

**California Department of Public Health  
Center for Infectious Diseases  
Office of AIDS  
HIV Prevention Branch**

**Expanded HIV Testing in Healthcare Settings**

**Request for Applications  
Number 14-10352**

**RFA Release Date  
09/29/2014**

**TABLE OF CONTENTS**

**SCHEDULE OF EVENTS**..... 1

**EXPANDED HIV TESTING IN HEALTHCARE SETTINGS**

**A. Introduction**.....2

**B. Purpose of the Request for Applications**.....2

**C. Contract Terms and Funding** .....2

**D. Eligible Entities** .....3

**E. Program Requirement**.....3

    1. *Program Goals*.....3

    2. *Activities to be Funded* .....4

**F. Scope of Work**.....4

    1. *Venues*.....4

    2. *Plan to Obtain Reimbursement for HIV Testing* .....4

    3. *Plan for Integrating HIV Screening into Work Flow*.....5

    4. *Plan for Providing HIV Negative results to Patients* .....6

    5. *Plan for Providing Preliminary Positive and/or Confirmatory Results for Patients*.....6

    6. *LTC, Partner Services and Prevention Services plans Reporting Requirements*.....6

    7. *Number of IV Screening tests to be performed* .....7

    8. *Plan to Comply with CDC and OA-Required Data Collection, Quality Assurance, Monitoring, and Evaluation Activities* .....7

    9. *More Than One HIV Test Result*.....7

    10. *Only One HIV Test*.....7

    11. *Progress Reports*.....8

    12. *Collaboration*.....8

    13. *Routine Opt-Out HIV Screening* .....8

    14. *Eligible Entity Applying Individually* .....8

**G. Eligible Entity Capability**.....8

    1. *Demonstrate Experience* .....8

    2. *Demonstrate Training, Skills and Experience* .....8

    3. *Exhibit Routine Opt-Out Testing Prior Experience*.....9

    4. *Demonstrate Collaboration Experience – HIV Prevention and Care Services*.....9

    5. *Describe Program Integration* .....9

    6. *Demonstrate Data Capacity* .....9

    7. *Demonstrate at Least Three Years’ Experience with Grants*.....9

|  |    |
|--|----|
| 8. <i>Provide Examples of Prior Projects</i> .....   | 9  |
| 9. <i>Demonstrate Commitment to Project</i> .....  | 9  |
| 10. <i>Demonstrate Experience in Large-Scale Service Expansion</i> .....   | 9  |
| 11. <i>Demonstrate Experience in Recruiting, Retaining &amp; Managing</i> .....  | 9  |
| 12. <i>Demonstrate Experience in Collaborating – Communities of Color</i> .....  | 9  |
| 13. <i>Identify Subcontractor(s) Contribution (if applicable)</i> .....  | 9  |
| 14. <i>Letter of Intent from Subcontractor(s) (if applicable)</i> .....  | 9  |
| <b>H. Instructions for RFA Submission and Answers to Questions About Review,<br/>Evaluation, and Scoring Process</b> ..... | 10 |
| 1. <i>Letter of Intent (MANDATORY)</i> .....   | 10 |
| 2. <i>Questions regarding this RFA or Discovery of Problems or Errors</i> .....  | 10 |
| 3. <i>Application Submission Requirements</i> .....  | 10 |
| 4. <i>Required Content of Application</i> .....  | 11 |
| 5. <i>Application Submission Instruction</i> .....   | 13 |
| 6. <i>Application Evaluation Process</i> .....   | 14 |
| 7. <i>Notification of Intent to Award</i> .....  | 14 |
| 8. <i>Disposition and Ownership of the Application</i> .....   | 14 |
| 9. <i>Contract Award Appeal Procedures</i> .....   | 14 |
| 10. <i>Miscellaneous RFA Information</i> .....   | 15 |
| 11. <i>Contractual Obligations</i> .....   | 15 |
| <b>I. Attachments</b> .....  | 16 |

