



STAFF REPORT

Report To: Board of Supervisors

Meeting Date: November 7, 2019

Staff Contact: Nicki Aaker (naaker@carson.org)

Agenda Title: For Possible Action: Discussion and possible action regarding submission of a grant application to the Nevada Department of Health and Human Services, Division of Public and Behavioral Health requesting approximately \$130,000 for the Ryan White HIV/AIDS Program – HIV Care Grant Program – Part B Grant to fund the Carson City Health and Human Services (CCHHS) Ryan White Retention in Care program. (Nicki Aaker, NAaker@carson.org)

Staff Summary: Staff is requesting approval to submit a grant application to fund CCHHS's current Ryan White Retention in Care program. CCHHS's program has 1 full time employee, the Treatment Adherence Counselor. This grant amount, if awarded to CCHHS, is approximately \$130,000 per year. Grant applications are due November 15, 2019, for the April 1, 2020 – March 31, 2022 project period. The program objectives include: (1) providing treatment adherence counseling to individuals living with HIV/AIDS who are reported as out-of-care in order to increase the percentage of patients who adhere to their prescribed medication treatment and are retained in care; and (2) conducting a program quality improvement project. These objectives support the national HIV/AIDS strategy goals of: (1) reducing new HIV infections; (2) increasing access to care and improving health outcomes for people living with HIV; and (3) reducing HIV-related disparities and health outcomes.

Agenda Action: Formal Action / Motion

Time Requested: Consent

Proposed Motion

I move to authorize submittal of the grant application.

Board's Strategic Goal

Quality of Life

Previous Action

CCHHS has received this grant since 2004.

Background/Issues & Analysis

This grant is audited every year by the State of Nevada, Division of Public and Behavioral Health, Office of HIV/AIDS. The most recent audit was October 8, 2019. To date, there have been no findings or deficiencies that would require a Corrective Action Plan. The current grant period ends on March 31, 2020.

Applicable Statute, Code, Policy, Rule or Regulation

The City's grant policy requires that any grant applications over \$50,000 be approved by the Board of Supervisors prior to the grant application being submitted by City staff.

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: Ryan White - G680019006

Is it currently budgeted? Yes

Explanation of Fiscal Impact: The grant application budget will include all personnel costs and expenses for the project period.

Alternatives

Do not authorize submittal of the grant application, or provide alternative direction to staff.

Attachments:

[RFA 2020 Final.docx](#)

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Office of HIV

Ryan White HIV/AIDS Program - HIV Care Grant Program – Part B

Announcement Type: Request for Application 2020

Release Date: October 1, 2019

Application Due Date: November 15, 2019

Tory Johnson, MMgt
Section Manager
Office of HIV
4126 Technology Way, Suite 200
Carson City, NV 89706
Email: tojohnson@health.nv.gov
Telephone: (775) 684-4247
Fax: (775) 684-4056

Authority: Section 2692 (42 U.S.C. §300ff-111) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 200

To our Current and Potential Subrecipients:

The Nevada Division of Public and Behavioral Health announces funds are available to meet the service categories expressed in Ryan White HIV/AIDS Treatment Extension Act of 2009 (PL 111-87) areas under the Part B – Care Grant Program. The Division expects applicants to propose innovative, deliberative, and patient-centered solutions to the agency’s stated problem or needs, as specified in the guide.

The contracts resulting from this Request for Application (RFA) shall be for a period of one (1) year with a one (1) year successive contract. The federal funding that the State of Nevada receives for the Ryan White Part B Program is applied for and received annually thus, funding of a multi-year proposal past year one is contingent upon federal funding.

The project period is April 1, 2020 through March 31, 2022
The budget period for this proposal is April 1, 2020 to March 31, 2022.

Completed applications must be received no later than
November 15, 2019 at 5:00 PM PST

Purpose:

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who do not have sufficient health care coverage or financial resources for managing their HIV. The Ryan White legislation has been adjusted with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas.

Expected Outcomes:

To establish a seamless system to immediately link people diagnosed with HIV to continuous and coordinated quality care; enhance the number and diversity of available providers of clinical care and support services for people with HIV; and support people with HIV with co-occurring health conditions and those who have challenges meeting their basic needs.

Scope of Work:

It is the intention of the Ryan White Part B Program to fund proposals in the service areas outlined in the guide. If an applicant wishes to address more than one service area, a separate application must be submitted with a distinct project name. The Ryan White Part B Program may only consider proposals which meet the proposal parameters and scope of work as outlined in this announcement. This may affect the funding distribution in any of the service areas by redirecting funds into another area.

Thank you,

Tory Johnson, MMgt
Section Manager
Office of HIV
Nevada Division of Public and Behavioral Health
4126 Technology Way, Suite 200
Carson City, NV 89706
Tele: (775) 684-4247 ~ Fax: (775) 684-4056
Email: tojohnson@health.nv.gov
Website: http://dpbh.nv.gov/Programs/HIV-Ryan/Ryan_White_Part_B_-_Home/

Executive Summary

The Division of Public and Behavioral Health Disease, Prevention and Investigation; Office of HIV is accepting applications for fiscal years (FY) 2020 - 2022 (Two [2] Years) for the Ryan White HIV/AIDS Program Part B service categories. The purpose of this program is to assist Nevada in developing and/or enhancing access to a comprehensive continuum of high quality HIV care and treatment for low-income People Living with HIV (PLWH). It supports the National HIV/AIDS Strategy (NHAS) goals of reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.

Funding Opportunity Title:	Ryan White Part B - HIV Care Services
Due Date for Applications:	November 15, 2019
Anticipated Total Annual Available Funding:	\$8,017,000
Estimated Award Amount:	Dependent upon Federal Notice of Grant Award
Cost Sharing/Match Required:	None
Project Period:	April 1, 2020 – March 31, 2022 (2 years)
Eligible Applicants:	This opportunity is limited to non-profit organizations (e.g., community, faith-based, and tribal organizations), county and state governments serving priority areas, locations and populations based on the State of Nevada's HIV/AIDS Integrated Plan and National HIV/AIDS Strategy.

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Funding Opportunity Description

The Nevada Division of Public and Behavioral Health (DPBH) – Office of HIV (OH) announces funds are available to address the focus areas and objectives under the Ryan White HIV Part B Program (RWPB) Program through the Health Resources and Services Administration (HRSA) Funding Opportunity Announcement for Catalog of Federal Domestic Assistance (CFDA) No. 93.917. The OH expects applicants to propose creative, innovative, and evidence-based solutions to the agency's stated problem or need, as specified herein. The timeline for this project is April 1, 2020 through March 31, 2022. Funds are contingent upon receipt of Grant Award funds from Health Resources and Services Administration to the Nevada Department of Health and Human Services.

This funding is competitive and used to assist the development or enhancement of access to a comprehensive continuum of high quality, community-based care for low-income individuals living with HIV in the State of Nevada. As such, it supports the National HIV/AIDS Strategy (NHAS) goals of: 1) reducing new HIV infections; 2) increasing access to care and improving health outcomes for people living with HIV; and 3) reducing HIV-related disparities and health outcomes. In order to maximize effectiveness in meeting these goals, OH partners with a variety of Community-Based Organizations (CBOs).

National Monitoring Standards

"A comprehensive system of HIV care includes the 13 core medical services specified in the Public Health Service (PHS) Act, Section 2612(b)(3) [42 U.S.C. 300ff-21(b)(3)], as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). Comprehensive HIV care beyond these core services may include supportive services that meet the criteria of enabling individuals and families living with HIV to access and remain in primary medical care to improve their medical outcomes. These core and appropriate support services assist PLWH in accessing treatment for HIV infection that is consistent with the Department of Health and Human Services (HHS) Treatment Guidelines (see <http://www.aidsinfo.nih.gov>)."¹

There are 13 core medical service categories and an additional 17 support services found in the [National Monitoring Standards for Ryan White Part B Grantees: Program](#) and [HRSA/HAB Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#). These service categories are designed to help Ryan White HIV/AIDS Program grantees meet federal requirements for program implementation, fiscal monitoring, quality management, and reporting to improve program efficiency and responsiveness. The National Monitoring Standards and HRSA/HAB's Policy Clarification Notices are designed to:

- Help grantees comply with federal requirements on proper use of federal grant funds, based on the Ryan White HIV/AIDS Program legislation, federal regulations establishing administrative requirements for HHS grant awards, Office of Management and Budget (OMB) principles, the HHS Grants Policy Statement, HRSA/HAB policies, the Notice of Grant Award and Conditions of Grant Award, and DSS program guidance.

