

**STATE OF WASHINGTON DEPARTMENT OF HEALTH
OLYMPIA, WASHINGTON
OFFICE OF INFECTIOUS DISEASE**

REQUEST FOR APPLICATION (RFA)

***NOTE:** This is an informal application process and not a formal competitive procurement. A formal competitive procurement is not required for this project, however DOH has elected to conduct an informal application process so that we can assure a fair and open opportunity for any qualifying applicants to request funding from DOH. Any similarities to a formal competition are merely to assure consistency and an open and fair competition.*

PROJECT TITLE: Services for People Living with HIV (Ryan White Part B)

APPLICATION DUE DATE: no later than 5:00 pm, June 5th, 2023

EXPECTED TIME FOR CONTRACT: Initial Contract January 1, 2024 – June 30, 2025

APPLICANT ELIGIBILITY: This application is open to organizations, applicants/teams licensed or capable of becoming licensed to do business in the state of Washington, who are available for work, and who satisfy the minimum qualifications stated in Section 1.4.

REQUEST FOR APPLICATION (RFA) SCHEDULE:

Application Release Date	April 4, 2023
Pre-Application Information Webinar	April 11, 2023
Questions Due from Applicants	April 18, 2023 (by 5:00 p.m. PST)
DOH Response to Questions	April 28, 2023
Complaint/Suggestion Deadline	May 26, 2023
Applications Due	June 5, 2023 (by 5:00 p.m. PST)
Evaluation Period (approximate time frame – includes optional Best and Final Offer period)	June 5, 2023 – June 28, 2023
DOH will announce the Apparently Successful Applicant (ASA) upon completion of the evaluation period. Announcement of ASA will be made via email and available on the designated website to all applicants.	July 6, 2023
Deadline for a request for Debriefing must be within three (3) days of the announcement of ASA. See Section 4.5 for details.	



Projected Contract Start Date (approximate time – specific time dependent on debriefing and contract negotiations)	January 1, 2024
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All times shown above are Local Time in Tumwater, WA.

The DOH reserves the right to revise the above schedule. Revisions (if any) will be made via an amendment and posted to [Funding Opportunities | Washington State Department of Health](#).



REQUEST FOR APPLICATIONS (RFA) COORDINATOR

The RFA coordinator is the sole point of contact in the DOH for this RFA. Upon release, all communications regarding this RFA should be sent, via email, to the RFA Coordinator or their designee as follows:

Name	Summer Wurst or Elizabeth Crutsinger-Perry (Designee)
E-Mail Address	ID.RFARyanWhite@doh.wa.gov

Any other communication will be considered unofficial and non-binding on the DOH. Applicants are to rely on written statements issued by the RFA Coordinator or their designee. Communication directed to parties other than the RFA Coordinator may result in the disqualification of the Applicant.



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1 INTRODUCTION

1.1 AIM AND OUTCOMES

The Washington State Department of Health (DOH) is releasing this Request For Applications (RFA) to fund the [Ryan White Part B Programs](#). The Ryan White HIV/AIDS Program (RWHAP) helps low-income people with HIV. More than 50% of people with diagnosed HIV – about a half million people in the United States – receive services through the RWHAP each year. These funds help by providing care, medication, and essential support services and by addressing HIV-related health outcomes to reduce HIV transmission and improve health outcomes for people with HIV.

The services in this RFA complement those in the Syndemic RFA, available on our website: [Funding Opportunities | Washington State Department of Health](#). You may apply for funds under both the Syndemic and the Ryan White RFAs, if you want

This RFA is focused on reducing HIV-related health disparities and incorporating a syndemic approach. HIV-related health disparities do not exist in isolation. They are part of a larger system of inequities. HIV Community Services (HCS) believes that achieving the vision described in the [National HIV /AIDS Strategy](#) (NHAS) will require a paradigm shift. It will require a social justice approach that looks not only at specific indicators of inequality but also attempts to address issues broadly associated with the social determinants of health.

The NHAS calls for a coordinated national response to end the domestic HIV epidemic. The Strategy asks local, state, and federal governments, businesses, medical communities, and others to focus on achieving four goals:

- Prevent new HIV infections.
- Improve HIV-related health outcomes of people with HIV.
- Reduce HIV-related disparities and health inequities.
- Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

The primary focus of HIV Community Service funding is to engage and retain people living with HIV in medical care while optimizing their quality of life. Anti-retroviral therapy (ART) is a highly effective population-level HIV control strategy. When used correctly, ART reduces HIV transmission by 96% for those adhering to therapy. HCS currently invests in three main programs to increase the number of PLWH with viral suppression:



- Medical Case Management
- Peer Navigation
- Housing

You can learn more about our work on our [website](#).

1.2 INFORMATIONAL & APPLICATION WEBINAR

We held a general webinar for those interested in learning more about writing a successful grant application and expectations for contracting with DOH on March 20th, 2023, at 10:00 am. We recorded the webinar and uploaded it to our RFA website, where you can watch it: [Funding Opportunities | Washington State Department of Health](#)

We will hold a bidder application webinar on **Tuesday, April 11, from 10 am – 12 pm PST** on Microsoft Teams. This webinar will be specific to the Ryan White RFA. We will walk through the RFA and review the expectations and documents to be submitted. We will collect any questions that you ask during the webinar and post on our website, with their answers. We will record the webinar and post the recording to our website: [Funding Opportunities | Washington State Department of Health](#)

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1.3 FUNDING

Initial contracts will be for 18 months of funding (January 1, 2024 – June 30, 2025). We can extend contracts for up to four additional one-year periods, which would align with the state government fiscal year (July 1 – June 30).



The total funds available for the preliminary 18 month period of this RFA are up to \$31,500,000 (thirty one million five hundred thousand). Additional one-year budget periods will have up to \$21,000,000 (twenty one million) in funding available. Applicants will be awarded funding based on the scope and scale of their projects, as well as the number of people living with HIV in the counties they are proposing to serve (HIV prevalence). This solicitation intends to award 15-25 contracts based on this bid for applications. Applicants who apply for more than \$4,500,000 will be rejected as non-responsive and will not be evaluated.

Any contract(s) awarded as a result of this application are contingent upon the availability of funding. In the event additional funding becomes available, any contract awarded may be renegotiated and amended to provide for additional related services.

1.4 MINIMUM AND DESIRED QUALIFICATIONS

To be eligible for this RFA, you must be licensed to do business in the state of Washington, or able to become licensed to do so. You must also meet these minimum criteria:

Minimum:

- Be a business, including those registered as a federal 501(C) (3), or as a non-profit organization registered with the Secretary of State to do business in the State of Washington, or be a Washington state local health jurisdiction or a Tribal health jurisdiction.
- Be an organization that can demonstrate its ability to provide Ryan White Core or Supportive Services to people living with HIV.
- Be an organization with the capacity to enter client-level data into the HSC Data System (Provide™).

