



REQUEST FOR PROPOSALS

RHODE ISLAND DEPARTMENT OF HEALTH
Division of Preparedness, Response, Infectious Disease and Emergency Medical Services
Center for HIV, Hepatitis, STDs & TB

HIV Prevention and Testing Services

Applications are due at:

*Rhode Island Department of Health
Attention: Thomas Bertrand, MA, MPH, Chief
Center for HIV, Hepatitis, STDs & TB
3 Capitol Hill, Room 106
Providence, RI 02908*

by:

1:00 p.m. (EST) on Friday, October 16, 2015

Questions concerning this solicitation must be e-mailed to Jaime Comella at the Department of Health at Jaime.Comella@health.ri.gov. They must be received no later than September 14, 2015. Questions should be submitted in a *Microsoft Word* attachment. Please reference "RFP HIV Prevention and Testing Services" on all correspondence. Questions received, if any, will be posted on the Rhode Island Department of Health (RI DOH) Website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

No other communication with State parties regarding this RFP will be permitted

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HIV Prevention and Testing Services

SECTION 1: INTRODUCTION

The Rhode Island Department of Health (RI DOH), Center for HIV, Hepatitis, STDs & TB is soliciting proposals from community based (i.e., non-medical), non-profit and public agencies to implement the HIV Prevention and Testing Services.

Funding is available through appropriations from the Rhode Island General Assembly and the Centers for Disease Control and Prevention (CDC). The initial 12 month project period is expected to begin approximately January 1, 2016 and continue through December 31, 2016. A total of approximately \$150,000 is available for this RFP. RI DOH expects to fund up to four projects with an estimated range of \$20,000 - \$75,000 for the initial 12-month period. The project may be renewed for up to two (2) consecutive 12 month periods at the exclusive option of RI DOH based upon the agency (ies) performance and availability of funds. All applicant agencies are required to include a verifiable ten percent (10%) in-kind match.

Applicants are encouraged to submit collaborative applications to enhance their outreach and service delivery. The funding determinations for collaborative applications will be based on: 1) need to collaborate and enhanced value of the scope of work upon collaboration; 2) increased geographic outreach statewide and enhanced service delivery; and 3) cost-effectiveness of the budget submitted. RFP applicants are encouraged to become familiar with CDC's National HIV/AIDS Strategy (NHAS) (www.aids.gov/federal-resources/policies/national-hiv-aids-strategy) and the 2012 Rhode Island epidemiology trends (www.health.ri.gov/hiv).

SECTION 2: PURPOSE AND BACKGROUND

Purpose

The purpose of this Request for Proposals (RFP) is to solicit proposals that will enable the Rhode Island Department of Health, Center for HIV, Hepatitis, STDs & TB to select the most qualified applicants who can demonstrate that they can integrate:

1. HIV and Hepatitis C counseling, testing, and referral (CTR) services;

2. immediate linkage to HIV/viral hepatitis medical care; and
3. condom distribution.

Applicants must use innovative and expanded outreach strategies to recruit and/locate high risk individuals and disproportionately impacted populations, and must provide services in areas of geographic need at locations and times that promote access to these populations. Priority populations for integrated HIV and viral hepatitis prevention services are men who have sex with men (MSM), African American and Hispanic men and women, and Baby Boomers (individuals born between the years 1945 and 1965) for Hepatitis C only. The Centers for Disease Control and Prevention estimates that there are 280 individuals living with undiagnosed HIV infection in Rhode Island. It is estimated that 200 of these 280 individuals are MSM. The intent of this request for proposals is to provide targeted outreach and Comprehensive HIV Prevention with program plans that comply with the National HIV/AIDS Strategy (NHAS).

The goals of Comprehensive HIV Prevention are as follows:

- To increase the number of persons at risk of infection with HIV and/or Hepatitis C (HCV) who know their statuses
- To reduce the number of undiagnosed and untreated HIV and HCV infections
- To focus testing in the populations and geographical areas of greatest need based on the 2013 epidemiological profile
- To promote proactive condom distribution
- To attain a goal of 1.0 percent HIV positivity rate annually
- To ensure immediate linkage to HIV/viral hepatitis medical care for newly diagnosed and previously diagnosed individuals
- To provide supportive referral services to improve the health and quality of life for HIV- and HCV-infected persons
- To implement an innovative and new outreach strategy to reach undiagnosed HIV-positive persons and high-risk negative persons who do not currently access prevention services

Background

HIV counseling and testing is a critical point of entry to HIV prevention services and can facilitate early linkage to medical care for those identified to be HIV-positive. Additionally, by assessing HIV status and risks for other health issues, including viral hepatitis, counseling and testing may promote risk reduction and behavior change, thereby contributing to the reduction of HIV, Sexually Transmitted Infections (STIs), and Viral Hepatitis transmission.

