



TEXAS

Health and Human Services

Phil Wilson, Acting Executive Commissioner

**Request for Applications (RFA)
For**

**HIV/Part B Minority AID Initiative (MAI)
RFA No. HHS0006894**

**Date of Release: May 6, 2020
Responses Due: June 5, 2020 by 2:00 p.m. Central Time**

NIGP Codes:

**948-34: Disease Prevention and Control Services, Contagious
948-43: Health Information Services
948-47: Health Care Center Services
948-48: Health Care Services (Not Otherwise Classified)
952-15: Case Management
952-21: Counseling Services
952-59: Human Services (Not Otherwise Classified)
952-90: Training and Instructions Services, Clients, Not Staff
952-92: Transitional Living Services**

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ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The Health and Human Services Commission (“**HHSC**”), on behalf of the Department of State Health Services (“**DSHS**”) HIV/STD Prevention and Care Branch (“**Program**”) is accepting applications for fiscal year (“**FY**”) 2021 for Ryan White (“**RW**”) Part B Minority AIDS Initiative (“**MAI**”). The purpose of the MAI program is to provide transitional services to incarcerated and recently released racial/ethnic minorities living with HIV by increasing enrollment into the Texas HIV Medication Program (“**THMP**”) and facilitating linkage to HIV medical and support services to ensure a continuity of care when returning to the community. The Request for Applications (“**RFA**”) is not limited to HHSC DSHS MAI funding if other sources become available for this Project.

This notice contains the requirements that all Applicants must meet to be considered for contracts under this RFA. Failure to comply with these requirements will result in disqualification of the Applicant without further consideration. Each Applicant is solely responsible for the preparation and submission of an application in accordance with instructions in this RFA.

To be considered for award, Respondents must execute **Exhibit A, Affirmations and Solicitation Acceptance v.1.6, Exhibit C, Data Use Agreement v.8.5, (signature only required if there are subcontractors), Exhibit C-1, Attachment 2: Security and Privacy Inquiry Form (SPI), and Exhibit C-2, DUA v.8.5. Governmental Entity Version (if applicable)**, of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

1.2 DEFINITIONS

Refer to **Exhibit B, HHSC Grantee Uniform Terms and Conditions v.2.16.1** for additional definitions. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

“Acquired Immunodeficiency Syndrome” or “AIDS” means a disease of the human immune system that is characterized cytologically by reduction in the numbers of CD4-bearing helper T cells to 20 percent or less of normal thereby rendering the subject highly vulnerable to life-threatening conditions and to some that become life-threatening and that is caused by infection with HIV commonly transmitted in infected blood especially during illicit intravenous drug use and in bodily secretions during sexual intercourse.

“Addendum” means a written clarification or revision to this Solicitation issued by the System Agency.

“AIDS Drug Assistance Program” or “ADAP” means a State and territory-administered program authorized under Ryan White HIV/AIDS Program **Part B** that provides FDA-approved medications to low-income people living with HIV who have limited or no health

coverage from private insurance, Medicaid, or Medicare. ADAP funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments.

“Allocation” means the process of assigning a cost, or a group of costs, to one or more cost objective(s), in reasonable proportion to the benefit provided or other equitable relationship. The process may entail assigning a cost(s) directly to a final cost objective or through one or more intermediate cost objectives.

“Allowable cost” means costs incurred by an award that is reasonable for the performance of the award; allocable; in conformance with, or incorporated by reference, any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost or in the Notice of Grant Award (NOGA) as to the type or amount of cost; consistent with regulations, policies, and procedures of the applicant for both federally-supported and other activities of the organization; accorded consistent treatment as a direct or indirect cost; determined in accordance with generally accepted accounting principles; and not included as a cost in any other federally-supported award (unless specifically authorized by statute).

“Apparent Awardee” means an organization that has been selected to receive a grant award through response to this RFA but has not yet executed a grant agreement or contract. May also be referred to as "Apparent Grant Recipient" or "Apparent Grantee."

“Applicant” means the entity responding to this Solicitation. May also be referred to as "Respondent."

“Antiretroviral Treatment” or “ART” means the management of HIV/AIDS, normally including the use of multiple drugs in an attempt to control the HIV infection.

“Centers for Diseases Control and Prevention” or “CDC” means national public health institute of the United States. The CDC is a Federal Agency under the Department of Health and Human Services.

“Client” means a member of the target population to be served by the Respondent’s organization. For the purposes of this grant, a client is an incarcerated or recently released African American, Hispanic, or other racial/ethnic minority individual living with HIV.

“Community-Based Organization” or “CBO” means a public or private nonprofit organization that is representative of a community or a significant segment of a community and works to meet community needs.

“Contract” means the Signature Document, the Uniform Terms and Conditions, along with any Attachments, Amendments, Exhibits or Technical Guidance Letters that may be issued by the System Agency, to be incorporated by reference for all purposes.

“Corrective Action Plan” or “CAP” means a step by step plan of action that is developed to achieve targeted outcomes for resolution of identified issues, problems, non-compliance or underperformance to improve performance and/or reduce risk.

“Dallas HIV Service Delivery Areas” or “Dallas HSDA” consists of the following counties: Collin, Cook, Dallas, Denton, Ellis, Fannin, Grayson, Hunt, Kaufman, Navarro, and Rockwall.

“Emergency Financial Assistance” or “EFA” provides limited, one-time or short-term payments to assist clients with an emergent need for paying for essential groceries and food vouchers.

“ESBD” means the Electronic State Business Daily, the electronic marketplace where State of Texas contract opportunities over \$25,000 are posted. The ESBD may currently be accessed at <http://www.txsmartbuy.com/sp>.

“Federally Qualified Health Centers” or “FQHC” are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.

“Health and Human Services Commission” or “HHSC” means the administrative agency established under Chapter 531, Texas Government Code or its designee.

“Health Education/Risk Reduction” or “HE/RR” means an allowable support service under the Ryan White HIV/AIDS Program. Funds may be used to provide education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with Client to improve their health status.

“Health Resources and Services Administration” or “HRSA” means the agency of the U.S. Department of Health and Human Services which is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable.

“Housing Opportunities for Persons with AIDS” or “HOPWA” means a program, managed by The Department of Housing and Urban Development (HUD's) Office of HIV/AIDS Housing, established to provide housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families.

“Houston HIV Service Delivery Areas” or “Houston HSDA” consists of the following counties: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller and Wharton.

“Human Immunodeficiency Virus” or “HIV” means a virus that causes AIDS by destroying large numbers of cells that help the human body fight infection.

“Indirect costs” means those costs that have been incurred for common or joint objectives and cannot be readily identified with a cost objective. Depending on the structure of each particular program, these costs may include items that are not project specific such as certain supplies, salaries for administrative or support staff, rent, utilities, etc.

“Key Personnel” means an Applicant organization's Project Contact, Fiscal Contact, and Executive Director and/or any other key staff /stakeholders in the Proposed Project.

“Latinx” means gender-neutral, sometimes used instead of Latino or Latina.

“Medical Transportation” or “MT” means an allowable support service under the Ryan White HIV/AIDS Program. Funds may be used to provide transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care.

“Peer Education” means an intervention as the sharing of HIV/AIDS information in small groups or one-to-one by a peer matched, either demographically or through risk behavior, to the target population.

“Pharmacy Assistance Program” or “PAP” means programs created by pharmaceutical and medical supply manufacturers to help financially needy clients purchase necessary medications and supplies.

“Private insurance” means any health insurance policy purchased by an employer or by an individual from a private insurance company. Public insurance is an insurance plan or policy that is subsidized by federal or State funds (Medicaid, Medicare, CHIP, etc.).

“Program income” means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in §75.307(f).

“Project” means the specific work and activities for which grant funding is awarded and information is provided as part of the response to this Solicitation. During the open application period and before selection of grant Recipients are made, the Project will be known as the Proposed Project.

“Project costs” mean total allowable costs incurred under a State award and all required cost sharing and voluntary committed cost sharing, including third-party contributions.

“Project Period” means the total time for which support of a project has been approved. The total project period comprises the initial competitive segment, any subsequent competitive segments resulting from a competing continuation award, and any non-competing extensions.

“Recently Released” means released from federal, state, or local adult or juvenile correctional facilities within 180 days.

“Recipient” means an entity, usually but not limited to, non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term Recipient does not include subrecipients.

“Ryan White Part B” means HIV/AIDS Treatment Extension Act of 2009 provides grants to states to improve the quality, availability, and organization of HIV health care and support services.

“Ryan White Service Delivery Area” or “RWSD” means a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. The Program funds grants to states, cities/counties, and local community-based organizations to provide care and treatment

services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

“Sexually Transmitted Infections” or “STI’s” means an infection that spreads from person to person during sexual contact.

“State” means the State of Texas and its instrumentalities, including HHSC, the System Agency any other State agency, its officers, employees, or authorized agents.

“Successful Applicant” means an organization that receives a grant award as a result of this RFA. May also be referred to as "Recipient," "Awarded Applicant," "Subrecipient" or "Grant Recipient."

“System Agency” means the Texas Department of State Health Services or DSHS, its officers, employees or authorized agents.