¹ U.S. Department of Health and Human Services Funding Opportunity Announcement HRSA-17-036, Released September 21, 2016

- Meet grantee requests for clarity on HRSA/HAB expectations regarding the level, scope, and frequency of Subrecipient monitoring.
- Provide a single document that includes the minimum expectations for both program and fiscal monitoring.
- Address concerns of HRSA, Congress, and the OIG regarding administrative oversight of Ryan White HIV/AIDS Program grantees and providers/Subrecipients.
- Help streamline and standardize Project Officer monitoring and site visit functions.
- Enhance program compliance at the local, state, and federal levels – and reduce negative HRSA and OIG audit findings.
- Ensure proper stewardship of all grant funds and activities, whether carried out by the grantee or by a Subrecipient provider.
- Communicate applicable requirements to Subrecipients and monitor them for compliance.

Service Delivery Requirements

The goals of the Office of HIV's Ryan White Part B Program's services are to:

- Identify people who were previously unaware of their HIV status and leading them to medical care.
- Reengage PLWH who are no longer in medical care.
- Support PLWH in maintaining ongoing HIV medical care and treatment.
- Provide resources to address social determinants and reduce HIV-related health disparities.
- Support people with HIV at each stage of the treatment cascade, from diagnosis to viral load suppression.

Funded agencies will be part of a network of services that include HIV prevention providers, local health departments, medical clinics, community-based organizations, among others. The RWPB Program expects agencies to collaborate across the HIV continuum of care to provide quality services for PLWH. This may include formalized coordination of service delivery, effective referral and communication mechanisms, out-posting of program staff, multidisciplinary case conferencing, and/or other practices that ensure effective and efficient service delivery. Due to the array of services provided by service providers, the RWPB Program encourages partnerships with other Ryan White funded agencies and others to improve overall health outcomes, achieve and sustain viral load suppression, and to minimize duplication of services.

Subrecipients must demonstrate experience and proficiency working with underserved individuals, especially those who are disproportionately impacted by HIV. This includes people who live in poverty; lesbian, gay, bisexual and transgender (LGBT) individuals; racial/ethnic minorities; people of all ages; and both women and men. Agencies are expected to provide culturally competent services, recruit/retain culturally diverse staff members who are reflective of the population being served, and to involve diverse groups of individuals in the planning, design and implementation of services.

FOCUS AREAS

It is the intention of the RWPB Program to fund proposals in the focus areas identified in the Part B Service Categories/Focus Areas listed below. These focus areas were identified from the Nevada Integrated HIV Prevention and Care Plan 2017 - 2021.

Agencies are encouraged to address more than one service category to develop a coordinated continuum of care that meets the medical and social needs of clients served. If service categories are funded by other sources, please explain in program narrative. Funding of Ryan White Part B services follow a HRSA specified allocation schedule for Core Medical Services and for Support Services, the State is required to encumber at least 75% of our federal award to core medical services.

Core Medical Services	Total Range of Funding
Early Intervention Services (EIS) <ul style="list-style-type: none"> • General • ADAP Flex (Rapid Start) 	\$750,000 \$200,000
Health Insurance Premium and Cost Sharing Assistance (1 year only)	\$650,000
ADAP (HP RX)	\$2,000,000
Outpatient/Ambulatory Health Services	\$150,000
Medical Case Management and Treatment Adherence <ul style="list-style-type: none"> • MAI (Only) 	\$500,000 \$82,000
Mental Health Services (Northern Nevada Only)	\$35,000

Support Services	Total Range of Funding
Emergency Financial Assistance (Utilities Assistance) (Northern Nevada Only)	\$10,000

Health Education/Risk Reduction	\$160,000
Housing Services (all counties except Clark)	\$500,000
Medical Transportation Services (Northern Nevada)	\$90,000
Non-Medical Case Management Services <ul style="list-style-type: none"> ADAP Coordination (only 1 agency will be funded) General/Eligibility/Retention and Care 	\$2,500,000 \$145,000
Other Professional Services (Legal)	\$150,000
Other Professional Services (Tax Preparation)	\$70,000
Psychosocial Support Services	\$25,000

NOTE: These funds represent a tentative number of applicants and total funds. The State reserves the right to make changes according to actual funding levels and applications submitted.

Core and Support Services Information

CORE SERVICES

1. Early Intervention Services (EIS)

This service category will provide support to identify individuals at points of entry for access to HIV services. EIS includes counseling individuals with respect to HIV; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals to appropriate services based on HIV status; linkage to care and education and health literacy training for clients to help them navigate the HIV care system; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. Services shall be provided at specific points of entry.

Coordination with HIV prevention efforts and programs as well as prevention providers is required. Proposal must incorporate all four components of EIS: counseling, testing,

referral, linkage. Funding for counseling and testing may not duplicate or supplant other local funding.

Under this category there will be two sub-categories of funding provided for:

- a. General: Those services that provide general linkages, health education and assistance to individuals that will allow them the ability to navigate through the HIV system of care.
- b. ADAP Flex (Rapid Start): Only those agencies currently funded under ADAP Flex will be able to apply for these funds through this RFA.

2. Health Insurance Premium and Cost Sharing Assistance (HIP CS)

Provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance, or to receive medical benefits under a health insurance program. This includes premium payments, co-payments, and deductibles. An annual cost benefit analysis that includes an illustration of the cost-effectiveness comparison of using Ryan White funds for Health Insurance Continuation versus direct payment of medical services. Documentation of the low-income status of the client must be available. Insurance programs must cover comprehensive primary care services and a full range of HIV medications. Funding for this category is for one (1) year only.

3. AIDS Drug Assistance Program (ADAP):

Provision of services that ensure eligible individuals living with HIV who are uninsured and/or underinsured receive access to HIV related prescription medications listed within the State of Nevada approved formulary.

4. Medical Case Management and Treatment Adherence

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Determining eligibility status
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, HOPWA, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

MAI

The category provides funding to deliver services only to those "Out of Care Insured" ADAP eligible clients who are racial and/or ethnic minorities. The eligible racial and ethnic minorities include African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders. The key components of MAI services should include the development of an individualized care plan, continuous client monitoring (with a re-evaluation every six (6) months) and treatment adherence counseling.

5. Mental Health Services

The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to individuals living with HIV 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 service.

6. Outpatient/Ambulatory Health Services

Outpatient/Ambulatory Health Services is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings.

SUPPORT SERVICES

1. Emergency Financial Assistance

Emergency Financial Assistance provides limited one-time payments to assist client(s) with urgent need for essential items or services necessary to improve health outcomes.

In this category RWPB will only be providing funding for Utility Assistance – only those agencies providing services in Northern Nevada will be considered for funding under this category.

2. Health Education Risk Reduction (HERR)

HERR is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.

3. Housing Services

Funding under this category is to provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatments, including temporary assistance to prevent homelessness and to gain or maintain access to medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services. Only agencies in Northern Nevada will be considered for funding under this category.

4. Medical Transportation Services

Medical transportation is the provision of nonemergency transportation services provided, directly or through voucher, to a client so that he or she may access or be retained in core medical and support services, including services needed to maintain the client in HIV/AIDS medical care. Records must be maintained that track both services provided and the purpose of the service (e.g., transportation to/from what type of medical or support service appointment). Clients shall not receive direct payment for transportation services. Under this category RWPB will only be funding Northern Nevada.

5. Non-Medical Case Management (NMCM)

NMCM services is the provision of a range of client-centered activities focused on helping an eligible individual obtain needed services through referrals internal and external, including activities that help link the individual with medical, social, and support providers or other programs and services that can provide needed services to address identified needs. Within this service category RWPB will provide funding in four (4) NMCM sub-categories areas:

- a. ADAP Coordination: Providing services to client in obtaining and/or receiving ADAP related services and/or medications. Under this service category RWPB will only be providing funding for one (1) agency.

