

BALTIMORE CITY HEALTH DEPARTMENT
Ryan White Office

Ryan White Part A Grant
Baltimore Eligible Metropolitan Area
Announcement Type: Competing
Announcement Number: BCHD-RWO-001

PROGRAM GUIDANCE

Fiscal Year 2010

Application Due Date: *January 11, 2010*

Release Date: *November 10, 2009*

Bidder's Meeting: *November 16, 2009*

Letters of Intent (Mandatory) – November 20, 2009

Application Review Period – January 2010

Notification to programs selected for funding will occur in February 2010, within 3-days of the actual Notice of Award from the Health Resources and Service Administration

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EXECUTIVE SUMMARY

The Ryan White Part A Application Guidance is provided to assist applicants in preparing their Fiscal Year (FY) 2010 grant application for funds under Part A of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415) (hereafter referred to as the Ryan White HIV/AIDS Program). This Guidance contains instructions for completing a comprehensive application and communicates information on current and new program initiatives. It also provides background information on reporting requirements and other forms of documentation that will be required from subcontractors, as a recipient of Ryan White Part A funding.

Important Dates

Bidder's Meeting – November 16, 2009

- This meeting provides a forum whereby potential applicants will receive an overview of the Ryan White Part A Program, review of the program guidance as published, and provides an opportunity for applicants to seek clarity on the guidance or expectations as a Part A service provider.
- While the Bidder's Meeting is not mandatory, all applicants, including existing providers are encouraged to attend. Any addendums to this guidance resulting from questions or points of clarity made at the meeting will be sent to all attendees and those applicants submitting a letter of intent.
- The Bidder's Meeting will be held at The Conference Center at Shepherd Pratt, located at 6501 North Charles Street Baltimore, MD 21285. Contact person for this activity is Alberta Ferrari, Deputy for Administration, Alberta.ferrari@baltimorecity.gov.

Introduction

The Baltimore City Health Department (BCHD) serves as the Grantee Agent for Ryan White Part A programs; with overall responsibilities for grant administration and the conduct of Clinical Quality Management Program. BCHD will conduct contract monitoring, data collection, site visits and the performance of technical assistance as needed with funded providers. All contractual and fiscal management activities are conducted through a subcontract between BCHD and Associated Black Charities (ABC) at serves as the Fiscal Agent. ABC will enter into contractual agreement with funded agencies for the provision of HIV/AIDS medical and supportive services. They are also responsible for the collection and reconciliation of monthly expenditure reports, the processing on reimbursement payments and the conduct of fiscal site visits.

The BCHD Ryan White Office (RWO) is responsible for identifying vendors through a competitive Request for Proposals process to develop and/or expand the systems of care (medical and supportive) to meet the needs of Persons Living with HIV/AIDS

(PLWH/A) who are uninsured or underinsured residing in the Baltimore Eligible Metropolitan Area (EMA). The EMA is comprised of Baltimore City and the six counties of Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne's. According to the Maryland Infectious Disease and Environmental Health Administration (IDEHA), **17,457** persons are living with HIV/AIDS in the EMA as of December 31, 2008.¹ Of that number, **13,366** live in Baltimore City, **2,181** in Baltimore County, **978** in Anne Arundel County; and another **932** residing within the remaining four counties.

Competitive applications are being requested for the following services: Mental Health Services, Oral Health Care, Outreach Services throughout the EMA, and Psychosocial Counseling Services for the counties only. Applicants can apply for one or multiple service categories. A separate application is required for each category. All applications under this announcement must be submitted electronically to Dr. Alberta Ferrari at Alberta.ferrari@baltimorecity.gov no later than 5pm on January 11, 2010.

It is the responsibility of the applicant to ensure that complete application(s) are submitted by the published due date and time. **BCHD will not accept applications delivered after the deadline.**

Prior to applying for funding under this announcement, please note the following:

To be considered for funding, applicants must electronically submit a mandatory Letter of Intent to Dr. Ferrari at alberta.ferrari@baltimorecity.gov by November 20, 2009. The Letter of Intent must indicate the categories for which funding is requested and the request level of funding.

A pre-application Bidder's Meeting will be held on **November 16th at 9 a.m.** at the Conference Center at Sheppard Pratt located at 6501 North Charles Street Baltimore, MD 21285.

Please refer questions specific to this announcement to by November 4, 2009:

Alberta Ferrari @ alberta.ferrari@baltimorecity.gov

Available Funding

The Greater Baltimore HIV Health Services Planning Council (PC) has allocated a percentage of the FY 2010 direct services dollars to support the categories noted below. The potential range of dollars is based on receiving a 5% decrease or 5% increase based on the Part A FY 2009 award. The final funds available for award are contingent on the actual award received by the Baltimore EMA.

¹ Maryland AIDS Administration, HIV/AIDS Prevalence on 12/31/2008 using data reported through 03/31/2009

FY 2010 Service Categories				
EMA-wide²	Decrease Scenario		Increase Scenario	
Oral Health Care	4.37%	\$941,113	3.95%	\$850,662
Mental Health Services	3.04%	\$654,687	2.75%	\$592,233
Outreach Services	3.80%	\$818,359	3.90%	\$839,895
Total EMA-wide Funds Available	\$2,414,159		\$2,282,790	
Services to Surrounding Counties³	Decrease Scenario		Increase Scenario	
Oral Health Care	4.51%	\$115,289	6.34%	\$155,379
Mental Health Services	5.98%	\$152,866	5.41%	\$132,587
Outreach Services	5.27%	\$134,717	6.64%	\$162,731
Psychosocial Counseling	0.00%	\$0.0	1.02%	\$24,998
Total County Funds Available	\$402,872		\$475,695	

Contractual Period

The FY 2010 funding cycle starts March 1, 2010 through February 28, 2011. Subsequent funding will be determined by:

- Programmatic performance in achieving project goals as measured by monthly reporting
- Compliance with fiscal requirements to include monthly reports and ability to expenditures 98% or greater of funds awarded in FY 2010
- Quality of direct services in compliance to local Standards of Care, Code of Maryland Regulations (COMAR) and other public health guidelines as evidenced by administrative and fiscal monitoring that includes: reporting, data collection and submission, site visits, and finding through Clinical Quality Management program reviews and other administrative assessments

² Baltimore EMA: EMA-wide Priority Setting for FY 2010, June 2009; approved by full Planning Council on August 18, 2009

³ Baltimore EMA: Counties Priority Setting for FY 2010, June 2009; approved by full Planning Council on August 18, 2009

Applicant Eligibility Requirements

This funding opportunity is intended to establish or expand services for mental health, oral health, outreach and psychosocial services.

