



Indiana
Department
of
Health



Eric J. Holcomb
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

Indiana Department of Health

Ryan White Part B

Request for Funding Applications (RFA)

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • health.in.gov

An equal opportunity employer.

The Indiana Department of Health is accredited by the Public Health Accreditation Board.



July 24th 2023

From: Mark Schwering, Director
IDOH Ryan White Part B Program

Re: Proposals for Professional Services

The Indiana Department of Health is seeking applications for service provision under the Ryan White Part B Program for funding cycle 2024-2025. The purpose of Part B funding is to provide eligible and enrolled Hoosiers access to services related to their HIV/AIDS status. The budget for 2024-2025 is to be for a 12-month period from April 1st 2024-March 31st 2025.

Future funding may be conditioned upon the successful completion and submission to IDOH of reporting goals and objectives and fiscal utilization of funds. Proposals will be accepted in accordance with the schedule set out in the enclosed proposal guidelines. Grant funds will be available April 1st 2024.

Proposals must be received no later than September 22nd 2023.

Please deliver or email applications to:

Ryan White Part B Program

Indiana Department of Health

Attn: Mark Schwering

Emailed applications: RWServicesAdmin@health.in.gov

2 N. Meridian

Indianapolis, IN 46204

It is essential that all requested information is received by the deadline date and time. Proposals received after the deadline will not be considered for funding.

If you have questions regarding this request for proposals, please contact:

Brittany Sichting

Ryan White HIV Services Program

bsichting@health.in.gov

Please feel free to share with agencies throughout the state.



IDOH
Ryan White Part B Program
Request for Applications (RFA)

Section 1.0: General Information and Requirements

1.1 Introduction

The Indiana Department of Health Division of HIV/STD/Viral Hepatitis is requesting proposals from qualified public or private non-profit health and support service providers to provide core medical and supportive services to persons living with HIV/AIDS in Indiana.

1.2 Purpose of the RFA

The purpose of this proposal request is to select respondents that satisfy IDOH's requirements to provide core and supportive services to eligible and enrolled individuals living with HIV/AIDS in Indiana. The initial term of the contract to be awarded is for a 12-month period which shall commence April 1st 2024 and continue through March 31st 2025. Contracts may be renewed annually for two additional years should respondents meet performance requirements and funding is available.

1.3 Philosophy of Service Delivery

To ensure comprehensive care, successful respondents will be required to function as part of a coordinated service delivery system; adhere to the National Monitoring Standards for Ryan White sub-recipients, and ensure that Ryan White funds are used as the Payer of Last Resort. In addition, respondents will be required to participate in staff training and development; agree to make referrals to other approved Ryan White providers, when appropriate; and facilitate linkage and entry into care within the Ryan White provider network. Respondents should maintain an overall philosophy of cultural and linguistic competency, inclusion and non-discrimination to service providers, minorities, persons living with HIV/AIDS, and the public.

1.4 Service Provision Requirements

The services included in this proposal request will be provided to individuals who are living with HIV, reside in Indiana, and meet current Federal Poverty Level (FPL) guidelines. Ryan White Part B funding is the Payer of Last Resort.



1.5 Eligibility for Consideration of Funding

Eligibility for State Contract

- Applicants must be registered with Indiana Department of Administration (IDOA), Auditor of the State (AOS), and Indiana Secretary of State (SOS). Registration information for these agencies can be found at <https://www.in.gov/idoa/2463.htm>.
- Applicants must be in good standing with the Department of Revenue and Department of Workforce Development.
- Applicants must be registered with and in good standing with the Secretary of State. Visit <https://www.in.gov/sos/> or information on registering.

Non-Profit Status

Public or private non-profit agencies are eligible to apply for funding through the Ryan White Part B Program. Non-profit service providers must demonstrate proof of non-profit status by submitting appropriate documentation (i.e., a Letter of Determination issued by the Internal Revenue Service) in the name of the proposing agency and any partnering agencies as part of the proposal. Failure to provide said documentation will deem the proposal ineligible for consideration.

Medicaid Certification

- Respondents who apply for Ryan White Part B funding to provide services that are Medicaid reimbursable are required to be certified to receive Medicaid payments or to describe their efforts to obtain certification for each service for which they are applying. Also include documentation of current efforts to become certified for the requested services, including a timeline that must be attached at the end of the application. Failure to comply with this standard will prohibit eligibility for funding for that service. If already certified, confirmation of this certification is required (see Attachment F) at the back of the application.
- If respondents have been funded for a Medicaid eligible service for more than two consecutive years, they must demonstrate that they are currently billing Medicaid. If respondents do not have the capacity to bill after this time, they will not be funded to provide the Medicaid eligible services until such time that documentation from Medicaid of the agency's ability to bill for the service is received by IDOH Ryan White Part B Program. If there are extenuating circumstances delaying the authorization from Medicaid, respondents will need to discuss this in their application for funding determination. These instances will be considered on an individual basis.



- If funded for Medicaid reimbursable services, respondents must document and maintain files of their Medicaid status, including any agreements with Medicaid managed care companies.

National Monitoring Standards

All respondents who apply for Part B funding must agree in writing to comply with the National Monitoring Standards for Ryan White HIV/AIDS Part A and Part B Grantees. This includes the universal, fiscal, and programmatic standards. The standards document may be obtained from <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>. Failure to comply with these standards will prohibit future funding eligibility.