RI DOH is committed to creating programs that meet the needs of target populations and respond to interesting trend data. RI DOH is responsible for setting a plan and an agenda for HIV/viral hepatitis prevention in the state. To that end, RI DOH continually supports and researches many assessments regarding emergent populations whom are at high risk for acquiring and transmitting HIV, STIs and viral hepatitis. Case surveillance of AIDS was initiated in Rhode Island in 1983, and HIV surveillance began in 1989. Blood tests were developed to identify Hepatitis B in 1963 and surveillance began in 1978. Hepatitis C virus was identified and named in 1988; in 1992, a blood test became available and surveillance began. Surveillance systems provide information on risk factors, patient demographics, and the clinical manifestations of disease over time.

Since January 2006, community organizations providing HIV testing services have been funded to expand testing services to include Hepatitis B and C testing and preventive Hepatitis A & B immunizations. In addition, RI DOH has provided community organizations with capacity building and support for HIV/HCV rapid testing. Bundling Hepatitis C testing with HIV testing is an efficient strategy due to observed co-infections of HIV and Hepatitis. It is known 25-30% of HIV-infected persons are co-infected with HCV, and 50-90% of injection users are HCV infected.

SECTION 3: SCOPE OF WORK

General Description

Rhode Island agencies with experience providing health, drug treatment, and/or other social services to the populations described in this application are eligible to submit proposals in accordance with this RFP. Applicants are asked to address the targeted populations previously stated. All applicants must have the capacity to provide HIV/viral hepatitis counseling, testing, and referral services implemented in accordance with the National HIV/AIDS Strategy as a means of emphasizing the importance of universal testing of populations, particularly those unaware of their status. Include specific methods as per National HIV/AIDS Strategy (NHAS) in all proposals as to demonstrate how your testing programs will meet the needs of NHAS <http://www.whitehouse.gov/administration/eop/nap/nhas/>).

All applicants must provide outreach, HIV/viral hepatitis education pertaining to transmission and risk factors, condom distribution, testing, counseling, referrals, and linkage to care services. All applicants must demonstrate the capacity to meet the following criteria:

1. Provide HIV Testing, Counseling and Referral Services in non-medical settings as specified by the CDC guidelines for testing (<http://www.cdc.gov/hiv/topics/testing/guideline.htm>). All agencies must submit a plan that:
 - a. creates a baseline of target populations based upon past experience in testing populations;
 - b. predicts goals and objectives regarding how to isolate and test high risk and disproportionately impacted populations;
 - c. creates outcome goals (i.e., # tests conducted) associated with meeting targeted populations;
 - d. maintains relationships with area HIV/viral hepatitis care providers;
 - e. establishes relationships with partner organizations to reach high-risk individuals; and
 - f. establishes a process for completion of all HIV/viral hepatitis Reporting Forms, data entry in Evaluation Web, and timely billing information with appropriate documentation.
2. Ensure immediate linkage to care for all individuals who test HIV/HCV positive. All agencies must submit a plan that:
 - a. describes activities related to secondary prevention counseling;
 - b. specifies procedures for timely confirmatory test and provision of test results;
 - c. includes procedures for notification to RI DOH within 4 days of confirmed positive test results;
 - d. specifies procedures for immediate referral and linkage to medical care for clients who are confirmed to be HIV/HCV-positive;
 - e. includes supported referrals to medical care (i.e. scheduling of intake appointments, arranging transportation to intake appointments, accompanying clients to medical intake appointment); and
 - f. establishes a process for documentation of all activities and outcomes using reporting forms provided by RI DOH.
3. Offer condoms, safer sex supplies, and educational literature for distribution free of charge to the general public at all fixed CTR sites. All agencies must specify a plan that:
 - a. develops partnerships with three non-health care venues where condom distribution is to be conducted;
 - b. ensures tracking mechanisms that account for the total number of condoms distributed; the demographics of the populations served by each site; the number of condoms distributed to HIV-positive individuals, and number of condoms distributed to high risk negatives (MSM, IDU, Youth, etc.); and

- c. utilizes RI DOH developed and approved marketing materials (condom distribution and prevention message marketing materials will be provided by RI DOH at no cost to funded applicants).
- 4. Provide comprehensive HIV/viral hepatitis prevention services to disproportionately impacted populations and individuals at high-risk for HIV/viral hepatitis by utilizing non-traditional outreach strategies and partnering with organizations/institutions that include extended and expanded testing hours. Agencies must submit a plan that:
 - a. utilizes recent epidemiological data to direct outreach strategies;
 - b. offers late night and weekend services; and
 - c. offers services in venues and areas where high-risk individuals gather.