Desired:

- Have a demonstrated history of developing and implementing culturally specific services for people living with HIV, LGBTQ, or BIPOC communities.
- Be well-embedded and respected within their community.
- Articulate a commitment and willingness to provide HIV services that are culturally relevant, and trauma informed.

We may reject as non-responsive any applicants who don't meet these criteria. If an application is rejected, it will not receive further consideration. We will not evaluate or score any application that we rejected as non-responsive.

1.5 PERIOD OF PERFORMANCE



The initial period of performance of any contract(s) resulting from this Solicitation is tentatively scheduled to begin on or about January 1, 2024, and to end on June 30, 2025. The DOH reserves the option at its sole discretion to extend the contract for 4 additional one-year periods.

1.6 DEFINITIONS

Definitions for the purposes of this RFA are in Exhibit B.

2 ELIGIBLE PROGRAM ACTIVITIES

HIV Community Services is a Ryan White Part B program. Ryan White program activities must fall into specific service categories. Each jurisdiction determines which service categories to subcontract to sub-recipients.

We understand adhering to service categories can be restrictive and encourage the braiding of funding to provide optimal service delivery for people living with HIV.

2.1 SERVICE CATEGORIES

Service Category	Minimal required elements	Optional enhancements
Medical Case Management	<p>Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of a client (face-to-face, phone contact, or any other forms of communication).</p> <p>Activities may include:</p> <ol style="list-style-type: none"> 1. Initial assessment of need. 2. Development of individualized care plan. 	<ul style="list-style-type: none"> • Case Management that touches other syndemics (Viral Hepatitis, Drug User Health, mental health, etc., in addition to HIV, .), or is low barrier case management. • Service provided in Spanish to clients by Spanish-speaking case managers. • Agencies with designated Locating Out of Care (LOOC). (Either designated case manager or specific job functions which can be quantified and documented.)



	<ol style="list-style-type: none"> 3. Coordinated access to health and support services. 4. Client monitoring to assess the care plan. 5. Re-evaluation of the care plan. 6. Ongoing assessment of the client's needs. 7. Treatment adherence counseling. 8. Client-specific advocacy or review of use of services. 9. Benefits counseling. <p>Ryan White must be payor of last resort. Contractor must bill HCA monthly for any Title XIX eligible clients and report to DOH.</p>	
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Service Category	Minimal required elements	Optional enhancements
Peer Navigation <i>Outreach Services</i>	<p>Outreach Services provide the following activities:</p> <ol style="list-style-type: none"> 1. Linkage or re-engagement of PLWH who know their status to HRSA RWHAP services and/or medical care. 2. Referral to appropriate supportive services. <p>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously.</p>	<ul style="list-style-type: none"> • Peer positions that touch other syndemics and lived experience (HCV, DUH, housing, mental health, etc.). • Services provided in Spanish to clients by Spanish-speaking Peer Navigators. • Peers intentionally tasked to provide services to people historically marginalized by systems (e.g., justice-involved; non-binary/gender fluid/trans; female identifying).
Housing (Ryan White)	<p>Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Financial services within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client’s linkage to permanent housing.</p> <p>Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.</p> <p><i>Rent and utilities</i> – One-time payments are unallowable and must be reported under emergency financial assistance task category.</p>	



Service Category	Minimal required elements	Optional enhancements
Clinical Quality Management Mandatory Service	<p>Implement specific RW Part B CQM program activities for their service area. These specific CQM program activities should be documented in the recipient’s CQM plan. Specific CQM program activities include a performance measure portfolio, frequency of performance measure data collection, and identification of quality improvement activities, among other items.</p> <p><i>CQM must be a part of any HCS.</i></p>	Additional points will be given for coordination of CQM activities for all Ryan White funds within an agency (Part A, C & D).
Emergency Financial Assistance	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes. Items and services include utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p>	
Food Bank/Home Delivered Meals	<p>Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).</p>	



Linguistic Services	<p>Provision of interpretation and translation services (both oral and written) to eligible clients. Services are provided by a qualified linguistic services provider as a part of HIV service delivery between the healthcare provider and the client. Services are provided when necessary to facilitate communication between the provider and client or to support the delivery of HIV Community Services.</p> <p><i>Note: Budgets are required to have a line item in the budget for translation or interpretation.</i></p>	
Medical Transportation	<p>Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by:</p> <ol style="list-style-type: none"> 1. Providers of transportation services. 2. Mileage reimbursement (non-cash) that does not exceed the established rates for federal programs. 3. Organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed. 4. Voucher or token system. 	
Mental Health	<p>Provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services. Services will be based on a treatment plan and may be conducted in an outpatient group or individual session. Services must be provided by a mental health professional (psychiatrist, psychologist, and/or mental health practitioner or clinical social worker) licensed by the State of Washington.</p>	
Non-Medical Case Management	<p>Provision of a range of client-centered activities focused on improving access to and retention of needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to</p>	<p>Agencies with designated care coordination functions. (Either designated non-medical case manager or specific job functions which can be quantified and documented.)</p>



	<p>other public and private programs for which they may be eligible, such as Medicaid, Children’s Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).</p> <p>Key activities include:</p> <ol style="list-style-type: none"> 1. Initial assessment of service needs. 2. Development of a comprehensive, individualized care plan. 3. Timely and coordinated access to medically appropriate levels of health and support services and continuity of care. 4. Client-specific advocacy and/or review of use of services. 5. Continuous client monitoring to assess if the care plan met the client needs. 	
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Psychosocial Support	Provision of a group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include bereavement counseling, child abuse, and neglect counseling, HIV support groups, nutrition counseling by a non-registered dietitian, and pastoral care/counseling services.
Substance Use Outpatient Care	Provision of outpatient services for the treatment of drug or alcohol disorders. Services include: <ol style="list-style-type: none"> 1. Screening. 2. Assessment. 3. Diagnosis. 4. Treatment (recovery readiness, harm reduction, behavioral health counseling, outpatient drug-free treatment, medication-assisted therapy, neuro-psychiatric pharmaceuticals, relapse prevention).

2.2 UNALLOWABLE ACTIVITIES

The following activities are unallowable and cannot be funded with these grant funds. They should not be included in the application's proposed budget:

- Service provided to people not living with HIV.
- Promotional Items
- Construction costs.
- Renovation costs.
- Vehicle purchases.
- Fundraising costs.
- Lobbying activities.

3 GENERAL INFORMATION FOR APPLICANTS

3.1 QUESTION AND ANSWER PERIOD

If you have questions about this application, you can ask them until April 18, 2023 at 5 p.m. (please see the RFA schedule on the cover page). You must submit questions by email to the RFA Coordinator: ID.RFARyanWhite@doh.wa.gov

We will provide written answers for questions received during the question-and-answer period. We will post answers to our RFA website: [Funding Opportunities | Washington State Department of Health](#) by the end of every Friday during the question-and-answer period.

