

California Department of Public Health

Center for Infectious Diseases

Office of AIDS

HIV Prevention Branch

Request for Applications

Number 10-10138

Expanded HIV Testing in Healthcare Settings

April 2011

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Schedule of Events

<u>Event</u>	<u>Date</u>
RFA Release Available on OA Web site at http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx	Monday, April 11, 2011
Deadline for Submitting Written Questions	Friday, April 29, 2011
Answers to Written Questions Available on OA Web site at http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx	Wednesday, May 11, 2011
Deadline of Submitting Letter of Intent (Mandatory)	Friday, May 13, 2011
Application Submission Deadline	Friday, June 10, 2011
Release of Notice of Intent to Award (NOA) Available on OA Web site at http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx	Monday, June 27, 2011
Appeal Deadline	Tuesday, July 5, 2011
Contract Start Date	Monday, October 1, 2011

**California Department of Public Health
Center for Infectious Diseases
Office of AIDS
HIV Prevention Branch
Request for Applications Number 10-10138
Expanded HIV Testing in Healthcare Settings**

A. INTRODUCTION

The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA) is responsible at both the individual and population levels to enact policies and programs that achieve our primary goals (i.e., minimizing new HIV infections, maximizing the number of people with HIV infection who access appropriate care, treatment, support, and prevention services, and reducing HIV/AIDS-related health disparities).

OA is soliciting applications from eligible entities to provide local coordination of funding provided by the Centers for Disease Control and Prevention (CDC). CDC has designated funding for high volume HIV screening and linkage to care (LTC), partner services (PS), and prevention services for persons testing positive for HIV. Eligible entities (EEs) are defined as: a) local health jurisdictions (LHJs) listed in Section D of this Request for Applications (RFA); b) any health care facility in any of the LHJs listed in Section D of this RFA such as, but not limited to, hospitals, emergency departments, inpatient units, urgent care centers, federally qualified health centers, community health centers, sexually transmitted disease (STD) clinics, family planning and gynecological clinics, adolescent care clinics; and c) other HIV screening venues in any of the LHJs listed in Section D, including faith-based health screening programs, syringe exchange programs, community health education programs (i.e., Promotores), substance abuse treatment centers, and jails,.

B. PURPOSE OF THE REQUEST FOR APPLICATIONS

The purpose of this RFA is to promote: 1) high volume HIV screening; and 2) LTC, PS, and prevention services for persons testing positive for HIV in health care and other settings, especially among African Americans, Latinos, men who have sex with men (MSM), and

injection drug users (IDUs) in order to more fully implement CDC's September 2006 *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Healthcare Settings*.

C. CONTRACT TERMS AND FUNDING

OA has been awarded a total of \$3,527,282 from CDC for Year One. Contingent upon the availability of these funds, it is likely that OA will receive continued funding for Year Two. OA will retain \$708,803 at the state level for program coordination and administrative costs. The remaining funding, \$2,818,479, will be awarded based on this RFA process. The number of contracts awarded will be determined by the number of applications deemed appropriate to fund and the amount of funding deemed necessary to ensure success of the funded applications. The terms of the resulting contracts will be:

Year 1: October 1, 2011 – September 30, 2012

Year 2: October 1, 2012 – September 30, 2013

Please note that in order to expedite contracts, funding awarded to LHJs will be added to the current Master Agreement (MA) and adjusted to match MA budget periods.

All funding is contingent on the availability and continuation of federal HIV prevention funding.

D. PROGRAM REQUIREMENTS

The following section includes a complete description of the program requirements of the RFA. All activities and deliverables described below must be addressed in the "Program Description" section of each applicant's RFA submission.

Background

Through PS10-10138, CDC has awarded OA \$3,527,282 to implement, integrate, and increase high volume HIV screening as well as verifiable LTC, PS, and prevention services in EEs. OA anticipates funding between six and eight EEs to provide 28,650 HIV screening tests in Year One of the program. Selected programs must have the capacity to scale up screening in order to contribute to OA's total of 95,500 HIV screening tests in Year Two. The goals of

PS10-10138 are to encourage HIV screening among African Americans, Latinos, MSM, and IDUs in clinical and other select settings serving these target populations.

OA has determined that the following 18 LHJs are EEs. These LHJs represent 93 percent of all living HIV/AIDS cases (excluding Los Angeles and San Francisco) for CDC's target populations.