Requirements

1. All agencies shall offer targeted Comprehensive HIV/viral hepatitis Prevention Services to high-risk individuals and persons from disproportionately impacted populations as defined in **Appendix A (High Risk Individuals and Disproportionately Impacted Populations)**.
2. All agencies must ensure that qualified staff is employed to:
 - a. supervise administrative staff and all staff offering direct service to clients;
 - b. provide rapid HIV and HCV testing services;
 - c. schedule a confirmatory test and first medical appointment (as appropriate) for clients confirmed to be HIV/HCV-positive;
 - d. provide or arrange transportation for confirmatory testing, medical intake appointment, and accompany client to first medical appointment; and
 - e. enter data into Evaluation Web and maintain hard copies of data collected for the reporting system on forms provided by RI DOH.
3. All agencies must have procedures in place on client confidentiality that is consistent with Health Insurance Portability and Accountability Act (HIPAA) requirements. They must assure that client records (paper and/or computer) and other confidential information are kept in locked file cabinets or secured computers with access only to staff who are directly involved with client services.
4. All agencies must provide written notification of staff changes to the RI DOH contract officer within two weeks.
5. All agencies must submit educational materials to RI DOH for review as required in 57 Federal Register 26742. In accordance with federal regulations, all materials used in HIV prevention contracts through RI DOH are subject to review by the HIV Prevention Program Materials Review Committee at RI DOH. Some materials may be exempt from review (e.g., event flyers/posters and materials pre-approved by the CDC). The Materials Review Coordinator shall make a decision regarding possible exemption, after discussion with an agency representative. Examples of materials that need to be submitted by agencies are written materials (e.g., pamphlets, brochures, and Web-based written materials), pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings), audiovisuals (e.g., videos), survey instruments, and educational sessions (curricula).
6. All agencies must participate in quarterly Integrated HIV/viral hepatitis Partners in Care meetings.

Objectives

All vendors are expected to achieve the following program objectives that will be assessed through counseling and testing data submitted through Evaluation-Web and/or directly to RI DOH:

HIV Counseling, Testing, and Referral

1. Demonstrate that at least 90 percent of all persons tested for HIV are high-risk individuals or members of disproportionately impacted populations, as defined previously.
2. Demonstrate that at least 95 percent of clients tested for HIV receive their test results and a post-test counseling session.

3. Demonstrate that 100 percent of HIV-positive clients identified by the agency are notified of their test results.
4. Demonstrate that 100 percent of preliminary HIV-positive clients receive a confirmatory test and their results within 10 days of rapid reactive test.

Immediate Linkage to HIV Medical Care

1. Demonstrate that 100 percent of confirmed HIV-positive clients are referred to follow-up medical care.
2. Demonstrate that 90 percent of HIV-positive clients attend their first medical appointment within 15 days of confirmed positive test result.
3. Demonstrate that 100 percent of confirmed HIV-positive clients are referred to HEALTH HIV Surveillance by name within 4 days.
4. Demonstrate that 100 percent of confirmed HIV-positive clients lost to follow-up, and not linked to care, are referred to RI DOH's Return to Care Program.

HCV Counseling, Testing, and Referral

1. Demonstrate that 100 percent of all persons tested for HCV are individuals who have engaged in behaviors that put them at risk for acquiring HCV, as defined previously.
2. Demonstrate that at least 85 percent of clients tested for HCV receive their test results and a post-test counseling session.
3. Demonstrate that 85 percent of Hepatitis C clients with positive EIA screening tests are referred for follow-up/confirmatory testing to determine the need for treatment.

Condom Distribution

1. Demonstrate that 100 percent of all individuals tested are offered free condom and educational materials at all CTR locations. These materials may include but are not limited to: brochures, dental dams, lubricants, male condoms, finger condoms, condom pals, female condoms, and receptive condoms.
2. Establish ongoing partnerships with a minimum of three non-health care venues where condom distribution is implemented and maintained.
3. Demonstrate 100 percent adherence and utilization of RI DOH's approved and provided promotional materials, such as: window clings, signage, posters, pamphlets, digital marketing components and other materials, for condom distribution locations.

Plan for Racial, Ethnic, and Other Minorities

Establish and implement a plan for racial, ethnic and other minorities (e.g., gay, lesbian, transgender, queer, questioning) such that equity is achieved among populations. Minority communities are disproportionately affected and infected by HIV, AIDS and viral hepatitis according to disease data. The racial and ethnic populations identified by the OMB Directive 15 are African Americans, Native Americans, Latinos/Hispanics, and Asian Americans. The collective set of **Culturally and Linguistically Appropriate Services (CLAS)** mandates, guidelines, and recommendations issued by the HHS Office of Minority Health is intended to inform, guide and facilitate required and recommended practices related to culturally, linguistically and developmentally appropriate health services.

CLAS Language

Cultural Competence

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings.

Limited English Proficiency

Under the authority of Title VI of the Civil Rights Act of 1964, Presidential Executive Order No. 13166 requires that recipients of federal financial assistance ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities. A 2002 report from the U.S. Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, provides guidance on uniform policies for all federal agencies to implement Executive Order No. 13166. Further, the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) issued by the Federal Office of Minority Health in 2004 outline mandates, guidelines, and a recommendation for the provision of language access services, culturally competent care, and organizational supports for cultural competence in health care settings. CLAS Standards 4-7 (see below) are mandates and address language access services that should be provided by every organization that receives federal funding, whether directly or indirectly.