Indiana Service Standards

If funded, respondents must be able to meet all elements outlined in the IDOH Service Standards, including staff qualifications and credentialing, for each service for which funding is granted. The IDOH Service Standards document may be obtained here <https://www.in.gov/IDOH/27827.html>. Failure to comply with these standards will prohibit future funding eligibility.

E-Verify

- Employment Eligibility Verification is required by Indiana Code 22-5-1.7-11.
- Effective July 1, 2011, government agencies and vendors providing services to government agencies are required by law to utilize E-Verify for the purposes of determining the employment eligibility status of all new employees. See <https://www.e-verify.gov/>.
- No agency will be awarded a contract for services if they do not sign and include in their application a signed affidavit affirming compliance with this law. See Attachment A for the affidavit and contract provision.

Access to Care for Indiana Eligible and Enrolled Clients

Respondents must clearly demonstrate their ability to provide the service(s) to any eligible and enrolled client residing anywhere within their service area before consideration of funding will be given. Current Ryan White Part B client eligibility includes:

- Maintaining Indiana residency
- Proof of HIV status
- Verifying lack of comprehensive care coverage and ensuring Ryan White is used as the payer of last resort.
- Confirming household income meets current program eligibility standards established by IDOH.



Respondents must use the provided eligibility system, RWISE, to verify eligibility and enrollment prior to providing any funded services.

Administrative and Fiscal Capability

Respondents must have the administrative and fiscal capability to provide and manage their proposed services and to ensure adequate tracking for monitoring purposes. Respondents will get transactional payments, not reimbursements for funding. All funded agencies need to begin delivering proposed services by April 1st 2024.

Whistleblower Protection

Recipients of federal grant funds are subject to the Whistleblower Protection Programs (<https://www.whistleblowers.gov/>) and Whistleblower Protection Enhancement Act of 2012. This program requires federally funded agencies to inform their employees working under this agreement that they are subject to the whistleblower rights and remedies of the Whistleblower Protection Program. Employee notification of whistleblower protections include, but are not limited to, the protection that an employee of a federally funded agency may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistleblowing, must be provided in writing and in the predominant native language of the workforce. Whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

1.6 Required Policies and Procedures

1.61 Non-Discrimination

Respondents must ensure that services provided under this RFA will be available to eligible and enrolled clients, regardless of race, ethnicity, gender, sexual orientation, religion, national origin, or disability. A policy of non-discrimination must be conspicuously posted in the respondent's offices and clearly indicated in public information materials, employment applications, and personnel policies.

1.62 Grievance Policy Procedure

Respondents must have written policies and procedures in place for addressing grievances of both clients and employees. Procedures pertaining to clients must be available and visible to clients in the office setting. These will be subject to review at the time of each site visit.



1.63 Accountability for Expenditure of Funds

Successful respondents are required to establish and implement the following items to ensure accountability for expenditure of Part B funds:

- Fiscal and general policies and procedures that include compliance with federal and Ryan White programmatic requirements;
- Detailed service reporting of funding sources; and
- Timely submission of independent audits (A-133 audits, if required).
- According to the Ryan White Cares Act, Part B funds may not be used for the following purposes:
 - Development of materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
 - Purchase of vehicles;
 - Marketing promotions or advertising about HIV services that target the general public (e.g., poster campaigns for display on public transit, TV or radio public service announcements, etc.);
 - Broad scope awareness activities about HIV services that target the general public;
 - Outreach activities that have HIV prevention education as their exclusive purpose;
 - Influencing or attempting to influence members of Congress and other federal personnel;
 - Foreign travel.

1.64 Site Monitoring

Successful respondents are required to ensure that they are prepared for annual site monitoring visits. These visits are to make sure that fiscal, programmatic, and quality documents and applications are being done properly. Visits will be scheduled with the Ryan White monitoring team at the start of the grant year. Documents that will be requested can be found here. Examples of some documents that are required are:

- Documented policies and procedures and fiscal and programmatic reports that provide effective control over and accountability for all funds in accordance with federal and Ryan White programmatic requirements;
- Demonstrated structured and ongoing efforts to avoid fraud, waste, and abuse (mismanagement) in any federally funded program;
- Corporate Compliance Plan (required by the U.S. Centers for Medicare & Medicaid Services if providing Medicare or Medicaid reimbursable services);
- Personnel policies;
- Bylaws and board of directors policies;



- File documentation of any employee or board member violation of the Code of Ethics or Standards of Conduct;
- Referring clients;
- Purchasing goods or services;
- Sliding fee scale

1.7 Meeting Requirements

Respondents who receive funding under this RFA are required to participate in programmatic, fiscal, and quality management site visits and quality assurance and quality management site visits conducted by the IDOH Ryan White Part B Program.

Attendance is required at TA webinars. Successful respondents shall make key staff (those responsible for implementation of the agreement) available for administrative meetings, conferences, and trainings as determined appropriate and mandatory by IDOH Ryan White Part B Program.

1.8 Drug Free Workplace and HIPAA Compliance

Respondents must adhere to a drug free workplace policy. Respondents must also institute and adhere to Health Insurance Portability and Accountability Act of 1996 (HIPAA) policies, procedures and requirements in the delivery of service provisions agreed to under this request. See <https://www.hhs.gov/hipaa/>.