To be eligible for Part A funding, an applicant must meet the following requirements:

- Have current 501 (c) (3) non-profit status
- Located within the Baltimore EMA i.e. Baltimore City and the surrounding counties of Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's
- Have a documented history of providing medical or social services to populations targeted.
- Have a Medical Assistance Provider Number for applicable categories (*mental and oral health services*)

Applicants proposing services that qualify for coverage through Maryland Medicaid must have a current Medical Assistance Provider Number **by the due date of this application**. In the event that a provider has applied for, but did not receive a Medical Assistance Provider Number, applicants must provide documentation from Medicaid attesting to this fact. Applicants not complying with this requirement will not receive any further consideration for funding.

Application Preparation

Applicants are encouraged to review the guidance thoroughly and attend the Bidder's Meeting prior to finalizing a decision to prepare an application for submission. Information and data should be accurate and consistent. This guidance should be followed carefully and completely. **Applications not meeting all requirements will not be processed or considered for funding.** Applicants are encouraged to review the local Standards of Care applicable to the service category applying for to assist in preparing a high quality, competitive application. The local Standards of Care can be viewed at www.baltimorepc.org.

Only documentation included with the application submitted by the announced deadline will be considered. No documentation associated with an application will be accepted by the Ryan White Office after the deadline. Documentation received after that date will be destroyed and not considered in the review process.

Funding Exclusions and Restrictions

Pursuant to Section 2605 (a)(6) of the Ryan White legislation, funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, Federal or State health benefits program, or by any entity that provides health services on a prepaid basis. The Ryan White Part A Program is the "payer of last resort." This means providers must make reasonable efforts to identify and secure other funding sources outside of Ryan White legislation funds, whenever possible.

If a provider elects to use Ryan White funds for client services that are eligible for third-party reimbursement, the provider must have a system in place to bill and collect from the appropriate third party payer. Ryan White funds are to be used only if a client's services are not eligible for reimbursement from Medicaid or from other third parties. Ryan White funds may be used in cases of pending Medicaid eligibility determination but agencies must back bill Medicaid during their retroactive period of enrollment. The Ryan White Office reserves the right to audit records and require proof that grant funds are not being used to support clients enrolled in third-party reimbursement programs. **Part A funds may not be used to supplement or supplant current state or local HIV related funding.**

Disallowances

Funds provided through Ryan White contracts may not be used for the following:

- To make cash payments to intended recipients (*clients*) of services
- For the acquisition of real property, building construction, alterations, renovations, or other capital improvements
- To supplant other government or private funding for services already in place

Program Income

The Ryan White HIV/AIDS Program legislation requires grantees to collect and periodic report information on program income. The program income is to be returned to the respective Ryan White HIV/AIDS Program and used to provide eligible services to eligible clients. "Program income is gross income—earned by a recipient, sub-recipient, or a contractor under a grant—directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements received from Medicaid, Medicare and third-party insurance); and income a recipient or sub-recipient earns as the result of a benefit made possible by receipt of a grant or grant funds, e.g., income as a result of drug sales when a recipient is eligible to buy the drugs because it has received a Federal grant."

As specified on the Part A notice of grant award (NGA), program income must be "Added to funds committed to the project or program and used to further eligible project or program objectives." Grantees are responsible for ensuring that sub-recipients have systems in place to account for program income, and for monitoring to ensure that sub-recipients are tracking and using program income consistent with grant requirements.

All program income must be reported monthly as a part of the request for payment process.

Baltimore EMA Established Continuum of HIV/AIDS Care

Part A funds are subject to Section 2604(c) of the Public Health Service Act, which requires that not less than 75 percent of the funds be used to provide core medical services that are needed in the EMA for individuals with HIV/AIDS who are identified

and eligible under the Ryan White HIV/AIDS Program. The Baltimore Planning Council is the entity mandated to make all Part A resource and allocation decisions.

The Baltimore EMA offers a comprehensive system of care that includes core medical and support services. These services enable the most vulnerable PLWHAs (either uninsured or underinsured) to access and stay engaged in care. The service categories prioritized for funding in FY 2010 under core medical services include Outpatient Ambulatory Health Services (OAHS), Mental Health Services, Medical Case Management, Substance Abuse Treatment (outpatient), Oral Health Services, Health Insurance Premiums and Cost-sharing Assistance, Medical Nutrition Therapy, and Hospice Services. The support services include Outreach Services, Housing services, Case Management (non-medical), Medical Transportation, Substance Abuse Treatment (residential), Psychosocial Services, Food Bank and home-delivered meals, Child Care Services, and Legal Services.

HIV/AIDS Epidemiology in the Baltimore EMA

Race/Ethnicity: HIV/AIDS disproportionately affects the African-American community in the EMA. As of December 31, 2008 in Maryland, African-Americans comprise **81.1%** of the individuals living with HIV/AIDS, yet are only **27.7%** of Maryland's population. In the EMA, African Americans make up **80.4%** of the HIV/AIDS cases and **27%** of the population.

Geographic Distribution: Baltimore City accounts for **25.5%** of the EMA's population but **79%** of the HIV/AIDS cases. Within Baltimore City, **71%** of the total cases (15,984) are concentrated in **10** of the City's **30** zip codes. In the surrounding counties, Whites make up the majority of the population (range **73%-95%**).⁴ Large numbers of prisoners (**5,196** annually) return to the EMA upon release from incarceration. Data from the Maryland IDEHA estimate that **7.42% (384)** of them are living with HIV/AIDS. Inadequate discharge planning and poor housing options make referrals to clinics difficult. *Chart 1* further illustrates the burden of HIV disease in different regions, including rates of HIV/AIDS prevalence.

	Anne Arundel County	Baltimore City	Baltimore County	Carroll County	Harford County	Howard County	Queen Anne's County	Baltimore EMA
Population	489,656	651,154	754,292	150,897	218,590	247,842	40,563	2,552,994
Prevalent Cases	978	13,366	2,181	117	379	397	39	17,457
Prevalence Rate	199.7	2052.7	289.2	77.5	173.4	160.2	96.2	683.8

⁴ Ibid.

⁵ Ibid.

