put "**RFA Contact Information**" in the subject box.

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

This information shall be used to provide updates and/or agenda to the
HAHSTA RFA# TLC08.02.13

3. Letter of Intent (LOI)

A LOI is not required, but is highly recommended. This information will assist HAHSTA in planning for the review process. Please fax only one LOI per application to HAHSTA, using the template in Attachment A, no later than 4:30 p.m. on August 9, 2013. The letter of intent should be faxed to Avemaria Smith at (202) 671-4860 or submitted via email to Avemaria.Smith@dc.gov.

4. Assurances

Check Assurances, complete and submit Assurance packet, confirm with HAHSTA Assurance Review Team that the packet is complete and sufficient. We recommend that assurance packet is submitted to April Richardson by August 27, 2013 at 3:00 p.m. and that applicants CONFIRM assurance packet has been judged complete PRIOR TO the close date of this RFA. Applications with incomplete assurance packets after the close of the RFA will not be reviewed. April Richardson may be reached at (202) 671-4900 and April.Richardson@dc.gov.

Assurances Required to Submit Applications

1. Signed Federal Assurances
 2. A Current Business license, registration, or certificate to transact business in the relevant jurisdiction:
 3. 501 (C) (3) Certification. For non-profit organizations
 4. Current List of Board of Board of Directors
 5. Current Certificate of Clean Hands (formerly “Certificate of Good Standing”)
5. Prepare application according to the following format:
- a. Font size: 12-point un-reduced
 - b. Spacing: Double-spaced
 - c. Paper size: 8.5 by 11 inches
 - d. Page margin size: 1 inch
 - e. Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.

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- f. Printing: Only on one side of page
 - g. Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way
6. Submit one original hardcopy, and four (4) copies of your application to HAHSTA by 4:30 pm on September 4, 2013. Applications delivered after that deadline will not be reviewed or considered for funding. Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

Applications must be delivered to:

District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration
4thFloor Conference Room
899 North Capitol Street, NE
Washington DC 20002

Each copy must have the following separate components of your application:

- I. Executive Summary
- II. Applicant Profile
- III. Background, Need and Impact Description
- IV. Organizational Capacity Description
- V. Partnership, Linkages and Referral Description
- VI. Program Activity Plan (one for each activity)
 - a. Program Activity Narrative, including evaluation plan
 - b. Work Plan (Required Template)
 - c. Budget (Required Template)
- VII. ***Limited Application: Routine HIV Testing in Hospital Settings:**
The Limited Application applies **ONLY** to Program Activity 2.2: For eligible applicants interested in providing routine HIV Testing in Hospital Settings.

Providers, and who are applying **ONLY** for activity 2.2 in this RFA, a Limited Application will be accepted. Limited Application consists of:

- I. Assurance Packet
- II. Brief Description of Organization and Services (1-2 pages)
- III. Program Activity and Monitoring Description: (3-5 pages)

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See Program Details Section 2.2 for more information.

IV. Budget: (Required Template)

7. Attachments

One original hard copy (stamped original) and four (4) copies must each be submitted in separate envelopes. Each of the envelopes must have attached a copy of the Application Receipt (Attachment C).

Application Evaluation Criteria

Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

HAHSTA Assurance Packet

Required, not scored. [1 packet in good standing required from each organization]

Executive Summary (Required Template)

Required, not scored.

Template includes Summary Budget

Background, Need, and Impact Description

10 points

The extent to which the applicant:

- a. demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program activities;
- b. includes data and other supporting evidence to justify the proposed approach and target audience(s) and presents sources of such data;
- c. demonstrates the potential for significant impact and success in achieving the selected goal for the selected priority population;
- d. describes how the proposed programming enhances or complements existing or planned activities of the applicant's organization.

Organizational Capacity Description

15 points

- a. Demonstrated experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)