1.9 Proposal Clarifications and Discussions and Contract Discussions

IDOH Ryan White Part B Program reserves the right to request clarifications on proposals submitted in response to this request and also reserves the right to conduct personal discussions, either oral or written, with respondents. IDOH Ryan White Part B Program may require successful respondents to participate in negotiations and to submit revisions to pricing, technical information, or other items from their proposal(s).

1.10 Payer of Last Resort

Services funded through the Ryan White Part B Program that are billable to a third-party payer must be reimbursed by such payers and should be determined before Ryan White funds are used to pay for care, making Ryan White funding the “payer of last resort.” Ryan White funding may pay for services that fill the gaps in coverage of these other private or public health care programs; however, Ryan White funds cannot be used to balance a bill for services that should be reimbursed or paid by other payers.



1.11 Program Income

Program income is gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed, collection of client co-pays, the use or rental of real or personal property acquired under federally-funded projects, and interest on loans made with award funds. Ryan White legislation states that income resulting from fees for services performed (e.g., direct payment or reimbursements from Medicare and third party insurance) can be considered program income.

Ryan White Parts A and B have a legislatively mandated one-year period of performance and are non-discretionary grants to be awarded each fiscal year. In accordance with PCN 15-03, "Subrecipients should strive to proactively secure and estimate the extent to which program income will be accrued. This should be done to effectively determine the need for RWHAP funds and their allocation and utilization during the current period of performance. Additionally, it is the responsibility of the recipient (IDOH) to monitor and track program income earned by subrecipients. Subrecipients should retain program income for "additive" use within their own programs." Therefore, subrecipients are required to report program income to IDOH under a frequency and method to be issued by IDOH.

- Program income for a service provided within one period of performance may be received in the following period.
- Such program income should be accounted for and utilized in the year in which it is received by the program
- Program income received at the end of the period of performance will be expended by the recipient prior to the expenditure of new grant Ryan White Part B Program funds awarded in the subsequent period.
- PLWH served by the agency using Program income are also required to be reported to IDOH as PLWH served and will be required to be reported within the same expectation as PLWH served by direct funds from IDOH.

All applicants must complete and attach the program income spending worksheet (Attachment F). The income reported must be true and able to be provided continuously if funding is granted.

1.13 Financial Management

Respondents, if funded, are required to ensure adequacy of agency fiscal systems to generate needed budgets and expenditure reports and are required to document all requests for and approvals of budget revisions. If funded, respondents are required to provide access to:



Accounting systems, electronic spreadsheets, general ledger, balance sheets, income and expense reports, and all other financial activity reports of the respondent;

- All financial policies and procedures, including billing and collection policies and purchasing and procurement policies; and
- Accounts payable systems and policies.

1.14 Supplanting of Ryan White Program Funds

Ryan White Program funds cannot be used to supplant (replace or substitute) other federal, state, or other funds in the payment of services for clients.

1.15 Confidential Information

Respondents are advised that materials contained in proposals are subject to the Access to Public Records Act (APRA), IC 5-14-3 et seq. and, after the contract award, the proposal may be viewed and copied by any member of the public, including news agencies and competitors. Respondents claiming a statutory exception to the APRA must place confidential documents in a sealed envelope clearly marked "Confidential" and must indicate in the Transmittal Letter and on the outside of that envelope that confidential materials are included. The respondent must also specify which statutory exception of the APRA applies. IDOH reserves the right to make determinations of confidentiality. Agency fee schedule prices are not confidential information.

1.16 Client Documentation

Respondents must maintain documentation of all client interactions and services provided. Acceptable forms of documentation include electronic or paper medical records, either of which is subject for monitoring by IDOH Ryan White Part B Program or its designated agent. Documentation should include: verification of client eligibility for services, dates of service, number of services provided to the client and billed to Ryan White Part B, case notes that summarize the reasons the client was seeking assistance, the intervention or action that was provided, documentation of appropriate referrals (as applicable), the outcome of the intervention, and an updated care or treatment plan. All provided services and case notes must be entered into the approved IDOH system, CAREWare. This allows congruency for reporting on the annual Ryan White Services Report, as well as consistency in monitoring. Any newly funded sites will need to have this system capability and will be provided training on accessing the system.



1.17 Information Security

Computer systems containing client information must be protected with multiple passwords. Office equipment used for storing confidential materials must be locked when not in use. Respondents must adopt and adhere to written policies and procedures that specify that client information is considered confidential, privileged information. The respondent must possess a written policy that limits access to client records to only the client, the agency's HIV staff, the HIV program management personnel, and other monitoring or reimbursement agencies with a legitimate need to know. Release of information to entities other than those noted herein must be preceded by a written consent form that the client or client's legal representative has signed, except as demanded under state statutes. These policies and procedures must include provisions for discipline should a violation occur. Information security is subject to review at site visits.

