

## Form B

# RFA SCOPE OF WORK

### Section 1 : GENERAL INFORMATION

#### Introduction

The City of Austin, Public Health Department, Ryan White HIV/AIDS Program (RWHAP), hereinafter referred to as the “Recipient”, invites applications from qualified governmental and non-profit entities, hereinafter referred to as the “Applicant”, to provide services to persons with HIV (PWH). Services to be contracted include Core Medical Services: AIDS Pharmaceutical Assistance, Early Intervention Services (EIS), Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals, Medical Case Management, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services (plus Laboratory Diagnostic Testing and Specialty Outpatient Medical Care, and Substance Abuse Outpatient Care; and Support Services: Emergency Financial Assistance, Foodbank/Home Delivered Meals, Housing, Medical Transportation, Non-Medical Case Management Services, Substance Abuse-Residential, and Linguistic Services.

#### Background & Purpose of Funding

The Recipient receives RWHAP Part A and Minority AIDS Initiative (MAI) federal funds under the Ryan White Treatment Extension Act of 2009. This legislation represents the largest dollar investment made by the federal government specifically for the provision of core medical and support services for low-income PWH. The purpose of the Act is to improve the quality and availability of care for persons with HIV and their families, and to establish services for persons with HIV who would otherwise have no access to health care. U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) administers the RWHAP funds.

Part A funds provide direct financial assistance to an Eligible Metropolitan Area (EMA) or a Transitional Grant Area (TGA) that has been severely affected by the HIV epidemic. Formula and supplemental grants assist eligible program areas in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income PWH. A comprehensive continuum of care includes core medical services and support services that assist persons with HIV/AIDS (PWH/A) in accessing medical treatment for HIV infection.

#### Part A Program in the Austin Transitional Grant Area (TGA)

Located in central Texas, the Austin Transitional Grant Area (TGA) encompasses the five counties of Bastrop, Caldwell, Hays, Travis, and Williamson. Of all HIV/AIDS cases diagnosed in the TGA for the two-year period 2018-2019, 72% were reported within Travis County. The Austin TGA has received RWHAP Part A funding for twenty-seven (27) years and MAI funding for twenty-three (23) years. The Austin Area Comprehensive HIV Planning Council has set priorities and allocated funds for Fiscal Year (FY) 2022 to HIV service categories that address a continuum of core medical and support services designed to facilitate access to and retention in HIV primary medical care. The list of service categories and projected funds available for FY 2022 are shown on page 5.

#### Role of the HIV Planning Council

The HIV Planning Council is a diverse membership body, required by law, established to plan and decide how to use RWHAP Part A funds. The HIV Planning Council must include individuals from a variety of organizations and communities, and reflect the local demographics of the epidemic. Consideration is given to recruiting members with specific areas of expertise, as well as HIV positive consumers and persons who represent disproportionately affected and historically underserved populations. The Part A Planning Council is legislatively mandated to set service priorities and allocate resources across service categories. Resource allocation does not involve

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procurement. The HIV Planning Council is prohibited from involvement in the selection of entities to receive RWHAP Part A funding.

### Role of the Recipient and Administrative Agent

The Recipient is responsible for proper stewardship of all grant funds and activities. The City of Austin, Recipient for the Austin TGA, has designated the Austin Public Health Department as the Administrative Agent responsible for RWHAP Part A funds. Within the Department, the HIV Resources Administration Unit performs the following duties in compliance with legislative requirements: grant application; fiscal oversight; grant administration; procurement; contract administration; contract monitoring; and quality management.

### Minority AIDS Initiative (MAI) Funds

Since 1999, the U.S. Congress has earmarked funds appropriated under RWHAP Part A to support efforts to improve quality of care and health outcomes in communities of color disproportionately affected by HIV disease. The goal of this funding is to improve client-level health outcomes, increase life expectancy, and decrease transmission of HIV infection in minority populations. The HIV Planning Council evaluates data and determines the MAI populations to be served with specific, set-aside MAI funds. For FY 2022, Black Men Who Have Sex With Men (MSM), Latinx MSM (Latinx Youth ages 13-34 subpopulation), Black Women, and Transgender Women with HIV comprise the Austin TGA MAI populations.

To improve the health outcomes of minority subpopulations most disproportionately impacted by HIV, MAI services must be consistent with the epidemiologic data and the identified need and be culturally appropriate. Furthermore, effective MAI service provision should employ the use of population-tailored, innovative approaches or interventions by specifically addressing the unique needs of MAI subpopulations most disproportionately impacted by HIV. Similar to the other components RWHAP Part A, the goal of the MAI is viral suppression among identified minority subpopulations.