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- b. Evidence of staff and organizational expertise and performance in activities and services related to those proposed in this application. (Please present any relevant performance results from prior or related activities.)
- c. Structure, management and staffing, and administrative/fiscal management supports: Describe how you will ensure that staff members reflect the target population and have a history of experience working with the proposed target population or can demonstrate proven effectiveness in working with the target population or on the proposed interventions. If applicable, describes management of sub-contractual agreements with providers. (Please describe, as a group, the characteristics of your key program staff in terms of experience working with the target population, gender, race/ethnicity, HIV serostatus, area of risk expertise, or other relevant factors.) Describe past management of governmental grant funds, and/or current administrative structure in place to support effective management.
- d. Overall monitoring & evaluation system and expertise— please describe: current system of data collection and methods for reporting HIV prevention activities including data system specifications and data management information systems; capacity to enhance and or improve current electronic medical record system, capacity to collect and report client-level data for HIV prevention services and the effect of those services on client HIV risks and health service utilization; any barriers and facilitators to the collection of client level demographic and behavioral characteristics; plans to ensure data quality and security; any technical assistance needs to meet evaluation and monitoring requirements.
- e. Services Checklist—describe the core services your agency directly provides and the core services for which direct linkages to other service providers currently exist. This checklist will be kept on file as part of cataloguing available services and service providers in DC.
- f. Effi Barry Program Participation (+2 points): Year-1 and Year 2 Effi Barry Program participants who have: attended 80% or more of required trainings/workshops; completed the signing of NOGAs for current year grant funds; completed the assigned program improvement plan. Please briefly describe how the Effi Barry Program has impacted your ability to provide HIV services.
- g. Note: Organizations should only apply for the program services areas they can effectively support and implement during the upcoming year. That is, if an organization applies for multiple program activities, the organizational capacity evaluation will be based on the ability to realistically implement all of the proposed plans, in keeping with the resource and scale-up approaches of the application. However, only one application per organization with multiple program areas will be

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accepted. The submission of more than one application per organization will be deemed ineligible and will not be reviewed.

Partnership, Linkages, and Referrals Description

25 points

As stated in the Overview to this RFA, we recognize the complexity of individuals' lives and the need to mobilize a variety of existing services to meet critical needs. We **DO NOT** encourage organizations to try to 'do it all' themselves. Organizations that are most successful are often those that have well-defined missions and implement programs within their comparative advantage, extending or changing their mission strategically and consciously over time.

We do, however, encourage organizations to be aware of critical partnerships that are available and can provide complementary services to clients. In this section, we are NOT looking for general information on referrals to each and every service that might be available. Instead, we ARE looking for you to identify the complementary services that are most often most critical to the clients you serve, and to describe the direct linkages you have established or plan to establish with a handful of close providers to serve your clients' needs.

Specifically, describe your plans for a linkage network to ensure that clients identified through your program have access to comprehensive services, including additional prevention services as well as primary care and essential support services (substance abuse treatment, mental health services, housing, etc.) that will maintain HIV-positive individuals in systems of care and potentially provide relevant services to most-at-risk HIV-negative individuals.

- Provide copies of formal agreements with providers and other agencies where your clients may be referred. Funded organizations must develop data sharing relationships with core collaborating agencies that will support comprehensive treatment support activities.
- Explain how you will track linkages and their outcomes, as well as how you will collect and report data on referrals. Describe mechanisms in place to track patients and conduct re-engagement activities.

Specific areas of comment should include:

- How will you promote and enhance access to Counseling, Testing and Linkage to Care?
- How will you ensure linkages of high risk negatives to prevention services?

Program Activity Plan

50 points

Overall, the program activity plan will be scored on the feasibility of being fully and successfully implemented and having prevention impact on the target population(s). Targeted population(s) must be clearly identified for each activity. Approach includes overcoming barriers to reaching participants effectively over time, and including a reasonable plan to assess performance and

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effect. Proven capacity to deliver same or related services strengthens the feasibility of successful performance. *Plan should explicitly include organizational and/or client level targets.*

Each Program Activities Details section highlights specific required elements that should be included in your plan and specific evaluation criteria that will be applied in scoring. All standard elements will be reviewed as part of evaluation criteria. This summary provides a thorough description to routine best practices and required elements for strong programs, on which the technical evaluation of your application will be based. It also highlights details to evaluating descriptions of these programs.

- a. Program Activity Narrative, including Evaluation Plan (10 points for performance and evaluation plan component)
- b. Work Plan (Required Template Attachment D)
- c. Budget(Required Template Attachment E)—not scored

Review Process and Funding Decisions

Applications will be reviewed by HAHSTA staff and a panel of external reviewers. The applications will be reviewed and scored based on the criteria below. It would be helpful for applicants to review the criteria as that will provide guidance on what constitutes a successful application.

Technical Review Panel

The technical review panel will be composed of HAHSTA staff members who will examine each application for technical accuracy and program eligibility prior to the applications evaluation by external reviewers.