1.18 Americans with Disabilities Act

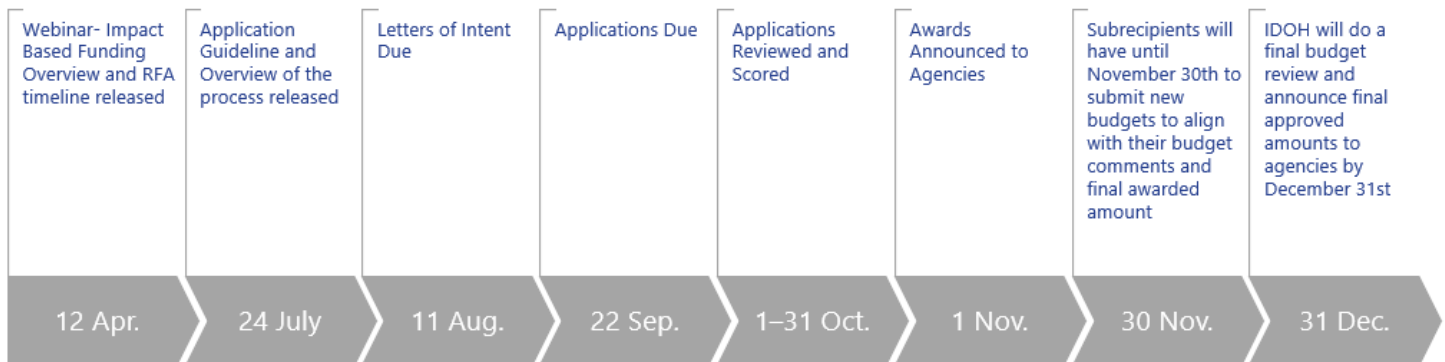
Respondents agree to comply with provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq., and 47 U.S.C. 225).

1.19 Type and Term of Contract

The initial term of the contract to be awarded is for a 12-month period which shall commence April 1st 2024 and continue through March 31st 2025. Funding and services provided during two additional 12-month periods are conditioned upon the successful completion and submission of reports detailing goals and objectives and fiscal utilization of funds. Funding allocations will require 12 month budgets that may be adjusted based on performance, including pace of spending and data reporting. Additionally, agencies will have the opportunity to add or delete services, based on demonstrated need, in years two and three of the contract period, upon approval of the Ryan White Part B Program. Respondents are required to adhere to all elements in the contract.



1.20 Timeline



1.21 Letter of Intent

A brief description (not to exceed one page) that includes an introduction to the applicant agency, including contact address, telephone number, and email address, applicable services, and history of providing HIV care. Letters of Intent should be sent to the following email address: **RWServicesAdmin@health.in.gov**

Letters of Intent must be received by **5:00 PM on August 11th 2023 to be considered for funding**

1.22 Due Date for Applications

Your proposal must be received by 5:00 PM on September 22nd 2023.

*Applications received after the due date and time will not be considered eligible for funding.
IDOH.*



Ryan White Part B Program Request for Applications (RFA)

Section 2.0: Proposal Preparation and Documentation Requirements

2.1 Eligibility

Funding for the Ryan White Part B Services funding is open to all agencies serving those living with HIV in the State of Indiana. This funding opportunity is to provide crucial Core and Supportive services to enrolled and eligible individuals. All requested funding should be for Core Medical and Supportive Services as defined by HRSA's RWHAP program services and allowable uses of funds.

All applicants must agree to implement and follow the current Statewide eligibility requirements for the Ryan White Part B program including:

- Serving those living with HIV
- Only serving Indiana residents
- Serving those at or under 300% Federal Poverty Level (FPL)
- Understanding and Implementing Ryan White Services as the Payor of Last Resort

2.2 Application Format

The application must be divided into sections as described below, beginning with section 2.3. the same outline numbers must be used in the response. The response must be in narrative format in a Word document, in a 12-point font. Applications should not exceed 25 pages. Attachments are not included in the page limit.

2.3 Impact Focused Funding-Indiana's Tool Kit

The 2024-2025 Ryan White Part B Grant Funding will be using a new metric when allocating and distributing funding. Impact Focused Funding (IFF) was created to help eliminate barriers within our current funding structure as well as expanding the community's involvement with funding decisions. This application will call for certain data from your agency, as well as data provided from IDOH to show the community needs and priorities, existing resource gaps, and expanding on partnerships within your area that can help ensure continued services for those living with HIV.

The IFF model will require applicants to address three areas including: the current community needs and priorities, the existing resources and gaps, and the overall agency's ability to administer the grant well. The RFA application will reference and require data and information from the following tools:



- **Agency Snapshot tool:** developed to help understand who and where current Ryan White funded agencies are serving. This information will be provided by IDOH.
- **Needs Assessment-** completed at the end of 2022 and can be viewed [here](#).
- **Environmental Scan Summary Report-** ZIP coalition survey focused on understanding gaps and services for those living with HIV.
 - o This includes state and non-state funded resources.
 - o Examples include HOPWA, private funds, other governmental grants etc.
- **Regional ZIP Coalition Workplan-** document that highlights each ZIP regions priority populations and services for upcoming grant cycles.
- **Coalition Priority Funding Review-** document that will be filled out by each ZIP to report on priority populations and needs. This document will be included in all final scoring.

All of these resources will be located on the Zip (Zero is Possible) IN website. Please find them [here](#).