- b. General: The provision of timely and coordinated access to medically appropriate levels of health and support services and continuity of care. Including the monitoring and scheduling of the Non-Preferred Out of Care List during open enrollment.
- c. Eligibility: The provision of comprehensive eligibility assessment and re-assessment to determine the ability of that client to access Ryan White Part B (RWPB) Services, based on specific eligibility criteria.
- d. Retention In Care (RIC): Services under this category will be funded for contacting clients who may have a lapse in care, have been lost to care, or who have not picked-up a medication through the ADAP program in over 45 days. Agencies funded within this category will work with the client(s) to develop an individualized care plan and assist the client(s) in transitioning back into care.

Special Note: RWPB is requiring all non-medical case management subrecipients to have at least one (or more) Non-Medical Case Managers receive their Open Enrollment Counseling Certification so they can enroll clients into health insurance annually. The \$500 cost for certification is to be added in their budget (see Budget Instructions).

6. Other Professional Services (Legal)

Provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does include legal services for permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of legal counsel regarding 1) The drafting of wills or delegating powers of attorney, and 2) Preparation for custody options for legal dependents including standby guardianship, joint custody or adoption. It does not include legal services for criminal defense, or for class-action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program. Only one (1) agency capable of providing services throughout the State of Nevada will be considered for funding under this Service Category.

7. Other Professional Services (Tax Prep)

Income tax preparation services to assist client in filing federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits. Only one (1) agency will be considered for funding under this service category. This category will be for a short duration of time, between January 1 – March 31. The Service Plan and Budget must reflect this time frame.

8. Psychosocial Support Services

Support to provide group and/or individual counseling and support services for clients in addressing behavioral and physical health concerns.

Funding Information

Fund for each category will be allocated using the above funding range(s). Services provided are to be for the period of April 1, 2020 – March 31, 2022, based upon availability of funding, successful monitoring results and/or acceptable subaward performance.

Funding Restrictions

1. Funds awarded under the Ryan White HIV/AIDS Treatment Extension Act of 2009 may not be used for outreach programs that exclusively promote HIV education and prevention programs; condom distribution, and/or case finding that have as their main purpose broad-based HIV prevention education. Additionally, broad-scope awareness activities about HIV services that target the general public, (i.e., poster campaigns for display on public transit, TV or radio public service announcements, health fairs directed at the general public, etc.) will not be funded.
2. All Ryan White-funded services must be provided in an outpatient, ambulatory care, community-based or home setting. No funding will be awarded for inpatient services.
3. Ryan White funding will not be awarded to conduct HIV testing and counselling or to provide HIV/AIDS prevention education or risk reduction services.
4. Ryan White funds may not be used to make cash payments to recipients of services.
5. Funds may not be used to provide items or services for which payment already has been made, or can reasonably be expected to be made, by third-party payers including private insurance, Medicaid, Medicare, or other State of Nevada or local entitlement programs.
6. Ryan White funds may not be used to supplement third-party reimbursements or to supplant other revenue sources.
7. It is the responsibility of applicants to ensure compliance with all federal and state monitoring standards.

TECHNICAL REQUIREMENTS

APPLICATION DEADLINE:

Ryan White applications must be submitted through the RWPB RFA PORTAL found on the [End HIV Nevada website](#) no later than 5:00 pm on November 15, 2019.

APPLICANT ELIGIBILITY:

Eligible agencies performing or anticipating performing a function relevant to program goals of the RWPB include:

- Government Organizations
 - ✓ State, Local, City or Township Governments and their agencies;
 - ✓ Special District Governments;
 - ✓ Local Health Districts;
 - ✓ Native American Tribal Governments (federally recognized).
- Educational Organizations
 - ✓ Independent School Districts;
 - ✓ Public and State Institutions Higher Education;
 - ✓ Private Institutions of Higher Education.
- Medical Clinics
 - ✓ Federally Qualified Health Centers (FQHCs);
 - ✓ Health Facilities operated by or pursuant to a contract with the Indian Health Service;
 - ✓ Rural Health Clinics;
 - ✓ Clinics, hospitals and other medical facilities.
- Other(s)
 - ✓ Private non-profit entities (with a 501(c)(3) status);
 - ✓ Religiously affiliated organizations.
- Services and service recipients must be located within the State of Nevada
- Any private non-profit agency and/or religiously affiliated organizations applying under this RFA must have been certified by the Federal Internal Revenue Service (IRS) as a 501(c)(3) organization prior to applying. A copy of the IRS 501(c)(3) determination letter or IRS certificate of non-profit status must be included as attachments to this application.

Excluded Parties – The Nevada Division of Public and Behavioral Health (DPBH) requires that no subrecipients or contractors of Federal funding are to be found on the [Lists of Parties Excluded from Federal Procurement or Non-Procurement Programs](#).

Request for Application (RFA) Timeline

TASK	DUE DATE & TIME
Release of Request for Application	October 1, 2019
Letter of Intent (Optional)	October 11, 2019
Last day to submit RFA Clarification Questions	October 11, 2019

Bidders Conference to discuss the performance measures, submission forms, submittal process, and discuss the set of questions submitted.	October 18, 2019
Deadline for receipt of proposals (5:00 pm)	November 15, 2019
Evaluation/Selection Process	December 2, 2019 – December 6, 2019
Award Recommendations	December 16, 2019
Internal review/funding approval	December 17, 2019- January 10, 2020
Sub-Award(s) Announced	February 28, 2020
Sub-Award Start date – Pending approved HRSA grant award and receipt of Notice of Award	April 1, 2020

NOTE: These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time with appropriate notice to prospective vendors

Bidders Conference

A bidder's conference is scheduled for October 18, 2019 – time and location to be determined. Time and location of the Conference will be found on the [End HIV Nevada website](#).

Letter of Intent (LOI) – Optional

A letter of intent must be on respondent's letterhead, signifying the intent to be considered for this solicitation and must include the following:

1. RFA Name (Ryan White HIV/AIDS Program – HIV Care Grant Program – Part B)
2. Service category(s) for which the proposal is intended.
3. Legal Name of the organization (respondent's legal name)
4. Organization's mailing address, including city, state and zip code
5. Name, title, telephone number and email address of the person who can respond to inquiries regarding the proposal.
6. Federal Employer Identification Number (EIN) of the respondent organization.
7. Signature of the person authorized to submit the proposal on behalf of the organization.

Applicants are encouraged to refer to the [End HIV Nevada website](#) for RFA updates.

All Letter(s) of Intent should be completed and submitted to:

Tony Garcia
Grants and Projects Analyst
1840 E. Sahara Ave, Suite 111
Las Vegas, Nevada 89104
itgarcia@health.nv.gov

SPECIAL INSTRUCTIONS TO RESPONDENTS

Required Format

Application proposals must be submitted in the following format:

- The Proposal(s) must be in Times New Roman, 12-point font.
- The Proposal(s) must be 1.5 inch spacing.
- The Proposal(s) must have 1" margins all-around.
- The Proposal(s) must be completed using the application templates, provided.

Proposals submitted must contain the following sections:

- i. Application Checklist
- ii. Cover Page
- iii. Agency Profile
- iv. Technical Proposal
- v. Agency Summary & Experience
- vi. Project Narrative (for every category applied)
- vii. Service Plan (for every category applied)
- viii. Budget Plan (for every category applied)
- ix. Required Proposal Attachments

Handwritten proposal(s) will not be accepted.

Required Proposal Attachments

The following attachments will be required:

A. Agency Organizational Chart(s)

Provide a diagram that shows the structure of the organization and the relationships and relative ranks of its parts and positions/jobs. All organizations must provide an overall organizational chart showing the relations between departments personnel whose salary is to be paid in-whole or in-part with RWPB funds.

B. Job Descriptions

Provide a job description of all positions which are to be funded in-part or in-whole by RWPB. Attach names, titles and their Full Time Equivalent (FTE) status, if funded from RWPB.

C. List of Current Board Members

Provide a list of current Board Members and include each Board Member's name, gender, ethnicity, place of employment, board related titles, and length of service. Please, also include contact information for the Board Chair/President.