Organizations funded to provide MAI services must also meet the following criteria:

- Are in or near to the prioritized community they are intending to serve.
- Have a documented history of providing services to the prioritized communities.
- Have documented success in reaching prioritized populations so that they can help close the gap in access to service for highly-impacted minority communities.
- Provide services in a manner that is culturally and linguistically appropriate.
- Demonstrate understanding of the importance of cross-cultural and language appropriate communications and general health literacy issues in an integrated approach. Demonstrate how this will develop the skills and abilities needed by HRSA-funded providers and staff to effectively deliver the best quality health care to the diverse populations being served.

Applicants must clearly specify the prioritized population/s to be serviced within the designated client data management information system. Successful applicants shall track and maintain the following data for each minority population served under MAI:

- Dollars expended
- Number of unduplicated clients served
- Units of service overall and by race/ethnicity and WICY (women, infants, children and youth)
- Client-level outcomes

As directed by the HIV Planning Council, eligible entities applying for MAI funding must apply to provide the following services: EIS, Medical Case Management, and Non-medical Case Management. Service definitions and descriptions can be found in Form B, Section 4.

### National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS recognizes the importance of early entrance into care and retention in care for people living with HIV, to protect their health and reduce their potential of transmitting the virus to others. Ryan White HIV/AIDS Program Part A service activities generally are linked to goals 2 and 3 above.

## Section 2: RWAHP PART A REQUIREMENTS

**\*Please note, APH reserves the right to require subrecipients enter data in any designated Electronic Health Record System (ARIES/HRAR/etc.) as it's deemed necessary.**

### Ryan White HIV/AIDS Program Part A Requirements

Contracts awarded because of this solicitation (RFA) will contain RWAHP Part A requirements. As a Condition of Contract Award for FY 2022, RWAHP Part A subrecipients will be required to implement the Part A National Monitoring Standards: Universal Standards (Appendix F); Part A Program Monitoring Standards (Appendix G); and Part A Fiscal Monitoring Standards (Appendix H). These Standards also can be accessed online under RWAHP Part A and B Monitoring Standards at: <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

The Ryan White Services Report (RSR) captures information necessary to demonstrate program performance and accountability. All Ryan White core service and support service subrecipients will submit required, specific client-level data for Calendar Year 2022, using the AIDS Regional Information and Evaluation System (ARIES), or its successor. Special Note: ARIES data required of ALL providers will include tracking of clients and services including but not limited to Primary Medical Care Name; Primary HIV Care Source; Primary HIV Care Name; and Date of Last HIV Care Visit that cannot be client self-report. For additional information, refer to the HIV/AIDS Program Client Level Data website at: <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html#RSR>.

Culturally and Linguistically Appropriate Services (CLAS) Standards 4, 5, 6, and 7 are current Federal requirements for all recipients of Federal funds. In the Austin TGA, subrecipients funded by the RWAHP Part A grant will be required to comply with all 15 CLAS Standards, in order to promote communication that addresses cultural competency, limited English proficiency, and health literacy in delivering quality services effectively to diverse populations. Information on the 15 CLAS Standards is available online at:

<https://thinkculturalhealth.hhs.gov/clas/standards>.

RWAHP Part A contracts will require participation on the Clinical Quality Management Committee, in the HIV needs assessments, client satisfaction surveys, cost per unit of service studies, training, and community planning meetings or retreats as required by the Austin Area Comprehensive HIV Planning Council or the City of Austin Public Health Department.

RWAHP Part A subrecipients must comply with approved Austin TGA Standards of Care for service categories. The contract will require staff training on Standards of Care related to their positions within ninety (90) days of written notification of Standards of Care, within thirty (30) days of new employee hire date, and at least annually thereafter for all relevant staff.

RWAHP Part A subrecipients will adhere to the Austin TGA Client Grievance Policy and Procedures as designated by the City of Austin Public Health Department. Contractors' Client Grievance Policy and Procedures will be available in both English and Spanish and posted in a public area that is accessible to clients.

## Section 3 : AUSTIN TGA REPORTING REQUIREMENTS

### Reporting Requirements

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The following reports, with indicated due dates, will be required from RWHAP Part A subrecipients in the Austin TGA:

Reporting Requirements	Due Dates
ARIES Monthly Data Report	Ongoing, timely ARIES data input is required. ARIES Monthly Data Report is due no later than the 15 <sup>th</sup> of each month for the previous month, and is submitted with the Monthly Performance and Budget Status Report and the Payment Request. To receive reimbursement for services delivered, number of service units on the ARIES Data Report must match number of service units on the Monthly Performance Report
HIV Services Monthly Performance and Budget Status Report	Monthly Performance and Budget Status Report is due no later than the 15 <sup>th</sup> of each month for the previous month, and is submitted with the ARIES Monthly Data Report and the Payment Request. To receive reimbursement for services delivered, number of service units on the Monthly Performance Report must match number of service units on the ARIES Data Report.
Payment Request and Funds Status Report	Payment Request and Funds Status Report is due no later than the 15 <sup>th</sup> of each month for the previous month, and is submitted with the ARIES Monthly Data Report and the HIV Services Monthly Performance and Budget Status Report.
Ryan White Program Services Report (RSR) for calendar year 2022	March 2023, for all services delivered to Ryan White Eligible Clients during the period January 1 through December 31, 2022
FY 2022 Year End Closeout Report for Ryan White Part A	April 14, 2023
Administrative and Fiscal Review (AFR)	Date to be determined
Annual Financial Report with independent auditor's Management Letter and related items	120 calendar days after close of provider agency's fiscal year