“Texas Department of Criminal Justice” or “TDCJ” means a department of the government of the U.S., State of Texas. The TDCJ is responsible for statewide criminal justice for adult offenders, including managing offenders in State prisons, State jails, and private correctional facilities, funding and certain oversight of community supervision, and supervision of offenders released from prison on parole or mandatory supervision. The TDCJ operates the largest prison system in the United States.

“Texas HIV Medication Program” or “THMP” means a program that provides medications for the treatment of HIV and its related complications for low-income Texans. To qualify for medications, potential Client who meets eligibility criteria completes an application for assistance.

“Uniform Grant Management Standards” or “UGMS” means uniform grant and contract administration procedures, developed under the authority of Chapter 783 of the Texas HHSC Grantee Uniform Terms and Conditions Government Code, to promote the efficient use of public funds in local government and in programs requiring cooperation among local, state, and federal agencies.

1.3 AUTHORITY

DSHS is authorized to enter into Contracts through Texas Health and Safety Code Chapter 1001. Funding for the federal CARE Act reauthorized in 2006 by Public Law 101-381, as amended by Public Law 106-345, the Ryan White CARE Act Amendments.

ARTICLE II. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

2.1.1 Texas Minority AIDS Initiative

The Ryan White Part B Minority AIDS Initiative (“MAI”) program in Texas establishes a comprehensive transitional system of care and support for African American/Black, Latinx and other racial/ethnic minorities living with HIV who are incarcerated or recently released from federal, state, or local adult and juvenile correctional facilities in the state’s two highest morbidity areas in Houston, Dallas, and surrounding areas. The MAI program model strengthens partnerships between Applicants, Community Based Organizations (“CBOs”), and incarcerated or recently released People Living with HIV (“PLWH”) by funding transitional care coordination through the Ryan White Service Categories of Health Education/Risk Reduction (“HE/RR”) and Outreach services. This MAI Model is intended to establish pre-release education, discharge planning, and active referrals and linkage for PLWH to support care retention and engagement post-incarceration without a break in treatment.

Selected Applicants will address the MAI model with strategies for:

- Peer Education;
- Transitional services assistance; and
- Coordination with existing MAI program partners.

2.1.2 Peer Education

1. Peer Education for Incarcerated Individuals

According to the Centers for Disease Control and Prevention (“CDC”), inmates in jails and prisons are disproportionately affected by multiple health disparities including HIV, other sexually transmitted infections (“STI”), tuberculosis (“TB”) and viral hepatitis. The first place an inmate is often diagnosed with chronic or infectious diseases is in a correctional setting. This makes the correctional setting an important and effective place to begin teaching inmates methods to prevent or manage these diseases. Since researchers have found that inmates respond better to educators with whom they can relate, such as other inmates, a Peer Education teaching model is effective.

2. Offender Peer Education Program in the Texas Department of Criminal Justice

The Texas Department of Criminal Justice Health Services Division (“TDCJ”) partners with a CBO to support Peer Education to the majority of TDCJ correctional institutions in Texas. Selected inmates volunteer from each unit and are trained on a variety of health topics such as HIV/AIDS, STIs, tuberculosis, and hepatitis. After stringent training and observations, educators are approved to teach health education classes in assigned units.

The Peer Education modules include:

- “Wall Talk” a class focusing on prevention, testing, and treatment of STIs;
- “Woman to Woman” a gender specific class regarding health; and
- “Somebody Cares” an HIV focused health class for inmates diagnosed with a chronic illness who will be released to the community soon.

2.1.3 Transitional Services Assistance

Formerly incarcerated PLWH often face multiple barriers accessing medical care when released from jail or prison. Barriers to care may include lack of medical knowledge pertaining to health and HIV, lack of housing, lack of support, unemployment, and lack of transportation, substance use, mental health, and poverty. Further, without transition assistance, PLWH leaving incarceration return to the same living conditions before incarceration. Failure in linkage to HIV medical care and/or support services may increase the risk for recidivism and lead to poor individual health outcomes and increased risk of HIV transmission. Transitional discharge planning involves pre-release activities that include risk reduction education, Texas HIV Medication Program (“**TMHP**”) application assistance, medical appointment coordination, and addressing barriers and unmet client needs.

The MAI program’s primary focus is to provide a caring and supportive transitional process for Client releasing from incarceration. Without transition assistance, PLWH who are recently released from incarceration are at a high risk of discontinuing care and treatment due to competing needs like housing, food, and mental health support. The MAI program focuses on linkage to care through referrals, social healthcare services support, and transitional needs support.

CBOs provide transitional services to recently released Clients in the Dallas and Houston areas. MAI service workers provide linkage to care for Clients before transitioning them to medical care. If possible, MAI service worker meets with the Client in the jail or prison prior to release and then again immediately after release to assist in the transition to the community. Communication with local jails and TDCJ is essential for services to be provided to the client immediately upon release from incarceration.

MAI services are holistic and time phased. Service providers specialize in addressing the social issues clients face immediately after release from incarceration. Many MAI Clients need assistance extending outside medical care. Medical care for HIV may not be the client’s priority while employment, housing, and daily living expenses are. MAI service applicants assist Clients in obtaining all services necessary in order to successfully retain the Client in care.

Clients can receive MAI services for up to six (6) months after release from incarceration. Strong support in the beginning from the MAI service worker will set the client up for success. Immediate intervention is required as soon as the client is released from incarceration. If possible, the service worker will meet with the

client on the day of release or within the first few days after release and accompany the client to the first doctor appointment. The service worker assists the client with activating their THMP application and filling their prescription at a pharmacy. The client will be evaluated, and additional referrals will be made as needed. Transportation and emergency financial assistance can also be provided. Having nonjudgmental, respectful, and accessible service workers is important to the success of the program.

Community involvement and collaboration is an essential part of the MAI program. Rapport with local law enforcement and other service providers strengthen the program by building relationships that can benefit Clients. The MAI Apparent Awardee will participate in relevant community meetings and engagements to represent the recently released population and improve the program. Participation in a HIV-focused steering committee or planning council is also encouraged for the MAI Apparent Awardee. Training for law enforcement service workers is necessary to be educated about HIV and refer clients to services as needed. The MAI Apparent Awardee should offer training to various organizations such as jails, probation, and parole offices. Outlying populations of recently released individuals should receive outreach concerning the importance of HIV testing and treatment with the goal of enrolling eligible Clients into services. Building rapport with parole offices and halfway houses will strengthen relationships with law enforcement and the community.

Linking Clients to services who have become lost to care is also part of the MAI program. The MAI service worker will make diligent attempts to engage MAI Clients who have dropped out of services. This may include traveling to the Client's residence, calling the Client on the phone, or speaking with an authorized family member. Successful and comprehensive linkage to care programs helps MAI Client's transition into long-term systems of care within a few weeks to a few months after release. Once the Client's post release needs are met and the Client has enrolled into services, the MAI service worker will transition the Client to medical case management and the reentry continuum of care will be complete.

2.1.4 Partner Agencies

University of Texas Medical Branch (“**UTMB**”) Correctional Managed Care (“**CMC**”), Medically Focused HIV Discharge Planning Program

Two (2) to four (4) months prior to release from TDCJ, the client meets with UTMB-CMC staff to receive medically focused HIV discharge planning. The goal of medical discharge planning is to prepare the client to engage in medical care and support services when they return to the community post-incarceration to support successful adherence to HIV care and reduce risk behaviors.

Inmates are provided pre-release education that includes:

- HIV transmission process,
- medication compliance,

- understanding lab results (including CD4 and viral load),
- risk reduction,
- common side effects and suggestions on how to manage them,
- dosing and names of medications, and
- opportunistic infections.

Inmates also work with staff to create a plan that addresses medical barriers they may face in the community and how to overcome them. At the end of the education session, inmates should have: medical knowledge to maintain medical adherence, developed strategies to reduce risk of transmission, understand his/her personal lab results, identify and name prescribed HIV medication, and how to follow medication dosing instructions.

A. TDCJ Texas Correctional Office on Offenders with Medical or Mental Impairments (“**TCOOMMI**”), HIV Continuity of Care Program

One (1) to two (2) months prior to release from TDCJ, the inmate meets with TDCJ staff to receive discharge planning to ensure continuity of care. The goal of continuity of care discharge planning is to assist the inmate in completing the THMP application, schedule post release medical and support service appointments with community HIV care providers and provide additional referrals for community services. TDCJ staff educates inmates on how to access the THMP application and enroll to receive HIV medications from the State after release, and how to fill a prescription at a pharmacy. The inmate will receive information on scheduled medical appointments and information on how to obtain food vouchers, transportation, and other services in the community.

For ninety (90) days post release a TDCJ staff member will attempt to keep in contact with the Client. Staff will check in with the Client and community service providers and assist in linking the Client to medical care and HIV medications as needed. Additional referrals can be made in response to the Client’s needs.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

The total amount of state funding available for the HIV MAI grant is **\$555,000.00 dollars** and it is HHSC's intention to fund two (2) applicants for Fiscal Year 2021. One (1) in the Houston HSDA and one (1) in the Dallas HSDA.

The amount of funds available for each award will not be determined until enactment of the final FY 2021 budget. Awards are contingent upon the availability of sufficient and adequate funds. The specific dollar amount awarded to each successful Applicant is at the sole discretion of DSHS. This will be determined by the merit and scope of the application, and other best value considerations. .