Gender: The current Epidemiology Profile has the percentage of male HIV/AIDS cases is about the same across the EMA (average of **63.8%**) with the exception of Carroll County (**56%**). Compared to national statistics, AIDS in the EMA disproportionately impacts women. Nationally, the rate is **26%**, while in Maryland it is **33.7%**, and in the EMA **35.6%**. Baltimore City has the highest female case rate of HIV/AIDS prevalence in the state (**1,732** per **100,000** versus **427.3** per **100,000** statewide).

Age Distribution: The majority of persons living with HIV/AIDS in the EMA are between **20** and **49** years of age; this age group accounts for **80.8%** of the total cases.⁶ This trend holds for the majority of the EMA counties, Anne Arundel County (**72%**), Baltimore County (**69.5%**), Harford County (**68.1%**), and Howard County (**68.9%**), Carroll County (**74%**) and Queen Anne's County (**73.7%**). There is an emerging trend among people 50 years and older, wherein they account for **15.7%** of HIV/AIDS cases in Maryland as of 2008, with **54%** of these persons living in Baltimore City.⁷ According to the IDEHA, **255** children (less than 13 years old) are living with HIV/AIDS in the EMA.⁸ An emerging age group in the EMA is youth between the ages of **13** and **19** years old. During 2008 in the EMA, youth accounted for **2%** of the total HIV/AIDS cases and **1.9%** of new AIDS cases.

Exposure/Mode of Transmission-IDU-Mode of Transmission: Within the EMA, the predominant transmission mode varies for PLWHA depending on jurisdiction. In the counties, heterosexual and men who have sex with men (MSM) modes of transmission are significant. MSM as a mode of HIV exposure constitutes **42.4%** of the cases in Howard, **30.8%** in Queen Anne's, **30.7%** in Anne Arundel, **29.6%** in Carroll, **27.7%** in Baltimore County, and **26.6%** in Harford.

Recently Released Incarcerated Persons: Data from the Maryland Department of Corrections (DOC) indicate an average of **5,196** persons re-enter the EMA from correctional facilities annually; data from DEHA estimate that **7.42%** of them are living with HIV/AIDS. The typical newly released prisoner is an African American male who have a history of injection drug use and hepatitis C infection. For this population, the EMA has prioritized medical case management, outreach, and co-morbidity services to successfully transition this population into care.

Homelessness: Baltimore City has Maryland's highest rate of homelessness (**454** per **100,000**), which is three times the state rate. The six surrounding counties have rates lower than the state average. In Baltimore City, it is estimated that nearly **3,000** persons are homeless on any given night, with as much as **20%** of this population being HIV-positive, more than **50%** having substance addictions, and **35%** with a mental illnesses. Many are dually diagnosed.⁹ Survey data from BOHS describe the City's homeless population as predominately male (**78%**), African American (**82%**), with **50%** who report being homeless for over two years. This population poses many challenges and care complexities that make HIV care provision very costly.

⁶ Ibid

⁷ Ibid.

⁸ Ibid.

Ryan White Part A Conditions of Award

This award is subject to the following conditions. All Part A subcontractors must comply with these conditions and develop budgets and work plans that conform to these conditions. Failure to comply may result in reduction of overall award, audit exceptions and /or reductions in future awards.

FEDERAL FUNDING REQUIREMENTS

1. The subcontractor awarded Ryan White funds must comply with Federal grant requirements pursuant to the law and program guidelines of Ryan White CARE Act. Part A funds are to be used in a manner consistent with current and future program policies as developed by the Division of Service Systems, HIV/AIDS Bureau, the Health Resources and Services Administration (HRSA). These policies are available on the HAB website: www.hab.hrsa.gov.
2. The subcontractors must document referral relationships with key Points of Entry that detail linkages to promote access to HIV related services to HIV+ individuals not in care. Examples of Key Points of Entry are emergency rooms, substance abuse programs, detoxification programs, adult and juvenile detention facilities, sexually transmitted disease clinics, federally qualified health centers, HIV counseling, testing and referral sites, mental health programs and homeless shelters. This must be accomplished through the development of Memoranda of Understandings.
3. The subcontractors must establish a mechanism to ensure that referrals occur at the client level for needed health or support services outside of the grant agency.
4. Grant funds may not be used to supplant or replace current state or local funding. Subcontractors with continuing awards are encouraged to adopt a fiscal methodology, which is consistent year to year and includes the same program accounts. HRSA requires that documentation of the spending of dollars must be maintained and clear. This requirement is subject to audit.
5. Under Section 2605 (a)(6) Part A funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any other State compensation program, insurance policy, or any other Federal or State health benefits program or by any entity that provides health services on a prepaid basis. This means that providers are expected to make reasonable efforts to secure other funding instead of CARE Act funds whenever possible.
6. If the subcontractor elects to use Ryan White CARE Act funds for client services, which are eligible for both third party reimbursement and grant funding, the provider must have a system in place to bill and collect from the appropriate third party payer. Only if the client has been determined to not be eligible for reimbursement from Medicaid or other third party payers, may the grantee use grant funds to provide these services. The subcontractor may use Ryan White CARE

⁹ Ibid

Act funds while a Medicaid eligibility determination is pending, but must back bill Medicaid during the retroactive period of enrollment. The Fiscal Agent (*Associated Black Charities*) (ABC) reserves the right to audit records and or require proof that grant funds are not being used to support clients enrolled in third party reimbursement programs. Under Section 2604 (e), ABC can only contract with Medicaid certified providers if the service is covered under Medicaid.

7. Services supported by Part A funds must be offered without regard to the individual's ability to pay, the individual's past or present health condition and in a setting that is accessible to low income individuals living with HIV disease. The Baltimore City Health Department (BCHD), as the Grantee, has established eligibility requirements as follows: **a)** Lab slip documenting the HIV positive status and or medical diagnosis as evidence by the signature of a physician; **b)** residency in the Baltimore EMA; **c)** income at 300% of poverty or below; **d)** assessment of third party payer capacity; and **e)** use of the Eligibility Verification System (EVS) of the State of Maryland. Agencies are expected to establish and monitor procedures to verify and document client eligibility.
8. The subcontractors shall not use Part A funds in order to:
 - a) Support the costs of operating clinical trials of investigational agents or treatments;
 - b) Cover the costs of funeral, burial, cremation or other related expenses;
 - c) Purchase clothing;
 - d) Make payments directly to recipients of services,
 - e) Support legal services for criminal defense;
 - f) Provide direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle, such as lease or loan payments, vehicle insurance, or license registration fees;
 - g) Purchase or improve land, or to purchase, construct, or make permanent improvement to any building, except for minor remodeling;
 - h) Pay property taxes.
9. Per Presidential Executive Order issued August 11, 2000, every Ryan White program that receives federal funds is required to take reasonable steps to assure meaningful access to their programs by Limited English Proficiency (LEP) persons. Each covered entity that provides services or benefits directly to the public shall develop language assistance procedures for **a)** assessing the language needs of the population served; **b)** *translating both oral and written materials*.
10. Ryan White Part A subcontractors shall assure that administrative costs do not exceed **10%** of the total award. Administrative costs include: depreciation, use allowances on buildings and equipment, costs of operating and maintaining facilities, general administrative expenses associated with executive offices,