D. Proof of 501(c)(3) Status

Please provide a copy of your most current IRS 501(c) determination letter. If an organization does not have its own tax-exempt determination letter, it should attach:

- a copy of the IRS tax-exemption determination letter of the agency which will act as the fiscal agency for the project,
- a signed letter of agreement between the applicant and the fiscal agency describing how the funds will be handled should a grant be awarded

E. Formal Collaboration Agreements or Memorandum of Understandings (if applicable)

Collaborative agreements for the purposes of the RFA should include:

- Specific detail about the policies and procedures that are used to implement it.
- A clear goal stating what will be achieved through the collaborative effort.
- A set of objectives that show the affiliating organizations will achieve the stated goals.
- A statement designating specific staff's responsibility for coordination of the specific aspects of the agreement.
- A specific term for the existence of the affiliation or a set period of time after which the relationship will be reviewed.

Submittal Instructions

The proposal shall be prepared and submitted in original word format presented in this guide and should be presented in the same order as on the checklist. Applicants shall submit their entire application package electronically to the Office of HIV on or before the proposal submission deadline. An emailed reply will verify your submission has been received. Applicants must submit their proposal through the portal link found on the [End HIV Nevada website](#) no sooner than November 1, 2019 and no later than November 15, 2019.

Please be advised:

1. Proposals that do not arrive as instructed by proposal deadline will not be accepted during the first disbursement of funds.

2. For ease of evaluation, the proposal shall be submitted on the forms presented in this guide and should be presented in the same order. Responses to each section and subsection should be complete, marking any section or sub-section as “N/A” for not applicable, so as to indicate that no item was missed or addressed. Exceptions to this will not be considered during the evaluation process.
3. If complete responses cannot be provided without referencing supporting documentation, such documentation must be provided with the proposal and specific references made to the tab, page, section and/or paragraph where the supplemental information can be found.
4. Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFA. Emphasis should be concentrated on conformance to the RFA instructions, responsiveness to the RFA requirements, and on completeness and clarity of content.
5. Descriptions on how any and all equipment and/or services will be used to meet the requirements of this RFA shall be given, in detail, along with any additional information documents that are appropriately marked.
6. The proposal application must be signed by the individual(s) legally authorized to bind the applicant.
7. All expenses involved with the preparation and submission of proposals shall be borne by the Applicant.

Technical Assistance

In-person technical assistance will NOT be provided. Questions related to this solicitation must be received by e-mail to the contact person listed below, within the time indicated in the Timeline. Oral inquiries or those submitted after the period specified in the Timeline will not be addressed.

Answers to questions submitted in accordance with the RFA Time Line will be posted on the [End HIV Nevada website](#) and may be requested via e-mail.

All inquiries must be submitted to:

Tony Garcia
E-Mail: jtgarcia@health.nv.gov

REVIEW PROCESS

Applications shall be evaluated and scored based upon a two-step review process.

Step One: Technical Review of Applications

All applications will be subject to an initial technical review for completeness and adherence to RFA specifications and requirements. The technical review will be conducted to determine whether the application is eligible for evaluation or immediate rejection based on the following:

- The application was received by the stated deadline.
- The proper authorized individual signed the application.
- The application is complete, including all required attachments.

Applications that fail the initial review will receive no further consideration.

Step Two: Review Panel and Funding Recommendations

Applications that pass the initial technical review will be evaluated and scored by a panel of independent reviewers with knowledge of health care or social services delivery. Applications for each service category will be evaluated and scored independently and compared to other applications within the same service category. The Office of HIV will make funding recommendations based on the review panel's scoring and evaluation.

Where applicants submit applications for multiple services narratives for each service and budget proposal will be scored and calculated individually for each category applied for by an agency. Individual service scores will be compared to other applicants who applied for the same services.

Scoring:

Table 1 outlines the points assigned to each section of a complete application. The maximum score possible for each service category is 100 points. Section 1-5 will only be scored once, that score will be carried over as part of each service category applied for.

TABLE 1: POINT VALUES

SECTION	POINT VALUE
1. Cover Page	5 Pts
2. Agency Profile	5 Pts
3. Technical Proposal	5 Pts
4. Agency Summary and Experience	10 Pts
5. Required Proposal Attachments	5 Pts
6. Project Narrative (1 per service category)	25 Pts
7. Service Plan (1 per service category)	20 Pts
8. Budget Proposal (1 per service category)	25 Pts
TOTAL POINTS	100 Pts

The Office of HIV will make awards to Subrecipients possessing the ability to perform successfully under the terms and conditions of this RFA. As part of this review process, consideration will be given to such matters as agency integrity, compliance with public policy,

record of past performance, financial and technical resources, the level of services needed in the proposed area, funding availability, collaborative agreements and partnerships, organizational capacity, program efficiency, cost effectiveness, and the ability to provide quality services.

Subgrant Award Process

1. RWPB staff may contact any vendor to clarify any response; contact any current consumer of a vendor's services; solicit information from any available source concerning any aspect of a proposal; and seek and review any other information deemed pertinent to the evaluation process. The State of Nevada shall not be obligated to accept the lowest priced proposal, but shall make an award in the best interests of the State of Nevada (NRS §333.335(5))
2. Discussions may, at the State's sole option, be conducted with vendors who submit proposals determined to be acceptable and competitive (NAC §333.165). Vendors shall be accorded fair and equal treatment with respect to any opportunity for discussion and/or written revisions of proposals. Such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing vendors.
3. Any award is contingent upon the successful negotiation of final subgrant terms. Negotiations shall be confidential until an agreement is reached. If subgrant negotiations cannot be concluded successfully, the State upon written notice to all vendors may negotiate a contract with the next highest scoring vendor or withdraw the RFA.
4. Any subgrant resulting from this RFA shall not be effective unless and until approved by the Nevada Division of Public and Behavioral Health; any subgrant resulting from this RFA shall not be effective unless and until approved by all parties.

Terms, Conditions, and Exceptions

1. The State reserves the right to alter, amend, or modify any provisions of this RFA, or to withdraw this RFA, at any time prior to the award of a contract pursuant hereto, if it is in the best interest of the State to do so.
2. The State reserves the right to waive informalities and minor irregularities in applications received.
3. The State reserves the right to reject any or all applications received prior to contract award (NRS §333.350).
4. The State shall not be obligated to accept the lowest priced application but will make an award in the best interests of the State of Nevada after all factors have been evaluated (NRS §333.335).

5. Any irregularities or lack of clarity in the RFA should be brought to the Division designee's attention as soon as possible, so that corrective addenda may be furnished to prospective applicants.
6. Alterations, modifications, or variations to an application may not be considered unless authorized by the RFA or by addendum or amendment.
7. Applications which appear unrealistic in the terms of technical commitments, lack of technical competence, or are indicative of failure to comprehend the complexity and risk of this RFA may be rejected.
8. Applications from employees of the State of Nevada will be considered in as much as they do not conflict with the State Administrative Manual, NRS Chapter §281 and NRS Chapter §284.
9. Applications may be withdrawn by written or email notice received prior to the submission time.
10. Prices offered by applicants in their applications are an irrevocable offer for the term of the contract and any contract extensions. The awarded applicant agrees to provide the project at the costs, rates, and fees set forth in their application in response to this RFA. No other costs, rates, or fees shall be payable to the awarded applicant for implementation of their application.
11. The State is not liable for any costs incurred by applicants prior to entering into a formal contract. Costs of developing the applications or any other such expenses incurred by the applicant in responding to the PFS are entirely the responsibility of the applicant and shall not be reimbursed in any manner by the State.
12. The awarded applicant will be the sole point of contract responsibility. The State will look solely to the awarded applicant for the performance of all subgrant obligations that may result from an award based on this RFA, and the awarded applicant shall not be relieved for the non-performance of any or all Subrecipients.
13. Each applicant must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFA. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting an application in response to this RFA, applicants affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of it in connection with this grant award. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in disqualification of the application. The State reserves the right to disqualify any applicant on the grounds of actual or apparent conflict of interest. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of an applicant.
14. The State reserves the right to negotiate final subgrant terms with any applicant selected. The subgrant between the parties will consist of the RFA together with any modifications thereto, and the awarded application, together with any modifications and clarifications thereto that are submitted at the request of the State during the evaluation and negotiation process. In the event of any conflict or contradiction between or among these documents, the documents shall control in the following order of precedence: the final executed

contract, the PFS, any modifications and clarifications to the awarded application. Specific exceptions to this general rule may be noted in the final, executed subgrant.