Additional limited funding from DSHS Ryan White Part B funds support the MAI program and makes two (2) additional support service categories available;

- Medical Transportation (“**MT**”), and
- Emergency Financial Assistance (“**EFA**”).

Medical Transportation (MT):

- provides nonemergency transportation services that enable an eligible client to access or be retained in medical and support services.

Emergency Financial Assistance (EFA):

- provides short term assistance with food vouchers.

Funding for the support service categories is **\$12,000.00** per Applicant, which will be included in the total amount of the grant award and must solely be used to fund those two (2) service categories. Considerations for these additional service categories should be considered when developing applications.

Grants awarded because of this RFA will be funded on a cost reimbursement basis. Under the cost reimbursement method of funding, grant recipients are required to finance operations with their own working capital with grant payments made by System Agency to reimburse the grant recipients for actual, allowable cash disbursements to be supported by adequate documentation.

2.2.2 Grant Term

It is expected that the initial contract term for the grant(s) will begin on or about September 1, 2020 and will be made for a nineteen (19) month budget period. This award may be renewed for up to four (4) additional twelve (12) months or one (1) year contract period(s), with renewals for each additional contract period initiated at the sole discretion of DSHS. Continued future funding of the contract is contingent upon the satisfactory performance of the Applicant during the prior contract period. Funding may vary and is subject to change with each yearly renewal.

Contracts awarded under this RFA and any anticipated contract renewals are contingent upon the availability of funding. DSHS reserves the right to alter, amend, or withdraw this RFA at any time prior to the execution of a contract if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, Health and Human Services Commission agency consolidations, or any other disruption of current appropriations. If a Contract has been fully executed and these circumstances arise, the provisions of the Termination Article in the contract General Provisions will apply.

2.3 ELIGIBLE APPLICANTS

To be awarded a contract because of this RFA, a Respondent must:

- a) Include CBOs, domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes (“AI/AN”) tribal organizations, and urban Indian organizations. That means non-profit CBOs, faith-based organizations, colleges and universities, health care delivery organizations, territories, and local governments are eligible to apply.
- b) Be authorized to conduct business in Texas and have a physical business address in the Houston or Dallas HSDAs.
- c) Demonstrate experience working with racial/ethnic minority populations PLWH, and/or working with previously incarcerated individuals with chronic health conditions.
- d) Have minority representation on its board of directors like the minority community it proposes to serve (e.g., one or more Latinx members on the board of an entity proposing to serve the Latinx community).
- e) Entities that have been under sanctions from any funding source within the last twenty-four (24) months prior to issuance of this RFA must provide details and the status of sanctions.

Respondents who are not considered eligible:

- f) State, city or county health departments.
- g) Entities that have had state or federal contracts terminated within the last twenty-four (24) months for deficiencies in fiscal or programmatic performance.

2.4 PROGRAM REQUIREMENTS

Ryan White Part B, the MAI program model, is funded through outreach and education services to ensure PLWH, when released from incarceration, receive medication assistance and access to outpatient medical services with no break in treatment.

2.4.1 DIRECT SERVICE PROGRAM REQUIREMENTS

Successful Applicant will provide comprehensive implementation strategies that integrate the following MAI program goals and activities:

A. MAI Program Goals

Increase health outcomes and address social disparities for incarcerated or recently released racial/ethnic minorities through effective transitional systems that include access to THMP and continuity of outpatient medical care. Primarily through Ryan White Services Categories – Outreach and HE/RR – the program will support linkage and re-engagement activities that increase and sustain participation in THMP and medical care.

B. Service Categories

Applicant must provide HE/RR and Outreach services for the purpose of increasing participation of incarcerated and recently released racial/ethnic minorities PLWH in THMP and outpatient/ambulatory health services.

Applicant must provide transitional care activities within the framework of HE/RR and Outreach services, for a limited timeframe, (180 days prior to or after being released from incarceration) as defined below, for the population of focus. Applicant must utilize EFA, and MT assistance to support the transition once out of prison and jail.

1. MAI Program Specifics for HE/RR

HE/RR – This is the provision of education to incarcerated and recently released minority PLWH about HIV transmission and how to reduce the risk of HIV transmission. This includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. See Appendix 1 for required HE/RR Service Standards.

- a) Applicant must comply with HE/RR MAI Service Standards (Appendix 1 and also available on <https://www.dshs.texas.gov/hivstd/taxonomy/>).
- b) One (1) unit of HE/RR will count as fifteen (15) minutes for purposes of complying with the corresponding Performance Measures.

- c) Applicant must reference the MAI Service Standards and implement an evidence informed HE/RR curriculum that focuses on the health and social resource topics. Curriculum must consider Client needs, environment, and time allotted for services to be provided.
- d) Applicant will use HE/RR curriculum to provide HE/RR to incarcerated and recently released Clients. Topics addressed should be prioritized by the Client needs, incarceration status, the amount of time available and service environment.
- e) HE/RR curriculum must be available for DSHS review.
- f) Applicant must keep documented evidence that MAI service workers have been trained in agency HE/RR curriculum and provided to DSHS upon request.
- g) Documentation in Client files must specify health and social service topics discussed during HE/RR session.
- h) Applicant must record all HE/RR units provided to individual MAI Clients living with HIV in ARIES.
- i) Applicant must report HE/RR units and Clients serviced on quarterly narrative reports to DSHS.

2. MAI Program Specifics for Outreach

Outreach Services are intended to identify incarcerated or recently released minority individuals who either do not know their HIV status, or who know their status but are not currently in care.

- a) Identification of people who do not know their HIV status.
- b) Linkage or re-engagement of PLWH who know their status into HIV services. Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible Clients should be linked to HIV services. (See Appendix 1 for required Outreach Service Standards).
- c) Applicant will comply with Outreach MAI Service Standards, located in Appendix 1 and is also available on <https://www.dshs.texas.gov/hivstd/taxonomy/>.
- d) One (1) unit of Outreach will count as fifteen (15) minutes for purposes of complying with the corresponding Performance Measures. Activities related to connecting an incarcerated or recently released individual who is living with HIV to community case management upon release and following up that re-engagement had occurred is Outreach. These activities can include (but are not limited to) providing medical and service referrals to the client, assisting with medication access, completing THMP applications, attending medical appointments with the client, verifying eligibility, providing MT and EFA.
- e) When Outreach is provided to groups of individuals who may not know their status, the purpose should be to re-engage PLWH into care. When

these activities identify someone with HIV, eligible clients should be re-engaged to HIV services. For MAI, locations with a high probability of encountering PLWH may include (but are not limited to) correctional facilities, parole and probation offices, and community housing for recently released. Services cannot be delivered anonymously.

- f) Documented follow up is required for all individual Outreach services. Follow up can be with client, medical clinic, or the social service client was referred to.
- g) Attempts at re-engagement include communicating with client by letter, telephone, or seeking out the client at a last known address or frequent hang outs. Communicating with partner agencies such as the TDCJ, probation, parole, medical providers, or THMP can be used in attempts to re-engage clients into care.
- h) Communication with client's family, friends, and associates to attempt to re-engage a client into care. Documentation of client authorization is required prior to communicating with outside entities or persons. Documentation of authorization, such as Release of Information, must be kept in client files and available to service worker prior to communication. Authorization documentation must be available to DSHS upon request.
- i) Outreach providers in the community: prior to closing a client file who has become lost to care, the Applicant must make three attempts to contact client utilizing multiple methods of contact. The client shall have thirty (30) days from the initial contact to respond.
- j) Applicant must record all Outreach units provided to individual MAI client living with HIV in ARIES.
- k) Applicant must report quarterly Outreach units and clients serviced on quarterly narrative report to DSHS.
- l) Outreach may be provided to groups of recently released individuals who are considered high risk with the purpose of re-engaging PLWH in Ryan White services. Documentation must be confirmed that group Outreach services were not delivered anonymously with a group sign in sheet. Group sign in sheets must be provided to DSHS upon request.

3. Supplemental Service Categories

MAI Program Specifics for EFA

Emergency Financial Assistance (“EFA”) – For the MAI program, the provision of short-term payments to assist with emergency expenses related to food (including groceries and food vouchers) when other resources are not available. Applicant will count a unit per food voucher. (See Appendix 1 for EFA Service Standard).

Applicant must comply with EFA Service Standards on <https://www.dshs.texas.gov/hivstd/taxonomy/>

- Applicant must enter all EFA units into ARIES.
- Applicant must report EFA units on quarterly narrative reports.

4. MAI Program Specifics for Medical Transportation (“MT”) Services

MT Services enable an eligible Client to access HIV related health and support services, including services needed to maintain Client in HIV medical care, either through direct transportation services, vouchers, or tokens. Applicant will count a unit per transportation voucher/service (See Appendix 1 for Medical Transportation Service Standard).