Effective immediately, all vendors who contract with RI DOH must perform the following tasks and provide documentation of such tasks upon request of a RI DOH employee:

1. The supports and services provided by vendor shall demonstrate a commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area or target population. Such commitment includes acceptance and respect for cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Vendor shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Vendor shall have a comprehensive cultural competency plan that addresses the following: 1) the identification and assessment of the cultural needs of potential and active clients served, 2) sufficient policies and procedures to reflect the agency's value and practice expectations, 3) a method of service assessment and monitoring, and 4) ongoing training to assure that staff are aware of and able to effectively implement policies.
3. Vendor shall have a plan to recruit, retain and promote a diverse staff and leadership team, including Board members, representative of the demographic characteristics of the populations served.
4. Vendor shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*. Vendor shall provide language assistance services (i.e. interpretation and translation) and interpreters for the deaf and hard of hearing at no cost to the client.

National Standards for Culturally and Linguistically Appropriate Services in Health Care

Culturally Competent Care (Standards 1-3)

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)**Standard 4***

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5*

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6*

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7*

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)**Standard 8**

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

* Mandates

11-28-11

Testing Staff and HIV/HCV Rapid Testing Site Requirements

1. Applicants using rapid testing must have a written policy in place for managing rapid testing in non-laboratory settings including a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver (www.cms.hhs.gov/clia).
2. A collaborative agreement must be included in the appendices with an agency that will be conducting confirmatory testing (i.e., Western Blot or any approved confirmatory test) for clients testing HIV positive with rapid testing, bio-waste and sharps disposal, as well as the required waiver to be submitted under state law/regulations.
3. All staff associated with the interventions must commit to be trained in Integrated Communicable Diseases 101 (ICD 101) and have a firm understanding of the HIV, STIs and viral hepatitis Disease information that they can convey to clients.
4. Certification for Qualified Professional Test Counselor is required for the administration of testing. Applicants' staffs conducting HIV rapid testing must complete the Qualified Professional Test Counselor Course, pass the course exam, and pass the practicum. Supervisory staff will routinely monitor and evaluate the staff's proficiency to provide test counseling using Quality Assurance standards set by RI DOH and assure that all test counselors have current certification.

Establish and Implement Referral / Linkage / Tracking Mechanisms

Activities associated with meeting the National HIV/AIDS Strategy (NHAS) include:

- early identification of high-risk individuals and persons from disproportionately impacted populations via universal, routine testing;
- ability to articulate a plan of referrals and linkages for high-risk individuals and persons from disproportionately impacted populations; and
- immediate, effective, and documented referral and linkage into HIV medical care.

Social determinants such as poverty, housing and literacy compound the needs associated with equity and thereby place some populations at greater risk for disease. The goal is to establish relationships with other agencies and clearly define not just the referral, but the connection or linkage to a service. Agency (ies) will have lead responsibility to effect collaborations needed to support the project and to have a list of collaborators and engage those collaborators in agency agreements so that all who refer and link people to services are aware of their obligations. If referral mechanisms and linkages with collaborating agencies are not in place, then the likelihood of creating a seamless system to meet vulnerable client needs will not be evident to RI DOH. The CDC has made referral tracking a component to the process evaluation and the following are some elements that need to be included in Partner Linkages/Collaboration referral and tracking:

- Formalize and nurture linkages by specific, written "collaborative" agreement between agencies so that gaps in services such as access to medical care and substance use treatment can be addressed.
- Develop written program/participant eligibility criteria to share with collaborative organizations to ensure appropriate referrals/linkages.

- Maintain a referral and linkage plan with written up-to-date contact information on “collaborative” organizations (i.e. current staff names and telephone numbers).
- Implement mechanisms for providing and tracking incentives to clients who reach referrals/linkages (define a successful referral and linkages to care or service).

Condom Distribution

All applicants must agree to provide comprehensive and proactive condom distribution services. Applicants must comply with the three A’s of condom distribution guidelines set forth by the CDC:

- **Availability:** Condoms and other safer sex supplies should be available in a myriad of locations and location types across the state. Each vendor(s) is required to distribute condoms and prevention materials (pamphlets, marketing, and other safer sex supplies); and utilize RI DOH’s condom window clings identifying venues with free condom distribution (**Appendix B: Condom Dispensers Marketing Clings**).
- **Accessibility:** Condom distribution must be accessible to the public by providing free condoms that are conveniently situated in multiple locations. These locations and venues must allow access during peak times of risk behavior, including evenings, nights, weekends, holidays and in locations in areas where high risk populations frequent.
- **Acceptability:** Ensure that the norms within a community support the use and types of condoms by producing products that are popular and supported by opinion leaders and public figures. All marketing and promotional materials for condom distribution and prevention messages should be appropriate to the populations being served and should be vetted through RI DOH.

SECTION 4: ADMINISTRATIVE INFORMATION

Questions concerning this solicitation must be e-mailed to Jaime Comella at the Department of Health at Jaime.Comella@health.ri.gov. They must be received no later than Friday, September 11, 2015. Questions should be submitted in a *Microsoft Word* attachment. Please reference “RFP HIV Prevention and Testing Services” on all correspondence. Questions received, if any, will be posted on the RI DOH Website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

No other communication with State parties regarding this RFP will be permitted.