15. Applicant understands and acknowledges that the representations above are material and important and will be relied on by the State in evaluation of the application. Any applicant misrepresentation shall be treated as fraudulent concealment from the State of the true facts relating to the application.
16. Pursuant to NRS Chapter 613 in connection with the performance of work under this contract, the contractor agrees not to unlawfully discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, sexual orientation or age, including, without limitation, with regard to employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including, without limitation apprenticeship.
17. The contractor further agrees to insert this provision in all subcontracts, hereunder, except subcontracts for standard commercial supplies or raw materials.
18. It is expressly understood and agreed all work done by the contractor shall be subject to inspection and acceptance by the State.
19. Any progress inspections and approval by the State of any item of work shall not forfeit the right of the State to require the correction of any faulty workmanship or material at any time during the course of the work and warranty period thereafter, although previously approved by oversight.
20. If travel is required, the following processes must be followed:
 - a. Requests for reimbursement of travel expenses must be submitted on the State Claim for Travel Expense Form with original receipts for all expenses.
 - b. The Travel Expense Form must be submitted with the vendor's Request for Reimbursement (RFR).
 - c. Providers will be reimbursed travel expenses and per diem at the rates allowed for State employees at the time travel occurs.
 - d. If you request Travel funds and receive travel funds, there will be a mandatory conference call for all vendors before travel funds can be used.
21. No announcement concerning the award of a contract as a result of this RFA can be made without the prior written approval of the Section Manager of the Office of HIV/AIDS.
22. The awarded applicant must agree, where expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose including the following:
 - a. Any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.

RFA Detailed Instructions

INSTRUCTIONS FOR AGENCY PROFILE
INSTRUCTIONS FOR TECHNICAL DETAILS
INSTRUCTIONS FOR AGENCY SUMMARY AND EXPERIENCE
INSTRUCTIONS FOR PROJECT NARRATIVE
INSTRUCTIONS FOR SCOPE OF WORK
INSTRUCTIONS FOR BUDGET

Instructions for Agency Profile

Project HD Number – Leave blank (Assigned by DPBH)

Application Number – Leave blank (Assigned by RWPB)

Organization Name – Applicant's legal name

Organization Website – If applicable, provide the applicant's website address

Organization Telephone Number – Agency's main contact phone number

Organization Address – Street and floor or suite number

Organization City/State – City and state

Organization Zip Code – Five or nine-digit zip code

Employer ID Number – Provide the agencies designated Employer Identification Number (EIN)

Type of Applicant – Select the type of applicant (i.e., Non-profit, Religiously-Affiliated Agency, School District, County, Government Corporation, Tribal Government, For-profit, City/Town, State, Special or Regional Authority, University, or Other). Select only one. NOTE: Partnerships/coalitions must choose one organization as the primary applicant.

Project Director – This will be the main programmatic contact person for this project

Financial Officer – This will be the main fiscal contact person for this project

Organization Director – This will be the main administrative contact person for this project

Instructions for Technical Details

Service Category– Select each service category that will be included in this proposal.

Geographic Area(s) to be Served – Specify if you are planning to provide services either statewide or list the counties/county that will be included in your service area.

Requested Amount: Specify the total amount you are requesting per Service Category. Please be sure this matches the total amount in your Budget.

Instructions for Agency Summary and Experience

The Agency Summary and Experience provides a description of the agency and its experience relevant to this application. The Agency Summary and Experience should be no longer than two (2) pages and should include the following information:

- A narrative describing the agency's experience in providing the service category and the agency's experiences within the targeted geographic area.
- Identify the populations the agency has previously served and briefly discuss the demographic, social, and behavioral characteristics of the population.
- Explain how this experience is applicable to the proposed project.
- Describe the geographic area to be served and location of services of the proposed project.
- Discuss how the proposed project will be linked to other programs offered by the agency.
- Describe how the agency ensures the proposed project and services are consistent with Health and Human Services (HHS) guidelines and all other applicable professional standards and requirements. Upload relevant certifications and licenses as an attachment to your application.
- Include supporting documentation that supports the agency's programmatic and administrative abilities such as management staff resumes, certifications, licenses, in-house training, or other evidence.

Subrecipient Project Narrative Instructions

The Project Narrative should be no more than five (5) pages in length per service category in which funding is requested. Where applicable, please reference HRSA Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds, The Ryan White Part B Service Standards, the Ryan White HIV National Monitoring Standards, the Nevada Integrated HIV Prevention and Care Plan 2017-2021, and the Ryan White Part B Quality Management Plan. All of these documents can be found at EndHIVNevada.org. The Project Narrative should include the following information:

Project Description / Scope of Services: Describe the scope(s) of the proposed project(s). Use the defined list of service categories from pages 7 and 8 allowable activities.

- Describe the basis for designing the proposed project(s)
- Discuss the scope(s) of the project and describe in detail how it will be implemented and how it will ensure that the clients' needs will be met.
- Justify the need(s) for proposed services and how the proposed services will impact the HIV/AIDS community.
- Describe how unmet needs and potential barriers to care will be addressed by the proposed project (e.g., bilingual staff, extended and weekend hours of service, transportation, etc.).
- Identify the S.M.A.R.T objectives of the proposed project. The objectives must be specific, measurable, attainable, realistic, and time phased. This will be reflected in the Service Plan.
- Identify activities that will be used to achieve the project's scope, overall goals, and objectives. The activities serve as the operating steps for the project. This will be reflected in the Service Plan.
- Describe the methodology used to determine the number of clients to be served. This will be reflected in the Service Plan.
- Describe the methodology used to determine the number of service units to be provided (one (1) service unit is equal to one (1) client contact/activity). This will be reflected in the Service Plan.

To ensure the proposed project accurately reflects the service category refer to the following links for additional information and guidance:

1. [Nevada Service Standards](#)
2. [Ryan White HIV/AIDS PRN 16-02: Eligible Individuals & Allowable Uses of Funds](#)
3. [National Monitoring Standards for Ryan White Part B Grantees: Program – Part B](#)

Target Population: Describe the agency's experience providing services to the target population(s) and describe how the agency will assess the needs of this population to promote core and support services, and retention in care.

- Identify and describe the characteristics of the target population(s) this project will serve, including: health disparities, race/ethnicity, gender, sexual orientation, age, special populations, etc.
- Describe the needs and gaps of the population to be served. Use data to justify the identified need(s).
- Describe the agency's capability to reach and serve the target populations under the proposed project.

Collaboration: Provide a description of statewide or community resources and networks related to HIV care, including inter- and intra-agency linkages, the agency's relationship with these organizations, and how the agency will work with other agencies within a comprehensive system of care framework to minimize duplication of resources. Provide copies of formal agreements, if applicable.

Marketing: Describe how the agency will make services known to the target population(s) and other service providers.

Cultural and Linguistic Capacity: Describe how the agency will ensure services are culturally and linguistically appropriate.

- Describe the extent to which the demographic make-up of the agency's frontline staff, management, and the board of directors is reflective of the target population(s).

Payer of Last Resort: Describe how the agency will ensure that Ryan White funds will be cost effective, coordinated, and used as the payer of last resort for each service category for which funds are requested.

Quality Management and Evaluation: Describe how the proposed project will be evaluated and assess the quality of care provided to clients, the success or failure in meeting goals and objectives, effectiveness in meeting identified needs of the targeted population, effectiveness and efficiency of program operations, the process used to assess client satisfaction, the method for ensuring ongoing availability of effective and high quality services, and the process for resolution of identified quality issues.

- Describe the performance measures to be tracked and evaluated for each service category. A minimum of two (2) must be selected. This will be reflected in the Service Plan.
- Describe why each performance measure was chosen.
- Describe the methodology used to determine the proposed project's anticipated benchmarks.

If the agency is planning to use a subcontractor for all or part of the services they are applying for, they must first contact the Office of HIV/AIDS prior to application submission.

Subrecipient Service Plan Instructions

Complete the Subrecipient Service Plan Template in the application submittal package. The Service Plan should be limited to one to two pages per service category in which funding is requested. The Project Narrative should reflect the information presented in the Subrecipient Service Plan. The Subrecipient Service Plan includes the following information:

Service Category: List the service category(s) of the proposed project. Use the defined list of service categories and allowable activities from pages 7/8.

