

**Concept Paper**  
**Ryan White Part A Funded Services**  
**Care Coordination Program**

**1. Purpose of the Intended Request for Proposals (RFP)**

Since 1991, the federal government has provided emergency relief to areas disproportionately affected by HIV and AIDS through the former Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and now Part A of the Ryan White HIV/AIDS Treatment Act of 2009. This emergency relief is directed to eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) hardest hit by the epidemic.

Ryan White HIV/AIDS Treatment Extension Act of 2009 funding is administered by the federal Health Resources and Services Administration (HRSA), a division of the U.S. Department of Health and Human Services (HRSA). The New York EMA under Part A of the Ryan White Program includes the five boroughs of New York City (NYC) and the counties of Westchester, Rockland, and Putnam (Tri-County). In the New York EMA, the grantee for Part A funds is the New York City Department of Health and Mental Hygiene (NYC DOHMH). The HIV Health and Human Services Planning Council of New York (Planning Council), whose members are appointed by the Mayor, prioritizes service categories and allocates funds. The Planning Council also designs service directives that drive the development of programs. Public Health Solutions (PHS), under contract with NYC DOHMH, procures and administers contracts in the New York EMA.

NYC DOHMH is seeking appropriately qualified contractors to establish programs that provide:

*Medical Case Management (Care Coordination) Services*: for individuals who are HIV-infected and meet the medical eligibility criteria for services. Criteria for medical client eligibility include:

- Newly diagnosed with HIV in the past 12 months
- Out of care for at least 6 months (if virally unsuppressed at last viral load test) or for at least 9 months (if virally suppressed at last viral load test)
- Virally unsuppressed at most recent known viral load test within the past 12 months
- Previously diagnosed but new to care
- New to HIV treatment or undergoing change in treatment regimen
- Currently living with hepatitis C and HIV
- HIV+ and pregnant
- Previously diagnosed but inconsistently in care or at high risk for falling out of medical care or becoming unsuppressed (e.g. experiencing viral rebound)

Among individuals meeting at least one of the criteria listed above, services should be prioritized for those who are not eligible for Medicaid.

**2. Planned Method of Evaluating Proposals**

All proposals submitted to Public Health Solutions (PHS), the master contractor for NYC DOHMH, will be reviewed to determine if they are responsive to the requirements of the RFP. Responsive proposals will be reviewed based on the Evaluation Criteria described below. The applicant's proposal, along with a line-item budget request with justification, must represent the actual program that will be implemented if funded.

#### Evaluation Criteria

- Background and Organizational Capacity
- Service Delivery Experience
- Programmatic Summary
- Program Design and Implementation
- Staffing
- Service Tracking and Reporting
- Quality Assurance
- Program Management
- Confidentiality
- Implementation Timeline
- Budget

### **3. Contract Term**

Contracts will be awarded for a term of up to three (3) years with the option to renew for additional terms.

### **4. Anticipated RFP Timeline**

The following is an overview of the current tentative timeline for the Ryan White Part A Care Coordination Program RFP. Contracts awarded through this RFP will have a June 1, 2018 start date.

Anticipated Date	Activity
October 2017	Release of Ryan White Part A Care Coordination RFP
November 2017	Pre-Proposal Conference
January 2018	Projected Award Announcement
February 2018	Contract Negotiations
June 2018	Projected Contract Start Date

### **5. Funding**

The Planning Council has allocated the annual amounts of Ryan White Part A funding for contract year 2017:

- NYC (5 boroughs): \$21,072,362

It is anticipated that 23-26 contracts (funding range: \$450,000 – \$1,600,000) will be awarded in NYC. To be considered for an award, applicants must have a brick-and-mortar site in, at least, one of the five boroughs of NYC.

Funding for all contracts that will result from the RFP is contingent upon the annual notification of grant award to the New York EMA from HRSA, the availability of funds, the priorities of the Planning Council, approval by NYC DOHMH, and satisfactory contractor performance. The actual funding available for the RFP may vary, as it is contingent on the annual Notice of Grant Award from HRSA and allocations for all services categories, as determined by the Planning Council.