**SCHEDULE OF EVENTS**

| <b><u>Event</u></b>  | <b><u>Date</u></b>                      |
|--|---|
| <p><b>Request for Application Release</b><br/>           Available on the California Department of Public Health,<br/>           Office of AIDS (OA) website:<br/> <a href="http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx">http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx</a></p> | <p>Monday, September 29, 2014</p>       |
| <p>Deadline for Submitting Written Questions</p>   | <p>Friday, October 10, 2014</p>         |
| <p>Answers to Written Questions Available on OA website:<br/> <a href="http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx">http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx</a></p>  | <p>Friday, October 24, 2014</p>         |
| <p>Deadline to Submit Letter of Intent (Mandatory)</p>   | <p>Friday, October 31, 2014</p>         |
| <p><b>Application Submission Deadline</b></p>  | <p><b>Friday, November 21, 2014</b></p> |
| <p>Notice of Intent to Award Released<br/>           Available on OA website:<br/> <a href="http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx">http://www.cdph.ca.gov/programs/aids/Pages/OARFAExpHIVTest.aspx</a></p>   | <p>Friday, December 19, 2014</p>        |
| <p>Appeal Deadline</p>   | <p>Tuesday, December 30, 2014</p>       |
| <p><b>Contract Start Date</b></p>  | <p><b>Wednesday, April 1, 2015</b></p>  |

## **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 for enacting policies and programs that achieve the primary goals of: (1) minimizing new HIV infections, (2) maximizing the number of people with HIV infection who access appropriate care, treatment, support, and prevention services [Prevention with Persons with HIV](#); and (3) reducing HIV/AIDS-related health disparities.

OA is soliciting a Request for Applications (RFA) from eligible entities (EE) to provide local coordination of funding provided by the Centers for Disease Control and Prevention (CDC). CDC has designated funding through PS12-1201 Category B Expanded HIV Testing (ET) for Disproportionately Affected Populations for implementing routine opt-out HIV screening in healthcare settings, linkage to care (LTC), partner services, and prevention services for persons testing positive for HIV. Routine opt-out HIV screening can be defined as a testing approach in which all patients ages 13 to 64 are screened after being notified that the test will be performed, unless the patient declines. EE's are defined as: (1) local health jurisdictions (LHJs) listed in "Section D, Program Requirements"; (2) any health care facility in any of the LHJs listed in "Section D, Program Requirements", 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, and adolescent care clinics; and (3) other HIV screening venues in any of the LHJs listed in "Section D, Program Requirements", including faith-based health screening programs, syringe exchange programs, community health education programs (i.e., Promoters), substance abuse treatment centers, and local jails.

***Please Note:*** Currently funded PS 12-1201 ET grantees' subcontracted locations are not eligible to reapply. Currently funded PS 12-1201 ET grantees and their subcontracted locations that wish to reapply for ET services in new locations must demonstrate the capability to fiscally and systemically sustain routine opt-out HIV testing, LTC, partner services and prevention services at currently funded locations in order to expand to new locations. Funding for ET initiatives are only allocated to locations **which have not** previously been funded.

### **B. Purpose of the RFA**

This RFA is to promote: (1) routine opt-out HIV screening, especially among African Americans, Latinos, men who have sex with men (MSM), and injection drug users (IDUs); (2) implementation of a program that works toward sustainability, both financially and systemically; and (3) utilization and integration of existing LTC, partner services, and prevention services for persons testing positive for HIV in health care and other settings. A program's sustainability is measured by a location's ability to endure beyond the 12-1201 ET award by integrating HIV screening into routine processes, and actively seeking reimbursement for testing costs. This RFA is designed to implement CDC's September 2006 *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Healthcare Settings* [CDC Recommendations](#), and more recently, the 2013 *United States Preventative Services Task Force (USPSTF) Recommendations: [The AIDS Institute Coverage Guide HIV Testing](#)*.