We will only provide written answers to questions, not verbal. You should only consider written responses to be official and binding. If we find that we need to make interpretations or other changes to this RFA as a result of questions made during the



question-and-answer period, we may amend the RFA. Amendments are posted to our RFA website: [Funding Opportunities | Washington State Department of Health](#).

3.2 COMPLAINT PROCESS

If you have issues or concerns that are not resolved to your satisfaction during the question-and-answer period, you may make a complaint. You may make a complaint if you believe that:

1. The RFA unnecessarily restricts competition.
2. The evaluation or scoring process is unfair or flawed; or
3. The RFA requirements are inadequate or insufficient to prepare a response.

A Complaint must:

1. Be timely: received by the DOH by the date specified in the RFA Schedule. Otherwise, an untimely complaint may be rejected without further consideration at the discretion of the DOH, and
2. be sent by [email](#) to the RFA Coordinator, and
3. include the RFA number and be clearly labeled as “Complaint.”

If you make a complaint, you should:

1. Clearly explain the basis of the complaint (consistent with the complaint criteria above); and
2. Include a proposed remedy or solution.

If we receive a timely complaint, we will consider all the facts available and respond in writing before the Application Due date and time. (We can change the application due date and time if we need to allow time to respond to complaints.)

The RFA Coordinator shall promptly post the response to a timely complaint on our RFA Website: [Funding Opportunities | Washington State Department of Health](#).

Our response to a complaint is final and not subject to appeal.

3.3 PUBLIC DISCLOSURE OF PROPRIETARY/CONFIDENTIAL INFORMATION

All records related to procurements under RCW 39.26 are subject to disclosure; except that application submissions and evaluations are exempted until the apparent successful applicant (ASA) is announced. Upon announcement of the ASA, all applicant submissions and evaluation information will be available by email request at: [DOH](#)



[Public Records \(govqa.us\)](https://govqa.us) Per RCW 42.56.120, DOH may charge a fee for providing records in a public disclosure request.

If there is any information in your application that you want to keep as proprietary or confidential and exempt from disclosure, you must specifically reference that in your application. You must include that information as a separate document and clearly identify it as “Proprietary/Confidential Information” at the top of the document. References in your application documents to proprietary/confidential information must clearly show which part of the “Proprietary/Confidential Information” document you are referring to (for example: “see section A of the Proprietary/Confidential Information section”). Each page of the bid containing the proprietary/confidential information must be clearly identified by the words “Proprietary/Confidential Information” on the lower right-hand corner of the page. Marking the entire application proprietary/confidential and exempt from disclosure will not be honored and the application will be rejected as non-responsive.

3.4 REVISIONS TO THE REQUEST FOR APPLICATION

In the event it becomes necessary to revise any part of this RFA, an amendment will be made available to all potential applicants on our RFA website: [Funding Opportunities | Washington State Department of Health](#).

We reserve the right to cancel or to reissue the RFA in whole or in part, prior to execution of a contract.

3.5 MINORITY & WOMEN-OWNED BUSINESS ENTERPRISES AND VETERAN-OWNED BUSINESS ENTERPRISE PARTICIPATION

Minority and Women-Owned Business Enterprises (MWBE)

In accordance with the legislative findings and policies outlined in RCW 39.19, the state of Washington encourages participation in all of its Contracts by Minority and Woman-Owned Business Enterprises (MWBE) firms certified by the Office of Minority and Women’s Business Enterprises (OMWBE). While the state does not give preferential treatment, it does seek equitable representation from the minority and women’s business community. In addition, the state welcomes participation by self-identified minority and woman-owned firms and strongly encourages such firms to become certified by OMWBE.

Veteran-Owned Business Enterprise

The DOH strongly encourages the participation of businesses owned by veterans. No minimum level of veteran-owned business participation is required as a condition of received an AWARD, and no preference will be included in the evaluation of responses per chapter 43.60A RCW.



3.6 RESPONSIVENESS

The RFA Coordinator will review all applications to make sure that they comply with all the administrative requirements and instructions. You should know that failure to comply with any part of the RFA may result in rejection of the application as non-responsive.

We reserve the right, at our sole discretion, to waive minor administrative irregularities.

3.7 CONTRACT AND GENERAL TERMS & CONDITIONS

The apparent successful applicant (ASA) will be expected to enter into a contract, which is substantially the same as the sample contract and its general terms and conditions available on our RFA website: [Funding Opportunities | Washington State Department of Health](#). In no event is an Applicant to submit its own standard contract terms and conditions in response to this solicitation. The Applicant may submit exceptions as allowed in the Certifications and Assurances section, [Exhibit G](#) to this RFA. The DOH will review requested exceptions and accept or reject the same at its sole discretion.

3.8 COSTS TO PROPOSE

The DOH will not be liable for any costs incurred in the preparation of an application submitted in response to this RFA, in the conduct of a presentation, or in any other activities related to responding to this RFA.

3.9 NO OBLIGATION TO CONTRACT

This RFA does not obligate the state of Washington or the DOH to contract for services specified herein. The DOH reserves the right at its sole discretion to reject applications received without penalty and not to issue a contract as a result of this RFA

4 APPLYING FOR THIS RFA

You must submit your application by email: ID.RFARyanWhite@doh.wa.gov. Your application must be received by the RFA Coordinator before the application deadline of 5:00 pm PST on Friday, June 5, 2023. Any delay in the delivery of your application is your risk; we do not take responsibility for delays in email delivery. You may not send your application by fax.

We will not accept late applications and will disqualify them from further consideration. All applications and any accompanying documentation become the property of the DOH and will not be returned.



As a reminder, information provided in application documents is subject to public disclosure per section 3.3 of this RFA. Do not include information in your response that you do not want disclosed to the public.

The required sections of the application are listed below briefly with longer explanations and instructions provided from 4.1 to 4.6. The items below are **mandatory** and must be included as part of the application for the submission to be considered responsive. Not all of these items are scored, however. See each item for scoring and rating details.

For your convenience, we have created an application packet. The packet has each form, section required, and a checklist to review the contents of your application. The application description, instructions, and scoring are referenced in this RFA document

When you are ready to apply, you may download the relevant application packet(s) at our RFA web page: [Funding Opportunities | Washington State Department of Health](#).

Applications should be written and submitted in the order listed below and with the same headings as listed. All narrative responses should be submitted in letter-sized (8 ½ x 11 inch) format, with 1-inch margins, single spacing, and use either Arial, Calibri, or Times New Roman, in a minimum of 12-point font.

Applicants may apply for more than one service category.

