

BALTIMORE CITY HEALTH DEPARTMENT  
CHRONIC DISEASE PREVENTION  
RYAN WHITE OFFICE

**FY 2010 Ryan White Part A  
Minority AIDS Initiative  
Continuation Grant  
Guidance**

**Release Date: Wednesday, June 2, 2010  
Due Date: Wednesday, June 30, 2009 11:00 PM  
(NO EXCEPTIONS)**

**Contact:**

Dr. Lin Ferrari  
Deputy Director  
Ryan White Office  
Telephone: (410) 396-1443  
Email: [Alberta.Ferrari@baltimorecity.gov](mailto:Alberta.Ferrari@baltimorecity.gov)

**FY2010 MAI RFP CONTINUATION GUIDANCE  
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## Key Details:

**Application Deadline:** All applications under this announcement must be submitted electronically to Dr. Alberta Ferrari at [ryanwhite@baltimorecity.gov](mailto:ryanwhite@baltimorecity.gov) **no later than 11:00 pm on June 30, 2010. Late applications will not be accepted. No extensions will be given for any reason.** Applicants are encouraged to request a “read receipt” with their submissions. However, a confirmatory receipt will be issued by our office for all applications received by the due date and time.

**Grant Period:** August 1, 2010 – February 28, 2011 (Note: the fiscal year 2010 associated with MAI programs is shortened to be in compliance with the Federal government’s amendment to the MAI fiscal year which began March 1<sup>st</sup> and ends February 28<sup>th</sup> 2011).

**Application:** Please submit one complete application (including all attachments) for **each service category**. Each page of the application must have a header that includes the ***applicant name*** and ***service category***. Each page must be sequentially numbered. ***The Application Cover Sheet is page 1.***

**Format and Packaging:** Submit a separate application for each category. The application must contain a 1) Program narrative, 2) Work plan, and 3) Budget and budget justification for each requested service category. Failure to follow the required format will impact on application review and therefore could affect funding decisions.

**Page limits:** The program narrative should discuss the methodology and any anticipated changes from prior years relative to how services are delivered. The program narrative must present a plan for addressing barriers/challenges encountered in the previous year. The work plan must clearly indicate the program's annual goals, objectives and activities to accomplish stated goals. The budget and justification must support the provision of services and level of effort outlined in the work plan. The program narrative is **limited to 3 pages**.

**Questions:** Technical questions regarding the continuation application are to be directed to Dr. Alberta Lin Ferrari, Deputy Director at [Alberta.Ferrari@baltimorecity.gov](mailto:Alberta.Ferrari@baltimorecity.gov) or Monique Rucker, MAI Program Officer, Ryan White Office, Baltimore City Health Department, at (410) 396-1443 or [Monique.Rucker@baltimorecity.gov](mailto:Monique.Rucker@baltimorecity.gov).

Fiscal questions regarding the continuation application must be directed to Jacqueline Thompson, Senior Accountant, Associated Black Charities, at (410) 659-0000 or [jthompson@abc-md.org](mailto:jthompson@abc-md.org).

## EXECUTIVE SUMMARY

The *Ryan White Part A Minority AIDS Initiative (MAI) Application Guidance* will assist eligible applicants to prepare a fiscal year (FY) 2010 continuation grant application for MAI funds. These funds are available under Part A of Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009), hereafter referred to as the Ryan White HIV/AIDS Program. Summary information about the Ryan White HIV/AIDS Program is available online at <http://hab.hrsa.gov/law.htm>.

The Baltimore City Health Department (BCHD) Ryan White Office administers the Ryan White HIV/AIDS Programs, which includes MAI funding. The purpose of the Part A MAI program is to improve *"HIV-related health outcomes to reduce existing racial and ethnic health disparities."*

The target populations under this competitive grant announcement are:

- 1) Substance Abusers (injection and non-injection drug use);
- 2) Men who have sex with men (MSM) of color;
- 3) Recently Released Inmates
- 4) Youth (ages 13-24);
- 5) Residents of the six surrounding counties (Anne Arundel, Baltimore, Carroll, Harford, Howard and Queens Anne); and
- 6) Homeless/ Transient Individuals