Evaluation of past performance will be factored in during the selection process. It will include a review of the quality of services administered by the sub-grantee, ability to meet program deliverables, adherence to terms of the grant agreement, submission of program reports and invoices on a timely basis, maintaining the fidelity of the funded intervention and performance on all HAHSTA subgrants will be a factor used to determined individual funding eligibility under this RFA.

External Review Panel

The external review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/HAHSTA shall make the final funding determinations. Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

Comprehensive HIV Testing and Linkage to Care

In addition to your application's comprehensive objective review, the following factors may affect the funding decision:

Preference for funding will be given to ensure that the overall portfolio of funded activity best meets the overall programming needs of the District. Specifically:

- Considerations will be given to both high and lower prevalence areas: the number of funded organizations may be adjusted based on the burden of infections in the jurisdiction as measured by HIV or AIDS reporting.
- Funded applicants are balanced in terms of targeted racial/ethnic minority groups. (The number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of geographic distribution. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
- Funded organizations have substantial experience serving the proposed target population.
- Only one application per organization will be accepted. **Multiple applications submitted by one organization will be deemed ineligible and not forwarded to the external review panel.**

Award amounts are dependent upon receipt of funds obtained through the District's Appropriations as authorized by Centers for Disease Control and Prevention.

Post-Award Activities

Successful applicants will receive a Notice of Grant Award (NOGA) from the DOH/HAHSTA Grants Management Office. The NOGA shall be the first binding, authorizing document between you and DOH/HAHSTA. The NOGA will be signed by an authorized grants management officer and mailed to the fiscal officer or executive director identified in the application. Next, you will be required to meet DOH/HAHSTA staff and submit final Table A's (summary of grant deliverables) and budget and justification revisions, AND sign a grant agreement between your organization and the DOH/HAHSTA.

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by DOH/HAHSTA and following the procedures determined by DOH/HAHSTA. If you are funded, reporting forms will be provided during your grant-signing meeting with HAHSTA.

Continuation of funding for subsequent years is dependent upon the availability of funds for the stated purposes, fiscal and program performance under the Year 1 grant agreement, and willingness to incorporate new District-level directives, policies, or technical advancements that

Comprehensive HIV Testing and Linkage to Care

arise from the community planning process, evolution of best practices, or other locally relevant evidence.

Budget Development and Description

Applicants will need to provide a detailed line-item budget and budget justification that includes the type and number of staff you will need to successfully put into place your proposed activities. You must follow the model of the sample budget included Attachment E.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation).

The applicant should list each cost separately when possible, give as much detail as possible to support each budget item, and demonstrate how the operating costs will support the activities and objectives it proposes.

The applicant shall use a portion of their proposed budget for evaluation activities.

Indirect Costs

If your organization has a Federally Negotiated Indirect Cost Agreement, you will be required to submit a copy of that agreement in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed 10% of the total projected direct costs of your program.

If your organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line not to exceed 10% of the total projected direct cost of your program.

Assurances

HAHSTA requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

HAHSTA classifies assurances packages as two types: those “required to submit applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

Comprehensive HIV Testing and Linkage to Care

Certifications & Assurances Required Prior to Signing Award

- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Most Recent Audit and Financial Statements
- Certificate of Occupancy , if Applicable

A list of current HAHSTA sub-grantees with valid assurance packages on file with HAHSTA will be available for review at the pre-bidders conference. Current sub-grantees who do not attend the pre-bidders conference may contact their grant monitor after the conference to review the list of their valid assurance packages on file. Organizations with confirmed valid assurance package on file will not be required to submit additional information.

The envelope with the assurances must have attached a copy of the Assurance Checklist Attachment F.

HAHSTA Contacts:

Applicants are encouraged to e-mail their questions to the contact person(s) listed below on or before August 19, 2013. **Questions submitted after the deadline date will not receive responses.** Please allow ample time for questions to be received prior to the deadline date.