- Applicant must comply with Medical Transportation Service Standards on <https://www.dshs.texas.gov/hivstd/taxonomy/>
- Applicant must enter all MT units into ARIES
- Applicant must report MT units on quarterly narrative report

2.4.2 MAI Client Eligibility

MAI Clients must be eligible for RW services, and eligibility must be verified and documented in accordance with [DSHS policy 220.001 “Eligibility to Receive HIV Services.”](#) Due to recent incarceration, MAI Clients may not have the standard documents required for enrollment. This should not be an obstacle to receive services. MAI staff must work with Clients to gather sufficient documentation for expedited enrollment. Expedited enrollment into MAI services will allow Clients to obtain more traditional documents for enrollment into their local system of care and other RW funded services.

2.4.3 Required Direct Service Activities

1. Transitional Care Program Development

Client level transitional care planning will include the following required activities:

- a) Providing comprehensive Transitional Discharge Planning (“**TDP**”) to PLWH who are within 180 days of being released from incarceration.
- b) Assisting with TDP development that will include, but is not limited to, HE/RR, providing medical and support service referrals, assisting with medication access, completing PAP and THMP applications, verifying eligibility, and linkage to patient and medication assistance programs.
- c) Increasing the number of recently-released minority individuals who apply for and are accepted into THMP.
- d) Increasing the number of recently-released minority PLWH who attend HIV medical services after release from incarceration.
- e) Increasing access of recently-released minority individuals to RW Part A and B care programs and services with emphasis on ambulatory outpatient medical care linkage.
- f) Enrolling recently released minority individuals into the THMP within a timeframe that allows for continued ART regimen adherence while transitioning from incarceration to the community.
- g) Providing education and access to community services that benefit recently incarcerated persons.
- h) Providing EFA and MT assistance to recently released MAI Clients that need these services.
- i) Providing services to all eligible Clients within service location including local city and county jails, prisons, federal correctional facilities, adult and juvenile correctional facilities.
- j) Each provider must host an annual-reentry event for recently released PLWH with the objective of educating recently released PLWH on the variety of resources in the community. This event can be a collaboration with other reentry services in the community (Ex: Reentry Job Fair).

2. Establishing Care and Support Collaborations

The MAI program requires collaboration between MAI Apparent Awardees, coordinating agency, administrative agencies, service providers and other HIV-related programs within the HSDA to best serve the population of focus and effectively implement and manage the transition from correctional facilities to community. Apparent Awardee will establish working relationships with correctional facilities in their entire service area and coordinate with local partner agencies to provide access to all eligible Clients. These services may include:

- o [Ryan White Part A, B, C, D and F Recipients](#): community, migrant, and homeless health centers; correctional facilities and halfway houses; HIV counseling, testing and prevention programs; the THMP; local mental health and behavioral health authorities; substance use facilities; STI

clinical service clients; Federally Qualified Health Centers (FQHC); local and public health officials; federal HOPWA clients; Section 8 Housing Authority; community groups; and individuals with expertise in the delivery of HIV/AIDS services and knowledge of the needs of the population of focus. Formal linkages with DSHS applicant providing HIV counseling and testing services, or comprehensive risk counseling services are also required to improve the integration.

Apparent awardees will have demonstrated experience working with recently released populations and develop a comprehensive plan to reach and re-engage recently released PLWH into HIV services to ensure positive-health outcomes.

Apparent awardees will participate in local and State meetings, groups, conferences, and planning activities that effect the population of focus, to create additional resources and avenues for clients to obtain services. Goals for these collaborations are as follows:

- a) Maximizing community and State resources for target population;
- b) Improving client access to medical care and THMP;
- c) Improving access to current information regarding treatment, education, and information, pertaining to target population;
- d) Establishing referral systems for providing or improving continuity of care between organizations, and establishing MOU as needed;
- e) Avoiding duplication of effort; and
- f) Coordinating efforts to better serve the target population.

2.4.4 Administrative Requirements

The Applicant will be responsible for demonstrating the ability and capacity to meet the following administrative and quality management requirements:

1. Administrative Function

Applicants must demonstrate the ability and capacity to meet the following administrative expectations:

- A. Compliance with contract conditions and audit requirements. Ensure the delivery of comprehensive services to meet the identified needs of PLWH and their families, in accordance with Health Resources Services Administration (“**HRSA**”) Program Policy found at http://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf
- B. Comply with applicable state and federal policies, DSHS HIV program manuals, DSHS HIV policy manuals, standards, guidelines, and regulations.
- C. Ensure implementation of [DSHS Standards of Care](#).
- D. Establish a Memoranda of Understanding (MOU) with each local health department within the applicants designated Service Area (or DSHS regional office, in an area without a local health

department.) This MOU must be designed to facilitate linking individuals who meet RW eligibility criteria to local STI and TB programs so that such individuals may receive appropriate services from those programs;

- E. Establish formal systems and standing procedures for linking Clients to primary care to assure that all Clients have a provider for non-HIV related illnesses;
- F. Ensure services that are equitably available and accessible to all PLWH needing services and/or care within Applicant's designated service area. Applicant must not set up eligibility criteria that favor one HIV-infected demographic over another. Applicant will make reasonable efforts to provide office hours and service locations that are accessible to as many Clients as possible;
- G. Maintain appropriate relationships with mental health entities in the area that provide key points of access to the health care system for PLWH, so referrals can be made into the care system. Provide a recommended allocation plan of MAI funds, prioritized by service categories with allocations reflecting the intent of the [Ryan White Treatment Extension Act](#)'s ¹mission and the MAI program. Applicant will:
 - 1) Conduct periodic examinations of utilization and expenditure data.
 - 2) Maintain effective systems to minimize lapsing of contract funds.
 - 3) Make written recommendations regarding reallocation to efficiently expend funds.
 - 4) Utilize the program reporting format provided by DSHS to submit reports in timely manner.
 - 5) Submit all required data elements under this contract for each client who receives services through the funded applicant.
 - 6) Maintain access to current laws, standards and guidelines for its staff working on activities under this Contract.

2. Data Management and Reporting

Applicants must demonstrate the ability and capacity to meet the following data management and reporting expectations:

- A. Submit data on all program activities and Client contacts using systems, formats and submission deadlines specified by DSHS. DSHS may change the program reporting requirements or formats during the project period based on program evaluation or reporting needs. For example, use of ARIES to enter client-level data for

¹ This program is authorized by the PHS Act, Sections 2601-2610, and 2693 (42 USC 300ff-11– 300ff-20, and 300ff-121), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 11-87)

services provided to persons living with HIV;

- B. Ensure that all data submitted to DSHS is complete and accurate.
- C. Ensure client privacy is maintained and data is collected confidentially.
- D. Use data collected for program planning, evaluation, quality assurance and monitoring consistent with confidentiality restrictions in state and federal law. Applicant must use evaluation, quality assurance and monitoring of data to make appropriate adjustments to program activities to meet performance standards and client needs.
- E. Monitor and report service-delivery data as specified by DSHS.

3. Program Monitoring and Progress Reports

- a. Cooperate with the direct monitoring by DSHS. Monitoring will be conducted via on-site visits using DSHS monitoring tools and may be announced or unannounced.
- b. Submit required quarterly and annual progress reports in a format approved by DSHS and by deadlines given by DSHS.

4. Quality Management Functions

Quality Management is a mandated function in the Ryan White HIV/AIDS Program. The standards apply to RWSD, DSHS State Services funds, MAI scopes of work.

Apparent Awardees are required to utilize quality management measures to inform program implantation strategies and improve the MAI program. Quality Assurance and Quality Improvement activities should consist of two (2) parts: internal standards, and client services.

Applicants must demonstrate the ability and capacity to meet the following quality management expectations:

- 1. Performing monitoring using DSHS monitoring tools, which include the requirements of the [HRSA National Monitoring Standards](#) and DSHS standards of care.
- 2. Submitting THMP report to DSHS monthly, reviewing matches, and developing strategies to overcome barriers that prevent client from enrolling in THMP.
- 3. Demonstrating evidence of actions to measure, monitor and improve quality of care, including client utilization data and improvements in accessibility, availability, continuity, effectiveness, efficiency, patient satisfaction, timeliness of care,

environmental safety, health disparities or other quality indicators of services.

4. Identifying outcomes and efforts at improving them through the utilization of goals and measurable objectives with associated strategies.
5. Providing evidence of programmatic and management improvements, including documented revisions to program administration, policies and procedures, committee actions and other applicable initiatives impacting quality of services.
6. Reviewing contract objectives on a quarterly basis and developing strategies to improve objective outcomes in areas that are underperforming.
7. Assessing service needs, barriers to services, services gaps, and unmet needs for HIV-related medical care within the area to be served.
8. Establishing multiple mechanisms for stakeholder input into the services provided.
9. Collecting data on the outcomes of service delivery as specified by DSHS.
10. Implementing CAPs in accordance with yearly DSHS compliance review findings. Developing internal monitoring to assure corrective actions continue to be utilized.
11. Ongoing quality management that is used to guide and continuously improve the program;
12. When applicable, participation by physician in quality management functions.

Apparent Awardees will also implement client service quality improvement by developing a yearly method of researching client satisfaction and needs to determine program areas that may need growth or improvement. The Apparent Awardee must consult with the affected population for this Project. This quality improvement measure can be implemented in a variety of ways including, but not limited to, Client surveys, Client focus groups, or Client interviews. Research methodology and results must be reported to DSHS on quarterly narrative reports, and yearly-work plans.