Application contents:

- 4.1 [Submission Cover Form](#)
- 4.2 [Signed RFA Certifications and Assurances](#)
- 4.3 [Organizational Background](#)
- 4.4 [Proposal:](#)
 - a. Project Approach
 - b. Outcomes
- 4.5 [Qualifications:](#)
 - a. Staffing
 - b. Partnerships
- 4.6 [Budget](#)



4.1 SUBMISSION OF COVER FORM

Required?	Yes
Scored?	No; applications missing the cover letter will not be accepted
Suggested length or format	Reference in Exhibit C , Form in Application Packet
Description	The submission cover form must be signed and dated by a person authorized to legally bind the applicant in a contractual relationship, e.g., the president or executive director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.

4.2 RFA CERTIFICATIONS AND ASSURANCES FORMS

Required?	Yes
Scored?	No; applications missing the RFA certifications and assurances forms will not be accepted.
Suggested length or format	Reference in Exhibits G , H , and J , forms in Application Packet.
Description	The RFA Certifications and Assurances forms should be signed and dated by a person authorized to legally bind the applicant in a contractual relationship, e.g., the president or executive director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.

4.3 ORGANIZATIONAL BACKGROUND (SCORED 10 points)

Required?	Yes
Scored?	Up to 10 points.
Suggested length or format	Maximum 2 pages, narrative



Description	<p>Organizational Background: Include:</p> <ul style="list-style-type: none"> • Applicant’s mission or vision statement • Board of directors (including name and contact of board chair) • Experience providing Ryan White funded programs or similar services • Community engagement/connection to the proposed service area • Community engagement/connection to communities historically underserved or missed communities, including but not limited to BIPOC communities within the service area. • Brief explanation of your organization’s commitment to providing equitable services. (You can provide your organization’s equity statement, or some examples of policies you have implemented to improve equity.)
Rating criteria	<p><i>A strong application meets all the criteria below:</i></p> <ul style="list-style-type: none"> • <i>The applicant responds to all provided prompts.</i> • <i>The applicant demonstrates engagement with historically underserved or missed communities.</i> • <i>The applicant provides a strong equity statement.</i>

4.4 PROPOSAL (SCORED 50 points)

Required?	Yes
Scored?	Up to 50 points possible, plus enhancements (5 points per enhancement).
Suggested Length or Format	<p>Maximum 7 pages, narrative</p> <p>Required element:</p> <ul style="list-style-type: none"> • Review “Washington State Ryan White RFA Regional Data Summary” from our RFA webpage: Funding Opportunities Washington State Department of Health.
Description	<p>The Technical Proposal should describe your plans and approach for providing the services you are proposing. There should be enough detail to enable DOH to determine your agency’s capacity to provide the services, knowledge of the priority populations, and expertise in service delivery.</p> <p><u><i>To receive full points this section must incorporate data from the “Washington State Ryan White RFA Regional Data Summary” document.</i></u></p>
Proposal contents	



<p>a. Project Approach: Why are you the right people to do the work? (25 points, up to 3 pages written)</p>	<p>Briefly describe your program’s vision.</p> <p>What work do you plan to implement/carry out with this grant?</p> <p>Please be as descriptive as possible about your work plan so there is a clear idea of what you are proposing - including key activities, counties to be served, and priority populations.</p> <p>List and describe any enhancements you plan to include.</p>
<p>b. Outcomes: What outcomes do you expect and how will you measure them? (25 points, up to 4 pages written)</p>	<p>How will the services you propose improve health outcomes, engage in care, or improve viral suppression for the clients you serve?</p> <p>Include how these outcomes will be monitored and measured.</p> <p>Make sure to identify the number of clients you expect to serve by each service category.</p>
<p><i>Rating criteria</i></p>	<p><i>A strong application meets all the criteria below:</i></p> <ul style="list-style-type: none"> • <i>The applicant responds to all provided prompts.</i> • <i>The applicant provides a complete description of the program they will implement.</i> • <i>The applicant uses the HIV data provided in their response.</i> • <i>The applicant shows they understand the strengths and needs of the community to be served.</i> • <i>The applicant has, or plans to develop, systems to get community input in program design and ongoing monitoring and evaluation.</i>

4.5 QUALIFICATIONS SECTION (SCORED 25 points)

Required?	Yes
Scored?	Up to 25 points possible
Suggested length or format	Narrative; 2 pages maximum (<i>Staffing Capacity Form, position descriptions, and organization chart do not count toward page limit</i>).
Description	



	<p>The qualifications section of the application must contain information that will demonstrate the applicant’s previous history and successes in providing the proposed services.</p>
<p>a. Staffing: who will do the work? (see Exhibit E for reference)</p>	<p>1. <u>Experience</u> - Please describe your staff’s experience.</p> <p>Describe the background and relevant experience of the key staff that will be working on this proposed program.</p> <p>This section must include information that demonstrates an understanding of the type of services proposed, HIV-related health disparities in the service region, and how the proposed staffing plan will ensure implementation of the services as described in the Proposal section.</p> <p>2. <u>Staffing Capacity</u> – Fill out the form found in the Application Packet.</p> <p>List staff who will carry out activities for this project. Describe the experience and qualifications of current staff who will work on this project, including project role and title. If new staff will be hired, please describe these proposed positions.</p> <ul style="list-style-type: none"> • <i>Attach position descriptions for all funded positions to your submission.</i> • <i>Attach an organization chart that includes all positions in this proposal. You may include the agency org chart but please indicate which are Ryan White Part Funded and which are not.</i>
<p>b. Partnerships: Who else will you involve?</p>	<p>List organizations you will partner with to ensure comprehensive service delivery for priority populations.</p> <p>Briefly describe what services each partner would provide. Sub-contracting is not allowed in this RFA but DOH strongly supports documented partnerships to ensure whole person approaches to all service activities.</p> <ul style="list-style-type: none"> • <i>If partners are included in the section, either a Letter of Support (LOS) or Memorandum of Understanding (MOU) must be received from each partner and accompany your submission as attachments.</i>
<p>Rating Criteria</p>	<p><i>A strong application meets all the criteria below:</i></p> <ul style="list-style-type: none"> • <i>The applicant responds to all provided prompts.</i>



	<ul style="list-style-type: none"> • <i>The program has enough qualified staff to deliver service as described, or a plan to build staff capacity.</i> • <i>Staff qualifications, skills, and experience are appropriate to their responsibilities.</i> • <i>Applicant demonstrate an understanding of the type of services proposed, HIV-related health disparities in service region, and how staffing will ensure implementation of services.</i> • <i>The applicant describes how the partnerships and collaborations listed will enhance service quality and reach, minimize duplication of efforts, and ensure continuity of care.</i>
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4.6 PROJECT BUDGET (SCORED 15 points)