## A. Introduction

As the grantee for Ryan White Minority AIDS Initiative funding in the Baltimore Eligible Metropolitan Area (EMA), the Baltimore City Health Department (BCHD) seeks proposals for the provision of essential health and support services to people living with HIV/AIDS under the Minority AIDS Initiative (MAI). Fiscal year 2010 continuation grants will run on a 7-month cycle beginning on August 1, 2010 and ending on February 28, 2011. The amount allocated to direct-services for FY 2010 is \$1,655,104 of which \$1,369,104 will be awarded through continuation grants. The following table summarizes the continuation service categories and proposed funding levels:

<b>FY 2010 Direct Service Categories for Continuation</b>			
<b>EMA Categories</b>		<b>Type</b>	<b>Distribution of Funding for 7-Month Period</b>
M1	MAI – Medical Case Management	<b>Continuation</b>	\$250,173
M3	MAI – Mental Health Services	<b>Continuation</b>	\$111,100
M4	MAI – OAHS Co-morbidity	<b>Continuation</b>	\$268,301
M5	MAI - Substance Abuse Treatment Outpatient	<b>Continuation</b>	\$214,792
M9	MAI – Medical Nutritional Therapy	<b>Continuation</b>	\$50,073
S2	MAI – Medical Transportation	<b>Continuation</b>	\$27,828
S4	MAI – Outreach Services	<b>Continuation</b>	\$143,277
S8	MAI – Psychosocial Support Services	<b>Continuation</b>	\$43,389
S9	MAI – Food Bank and Home Delivered Meals	<b>Continuation</b>	\$58,047
S10	MAI – Child Care Services	<b>Continuation</b>	\$25,828
	MAI – Substance Abuse Residential	<b>Continuation</b>	\$25,000
<b>EMA Total:</b>			<b>1,217,808</b>
<b>STSC Categories</b>			
M1	MAI - OAHS Co-morbidity	<b>Continuation</b>	\$72,127
S1	MAI - Medical Transportation	<b>Continuation</b>	\$38,635
	MAI – Oral Health	<b>Continuation</b>	\$40,534
<b>STSC Total:</b>			<b>151,296</b>
<b>Total Direct Service Dollars:</b>			<b>1,369,104</b>

## B. Eligibility for Funding

### Eligible Applicants:

Organizations submitting applications under this announcement is **limited to organizations that received MAI funding in FY 2009** and continue to meet all other applicable eligibility requirements noted in this guidance.

- ❑ Have current 501 ( c ) ( 3 ) non-profit status<sup>1</sup>
- ❑ Be located within the Baltimore EMA. The Baltimore EMA consists of 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.

### Other Eligibility Requirements

- ❑ **Medical Assistance Provider Number:** Applicants proposing services that qualify for coverage through the Maryland Medicaid program 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 not yet obtained a Medical Assistance Provider Number, applicants must provide documentation from Medicaid attesting to this fact. If this requirement is not met, the agency will not be considered eligible for funding for fiscal year 2010.
- ❑ **Licenses and Certifications:** Applicants providing services that require licensure or certification as described in COMAR (Code of Maryland Regulations) and/or the EMA Standards of Care must submit current licensure or certification documentation with their applications. Licenses or certifications must be submitted for the following categories:

**Food & Nutrition (as applicable)**

**Mental Health**

**Child Care**

**Medical Nutritional Therapy**

**Substance Abuse**

**Primary Medical Care (Co-morbidity)**

**Medical Transportation (as applicable)**

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<sup>1</sup> HRSA guidelines provide for funding of for-profit entities under limited circumstances when no qualified non-profit entity is available to provide the service

Applicants whose current licenses or certifications expire before August 31, 2010 should note impending expirations and submit updated documentation prior to these expiration dates. Failure to submit required valid licenses or certificates as required may result in loss of funding.

- **Quality Management Programs:** The Ryan White legislation requires the establishment of quality management programs and quality service indicators for all MAI programs to ensure the provision of services are in accordance with established quality standards, such as the local Standards of Care as established by the Greater Baltimore HIV Health Services Planning Council; established professional standards of care; and US Public Health Service (PHS) treatment guidelines. BCHD has established a Clinical Quality Management Program (CQM) to assess all services funded under MAI. All funded programs are subject to quality improvement reviews and technical assistance as determined by the CQM process. Planning Council Standards of care can be accessed at:  
[http://www.baltimorepc.org/v2/main/page.php?page\\_id=64](http://www.baltimorepc.org/v2/main/page.php?page_id=64)

### C. Program Purpose and Background

The Minority AIDS Initiative (MAI) was first enacted by Congress in 1998 in response to the overwhelmingly disproportionate impact of HIV/AIDS on racial/ethnic minority populations. First implemented in 1999, MAI provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV disease within racial/ethnic minority populations.<sup>2</sup> In the Baltimore EMA, African Americans account for 79% of the overall prevalence of HIV/AIDS. Moreover, African Americans account for about 98% of racial/ethnic minority HIV/AIDS cases in the Baltimore EMA.