2.4.5 Financial Requirements

In addition to the financial conditions and reporting previously mentioned, Apparent Awardees must ensure:

- A. Appropriate documentation and use of program income; and
 - B. Payor of last resort.
1. Program Income

All fees collected for services provided by RW and State Services funds are considered program income. All program income generated as a result of program funding must be proportionately integrated into the program for allowable costs and deducted from gross reimbursement expenses on the voucher before

requesting additional cash payments. All program income must be reported on the quarterly financial status reports (“**FSRs**”). Income directly generated from funds provided under this Contract or earned only as a result of such funds is program income. Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federal awards, the sale of commodities or items fabricated under a federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with federal award funds. [See also §§75.307, 75.407 and 35 U.S.C. 200-212](#) (applies to inventions made under federal awards). Apparent Awardee must identify and report this income in accordance with the Contract, applicable law, and any programmatic guidance. Apparent Awardee must expend program income during the contract term and may not carry program income forward to any succeeding term. Apparent Awardee must refund program income to DSHS if the program income is not expended in the term in which it is earned. DSHS may base future-funding levels, in part, upon Apparent Awardee’s proficiency in identifying, billing, collecting, and reporting program income, and in using it for the purposes and under the conditions specified in this Contract.

2. Payor of Last Resort

The costs of delivering services should be reasonably shared by the state and federal governments, private health insurers, and to the extent possible, by the Client within the limitations set in the Charges to Client for Services section below. To maximize limited program funds, Ryan White CARE Act funds should be considered the payor of last resort.

It is the responsibility of the Apparent Awardee to ensure that:

- a. Services are billed to potential third-party payors for applicable services provided;
- b. Costs incurred from the billing process are not to be charged to the Client in whole or in part;
- c. Funds are not to be used to provide items or services for which payment already has been made or reasonably can be expected to be made by third-party payors, including Medicaid, Medicare, other State or local entitlement programs, prepaid health plans, and/or employment-based health insurance;
- d. The processes to bill Medicaid, employment-based health insurances and other publicly-funded health insurance programs are pursued;
- e. All clients are screened for employment-based health insurance, potential Medicaid and other publicly-funded health insurance benefits and actively promote successful client enrollment in Medicaid and other third-party payor sources for which client may be eligible (Medicare, CHIP, etc.);
- f. Services provided, with adequate justification, which cannot be billed to a third-party payor (Medicaid, Medicare, CHIP, Private

Insurance, etc.), held within their client caseload applies for a waiver.

Note: Apparent Awardees are subject to audit on this and other restrictions on use of funds.

3. Charges to Client for Services

- a. The Apparent Awardee will collaborate with RW funded and other entities that provide direct-medical care for Client. These entities have a responsibility of developing a payment system based on the requirements in this section.
- b. The Apparent Awardees will develop and implement a fee for service system, such as a sliding scale fee or client co-payment, using the federal poverty guidelines.

4. Individual/Family Annual Gross Income and Total Allowable Annual Charges

An eligibility assessment of each Client will provide annual gross salary of the individual/family as the baseline by which the caps on fees will be established. The Client should assure that the information provided is accurate. The intent is to establish a ceiling on the amount of charges to provider of services funded under [Part B](#).

2.4.6 Assurances and Certifications

Apparent Awardee must submit with the application and maintain on file current, signed, and annually dated assurances adhering to the following:

- HIV Contractor Assurances, and

Contractor Assurance Regarding Pharmacy Notification. Copies of each form listed above are provided in this application. Other assurances are included in the DSHS contract general provisions. The Apparent Awardee must retain copies of the required assurances on file for review during program monitoring visits. Documents to support compliance with the assurances are to be kept on file with DSHS, at each respective subcontractor site, and will be reviewed by DSHS' staff during site visits. Non-compliance with these assurances could result in the suspension or termination of funding; therefore, it is imperative that the Applicant read, understand, and comply with these assurances.

2.4.7 Policies

1. HIV/STD Prevention, Care, and TB/HIV/STD Epidemiology and Surveillance Branches

The Apparent Awardee must abide by all relevant policies of the HIV/STD Prevention and Care Branch and the TB/HIV/STD Epidemiology and Surveillance Branch. The Apparent Awardee is required to provide pertinent policies to its subcontractors, when applicable. Policies may be found at <http://www.dshs.state.tx.us/hivstd/policy/policies.shtm>. Apparent Awardee must establish a MAI policy manual that contains all DSHS policies.

2. Federal Ryan White Policies

Apparent Awardee is required to comply with HRSA's HIV/AIDS Bureau Policies for the Ryan White CARE Act. To this end, the DSHS recommends that all DSHS providers and their agents obtain and refer to the latest [Ryan White Part B Manual](#).

2.4.8 Program Reporting

1. Uniform Reporting System

Participation in the Uniform Reporting System (“**URS**”) is mandatory; currently, the URS system is ARIES. DSHS provides access to the URS at no cost to direct DSHS providers. Agencies are required to participate in the URS quality assurance activities, such as monitoring and progress towards goals and objectives. All RW eligible services provided to RW eligible clients must be reported in the URS to DSHS and the HIV MAI Program Quarterly Reports.

Apparent Awardee is required to collect and maintain relevant data documenting the progress toward the goals and objectives of their Project as well as any other data requested by DSHS. All program reports are due in the format found on the DSHS HIV/STD web pages listed below no later than thirty (30) days after the end of each reporting period, except for the fourth quarterly report. The progress toward meeting the program objectives must be reported for the quarter as well as year-to-date. All other reporting information is reported by quarter. The fourth quarter report will serve as the final program report. Failure to comply with deadlines and content requirements may result in an interruption of monthly reimbursements.

2. Ryan White HIV/AIDS Program Data Report for MAI

The Ryan White HIV/AIDS Program Service Report (“**RSR**”) must be submitted each year by February 15 for services provided in the previous calendar year.

Instructions on submission will be issued by DSHS. Entities that receive RW Program funding from multiple parts are responsible for any additional registration that might be necessary to submit data due to their multiple sources of funding.

3. Financial Reporting

A. Quarterly Financial Status Reports

Financial Status Reports are required as provided in the UGMS and must be filed regardless of whether expenses were incurred. Quarterly FSRs ([State of Texas Supplemental Form 269a/DSHS Form GC-4a](#)), are required no later than thirty (30) days after the end of each quarter, except the fourth quarter. Due dates are set out in the Project Contract.

4. Final Report

A final Financial Status Report is required within forty-five (45) days following the end of the Contract period. If necessary, a State of Texas Purchase Voucher is submitted by the Applicant if all costs have not been recovered or a refund will be made of excess monies if costs incurred were less than funds received.

2.5 SCOPE

Ryan White Minority AIDS Initiative aims to increase racial/ethnic minority client-level health outcomes by documenting enrollment and sustained participation in the THMP and linking the Client to HIV medical care. This will be accomplished by:

- A. Increasing the number of recently released minority PLWH who enroll in the THMP within ten (10) to thirty (30) days from release.
- B. Increasing access of recently released minority PLWH to medical-care programs and treatment services; including, new treatments consistent with established HIV/AIDS clinical and case management standards of care.
- C. Establishing referral systems for providing or improving continuity of care between CBOs and correctional facilities and establishing MOUs between these entities to facilitate such transitions.
- D. Establishing relationships with county jails in service areas and surrounding areas to provide outreach and education to incarcerated PLWH.
- E. Providing outreach and HE/RR to the referenced minority populations on how to enter and remain in HIV care, the importance of accessing and taking HIV medications upon release from incarceration (e.g. assist with completion and submission of all THMP application required documents, submission of application; assisting with enrollment by calling THMP and updating THMP application information, etc.)
- F. Increasing the referenced minority populations' knowledge of the benefits of entering and remaining in HIV medical care.
- G. Participating in local and regional community planning activities that effect the target population to create additional resources and avenues for the Client to obtain services.
- H. Reaching the Clients, lost to care, by linking them back into services through a multi-faceted process. This process to reach Clients may be by telephone, mail, home visits, family visits, and visits to Client frequented hangouts.

- I. Meeting contract program objectives as set by DSHS and specified in **Section 2.5, Program Requirements**, for units of service and persons serviced.
- J. Recording all data elements in the AIDS Regional Information and Evaluation System (“**ARIES**”). Applicant must submit the Ryan White HIV/AIDS Program Service Report (“**PSR**”) electronically for all services provided as requested by DSHS.

To advocate for and assist persons enrolling in THMP, entities funded under this RFA must maintain working relationships with the DSHS THMP priority population’s eligibility staff. To maximize resources and efficiency, improve access to care, avoid duplication of effort and better serve target populations, apparent awardees must have working relationships with other state and local HIV programs.

Applicants will obtain prior approval from DSHS for any changes in scope, direction, interventions, and models for areas that constitute a meaningful change from the aims, objectives, or purposes of the approved Project. The Applicant must make the initial determination of the significance of a change and should consult with DSHS as necessary. If funded, the NOGA will determine if any restrictions or conditions have been placed on the award.

2.6 PERFORMANCE MEASURES

The six (6) performance measures below are required as part of the performance measure response in **Form E: Service Standards and Performance Measures**. These are pre-determined units of services and Clients’ served accounts for nineteen (19) months of service, per service area. Applicant must insert projected number of transportation and EFA voucher units expected to be distributed for the performance measure. Applicants are required to include a minimum of three (3) additional performance measures with proposed target units and clients for each measure. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by Applicant and DSHS if Applicant is selected to negotiate a Contract.