### **C. Contract Terms and Funding**

OA has been awarded \$2,214,279 from CDC for Year 1 of the project, January 1 through December 31, 2015. Contingent upon the availability of funds, it is likely that OA will receive continued funding for Year 2 (2016) and Year 3 (2017). 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: April 1, 2015 – December 31, 2015  
Year 2: January 1, 2016 – December 31, 2016  
Year 3: January 1, 2017 – December 31, 2017

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

#### **D. Eligible Entities**

OA has determined that the following 18 LHJs are EEs. These LHJs represent 92 percent of all living California HIV/AIDS cases, excluding Los Angeles and San Francisco, for CDC’s target populations.

|              |                |             |
|--------------|----------------|-------------|
| Alameda      | Riverside      | Santa Clara |
| Contra Costa | Sacramento     | Santa Cruz  |
| Fresno       | San Bernardino | Solano      |
| Kern         | San Diego      | Sonoma      |
| Monterey     | San Joaquin    | Stanislaus  |
| Orange       | Santa Barbara  | 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, increasing, and sustaining routine opt-out HIV screening, LTC, partner services, and prevention services for African Americans, Latinos, MSM or IDUs. Any EE within an eligible LHJ can apply directly to OA for PS12-1201 funding. However, EEs should discuss how they will work to integrate and verify LTC, partner services, and prevention services, as well as surveillance reporting within the LHJ.

#### **E. 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.

##### **1. Program Goals**

Through PS12-1201, CDC has awarded OA funds to implement, integrate, and increase routine opt-out HIV screening, as well as LTC, partner services, and prevention services in EEs. This is the second time OA has released an RFA to fund ET activities and anticipates funding up to six EEs in Year 1. OA has a goal to provide 46,271 HIV screening tests in Year 1 of the program. Selected programs must have the capacity to begin HIV screening within three months of the award. Grantees will then scale up screening in order to contribute to OA’s total goal of 61,691 HIV screening tests in Year 2 and again in Year 3.

OA expects to be able to perform 61,691 HIV screening tests in the second year of funding for an average per-test cost of \$25.00. While this amount is not intended to directly reimburse for the per-test cost, applicants are encouraged to use this calculation to determine appropriate funding request.

The goals of PS12-1201 are to: (1) integrate routine opt-out HIV screening especially among African Americans, Latinos, MSM, and IDUs in health care, clinical and other select medical settings serving these target populations; (2) maximize the number of people who obtain HIV screening in a health care setting; and (3) increase the number of people who know their HIV status. For those who test HIV-positive the goals are to ensure linkage to HIV care by attending a first medical appointment within 90 days, as well as to be offered partner services and

assisted with prevention services. Ideal applicants will develop the infrastructure to seek reimbursement for testing and leverage new or existing resources within their LHJ for LTC, partner services and prevention services. The activities required to create sustainable programs will vary by setting and EEs. Additional resources to assist applicants include [CDC HIV Testing Definitions](#).

OA is committed to using PS12-1201 funding to establish the sustainability of HIV screening, LTC, prevention services and prevention services in EEs. Applicants must demonstrate the ability to bill for HIV screening and document associated third party payers. ET funding for HIV testing expenses can only be used for patients without public or private insurance. Applicants must also demonstrate the ability to utilize third party payers and leverage Health Resource Services Administration (HRSA) Ryan White Care funds or other applicable funding sources for LTC, partner services and prevention services to sustain beyond PS12-1201 funding.

## **2. Activities to be Funded**

- a) **EE staff to coordinate PS12-1201 activities.** These coordinating staff will assist selected HIV screening venues with: (1) routine opt-out HIV screening implementation; (2) monitoring progress of service integration, assessing current status of billing and barriers to billing, participating in and/or organizing targeted training activities to support billing reimbursement effort, establishing and providing support for data collection systems; (3) entering data into OA's Local Evaluation Online (LEO) database and/or EvaluationWeb; (4) generating an Extensible Markup Language (XML) data file for submission of negative results to OA; (5) developing, maintaining, and verifying LTC networks and referrals to partner services and prevention services; and (6) analysis of barriers or problems encountered.
- b) **Cost of HIV testing expenses.** EEs funded by PS12-1201 will be required to pursue reimbursement from all appropriate public and private insurers before using PS12-1201 funds to pay for HIV testing expenses. PS12-1201 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.
- c) **Cost of LTC, partner services and prevention services expenses.** EEs funded by PS12-1201 will be required to leverage community resources including, but not limited to, HRSA Ryan White Care funds or other applicable public or private funding sources for LTC, partner services and prevention services. In support of these efforts, OA will work collaboratively with local health jurisdictions and public and private organizations to promote reciprocal relationships with awarded venues.