SECTION 5: PROPOSAL SUBMISSION

Interested Applicants may submit proposals to provide the services covered by this Request on or before 1:00 p.m. (EST) on Friday, October 16, 2015.

Responses (an original plus five (5) copies) should be mailed or hand-delivered in a sealed envelope marked “**HIV Prevention and Testing Services**” to:

*Rhode Island Department of Health
Attention: Thomas Bertrand, MA, MPH, Chief
Center for HIV, Hepatitis, STD & TB
3 Capitol Hill, Room 106
Providence RI 02908-5097*

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Rhode Island Department of Health by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed or emailed to RI DOH will not be considered.

An applicant’s submission of a proposal constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting a

proposal, an applicant agrees that it will not bring any claim or have any cause of action against Health or the State of Rhode Island based on the terms or conditions of the RFP or the procurement process.

SECTION 6: REPORTING REQUIREMENTS

Data Collection Methodology and Reporting

- Ensure the use of standard RI DOH testing, notification and referral forms and maintain hard copies of data collected.
- Collect targeted outreach data so that RI DOH can be assured that staff is reaching out to high-risk populations in appropriate venues and locations.
- Collect baseline data on all testing clients using a form provided by RI DOH. This form shall include appropriate variables pertaining to risks, demographics and project data endpoints for achieving identification of unaware populations and referring and linking positives into care.
- Collect referral data that includes a mechanism for determining the number of clients that access essential follow-up medical care, mental health and /or substance abuse treatment.
- Notify RI DOH of all positive confirmatory test results for HIV and HCV within 4 days of receiving test results; use form provided by RI DOH's HIV Surveillance Program.
- Notify RI DOH of the date HIV-positive clients attend their first medical appointment by using the form provided by RI DOH's HIV Surveillance Program.
- Submit monthly reports using the Evaluation Web data reporting system for HIV.
- Submit monthly reports using the RI DOH designated reporting forms for viral hepatitis.
- Submit monthly requests for reimbursement by the 10th of the month following service provision utilizing RI DOH's request for reimbursement forms.
- Make accessible to RI DOH all records and reports pertinent to the project including employee performance evaluations.

Policies and Procedures in Accordance with RI HIV Testing Regulations

Applicants must adhere to RI's law and regulations for HIV testing, (www.health.ri.gov), view current regulations R23-6.3HIV, the CDC guidelines for HIV testing, and the National HIV/AIDS Strategy. Read and incorporate CDC guidelines and the 2010 regulations for HIV testing into these procedures. Include how the agency will adhere to the law and regulations regarding testing. In your goals, state how staff will execute the day to day operations by adhering to the agencies policy and procedures. State the policies and procedures associated with:

- how the agency will cover the critical points regarding outreach, condom distribution, counseling and testing, referrals, and linkage to care;
- how and when the agency will meet the requirement in the regulations that rapid testing sites need a waiver to perform testing;
- how the agency will submit their required annual testing report to the state; and
- how the agency must address the requirement that all counselors be certified to perform testing (note exceptions in the regulations).

SECTION 7: PROPOSAL CONTENT

This RFP contains the administrative procedures and instructions for preparation and submission of a proposal. Proposals must be typed 12 CPI or an equivalent font, English, single spaced, on one side of the page, and paginated on paper with 1-inch margins. Applications should not to exceed page limitations as specified below.

Applicants must complete **APPENDIX E (Proposal Checklist)**. Applications that do not contain all required information listed on the checklist will not pass the first phase of a technical review and will not be eligible for the final review process and funding.

The proposal must be submitted in the following sequence:

Proposal Checklist (1 page)

Complete Appendix E (Proposal Checklist)

Title Page (1 page)

Complete Appendix F (Title Page)

Cover Letter (1 page)

On agency letterhead, include a cover letter from the agency's Board of Directors demonstrating their support for the proposal. This letter should indicate that you have discussed your proposal with your agency board of directors and that the board of directors and applicant agrees to follow the RI DOH's guidelines and concur that the application is consistent with the agency's prevention mission and goals.

Table of Contents (1 page)

List all the section titles with page numbers including attachments.

Project Summary (1-2 pages)

Provide a summary of the project's intervention and overall key points. Include HIV/viral hepatitis Counseling and Testing Services, linkage to care, and condom distribution.

Organizational Background (2 pages)

Describe your agency in terms of its history conducting HIV and viral hepatitis prevention and testing programs, as well as success in identifying undiagnosed individuals who are HIV-positive. Describe your agency's commitment to conducting HIV prevention efforts in Rhode Island through community events, planning, and other activities. Describe any other efforts and initiatives that your agency conducts as it relates to HIV and viral hepatitis prevention, such as websites, partnerships, and special projects.

Plan to Provide Services to Racial and Ethnic Minority Populations and Equity (2 pages)

Using the mandated standards in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.