- a) By March 31, 2022, Apparent Awardee will provide a minimum of 1650 unit of targeted outreach to a minimum of 825 incarcerated and recently released African American/Black, Latinx, and other racial/ethnic minorities living with HIV/AIDS for the purpose of education, linkage to THMP, and linkage to medical care. 1 unit of Outreach = 15 minutes.
- b) By March 31, 2022, Apparent Awardee will provide a minimum of 1650 unit of HE/RR to a minimum of 825 incarcerated and recently released African American/Black, Latinx, and other racial/ethnic minorities living with HIV/AIDS for increase knowledge about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information, including information dissemination, about medical and psychosocial support services and counseling to help clients with HIV improve their health status. One (1) unit of health education/risk reduction = 15 minutes.

- c) By March 31, 2022, Apparent Awardee will enroll a minimum of 375 incarcerated or recently released African American/Black, Latinx, and other racial/ethnic minorities into the THMP.
- d) By March 31, 2022, Apparent Awardee will confirm medical care appointments for a minimum of 375 unduplicated incarcerated or recently released African American/Black, Latinx, and other racial/ethnic minorities into outpatient/ambulatory health services.
- e) By March 31, 2022, Apparent Awardee will provide a minimum of 700 units of transportation vouchers to 825 recently released African American/Black, Latinx, and other racial/ethnic minorities with HIV/AIDS for attending appointments to engage with medical care, medication and other services to enter and engage into care.
- f) By March 31, 2022, Apparent Awardee will provide a minimum of 300 units of EFA in the form of food vouchers to a minimum of 300 recently released African American/Black, Latinx, and other racial/ethnic minorities with HIV/AIDS for the purpose nutrition and/or continuing medication regimen for their HIV.

2.7 PROHIBITIONS

Grant funds may not be used to support the following services, activities, and costs:

- a. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- b. Lobbying;
- c. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- d. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e. mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
- e. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
- f. Admission fees or tickets to any amusement park, recreational activity or sporting event;
- g. Promotional gifts;
- h. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or where pre-approved for working events;
- i. Membership dues for individuals;
- j. Any expense or service that is readily available at no cost to the grant project;

- k. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- l. Fundraising;
- m. Statewide projects;
- n. Any other prohibition imposed by federal, state, or local law; and
- o. The acquisition or construction of facilities.

2.7.1 ALLOWABLE COSTS

DSHS will reimburse the allowable costs incurred in performing the Project that are sufficiently documented. Apparent Awardee must have incurred a cost prior to claiming reimbursement and within the applicable term to be eligible for reimbursement under this Contract. At its sole discretion, DSHS will determine whether costs submitted by Apparent Awardee are allowable and eligible for reimbursement. DSHS may take repayment (recoup) from funds available under this Contract in amounts necessary to fulfill Apparent Awardee’s repayment obligations. Applicable cost principles, audit requirements, and administrative requirements include, but are not limited to:

Applicable Entity	Applicable Cost Principles	Audit Requirements	Administrative Requirements
State, Local, and Tribal Governments	2 CFR Part 200 and UGMS	2 CFR Part 200, Subpart F and UGMS	2 CFR Part 200 and UGMS
Educational Institutions	2 CFR Part 200 and UGMS	2 CFR Part 200, Subpart F and UGMS	2 CFR Part 200 and UGMS
Non-Profit Organizations	2 CFR Part 200 and UGMS	2 CFR Part 200, Subpart F and UGMS	2 CFR Part 200 and UGMS
For-profit Organization other than a hospital and an organization named in OMB Circular A-122 (2 CFR Part, 230) as not subject to that circular.	48 CFR Part 31, Contract Cost Principles and Procedures, or Uniform cost accounting standards that comply with cost principles acceptable to the federal or state awarding agency	2 CFR Part 200, Subpart F and UGMS	2 CFR Part 200 and UGMS

Office of Management and Budget Circulars (OMB) will be applied with the modifications prescribed by UGMS with effect given to whichever provision imposes the more stringent requirement in the event of a conflict.

Except as otherwise provided by the provisions of the award, the payment method will be one or more of the following:

- a. Cost reimbursement. This payment method is based on an approved budget and submission of a request for reimbursement of expenses Apparent Awardee has incurred at the time of the request;
- b. Unit rate/fee-for-service. This payment method is based on a fixed price or a specified rate(s) or fee(s) for delivery of a specified unit(s) of service and acceptable submission of all required documentation, forms and/or reports; and
- c. Advance payment. This payment method is based on disbursement of the minimum necessary funds to carry out the program or project where the applicant has implemented appropriate safeguards. This payment method will only be utilized in accordance with governing law and at the sole discretion of System Agency.

2.8 STANDARDS

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200)*; the *Uniform Grant Management Standards (UGMS)*, and all statutes, requirements, and guidelines applicable to this funding.

Grantees are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the Health and Human Services Commission (HHSC) Civil Rights Office website at: <https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>.

Upon request, a Grantee must provide the HHSC Civil Rights Office with copies of all the Grantee's civil rights policies and procedures. Grantees must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the contract no more than 10-calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office
701 W. 51st Street, Mail Code W206
Austin, TX 78751
Phone Toll Free (888) 388-6332
Phone: (512) 438-4313
TTY Toll Free (877) 432-7232
Fax: (512) 438-5885

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee's programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Grantees must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

2.9 DATA USE AGREEMENT

By entering into a Grant Agreement with the System Agency, as a result of this Solicitation, Respondent agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit C, Data Use Agreement v8.5**.

2.10 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

The System Agency makes no guarantee of volume, usage, or total compensation to be paid to any Respondent under any awarded Grant, if any, resulting from this Solicitation, any awarded Grant is subject to appropriations and the continuing availability of funds.

The System Agency reserves the right to cancel, make partial award, or decline to award a Grant under this Solicitation at any time at its sole discretion.

There should be no expectation of additional or continued funding on the part of the Grant Recipient. Any additional funding or future funding may require submission of an application through a subsequent RFA.

ARTICLE III. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	May 6, 2020
Deadline for Submitting Questions	May 13, 2020@2:00PM CST
Tentative Date Answers to Questions Posted	May 18, 2020
Deadline for Submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]	June 5, 2020@2:00PM CST
Anticipated Notice of Award	August 14, 2020
Anticipated Contract Start Date	September 1, 2020

Note: These dates are a tentative schedule of events. The System Agency reserves the right to modify these dates at any time upon notice posted to the [ESBD](#) and [HHS Grants website](#). Any dates listed after the Solicitation Response deadline will occur at the discretion of the System Agency and may occur earlier or later than scheduled without notification on the [ESBD](#) and [HHS Grants website](#).

3.2 CHANGES, AMENDMENT, OR MODIFICATION TO SOLICITATION

The System Agency reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of the System Agency and will post on the [ESBD](#) and [HHS Grants website](#). It is the responsibility of Respondent to periodically check the [ESBD](#) and [HHS Grants website](#) to ensure full compliance with the requirements of this Solicitation.

3.3 IRREGULARITIES

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the Sole Point of Contact listed in **Section 3.4.1** as soon as possible so corrective Addenda may be furnished to prospective Respondents.

3.4 INQUIRIES

3.4.1 Sole Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to the System Agency's Point of Contact addressed to the person listed below (Sole Point of Contact). All communications between Respondents and other System Agency staff members concerning the Solicitation are strictly prohibited, unless noted elsewhere in this RFA. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

Name: Jennifer Kim, CTCD, CTCM
Title: Contract Specialist V, Grants
Address: 1100 West 49th Street; Mail Code 2020
Building S, Austin, TX 78756
Email: Jennifer.kim@hhsc.state.tx.us

However, if expressly directed in writing by the Sole Point of Contact, Respondent may communicate with another designated System Agency representative, e.g., during contract negotiations, if any.

3.4.2 Prohibited Communications

All communications between Respondents and other System Agency staff members concerning the Solicitation may not be relied upon and responded should send all questions or other communications to the Sole Point of Contact. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

3.4.3 Questions

The System Agency will allow written questions and requests for clarification of this Solicitation. Questions must be submitted in writing and sent by U.S. First class mail or email to the Sole Point of Contact listed in **Section 3.4.1** above. Respondents' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

- a. Identifying Solicitation number;
- b. Section number;
- c. Paragraph number;
- d. Page number;
- e. Text of passage being questioned; and
- f. Question.

Note: Questions or other written requests for clarification must be received by the Sole Point of Contact by the deadline set forth in Section 3.1, Schedule of Events above. However, the System Agency, at its sole discretion, may respond to questions or other written requests received after the deadline. Please provide entity name, address, phone number, fax number, e-mail address, and name of contact person when submitting questions.

3.4.4 Clarification Request Made by Respondent

Respondents must notify the Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions.