**Section 4: FUNDING AMOUNTS, SERVICE DEFINITIONS, UNIT OF SERVICE DEFINITIONS, PERFORMANCE MEASURES, AND PLANNING COUNCIL DIRECTIVES**

The Austin Public Health Department intends to make available approximately \$4,595,912 in funding for FY 2022, under the federal RWHAP Part A Program. These grant funds are for the provision of HIV medical care and health-related support services in the ten-county Austin Transitional Grant Area (TGA). MAI funding can only be used to serve the Austin TGA MAI Target Populations: Black MSM, Latinx MSM (Latinx Youth ages 13-34 subpopulation), Black Women, and Transgender Women.

**RFA Funding Amounts by Service Category**

**Ryan White HIV/AIDS Program Part A Services  
and FY 2022 RFA Amounts**

PART A

Type	Proposed Priority	Service Category (HRSA)	Amount
Core	4	Mental Health	\$207,759
Core	5	Health Insurance Premium and Cost-Sharing	\$277,691

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Core	7	Outpatient Ambulatory Health Services	\$1,343,151
Core	8	Early Intervention Services	\$189,870
Core	9	Medical Case Management	\$316,721
Core	9	Medical Case Management-Community Health Worker	\$215,460
Core	10	AIDS Pharmaceutical Assistance – Local	\$261,427
Core	15	Oral Health Care	\$515,942
Core	16	Substance Abuse – Outpatient	\$102,457
Core	18	Medical Nutrition Therapy	\$77,249
<b>TOTAL SERVICES</b>			<b>\$3,507,727</b>

Type	Proposed Priority	Service Category (HRSA)	Amount
Support	1	Housing	\$142,708
Support	2	Emergency Financial Assistance	\$102,457
Support	11	Medical Transportation	\$52,447
Support	12	Linguistic Services	\$49,355
Support	13	Food Bank	\$97,984
Support	14	Non-medical Case Management	\$221,197
Support	17	Substance Abuse – Residential	\$95,147
<b>TOTAL SERVICES</b>			<b>\$761,295</b>

Minority AIDS Initiative

Type	Proposed Priority	Service Category (HRSA)	Amount
CORE	8	Early Intervention Services	\$49,526
CORE	9	Medical Case Management	\$143,640
<b>TOTAL SERVICES</b>			<b>\$193,166</b>

Type	Proposed Priority	Service Category (HRSA)	Amount
SUPPORT	14	Non-medical Case Management	\$133,723
<b>TOTAL SERVICES</b>			<b>\$133,723</b>

**Availability of Federal Funds**

Funding amounts for the services listed above are based on HIV Planning Council’s FY 2022 allocation model and assume an overall RWHAP Part A grant award increase of 4% compared to FY 2021’s allocation. The current solicitation (RFA) in the amount of \$4,595,912 for HIV services for FY 2022, March 1, 2022 through February 28, 2023, is based on an estimate of the FY 2022 RWHAP Part A grant award. The FY 2022 grant Notice of Award should be received from the federal government on or about March 1, 2022. The Scope of Work outlined in this section is subject to the availability of federal funds.

**Service Categories, Unit of Service Definitions, and Performance Measures**

Service Category definitions are provided by the HHS, HRSA, HIV/AIDS Bureau (HAB). Unit of Service definitions are from the HIV Services Taxonomy provided by the Texas Department of State Health Services (DSHS) and used in the AIDS Regional Information and Evaluation System (ARIES). Performance Measures have been developed by the Austin Public Health Department and include Core Measures set by HRSA, HAB. Measures are subject to change in response to HRSA requirements, local Quality Improvement initiatives, or other factors.

New client is defined as an individual who received this service from the provider for the first time ever during the FY 2022 reporting period. Individuals who return for care after an extended absence are not considered new unless past records of their care are not available.

Continuing client is defined as an individual who did not receive this service from the provider for the first time ever during the FY 2022 reporting period. Individuals who return for care after an extended absence are not considered continuing when past records of their care are not available.

## Core Medical Services

### **AIDS Pharmaceutical Assistance**

*Part A Funding Allocated = \$261,427*

*Part A Priority Level 10*

*1 Unit = 1 Prescription*

#### Description:

AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Part A recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is:
  - Approved by the local advisory committee/board, and
  - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
  - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

#### Program Guidance:

For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

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For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service categories for non-routine, short-term medication assistance.

### Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

### Outcome Measures:

1. Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year

Outcome target: 98%

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

### Patient Exclusions:

Patients who died at any time during the measurement period

Patients whose residency moved outside the 10-county service delivery area during the measurement period

Patients who were incarcerated more than 6 months during the measurement period

2. Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 87%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

### Patient Exclusions:

Patients who died at any time during the measurement period

Patients whose residency moved outside the 10-county service delivery area during the measurement period

Patients who were incarcerated more than 6 months during the measurement period

## Early Intervention Services

*Part A Funding Allocated = \$189,870*

*Part A Priority Level 8*

*1 Unit = 1 Encounter*

### Description:

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The Ryan White HIV/AIDS Program (RWHAP) legislation defines Early Intervention Services (EIS) for Parts A, B, and C. See § 2651(e) of the Public Health Service Act, which states:

(e) Specification of Early Intervention Services-

(1) IN GENERAL - The early intervention services referred to in this section are—

- (A) Counseling individuals with respect to HIV/AIDS in accordance with section 2662;
- (B) testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS;
- (C) Referrals described in paragraph (2);
- (D) Other clinical and diagnostic services regarding HIV/AIDS, and periodic medical evaluations of individuals with HIV/AIDS; and
- (E) Providing the therapeutic measures described in subparagraph (B).

(2) REFERRALS - The services referred to in paragraph (1)(C) are referrals of individuals with HIV/AIDS to appropriate providers of health and support services, including, as appropriate—

- (A) To entities receiving amounts under part A or B for the provision of such services;
- (B) To biomedical research facilities of institutions of higher education that offer experimental treatment for such disease, or to community-based organizations or other entities that provide such treatment; or
- (C) To recipients under section 2671, in the case of a pregnant woman.

(3) REQUIREMENT OF AVAILABILITY OF ALL EARLY INTERVENTION SERVICES THROUGH EACH RECIPIENT

(A) IN GENERAL- The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that each of the early intervention services specified in paragraph (2) will be available through the recipient. With respect to compliance with such agreement, such a recipient may expend the grant to provide the early intervention services directly, and may expend the grant to enter into agreements with public or nonprofit private entities, or private for-profit entities if such entities are the only available provider of quality HIV care in the area, under which the entities provide the services.

(B) OTHER REQUIREMENTS- Recipients described in—

- (i) subparagraphs (A), (D), (E), and (F) of section 2652(a)(1) shall use not less than 50 percent of the amount of such a grant to provide the services described in subparagraphs (A), (B), (D), and (E) of paragraph (1) directly and on-site or at sites where other primary care services are rendered; and
- (ii) subparagraphs (B) and (C) of section 2652(a)(1) shall ensure the availability of early intervention services through a system of linkages to community-based primary care providers, and to establish mechanisms for the referrals described in paragraph (1)(C), and for follow-up concerning such referrals.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

RWHAP Parts A and B EIS services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected

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- o Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
- o HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

### Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

### Outcome Measures:

1. Percentage of persons newly diagnosed with HIV infection who attended a routine HIV medical care visit within one month of diagnosis

Outcome target: 90%

Numerator: Number of newly diagnosed persons in the denominator who attended a routine HIV medical care visit within one month of diagnosis

Denominator: Number of persons newly diagnosed with HIV infection in a 12-month measurement year

Client Exclusions: None

2. Percentage of out-of-care persons with a diagnosis of HIV who attended a routine HIV medical care visit within three months of initial encounter

Outcome target: 85%

Numerator: Number of out-of-care persons in the denominator who attended a routine HIV medical care visit within three months of initial encounter

Denominator: Number of out-of-care persons with a diagnosis of HIV who had an initial encounter in a 12-month measurement year

Client Exclusions: None

## Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

*Part A Funding Allocated = \$277,691*

*Part A Priority Level 5*

*1 Unit = 1 Payment*

### Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or

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- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

### Program Guidance:

Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

### Output Measures:

1. Number of units of health insurance assistance provided
  - a. Number of premium payments provided
  - b. Number of co-payments provided
  - c. Number of deductibles payments provided
  - d. Number of risk pools payments provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

### Outcome Measures:

1. Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 90%

Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

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Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

### **Medical Case Management (including Treatment Adherence Services)**

*Part A Funding Allocated = \$532,181*

*Part A Priority Level 9*

*1 Unit = 15 Minutes of Service*

Description:

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:

- 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 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, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:

Medical Case Management services have as their objective improving health care outcomes, whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services. Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category, whereas Treatment Adherence Services provided during an Outpatient/Ambulatory Health Services visit should be reported under the Outpatient/Ambulatory Health Services category.

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

Outcome Measures:

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1. Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year

Outcome target: 85%

Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year

Client Exclusions:

1. Clients who initiated medical case management services in the last six months of the measurement year
  2. Clients who were discharged from medical case management services prior to six months of service in the measurement year
  3. Clients who died at any time during the measurement year
  4. Clients whose residency moved outside the 10-county service delivery area during the measurement year
  5. Clients who were incarcerated more than 6 months during the measurement year
2. Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 80%

Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

### Medical Nutrition Therapy

*Part A Funding Allocated = \$77,249*

*Part A Priority Level 18*

*1 Unit Counseling = 15 Minutes of Service*

*1 Unit Supplements = 1 Transaction*

Description:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services

Program Guidance:

All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the RWHAP.