2.4 RFA Proposal Preparation

Table of Contents

1. **Cover Letter:** The letter should include:
 - a. Service Categories for which funding is requested
 - b. Clear demonstration of agencies ability to provide requested services
 - c. Please include date, applicant agency name, complete address and telephone number
 - d. The cover letter much include separately the following names, signatures, and email addresses:
 - i. Executive Director/CEO
 - ii. Authorized Contact (the person authorized to commit the respondent to its representations and who can certify that the information offered in the proposal meets all general conditions: and
 - iii. Applicant Contact
2. **Abstract and Overview of Agency:** This includes a brief description of your agency and any services currently or historically provided and the current statement of need. This should be one page.
3. **Proposal Narrative** This section will include the following:
 - a. Agency Description: This section should include how long the agency has been around, mission statement, financial viability, office location and hours, priority



populations served, organizational chart with indications of current or needed roles that would relate to the proposed provision of services for this RFA.

- b. **Administrative Requirements and Reporting:** This section should include how the agency will make sure that reporting all activities to IDOH will occur including current data bases used, staffing structure to meet reporting requirements, how the agency will demonstrate the use of funds (i.e., client eligibility determination, payer of last resort, vigorously pursuing client health care coverage, and certain credentialing of providers if necessary). All current program monitoring standards for the RWHAP Part B Recipients can be found [here](#).
- c. **Proposed Scope of Work:** This section should provide a brief description of the service needs and demands of the target population and primary geographic area, number of total agency clients and expected percentage that would be Ryan White eligible, a brief description of the proposed program and service approach, and the total budget request.

2.5 Proposed Services

Please refer to Section 4.0 while responding to the following questions. Section 4.0 (Services Eligible for Funding) contains the HRSA definitions for core and supportive services.

1. Describe each service for which funding is requested and explain how that service will be delivered. Explain the underlying rationale for your proposed service approach.
2. Describe the target population to be served by the proposed services. Explain how your agency will reach the target population and increase their access to services.
3. Describe how your agency will coordinate and document services with other community agencies, including referral and follow-up mechanisms.
4. Explain how this service coordination brings clients into care, maintains clients in care, and reduces duplication of services.
5. Explain how you re-engage clients that have been lost to care. Describe the mechanisms in place to track this information.
6. For each requested service, please complete and attach one **Attachment B: Workplan**.

2.6 Impact Focused Funding- Community Needs and Priorities

1. **Data Collection and Reporting, Priority Population(s), and Geographic Accessibility**
 - a. Describe your agency's system for regularly reviewing client- and community-level data. How does your organization use data to inform priority populations, service areas, and services provided?



- b. Describe how your organization is taking into account/responding to regional-level data. ***Please refer to ZIP Regional Data***
 - c. If your proposal is responding to a data need not identified in the regional data, please provide your rationale and the relevant data that led you to this need.
 - d. IDOH will be pulling the following data points for your application:
 - i. Viral Load Overall per region
 - ii. Viral Load per funded service category (historically funded)
 - iii. Clients served per service category (historically funded)
 - e. Explain how your agency will serve the priority population(s) identified by the ZIP Coalition in the "Coalition Priority Funding Review".
 - f. Describe your agency's ability to serve a wide range of clients that includes those of different cultures and ethnic backgrounds.
 - g. If there are local populations that you wish to serve but currently are not, how do you propose to reach those populations?
 - h. If you propose to address priority populations and/or geographic areas not identified in the "Coalition Priority Funding Review" please provide your rationale and the relevant data that led you to these priority populations and/or geographic areas
2. **Special Population (s) and Geographic Accessibility**
- a. Explanation of how your agency will serve identified priority populations through your service area. Your explanation should demonstrate the ability to serve a wide range of clients that includes those of different cultures and ethnic backgrounds.
 - b. Using the environment scan per ZIP region, the work plan, and needs assessment please identify the most prevalent service need.
 - c. If there are local populations that you wish to serve, but currently are not- how do you propose to reach those populations?

2.7 Impact Focused Funding- Existing Resources and Gaps

1. Service Provision

- a. What gap(s) are you proposing to fill? How are you enhancing existing resources?
- b. Please describe why the funded services were chosen. What gaps are you proposing to fill? How are you enhancing existing resources?
- c. If the services you propose deviate significantly from the needs identified by ZIP Coalitions and/or the HIV Needs Assessment, describe your rationale and the data that lead you to this deviation.



2.8 Impact Focused Funding- Agency/Application Capacity and Performance

1. Agency Capacity and Staffing

- a. Describe how your agency's staff are well positioned to meet the priorities identified in the "Coalition Priority Funding Review."
 - i. If you are proposing to address other priorities, services, or populations, please describe how your agency staff is well-positioned to meet the priorities/services/populations identified.
- b. Describe your agency's current staffing plan and how the current organization structure provides sustainability to continue providing services.
- c. How does your agency currently train staff to ensure that they remain current on all recent information regarding HIV disease, services, treatments, and HIPAA mandates?
- d. Describe your agency's unique capacity and qualifications to deliver the services requested.
- e. Explain the diversity of your current staff and how that helps serve priority populations as identified in section 2.6
 - i. If there are deficits currently in providing these options, what is your agency doing to address the need?

2. Applicant Performance Measures

- a. Please provide a list of local partners and the services if you work with to serve those living with HIV.
- b. If historically funded, IDOH will look at the prior funding year to measure the number of clients served per service unit, timeliness of reports and data entry, site monitoring notes, and timeliness of agency invoicing.

2.9 Quality Management

The Ryan White HIV/AIDS Modernization Act requires that all Part B Grantees and subcontractors "provide for the establishment of a (CQM) [Clinical Quality Management] program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent PHS guidelines for the treatment of HIV/AIDS and related opportunistic infection and, as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services."