### **6. Eligibility and Funding Information**

Services may only be provided to clients who meet the eligibility criteria to receive Ryan White Part A services. Ryan White Part A funds may not be used to provide services to individuals known to be HIV negative or of unknown HIV status. General client eligibility includes documentation of HIV+ sero-status; residency within New York City, Putnam, Rockland, or Westchester counties; and financial

eligibility as defined by the New York EMA, which is currently set at 435% of the Federal Poverty Level (FPL).

Ryan White is considered the payer of last resort (POLR) and may be used for allowable services only when other funding sources are not available. Ryan White funds are used to address gaps in the current service system in order to improve the health outcomes of people living with HIV/AIDS. As such, services solicited through this RFP are provided in instances where an existing client need is documented.

## **7. Programmatic Information**

### Service Elements

Services solicited through this RFP may include the following:

- Case finding
- Intake assessment and reassessment (including self-management and treatment adherence)
- Service planning
- Client assistance
- Case conferencing
- Client engagement activities
- Outreach for client re-engagement
- Linkage to services
- Accompaniment
- Health promotion (individual and group, face-to-face and through video chat)
- Modified DOT (face-to-face and through video chat)
- Immediate initiation of ART (*optional*)

Services must also include, when appropriate, client referral to entitlements and benefits specialists with experience within the health care system to assess and offer screening and referral for HIV testing, mental health, alcohol and substance use services, medically appropriate housing programs, food and nutrition services, and services to address other unmet social needs including but not limited to case management, supportive counseling and family stabilization services, education and employment services, health education and risk reduction services, and health insurance programs.

## **8. Contractor Reporting Requirements**

All programs funded through the RFP must comply with the requirements outlined below.

### Data Reporting Requirements

Awarded contractors must comply with all NYC DOHMH and HRSA data reporting requirements. NYC DOHMH will require the submission of data through a web-based data system, Electronic System for HIV/AIDS Reporting and Evaluation (eSHARE). NYC DOHMH and/or PHS will provide training and technical assistance on the use of eSHARE and submission of reports. Funded organizations will also be required to submit data for the EMA's Ryan White Services Report (RSR), which must be submitted each year to HRSA.

Funded programs will be required to enter client-level data into eSHARE for all funded services including:

- Client legal first and last name (nicknames or pseudonyms will not be accepted)
- Client demographic data
- Client encounters
- Additional socio-demographic data and primary care status measures (see below)

- Linkage to relevant services

#### Primary Care Status Measures

Ryan White Part A programs are required to promote access to and maintenance in HIV primary care and treatment and, if applicable, HIV counseling and testing services and prevention services (including pre-exposure prophylaxis (PrEP)) for affected family members. For clients enrolled in the program, documentation of their HIV primary care provider, most recent primary care visit, recent HIV-related laboratory test dates/values, and ART access/use is required at intake. Contractors are also required to reassess access to and maintenance in HIV primary care and treatment at least every 120 days (quarterly, with a grace period of up to 30 days). All required information must be documented in the client record and reported via the NYC DOHMH-required data system (i.e. eSHARE).

#### Contractual Reporting Requirements

Funded programs will be required to submit monthly program narrative reports on various aspects of contract compliance including, but not limited to, staffing updates, accomplishments and barriers to program delivery. Programs will be required to submit an annual fiscal questionnaire to reflect costs to deliver the program.

### **9. Feedback on Concept Paper**

Please submit all comments regarding this Concept Paper for the Ryan White Part A Funded Care Coordination Program no later than October 2, 2017 to: [CareCoordCP@healthsolutions.org](mailto:CareCoordCP@healthsolutions.org)

*The NYC DOHMH will hold a **Town Hall Meeting** on Monday, September 18, 2017 from 9:00am to 12:00pm to further solicit community feedback and input on the forthcoming Care Coordination RFP. The Town Hall Meeting will be located at **NYC DOHMH, Gotham Center, 42-09 28th St, Long Island City, NY 11101, 3rd Floor Auditorium**. Those unable to attend in person may participate via webinar.*

*To attend the Town Hall Meeting in person, please register at:*

*<http://www.event.com/d/85qhyq> by 5:00pm on Wednesday, September 13, 2018 to receive a security pass for Gotham Center.*

*To attend the Town Hall Meeting via webinar, please register at:*

*<https://cc.readytalk.com/r/knadb9y76cd0&eom>*