## **F. Scope of Work**

The elements below will be evaluation for each application. Applicants must address and describe the following elements (*see example Attachment 1 Scope of Work*).

### **1. Venue(s) within the EE which will perform routine HIV screening**

Applicants must specifically identify the venue(s) that will be performing routine opt-out HIV screening especially among African Americans, Latinos, MSM, and IDUs. Applicants can utilize local epidemiology to provide evidence of the probability that venues will yield at least a 0.1 percent identification rate of **newly identified** positives.

### **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 third party 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. Include rationale for the feasibility of EEs' ability to secure optimal reimbursement rates and maximize all claims to third party payers. Additional resources to assist applicants include *Attachment 2 Billing and Reimbursement Resource*.

Private health insurers reimburse EEs for routine HIV screening. Medicare and Medi-Cal will reimburse for HIV testing regardless of primary diagnosis. EEs must utilize diagnostic ICD-9/ICD-10 codes such as V69.8 ("Other problems related to lifestyle") or V73.89 ("Special screening for other specified viral diseases.") 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.

Under the Patient Protection and Affordable Care Act (ACA), private insurance plans are required to cover HIV screening at no cost and following the USPSTF recommendations: [The AIDS Institute Coverage Guide HIV Testing](#). While this requirement does not apply to grandfathered plans, which are plans that existed before enactment of the ACA, in 2008 California passed [Assembly Bill \[AB\] 1894](#) that requires HIV screening to be covered by every individual or group health care service plan that is issued, amended or renewed on or after January 1, 2009. California law supports federal law by requiring private insurance to cover HIV screening as an essential health benefit within and outside of Covered California health plans, [California Health and Safety Code 1367.005 \(a\)\(2\)\(A\)\(ii\)](#). This provision applies to an individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2014. Please see [HIV Testing in Health Care Settings](#) for resource documents for the items referenced above.

There are no requirements in law regarding an allowed number of HIV screening tests. The [Center for Disease Control and Prevention](#) and the USPSTF have issued recommendations for HIV screening and repeat HIV testing for persons who are at risk for HIV. USPSTF recommends HIV screening "at least annually" for persons at very high risk: [The AIDS Institute Coverage Guide HIV Testing](#).

**3. *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). 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, LTC and partner services coordination at the venue or LHJ level.

Applicants are encouraged to explore all possible methods for integrating HIV screening into EE work flow. As an example, EEs can explain that HIV screening is a regular part of health screening, 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. OA supports 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*: [CDC Recommendations](#).

Applicants are encouraged to describe how AB 446 (Mitchell, Chapter 589, Statutes of 2013) will be incorporated into each venue. AB 446 became law on January 1, 2014 and changes HIV testing requirements in healthcare settings, including primary care clinics. AB 446 states that each patient who has blood drawn at a primary care clinic must be offered an HIV test. For more information, refer to:

(1) OA's June 18, 2014 letter to California health care facilities; (2) OA Fact Sheet; and/or (3) the full AB 446 text. Please see [HIV Testing Policy](#) for resource documents for the items referenced above.

Applicants are encouraged to describe how HIV screening is, or will be, incorporated into Electronic Health Records (EHR). For example, an EHR system may be modified to include HIV labs in standard screenings menus, include pop-up reminders for LTC and/or partner services appointments, etc. OA will provide TA to all HIV screening venues on the options available to integrate routine testing into EHR.

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.)