Scope of Work

• **Goals and Objectives (5 pages)**

This is the major portion of the proposal for applicants. The objectives and activities must demonstrate how the intervention's core elements associated with Comprehensive HIV Prevention Services will be implemented and maintained. List project goal(s) and objectives for process and outcome monitoring. Objectives need to be specific, measurable, achievable, realistic, and time-oriented (SMART). It is strongly recommended the applicant develop their goals and objectives by identifying the SMART process for each goal and objective. Please include estimates of number of people to be tested by risk group and/or test setting, as well as HIV positivity rates.

• **Work Plan (5 pages)**

Describe how the objectives will be achieved by the day-to-day functions of the intervention staff. Activities explain what services the intervention will provide to accomplish its objectives. Detail the entire scope of integrated prevention activities including but not limited to:

- Who is the target audience and how many do you propose to serve?
- What organizations/institutions will be partners?
- What settings will testing and condom distribution take place?
- How will services be promoted and marketed to at-risk populations?
- What materials, if any, will be distributed? How many and to whom?
- What types of services will be provided (e.g., outreach, education, counseling, testing, referrals and groups)?

- When they arrive to be tested, what is the protocol that is offered to the client? What staff member processes the information and how do they process it? If a person tests positive for any test given, what is the procedure for referrals? Linkages?

Referral/Linkages Plan (2 pages)

Applicant describing the linkages plan

- RI DOH does not expect community-based agencies to be able to provide all the services a client may need. Applicants are asked to identify a partner/collaborating agencies that can address the gaps in services. Proposals need to document partner/collaborating agencies. Letters of support are recommended, but not required. Letters of support should include specific activities that will be performed as a partner organization.

Evaluation and Monitoring (3-4 pages)

Describe how the agency will monitor the data collection to assure completeness, accuracy and timeliness of data reporting. Describe how the agency will measure the success of the program. Describe how client satisfaction will be measured by the agency.

Project Administration, Staff Supervision, and Training (3 pages)

The qualifications of the staff are essential to the success of a program. Name all project staff, titles, annual salary, hourly rates, and number of hours dedicated to the project.

Budget and Budget Narrative (2 pages)

Describe the budget in detail. Include a line item page and a budget narrative page. Both pages must be completed for Year One of the project (twelve month period).

SECTION 8: BUDGET / BUDGET NARRATIVE

Allocation of Funds

Funding allocations for HIV and viral hepatitis Services are estimated based on federal and state calendar year 2016 funding levels. All allocations and subsequent awards within the project period are estimated. Actual total awards and individual contract funding levels may vary from that listed, or funding may be withdrawn completely, depending on availability of federal and state funding, and as directed by the CDC.

Utilize **Appendix D (Budget Worksheet)** for Budget submission. In the Budget Narrative, include expenses for Year One (12-months). Complete an itemized budget detailing expenses related to each budget category that are consistent with objective and program activities.

Allowable Expenses

- **Personnel:** Indicate each staff name and position for this project. Show percentage of time allocated to this project, the hourly rate and the total annual salary, the personnel costs being requested under this RFP, and the percentage of time that will be in-kind.
- **Fringe Benefits:** Include those benefits normally provided by an organization. Percent and detail breakdown of each benefit is required, such as FICA, unemployment, workers compensation, medical, dental, vision, vacation time, personal time, sick leave, etc. Also indicate the fringe benefit rate for the organization.
- **Consultants:** List each consultant individually, specifying the hourly rate and anticipated annual cost. Only expenses for functions related to this project may be included.
- **In-State Travel:** Local travel only is allowed. Reimbursement for mileage expenses is not to exceed \$0.575/mile. Reimbursement of travel expenses is allowed for activities related to this project only.
- **Printing / Copying:** Include the cost of duplicating materials, site schedules, flyers, resource lists, referrals and other Health-related forms to be distributed during the contract year. The duplication or printing of flyers, brochures, booklets, information sheets, and other educational materials related to the project should be included.

- Supplies: List office and program supplies allocated to the project. Refreshments are not an allowable expense.
- Telephone/Internet: Include telephone and internet expenses associated with the project.
- Educational/Resource Materials: List books, brochures, curricula, videos, or other written resource materials purchased for program use.
- Postage: Indicate postage expenses allocated to the project.
- Other / Special Initiatives: Bus tickets, incentives, stipends, etc.
- Indirect / Administrative Cost: Not to exceed 10% of direct costs, excluding consultants. Includes cost of office space, rental space, utilities, biohazard disposal, computer access for data management, etc.].

Funds may **not** be used for capital expenses.

Applicants are advised that RI DOH is not responsible for any expenses incurred by the Applicant prior to the contract award.

Duplication of Services/Cost Avoidance

Applicants must be certain to assure RI DOH that the funds to be utilized associated with this scope of work are not duplicated in other areas of the agency. These funds are specific to the agreed upon scope of work via this contract and therefore should be utilized to service populations in need as specified in the RFP.