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### Output Measures:

1. Number of units of service provided
  - a. Number of units of nutrition therapy provided
  - b. Number of units of supplements provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

### Outcome Measures:

1. Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 90%

Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

### Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

## Mental Health Services

*Part A Funding Allocated = \$207,759*

*Part A Priority Level 4*

*1 Unit = 1 Visit*

### Service Description:

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

### Program Guidance:

Mental Health Services are allowable only for HIV-infected clients.

### Output Measures:

3. Number of units of service provided
4. Number of unduplicated clients served
  - c. Number of continuing clients served
  - d. Number of new clients served

### Outcome Measures:

1. Percentage of mental health services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

Outcome target: 85%

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Numerator: Number of mental health services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of mental health services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period
2. Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 80%

Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

### Oral Health Care

*Part A Funding Allocated = \$515,942*

*Part A Priority Level 15*

*1 Unit = 1 Visit*

Description:

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:

None currently

Output Measures:

1. Number of units of Oral Health Care services provided
  - a. Number of units of routine treatment provided
  - b. Number of units of prophylaxis treatment provided
  - c. Number of units of specialty care treatment provided
2. Number of unduplicated patients served
  - a. Number of continuing patients served
  - b. Number of new patients served

Outcome Measures:

1. Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year

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Outcome target: 98%

Numerator: Number of HIV infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year

Denominator: Number of HIV infected oral health patients that received a clinical oral evaluation at least once in the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Patients who were <12 months old
3. Patients who died at any time during the measurement period
4. Patients whose residency moved outside the 10-county service delivery area during the measurement period
5. Patients who were incarcerated more than 6 months during the measurement period
2. Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year

Outcome target: 95%

Numerator: Number of HIV infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year

Denominator: Number of HIV infected oral health patients that received a clinical oral evaluation at least once in the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Patients who were <12 months old
3. Patients who died at any time during the measurement period
4. Patients whose residency moved outside the 10-county service delivery area during the measurement period
5. Patients who were incarcerated more than 6 months during the measurement period
3. Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year

Outcome target: 97%

Numerator: Number of HIV infected oral health patients who received oral health education at least once in the measurement year

Denominator: Number of HIV infected oral health patients that received a clinical oral evaluation at least once in the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Patients who were <12 months old
3. Patients who died at any time during the measurement period
4. Patients whose residency moved outside the 10-county service delivery area during the measurement period
5. Patients who were incarcerated more than 6 months during the measurement period
4. Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year

Outcome target: 92%

Numerator: Number of HIV infected oral health patients who had a periodontal screen or examination at least once in the measurement year

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Denominator: Number of HIV infected oral health patients that received a clinical oral evaluation at least once in the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Edentulous patients (complete)
3. Patients who were <13 years
4. Patients who died at any time during the measurement period
5. Patients whose residency moved outside the 10-county service delivery area during the measurement period
6. Patients who were incarcerated more than 6 months during the measurement period
5. Percentage of HIV-infected oral health patients who completed a Phase 1 treatment plan within the measurement year

Outcome target: 75%

Numerator: Number of HIV infected oral health patients who completed Phase 1 treatment within the measurement year

Denominator: Number of HIV infected oral health patients who received a clinical oral evaluation at least once within the measurement year

Patient Exclusions:

1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
2. Patients who were <12 months old
3. Patients who died at any time during the measurement period
4. Patients whose residency moved outside the 10-county service delivery area during the measurement period
5. Patients who were incarcerated more than 6 months during the measurement period

### **Outpatient Ambulatory Health Services**

*Part A Funding Allocated = \$1,343,151*

*Part A Priority Level 7*

*1 Unit = 1 Lab Test; 1 Visit*

Description:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

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### Program Guidance:

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services. Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category. Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

### Output Measures:

1. Number of units of service provided
  - a. Visits
  - b. Laboratory tests
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

### Outcome Measures:

1. Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year

Outcome target: 98%

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

### Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period
4. Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis

Outcome target: 92%

Note: Use the numerator and denominator that reflect patient population.

Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm

Numerator 2: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm or a CD4 percentage below 15%

Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of HIV diagnosis

Aggregate numerator: The sum of the three numerators

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Denominator 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm, who had at least two visits during the measurement year, with at least 90 days in between each visit

Denominator 2: All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit

Denominator 3: All patients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit

Total denominator: The sum of the three denominators

Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Denominator 1 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm during the three months after a CD4 count below 200 cells/mm

Denominator 2 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 500 cells/mm or CD4 percentage above 15% during the three months after a CD4 count below 500 cells/mm or CD4 percentage below 15%

Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.