personnel administration, accounting, costs associated with the management and oversight of program, quality assurance, and other related activities and 'overhead' costs. Examples of administrative costs include: rent, utilities, telecommunications (unless directly related to the provision of service), liability and professional insurance, office supplies, audits, computer hardware/software, payroll/accounting services, data collection activities related to the **Ryan White HIV/AIDS Program Data Report (RDR)**, and the **Ryan White HIV/AIDS Program Services Report (RSR)**.

11. An indirect cost rate is only allowable for those agencies, which have a negotiated indirect cost rate with the federal government. Agencies with a negotiated rate must submit a copy of the rate agreement. **Vendors with a negotiated rate are still restricted to a maximum administrative and indirect cost of 10%.**

PERSONNEL REQUIREMENTS

1. Per instructions in the budget package, the subcontractor must provide to the BCHD program officer, within **30** days of hiring or assignment, the names, job titles, resume and applicable certificates, salaries and percentage of full time equivalency of all personnel funded by this award and hired during this funding period.
2. The subcontractor(s) shall obtain written approval from BCHD before affecting changes regarding positions funded under this award. Requests for changes in personnel must include a job description, a work plan detailing assignments and time line, the position classification, and information on FTE equivalency.
3. All staff that implements HIV funded projects shall be trained and educated in HIV knowledge and skills relevant to the funded project and attend periodic Departmental trainings as required.
4. Criminal Background investigation records shall be obtained on all employees and volunteers who work with youth under the age 18, pursuant to Sec. 5-560 through 5-568 of the Family Law Article of the Annotated Code of Maryland.

PROGRAM REQUIREMENTS

1. Subcontractors are required to submit monthly fiscal reports or request for reimbursement to ABC, and program reports, work plan updates and other data reports to BCHD as required. The monthly fiscal reports are due on the 10th of each month. No payment will be made to the subcontractor if required programmatic and fiscal reports have not been received by either ABC or BCHD. **Noncompliance with the reporting requirements will be reason to impose a penalty up to 10% of the payment request.** Consistent patterns of late reporting will play a critical role in the rating of a subcontractor's performance that will be a major factor in future award processes.
2. In meeting the Federal requirements under Section 2604 (4) (A), subcontractors are required to provide to data on the number of women, infants, children and youth.

Subcontractors must submit monthly reports detailing the number of women, infants, youth and children served under each category. The age parameters for this report are as follows: females aged 25 and older, infants from birth through 24 months, children 2 through 12 years of age and youth 13-24.

3. Subcontractors are required to submit the client level unduplicated report biannually to BCHD.
4. The subcontractor must ensure that communicable disease reporting requirements have been met for all patients served by this grant, specifically reporting by name those with AIDS or symptomatic HIV disease and complying with applicable Department of Health and Mental Hygiene regulations.
5. Organizations providing services in the following service categories must submit current unexpired licenses and or certificates for programs/staff as described in the Standards of Care and /or as required by COMAR: Substance Abuse Outpatient, Substance Abuse Residential, Medical Case Management, Home Health, Food and Nutrition; Hospice Care, Medical Nutritional Therapy, Outpatient Ambulatory Health Services, Oral Health Care, Mental Health, Legal Services, Medical Transportation, and Child Care Services.

BUDGET REQUIREMENTS

1. All budget modification requests must have prior approval by the BCHD program officer assigned to the subcontractor. Written requests for modifications to the original budget shall be submitted by the subcontractor at least thirty (30) days before the effective date of the proposed changes, and shall have prior written approval from the BCHD program officer before being implemented. Modifications are required for changes to Ryan White Part A budgets with a line item change greater than 3% for that particular line item.
2. Once the Grantee has released notifications of awards to subcontractors, revised budgets for FY 2010 are due to the Fiscal Agent by March 31, 2010. Extensions can only be granted through a written request to the Fiscal Agent' Director of Grants Management, and approval by the Deputy Director for Administration at the Grantee's Office.
3. The subcontractor must bill in accordance with Federal guidelines and show as grant income all third party reimbursements or fees collected in connection with this project, regardless of the location of service provision or the residence of the client/recipient within the Baltimore EMA.
4. Fee collections from third party payers and/or self-paying clients are to be projected in the budget submitted to ABC. Actual fee collections will be shown on the final budget reconciliation (B-3 Forms).
5. An existing subcontractor who fails to submit the FY 2009 Annual Report (Form 440

and Form 440A) will not receive FY 2010 payments after May 31, 2010, until the reports are submitted and reconciled.

6. The subcontractor will be held responsible for any funding shortfall that is a result of an overestimation in fee collections.
7. A funded program that subcontracts any portion of their award must submit on all-applicable budget forms for that portion of the award subcontracted out. Additionally, the subcontractor is responsible for all required programmatic reports.
8. Any training cost line item must be detailed in the budget justification, and include the name of the individual(s) and the purpose of the training. Training which is required to maintain licensure is not allowable.
9. Any travel cost line item must be detailed in the budget justification, and include the individual(s) traveling and the stated purpose of the travel must be specific. ***Out-of-state travel is not allowed.***
10. New subcontractors must submit Articles of Incorporation as registered with the Maryland Department of Taxation and Assessments, Federal Tax ID Number and proof of 501©(3) status. A Provider must submit documentation of proof of their professional and general liability insurance coverage (**\$3,000,000**) and their fidelity bond purchase equal to **33%** of the total award amount.
11. Ryan White Part A funds are awarded to support programs over a 12-month period. Work plans and performance measures must reflect this requirement. Failure to adequately plan and conduct services to meet this requirement, will impact future funding.

REQUIRED MEETINGS

1. All funded subcontractor are encouraged to participate as an active member of the Greater Baltimore HIV Health Services Planning Council.
2. Subcontractors must attend mandatory management meetings as scheduled by BCHD, as well as other mandatory meetings called by the ABC during the grant year. The subcontractor must attend any Clinical Quality Management meetings or training sponsored by the BCHD.