Quality Management (QM) data plays a critical role in documenting that services delivered to clients are improving their health status. Information gathered through the QM program, as well as client-level health outcomes data, should be used to guide program planning and ongoing assessment of progress toward achieving the goals and objectives and agency-specific goals and objectives. It should also be used by the sub-recipient to examine and refine services based on outcomes and the cost of delivering quality care. Further information can be found in [PCN-15-02](#). The national HRSA/HAB performance measures can be found [here](#).

The application should include the following:

1. Describe the respondent's capacity to ensure continuous quality improvement. Continuous quality improvement is an ongoing process of monitoring and evaluating activities and outcomes with the objective of continuously improving service delivery by seeking to identify or prevent problems and maximize access, utilization, and quality of care.
2. It is mandatory to include a completed Attachment E, Assessment of Organizational Cultural Competence, which can be found at the end of the RFA.
3. Describe the specific role that quality management plays at your agency. How does your agency identify areas of improvement?

Section 3.0: Workplan and Budget

3.1 Workplan

Respondents must include the following items on the Workplan (*Attachment B*):

1. The services to be provided (one service per form) and the amount of funds requested per service
2. Number of clients to be served and number of service units to be provided; and
3. The original signature of the individual who is legally authorized to enter into a contractual relationship in the name of the respondent agency.

A workplan example will be included in the attachment section, as well as a fillable PDF to use for all requested service categories.

3.2 Budget and Budget Justification

A budget for the grant period must be submitted for approval. Reimbursement invoices for incurred budgeted expenses must be submitted on a monthly basis.

1. Summary Budget Request



- a. Respondents must complete Attachment C which includes the Summary Budget Request. Please note, this is a cross-funding source budget and should detail all other Ryan White funds your agency receives, including Rebates, as well as Program Income.
2. Line Item Budget Request
 - a. Respondents must complete Attachment D which includes the Line Item Budget Request.
 - b. Respondents must prepare a narrative Line Item Budget Justification, to be attached to the application immediately following the Line Item Budget Request. A justification for each proposed service must be provided.

3.4 Administrative Costs

Administrative costs are to be shown on the Line Item Budget Request form and explained in the Justification Narrative. The respondent is permitted to request **no more than 10% of the total requested amount to support the cost of administration**, in accordance with PCN 15-01, which can be found [here](#). Allowable administrative expenses must be directly related to Ryan White Part B services and must be reasonable.

3.4 Respondent Agency Financial Documents

Respondents are required to attach specific financial documents to their applications.

1. Attach a financial statement for your agency, including an income statement and balance sheet for each of the two most recently completed fiscal years. The financial statements must demonstrate the respondent agency's financial stability.
2. Attach the agency's most current, complete, certified audit verifying that the agency is financially sound and able to implement a funded service on a reimbursement basis. Financial statements do not represent a complete audit. Therefore, if a certified audit is not available, financial statements and detailed plans to comply with contractual audit requirements must be submitted as part of the proposal narrative.

3.5 Reimbursement Submissions

Funded respondents shall submit invoices and associated documentation by the 20th of each month (reporting for the previous month). Appropriate documentation shall accompany each invoice and consists of: invoices and receipts or cancelled checks from vendors for any supplies,



incentives, rentals, or equipment; proof of payment to vendors for supplies or equipment; and certified statements detailing the attendance and purpose of meetings and training sessions.

Failure to submit timely invoices with appropriate documentation or to complete data entry for service provision submitted may result in delay of payment.

3.6 Re-allocation of Funding

Funded respondents shall use funds in a timely manner. If funding needs to be modified between funded service categories, then a Request for Budget change will be needed. The IDOH Ryan White Part B Director reserves the right to re-allocate funds based on sub-grantees' demonstrated ability to utilize funds.

3.7 Delinquency

Failure to submit timely reimbursement requests without consultation and approval from the Ryan White Part B Program will constitute delinquency and awarded funds will be subject to reallocation. Contracts with the affected agencies will be amended to reflect the change in fiscal responsibilities.

3.8 Evaluation of Proposals

Proposals will be evaluated using an objective internal review process. A team of Ryan White Part B staff, consultants, and people with lived experience will review proposals using an established grading rubric and make recommendations for funding. Individual applications are not compared to other applications; rather, each is evaluated independently in terms of responsiveness to the RFA. The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for an award within available funding ranges. **The scoring rubric will be attached to the RFA announcement email.**

Applications competing for federal funds receive an objective and independent review performed by a committee of the ZIP Coalitions, People with Lived Experience, Outside IDOH reviewers, and internal reviewers. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria presented in the Request for Applications. Applications that pass the initial completeness and eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in the RFP. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success.



Applications will be considered for funding based on receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of management systems; ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. IDOH may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities in anticipation of an award. However, such requests do not guarantee that IDOH will make an award. Final award amounts will be determined after all applicable information is reviewed, including the ZIP review and input on applications, input on priorities and allocations from all involved parties, the IDOH objective review committee recommendations, the availability of funding, and confirming compliance with all HRSA/federal requirements. The final awards will be based on the review panel’s recommendations to the Division Director. All final funding awards will be approved through this process.