Outcome target: 85%

Numerator: Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period

Patient Exclusions:

1. Patients who died at any time during the 24-month measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period
4. Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 87%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions:

1. Patients who died at any time during the measurement period

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2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

### Substance Use Disorder Outpatient Care

Part A Funding Allocated = \$1,343,151

Part A Priority Level 16

1 Unit = 1 Visit

#### Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
  - o Pretreatment/recovery readiness programs
  - o Harm reduction
  - o Behavioral health counseling associated with substance use disorder
  - o Outpatient drug-free treatment and counseling
  - o Medication assisted therapy
  - o Neuro-psychiatric pharmaceuticals
  - o Relapse prevention

#### Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

#### Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served
3. Number of unduplicated clients receiving individual counseling
4. Number of unduplicated clients receiving group counseling

#### Outcome Measures:

1. Percentage of substance use disorder outpatient care clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

Outcome target: 80%

Numerator: Number of substance use disorder outpatient care clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of substance use disorder outpatient care clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

#### Client Exclusions:

1. Clients who died at any time during the measurement period

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2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period
2. Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 75%

Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

## SUPPORT SERVICES

### Emergency Financial Assistance

*Part A Funding Allocated = \$102,457*

*Part A Priority Level 2*

*1 Unit = 1 Prescription*

Description:

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

Outcome Measures:

1. Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year

Outcome target: 98%

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year

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Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions:

1. Patients who died at any time during the measurement period
  2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
  3. Patients who were incarcerated more than 6 months during the measurement period
2. Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 87%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

### **Food Bank/Home Delivered Meals**

*Part A Funding Allocated = \$97,984*

*Part A Priority Level 13*

*1 Unit = 1 Visit*

Description:

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

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

Program Guidance:

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

Output Measures:

1. Number of units of service provided
  - a. Number of food pantry/voucher visits without nutritional supplements provided
  - b. Number of Food pantry/voucher visits with nutritional supplements provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

Outcome Measures:

1. Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 90%

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Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

### Housing

*Part A Funding Allocated = \$142,708*

*Part A Priority Level 1*

*1 Unit = 1 Day of Housing*

Description:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing. Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,<sup>6</sup> although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

Outcome Measures:

1. Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

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Outcome target: 83%

See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

Numerator: Number of clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period
2. Percentage of clients who have decreased or maintained their viral load over the course of service

Outcome target: 85%

Numerator: Number of clients with a diagnosis of HIV who have decreased or maintained their viral load during the measurement year

Denominator: Number of clients with a diagnosis of HIV who had at least two viral load tests during the measurement year

Client Exclusions:

1. Clients who dropped out of services less than 45 days after intake
2. End-of-life clients who elected to stop their HIV medications
3. Clients who died at any time during the measurement period
4. Clients whose residency moved outside the 10-county service delivery area during the measurement period
5. Clients who were incarcerated greater than 6 months during the measurement period
3. Percentage of clients with a diagnosis of HIV who are adherent to HIV prescribed antiretroviral therapy for the treatment of HIV infection at six months after discharge

Outcome target: 75%

Numerator: Number of clients who are adherent to HIV prescribed antiretroviral therapy for the treatment of HIV infection at six months after discharge

Denominator: Number of Housing clients with a diagnosis of HIV with at least one medical visit in the measurement period

Client Exclusions:

1. Clients who dropped out of services less than 45 days after intake
2. End-of-life clients who elected to stop their HIV medications
3. Clients who died at any time during the measurement period
4. Clients whose residency moved outside the 10-county service delivery area during the measurement period
5. Clients who were incarcerated greater than 6 months during the measurement period

### **Medical Transportation**

*Part A Funding Allocated = \$52,447*

*Part A Priority Level 11*

*1 Unit = 1 Trip/Voucher*

Service Description:

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

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### Program Guidance:

Medical Transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

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

### Unallowable costs include:

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

### Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

### Outcome Measures:

1. Percentage of medical transportation clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

Outcome target: 85%

Numerator: Number of medical transportation clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical transportation clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

### Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

## Non-Medical Case Management Services

*Part A Funding Allocated = \$1221,197*

*Part A Priority Level 14*

*1 Unit = 15 Minutes of Service*

### Description:

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Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- 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
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

### Program Guidance:

NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

### Output Measures:

1. Number of units of service provided
2. Number of unduplicated clients served
  - a. Number of continuing clients served
  - b. Number of new clients served

### Outcome Measures:

1. Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 85%

Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

### Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

## **Substance Use Disorder Residential Services**

*Part A Funding Allocated = \$95,147*

*Part A Priority Level 17*

*1 Unit = 1 Day*

### Description:

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Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

### Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license.