Contact Person: Avemaria Smith
HIV Testing Program Manager
Government of the District of Columbia, Department of Health
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
899 North Capitol Street, NE 4th Floor
Washington DC 20002
E-Mail: Avemaria.Smith@dc.gov
Phone: 202.671.4900
Fax: 202.671.4860

Direct Budget Questions to Veronica Parham: Veronica.Parham@dc.gov



Attachments

List of Attachments

Attachment A: Letter of Intent

Attachment B: Applicant Profile

Attachment C: Applicant Receipt

Attachment D: Work Plan

Attachment E: Budget Format and Guidance

Attachment F: Assurance Checklist

Attachment F1: Department of Health Certifications

Attachment F2: Federal Assurances

Attachment F3: Statement of Certification

Attachment G: Application Checklist

Attachment H: Organizational Services Summary

Attachment A: Letter of Intent

Letter of Intent to apply for **HAHSTA RFA# TLC.08.02.13** from HAHSTA. Although a letter of intent is not required, this information will assist the HIV/AIDS, Hepatitis, STD and TB Administration in planning for the review process.

Please fax your letter of intent to Avemaria Smith at (202) 671-4860 by August 19, 2013.

The purpose of this letter is to inform you that our organization is interested in applying for funding under **HAHSTA RFA# TLC.08.02.13**.

Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____ Ward _____

Contact Name _____

E-mail _____

Phone: _____ Ext: _____ Fax: _____

Category Applying Under

(If you wish to apply to provide services to more than one service area you must note them on this letter of intent and submit no more than one application per organization.)

	1.0: Comprehensive HIV Testing and Linkage to Care
	2.1: Routine HIV Screening in Clinical Settings
	2.2: Routine HIV Screening in Hospital Settings
	3.0: Citywide Navigator and Pregnancy Support Services



ATTACHMENT B - Applicant Profile

Applicant Name:

TYPE OF ORGANIZATION

Small Business _____ Non-Profit Organizations _____ Other _____

Contact

Person: _____

Office

Address: _____

Telephone: _____

E-Mail Address: _____

Program Description:

DUNS# _____

Program Area: _____

BUDGET

Total Funds Requested: \$ _____

ATTACHMENT C: Applicant Receipt

District of Columbia, Department of Health
 HIV/AIDS, Hepatitis, STD and TB Administration
 899 North Capitol Street, NE
 Washington, DC 20002

HAHSTA RFA# TLC.08.02.13

**THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
 HAHSTA PREVENTION AND INTERVENTION SERVICES IS IN RECEIPT OF:**

 (Contact Name/Please Print Clearly)

 (Organization Name)

 (Address, City, State, Zip Code)

 (Telephone) (Fax) (E-mail Address)

 \$ _____

(Program Title- If applicable) (Amount Requested)

Program Area for which funds are requested in the attached application:
(Check Just one per Application)

	1.0: Comprehensive HIV Testing and Linkage to Care
	2.1: Routine HIV Screening in Clinical Settings
	2.2: Routine HIV Screening in Hospital Settings
	3.0: Citywide Navigator and Pregnancy Support Services
[District of Columbia, Department of Health USE ONLY]	
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES	
RECEIVED ON THIS DATE: _____/_____/ 2013	
TIME RECEIVED: _____	
RECEIVED BY: _____	

Agency:	Program Period:
Grant #:	Submission Date:
Target Population /Service:	Submitted by:
<i>Total Budget \$</i>	Telephone #

GOAL 1:

Measurable Objectives/Activities:

Process Objective #1:*[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]*

<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
			

Process Objective #2:

<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • 			

Process Objective #3:

<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • 			

Please duplicate this page as needed for each Program Goal. Ensure that there are goals and objectives linked to each of the interventions covered under this grant.

Attachment E: Budget Format

Name of Organization Funding Source Service Area

[Categorical Budget Format Provider.xls](#) (Link to Categorical Budget Format)

Personnel Schedule

Position Title	Site	Option No. 1		Option No. 2		Monthly Salary or Wage	No. of Mo.	Budget Amount	Benefits Ratio %	Benefits Amount	TOTAL Budgeted
		Annual Salary	FTE	Hourly Wage	Hours per Month						
TOTAL											

SAMPLE

Consultant/Contractual

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Attachment E: Budget Format

Occupancy Schedule

Facility	Site	Unit	Unit Cost	Number	Budget
Rent					-
					-
Utilities (Gas/Electric/Water)					
TOTAL					-

Travel / Transportation Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Supplies

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Attachment E: Budget Format

Capital Equipment Schedule

Item	Site	Unit	Unit Cost	Number	Budget
TOTAL					

Client Cost Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Communications Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
					-
TOTAL					-

Attachment E: Budget Format

Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				

Indirect Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				

Attachment F: Assurance Checklist

Certifications, Licenses and Assurances Required for Submitting Application to RFA #TLC.08.02.13

Name of Organization: _____

Applicants are required to submit one copy of certifications, affidavits, and assurances in a sealed envelope. The assurance checklist found below should be completed and placed in the envelope of each packet. The outside of each envelope must be conspicuously marked as follows:

Assurances in response to RFA# TLC.08.02.13
Indicate whether content is 'original' or 'copy.'