The Center for HIV, Hepatitis, STDs & TB funds via this contract are for clients with no other means of payment, the underinsured, and patients seeking anonymous testing. Applicants must have mechanisms in place for third party billing for services provided under this award. Whenever possible, applicants should attempt to seek third party reimbursement for clients who are eligible and willing to share their insurance coverage. This measure will assist leverage limited funds to service larger number of target populations.

SECTION 9: EVALUATION AND SELECTION

RI DOH will award contracts to applicants whose proposals demonstrate conformity to this RFP's specifications with respect to the scope of services and the project cost. Applicants must demonstrate that they possess the fiscal resources required to implement the proposed project.

If two agencies decide to collaborate together for funding, RI DOH will make a determination based on the following criteria:

- need to collaborate and enhanced value of the scope of work upon collaboration
- increased geographic outreach statewide and enhanced service delivery
- cost-effectiveness of the budget submitted

The review process consists of the following steps:

1. All proposals will undergo a preliminary review by the Center for HIV, Hepatitis, STDs & TB to determine that minimum proposal submission requirements are met. A proposal may be disqualified at this point if it does not meet the basic requirements set forth in this RFP by not submitting the components as listed in Section 7 (Proposal Content) of this RFP.
2. Proposals will be reviewed by a Technical Review Committee comprised of staff from the Rhode Island Department of Health.
3. The Technical Review Committee will meet to review each proposal according to established evaluation criteria and guidelines. **Appendix C (Proposal Evaluation Form)** lists the relevant evaluation items and maximum scores. Each proposal will be rated based on the Proposal Evaluation Form score (maximum 100 points). A zero rating on any item may exclude the proposal from further consideration. To be eligible for funding under this RFP, the Technical/Cost Proposal must receive a minimum of 70 out of a maximum of 100 points (70%). Any proposals scoring less than 70 points will not qualify for further consideration.

4. Points will be assigned based on the applicant's clear demonstration of his/her abilities to complete the work, apply appropriate strategies to complete the work, create innovative solutions and quality of past performance in similar projects.
5. Based upon the individual ratings assigned to each proposal by the Technical Review Committee, the proposals will be ranked in order of priority for funding by the entire team. The applicants with the highest total scores will be considered first for possible funding.
6. The Technical Review Committee will submit the rank-ordered recommendations and overall comments to the Director of Health and/or designee.
7. Only one proposal will be accepted from each applicant. All costs of preparing the proposal are the sole responsibility of the applicant. RI DOH is not responsible for any costs incurred by the applicant that are related to the preparation or submission of the proposal or any other activities undertaken by the applicant related in any way to this RFP.

The Rhode Island Department of Health reserves the exclusive right to:

- select the organizations it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s);
- award a contract with or without further discussions of the proposals submitted;
- request additional written information or ask applicant to make an oral presentation before the technical review committee to clarify statements made in their proposal;
- establish a later effective date in the contract if circumstances are such that it is in the State's best interest to delay it, or if funding availability is undetermined;
- verify the contents of a proposal submitted by an applicant. Misleading or inaccurate responses shall result in rejection of the proposal;
- to obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and the applicant's capability and performance under other RI DOH contracts, other state contracts, and contracts with private entities. RI DOH may use any of this information in evaluating an applicant's proposal.

SECTION 10: REQUIRED ATTACHMENTS

1. Evidence of Non Profit Status (copy of 501c3)
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. Outcome Monitoring Measurement Tools
4. Signed Partner / Collaborative Agreement(s)
5. List of designated staff with title, name, qualification, job description, resume and copies of Qualified Professional Test Counselor (QPTC) Certification

SECTION 11: CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RVIP/publicdocuments/ATTA.pdf>

APPENDICES

- Appendix A: High Risk Individuals and Disproportionately Impacted Populations
- Appendix B: Condom Dispensers Marketing Clings
- Appendix C: Proposal Evaluation Form
- Appendix D: Budget Worksheet
- Appendix E: Proposal Checklist
- Appendix F: Title Page

APPENDIX A

HIGH RISK INDIVIDUALS AND DISPROPORTIONATELY IMPACTED POPULATIONS

Each agency shall perform and maintain compliance with the program requirements and performance measures specific to the services, as described below. Applicants are expected to provide integrated services including the following:

1. HIV and Hepatitis C counseling, testing, and referral (CTR) services to targeted high risk and disproportionately impacted populations;
2. immediate linkage to HIV/viral hepatitis medical care; and
3. condom distribution.

High-risk individuals who should be offered HIV testing include:

- Persons who have unprotected sex and/or share injection equipment with HIV-positive persons;
- Males who have unprotected sex with other males;
- Transgendered individuals;
- Persons who exchange sex for money, drugs, or things they need;
- Females who have unprotected sex with bisexual males;
- Persons who have unprotected sex with an injecting drug user or someone who exchanges sex for money, drugs, or things they need;
- Persons who were diagnosed with an STD within the last year; and
- Persons who have ever shared contaminated drug injection equipment.