Required?	Yes
Scored?	Up to 15 points.
Suggested length or format	Download “Ryan White RFA Budget Template” from our RFA web page: Funding Opportunities Washington State Department of Health.
Description	<p>Complete the attached budget sheets and brief budget narrative that incorporates all overhead and any other anticipated costs for providing the services in this RFA. All budget figures should reflect a 12 month budget.</p> <p>Include hourly billing rates by classification and anticipated level of effort for each team member identified. All costs must be allowable under 2 CFR 200, and show the total cost associated with this bid, not to exceed \$4,500,000.</p> <p>Applicants are required to collect and pay applicable Washington state taxes.</p> <p>The evaluation process rewards the applicant whose bid best meets the solicitation's requirements. Lowest cost is not a guarantee of acceptance. Applicants should submit applications with bids consistent with state government efforts to conserve state resources.</p>
Rating Criteria	<p><i>A strong application meets all the criteria below:</i></p> <ul style="list-style-type: none"> • <i>Applicant responds to all provided prompts</i> • <i>Applicant does not list any unallowable costs</i>

5 EVALUATION AND CONTRACT AWARD

5.1 EVALUTION PROCEDURE



Responsive applications will be evaluated through the process detailed in this RFA and any amendments issued. The evaluation of applications will be completed by application review teams designated by the DOH.

5.2 CLARIFICATION OF APPLICATION

The RFA Coordinator may contact an applicant for clarification of any portion of the proposed application.

5.3 EVALUATION WEIGHTING AND SCORING

Below is the highest amount of points each section of the application can score:

Application Item	Points
<i>Submission Cover Form</i>	<i>n/a</i>
<i>Signed RFA Certifications and Assurances</i>	<i>n/a</i>
Organizational Background	10 points
Proposal: a) Project Approach	25 Points
Proposal: b) Outcomes	25 Points
Qualifications	25 points
Project Budget	15 points
TOTAL:	100 POINTS
Optional Enhancement Points	
Medical Case Management	5
Peer Navigation	5
Total	10 points (10% of the total available points)

5.4 APPLICATION REVIEW AND SELECTION

The application review panel will score applications using the scoring matrix above. They will provide their scores along with their funding recommendations to OI. Application review panel members will be instructed to recommend for funding a mix of programs/applicants that provide the best regional coverage across the state, including broad geographical coverage; provision of services to regions highly impacted by syndemic conditions; and provision of services to regions with few existing services available. We will not necessarily award a contract to the application with the highest score, as we will also consider the other factors listed here.

Additionally, application review panels will be instructed to focus on completeness and content of the applications, and not on grammar, spelling, or punctuation. It is not our



intention to privilege applicants with the resources to hire professional grant writers or with staff holding advanced formal education.

5.5 NOTIFICATION TO APPLICANTS

The applicants we select for funding will be declared the Apparent Successful Applicants (ASA). This does not guarantee that the State will contract with the ASA. When we designate an applicant ASA we can enter contract negotiations.

Applicants that act or fail to act in reliance on this notification do so at their own risk and expense.

Applicants not selected for further negotiation or award will be notified by email.

5.6 DEBRIEFING OF UNSUCCESSFUL APPLICANTS

If your application is not awarded funding, you may request a debriefing conference with us. You must send your request for a debriefing to the RFA Coordinator within three (3) business days after the announcement of the apparent successful applicants.

Your debrief request should include a list of people who plan to attend, including their names and titles. The RFA Coordinator may decide to conduct debriefing either in person, by telephone, or by electronic means. If you fail to request a debrief within the time period specified, you give up your right for additional action.

In a debrief, we will limit discussion to a critique of the requesting applicant's application. We will not make comparisons between applications or discuss evaluations of the other applications. Debriefing conferences will be scheduled for a maximum of one hour.

If you have questions about any of the above, please contact the RFA Coordinator:
ID.RFARyanWhite@doh.wa.gov

6 APPLICATION EXHIBITS (Order and content of Exhibits may vary)

- [Exhibit A – PLWH Rationale Document](#)
- [Exhibit B – Definitions](#)



- [Exhibit C – Submission Cover Form](#)
- [Exhibit D – Example Statement of Work \(Contract Task Language\)](#)
- [Exhibit E – Staffing Capacity Form](#)
- [Exhibit F – Ryan White Application Checklist](#)
- [Exhibit G – Application Certifications and Assurances](#)
- [Exhibit H – Wage Theft Certification](#)
- [Exhibit I – Executive Order 18-03 Certification](#)



A. WASHINGTON STATE RYAN WHITE PROGRAM OVERVIEW

HIV Community Service is the section within the Office of Infectious Disease tasked with administering the [Ryan White Part B Program](#). The Ryan White HIV/AIDS Program (RWHAP) helps low-income people with HIV. We help them receive: Medical care, Medications, and Essential support services to help them stay in care. More than 50% of people with diagnosed HIV – about a half million people in the United States – receive services through the RWHAP each year. These funds help by providing care, medication, and essential support services and by addressing HIV-related health outcomes to reduce HIV transmission and improve health outcomes for people with HIV.

HIV-related health disparities do not exist in isolation. They are part of a larger system of inequities. HIV Community Services (HCS) believes that achieving the vision described in the [National HIV /AIDS Strategy](#) (NHAS) will require a paradigm shift. It will require a social justice approach that looks not only at specific indicators of inequality but also attempts to address issues broadly associated with the social determinants of health.

The NHAS calls for a coordinated national response to end the domestic HIV epidemic. The Strategy asks local, state, and federal governments, businesses, medical communities, and others to focus on achieving four goals:

- Prevent new HIV infections.
- Improve HIV-related health outcomes of people with HIV.
- Reduce HIV-related disparities and health inequities.
- Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders

Washington has an [Integrated HIV Prevention and Care Plan](#) to guide our work.

Goals

1. Embrace phlebotomy.
2. Support organizations in creating full-service, robust, regional MOU.
3. Provide holistic HIV prevention care for gender-expansive and transgender people.
4. Expand low- and no-barrier treatment options for PLWH.
5. Promote provider accountability.
6. Expand testing and treatment options and medication access.
7. Use mobile services to reach people where they live and work.
8. Implement service delivery methods explicitly developed for rural populations.
9. Provide holistic syndemic care for people who exchange sex for monetary or nonmonetary items.
10. Expand self-collected testing options.
11. Co-locate syndemic services at OTP/SUD/SSP.
12. Increase HIV services provided in Spanish.
13. Increase age-specific syndemic services (youth and elder).

The primary focus of HIV Community Service funding is to engage and retain people living with HIV in medical care while optimizing their quality of life. Anti-retroviral therapy (ART) is a highly effective population-level HIV control strategy. When used correctly, ART reduces HIV transmission by 96% for those adhering to therapy. HCS currently invests in three main programs to increase the number of PLWH with viral suppression:

- Medical Case Management
- Peer Navigation
- Housing

All of these programs play a vital role in engagement and retention in care. These programs coordinate medical and social support services for PLWH to prevent lapses in medical care and links PLWH to other resources that improve health outcomes, such as behavioral health care and housing. Re-engagement in Care Services identify and locate people living with HIV who are out of care and facilitates their re-linkage to medical care. These strategies improve individual health outcomes while providing a significant population-level health benefit: a measurable reduction in the number of PLWH in the population who can efficiently transmit HIV.