Alameda	Monterey	San Joaquin
Contra Costa	Orange	San Mateo
Fresno	Riverside	Santa Clara
Kern	Sacramento	Solano
Long Beach	San Bernardino	Sonoma
Marin	San Diego	Ventura

In addition, all potential HIV screening venues in these LHJs are EEs. EEs are encouraged to apply for this funding individually or in collaboration with other EEs. EEs are encouraged to think broadly about collaborating with other EEs to develop the most comprehensive proposal for implementing, integrating, and increasing high volume HIV screening, LTC, PS, and prevention services for African Americans, Latinos, MSM or IDUs. Any EE within an eligible LHJ can apply directly to OA for PS10-10138 funding. However, these EEs must obtain a letter of support from the AIDS director of their LHJ and discuss how they will work with the LHJ to integrate and verify LTC, PS, and prevention services, as well as surveillance reporting with the LHJ.

OA expects to be able to perform 95,500 HIV screening tests in the second year of funding for an average per test cost of \$29. While this amount is not intended to directly reimburse for the per cost test, applicants are encouraged to use this cost per test to determine the level of funding they request.

OA is committed to using PS10-10138 funding to establish the sustainability of HIV screening in EEs. To that end applicants will only be funded for the following activities:

- **EE staff to coordinate PS10-10138 activities.** It is anticipated that these coordinating staff will assist selected HIV screening venues with: high volume HIV screening implementation; analysis of barriers or problems encountered; establishing and providing

support for data collection systems; entering data into the Local Evaluation Online (LEO) System for people testing HIV positive; developing, maintaining, and verifying LTC networks and referrals to PS and prevention services; and assisting with and monitoring public and private insurance reimbursement rates and levels for each venue.

- **Cost of HIV testing expenses such as HIV test kits for patients without any other means of paying for HIV screening.** EEs funded by PS10-10138 will be required to pursue reimbursement from all appropriate public and private insurers before using PS10-10138 funds to pay for HIV testing expenses such as HIV test kits. PS10-10138 funding for HIV testing expenses can only be used for patients without public or private insurance. OA will provide technical assistance (TA) to all HIV screening venues with regard to obtaining maximum reimbursement from public and private insurers.

E. PROGRAM DESCRIPTION

Elements of the Application to be Evaluated

Applicants must address and describe the following elements:

Venue(s) within the EE which will perform routine HIV screening

Applicants must specifically identify the venue(s) that will be performing high volume HIV screening and the rationale for their appropriateness for inclusion in the application.

Applicants should provide evidence of the probability that these venues will yield at least a 0.5 percent identification rate of **newly identified** positives.

Number of HIV screening tests to be performed in first and subsequent years

Applicants must discuss the capacity of each identified venue to perform high volume HIV screening, the number of tests the venue will perform in Years 1 and 2 and the rationale for those numbers.

Plan for integrating HIV screening into work flow without funding for HIV testing staff positions from this grant

Applicants must explain how HIV screening will be performed at each venue. This explanation should include how information about HIV testing will be delivered to the patient (orally and/or in writing), the type of test specimen that will be collected (oral fluid or blood), the type of HIV test that will be used (rapid or conventional), and where the HIV test will be processed (lab or point-of-care). EEs are encouraged to use laboratory analyzers (i.e., Ortho Vitros, Seimens, or Abbot Architect, etc.) to provide high volume HIV screening. Funding for this grant may not be used for HIV testing personnel such as HIV testers or lab personnel. It may only be used for HIV screening and LTC/PS services coordination at the venue or LHJ level.

Applicants are encouraged to explore all possible methods for integrating high volume HIV screening into EE work flow. As an example, EEs can obtain oral consent from patients and then order HIV screening for all patients admitted to a hospital from the emergency department or who have blood drawn for other purposes. California law allows for routine, opt-out HIV screening as described in CDC's 2006 *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Healthcare Settings*. Patients must be told in writing or orally that they may be screened for HIV during their health care visit, but that they have the right to decline HIV screening. They must also be provided information about the test, informed that treatment options are available, and advised that a person who tests HIV negative should continue to be routinely screened. This information can be provided in written or oral form and can be included in the general consent for treatment. OA strongly encourages HIV screening venues to employ policies and procedures that use routine opt-out methods.

Applicants are encouraged to describe how HIV screening will be incorporated into other screening programs provided at the venue. For example, a blood draw used for a cholesterol or diabetes screening, or other diagnostic, screening or monitoring purposes could provide a specimen for HIV testing as well. Additionally, applicants are encouraged to promote HIV screening in their health education programs that utilize Community Health Promoters who assist people in obtaining health care for themselves, their children, and other family members. (Community Health Promoters are also referred to as Community Advocates, Community

Health Workers, Community Leaders, Health Advocates, *Lideres Comunitarios*, and *Promotores de Salud*.)