3.4.5 Responses

Responses to questions or other written requests for clarification may be posted on the [ESBD](#) and [HHS Grants website](#). The System Agency reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the [ESBD](#) and [HHS Grants website](#). It is Respondent's responsibility to check the [ESBD](#) and [HHS Grants website](#) or contact the Sole Point of Contact for updated responses. The System Agency also reserves the right to decline to answer any question or questions or to provide a single consolidated response of all questions they choose to answer in any manner at the System Agencies sole discretion.

3.5 SOLICITATION RESPONSE COMPOSITION

All Applications must be:

- a. Clearly legible;
- b. Sequentially page-numbered and include the respondents name at the top of each page;
- c. Organized in the sequence outlined in **Article IX** - Submission Checklist;
- d. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
- e. Blank forms provided in the Attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- f. Correctly identified with the RFA number and submittal deadline;
- g. Responsive to all RFA requirements; and
- h. Signed by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature).

3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY

3.6.1 Deadline

Solicitation Responses must be received at the address in **Section 3.6.3** time-stamped by the System Agency no later than the date and time specified in **Section 3.1**.

3.6.2 Labeling

Solicitation Responses shall be placed in a sealed box and clearly labeled as follows:

<u>SOLICITATION NO.:</u>	HHS0006894
SOLICITATION NAME:	HIV MAI
SOLICITATION RESPONSE DEADLINE:	June 5, 2020@2:00PM CST
PURCHASER NAME:	Jennifer Kim
RESPONDENT'S NAME:	_____

The System Agency will not be held responsible for any Solicitation Response that is mishandled prior to receipt by the System Agency. It is Respondent's responsibility to mark appropriately and deliver the Solicitation Response to the System Agency by the specified date and time. The System Agency will not be responsible for any technical issues that result in late delivery, inappropriately

identified documents, or other submission error that may lead to disqualification (including substantive or administrative) or nonreceipt of the Respondent's application.

3.6.3 Delivery

Respondent must correctly deliver Solicitation Responses by one of the methods below. Solicitation Responses submitted by any other method (e.g. facsimile, telephone, email, online bid room) will NOT be considered.

Submission: Respondent shall submit the following on three USB drives – One (1) labeled “Original”, One (1) labeled “Copy” - to the mailing address identified in this section:

- a. Each USB must contain one file named “Original Proposal” that contains the Respondent's entire proposal in searchable portable document format (PDF).
- b. In accordance with **Section 8.1.3**, one additional file named “Public Information Copy” to be submitted that contains the Respondent's entire proposal in searchable PDF, if applicable.

To be delivered by U.S. Postal Service, overnight or express mail, or hand delivery to:

HHSC Procurement and Contracting Services (PCS)
Attn: Bid Coordinator
1100 W. 49th Street, MC 2020
Service Building (Building S)
Austin, Texas 78756

Note: All Solicitation Responses become the property of HHSC after submission and will not be returned to Respondent.

3.6.4 Alterations, Modifications, and Withdrawals

Prior to the Solicitation submission deadline, a Respondent may: (1) withdraw its Solicitation Response by submitting a written request to the Sole Point of Contact identified in **Section 3.4.1**; or (2) modify its Solicitation Response by submitting a written amendment to the Sole Point of Contact identified in **Section 3.4.1**. The System Agency may request Solicitation Response Modifications at any time.

ARTICLE IV. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 GENERALLY

System Agency has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards for which your application will be reviewed. Solicitation Responses will be reviewed according to the criteria below. To maximize fairness for all applications during review, System Agency staff may only confirm receipt of an application and are not permitted to discuss the application or its review during the review process. All applications remain with System Agency and will not be returned to the Applicant.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire application will be considered during an objective review. The review criteria will be used to review and rank applications.

4.2 ELIGIBILITY SCREENING

Applications will be screened for eligibility and completeness. The preliminary screening of eligibility criteria requirements includes the following:

1. The application is received on or before the application due date and time.
2. The original application provides all documents with original signature of the Applicant organization's authorized official.
3. The Applicant did not submit more than one application in response to this RFA.
4. Other preliminary screening criteria as needed and appropriate.

In conducting the screening process, System Agency, at its sole discretion, may give Applicants an opportunity to submit missing information or correct identified areas of noncompliance within a specified period.

If no new information is received by the stated deadline, the application will be screened as is, or may be disqualified from the evaluation process. Information submitted after the deadline will not be part of the evaluation.

System Agency reserves the right to waive irregularities that System Agency in its sole discretion determines to be minor. If such irregularities are waived, similar irregularities in all applications will be waived. All applications meeting the minimum qualifications will move to the evaluation stage.

4.3 EVALUATION

Applications will be evaluated and scored in accordance with the factors required by using standard evaluation criteria and scoring values. Applications will be reviewed and scored according to the quality of responses to Forms A – G (including Expenditure Application). The entire application will be considered during an objective review.

In addition, past performance may be used as an evaluation criterion if there are quantitative performance measures available. Information submitted after the deadline will not be part of the evaluation.

4.3.1 Specific Selection Criteria

Grant applications shall be evaluated based upon:

Project Abstract	5%
Background/ Experience	25%
Service Standards and Performance Measures	10%
Project Narrative	50%
Expenditure Proposal	10%

4.4 FINAL SELECTION

After initial screening for eligibility, application completeness, and initial scoring of the elements listed above in **Section 4.3.1, Specific Selection Criteria**, a selection committee will look at all eligible applicants to determine which proposals should be awarded in order to most effectively accomplish state priorities. The selection committee will recommend grant awards to be made to the HHSC Executive Commissioner, who will make the final award approval.

HHSC will make all final funding decisions based on eligibility, geographic distribution across the state, state priorities, reasonableness, availability of funding, and cost-effectiveness.

4.5 NEGOTIATION AND AWARD

The specific dollar amount awarded to each successful Applicant will depend upon the merit and scope of the Application, the recommendation of the Selection Committee, and the decision of the Executive Commissioner. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

The negotiation phase will involve direct contact between the successful Applicant and HHSC representatives via phone and/or email. During negotiations, successful Applicants may expect:

- a. An in-depth discussion of the submitted proposal and budget; and
- b. Requests from HHSC for clarification or additional detail regarding submitted Application.

The final funding amount and the provisions of the contract will be determined at the sole discretion of HHSC staff.

HHSC may announce tentative or apparent grant recipients once the Executive Commissioner has given approval to initiate negotiation and execute contracts.

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or General Provisions, sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit E, Exceptions Form in this proposal and submitted to HHSC for consideration. HHSC will accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the Applicant’s proposal or at a later date.

HHSC will post to the [ESBD](#) and [HHS Grants website](#) and may publicly announce a list of Applicants whose Applications are selected for final award. This posting does not constitute HHSC’s agreement with all the terms of any Applicant’s proposal and does not bind HHSC to enter into a contract with any Applicant whose award is posted.

4.5 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE SYSTEM AGENCY

The System Agency reserves the right to ask questions or request clarification from any Respondent at any time during the application process.

ARTICLE V. NARRATIVE PROPOSAL

5.1 NARRATIVE PROPOSAL

5.1.1 Applicant Background and Experience

Provide a high-level overview of the Applicant’s background and experience that demonstrates an understanding for this grant. Applicant must utilize Form C, Project Abstract and Form D, Applicant Background and Experience.

5.1.2 Project Service Standards and Narrative

Utilizing Form C, Project Abstract, Form D, Applicant Background and Experience, Form E Service Standards and Performance Measures, and Form F Project Narrative attached to this RFA, Respondents will describe the proposed framework, services, processes and methodologies for meeting all requirements described in Article II, including the Applicant’s approach to meeting the timeline and associated milestones. Applicant should identify all tasks to be performed, including all Project activities to

take place during the grant-funding period. Applicant will also include all documents requested, which is part of completing the Forms, to demonstrate fulfilling Article II requirements.

ARTICLE VI. REQUIRED RESPONDENT INFORMATION

6.1 ADMINISTRATIVE ENTITY INFORMATION

Respondent must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation as a part of the Solicitation Response requested in **Article III**.

6.2 LITIGATION AND CONTRACT HISTORY

Respondent must include in its Solicitation Response a complete disclosure of any alleged or significant contractual failures.

In addition, Respondent must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Respondent or in which Respondent has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Respondent.

Solicitation Response may be rejected based upon Respondent's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual obligations.

6.3 CONFLICTS

Respondent must certify that it does not have any personal or business interests that present a conflict of interest with respect to the RFA and any resulting contract. Additionally, if applicable, the respondent must disclose all potential conflicts of interest. The respondent must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. The System Agency will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify actual and potential conflicts of interest may result in disqualification of a Solicitation Response or termination of a contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful respondent awarded a Contract with a value of \$1 million dollars or more or awarded a Contract that would require the successful respondent to register as a lobbyist under Texas

Government Code Chapter 305 must submit a disclosure of interested parties to the state agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the Texas Ethics Commissions public website and additional instructions will be given by HHSC to successful respondents.

6.4 AFFIRMATIONS, CERTIFICATIONS, AND EXHIBITS

Respondent must complete and return all of the following affirmations, assurances, certifications, and exhibits. A complete list of exhibits is included as **Article X**.