An overwhelming body of clinical evidence has firmly established the HIV Undetectable=Untransmittable, or U=U, the concept as scientifically sound. U=U means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others. Thus, treatment for HIV is a powerful arrow in the quiver of HIV prevention tools. Read more about how a durably undetectable viral load prevents HIV transmission with NIAID's fact sheet [10 Things to Know About HIV Suppression](#).

HIV in Washington State

Washington state has many strengths. Washington is a Medicaid expansion state. Our ending the epidemic initiative was one of the first in the nation. There is much to be hopeful about when looking at the big picture of HIV in Washington. Medications are constantly improving, prolonging life for PLWH and reducing transmission.

Programs exist (Ryan White and others) to help fund medication, housing, and other needs for PLWH. OI has an HIV disparity reduction demonstration project that is evaluating a new structural intervention to address HIV disparities. Most PLWHs in Washington are engaged in care and virally suppressed. This is good news!

However, we also have significant challenges.

- There are significant disparities across race categories for incidence. Black, Hispanic, or Latina/o/x, and NHOPI communities have a disproportionately high incidence.
- Young people between the ages of 20 and 40 have about twice the risk of HIV infection than the general population. The peak risk of HIV infection is at 26–27 years of age, where we see an average of around 15 diagnoses per 100,000 person-years vs. 5.3 statewide).
- Between 2016 and 2019, 16% of new diagnoses of HIV involved injection drug use. This points to the prominent role injection drug use plays in perpetuating the HIV epidemic. Injection drug use drove the two largest HIV clusters in Washington.
- Some people living with HIV use meth, which can be a significant barrier to accessing HIV care. 10% of PLWH self-report using meth at least weekly or have meth use documented in their medical records. Of these, 33% are not virally suppressed.
- Homelessness is a barrier to care that is similar in scope to substance use. About 10 percent of PLWH reported homelessness in the past 12 months. Specific populations of PLWH are more likely to be homeless than others. 20% of Black PLWH, 26% of PLWH with a transmission risk of IDU, and 30% of transgender PLWH reported being homeless in the past 12 months. The number of transgender individuals sampled in MMP is small, so the estimate may be variable. However, homelessness is a documented burden on the transgender community, so there is reason to believe that it is a significant problem among transgender PLWH. It is worth noting that affordable housing is becoming increasingly rare in Washington and can be a driver of homelessness. Ryan White/HOPWA funding can help pay for housing for PLWH.
- Significant overlap exists between high-risk populations for HIV, syphilis, and gonorrhea. That is, compared to people without any STI, getting one sexually transmitted infection is related to an increased rate of diagnosis of another STI.
- Another health dimension affecting our work is the distinction between urban and rural parts of our state.
 - So, what made the most sense to us is to divide the state into "Rural," "Peri-Urban," and "Urban," using community factors that people generally associate with rural areas. Using our classification system, PLWH disproportionately live in urban areas.

	Rural	Periurban	Urban
Washingtonian	14%	21%	64%
PLWH	6%	12%	82%

Optimal outcomes require us to develop strategies dependent upon geographical considerations

HIV Workforce

The workforce should reflect the different identities, races, ethnicities, languages, abilities, and cultures of the clients you serve. To ensure a diverse workforce, fair compensation should pay employees an appropriate amount based on locale/region, experience, performance, and job requirements. Individuals with lived experience should be part of all aspects of the organization (e.g., leadership, administration, and direct services).

The caseloads assigned to medical case managers, non-medical case managers, and peer navigators should allow them the ability to adequately perform the activities and duties associated with the needs of their clients, in order to maintain a continuity of care, while readily adapting to the client’s needs as they change.

Please see the *Washington State Ryan White RFA Regional Data Summary* on our RFA Webpage from our RFA web page: [Funding Opportunities | Washington State Department of Health](#).

To receive full points for your proposal, you must incorporate data from this document.

B. DEFINITIONS

1. **Applicant:** Individual, company, or firm submitting a proposal to this RFA.
2. **Application:** A formal offer was submitted in response to this RFA.
3. **Contractor:** Individual or company whose application has been accepted by the DOH and is awarded a fully executed, written contract.
4. **DOH:** The Washington State Department of Health (DOH).
5. **Historically marginalized populations:** Groups and communities that experience discrimination and exclusion because of unequal power relationships across political, economic, social, and health systems. Examples of marginalization may include devaluing, undermining, or disadvantaging people with specific identities. Historically marginalized populations are the priority populations for this funding opportunity.
6. **Integrated:** Blending interrelated health issues, activities, and prevention strategies to facilitate a comprehensive delivery of services.
7. **Innovation:** The development and application of something new and creative which meaningfully improves population/community health outcomes. An innovation could occur with the way services are designed and provided, or changes to processes and procedures.
8. **Mobile Services:** Services provided outside of "brick-and-mortar" structures, like offices, bringing services to community members where they live, work, and play. Mobile services can be provided on foot or via a vehicle (e.g., testing out of a RV).
9. **OID:** The Office of Infectious Disease, an office within the Division of Disease Control and Health Statistics within the Washington State Department of Health. The Office of Infectious Disease provides and funds services to prevent and control sexually transmitted infectious, HIV/AIDS, hepatitis C and assesses the incidence and prevalence of these diseases. The office is also responsible for the HIV Client Services Early Intervention Program which pays for medications, insurance premiums and limited medical, mental health and dental care for low-income, eligible HIV-positive individuals. It tracks and assesses disease and health conditions by collecting, analyzing and evaluating data. It maintains databases that aid in prioritizing resources toward current data trends. In addition to the above, the Office of Infectious Diseases supports programs to improve the health of people living with HIV (including services funded through the federal Ryan White Part B program and Housing Opportunities for People Living with HIV/AIDS, aka HOPWA), as well as programs to improve the health of who use drugs (including support for syringe service programs and operation of the statewide overdose education and naloxone distribution program).
10. **Peri-urbanization:** related to the processes of scattered and dispersive urban growth that create hybrid landscapes of fragmented and mixed urban and rural characteristics.
11. **Priority Area:** Geographic areas of focus where most new HIV, STI, and/or viral hepatitis infections occur.
12. **Trauma Informed:** Recognizes the signs and symptoms of trauma in clients, family, staff, and other involved in the healthcare delivery system. Responds by fully

integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.