OA encourages applicants to explore the possibility of using blood specimens collected for HIV screening for other types of screening such as syphilis and hepatitis B and C in settings that use high volume analyzer technology that can run several screening tests on one specimen. However, it is not expected that this would be incorporated until the second year of the program. Awardees cannot use PS10-10138 funding for these tests but should think about how to educate HIV screening venues about their value and importance to patient health.

Plan for providing HIV-negative results to patients

Applicants must explain how they will provide HIV-negative results to patients. Applicants are encouraged to be innovative in their delivery of this information. Negative HIV testing results can be provided in any of the following ways: mailing HIV-negative results to patients along with other test results, including HIV-negative test results on discharge materials, or orally informing patients. Each delivery method must include generic information about follow-up testing after the window period for the test being used and referral to the most appropriate setting(s) in which to receive follow-up tests.

Plan for providing preliminary positive and/or confirmatory positive results to patients

Applicants must discuss how patients will be informed of a preliminary HIV-positive diagnosis in the case of rapid HIV testing or a confirmatory HIV diagnosis in the case of conventional HIV screening. The explanation must include: who will disclose the diagnosis to the patient, where the disclosure will take place, and how the patient will be linked to HIV medical care services. This should include a clause in the general consent for treatment that allows for follow up if the patient does not return for HIV screening results and a plan for the implementation of the follow up.

If the venue is providing rapid HIV testing, applicants must indicate if the venue will also provide confirmatory HIV testing or refer the patient to HIV medical care services for confirmatory testing. OA prefers that patients receiving a preliminary HIV-positive diagnosis be

immediately referred to HIV medical care services for HIV confirmation testing. (See Guidance for HIV Confirmation Testing in HIV Testing Venues – Attachment 10.)

LTC Reporting

Applicants must provide a detailed plan for LTC for each HIV screening venue and how these services and referrals will be tracked and verified. For applicants proposing jail testing, the plan must also include coordination with existing Transitional Case Management Programs. Applicants will be required to specify the following:

- Who within the venue will be responsible for providing LTC activities? How will the responsible individual, for instance a local LTC coordinator, be informed of patients who receive a preliminary or confirmed HIV-positive screening result?
- How will the venue ensure that the LTC coordinator can contact the patient? For example:
 - *Can the venue include contact by the LTC coordinator in the consent to treat materials?*
 - *How will the venue ensure the LTC coordinator has correct contact information for the patient?*
- Will a venue providing preliminary HIV-positive results immediately refer the patient to an HIV care and treatment facility or will they provide confirmatory testing at their venue?
 - *If providing confirmatory testing, what kind: Western blot, Immunofluorescence Assay and where: onsite or reference lab?*
- To which HIV care and treatment facility will the LTC coordinator most often refer patients with a preliminary or confirmed HIV-positive test result? Letters of support from these sites will be required.
- How will they confirm if patients have attended their first appointment?
- How will the LTC coordinator be able to determine if the patient has continued to receive HIV care and treatment services?

PS

- How will PS be offered and provided to the patient?
 - *Will the HIV care and treatment setting refer the patient to a PS provider or will the HIV care and treatment site be responsible for offering PS, and in the case of a third-party notification request – eliciting partner information from the patient and passing that*

information on for notification? If the HIV care and treatment site will provide PS, who will provide it and how will they be trained?

- *How will the LTC coordinator know that PS's elicitation has been offered and provided?*
- *A letter of support from the local PS program will be required.*

Prevention Services

- How will prevention services be provided to those testing HIV positive?
 - *How will a person be evaluated for high-risk transmission behaviors? How will the EE encourage use of existing HIV prevention services such as Prevention with Positives, individual, and group level interventions?*
 - *A letter of support from the identified prevention services providers program will be required.*

Surveillance

- How will compliance with HIV/AIDS surveillance reporting requirements be met and monitored?

EEs will be expected to follow forthcoming guidance provided by OA regarding use of HIV surveillance data to engage and retain patients HIV care as provided by Assembly Bill 2541 enacted in January 2011.

Plan to comply with CDC and OA-required data collection, quality assurance, monitoring, and evaluation activities.

Applicants must commit to the timely provision of required data for patients who test HIV negative and HIV positive in the formats provided by OA. (See Attachments 11 and 12.)

Applicants must also commit to implementing OA-directed quality assurance and monitoring and evaluation activities.