- a. **Exhibit A, Affirmations and Solicitation Acceptance;**
- b. **Exhibit C, Data Use Agreement v.8.5;**
- c. **Exhibit C-1, Security Privacy Information (SPI);**
- d. **Exhibit C-2, Data Use Agreement, Governmental Entity (if applicable)**
- e. **Exhibit E, Exceptions Form,** (if applicable);
- f. **Exhibit F, Fiscal Federal Funding Accountability Transparency Act Form (FFATA);**
- g. **Exhibit G, Certificate of Lobbying**

ARTICLE VII. EXPENDITURE PROPOSAL

7.1 EXPENDITURE PROPOSAL

Attached **Form G, Expenditure Application** of this RFA includes the template for submitting the Expenditure Proposal. Respondents must complete this form and place it in a separate, sealed package, clearly marked with the respondent's name, the RFA number, and the RFA submission date.

Respondents must base their Expenditure Proposal on the Scope of Work described in **Article II**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Proposal. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

Respondents must demonstrate that project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.

Respondent must utilize the HHSC template provided and identify costs to be requested from HHSC and costs to be matched. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project.

Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, as modified by UGMS, with effective given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the Expenditure Proposal will be entered into budget tables and supported by narrative descriptions describing the need for the requested cost and a calculation demonstrating how the cost was arrived at.

ARTICLE VIII. GENERAL TERMS AND CONDITIONS

8.1 GENERAL CONDITIONS

8.1.1 Costs Incurred

Respondents understand that issuance of this Solicitation in no way constitutes a commitment by any System Agency to award a contract or to pay any costs incurred by a Respondent in the preparation of a response to this Solicitation. The System Agency is not liable for any costs incurred by a Respondent prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

8.1.2 Contract Responsibility

The System agency will look solely to Respondent for the performance of all contractual obligations that may result from an award based on this Solicitation. Respondent shall not be relieved of its obligations for any nonperformance by its contractors.

8.1.3 Public Information Act - Respondent Requirements Regarding Disclosure

Proposals and contracts are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Other legal authority also requires System Agency to post contracts and proposals on its public website and to provide such information to the Legislative Budget Board for posting on its public website.

Under the PIA, certain information is protected from public release. If Respondent asserts that information provided in its Solicitation Response is exempt from disclosure under the PIA, Respondent must:

- a. Mark Original Proposal:
 1. Mark the Original Proposal, on the top of the front page, the words “CONTAINS CONFIDENTIAL INFORMATION” in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger); and
 2. Identify, adjacent to each portion of the Solicitation Response that Respondent claims is exempt from public disclosure, the claimed exemption from disclosure (NOTE: no redactions are to be made in the Original Proposal);
- b. Certify in Original Proposal - Affirmations and Solicitation Acceptance (attached as Exhibit A to this Solicitation):

Certify, in the designated section of the Affirmations and Solicitation Acceptance, Respondent's confidential information assertion and the filing of its Public Information Act Copy; and

c. Submit Public Information Act Copy of Proposal:

Submit a separate "PUBLIC INFORMATION ACT COPY" of the Original Proposal (in addition to the original and all copies otherwise required under the provisions of this Solicitation). The Public Information Act Copy must meet the following requirements:

1. The copy must be clearly marked as "PUBLIC INFORMATION ACT COPY" on the front page in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger);
2. Each portion Respondent claims is exempt from public disclosure must be redacted (blacked out); and
3. Respondent must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in Subsection (c) of this section must be identical to those set forth in the Original Proposal as required in Subsection (a)(2), above. The only difference in required markings and information between the Original Proposal and the "Public Information Act Copy" of the proposal will be redactions - which can only be included in the "Public Information Act Copy." There must be no redactions in the Original Proposal.

By submitting a response to this Solicitation, Respondent agrees that, if Respondent does not mark the Original Proposal, provide the required certification in the Affirmations and Solicitation Acceptance, and submit the Public Information Act Copy, Respondent's proposal will be considered to be public information that may be released to the public in any manner including, but not limited to, in accordance with the Public Information Act, posted on the System Agency's public website, and posted on the Legislative Budget Board's public website.

If any or all Respondents submit partial, but not complete, information suggesting inclusion of confidential information and failure to comply with the requirements set forth in this section, System Agency, in its sole discretion and in any solicitation, reserves the right to (1) disqualify all Respondents that fail to fully comply with the requirements set forth in this section, or (2) to offer all Respondents that fail to fully comply with the requirements set forth in this section additional time to comply.

Respondent should not submit a Public Information Act Copy indicating that the entire proposal is exempt from disclosure. Merely making a blanket claim that the entire proposal is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable, and may make the entire proposal subject to release under the PIA.

Proposals should not be marked or asserted as copyrighted material. If Respondent asserts a copyright to any portion of its proposal, by submitting a proposal, Respondent agrees to reproduction and posting on public websites by the State of Texas, including the System Agency and all other state agencies, without cost or liability.

The System Agency will strictly adhere to the requirements of the PIA regarding the disclosure of public information. As a result, by participating in this solicitation process, Respondent acknowledges that all information, documentation, and other materials submitted in the proposal in response to this Solicitation may be subject to public disclosure under the PIA. The System Agency does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA and by rulings of the Office of the Texas Attorney General. Respondents are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. The System Agency assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by Respondents.

For more information concerning the types of information that may be withheld under the PIA or questions about the PIA, please refer to the Public Information Act Handbook published by the Office of the Texas Attorney General or contact the attorney general's Open Government Hotline at (512) 478-OPEN (6736) or toll-free at (877) 673-6839 (877-OPEN TEX). To access the Public Information Act Handbook, please visit the attorney general's website at <http://www.texasattorneygeneral.gov>.

8.1.4 News Releases

Prior to final award a respondent may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Point of Contact Identified in **Article III**.

8.1.5 Additional Information

By submitting a proposal, the Respondent grants HHSC the right to obtain information from any lawful source regarding the respondent's and its directors', officers', and employees': (1) past business history, practices, and conduct; (2) ability to supply the goods and services; and (3) ability to comply with contract requirements. By submitting a proposal, a respondent generally releases from liability and waives all claims against any party providing HHSC information about the respondent. HHSC may take such information into consideration in evaluating proposals.

ARTICLE IX. SUBMISSION CHECKLIST

This checklist is provided for Respondent's convenience only and identifies documents that are requested in this Solicitation.

Original Solicitation Response Package

The Solicitation Package must include the Solicitation Response in one of the approved submission methods identified in **Section 3.6**.

A. Agency and Program Specific Documents (Forms A – F)

1. Form A: Applicant Information Page _____
2. Form B: Entity Info, Contract & Litigation History _____
3. Form B-1: Governmental Entity and/or
Form B-2: Non-Profit/ For-Profit Entity _____
4. Form C: Project Abstract _____
5. Form D: Applicant Background _____
6. Form E: Service Standards and Performance Measures _____
7. Form F: Project Narrative _____

B. Expenditure Application (template included) (Article III)

1. Form G Expenditure Application Template _____

C. Applicable Exhibits (to be included in Solicitation Package) (Section 6.4)

1. Exhibit A: Affirmations and Solicitation Acceptance _____
2. Exhibit B: HHSC UTC Version 2.16.1 – Grant _____
3. Exhibit C: Data Use Agreement _____
4. Exhibit C-1: Attachment Security and Privacy Inquiry (SPI) _____
5. Exhibit C-2: Governmental Entity (if applicable) _____
6. Exhibit D: Assurances - Non-Construction Programs _____
7. Exhibit E: Exceptions Form (Optional) _____
8. Exhibit F: Fiscal Federal Funding Accountability
Transparency Act Form _____
9. Exhibit G: Certificate Regarding Lobbying _____
10. Exhibit H: Evaluation Tool _____

Files to be provided

2 Two USBs – One Labeled “Copy” and One Labeled “Original” with all of the files below.

1 One file named “Public Information Copy” that contains the Respondent’s entire proposal in searchable PDF, if applicable.

Rest of page has been left intentionally blank

ARTICLE X. LIST OF EXHIBITS, ATTACHMENTS, AND FORMS

10.1 EXHIBITS

- Exhibit A: Affirmations and Solicitation Acceptance v.1.6** _____
- Exhibit B: HHSC UTC Version 2.16.1 – Grant** _____
- Exhibit C: Data Use Agreement** _____
- Exhibit C-1: Security Privacy Information (SPI)** _____
- Exhibit C-2: Data Use Agreement – Governmental Entity (if applicable)** _____
- Exhibit D: Assurances - Non-Construction Programs** _____
- Exhibit E: Exceptions Form (Optional)** _____
- Exhibit F: Fiscal Federal Funding Accountability Transparency Act Form** _____
- Exhibit G: Certificate Regarding Lobbying** _____
- Exhibit H: Evaluation Tool** _____
- Exhibit I: HIV MAI Draft Contract** _____

10.2 FORMS

- Form A: Applicant Information Page** _____
- Form B: Entity Info, Contract & Litigation History** _____
- Form B-1: Governmental Entity and/or Form B-2: Non-Profit/ For-Profit Entity** _____
- Form C: Project Abstract** _____
- Form D: Applicant Background** _____
- Form E: Service Standards and Performance Measures** _____
- Form F: Project Narrative** _____
- Form G: Expenditure Application Template** _____

10.3 APPENDICES

- Appendix 1: MAI Service Standards** _____
- Appendix 2: Form G Budget Instructions** _____