- 13. Underserved populations:** Populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. This systemic denial is often due to factors like racism, anti-immigrant sentiment, homophobia, transphobia, and criminalization.
- 14. Request for Applications (RFA).** This document in which services needed are identified and individuals, agencies, and organizations are invited to provide their qualifications to provide the services and the cost associated with providing these services.
- 15. Syndemic:** A clustering and interaction of two or more diseases or conditions, resulting from social and structural determinants of health (SDOH), which leads to an excess burden of the diseases or conditions and ongoing health disparities in affected populations. Syndemic approaches leverage and integrate a variety of health care, social services, and other community support programs and policies to improve health care outcomes and quality of life.

C. SUBMISSION COVER FORM

1. Name of applicant (organization, firm, or entity):
2. Address and phone number:
3. Name and email address of primary contact:
4. Name and email of person authorized to legally bind the applicant in a contractual relationship:
5. Legal status of entity (ownership):
6. What service category is this application for?
7. Are you applying for any other service categories under the Syndemic RFA or the Ryan White RFA? If so, which ones?
8. Applicant’s Federal Employer Tax Identification number:
9. Applicant’s Washington Uniform Business Identification (UBI) number: <i>(Note: If none exists, initial below to affirm that it will be provided prior to contract signing)</i>
10. Is the applicant organization a Certified Minority-Owned or Certified Women-Owned firm? <i>(Note: If yes, please provide proof of certification issued by the Washington State Office of Minority and Women’s business Enterprises.)</i>

11. Has the applicant ever had a contract terminated for default in the last five years?

(Note: If yes, please describe such incident and full details of the terms for default, including the other party's name, address, and phone number. The DOH will evaluate the facts and may, at its sole discretion, reject the RFA on the grounds of the Applicant's past experience.)

Exhibit D

D. EXAMPLE STATEMENT OF WORK

This is an example of a finalized statement of work that would be included in a contract with DOH. We will work with Apparently Successful Applicants to develop the Statement of Work during contract negotiations. It is included here for your reference only.

Contract XXXXXXXX
Statement of Work
Agency
1/1/2024 through 6/30/2025

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
Core Services			
Case Management	<p>Provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Includes all types of case management encounters with or on behalf of client (face-to-face, phone contact, any other forms of communication).</p> <p>Activities may include:</p> <ol style="list-style-type: none"> 1) initial assessment of need. 2) development of individualized care plan. 3) coordinated access to health and support services. 4) client monitoring to assess the care plan. 5) re-evaluation of the care plan. 6) ongoing assessment of client's needs. 7) treatment adherence counseling. 8) client specific advocacy or review of utilization of services. 9) benefits counseling. 	<p>Agency will ensure hours of operation provide a minimum of 40 hours per week for clients to access case management services. Any exceptions require prior approval from the DOH HIV Community Services Program Manager.</p> <p>Client level data and any interaction must be entered into Provide within 5 business days as a progress log.</p> <ul style="list-style-type: none"> • Agency must complete eligibility assessment annually. • Comprehensive assessment must be completed within the first 30 days of completing intake and updated every five years unless significant changes have occurred with the client. • ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months. • Medical appointments must be reported at a minimum annually. 	TBD

Exhibit D

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
	<p>ROIs must be obtained for DOH, HCA, and HIV medical provider.</p> <p>Contractor must bill Title XIX monthly and report to DOH on the expense summary form. Any exceptions require prior approval from DOH HIV Community Services Program Manager.</p>	<p>Any and all <i>Performance Measures</i> related to this Service Category as directed by DOH Quality Management Team (CQM) must be tracked and reported in Provide.</p>	
Mental Health	<p>Provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services. Services will be based on a treatment plan and may be conducted in an outpatient group or individual session. Services must be provided by a mental health professional (psychiatrist, psychologist, and/or mental health practitioner or clinical social worker) licensed by the State of Washington.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log or service provided.</p>	
Substance Use Services – Outpatient Clinic	<p>Provision of outpatient services for the treatment of drug or alcohol disorders. Services include:</p> <ol style="list-style-type: none"> 1) screening 2) assessment 3) diagnosis or 4) treatment (recovery readiness, harm reduction, behavioral health counseling, outpatient drug-free treatment, medication assisted therapy, neuro-psychiatric pharmaceuticals, relapse prevention) 	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	
Outreach Services – Peer Navigation	<p>Outreach Services provide the following activities:</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log.</p>	

Exhibit D

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
	<p>1) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services and/or medical care, 2) referral to appropriate supportive services. 3) Peer Navigators must be added to the clients' Care Team in Provide database. 4) Peer Navigators will participate in ISP development and review.</p> <p>Outreach Services provided to an individual or in small group settings cannot be delivered anonymously.</p> <p>Funds cannot be used to pay for promotional materials.</p>	<p>ISP and Peer Navigation ISP goal developments must be completed before outreach services are delivered. Reviewed a minimum every six months.</p> <p>Any and all <i>Performance Measures</i> related to this Service Category as directed by DOH Quality Management Team (CQM) must be tracked and reported in Provide.</p> <p>Participation required in statewide <i>Peer Navigation Curriculum</i> for Peer Navigators and Stewards.</p>	
Food Bank	<p>Provision of actual food items, hot meals, or a voucher program to purchase food. This also includes providing essential non-food items (limited to personal hygiene products, household cleaning supplies, and water filtration in communities where issues of water safety exist).</p> <p>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,¹ vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>¹<i>Services provided must include the dollar amount of the service provided.</i></p> <p><i>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to a small and attractive items policy.</i></p>	

Exhibit D

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
	<p>¹ Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.</p> <p>General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</p>		
Housing	<p>Provision of limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services. Housing services are accompanied by a strategy to identify, relocate, or ensure the client is moved to, or capable of maintaining a long-term, stable living situation. Housing must be linked to client gaining or maintaining compliance with HIV-related health services and treatment.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>¹Services provided must include the dollar amount of the service provided.</p> <p>Housing plan must be updated annually and reviewed quarterly.</p>	

Exhibit D

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
	<p><i>Rent and utilities</i> – One-time payments are unallowable and must be reported under emergency financial assistance task category.</p>		
Linguistic Services	<p>Provision of interpretation and translation services, both oral and written to eligible clients. Services are provided by a qualified linguistic services provider as a part of HIV service delivery between the healthcare provider and the client. Services are provided when necessary to facilitate communication between the provider and client or to support delivery of HIV Community Services.</p> <p><i>Note: Budgets are required to have a line item in the budget for translation or interpretation.</i></p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	
Medical Transportation	<p>Provision of non-emergency transportation services that enable an eligible client to access or be retained in medical and support services. May be provided by:</p> <ol style="list-style-type: none"> 1) providers of transportation services. 2) mileage reimbursement (non-cash) that does not exceed the established rates for federal programs. 3) organization and use of volunteer drivers through programs with insurance and other liability issues specifically addressed. 4) voucher or token systems. <p>HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and cash intended as</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p>¹<i>Services provided must include the dollar amount of the service provided.</i></p> <p><i>Agency must ensure that a policy for managing gift cards with strong internal controls is in place similar to a small and attractive items policy.</i></p>	

Exhibit D

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
	<p>payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,¹ vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.</p> <p><i>¹ Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants. General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.</i></p>		
<p>Non-Medical Case Management</p>	<p>Provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children’s Health Insurance Program,</p>	<p>Client level data and any interaction must be entered into Provide within 5 business days as a progress log for each consumer receiving Non-Medical Case Management Services.</p> <ul style="list-style-type: none"> • Agency must complete eligibility assessment annually. • Comprehensive assessment must be completed within the first 30 days of completing intake and updated every five years unless significant changes have occurred with the client. 	