Patients who test HIV negative with rapid or conventional HIV testing

The HIV screening venues and EEs are responsible for ensuring that the data is forwarded to OA in the XML format that will be uploaded into CDC's data collection system Evaluation Web. TA will be provided by OA to establish the data export/import process. EEs with electronic health records (EHR) will likely be able to use those records to create the XML import.

Additional administrative/identification elements will need to be added to the EE's export data file to facilitate the import. Data elements for negative test results are listed in Attachment 11 - Negative Result Data Reporting Requirements. Data must be submitted monthly 20 days after the end of the month.

Patients who test HIV positive

Complete data for patients testing HIV positive must be collected on a modified Client Information Form (CIF) developed by OA and entered by the grantee into LEO. (See Attachment 12 for Data Reporting Requirements for Those Testing HIV Positive.) It is anticipated that the modified CIF data elements will be collected after the patient is confirmed HIV positive, likely at the HIV medical care site either by staff at the site or the person responsible for LTC/PS in the EE. The modified CIF data must be entered directly into LEO. It cannot be submitted to OA for import into LEO. Any venue receiving funding for this project can be set up and trained to enter data into LEO. Confirmed HIV-positive results must be entered into LEO within ten business days and updated until complete.

Progress Reports

Applicants must submit, in the format provided by OA, a narrative discussion of progress, successes, and lessons learned within 45 days after the end of each quarter for Year 1 and biannually in Year 2.

Plan to obtain reimbursement for HIV testing from public and private insurance sources

For each HIV screening venue, applicants must explain how they will pursue reimbursement from public and private insurance sources. This explanation should include the titles of staff who will be involved in this activity such as coding and billing specialists, as well as accounts receivable and administrative personnel. Currently California law requires that private health insurers reimburse EEs for routine HIV screening. Medi-Cal will reimburse EEs for diagnostic ICD-9 codes such as V69.8 (Other problems related to lifestyle) or V73.89 (Special screening for other specified viral diseases). Medicare will reimburse for any patient who requests an HIV test and any patient in a high-risk group. The plan must also include how those reimbursements will be used to sustain and increase HIV screening beyond the funding period.

OA will provide TA and training in order to address systemic barriers and ensure the maximum reimbursement from Medi-Cal, Medicare, and private insurers.

Plan to collaborate with local and state program such as California Primary Care Association, Pacific AIDS Education and Training Center local performance sites, STD/HIV Prevention Center, CDPH STD Control Branch, local Alcohol and Drug (AOD) Administrators, and the California Department of Alcohol and Drug Programs (DADP)

Applicants must discuss how they will coordinate and collaborate with programs and organizations that provide training, TA, funding or support for HIV testing, medical care, or social support services.

In addition, applicants that are planning to provide high volume HIV screening in substance abuse treatment settings must provide a letter of support or Memorandum of Understanding which details their coordination of Substance Abuse, Mental Health Service Administration set-aside HIV testing funding, which is administered through DADP and local AOD Administrators, in their LHJ.

Any previous experience with high volume HIV screening

Applicants should discuss successes and lessons learned from any previous experiences with high volume HIV screening. Include experience with LTC/PS and prevention services after identifying new and previously-identified HIV-positive patients.

EE applying individually:

Description of facility's relationship and plans for collaboration with LHJ HIV/AIDS office

EEs that apply individually must discuss how they will collaborate with the local HIV/AIDS office in their LHJ in order to meet the goals of the award. EEs should provide a letter of support cooperation from the HIV/AIDS office of their LHJ.

F. OA RESOURCES AVAILABLE TO AWARDEES

OA will have the following staff dedicated to this program: HIV screening program coordinator, LTC/PS specialist, data and evaluation specialists, contract monitor, and administrative staff. These staff will provide TA, training and monitoring to awardees in order to implement all aspects of the program. Specific assistance is expected to include: appropriate testing technology; lab readiness; incorporating oral consent and HIV screening into health care setting flow; providing HIV-negative results; providing HIV preliminary and confirmed positive test results; LTC, PS, and prevention services; exporting and importing data into LEO; reporting and evaluation of data; obtaining reimbursement for HIV screening from public and private insurance providers and adhering to contract provisions.

Additionally, OA also has two separately funded health care setting HIV testing specialists who will assist awardees in developing and implementing their HIV screening programs as needed. Finally, OA staff with specialized skills and knowledge in issues related to MSM, IDUs, African Americans, Latinos, women, and transgenders as well as PS, Prevention with Positives, and linkage to and retention in care will provide TA to awardees as needed in order to increase their capacity to meet the needs of these populations and to appropriately access these services.