#### **4. Plan for providing HIV-negative results to patients**

Applicants must explain how they will integrate the delivery of HIV-negative test results to patients. Applicants are encouraged to be innovative in their delivery of this information. Negative HIV testing results can be provided in some of the following ways: on discharge materials, by letter or by orally informing patients.

#### **5. 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:

1. Who will disclose the diagnosis to the patient,
2. Where the disclosure will take place; and,
3. How the patient will be linked to HIV medical care services.

The explanation must also include:

1. A plan to discuss the numerous treatment options that exist;
2. Identification of follow-up testing and care that may be recommended; and,
3. Contact information for medical and psychological services.

The explanation shall also 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](#)).

#### **6. LTC, Partner Services and Prevention Services Plans and Reporting Requirements**

Applicants must provide a plan for LTC that defines the process in each proposed HIV screening venue. Applicants must outline the steps for HIV positive results disclosure and how these services and referrals

will be tracked and verified. These plans should also include partner services and prevention services. Applicants must specify who will introduce or offer partner services, when during the disclosure or follow-up session(s) partner services will be discussed and/or offered; and who will assess the need for prevention services. If the Applicant plans to coordinate with outside providers for LTC, partner services and prevention services, letters of support will be required. In addition, OA provides state-wide technical assistance for LTC and partner services.

**7. *Number of HIV screening tests to be performed in the three year period***

Applicants must discuss the capacity of each identified venue to perform routine opt-out HIV screening, the number of tests the venue will perform in Years 1, 2, and 3, and the rationale for those numbers.

**8. *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 specified by OA. Applicants must also commit to implementing OA-directed quality assurance and monitoring and evaluation activities, (*See Attachment 3, 12-1201 Monitoring and Evaluation Plan--California*). Additionally, users of LEO and/or EvaluationWeb will be required to read and sign the appropriate [Rules of Behavior for the Use of CDC Data Systems](#).

Data elements for negative test results are listed in (*Attachment 4, ET Negative Result Data Requirements*.) EEs must review Attachment 4 and list any variables they would have difficulty reporting and how they would overcome barriers to report these variables.

**9. *Patients who test HIV positive or test HIV negative with more than one HIV test***

Complete data for patients testing HIV-positive must be collected on the Healthcare HIV Testing Form (HTF) developed by OA and entered by the grantee into LEO, while negative patients only need to complete a portion of the HTF (see *Attachment 5, Positive and Preliminary Positive Test Result Data Reporting Requirements*). The HTF data elements will be collected after the patient is confirmed HIV positive, by the HIV medical care site either by staff at the site or the person responsible for LTC and partner services in the EE. The HTF data must be entered directly into LEO and cannot be submitted to OA for import into LEO. Any venue receiving funding for this program can be set up and trained to enter data into LEO by OA. Confirmed HIV-positive results must be entered into LEO within ten business days of disclosure and updated until data are complete for LTC, partner services and referral activities.

**10. *Patients who test HIV negative with rapid or conventional HIV testing with one HIV test***

The HIV screening venues and EEs are responsible for ensuring the negative data is forwarded to OA in the XML format that will then be uploaded by OA into CDC's data collection system, EvaluationWeb. EEs with EHR will likely be able to use those records to create the XML export. Additional administrative/identification data elements will be provided by OA and will need to be added to the EE's export data file to facilitate the CDC upload. If the EE does not have EHR or is unable to leverage their EHR, the EEs may either enter data directly into EvaluationWeb or use a stand-alone Java program (i.e., CSV2XML) which converts .CSV files into .XML files. Limited TA will be provided by OA to establish the data export process. Negative data must be uploaded to OA's secure File Transfer Protocol (sFTP) site or entered into EvaluationWeb within three months after performing their first HIV test for this grant and thereafter on a monthly cycle, 20 days after the end of the month. Data updates for the billing variables must be submitted separately and will be required to be submitted no more than four times a year. EEs must select one of the three data reporting options and provide their specific plans to report the data to

OA on a timely basis and evidence of having the sufficient skill level to implement the selected data reporting process: (1) direct XML submission to OA; (2) using CSV2XML program to generate XML; or (3) direct data entry into Evaluation Web. Examples of evidence shall include the identification of qualified data scientists and/or information technology staff and their resumes or job descriptions.