Exhibit D

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
	<p>Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).</p> <p>Key activities include: 1) Initial assessment of service needs; 2) Development of a comprehensive, individualized care plan. 3) Timely and coordinated access to medically appropriate levels of health and support services and continuity of care; 4) Client-specific advocacy and/or review of utilization of services; 5) Continuous client monitoring to assess the efficacy of the care plan</p>	<p>ISPs must be completed within two weeks of the comprehensive assessment and reviewed at a minimum every six months.</p>	
Psychosocial Support Services	<p>Provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include bereavement counseling, child abuse and neglect counseling, HIV support groups, nutrition counseling by a non-registered dietitian, pastoral care/counseling services.</p>	<p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.</p>	
HIV Clinical Quality Management (CQM)/Improvement	<p>CQM activities should be continuous and fit within and support the framework of improving client care, health outcomes, and client satisfaction.</p>	<p>Agency must track and report within the Provide database any and all Performance Measures related to this service category as directed by DOH Quality Management Team.</p>	

Exhibit D

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
	<p>Assesses the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections; and Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.</p> <p>Performance measurement prioritization and alignment with other RWHAP Parts in the service area.</p> <p>Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)</p>	<p>Agency must submit an Annual CQM Plan as directed by DOH Quality Management Team.</p> <p>Agency must request client/patient feedback by establishing either;</p> <ul style="list-style-type: none"> a) Annual Client Satisfaction Survey’s b) Consumer/Client Advisory Board that meets quarterly. <p>Deliverables for this reporting period have been identified and can be referenced in the Quality Management Plan.</p> <p>Agency must submit quarterly reports.</p> <p>1st Quarter 2024 1/1 -3/31/2024 Due 4/30/2024 Annual CQM Plan (Apr 1)</p> <p>2nd Quarter 4/1 – 6/30/2024 Due 7/30/2024</p> <p>3rd Quarter 7/1 – 9/30/2024 Due 10/30/2024</p> <p>4th Quarter 10/1 – 12/31/2024 Due 1/30/2025</p>	

Exhibit D

Task	Activity/Description	Deliverables/Outcomes	Payment Information and/or Amount
		<p>1st Quarter 2025 1/1 -3/31/2025 Due 4/30/2025 Annual CQM Plan (Apr 1)</p> <p>2nd Quarter 4/1 – 6/30/2025 Due 7/30/2025</p>	
Emergency Financial Assistance	<p>Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.</p> <p>Any service(s) costing greater than \$1,000 must be pre-approved by DOH.</p>	<p>Agency must enter client level data into the Provide database for each consumer receiving Emergency Financial Assistance.</p> <p>Client level data and interaction must be entered into Provide within 5 business days as a progress log and/or service provided.¹</p> <p><i>¹Services provided must include the dollar amount of the service provided.</i></p>	

E. STAFFING CAPACITY FORM

Board of Directors

Example: Name, Board Position - Biography

Staffing Plan and Job Descriptions for Key Personnel

Example: Name, Executive Director – Job description

Example: Name, Program Manager – Job description

F. Ryan White Application Contents and Checklist (Reference: Application Packet available on RFA website)		
Section	To do/include:	Check when done:
Service category description and requirements	Review full description and all requirements before starting your application.	
Submission Cover Form	Respond to all questions and have legal representative sign and date.	
Signed RFA certifications and Assurances	Have legal representative sign these forms: <ul style="list-style-type: none"> ○ Bid certifications and assurances ○ Contractor Certification – wage theft prevention ○ Workers’ rights – Washington state goods & services contracts certification 	
Organizational Background	Respond to all questions	
Proposal: Program Approach	Respond to all questions	
Proposal: Outcomes	Respond to all questions	
Qualifications: Staffing	Respond to all questions, and attach: <ul style="list-style-type: none"> ○ Completed Staffing Capacity Form ○ Positions descriptions for all funded positions (including existing and new staff) ○ Organizational chart 	
Qualifications: Partnerships	Respond to all questions, and attach: <ul style="list-style-type: none"> ○ LOS or MOUs (if applicable) 	
Budget	Complete Budget Template	

G. APPLICATION CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the bid to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the bid are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single bid.
3. The attached bid is a firm offer for a period of 60 days following receipt, and it may be accepted by the DOH without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this bid, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this bid or prospective contract, and who was assisting in other than his or her official, public capacity. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
5. I/we understand that the DOH will not reimburse me/us for any costs incurred in the preparation of this bid. All bids become the property of the DOH, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data that have been submitted have not been knowingly disclosed by the Applicant and will not knowingly be disclosed by him/her prior to opening, directly or indirectly to any other Applicant or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the application contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Applicant to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. Information that has been determined to be proprietary or confidential has been clearly marked and included in this bid as a separate document.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.
11. I/we declare that we are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Federal department or agency from participating in transactions.

Signature of Applicant

Title Date

H. CONTRACTOR CERTIFICATION WAGE THEFT PREVENTION RESPONSIBLE
APPLICANT CRITERIA WASHINGTON STATE GOODS & SERVICES CONTRACTS

Prior to awarding a contract, agencies are required to determine that an applicant is a 'responsible applicant.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible applicant criteria include a contractor certification that the contractor has not willfully violated Washington's wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).

Procurement Solicitation Dated: _____

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO WAGE VIOLATIONS. This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date.

OR

VIOLATIONS OF WAGE LAWS. This firm has been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certification on behalf of the firm listed herein.

FIRM NAME: _____
Name of Contractor/Applicant – Print full legal entity name of firm

By: _____
Signature of authorized person Print Name of person making certifications for firm

Title: _____ Place: _____
Title of person signing certificate Print city and state where signed

Date: _____

I. EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS CERTIFICATION

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Health is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Procurement RFA SFY2024 Office of Infectious Disease

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: _____

Name of Contractor/Applicant – Print full legal entity name of firm

By: _____

Signature of authorized person

Print Name of person making certifications for firm

Title: _____

Title of person signing certificate

Place: _____

Print city and state where signed

Date: _____