The OA **California AIDS Clearinghouse (CAC)** can provide appropriate and culturally sensitive educational materials, including condoms, free-of-charge, to California LHJs as well as other California HIV/AIDS care/prevention programs and agencies. All materials in the CAC catalog are made available using federal funding and have been approved by a statewide HIV/AIDS materials review panel. **To request a CAC catalog, please e-mail:** CACOrders@cdph.ca.gov.

G. ELIGIBLE ENTITY CAPABILITY

The applicant must describe the organization's qualifications to undertake the proposed work in the "Capability" section of the application. Qualified organizations will:

- a) Demonstrate commitment to the project through donation of in-kind services, including but not limited to expenses related to personnel, operating expenses, capital expenditures, and indirect costs.

- b) Demonstrate experience in large-scale service expansion and population-specific program development, including prior experience with program planning, budgeting, staffing, and management.
- c) Demonstrate experience in recruiting, retaining, and managing a multidisciplinary staff that includes staff with diverse and disparate backgrounds, levels of educational attainment and professional goals.
- d) Demonstrate experience with high quality program evaluation, including experience with a variety of different evaluation methodologies, experience in implementing quality assurance measures and prior experience with implementing and integrating evaluation activities into service delivery systems.
- e) Demonstrate that programmatic and fiscal staff, including any programmatic subcontractors and consultants, possess the training, skills, and experiences consistent with the program, fiscal, and management needs of the project.
- f) Demonstrate experience in collaborating with other agencies in order to provide HIV prevention and care services.
- g) Demonstrate experience in collaborating with other agencies in order to provide culturally and linguistically competent services to communities of color.
- h) Describe how the proposed program will be integrated with the EE's current activities.
- i) Demonstrate the ability to send required data in the specified XML format and have the capacity to troubleshoot the uploading processes.
- j) Demonstrate at least three years experience with administrative, fiscal, and programmatic management of government grant funds, including timely and accurate submission of fiscal and program documentation, subcontracts and compliance with all state contract requirements, including audit requirements.
- k) Provide examples of prior projects that demonstrate the EE's ability to provide deliverables on time and to manage fiscal resources responsibly.
- l) If subcontractors will be used (consultant or subcontracting agency), identify the added contribution that each would make to the achievement of the objectives of this RFA beyond the resources of the EE. Describe the history and qualifications of the proposed subcontractors identified to undertake the duties required.
- m) Include a Letter of Intent from proposed subcontractors.

H. INSTRUCTIONS FOR RFA SUBMISSION AND ANSWERS TO QUESTIONS ABOUT REVIEW, EVALUATION, AND SCORING PROCESS

1. Letter of Intent – Mandatory – Due Friday, May 13, 2011

Prospective applicants are required to submit the Letter of Intent (Attachment 8) to OA indicating their intent to submit an application in response to this RFA. The Letter of Intent must be signed by an official authorized to enter into a contractual agreement on behalf of the EE. The Letter of Intent must be sent via e-mail using the procedures listed in Attachment 9 – Instructions for Electronic Submission of Questions, Letter of Intent, Application and Appeal.

E-mail Address
ExpandedHIVTesting@cdph.ca.gov

2. Questions Regarding this RFA or Discovery of Problems or Errors

If, upon reviewing this RFA, a potential applicant has any questions regarding this RFA, discovers any problems, including any ambiguity, conflict, discrepancy, omission, or any other error, the applicant shall immediately notify OA in writing, to be delivered via e-mail, and request clarification or modification of this RFA.

All such inquiries shall identify the author, EE name, address, telephone number, and e-mail address and shall identify the subject in question, specific discrepancy, section and page number, or other information relative to describing the discrepancy or specific question.

Questions/inquiries must be received by 1 p.m. on Friday, April 29, 2011. (See Attachment 9 – Instructions for Electronic Submission of Written Questions, Letter of Intent, and Application.) Questions will be accepted via e-mail to the address below.

E-mail Address
ExpandedHIVTesting@cdph.ca.gov

All questions and responses will be available on the OA Web site at:

<http://www.cdph.ca.gov/programs/AIDS/Pages/Default.aspx> by 5 p.m. P.S.T. on Wednesday, May 11, 2011. Specific inquiries determined to be unique to an applicant will be responded via e-mail to the requestor only.

If a prospective applicant fails to notify OA of any problem or question known to an applicant by the date indicated in this section, the applicant shall submit an application at his/her own risk. Prospective applicants are reminded that applications are to be developed based solely upon the information contained in this document and any written addenda issued by OA.