MONITORING ROLES / RESPONSIBILITIES

1. The subcontractor must participate in the BCHD's CQM activities which may include, but not be limited to: (a) CQM chart audits; (b) annual client satisfaction surveys; (c) mandatory meetings as needed and (d) any other reporting requirement as requested. ABC will conduct fiscal site visits, which will include, but not be limited to: interviews of staff, review of fiscal and clinical records, interviews with clients, and observation of service delivery. The site visit may be conducted by

ABC, BCHD representatives and/or by HRSA or a subcontractor appointed by BCHD.

2. The subcontractor shall adhere to all policies and procedures in the local Standards of Care as developed by the Greater Baltimore HIV Health Services Planning Council. It is the responsibility of the subcontractor to keep the manual current. If requirements change, the subcontractors are required to meet the new requirements. A copy of the current local Standards of Care is available on the Web: <http://www.baltimorepc.org>.
3. Community Resource Directory Requirement - Baltimore City and County subcontractors must submit a profile for the web-based resource database annually.

SERVICES CATEGORIES UNDER COMPETITIVE BID

1. Mental Health Services

Service Category Definition

Mental health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

Service Components

- A. Individual session.** The purpose of an individual session is to provide mental health services in a one-on-one setting. During an individual session, an eligible provider will meet face-to-face with the client.
- B. Group session.** The purpose of a group session is to provide mental health services in a group setting. An eligible provider will meet face-to-face with three or more individuals.
- C. Mental health assessment.** All clients must have an intake form and a comprehensive mental health assessment with complete historical data that establishes a DSM IV diagnosis. Assessment tools may include Global Assessment of Functioning (GAF) or other acceptable assessment tool.

Service Unit Description	Unit
Individual Counseling	30 minute individual therapy
Group Counseling	30 minute group therapy
Mental Health Assessment	One mental health assessment

Note: Group units are calculated on a "client basis." This means that if three clients attend a group session, three client codes and corresponding units must be included in the utilization data and/or billing.

The following guidelines apply to the provision of mental health services. **All guidelines should be addressed within the proposal application.**

- i. All staff delivering mental-health services will possess current organizational and professional licensure or appropriate credentials. Non-licensed staff or trainees delivering mental-health services will receive professional supervision of the care they are providing to individual clients, by a licensed mental health care provider. All staff delivering mental-health services will either have specific experience in caring for HIV-infected patients or receive appropriate training and/or supervision from an experienced clinician.

- ii. All programs must comply with Code of Maryland Regulations (COMAR), including licensing requirements associated with the provision of or the practitioners of mental health services.
- iii. All programs must assess client(s) and respond appropriately to routine and emergency psychosocial, cognitive, and emotional needs of clients who have a range of psychosocial issues.
- iv. All programs must screen all clients for eligibility to Medicaid and other insurance programs to ensure Ryan White Part A is the payor of last resort.
- v. All programs must complete intake documentation, a comprehensive mental health assessment with historical data that results in a DSM IV diagnosis, treatment service plan, referrals to primary medical care or supportive services, encounter notes, and follow-up reassessment as a part of the client record.
- vi. All programs must utilize the Global Assessment of Functioning (GAF) or other acceptable assessment tool and include in client record.
- vii. All programs must verify and document in client record that client is engaged in primary medical care and medical case management services. Clients not connected to these services must be referred by subcontractor and document action in client record.
- viii. Subcontractors must have information system with capacity to collect and submit client level data as required by the Grantee. *Refer to Attachment 1 for a description of the required data variables.*
- ix. Subcontractors are required to participate in a Clinical Quality Management program administered through the Grantee; that requires the collection of performance outcome variables used to evaluate the quality of services rendered.
- x. All programs must should tailor visit frequency to the needs of the client, based upon the treatment goals developed with the client. This may vary from weekly individual or group counseling sessions to psychiatric medication management sessions.
- xi. The prescription and monitoring of appropriate psychotropic medications should occur as indicated by the clinical situation and in accordance with evidence-based practice guideline recommendations, and should be linked to specific treatment goals. Psychotropic medications may be provided under the supervision of a psychiatrist or by the primary care provider.
- xii. Clients should be educated on the risks and benefits of treatment with psychotropic medications, including — but not limited to — potential side

effects or adverse reactions, duration of treatment, risks during pregnancy or lactation, and alternatives to treatment with psychotropic medications. The client must give informed consent to treatment either written or verbal with a witness.

2. Oral Health

Service Category Definition

The oral health services category is defined as diagnostic, preventive and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists, auxiliaries and other trained primary care providers.

Service Components

A. Individual Treatment Plan. *Develop a schedule of procedures and appointments designed to restore, step by step, a patient's oral health. The plan contains the advantages, disadvantages, costs, alternatives, and sequence of treatment.*

B. Oral Health Procedure. Provision of oral health procedures as identified below based on assessment and treatment plan.

C. Oral Health Assessment. All clients must complete an intake form and a comprehensive oral health assessment.

Service Unit Description	Unit
Oral Health Care Plan Assessment	Assessment
Oral Health Treatment Plan	Treatment Plan
Diagnostic Services	Oral Health Procedure
Preventative Services	Oral Health Procedure
Restorative Services	Oral Health Procedure
Endodontic Services	Oral Health Procedure
Periodontal Services	Oral Health Procedure
Prosthodontic Removal Services	Oral Health Procedure
Prosthodontic Fixed Services	Oral Health Procedure
Oral Surgery Services	Oral Health Procedure

Note: A service unit is equivalent to 1 assessment, treatment plan or procedure.

The following guidelines apply to the provision of oral health services. **All guidelines should be addressed within the proposal application.**

- i. Describe how oral health care services will be provided and demonstrate the appropriateness of these arrangements for optimal accessibility. The description should include: Any linkages, collaborations, partnerships, and/or leveraging of other community resources (e.g., linkages with dental

schools, primary medical care programs and medical case management programs).

- ii. Describe your organizations capacity in terms of client capacity and types of oral health procedures to be provided through the proposed project.
- iii. Identify the most significant barriers clients can encounter accessing oral health services and any gaps in your organizations service capacity.
- iv. If services are provided through subcontracting through a third-party, describe the service capacity of these organizations; discuss existing contract(s) is in place, include a signed copy of the contract(s) with the application that clearly outline the scope of services and cost. If a contract(s) is not in place, a letter of agreement or understanding with the proposed agency must be attached in the application which includes a description of the scope of services proposed and cost.
- v. Include with application all appropriate license of proposed staffing that attest to the level and type of oral health care services provided.
- vi. Providers should have a written quality-assurance activity that identifies areas for improvement and the subsequent actions taken.