#### **11. Progress Reports**

Applicants must submit, in the format provided by OA, a narrative of progress, successes, challenges, and lessons learned within 45 days after the end of each quarter for Year 1 and biannually in Years 2 and 3.

#### **12. Plan to collaborate with local and state programs 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 Health Care Services.**

Applicants shall 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 routine opt-out HIV screening in substance abuse treatment settings must provide a letter of support which details their coordination of Substance Abuse, Mental Health Service Administration set-aside HIV testing funding, which is administered through the Department of Health Care Services and local AOD Administrators, in their LHJ.

#### **13. Any previous experience with routine opt-out HIV screening**

Applicants shall discuss successes and lessons learned from any previous experiences with routine opt-out HIV screening and the facility's ability to bill third party payers. Applicants shall also discuss successes and lessons learned from any previous experiences with leveraging existing resources for LTC, partner services and prevention services for newly and previously identified HIV positives individuals.

#### **14. EE applying individually**

Applicants shall provide a description of the facility's relationship and plans for collaboration with LHJ HIV/AIDS offices. EEs that apply individually must discuss how they will collaborate with the local HIV/AIDS office(s) concerning prevention, care, and surveillance activities in their LHJ in order to meet the goals of the award.

### **G. EE Capability**

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

- 1. 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.
- 2. Demonstrate that programmatic and fiscal staff, including any programmatic subcontractors and consultants, possesses the training, skills, and experience** consistent with the program, fiscal, and management needs of the project.

3. ***Exhibit prior experience in routine opt-out testing*** in a health care setting with the capability to bill third party payers.
4. ***Demonstrate experience in collaborating*** with other agencies in order to provide HIV prevention and care services.
5. ***Describe how the proposed program will be integrated*** with the EE's current activities.
6. ***Demonstrate the ability to send required data*** in the specified XML format and have the capacity to troubleshoot the uploading processes.
7. ***Demonstrate at least three years of 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.
8. ***Provide examples of prior projects*** that demonstrate the EE's ability to provide deliverables on time and to manage fiscal resources responsibly.
9. ***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.
10. ***Demonstrate experience in large-scale service expansion*** and population-specific program development, including prior experience with program planning, budgeting, staffing, and management.
11. ***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.
12. ***Demonstrate experience in collaborating*** with other agencies in order to provide culturally and linguistically competent services to communities of color.
13. ***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.
14. ***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, October 31, 2014**

Prospective applicants are **required** to submit the Letter of Intent (*see Attachment 6, Example Letter of Intent*) 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 7, *Instructions for Electronic Submission of Questions, Letter of Intent, Application and Appeal*. Applicants that fail to submit a Letter of Intent by the specified deadline are precluded from submitting an application for consideration.

| E-mail Address   |
|--|
| <a href="mailto:ExpandedHIVTesting@cdph.ca.gov">ExpandedHIVTesting@cdph.ca.gov</a> |

## 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 5 p.m., PDT, on **Friday, October 10, 2014**. See Attachment 7, *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   |
|--|
| <a href="mailto:ExpandedHIVTesting@cdph.ca.gov">ExpandedHIVTesting@cdph.ca.gov</a> |

All questions and responses will be posted and available on the OA website at: <http://www.cdph.ca.gov/programs/AIDS/Pages/Default.aspx> by **5 p.m. PDT on Friday, October 24, 2014**. 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 8*). 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* (*see Attachment 9*). 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
  - *EE Information Sheet* (*see Attachment 10*).
  - *Payee Data Record* (*see Attachment 11*).
  - 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. Scope of Work (up to 15 pages total)  
Provide a Scope of Work covering the funding period, from January 1, 2015 through December 31, 2017. This section must include complete descriptions of your plan to carry out Section E, Program Requirements, page 3 of this RFA. All activities and deliverables described in this RFA must be included in the Scope Work.
- 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, Eligible Agency Capability, page 8 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 shall be included, and information shall be provided on whether or not staff time will be provided as in-kind service, 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 your application Attachment Section.**