The 2006 Ryan White legislation increases emphasis on the importance of medical outcomes. Medical outcomes are defined as those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS. To this end, applicants responding to this grant guidance shall make every effort to define objectives and activities for support services that clearly relate to access to care, retention in care and improved clinical status.

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<sup>2</sup> *Glossary of Ryan White Program Terms*. HRSA/HIV/AIDS Bureau. <http://hab.hrsa.gov/history/webterms.htm>

## **D. Requirements of Ryan White MAI Funding**

### **Client Eligibility and Determination**

Baltimore City Health Department requires all MAI providers to establish client eligibility at intake and to recertify eligibility at least twice a year; which must be maintained as a part of the client record. Client verification is established using the following:

- 1) Laboratory documentation of HIV positive status or letter from a physician confirming HIV positive status;
- 2) Proof of residency in the Baltimore EMA;
- 3) Proof of income at or below 300% of poverty;
- 4) Assessment of third party capacity; and if applicable checking of the Eligibility Verification System (EVS) and documentation of these activities for each client served.

### **Quality Assurance Plan**

All funded providers will be required to submit updated quality assurance plan to reflect how programs are ensuring quality services. Programs with a quality assurance plan must describe any changes to the plans; programs in the process of establishing a quality assurance plan must describe how the plan will be implemented.

Critical elements of a quality assurance process include the following:

- Designated leaders and accountability;
- Routine data collection and analyses of data on measurable outcomes;
- A system for ensuring that data are linked into a means of feedback from your organization's quality improvement processes;
- Consistency to the extent possible with other programmatic quality improvement activities such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Medicaid or other HRSA funded programs.

The CQM Program will report findings concerning compliance with local Standards of Care each year to the Planning Council. Programs having deficiencies complying with expected standards will be referred to the Grantee's administrative office for further corrective actions. Failure to comply with corrective action plans that are developed as a result of this notification can result in contract termination and/or provider repayment of grant funds previously awarded.

## **Special Populations**

The fiscal year 2008 Baltimore EMA Ryan White Part A application specified the following six populations as requiring special attention in planning for HIV services. The selected six will remain priority populations for FY 2010 and are as follows:

- 1) Substance Abusers (injection and non-injection drug use);
- 2) Men who have sex with men (MSM) of color;
- 3) Newly Released Inmates;
- 4) Youth (ages 13-24);
- 5) Residents of surrounding counties (Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne); and
- 6) Homeless/Transient Individuals

It is important for applicants to fully discuss their experience (successes and barriers) with any of these populations and how they plan to ensure their access to services.

## **Administrative Costs**

**No more than 10 percent** of the budget for each award 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 which are only allowed if the applicant has a negotiated indirect cost rate approved by a national agency. A copy of the last negotiated cost agreement that covers the period for which funds are requested must be submitted at the time of approval of award. Indirect costs are those considered necessary to the operation of the organization and performance of the programs. **However, the limit for all indirect costs under Ryan White Programs 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.

### **Funding Exclusions and Restrictions**

Pursuant to the Ryan White legislation, MAI 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 Program is the “payer of last resort.” This means that providers are expected to make reasonable efforts to secure other funding sources outside of Ryan White legislation funds, whenever possible. If a provider elects to use Ryan White funds for client services which are both eligible for third-party reimbursement and grant funding, 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. Grant funds may not be used to supplant current state or local HIV related funding.

## **E. Special Conditions for Applicants Seeking to Maintain Funding in the Categories of OAHS Co-Morbidity and Outreach Services**

As of June 30, 2008, there were 22,592 people populating the 30 facilities of the Maryland State Division of Corrections. Further data from the Division of Corrections indicate that 60% of individuals currently incarcerated within these state facilities are from Baltimore city and that 18% are from the EMA's surrounding counties. History shows that the majority of these individuals will return to their area of origin upon release. With an average of 13,000 individuals released from the Maryland Corrections system every year, there is an anticipated need for support in the transition from Correctional Medical Services to general medical services to ensure the continuity of HIV/AIDS healthcare for newly and previously diagnosed individuals.