ASSURANCE CHECKLIST

- 1. Signed DOH Federal Assurances (Attachment I)
- 2. A current business license, registration, or certificate to transact business in the relevant jurisdiction
Contact 202.442.4400
Or www.dkra.dc.gov -> Licensing/Regulations -> Business Licensing -> Renew Business License or General Business License -> Click on BBL EZ Form
- 3. Certificate of Good Standing (DCRA)
Department of Consumer and Regulatory Affairs
1100 4th Street SW
or www.dkra.dc.gov 202.442.4400
- 4. 501(C) (3) Certification for non-profit organizations
- 5. Current Certificate of Good Standing from local tax authority:
Department of Tax and Revenue
1101 4th Street SW, West 270
Contact person – Renee Green 202.442.4072
Or www.otr.dc.gov
- 6. List of Board of Directors, on letterhead for current year signed by certifying official
- 7. Medicaid Certification(s), if applicable.

Attachment F1: Department of Health Certifications



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Statement of Certification for a DOH Notice of Grant Award

- A. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected

commercial and governmental business commitments;

- J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with a Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date



Attachment F2: Federal Assurances

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Statement of Assurances to Comply with Federal Assurances

The Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The

phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
 - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
 - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
 - d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et.seq.)
 - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
 - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
 - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
 - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)

- i) Executive Order 12459 (Debarment, Suspension and Exclusion)
- j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
- p) Federal Funding

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date

Attachment F3: Department of Health Certifications



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Certifications Regarding Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Grantees should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned

shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;

- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

The Grantee certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
 - (1) The dangers of drug abuse in the workplace;

- (2) The Grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
- (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
- (7) Abide by the terms of the statement; and
- (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 825 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.
- (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---
 - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (l), (c), (d), (e), and (1).
- (11) The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-
- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant/Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date

Attachment G: Application Checklist

- The applicant organization/entity has responded to all sections of the Request for Application.
- The applicant describes programs that are only for District residents in District venues.** These funds shall not be used for non-DC residents.
- The applicant has submitted only one application per organization with multiple program activity plans, if applicable. Multiple applications from a single entity will be deemed ineligible and will not be reviewed.**
- The Applicant Profile, Attachment B, contains all the information requested and is affixed to the front of each envelope.
- The Proposed Budget is complete and complies with the Budget format listed in Attachment E of the RFA. The budget narrative is complete and describes the categories of items proposed.
- The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application is unbound and submitted with rubber bands or binder clips only.
- One hard copy marked “original” with all attachments is in an individually sealed envelope and four (4) hard copies. Applications will not be forwarded to the review panel if the applicant fails to submit the required submission.**
- The application is submitted to the HAHSTA no later than 4:30 p.m. on the deadline date of September 4, 2013.
- The project narrative section is complete and is within the page limit for this section of the RFA submission.
- The Certifications and Assurances, and all of the items listed on the Assurance Checklist, are complete and are included in the assurance package.
- The assurance packages are submitted marked “original.”
- The appropriate appendices, including sub-contractual agreements, job descriptions; licenses (if applicable) and other supporting documentation are enclosed.

Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
1. Primary HIV Care (PLWHA)			
2. Medical Case Management (PLWHA)			
3. Case Management (non-Medical) (PLWHA)			
4. Substance Abuse Services			
5. Mental Health Services			
6. Nutritional Services/Food Bank			
7. Emergency Financial Assistance			
8. Housing Services			
9. Prevention for PLWHA			
10. Support Groups			
11. Individual-Level Prevention, For persons who are HIV Negative/Unknown			

Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
12. Group-level Prevention Interventions, For persons who are HIV Negative/Unknown			
13. Community-level Prevention Interventions, for persons who are HIV Negative/Unknown			
14. HIV Counseling, Testing, Referral			
15. STD Diagnosis and Treatment			
16. IDU risk reduction including Needle Exchange			
17. Condom distribution/Recruitment of Condom Distribution sites			
18. Childcare or Respite Services			
19. Transportation Services			
20. Outreach Services			
21. Legal Services			