3. Outreach Services

Service Category Definition

Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Service Components

- A. Encounters.** The purpose of an encounter is to engage to HIV-positive person who are aware or unaware of their HIV status and those who are lost to care (out of primary care for 6 months).
- B. Referrals.** The referral of an HIV-positive individual to primary medical care and/or case management services.

Service Unit Description	Unit
Encounter with HIV-Positive Persons	Individual Encounter
Referral to Primary Medical Care	Referral
Referral to Medical Case Management	Referral

Service Delivery Expectations

Effective outreach programs are those with proven-effective methods engaging newly identified HIV-positive persons and those previously diagnosed positive, but who are not in care. These programs should have established entry points to refer persons into medical case management and primary medical care. The service areas for outreach activities consist of Baltimore City and the six counties of Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne counties. Applicants may elect to conduct activities in one or multiple areas.

Applicants must demonstrate collaboration with counseling and testing sites, primary medical care programs and medical case management programs through established Memorandum of Understanding (MOU). MOU's must be current and individualized to each applicant'. The conduct of outreach activities should include non-traditional venues such as substance abuse treatment programs, correctional agencies, runaway and homeless youth residential programs and drop-in centers, as examples of nontraditional venues. Three (3) bonus points will be awarded to applicants that clearly describe outreach programs that are collocated with primary medical care and medical case management services; and propose services during non-traditional hours of operation (operating outside of 9:00 a.m. to 5:00 p.m.).

Planning Council Expectations

The goals of the Comprehensive Plan 2009 – 2011 represent the Planning Council's long-term expectations for HIV health service delivery in the EMA. The Council has identified three goals that embrace the core components of an exceptional health-care system. These goals are:

- i. Engage PLWH/As in care
- ii. Stabilize PLWH/As in care
- iii. Maintain PLWH/As in care

Each identifies overarching themes for improving the HIV service delivery system; however, they are not easily measured. For this reason, each goal is broken into discrete and measurable objectives. The strategies noted below are specific to outreach service category were designed to be measurable and attainable (within the three year period) of an award. The applicable goals, objectives and associated strategies and sub-strategies contained in the Comprehensive Planning are listed below.

The strategies noted under the objectives below should be considered in developing your outreach model, and will assist identifying the needs and outcomes expected of programs awarded outreach funding.

Objective 1. Identify baseline number of newly identified PLWH/As

- 1.1 Build collaborative support with other agencies to improve the movement of clients from counseling and testing efforts into treatment.
- 1.1.4 Collaborate with the state Department of Public Safety and Correctional Services and the various correctional programs throughout the EMA and discuss HIV care and methods of transitioning PLWH/As after release from a correctional facility.
- 1.3 Target geographic areas (by ZIP code) with the highest incidence rates and increase the proportion of funded outreach services and providers in those areas.
- 1.4 Target populations with the highest incidence rates and increase the proportion of funded outreach services and providers working with these populations.
- 1.4.5 Increase linkages between testing services and care services.
- 1.5 Implement creative strategies for identifying PLWH/As.
- 1.6 Expand role of consumers (peer support) in the provision of outreach services.

Objective 2. Identify baseline time period between a person being identified as HIV positive through the Ryan White continuum of care and his or her first primary medical care appointment.

- 2.3 Expedite access to care after diagnosis as documented by Memorandum of Understanding with hospitals and clinics to link individuals within 72 hours of encounter.
- 2.3.1 Link incarcerated PLWH/As with case management and primary care within 90 days of projected release date.

Objective 3. Engage disproportionately affected populations in care.

- 3.1 Determine underserved populations in need of care.
- 3.3.1 Incorporate best practices and innovative ways to identify underserved populations living with HIV/AIDS.
- 3.3.3 Incorporate cultural competency training for outreach staff.

Objective 4. Increase the number of people living with HIV/AIDS re-entering care.

- 4.1 Develop a method to track people living with HIV/AIDS through their initial two appointments.
- 4.2 Identify PLWH/As who are not in care.
- 4.3 Track the number of PLWH/As re-entering Part A-funded primary medical care.

4. Psychosocial Counseling (Services to Surrounding Counties Only)

Service Category Definition

Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.

Description of Service Elements

The following are types of allowable activities under this service category:

- A. New member orientation
- B. HIV 101
- C. Information on community resources
- D. Psycho-educational workshops such as, anger management, empowerment/wellness spirituality, skills-building programs
- E. Activities to reduce isolation
- F. Bereavement counseling (*Allowable service for affected-persons*)
- G. Caregiver support (*Allowable service for affected-persons*)
- H. Pastoral care (*Allowable service for affected-persons*)

Applicants should model the delivery of psychosocial counseling services to include HIV-positive professionals who has intensive experience in HIV/AIDS who are directly involved in the facilitation of program activities. Additionally, organizations shall demonstrate the ability to provide ***peer support groups*** for PLWH within the Surrounding Counties.

Planning Council Expectations

Applicants should design programs to reduce participants' stress related to safer sexual behaviors, disclosure of their serostatus to family, friends and sex partners, clients' health and overall day-to-day life issues that arrive due to their HIV status.

Psychosocial counseling services should include the perspectives of consumers who receive the service. An increase in consumer involvement will improve the overall quality of the service because the provider will have a better understanding of potential barriers to providing this service and know how to retain people living with HIV/AIDS in care. **Applicants must describe the involvement of Consumer Advisory**

Board or other similar consumer group's input into the development of the scope of services proposed.

Service Components

A. Individual Session. Provision of 1 hour face-to-face encounter

B. Group Session. An eligible provider will meet face-to-face with three or more individuals in a group setting to address one of the allowable activities.

Service Unit Description	Unit
Psychosocial peer support - individual	1 hour Session
Psychosocial peer support - group	1 hour Session

Application Format Requirements

Page Limit and Numbering

All applications may not exceed 80 pages when printed or 10MB. This 80-page limit includes the abstract, project, budget narratives, attachments, and letters of commitment and/or support. Pages should be numbered sequentially, including the attachments. Each attachment can have its own numbering e.g. 1-10 but must also contain a number relating to the 80 page limit e.g. page 50 of 80.

Applications that exceed the specified limits will be deemed non-compliant, and returned to the applicant without further consideration.