Because African Americans make up 74% of the prison population we can anticipate that the vast majority of newly released individuals in need of Ryan White services are from this racial/ethnic group. Fiscal year 2010 Baltimore EMA Minority AIDS Initiative grants funded for OAHS Co-morbidity and Outreach Services will primarily target African American men and women newly released from the Maryland Corrections system. Targeted individuals should plan to or recently have returned to one of the Baltimore EMA's funded service locations (Baltimore city and its surrounding counties).

Applicants seeking continuation funding for MAI OAHS Co-morbidity and MAI Outreach Services must continue to target recently incarcerated populations, and should note the above and following information in preparation of their applications:

1. The proposed services will provide access to primary medical care to a population with a high incidence of substance abuse, mental health issues, homelessness, and other co-morbid conditions. In order to effectively target this population, applicants must have an executed Memorandum of Understanding with the Department of Public Safety and Correctional Services, including Parole and Probation Centers, and/or community based organizations participating in post release service partnerships with the Department of Corrections to establish on-going documented access to this target population.

2. Applicants requesting funding in these categories should note that Ryan White funds can be used for discharge planning for pre-release populations while incarcerated, case management after discharge, and medical services after release from incarceration. **However, Ryan White funds can not be used to provide medical care to individuals while incarcerated.** Therefore, applications in these categories should focus specifically on outreach, discharge planning, and primary care co-morbidity services.
3. **The allowable timeframe for the provision of transitional Ryan White services to incarcerated individuals, as recommended by HRSA, is a maximum of 180 days prior to release.** Proof of upcoming release should be verified prior to enrollment of client in Ryan White transitional services.
4. **Outreach Services Specific Requirement:** In addition to prioritizing services to recently incarcerated individuals, applicants seeking continued outreach funding **must demonstrate active and successful referral relationships** with Primary Medical Care and Case Management providers as well as certified Counseling, Testing, and Referral (CTR) sites within the Baltimore EMA; that reflect success in linking identified HIV positive individuals to sustained medical care. Additionally, all activities proposed within the application for Outreach Services must adhere to the following expectations as cited by the Health Resources and Services Administration (HRSA)<sup>3</sup>:
  - a. Planned and delivered in coordination with State and local HIV prevention outreach activities to avoid duplication of efforts and to address a specific service need category identified through State and local needs assessment processes;
  - b. Directed to populations known, through local epidemiological data or through review of service data, to be at disproportionate risk for HIV infection;
  - c. Conducted in such a manner (i.e. time of day, month, events, sites, method, cultural appropriateness) among those known to have delayed seeking care relative to other populations and continually reviewed and evaluated in order to maximize the probability of reaching individuals infected with HIV who do not know their serostatus or know their status but are not actively in treatment.

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<sup>3</sup> Health Resources and Services Administration. *Policy Notice -07-06, Use of Ryan White HIV/AIDS Program Funds for Outreach Services.* October 16, 2007. <http://hab.hrsa.gov/law/0706.htm>

## F. Proposal Format and Instructions

Please follow these instructions carefully. Adherence to these instructions facilitates the application review process and provides the applicant with the best opportunity for full consideration.

- ❑ Applications must be in English
- ❑ Each page of the application must have a one-line header that includes ***Agency Name, FY10 MAI application, and 10- [your agency four digit code]***. Each page of the original and all copies must be sequentially numbered. The Proposal Cover Sheet should be page 1.
- ❑ The application length will be determined by the number of categories for which funding is requested. A single category application narrative should not exceed three pages. For providers applying for multiple categories, please submit a separate application for each category. **Title page, table of contents, work plans, budgets and other appendices are not included in page limits.**
- ❑ The application must be on 8.5"x 11" paper.
- ❑ Use black ink.
- ❑ Font size must be 12 point
- ❑ All pages must be 1.5 spaced.
- ❑ Margins must be 1 inch.
  - The completed application must be assembled in the following order:
  - Proposal Cover Sheet (page 1)
  - Narrative (maximum 1 page per category)
  - Budget narrative and budget forms
  - Work plan
  - Other Attachments (CAB List, Certifications, etc)
- ❑ 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 / .DOCX- Microsoft Word	.WPD - Word Perfect Document
.PDF - Adobe Portable Document Format	.XLS - Microsoft Excel

## Important Dates

- All FY 2010 applications must be e-mailed to the Ryan White Office by 11pm on **Wednesday, June 30, 2010.**
- **Late applications will not be accepted.**
- No extensions will be given.