3. Application Submission Requirements

Entities intending to submit an application are expected to thoroughly examine the entire contents of this RFA and become fully aware of all the deliverables outlined in this RFA. Applications are to be developed solely on the material contained in this RFA and any written RFA addendum issued by OA.

The format must allow at least one-inch margins at the top, bottom, and sides. All pages must be numbered sequentially. The size of the lettering must be at least an 11-point font.

4. Required Content of Application

The following is the order in which sections in the application must be submitted. A complete application package (A-K) must be submitted. A brief description of each section to be included is given below:

A. Application Cover Sheet

Complete the application cover sheet (Attachment 1). This sheet will serve as the cover page of the application. If the applicant is a corporation, the signature of the official authorized by the Board of Directors to sign on behalf of the Board must sign this cover letter.

B. Table of Contents

Include a Table of Contents immediately after the cover sheet. The Table of Contents must display page numbers for each section listed.

C. Application Certification Checklist

Complete the Application Certification Checklist (Attachment 2 in the Attachment section of this RFA). This sheet will serve as the guide to make certain that the application package is complete, and to ensure that the required documents are organized in the correct order.

D. Required Forms/Documentation

1. EE Information Sheet (Please refer to Attachment 3 in the Attachment section of this RFA).
2. Payee Data Record (Please refer to Attachment 4 in the Attachment section of this RFA).
3. Copy of the most recent independently audited financial report.

E. Executive Summary (up to two pages total)

Include an executive summary of one to two pages which describes: the organizational structure, EE's capability, and a brief summary of the proposed program and how it will be integrated with the EE's current activities.

F. Program Description (up to 15 pages total)

Provide a Program Description **covering the funding period, from October 1, 2011 through September 29, 2013**. This section must include complete descriptions of your

plan to carry out the **Program Description as described in Section E** of this RFA. All activities and deliverables described in this RFA must be included in the Program Description.

G. EE Capability (up to three pages total)

This section must describe your organization's qualifications to undertake the proposed work. **Key considerations are outlined in Section G of this RFA.**

H. Personnel (up to three pages total)

This section must describe how the project will be staffed. Brief job descriptions for all staff involved with the contract should be included, and information should be provided on whether or not staff time will be provided as in-kind donation, or funded by the contract which results from this RFA. Describe the personnel policies and procedures which exist within your organization to assure that qualified staff are recruited, well trained and supervised. **Include the resumes of key project staff in the Attachment section of the application.**

Provide an EE organizational chart that indicates:

1. The lines of authority and reporting relationships;
2. Which staff member will support each of the project's components; and
3. An explanation of the roles or functions that each staff person performs.

Applicants who plan to use specially qualified experts as consultants, aside from regular project staff, must identify these individuals and describe the need for hiring a consultant, the specific responsibilities of the consultant, and the number of contracted hours and costs associated with hiring a consultant for the project.

If the project includes a subcontractor(s), the applicant must describe exactly what responsibilities the subcontractor will assume and how his/her performance will be monitored by the applicant. All subcontractor(s) should be listed by name and address in the application. Notwithstanding the existence of any subcontractors, the selected

applicant will be ultimately responsible for performance of all terms and conditions under the resulting contract.

If subcontractors will be used, **include a Letter of Intent from each proposed subcontractor in the Attachment section of the application.**

OA reserves the right to approve changes in subcontractor selection and to approve changes in staffing after a contract is awarded.

I. Budget, Budget Justification and Timeline (no page limit)

1. Budget

Provide a Detailed Budget **for each funding period, October 1, 2011, to September 29, 2013.**

October 1, 2011 – September 30, 2012

October 1, 2012 – September 29, 2013

Please note that in order to expedite contracts, funding awarded to LHJs will be added to the current MA and adjusted to match MA budget years.

The Detailed Budget (sample format in Attachment section of this RFA, Attachment 5) must list the five categories in the following order: Personnel, Operating Expenses, Capitol Expenditures, Other Costs, and Indirect Costs.

The Detailed Budget should include both in-kind services and those which would be funded by the contract which results from this RFA.

Please Note: The cost of developing the application for this RFA is entirely the responsibility of the applicant and shall not be chargeable to the State of California or included in any cost elements of the application.

2. Budget Justification Narrative

Provide a Budget Justification Narrative **for each funding period, covering October 1, 2011 to September 29, 2013.**

October 1, 2011 – September 30, 2012

October 1, 2012 – September 29, 2013

The Budget Justification Narrative should explain and justify in a narrative format each detailed budget line item. For example, the salaries line item should list each position that is funded under this budget. If known, include the actual staff name. Include a brief explanation of each position's major responsibilities. This line item should also include a description and justification of the duties and responsibilities of each position, and the time allocation. For the operating expenses category, provide a general description of expenses included in the budget line item. Each line item in the Budget Justification Narrative should include subtotals and totals that match the Detailed Budget.