Provide an EE organizational chart that indicates:

- The lines of authority and reporting relationships;
- Which staff member will support each of the project's components; and
- 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) shall 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 your application Attachment Section.**

i. Detailed Budget (no page limit)

Provide a Detailed Budget **for each funding period:**

April 1, 2015 – December 31, 2015  
January 1, 2016 – December 31, 2016  
January 1, 2017 – December 31, 2017

The Detailed Budget (see Attachment 12, *Sample/Template Budget Detail*) must list the five categories in the following order: Personnel, Operating Expenses, Capitol Expenditures, Other Costs, and Indirect Costs.

The Detailed Budget must 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.

j. Budget Justification Narrative

Provide a Narrative **for each funding period:**

April 1, 2015 – December 31, 2015  
January 1, 2016 – December 31, 2016  
January 1, 2017 – December 31, 2017

The Budget Justification Narrative shall 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 shall 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 shall include subtotals and totals that match the Detailed Budget.

The Budget Justification Narrative shall include both in-kind services and those which would be funded by the contract which results from this RFA. See Attachment 13, *Budget Narrative Descriptions*, for a description of what each line item should include.

k. Timeline

Provide a timeline that indicates dates when activities will be accomplished. The timeline shall cover the entire contract period, and shall include activities outlined in each section. It is recommended that the EEs be able to begin HIV screening by Wednesday, July 1, 2015.

5. ***Application Submission Instructions***

**Applications must be submitted via e-mail to the address below by 5 p.m. PDT on Friday, November 21, 2014.** See Attachment 7, *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. Applicants selected for final review will be contacted for scheduling a pre-award site visit which will be a scored component of the evaluation criteria. 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. No changes in subcontractors or changes in staffing are allowed after a contract is awarded without OA approval of a formal contract amendment.

a. Grounds for Rejection

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

- Applicant failed to submit a Letter of Intent by the deadline required by this RFA;
- The application is received after the deadline set forth in this RFA;
- Failure of the applicant to complete required forms and attachments as instructed in this RFA or as instructed in the attachments;
- Failure to meet format or procedural submission requirements;
- Applicant provides inaccurate, false, misleading information or statements;
- Applicant is unwilling or unable to fully comply with proposed contract terms;
- Applicant supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities; or
- 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 are 350.**

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                | 100 points        |
| EE Capability                      | 100 points        |
| Project Personnel                  | 50 points         |
| Pre-Award Site Visit               | 50 points         |
| Budget, Justification and Timeline | <u>50 points</u>  |
| <b>Total</b>                       | <b>350 points</b> |

**7. Notification of Intent to Award**

Notification of the State’s intent to award contracts for the ET 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. PDT. Friday, December 19, 2014, 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, December 30, 2014**. See Attachment 7, *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 approve the selection of subcontractors. Subcontractors can only be added or changed after a contract is awarded with OA approval of a formal contract amendment.

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 will 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 14, *Special Terms and Conditions – 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 Attachment 15.

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 website 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.

## **I. Attachments**

### Attachment # Attachment Name

- 1: Example Scope of Work
- 2: Billing and Reimbursement Resource List
- 3: 12-1201 Monitoring & Evaluation Plan - California
- 4: Data Reporting Requirements for Those Testing HIV Negative
- 5: Data Reporting Requirements for Those Testing HIV Positive and Preliminary Positive
- 6: Example Letter of Intent
- 7: Instructions: Electronic Submission of Questions, Letter of Intent, Application & Appeal
- 8: Application Cover Sheet
- 9: Application Proposal Certification Checklist
- 10: Application Eligible Entity Information Sheet
- 11: Payee Data Record
- 12: Sample 5 Line Item Detailed Budget
- 13: Budget Narrative Descriptions
- 14: Contract Provisions: Special Terms and Conditions
- 15: CDPH Document Review and Approval Guidelines