Font

Please use an easily readable typeface, such as Times Roman, Courier, or Arial. The narrative portions of the application must be submitted in 11-12 point fonts and **single** line spacing. Applications not adhering to font requirements may be returned. Do not use colored, oversized or folded materials. For charts, graphs, footnotes, and budget tables, applicants may use a different pitch or size font, not less than 10 pitch, or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

Please do not include organizational brochures or other promotional materials, slides, films, clips, etc.

Paper Size and Margins

For duplication purposes, please ensure that the application can be printed on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

Organization Name

Within the footer of the application please include the applicant's name and service category.

Section Headings

All section headings shall be flush left in bold type.

Allowable Attachment or Document Types

BCHD will only accept the following types of attachments; files with unrecognizable extensions may not be accepted or may be corrupted, and will not be considered as part of the application:

- .DOC - Microsoft Word
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS - Microsoft Excel

Application and Submission Information

Project Abstract

Provide a summary of the application. The abstract should be clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, the population group(s) to be served and a synopsis of proposed activities and service delivery sites.

The project abstract must be single-spaced and limited to one page in length.—All information provided in the abstract should be consistent with data included in the application.

Program Narrative

This section provides a comprehensive framework and description of all aspects of the proposed service category project. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project. The program narrative should be a detailed description of:

- A. The target population(s) to be served by the proposed funding and the specific category needs of the target population(s)
- B. The, community and organizational resources already available to meet these needs,
- C. The applicant organization's plan for addressing the identified health care needs/issues of the target population.
- D. The applicant organization's plan (work plan) for responding to these needs, and
- E. The plan to evaluate the effectiveness of the proposed project.

Applicants should organize the program narrative using the following five section headers

SECTION 1: NEED

SECTION 2: RESPONSE

SECTION 3: EVALUATIVE MEASURES

SECTION 4: RESOURCES

SECTION 5: SUPPORT REQUESTED

All applicants should ensure that the program narrative completely addresses each of the specific elements listed under the review criteria starting on page 27 of this guidance.

Funding Restrictions

Caps on expenses: Part A Administrative Costs cannot exceed 10% of the grant award. Administrative expenditures for first-line entities or subcontractors may not exceed 10% of the aggregate amount allocated for services.

Funds under this announcement may not be used for the following purposes:

- Construction is not allowable. Minor alterations and renovations to an existing facility, to make it more suitable for the purpose of the grant program are allowable with prior HRSA approval;
- Entertainment costs are not allowable. This includes the cost of amusements, social activities and related incidental costs;
- Fundraising expenses are not allowable;
- Lobbying expenses are not allowable; and
- International travel is not allowable.

Other non-allowable costs can be found in the appropriate OMB Circular, available at <http://www.whitehouse.gov/omb/circulars/>.

Budget

This announcement is inviting application for project periods up to 1 year. **Applicants must submit a proposed 12-month operating budget, effective March 1 through February 28, and based on the amount of funding requested.** A detailed budget justification in line-item form must be completed for the 12-month period requested for funding. In addition, please complete all applicable budget forms that are in the Attachment of this RFP; include in your submission as Attachment A. If any budget pages are not applicable to your application, **do not** submit the blank template(s).

Organizations currently receiving MAI funding who plan to apply for the same service under this announcement are required to submit their MAI budget Form 2a as Attachment B in addition to all other required budget forms.

Personnel Costs: Personnel costs (salaries and wages) should be explained by listing key management staff and all other full time equivalents (FTEs) who will be supported from funds, position title, percent full time equivalency, annual salary, and the exact amount requested for each year. *Please reference "Form 2: Staffing Profile" as justification for dollar figures.*

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Administrative/Indirect Costs: **No more than 10 percent** of the budget can be allocated to administrative costs. Administrative costs are costs incurred for common objectives that benefit multiple programs of the applicant organization, or the organization as a whole, and as such are not readily assignable to a particular funding stream. Staff activities that are administrative in nature must be allocated to administrative costs. The following are examples of administrative costs:

- ❑ Indirect costs rate approved by a national agency do not apply to this announcement, **the limit for all indirect cost applicable to this announcement is 10 percent of the total cost of the grant.**
- ❑ Rent, utilities and other facility support costs
- ❑ Personnel costs and fringe benefits of staff members responsible for the management of the project such as the Project Director
- ❑ Telecommunications, including telephone, fax, pager
- ❑ Postage
- ❑ Liability insurance
- ❑ Office supplies
- ❑ Audits
- ❑ Payroll/accounting services
- ❑ Computer hardware/software
- ❑ Data collection activities related to data collection requirements, including the Ryan White legislation Data Report (RDR; formerly CADR), unduplicated Part A client-level data, outcomes and other reports.

Equipment: List equipment type and costs; providing justification for the need in carrying out program's goals. Extensive justification and status of current equipment is required when requesting funds for computers and furniture items.

Supplies: Separate office supplies from medical and educational (e.g., continuing medical education) purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, supplies must be listed separately.

Travel: List travel costs according to local and long distance travel. For local travel, estimate the mileage rate, number of miles, reason for travel, and staff member/consumers completing the travel.

Subcontract: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

Staffing Plan /Personnel Requirements

Applicants must present a staffing plan for the proposed service program and provide a justification for the plan that includes education and experience qualifications and rationale regarding the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment C; this includes copies of biographical sketches for any key personnel that will be funded and/or assigned to work on the proposed project. The staffing plan should include the proposed number of full-time equivalents (FTEs) and credentialing.

Attachments

Attachments should be submitted with the following enumeration: (Items in bold require forms which are attached)

- A. Budget Package
- B. Budget Form 2A (*applicable only to MAI funded providers*)
- C. Biographical Sketches of key funded staff, Position Descriptions
- D. Work Plan(s)
- E. Memoranda of Understanding
- F. Professional Licenses and Certifications

Copies of the following will be required if your agency is selected for funding:

- H. Consumer Advisory Board Member List
- I. Assurances
- J. Certifications
- K. Agency Quality Assurance Plan
- L. Liability Insurance Verification

Other Submission Requirements

1. Applicants for this funding opportunity are **required** to submit **electronically** a Letter of Intent by November 20, 2009 to Alberta.ferrari@baltimorecity.gov. The letter of intent should indicate the category(s) for which an application will be submitted, and the approximate dollars requested.