### Output Measures:

1. Number of units of service provided
  - a. Number of units of residential treatment provided
  - b. Number of units of residential detox provided
2. Number of unduplicated clients receiving residential treatment services
  - a. Number of continuing clients served
  - b. Number of new clients served
1. Number of unduplicated clients receiving residential detox services
  - a. Number of continuing clients served
  - b. Number of new clients served

### Outcome Measures:

1. Percentage of substance use disorder residential services clients who successfully complete a 30-day residential substance use disorder treatment program

Outcome target: 87%

Numerator: Number of clients, with a diagnosis of HIV, who successfully complete a 30-day residential substance use disorder treatment program during the measurement period

Denominator: Number of clients, with a diagnosis of HIV, who enrolled in a 30-day residential substance use disorder treatment program during the measurement period

### Client Exclusions:

1. Clients who are enrolled in, but have not yet completed, a 30-day residential substance use disorder treatment program
2. Clients who died at any time during the measurement period
3. Clients whose residency moved outside the 10-county service delivery area during the measurement period
4. Clients who were incarcerated more than 6 months during the measurement period
5. Percentage of substance use disorder residential services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

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Outcome target: 87%

Numerator: Number of substance use disorder residential services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of substance use disorder residential services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

3. Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 80%

Numerator: Number of clients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Client Exclusions:

1. Clients who died at any time during the measurement period
2. Clients whose residency moved outside the 10-county service delivery area during the measurement period
3. Clients who were incarcerated more than 6 months during the measurement period

### Linguistic Services

*Part A Funding Allocated = \$1,343,151*

*Part A Priority Level 4*

*1 Unit = 15 Minutes of Service; 1 Transaction*

Description:

Linguistic Services include interpretation and translation activities, both oral and, written, to eligible clients. These activities must be provided by a qualified linguistic services provider as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA Ryan White HIV/AIDS Program (RWHAP) eligible services.

Program Guidance:

Linguistic services are provided as a component of HIV service delivery to facilitate communication between the client and provider, as well as support service delivery in both group and individual settings. These standards ensure that language is not a barrier to any client seeking HIV-related medical care and support, and that linguistic services are provided in a culturally appropriate manner.

Services are intended to be inclusive of all individuals and not limited to any population group or sets of groups. They are especially designed to assure that the needs of racial, ethnic, and linguistic populations living with HIV receive quality, unbiased services.

Limitations:

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Linguistic services, including interpretation (oral) and translation (written) services, must be provided by a qualified linguistic provider.

Telehealth and Telemedicine is an alternative modality to provide most Ryan White Part B and State Services funded services. For the Ryan White Part B/SS funded providers and Administrative Agencies, telehealth and telemedicine services are to be provided in real-time via audio and video communication technology which can include videoconferencing software.

DSHS HIV Care Services requires that for Ryan White Part B or SS funded services providers must use features to protect ePHI transmission between client and providers. RW Providers must use a telehealth vendor that provides assurances to protect ePHI that includes the vendor signing a business associate agreement (BAA). Ryan White Providers using telehealth must also follow DSHS HIV Care Services guidelines for telehealth and telemedicine outlined in DSHS Telemedicine Guidance.

Output Measure:

Outcome Target: XX

1. Percentage of clients with documented evidence of need of linguistic services as indicated in the client's assessment.

Outcome Target: 100%

1. Percentage of client files with documented evidence of interpretive/translation services provided for the date of service requested.

### Austin Area Comprehensive Planning Council (AACHPC) Directives

Tasks for which the Planning Council is responsible include conducting comprehensive community-wide needs assessments; directing long-range planning for community needs regarding HIV services; establishing service priorities and allocating Ryan White Part A funding to HRSA/HAB approved service categories.

Applications for funding in the service categories below will adhere to the following HIV Planning Council Directives:

a) **Community Health Workers - Medical Case Management:**

Program must work through key points of entry or re-entry (such as testing sites, hospital emergency rooms, homeless shelters, substance abuse treatment programs, referral-entry programs for those persons recently released from incarceration, etc.) and must ensure that all required service components are provided.

b) **Outpatient/Ambulatory Health Services:**

To increase access to care for residents of the Austin TGA outside of Travis County, applicants for OAHS are required to offer services in one or several of the outer counties, through any of the following methods:

- i. Opening a new clinic
- ii. Partnering with an GQHC or another provider located in at least one of the other TGA counties
- iii. Providing services on a regularly scheduled basis at an existing subrecipient site
- iv. Using a mobile health care van without HIV-specific signage
- v. By co-location of staff daily or on a scheduled basis in a subrecipient facility outside Travis County.

c) **Health Insurance Premium & Cost Sharing Assistance:**

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The AACHPC wishes to achieve the following goals for the provision of Health Insurance Premium & Cost Sharing Assistance to increase the number of clients who enroll in marketplace insurance plans:

- i. Reduce and ideally eliminate the number of COBRA policies covered by our Health Insurance Premium & Cost Sharing Assistance service category.
- ii. Create a tiered sliding scale system for patient financial contribution in which one tier is 100 to 250% of FPL.
- iii. Support those in the 100 to 250% FPL tier who have a silver Marketplace plan by covering 100% of all insurance costs for all services currently being paid for with Ryan White Part A funds including co-pays, deductibles, and premiums.