The Budget Justification Narrative should include both in-kind services and those which would be funded by the contract which results from this RFA.

See Attachment 6 in the Attachment section of this RFA for a description of what each line item should include.

3. Time Line

Provide a timeline that indicates dates when activities will be accomplished. The timeline should cover the entire contract period, and should include activities outlined in each section. **It is recommended that the EEs be able to begin HIV screening by Monday, October 3, 2011.**

5. Application Submission Instructions

Applications must be submitted via e-mail to the address below by 1 p.m. P.S.T. on Friday, June 10, 2011. (See Attachment 9 – Instructions for Electronic Submission of Written Questions, Letter of Intent and Application.)

6. Application Evaluation Process

Shortly after the application submission deadline, OA will evaluate each application to determine the responsiveness to the RFA requirements as compared to other applications received. Applications found to be non-responsive at any stage of the evaluation, for any reason, will be rejected from further consideration. **Late applications will not be reviewed.**

OA may reject any or all applications and may waive any immaterial defect in any application. OA's waiver of any immaterial defect shall in no way excuse the applicant from full compliance with the contract terms if the applicant is awarded the contract.

A. Grounds for Rejection

Circumstances that will cause an application package to be deemed non-responsive include:

1. The application is received after the deadline set forth in this RFA;
2. Applicant failed to submit a Letter of Intent by the deadline required by this RFA;
3. Failure of the applicant to complete required forms and attachments as instructed in this RFA or as instructed in the attachments;
4. Failure to meet format or procedural submission requirements;
5. Applicant provides inaccurate, false, misleading information or statements;
6. Applicant is unwilling or unable to fully comply with proposed contract terms;
7. Applicant supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities; or
8. Applicant does not meet the minimum qualifications set forth in this RFA.

OA may, at its sole discretion, correct any obvious mathematical or clerical errors.

OA reserves the right to reject any or all applications without remedy to the applicants. There is no guarantee that a contract will be awarded after the evaluation of all applications if, in the opinion of OA, none of the applications meet OA's needs.

B. Application Review Process

Applications that meet the format requirements, minimum qualifications, and contain all of the required forms and documentation will be submitted to an evaluation committee assembled by OA that will assign numeric scores to each responsive application. Each application will be reviewed and scored in each category listed below in comparison to all applications received based upon the adequacy and thoroughness of its response to OA's needs and RFA requirements. The evaluation and scores will constitute recommendations to OA management. Final approval of awardees will be made by the OA Division Chief.

Four evaluation criteria are shown below along with the maximum number of points possible.

Total possible points is 300.

Only applications receiving a score of 210 points or more will be considered for funding. Applications receiving a score of less than 210 points will be considered technically deficient and will not be considered for funding. There is no guarantee that scoring above 210 will result in funding or funding at the level indicated.

<u>Category</u>	<u>Maximum</u>
Program Description	150 points
EE Capability	50 points
Project Personnel	50 points
Budget, Justification and Timeline	50 points
Total	300 points

7. Notification of Intent to Award

Notification of the State's intent to award contracts for the Expanded HIV Testing Project will be posted online at OA's Web site at:

<http://www.cdph.ca.gov/programs/AIDS/Pages/Default.aspx>, by 5 p.m. P.S.T. Monday, June 27, 2011, that identifies the contractor awarded for each program. Additionally, a letter will be e-mailed to all applicants notifying them as to the status of their application.

8. Disposition and Ownership of the Application

All materials submitted in response to this RFA will become the property of OA and, as such, are subject to the Public Records Act (Government Code Section 6250, et seq.). OA shall have the right to use all ideas or adaptations of the ideas contained in any application received. The selection or rejection of an application will not affect this right. Within the constraints of applicable law, OA shall use its best efforts not to publicly release any information contained in the applications which may be privileged under Evidence Code 1040 (Privileged Official Record) and 1060 (Privileged Trade Secret) and which is clearly marked "Confidential" or information that is protected under the Information Practices Act.

9. Contract Award Appeal Procedures

An applicant who has submitted an application and was not funded may file an appeal with OA. Appeals must state the reason, law, rule, regulation, or practice that the applicant believes has been improperly applied in regard to the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete.