Estimated number of unique clients to be served: List the estimated number of unique clients to be served in the proposed project. The methodology used to determine the unique number of clients must be described in the Project Narrative.

Estimated number of service units (contacts) to be provided: List the estimated number of service units to be provided to clients in the proposed project. One contact or activity is equal to one service unit. The methodology used to determine the number of service units must be described in the Project Narrative.

Service Category Goal: State the purpose of this service category, as provided in [Ryan White HIVAIDS PRN 16-02: Eligible Individuals & Allowable Uses of Funds](#)

S.M.A.R.T Objective: List one S.M.A.R.T objective that supports the service category goal listed above. A SMART objective must be specific, measurable, attainable, realistic, and time-phased.

Documentation: Provide the data source(s) for tracking progress for the proposed project.

Activities: Provide a high-level overview of how the agency will accomplish the SMART Objective. Service Plan activities should be brief. Please add more lines as needed. An in-depth description of the activities must be described in the Project Narrative.

Evaluation: Name two (2) client-level performance measurements to be tracked and evaluated. Performance measures may be selected from the HRSA HIV/AIDS Bureau (HAB) Performance Measures Portfolio or agency created and defined. The performance measures must be described in the Project Narrative.

- **Performance Measure:** Provide the name of the selected performance measure.
- **Measurement Definition:** Define how the performance measure will be calculated, i.e., define the numerator and denominator of the measurement.
- **Anticipated Benchmark:** Provide the minimum acceptable threshold for the performance measurement to be considered successful.
- **HRSA HIV/AIDS Bureau (HAB) Performance Measures Portfolio:**
<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

Instructions for Budget Template

Please use the EXCEL template provided with the announcement.

Develop a line item budget for the project. For each category, specify the item, detail description, quantity and cost per unit. Do not modify the formulas in the “Total” column. Each item listed must in the “Direct Costs” section and must be allowable, allocable, and reasonable to carry out the project, below is our federal guidance.

45 CFR 75.403: Factors affecting allowability of costs.

Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards:

- (a) Be necessary and reasonable for the performance of the Federal award and be allocable thereto under these principles.
- (b) Conform to any limitations or exclusions set forth in these principles or in the Federal award as to types or amount of cost items.
- (c) Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the non-Federal entity.
- (d) Be accorded consistent treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.
- (e) Be determined in accordance with Generally Accepted Accounting Principles (GAAP), except, for state and local governments and Indian tribes only, as otherwise provided for in this part.
- (f) Not be included as a cost or used to meet cost sharing or matching requirements of any other federally-financed program in either the current or a prior period. See also §75.306(b).
- (g) Be adequately documented. See also §§75.300 through 75.309.

45 CFR §75.404: Reasonable costs.

A cost is reasonable if, in its nature and amount, does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. The question of reasonableness is particularly important when the non-Federal entity is predominantly federally-funded. In determining reasonableness of a given cost, consideration must be given to:

- (a) Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the non-Federal entity or the proper and efficient performance of the Federal award.
- (b) The restraints or requirements imposed by such factors as: Sound business practices; arm's-length bargaining; Federal, state, local, tribal, and other laws and regulations; and terms and conditions of the Federal award.
- (c) Market prices for comparable goods or services for the geographic area.

- (d) Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the non-Federal entity, its employees, where applicable its students or membership, the public at large, and the Federal Government.
- (e) Whether the non-Federal entity significantly deviates from its established practices and policies regarding the incurrence of costs, which may unjustifiably increase the Federal award's cost.

45 CFR §75.405: Allocable costs.

- (a) A cost is allocable to a Federal award or other cost objective if the goods or services involved are chargeable or assignable to that Federal award or cost objective in accordance with relative benefits received. This standard is met if the cost:
 - (1) Is incurred specifically for the Federal award.
 - (2) Benefits both the Federal award and other work of the non-Federal entity and can be distributed in proportions that may be approximated using reasonable methods; and
 - (3) Is necessary to the overall operation of the non-Federal entity and is assignable in part to the Federal award in accordance with the principles in this subpart.
- (b) All activities which benefit from the non-Federal entity's indirect Facilities & Administrative (F&A) cost, including unallowable activities and donated services by the non-Federal entity or third parties, will receive an appropriate allocation of indirect costs.
- (c) Any cost allocable to a Federal award under the principles provided for in this part may not be charged to other Federal awards to overcome fund deficiencies, to avoid restrictions imposed by Federal statutes, regulations, or terms and conditions of the Federal awards, or for other reasons. However, this prohibition would not preclude the non-Federal entity from shifting costs that are allowable under two or more Federal awards in accordance with existing Federal statutes, regulations, or the terms and conditions of the Federal awards.
- (d) Direct cost allocation principles. If a cost benefits two or more projects or activities in proportions that can be determined without undue effort or cost, the cost must be allocated to the projects based on the proportional benefit. If a cost benefits two or more projects or activities in proportions that cannot be determined because of the interrelationship of the work involved, then, notwithstanding paragraph (c) of this section, the costs may be allocated or transferred to benefitted projects on any reasonable documented basis. Where the purchase of equipment or other capital asset is specifically authorized under a Federal award, the costs are assignable to the Federal award regardless of the use that may be made of the equipment or other capital asset involved when no longer needed for the purpose for which it was originally required. See also §§75.317 through 75.323 and 75.439.

- (e) If the contract is subject to Cost Accounting Standards (CAS), costs must be allocated to the contract pursuant to CAS. To the extent that CAS is applicable, the allocation of costs in accordance with CAS takes precedence over the allocation provisions in this part.

The Budget Categories approved by the Health Resources and Services Administration are:

- **Personnel & Fringe:** Explain personnel costs by listing each staff member who will be supported from funds, percentage of Full-Time Equivalency (% of time), and annual salary. List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.
- **Travel:** List travel costs according to local and long-distance travel. For local travel, outline the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel. The budget should also reflect the travel expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and trip associated with participating in meetings and other proposed trainings or workshops. Describe the purpose of the travel, provide number of trips involved, the destinations, and the number of individuals for whom funds are requested.

Notes: Per HRSA-HAB Policy Clarification Notice 11-04, Providers must utilize their 10% administrative/in-direct funds to support HIV staff training. If a subrecipient includes conferences, summits, annual updates, trainings, etc. in this Travel section, they must provide justification on how it will specifically assist implementation of their program to determine if this will be under Direct or Indirect Services.

- **Operating:** List those tangible and expendable personal property items or costs that the project will use to implement and maintain the proposed project. Separate supplies into three categories: office supplies (e.g., paper, pencils), medical supplies (e.g., syringes, blood tubes, gloves), and educational supplies (e.g., brochures, videos). Items must be listed separately. Per 45 CFR § 75.321, property will be classified as supplies if the acquisition cost is under \$5,000. Final approval of supplies will be based on whether the supply falls under Direct or Indirect Services. If providing meals, snacks, or basic nutrition, include these costs here.
- **Equipment:** List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of 1 or more years). For example, large items of medical equipment. All equipment

must receive prior approval before purchase. Retroactive approval request will be denied.

- Training: List all cost associated with training, associated conference fees (if applicable), and list the \$500 costs for the Open Enrollment Counseling Certification (if applicable).
- Other: Include all costs that do not fit into any other category and provide an explanation of each cost in this category (e.g., provider licenses, audit, legal counsel). In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate, please refer to PCN 15-01. You may include the cost of access accommodations as part of your projects' budget, including sign interpreters, plain language and health literacy, print materials in alternative formats including Braille, large print, etc.); and linguist competence modification (e.g., translation or interpretation series).
- Contractual: Provide a clear explanation as to the purpose of each contract/sub-award, how the costs were estimated, and the specific contract/sub-award deliverables. You should not provide line item details on proposed contracts, rather you should provide the basis for your costs estimate for the contract. For consult series, list the total costs for all consultant services. In the budget. For consultant services, list the total costs for all consultant services. In the budget narrative, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs. Please describe how you will monitor their work to ensure the funds are being properly used. All contractors must be pre-approved and a detailed description to determine whether the contractor/service is considered Direct or Indirect line-item.