## Tips for Writing a Strong Application

- ❑ Be concise, clear, organized and logical
- ❑ Be sure the responses to the program requirements and expectations are complete and clearly written.
- ❑ 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.
- ❑ Do not use the appendices for information that is required in the body of the application.
- ❑ Carefully proof read the application
- ❑ Mis-spellings, grammatical errors and poorly organized application may impede reviewers' assessment. Be sure pages are numbered and that page limits are followed.

## G. Application Narrative and Outline

### 1) Title Page (maximum 1 page) (see application package)

- Legal Name of the organization
- Street Address
- Programmatic and Fiscal Contacts, including names, address, phone numbers, fax numbers, and e-mail addresses.
- Service Categories, including EMA or STSC designation and fiscal year 2010 funding amounts

### 2) Table of Contents (maximum 1 page)

- Consecutively number all pages and appendices and list each section accordingly in a table of contents

### 3) Program Narrative (maximum three pages per category) – Clearly label each section

#### a) Organization Profile (maximum 200 words)

- i) Provide an overview of the applicant organization including
  - (1) The organization's mission statement and overall goals
  - (2) Services and treatment modalities provided
  - (3) Location of services for the specific category

#### b) Organization's Process for Determining Ryan White Eligibility (maximum 200 words)

- i) Describe the process that the organization uses to ensure that all clients have been screened for eligibility to other programs and the process for establishing Ryan White eligibility. If the organization receives multiple Ryan White legislation resources, describe the methodology used to track assignment of payment.

#### c) FY2009 Program Highlights (maximum 350 words)

- i) Discuss major accomplishments and program highlights in FY 2009 corresponding to the service category.
- ii) Discuss the barriers to service delivery faced in FY 2009. If service levels fell under projections, explain the barriers that impacted delivery, steps taken to overcome, and propose corrective measures. If FY 2009 expenditure rates

are below 95%, discuss administrative and service delivery barriers that impact expenditure of funds awarded and what corrective action will be implemented to increase expenditure rates in FY 2010.

- d) **FY2010 Program Model/Target Populations/Unmet Need** (maximum 350 words)
- i) Describe the program model that will be implemented in FY 2010, discuss any changes to the program model from the prior year. Please describe and include explanation of the program need, staff recruitment, if any vacancies exist and client and service unit tracking procedures for the program(s).
  - ii) Describe any changing trends in FY 2009 target populations as well as any unmet client need and describe the steps taken to address these issues during FY 2009 and which populations will be targeted in 2010.

#### **4) Budget**

Complete all attached applicable budget forms that are in the Attachment of this RFP; include in your submission as Appendix A. **Prepare a 7-month budget.** Develop a separate, narrative for each item requested. Submit the budget narrative as an attachment. **Anticipate level funding from FY 2009 when completing the budget package.** If any budget pages are not applicable to your application, please submit the blank template(s) for the sake of uniformity. The budget should be developed based on the level of funding required to accomplish your goals and not on the level of funding in the category.

- 5) **Work Plan:** Under this section, describe goals, objectives and activities to be accomplished. The work plan should indicate the total number of unduplicated clients to be served and the corresponding service units.
- **Objectives:** Each objective must clearly define the number of clients and units of services to achieve the corresponding objective.
  - **Key Action Steps (each objective should have a corresponding key action step):**
    - a) Describe in detail the proposed activities that will be implemented to achieve the corresponding objective.
    - b) Describe project staffing, including responsibilities held by key staff.
    - c) Specify the FTE for each staff position requested. Indicate if program income will be generated.
    - d) Describe the initial and on-going training available to staff
    - e) Discuss how the Consumer Advisory Board is maintained.
    - f) Describe the role consumers have in planning, implementing and evaluating your project.
  - **Evaluation Methods(each objective should have a corresponding evaluation):**

For each objective state the variables to be monitored to ensure progress towards the objective.

## H. Appendices

Appendices should be submitted with the following enumeration: (Items in bold require forms which are attached to the application package)

- A. Budget Package (one per category)**
- B. Work Plan(s) (one per category)**
- C. Professional Licenses and Certifications
- D. Memoranda of Understanding (dated no later than 8/1/2009 and only as it relates to categories which agency is applying for)
- E. Consumer Advisory Board Member List (first initial and last name only)
- F. Assurances**
- G. Certifications**
- H. Liability Insurance Verification
- I. Agency Quality Assurance Plan
- J. contract Verification Form