Section 4.0 : Services Eligible for Funding 2024-2025

Each of the following service categories has corresponding requirements in both the National Monitoring Standards and the IDOH Ryan White Part B Service Standards. Respondents must comply with all requirements for each service for which funding is requested. Please refer to the earlier discussion of the National Monitoring Standards and the Part B Service Standards in Section 1.5: Eligibility for Consideration of Funding.

The following core medical and support service categories are current priorities within the Indiana Department of Health. The goal of providing these services is to assist in the diagnosis of HIV infection, linkage to care for seropositive individuals, retention in care, and the provision of HIV treatment. The cross-part collaboration with Marion County Public Health Department will continue with only Non-Medical Case Management (NMCM) and Medical Case Management (MCM) being funded in the Transitional Grant Area (TGA). These counties include Boone, Hendricks, Marion, Morgan, Shelby, Johnson, Putnam, Brown, Hancock, and Hamilton. In addition, all providers must be appropriately licensed and in compliance with state and local regulations. Recipients are required to work in compliance with IDOH Ryan White Part B Service Standards for all RWHAP-funded services.

RWHAP Core Medical Services

- a. Medical Case Management, including Treatment Adherence Services
- b. Medical Nutrition Therapy
- c. Mental Health Services
- d. Outpatient/Ambulatory Health Services
- e. Substance Abuse Outpatient Care



Medical Case Management, including Treatment Adherence Services

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Medical Nutrition Therapy

Medical Nutrition Therapy includes:

- a. Nutrition assessment and screening
- b. Dietary/nutritional evaluation
- c. Food and/or nutritional supplements per medical provider's recommendation
- d. Nutrition education and/or counseling
 - These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.
 - All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.
 - Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services*

- a. Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV.
- b. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services.
- c. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.



See also Psychosocial Support Services

Outpatient/Ambulatory Health Services*

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

See also Policy Notice 13-04: Clarifications Regarding Clients Eligibility for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program See Early Intervention Services

Substance Abuse Outpatient Care

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

Syringe access services are allowable to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

See also Substance Abuse Services (residential)

RWHAP Support Services

- a. Emergency Financial Assistance
- b. Food Bank/Home Delivered Meals
- c. Housing
- d. Linguistic Services
- e. Medical Transportation
- f. Non-Medical Case Management Services
- g. Other Professional Services
- h. Outreach Services
- i. Psychosocial Support Services
- j. Substance Abuse Services (residential)

Emergency Financial Assistance

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including



groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Food Bank/Home Delivered Meals

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- a. Personal hygiene products
- b. Household cleaning supplies
- c. Water filtration/purification systems in communities where issues of water safety exist

Unallowable costs include household appliances, pet foods, and other non-essential products.

See also Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the RWHAP.

Housing

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Linguistic Services

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.



Medical Transportation*

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Non-Medical Case Management Services

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management 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, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient.

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Other Professional Services

Other Professional Services allow for the provision of professional and consultant services rendered by members of professional licensed and/or qualified to offer such services by local governing authorities. Current funding entails legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease.

Outreach Services

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options



- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Funds may not be used to pay for HIV counseling or testing under this service category.

See also Policy Notice 12-01: The Use of Ryan White HIV/AIDS Program Funds for Outreach Services. Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

See also Early Intervention Services

Psychosocial Support Services

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

Funds may not be used for social/recreational activities or to pay for a client's gym membership. For RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under RWHAP Part D.

Substance Abuse Services (residential)

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

Notes a Medicaid eligible service



RFA Application Checklist

Please complete and submit as the first page of your application

- Cover Letter (see Section 2.4, point 1)
- Abstract and Overview of Agency (see Section 2.4, point 2)
- Proposal Narrative (see Section 2.4, point 3)
- IFF- Community Needs and Priorities (see section 2.6, point 1 and 2)
- IFF- Existing Resources and Gaps (see section 2.7, point 1)
- IFF-Agency/Applicant Capacity and Performance (see Section 2.8, point 1 and 2)
- Proposed Services (see Section 2.5)
- Attachment A- E-Verify Affidavit and Contract Provision
- Attachment B- Requested Workplan(s) -one per requested category
- Attachment C and D-Summary Budget Request and Completed Agency Budget Request
- Attachment E- Assessment of Organizational Cultural Competence
- Attachment F- Program Income Spending Template (if applicable)
- Documentation of Non-Profit Status
- Documentation of Medicaid Certification (if applicable)



Attachment A

Employment Eligibility Verification Required by Indiana Code § 22-5-1.7-11

Contractor affirms via the attached affidavit that Contractor does not knowingly employ an unauthorized alien and has enrolled and is participating in the E-Verify program. Contractor is not required to participate should the E-Verify program cease to exist. Contractor agrees to provide documentation demonstrating that Contractor has enrolled and is participating in the E-Verify Program. HHC may terminate for default if Contractor fails to cure a breach of this provision no later than thirty (30) days after being notified.



E-Verify Affidavit

**Affidavit
Employment Eligibility Verification
Required by Indiana Code § 22-5-1.7-11**

1. Sub-recipient affirms that agency does not knowingly employ an unauthorized alien.
2. Sub-recipient affirms under the penalties of perjury that it has enrolled and is participating in the E-Verify program. Sub-recipient is not required to participate should the E-Verify program cease to exist.
3. Sub-recipient agrees to provide documentation demonstrating that agency has enrolled and is participating in the E-Verify program.
4. The contract may terminate for default if sub-recipient fails to cure a breach of this provision no later than thirty (30) days after being notified.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Sub-recipient

Date



Attachment B: Workplan

(complete one form for each requested service and funding category)

Please complete on fillable PDF Attachment.