Per the Suspension and Debarment rules in the Uniform Administrative Requirements, as implemented by HRSA under 45 CFR § 75.212, non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376. These regulations restrict awards, sub-awards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

- Indirect: Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a project or program, but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For some institutions, the term "facilities and administration" (F&A) is used to denote indirect costs. If your organization does not have an indirect cost rate, you may wish to obtain one through U.S. Department of Health & Human (HHS) Division of Cost Allocation (DCA). Visit DCA's website to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. If indirect costs are included in the budget,

attach a copy of the indirect cost rate agreement. If the indirect cost rate agreement is required per the Notice of Funding Opportunity (NOFO), it will not count toward the page limit. Any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than \$35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of Modified Total Direct Costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until a non-federal entity chooses to negotiate for a rate, which the non-federal entity may apply to do at any time. Please provide the same detail for Indirect as you provide for Direct Services.

Instructions for Attachments

Attachment A – Assurances Acknowledgement

Attached – must be signed by Staff member authorized to bind the agency.

Attachment B - Conflict of Interest Policy Acknowledgement

Attached – must be signed by Staff member authorized to bind the agency.

Attachment C - Agency Organizational Chart

Provide current organizational chart that shows the structure of the organization and the relationships and relative ranks of its parts and positions/jobs. All organizations must provide an overall organizational chart showing the relations between departments personnel whose salary is to be paid in-whole or in-part with RWPB funds.

Attachment D - Job Descriptions

Provide a job description of all positions which are to be funded in-part or in-whole by RWPB. Attach names, titles and their Full Time Equivalent (FTE) status, if funded from RWPB.

Attachment E - List of Board Members

Provide a list of current Board Members and include each Board Members' name, gender, ethnicity, place of employment, board related titles, and length of service. Please, also include contact information for the Board Chair/President.

Attachment F - Proof of 501(c)3 Status

Please provide a copy of your most current IRS 501(c)3 determination letter. If an organization does not have its own tax-exempt determination letter, it should attach:

- a copy of the IRS tax-exemption determination letter of the agency which will act as the fiscal agency for the project,
- a signed letter of agreement between the applicant and the fiscal agency describing how the funds will be handled should a grant be awarded

Attachment G - Formal Collaboration Agreements (MOU)

Please provide any collaborative agreements that apply to the goals and objectives of your proposal. Any applicable MOU should contain the following:

- Specific detail about the policies and procedures that are used to implement it.
- A clear goal stating what will be achieved through the collaborative effort.
- A set of objectives that show the affiliating organizations will achieve the stated goals.
- A statement designating specific staff's responsibility for coordination of the specific aspects of the agreement.

- A specific term for the existence of the affiliation or a set period of time after which the relationship will be reviewed.

Application Submittal Package

APPLICATION CHECKLIST

COVER PAGE

AGENCY PROFILE

TECHNICAL PROPOSAL

AGENCY SUMMARY AND EXPERIENCE

REQUIRED PROPOSAL ATTACHMENTS

PROJECT NARRATIVE

SERVICE PLAN

BUDGET TEMPLATE

Application Checklist

Request for Application – Grant Year(s) 2020 - 2021

Deadline for Submission: November 11, 2019

1. RFA Cover Page completed and signed _____
2. Agency Profile completed _____
3. Technical Details completed _____
4. Agency Summary & Experience completed _____
5. Required Proposal Attachments _____
6. Project Narrative(s) completed _____
7. Service Plan(s) completed _____
8. Budget Proposal(s) completed _____

Cover page

Nevada Division of Public and Behavioral Health
Office of HIV

Request for Application 2020 to Provide
RWPB Services, RW 17-18-19

Release Date: October 1, 2019
Deadline for Submission and Time: November 15, 2019 by 5 pm

For additional information, please contact:

Tony Garcia
Grants & Projects Analyst
1840 E. Sahara Ave, Suite 111
Las Vegas, NV 89104
(702) 486-5924 – Fax (702) 486-8101
E-Mail: itgarcia@health.nv.gov

Website for Additional References: <https://endhivnevada.org/>

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Executive Director/CEO: _____

Executive Director Email: _____

Point of Contact: _____

Point of Contact Email: _____

I have read, understand, and agree to all terms and conditions herein.

Signed: _____ Date: _____

Print Name: _____ Print Title: _____

Agency Profile

Project HD Number: (Assigned by DPBH)	
Application Number: (Assigned by RWPB)	
Organization Name:	
Organization Website:	
Organization Telephone Number:	
Organization Address:	
Organization City, State:	
Organization Zip Code:	
Employer ID Number (EIN):	
Type of Applicant:	

1. Contact Information

Name of Project Director:	
Title:	
Telephone:	
Email:	

Name of Financial Officer:	
Title:	
Telephone:	
Email:	

2. Signature Authority

Name of Signature Authority	
Title:	
Telephone:	
Email:	

Technical Details

Nevada Ryan White Part B Requested Service Categories (Please select all service categories that apply)	Geographic Areas to be Served (Specify Statewide or county/counties to be served)	Requested Amount
Early Intervention Services <input type="checkbox"/> General <input type="checkbox"/> ADAP Flex (Rapid Start)		
<input type="checkbox"/> Emergency Financial Assistance		
<input type="checkbox"/> Health Insurance Premium & Cost Sharing Assistance		
<input type="checkbox"/> ADAP Only (HIP RX)		
<input type="checkbox"/> Health Education/Risk Reduction		
<input type="checkbox"/> Housing Services		
<input type="checkbox"/> Medical Case Management & Treatment Adherence <input type="checkbox"/> MAI only		
<input type="checkbox"/> Medical Transportation Services		
<input type="checkbox"/> Mental Health Services		
Non-Medical Case Management Services (each is a separate narrative) <input type="checkbox"/> ADAP Coordination <input type="checkbox"/> General <input type="checkbox"/> Eligibility <input type="checkbox"/> Retention In Care (RIC)		
<input type="checkbox"/> Other Professional Services: Legal		
<input type="checkbox"/> Other Professional Services: Tax Prep		
<input type="checkbox"/> Outpatient/Ambulatory Health Services		
<input type="checkbox"/> Psychosocial Support Services		

Agency Summary and Experience

Project Narrative

Service Plan Template

Subrecipient Name: _____

Service Category:	Estimated number of unique clients to be served:
	Estimated number of service units (contacts) to be provided:
Service Category Goal: <i>State the purpose of this service category, as provided in HRSA PCN 16-02 or the National Monitoring Standards</i>	
SMART Objective: <i>List a SMART objective that supports the service category goal listed above</i>	Documentation: <i>Provide the data source(s) for tracking progress</i>
Activities: <i>Provide a high-level overview of how your agency will accomplish the SMART Objective</i>	
1.	
2.	
3.	
4.	
5.	
Evaluation: <i>Name (2) two client-level performance measurements to be tracked and evaluated.</i> <ul style="list-style-type: none"> Performance Measurement: Measurement Definition: Anticipated Benchmark: <ul style="list-style-type: none"> Performance Measurement: Measurement Definition: Anticipated Benchmark: 	

REQUIRED SUPPLEMENTS & PROPOSAL ATTACHMENTS

Attachment A – Assurances Acknowledgement

Attachment B - Conflict of Interest Policy Acknowledgement

Attachment C - Agency Organizational Chart

Attachment D - Job Descriptions

Attachment E - List of Board Members

Attachment F - Proof of 501(c)3 Status

Attachment G - Formal Collaboration Agreements (MOU)

Attachment A: Assurances

As a condition of receiving funds from the Nevada State Division of Public and Behavioral Health, the Subrecipient agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subrecipient expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work, the transfer of funds between budgeted categories without prior written approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subrecipient five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.
 - c. Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.
5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any Subrecipient on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the Subrecipient agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed, then a Confidentiality Agreement will be entered into.
9. Subrecipient certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded

from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every Subrecipient receiving any payment in whole or in part from federal funds.

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the “PRO-KIDS Act of 1994,” smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subrecipient’s expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subrecipient’s fiscal year.

Authorized Agency Signature

Date

Attachment B: CONFLICT OF INTEREST POLICY ACKNOWLEDGMENT

Vendor must have a conflict of interest policy designed to foster public confidence in our integrity and to protect our interest when we are contemplating entering a transaction or arrangement that might benefit the private interest of a director, a corporate officer, our top management official and top financial official, any of our key employees, or other interested persons.

I hereby acknowledge that [NAME OF ORGANIZATION], has a conflict of interest policy on file and that all employees, contractors and volunteers have read and understood it, and agree to comply with its terms.