### Section 5: APPLICATION EVALUATION

A total of 100 points may be awarded to the application with an additional ten bonus points available for a potential of 110 total evaluation points. All applications will be evaluated as to how the proposed program aligns with the goals of this RFA and whether each question has been adequately addressed.

RFA-003-Ryan White HIV/AIDS Program Part A – 2021 – PN Evaluation		
Form A: Offer Sheet	Review, sign and scan signed document	No points, but Applicant must submit Offer Sheet
Form C: RFA Application		
<b>PART I. MINIMUM THRESHOLD REVIEW</b>		
Section 1: Fiscal and Administrative Capacity	Questions 1-11	No points awarded, but Applicant must pass threshold defined in Applicant Minimum Qualifications below
<b>Part II. SCORED APPLICATION SECTIONS</b>		
Section 1: Organizational Overview	Questions 12-24	30 points
Section 2: Program Design	Questions 25-34	40 points
Section 3: Data Informed Program Management	Questions 35-39	20 points
Section 4: Cost Effectiveness	Question 40-47	10 points
		Total: 100 Points
Section VII: <b>BONUS Healthy Service Delivery</b>	Questions A-D	10 points

#### Applicant Minimum Qualifications

All agencies applying for funding must:

- Be a non-profit organization able to conduct business in the State of Texas
- Have submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 900-EZ and state and federal payroll tax filings)
- Be eligible to contract and not debarred from contracting, according to SAM.gov and City Debarment information
- Be current in its payment of Federal and State payroll taxes
- Not owe past due taxes to the City

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- Can meet Austin Public Health’s Social Services Insurance Requirements
- Have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget

**Section 6: APPLICATION FORMAT AND SUBMISSION REQUIREMENTS**

ALL DOCUMENTS MUST BE UPLOADED INTO PARTNERGRANTS. NO PAPER COPIES WILL BE ACCEPTED.

**Section C. RFA Application Instructions:**

- 1) **Total word limit in Section C. RFA Application is 25,000 words which includes the questions. Applications that exceed 25,000 words will not be considered.**
- 2) Word automatically counts the number of words in a document and displays it in the status bar at the bottom of the screen. There are approximately 6,000 words in Section C-RFA Application, and this is included in the 25,000-word limit.
- 3) Applicants must use this template for the Application and cannot submit an application that does not include the questions and narrative.
- 4) All questions are **boxed and highlighted in green** in Section C: RFA Application. Editing is restricted in the document except in the answer boxes. For each question, please provide a response or write N/A for not applicable in the boxes provided. It is preferable to be repetitive rather than to leave sections incomplete.
- 5) If using this document, Applicants must type answers into the section that says “Click or tap here to enter text” after each question or in the required tables.
- 6) If compiling responses in a separate document, Applicants must include all questions and narrative before their answer so the Application appears the same as the provided template.
- 7) If compiling responses in a separate document, clearly label each question and number, use size 11 Calibri font, double-space the document, use 1” margins on 8 ½ x 11” white paper without page scaling.
- 8) The following documents will not count towards the total word count:
  - a. Attachments submitted to answer a question like policies and procedures, staff positions, letters of support, etc.
  - b. Attachments A-Offer Sheet, H. Program Budget and Funding Summary section, J COA Certifications

**Required documents:** The following documents must be submitted in this RFA.

**Note: For the RFA Application, the following information must be submitted by 5 pm on September 27, 2021:**

Section No.	Item/Document	Instructions	How to Submit
A	Offer Sheet	Review, sign and scan signed document	Upload into PartnerGrants
C	RFA Application	Complete in Word template provided Save as a PDF	Upload into PartnerGrants as well as any Application Attachments
H	Program Budget Justification	Complete in Excel template provided and upload into the Service Category Cost Allocation section of the Program Budget and Narrative in PartnerGrants	Upload into PartnerGrants
J	COA Certifications	Review, sign and scan signed document	Upload into PartnerGrants

**V. Additional Information**

Proposal Acceptance Period: All applications shall remain valid until award, negotiation, and execution of contracts as directed by the Austin City Council.

**RFA - 003 - Ryan White HIV/AIDS Program Part A - 2021 - PN**

Proprietary Information: All materials submitted to the City become public property and are subject to the Texas Open Records Act upon receipt. If an Applicant does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

Exceptions: Be advised that exceptions to any portion of the Solicitation may jeopardize acceptance of the application.

Application Preparation Costs: All costs directly or indirectly related to the preparation of a response to the RFA or any oral presentation required to supplement or clarify an application that may be required by the City shall be the sole responsibility of the Applicant.

Agreement Adjustments: The City of Austin reserves the right to adjust the Agreement amount or scope of work over the contract period based on community needs, Applicant's ability to expend funds in a timely manner or any other factor. When the City determines adjustments need to be made, the City will provide at least a 90-day notice to the Grantee.