**Indiana
Department
of
Health**



Eric J. Holcomb
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

<i>Example</i>	
Workplan	
<i>(complete 1 form for each requested service and funding category)</i>	
Agency Name: Ryan White HIV Services Program	
Authorized Contact and Title: Director	
Requested Service: Non Medical Case Management	Amount Requested: \$380,000
Expected Clients to be Served: <i>(Unduplicated)</i>	400
Expected Service Units to be provided, please separate by sub-services as appropriate	6000 units expected with NMCM intakes, meetings, and discharges throughout the grant year. This comes out to about 15 meetings/interactions on average per client.
Service Unit Cost: <i>(Divide Amount Requested by Expected Service Units)</i> \$63.00 Per Unit Cost	
Provide a brief description of the requested service and method of service delivery: Non-Medical Case Management Services (NMCM) are the 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.	
Goal: Specify the overall result to be accomplished, i.e. what is the specific result being sought and why is it being sought and indicate the need of service in your community, and what ZIP IN pillar and goal this service is related to:	
The goals of the case management (non-medical) program are to improve access to and retention in core and medical support services, which will maximize the client's quality of life, increase the client's overall health and wellness, and ensure the efficient and effective provision of services.	
Objectives: Objectives are specific actions needed to reach your goal. Specify a single, measurable result for each objective. Objectives must be quantified and have a timeframe.	
The following objectives will be met during the program year - Reduction in social determinate barriers including but not limited to coverage for medical costs, housing, mental/substance use, employment, and social support - 60% of all care coordination clients active in a 12 month period will reach an acuity level of Basic Needs	Number of people to be served
	400

To |



Eric J. Holcomb
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

Activities should include an action and identify who will do the action. Specify activities for each of your listed objectives.	Specify who will implement the activities and when the activities will be provided.
<p>The following objectives will be met during the program year</p> <ul style="list-style-type: none"> - Completion of a Needs Assessment to determine client's equity when entering the program - Completion of all needed insurance and support applications including but not limited to: HIP, Ryan White Services, HOPWA. NMCM will also be responsible for all referrals needed to make sure clients get access to core and basic supportive needs and services. 	<ol style="list-style-type: none"> 1. Agency and staff who are funded to do NMCM services and the client for whom the plan is being developed. 2. Intakes will occur 7 business days after client contact, and continued NMCM meetings and follow up will be evaluated quarterly.
Evaluation: Describe the specific method you will use to evaluate progress toward your goal and objectives: Who is responsible for evaluating the project and when during the grant year will evaluation be conducted? What actions will you take if you are not making progress toward your goal/objectives?	Specify who will evaluate progress toward goals and objectives. Use specific staff titles. Indicate when evaluations will be conducted and plans for corrective actions, if needed.
<p>IDOH has released an equity tool that will be used to measure the level of need for clients, and provided data bases like CAREWare will be used to pull measurements to support active enrollments into programming with clients.</p>	<ol style="list-style-type: none"> 1. Funded staff will conduct evaluations and care plans on a monthly or quarterly basis, depending on specific client care plan.
	<ol style="list-style-type: none"> 2. Program Managers will make sure that all evaluations and care plans are being updated and delivered for the client's overall wellbeing.
Performance Measures: What measures will you use to evaluate your progress? How will these measures be created and monitored and by whom?	Specify which staff person will be responsible for collecting and reporting performance measures data. Indicate how often data will be collected and what system will be used to manage the data.
<ol style="list-style-type: none"> 1. 65% of all NMCM clients will be actively engaged with their NMCM throughout the funded grant year. This will be measured with all referrals done for clients engaged in the HSP program, or check ins via notes and the provided equity scale for measurement. 	<p>Client files will be randomly selected for quarterly review and reporting on the specified measures.</p>
<ol style="list-style-type: none"> 2. 85% of clients who receive NMCM services will be active with MCM services. The client has a choice of where to get their medical care, but this will be measured with 2 completed labs within the 12 month grant period 	<p>CAREWare or provided EMR will be reviewed at monitoring for completion and verification of labs.</p>



Indiana
Department
of
Health



Eric J. Holcomb
Governor

Lindsay M. Weaver, MD, FACEP
State Health Commissioner

Attachment C: Summary Budget Request

Please complete on fillable PDF Attachment.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

2 North Meridian Street • Indianapolis, Indiana 46204 • 317-233-1325 • health.in.gov

An equal opportunity employer.

The Indiana Department of Health is accredited by the Public Health Accreditation Board.



Attachment D: Budget

This attachment is included as an Excel spreadsheet. Please review the Directions Tab prior to filling out form.

This is a budget template that does include other Ryan White funding, including Program Income. Please feel free to hide any and all columns and section that your agency does not receive. We understand that not every program uses the same budget templates, please include what you can in our template. All Fringe costs will be used showing 35%.

Budgets should be reflected on each funding blocks typical contract period.



Attachment E: Assessment of Organizational Cultural Competence

Please complete on fillable PDF Attachment.



Attachment F: Program Income Worksheet

Please complete on fillable Excel Attachment.