Application Review Information

Review Criteria

Applicants must ensure that the following five (5) Review Criteria are fully addressed within the Program Narrative and supported by supplementary information as necessary to outline your agencies responses. Your responses to the following Review Criteria will be used by an Independent Review Board (IRB) to evaluate the merits of the proposed scope of work presented in the application.

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific details and scoring points.

Review Criteria are used to review and rank applications. This guidance contains five Review Criteria: Need, Response, Evaluative Measures, Resources and Support Requested. Reviewers will assign points based on how well the Applicant Organization has addressed each of the requested items in the Program Narrative section of this guidance.

Review Criterion 1: NEED (15 points maximum)

1. Applicant Organization describes the service area for the proposed service.
2. Applicant Organization clearly describes the target population for the proposed service and provides a detailed assessment of need for the proposed service.
3. Any special populations (i.e., homeless clients, substance abusers, youth, recently released inmates)
4. Applicants should describe specific access barriers to receiving the proposed service appropriate to the target population that will be served by this project and how these existing barriers to services will be reduced or eliminated for the target population(s).
5. Applicant Organization identifies the number of patients and visits currently being served under the proposed category (irrelevant of funding stream) and the projected number of patients and visits that will receive services through the proposed project.
6. Applicant Organization identifies all providers within the proposed service area that provide this service.

7. The applicant discusses ways in which services funded by Federal and local sources (including other Ryan White programs) are taken into consideration in planning for, and requesting Ryan White Part A funding this project.

Review Criterion 2: RESPONSE (35 points maximum)

1. Applicant Organization describes the proposed services, including:
 - a. All services to be provided,
 - b. Location of site(s) where services will be provided
2. Applicant Organization describes how the proposed services will be provided and demonstrates the appropriateness of these arrangements for optimal accessibility by the target population. The description should include any linkages, collaborations or partnerships,
3. Applicant Organization describes how the target population to be served will be informed about the services available or identified.
4. Applicant Organization demonstrates how the proposed service will be integrated with the primary health care services (e.g., collaboration with medical providers and case managers to ensure continuity of comprehensive primary health care).
5. Applicant should describe the program's plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and developing culturally and linguistically competent health care providers, faculty, staff, and program participants.
6. Applicant Organization's **applying for outreach services** demonstrate evidence-based intervention practices and or models to be implemented by description and references.
7. Applicant Organization **applying for outreach services** demonstrate current award of other funding streams (State, CDC, private) that will expand or enhance capacity to identify HIV-positive persons not in care if awarded Part A funding.
8. Applicant Organization **applying for outreach services** that clearly describe outreach programs that are colocated with primary medical care and medical case management services; and propose outreach service programs that will operate during non-traditional hours of operation (hours outside of 9:00 a.m. to 5:00 p.m.) will be awarded three (3) bonus points.

Review Criterion 3: EVALUATIVE MEASURES (20 points maximum)

1. Applicant organizations should identify, at a minimum, one performance measure specific to the proposed service on which to establish baseline data and systematically track progress.

2. In addition, applicant organizations should describe in significant detail the organization's existing or proposed quality improvement program.
3. Applicant organizations should identify appropriate performance measures, including the implementation protocol, for all goals and related data collection methodology.
4. Applicant organization describes a plan for collecting patients' outcomes by unique record number and ability to electronically submit required data elements monthly.
 - a. Identified time-framed and measurable goals/objectives and key action steps for providing the proposed services;
 - b. Identification of key health measures and a definition of those measures;
 - c. Staff responsible for the activities; and
 - d. A timeline for carrying out the evaluation activities.

Review Criterion 4: RESOURCE (20 points maximum)

1. Applicant organizations should discuss why it is the appropriate entity to receive funding by demonstrating its experience and expertise in:
 - a. Working with the target population(s);
 - b. Addressing the target population's identified health care needs;
 - c. Developing and implementing appropriate systems and services; and
 - d. Collaborating with and securing support from the local community.

Applicant Organizations are encouraged to provide letters of commitment and/or investment.

2. Applicant Organization demonstrates that the proposed staffing is appropriate for the level and type of service to be provided.

Review Criterion 5: SUPPORT REQUESTED (10 points maximum)

1. The applicant includes a budget justification with descriptions that explain the amounts requested for each line in the budget.
2. Applicant organization demonstrates that the budget for the proposed project is appropriate and reasonable in terms of:
 - a. The total resources required to achieve the goals and objectives of the applicant's proposed service delivery plan
 - b. The number of patients and visits

Review and Selection Process

Applications competing for Ryan White Part A funds receive an objective and independent review performed by a committee of experts qualified by training and experience related to the program being reviewed. 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 noted above. The IRB committee provides expert advice on the merits of each application to program officials responsible for final selections for award in the form of constructive strengths and weakness comments for the review criteria.

Additional Funding Considerations

Upon receipt of the IRB's recommendation, the Ryan White Office:

1. Identifies new agencies requesting funding
2. Reviews the prior performance of existing agency's in achieving projected goals and objectives
3. Reviews the utilization of past funds awarded
4. Reviews the proposed work plan and budget for reasonable and proposals new initiatives that require additional funding
5. Considers findings from past site visits or clinical quality management reviews which could impact the provision of service
6. Reviews the program's geographic location
7. Evaluates the agency's fiscal stability to continue the provision of service.

Tips for Writing a Strong Application

Keep your audience in mind. Reviewers will use only the information contained in the application to assess the application. Be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the applicant organization, service area, and barriers to health care or health care needs in your community. Keep the review criteria in mind when writing the application.

Start preparing the application early. Allow plenty of time to gather required information from various sources.

Follow the instructions in this guidance carefully. Place all information in the order requested in the guidance. Avoid the risk of having reviewers hunt through your application for information.

Be brief, concise, and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables. Your budget should reflect back to the proposed activities, and all forms should be filled in accurately and completely.

Be organized and logical. Many applications fail to receive a high score because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

Be careful in the use of attachments. Do not use the attachments for information that is required in the body of the application. Be sure to cross-reference all tables and attachments to the appropriate text in the application. Be sure to upload the attachments in the order indicated in the forms.

Carefully proofread the application. Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application. Make sure you submit your application in final form, without markups.

Print out and carefully review an electronic application to ensure accuracy and completion. When submitting electronically, print out the application before submitting it to ensure appropriate formatting and adherence to page limit requirements. **Check to ensure that all attachments are included before sending the application forward.**

Ensure that all information is submitted at the same time. We will not consider additional information and/or materials submitted after your initial submission, nor will we accept e-mailed applications or supplemental materials once your application has been received.