Appeals shall be limited to the following grounds:

- A. OA failed to correctly apply the standards for reviewing the format requirements or evaluating the applications as specified in the RFA.
- B. OA failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent by email and received by OA by Tuesday, July 5, 2011. (See Attachment 9 – Instructions for Electronic Submission of Written Questions, Letter of Intent, Application and Appeal.)

The Division Chief of OA, or her designee, will then come to a decision based on the written appeal letter. The decision of the Chief of OA, or her designee, shall be the final remedy. Appellants will be notified by email within 15 days of the consideration of the written appeal letter.

OA reserves the right to award the contract when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of OA.

10. Miscellaneous RFA Information

The issuance of this RFA does not constitute a commitment by OA to award contracts. OA reserves the right to reject any or all applications or to cancel this RFA if it is in the best interest of OA to do so.

The award of a contract by OA to an entity that proposes to use subcontractors for the performance of work under the resulting contract shall not be interpreted to limit OA's right to approve the selection of subcontractors.

In the event a contract is entered into, but later terminated, OA has the option to enter into a contract with the available entity or organization having the next highest score in the evaluation process and so on for completing the remaining contract work.

In the case of any inconsistency or conflict between the provisions of the resulting contract, this RFA, addenda to this RFA, and an applicant's response, such inconsistencies or conflicts will be resolved by first giving precedence to the contract, then to this RFA, any addenda, and last to the applicant's response.

OA reserves the right, after contract award, to amend the resulting contract as needed throughout the term of the contract to best meet the needs of all parties.

The cost of developing applications is entirely the responsibility of the applicant and shall not be chargeable to the State of California or included in any cost elements of the application.

11. Contractual Obligations

The successful applicant must enter into a contract that may incorporate, by reference, this RFA as well as the applicant's response to this RFA, program description, detailed budget, and standard State contract provisions. Please refer to Attachment 7 for standard contract provisions. It is suggested that applicants carefully review these contract provisions for any impact on your application and/or to determine if the EE will be able to comply with the stated terms and conditions, as little or no deviation from their contents will be allowed.

All successful applicants and their subcontractors must agree to abide by the *CDPH Document Review and Approval Guidelines*. (See Appendix 13.)

All successful applicants must adhere to CDC requirements regarding the establishment of an educational materials review and approval process if they plan to develop new educational materials for this project. Each applicant will be required to identify a Program Review Panel to review and approve all HIV/AIDS/STD educational printed or electronic materials, pictorials, and audiovisuals. Standing Program Review Panels are available for applicants' use, or programs may appoint their own panels. Program Review Panels should include at least five individuals that represent a reasonable cross-section of the general population. Panels that review materials intended for a specific audience should draw upon expertise of individuals that can represent the community served, and an awareness of the cultural sensitivities and the language of the intended audience in order to consider the appropriateness of the messages. The applicant must keep on file for OA's review, documentation regarding each piece of educational material reviewed and approved by the Program Review Panel. In addition to printed materials, applicants are required to inform Internet users of the content and nature of information that is contained on a Web site funded under this RFA.

Individual meetings with OA and each selected contractor shall take place within 60 days after release of the Notice of Intent to Award. The purpose of the meetings will be to assure a common understanding of contract purposes, terms, budgets, timelines, and related issues.

Refer to Attachment 7, for additional contract provisions.

ATTACHMENTS

- Attachment 1: Application Cover Sheet
- Attachment 2: Application Certification Checklist
- Attachment 3: EE Information Sheet
- Attachment 4: Payee Data Record
- Attachment 5: Sample Detailed Budget
- Attachment 6: Budget Narrative Descriptions
- Attachment 7: Contract Provisions
- Attachment 8: Mandatory Letter of Intent
- Attachment 9: Instructions for Electronic Submission of Questions, Letter of Intent, Application and Appeal.
- Attachment 10: Guidance for HIV Confirmation Testing In HIV Testing Venues
- Attachment 11: Data Reporting Requirements for Those Testing HIV Negative
- Attachment 12: Data Reporting Requirements for Those Testing HIV Positive
- Attachment 13: CDPH Document Review and Approval Guidelines
- Attachment 14: Expanded HIV Testing for Disproportionately Affected Populations: Monitoring and Evaluations Plan
- Attachment 15: Guidance for Use of AB 2541 to LHJs (To be released when available.)
- Attachment 16: Guidance for Counting HIV Tests Under PS10-10138, “Expanded HIV Testing for Disproportionately Affected Populations” – February 18, 2011
- Attachment 17: Recommended HIV Testing Definitions and Examples HIV Testing Definitions Work Group Division of HIV/AIDS Prevention – DRAFT