Disproportionately impacted populations (i.e., those populations with higher rates of HIV diagnoses) are defined as:

- Men who have sex with men;
- African American/Black persons; and
- Hispanic/Latino/a persons.

Because individuals at high risk for HIV are also at risk for viral hepatitis, applicants are to provide Hepatitis C counseling and testing and as defined below.

High-risk individuals who should be offered HCV testing include:

- Persons who have ever injected drugs;
- Injection drug users who share needles or other equipment;
- Persons who received blood, blood products, or organ transplants prior to 1992;
- Persons born between the years of 1945 and 1965; and
- Persons ever on long-term hemodialysis.

APPENDIX B

CONDOM DISPENSERS MARKETING CLINGS



ZERO 
EXCUSES

FREE CONDOMS
AVAILABLE HERE



health.ri.gov/safersex

APPENDIX C
PROPOSAL EVALUATION FORM
HIV Prevention and Testing Services

AGENCY NAME: _____ REVIEWER # _____

Proposals will be reviewed and scored based upon the following criteria:

_____ 0-20 points	Background The applicant demonstrates prior experience working with targeted populations, AIDS Service Organizations, community-based organizations, and other partners in providing and increasing utilization of services. The applicant demonstrates prior experience implementing HIV and Hepatitis C rapid testing programs that reach high-risk groups and are successful at identifying undiagnosed individuals living with HIV.
_____ 0-25 points	Approach/Project Work Plan The applicant clearly outlines their ability to seek and find hard to reach populations at high risk for HIV/viral hepatitis infection. The applicant has submitted and clearly demonstrated an action plan to reach targeted populations. The applicant has arranged to partner with other organizations to reach high-risk individuals in various settings. Additionally, the applicant has provided clear details on activities and timelines for the scope of work.
_____ 0-10 points	Goals and Objectives The applicant outlines SMART (Specific, Measurable, Achievable, Realistic, and Time-oriented) objectives in describing their planned scope of work. These goals should include number of tests performed for high-risk groups and settings, as well as HIV positivity.
_____ 0-10 points	Evaluation The applicant outlines a process and outcome monitoring and evaluation plan listing tools to track process, output and outcome measures for each component of the application.
_____ 0-5 points	Project Staff and Organization Applicant lists in details the professional, cultural, linguistic competence of all proposed project and agency staff involved in the implementation of the project.
_____ 0-30 points	Budget and Budget Justification Applicant clearly includes in their budget cost-effective and accurate use of line items, billed staff, a detailed 10% match and a complete budget and budget narrative. Submitted budget and supporting documentation should appropriately reflect agency's financial capacity to implement the project in a timely manner.
100 points Total	Reviewer's Total _____

APPENDIX D
BUDGET WORKSHEET

Expense Category	1/1/16 – 12/31/16 Expenses	10% Match
1. Personnel	\$	\$
2. Fringe Benefits	\$	\$
3. Consultants	\$	\$
4. In-State Travel	\$	\$
5. Printing/Copying	\$	\$
6. Supplies	\$	\$
7. Telephone / Internet	\$	\$
8. Educational/Resource Materials	\$	\$
9. Postage	\$	\$
10. Other / Special Initiatives	\$	\$
Indirect / Administrative Cost	\$	\$
TOTAL REQUEST:	\$	\$

APPENDIX E
PROPOSAL CHECKLIST

Name of Applicant Organization: _____

- Proposal is written according to RFP specifications.
- Proposal is typed, 12 CPI or an equivalent font, English, single spaced, on one side of the page, paginated on paper with 1-inch margins and submitted in the proper sequence adhering to the following outline:
 - Proposal Checklist (1 page)
 - Title Page (1 page)
 - Cover Letter (1 page)
 - Table of Contents (1 page)
 - Project Summary (1-2 pages)
 - Organizational Background (2 pages)
 - Plan to Provide Services to Racial and Ethnic Minority Populations and Equity (2 pages)
 - Goals and Objectives (5 pages)
 - Work Plan (5 pages)
 - Referral/Linkages Plan (2 pages)
 - Evaluation and Monitoring (3-4 pages)
 - Project Administration, Staff Supervision, and Training (3 pages)
 - Budget and Budget Narrative (2 pages)

REQUIRED ATTACHMENTS

- Attachment 1: Evidence of Non Profit Status (copy of 501c3)
- Attachment 2: Completed and signed W-9
- Attachment 3: Outcome Monitoring Measurement Tools
- Attachment 4: Signed Partner / Collaborative Agreement(s)
- Attachment 5: Job Descriptions, Resumes and QPTC Certification

APPENDIX F

TITLE PAGE

AGENCY INFORMATION:

NAME OF APPLICANT AGENCY _____

ADDRESS OF APPLICANT AGENCY _____

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

F.E.I.N. NUMBER _____

PROJECT TITLE _____

CONTACT INFORMATION:

CONTACT PERSON NAME / TITLE _____

(Must be able to answer questions regarding the RFP)

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

Person completing the technical component of this application

SIGNATURE

TITLE

SIGNATURE

Amount of request for award: \$ _____