Authorized Agency Signature

Date

Definitions & Acronyms

Definitions & Acronyms

Administrative or Fiscal Agent - Entity that functions to assist the grantee, consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Applications [RFAs], monitoring contracts).

AIDS Drug Assistance Program (ADAP) - Administered by States and authorized under Part B of the Ryan White Treatment Modernization Act, it provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

AIDS (Acquired Immunodeficiency Syndrome) - A disease caused by the human immunodeficiency virus.

Antiretroviral - A substance that fights against a retrovirus, such as HIV. (See Retrovirus)

Capacity - Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved PLWH in the EMA.

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act) - Federal legislation created to address the unmet health care and service needs of people living with HIV (PLWH) disease and their families. It was enacted in 1990 and reauthorized in 1996 and 2000. Reauthorized in 2006 as: The Ryan White Treatment Modernization Act. The program's services are available in all 50 states and U.S. territories.

Community-based Organization (CBO) - An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

Centers for Disease Control and Prevention (CDC) - Federal agency within HHS that administers disease prevention programs including HIV/AIDS prevention.

Co-morbidity - A disease or condition, such as mental illness or substance abuse, co-existing with HIV disease.

Continuous Quality Improvement - An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

Continuum of Care - An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PLWHA.

Core Services - Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c)), Part B (2612(b)), and Part C (2651(c)).

Coordination of Benefits – The activities that ensure when multiple payers exist for medications and/or services that the appropriate costs are paid by the responsible payer. Ryan White Program funds are the payer of last resort, making it necessary for all other payers (Medicare Part D, Medicaid, private insurance, etc.) to be utilized first before using these federal dollars.

Co-Insurance – A percentage of the cost of prescription drugs that a client must pay when enrolled in some health plans (i.e., Medicare Part D Plans). Some ADAPs will pay the co-insurance for ADAP formulary drugs.

Co-Payment - A set amount an individual must pay upon receiving medical services or prescriptions. For example, there may be a \$10 co-payment required each time a prescription is purchased at a retail pharmacy. Some ADAPs will pay the co-payments for ADAP formulary drugs.

Core Medical Services – Under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, grantees receiving funds under Parts A, B, and C (formerly Titles I, II and III) must spend at least 75 percent of funds on core medical services. These services include: outpatient and ambulatory health services; pharmaceutical assistance (ADAP and other local pharmacy programs); oral health; early intervention services; health insurance premium assistance; home health care; home and community-based services; hospice services; mental health services; medical nutritional therapy; medical case management, including treatment adherence services; and outpatient substance abuse treatment services.

Cost Share/Patient Share – The ADAP client’s monetary cost for program participation. Some ADAPs require that program participants share in the cost of their medications. The mechanisms for this requirement vary from state to state but are usually based upon client income and set on a sliding scale fee. Some ADAPs require a monthly cost share payment to the program while other ADAPs mandate a nominal cost per prescription. The funds from the cost share component are returned to the ADAP to defray administrative and programmatic costs.

Cultural Competence - The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

Deductible - The amount a health insurance beneficiary must pay before a third-party payer begins to provide coverage for health services. Amounts can change from year to year. Some ADAPs pay this cost for eligible clients.

Dis-Enroll - To remove a client from ADAP. Following dis-enrollment, the individual would have to complete a new application and be enrolled in the ADAP again to receive services.

Drug Resistance - When a bacteria, virus, or other microorganism mutates (changes form) and becomes insensitive to (resistant to) a drug that was previously effective. Drug resistance can be a cause of HIV treatment failure. Also known as: Resistance.

Dual-Eligible – Individuals who are eligible for both Medicare and Medicaid.

Early Intervention Services (EIS) - Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services.

Eligible Metropolitan Area (EMA) - Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A Funds To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. (See also Transitional Grant Area, TGA.)

Family Centered Care - A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

Food and Drug Administration (FDA) - Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

Formulary - ADAP drug list that establishes the number of drugs available within a therapeutic class for purposes of drug purchasing, dispensing and/or reimbursement.

- Closed/restricted formulary – allows only those drug products listed to be dispensed or reimbursed.
- Open formulary – covers all FDA-approved drugs prescribed by a physician with no restrictions or with restrictions such as higher patient cost-sharing requirements for certain drugs.
- Tiered formulary – also referred to as “step therapy” and is a cost containment measure that categorizes medications for a particular condition based upon their cost. For example, a tier one medication would be one that is lowest cost and recommended to be used first, unless there are medical restrictions for doing so. Tier two would be a different medication that is prescribed for the same condition as the tier one drug but is more expensive. Step therapy or tiered formularies are most commonly used by ADAPs with medications prescribed for depression, respiratory problems, and opportunistic infections.

Recipient - The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award.

Health Centers - Community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing.

Health Resources and Services Administration (HRSA) - The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

HIV/AIDS Bureau (HAB) - The bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program.

HIV Disease - Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

Housing Opportunities for People with AIDS (HOPWA) - A program administered by the U.S.

Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.

HUD (U.S. Department of Housing and Urban Development) - The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

Incidence - The number of new cases of a disease that occur during a specified time period.

Incidence Rate - The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Injection Drug User (IDU) - Drugs can be taken in a variety of ways including drinking, smoking, snorting and rubbing, but it is the injection of drugs that creates the biggest risk of HIV transmission. Millions of people worldwide are injecting drug users (IDUs), and blood transfer through the sharing of drug taking equipment, particularly infected needles, is an extremely effective way of transmitting HIV. Around 30% of global HIV infections outside of sub-Saharan Africa are caused by the use of injecting drugs, and it accounts for an ever-growing proportion of those living with the virus. The illegal nature of injection drug use can also create barriers to accessing adequate treatment and prevention services making IDUs more vulnerable to HIV and its effects. The crossover with prostitution further means they are in positions to transmit the virus between other at-risk populations.

Lead Agency - The agency within a Part B consortium that is responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency).

Minority AIDS Initiative (MAI) – Created in 1998 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States, MAI provides funding across several Department of Health and Human Service (DHHS) agencies/programs, including Ryan White, to strengthen organizational capacity and expand HIV-related services in minority communities. The Ryan White component of the MAI was codified in the 2006 reauthorization.

Needs Assessment - A process of collecting information about the needs of PLWHA (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

People Living with HIV/AIDS (PLWH) - Infants, children, adolescents, and adults infected with HIV/AIDS.

Quality Improvement (QI) - Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

Risk Factor or Risk Behavior - Behavior or other factor that places a person at risk for disease; for HIV/AIDS, this includes such factors as male-to-male sexual contact, injection drug use, and commercial sex work.

The Ryan White HIV/AIDS Treatment Modernization Act of 2009 - The Ryan White CARE Act, “Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009”, or “Ryan White Program” is the single largest federal program designed specifically for people with HIV/AIDS. First enacted in 1990, it provides care and treatment to individuals and families affected by HIV/AIDS. The Ryan White Program has five parts - Part A (formerly Title I) funds eligible metropolitan areas and transitional

grant areas, 75 percent of grant funds must be spent for core services; Part B (formerly Title II) funds States/Territories, 75 percent must be spent for core services; Part C (formerly Title III) funds early intervention services, 75 percent must be spent for core services; Part D (formerly Title IV) grants support services for women, infants, children & youth and Part F comprises Special Projects of National Significance, AIDS Education & Training Centers (AETCs), Dental Programs and the Minority AIDS Initiative.

Ryan White HIV/AIDS Program Services Report (RSR) - Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

Service Gaps - All the service needs of all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care ("in care").

Sexually Transmitted Disease (STD) - An infectious disease that spreads from person to person during sexual contact. Sexually transmitted infections, such as syphilis, HIV infection, and gonorrhea, are caused by bacteria, parasites, and viruses.

Support Services - Recipient expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c), Part B (2612(b), and Part C (2651(c) cases).

Surveillance - An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

Target Population - A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Technical Assistance (TA) - The delivery of practical program and technical support to the CARE Act community. TA is to assist grantees, planning bodies, and affected communities in designing, implementing, and evaluating CARE Act-supported planning and primary care service delivery systems.

Unmet Need - The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

Viral Load - In relation to HIV, the quantity of HIV RNA in the blood; viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.