



Department
of Health


Mike DeWine, Governor
Jon Husted, Lt. Governor

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MEMORANDUM

Date: November 15, 2021

To: Subrecipient agencies

From: Kristen Dickerson, PhD, MSN, MPH, RN, MLT (ASCP) 
State Epidemiologist and Chief, Bureau of Infectious Diseases
Ohio Department of Health

Subject: Ryan White Part B HIV Client Services (RW22)
(April 1, 2022-March 31, 2023)

The Ohio Department of Health (ODH), Office of the Medical Director, Bureau of Infectious Diseases (BID) announces the availability of grant funds to support a comprehensive HIV/AIDS continuum of care for core medical and support services.

All electronic applications and attachments are due by 4:00 p.m., Monday, January 10, 2022. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

There will be a bidder's meeting to review the solicitation on Tuesday, November 23, 2021 from 10:00am to 12:00pm to provide guidance and answer questions related to the solicitation. To participate on this meeting, please join 682042763@t.plcm.vc or dial 1-614-721-2972, phone conference ID 522073195

Submission of the **competitive application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation.

If you have questions, please contact Laurie Rickert at laurie.rickert@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF MEDICAL DIRECTOR
BUREAU OF INFECTIOUS DISEASES

Ryan White Part B HIV Client Services
SOLICITATION FOR FISCAL YEAR 2022
(04/01/22 – 03/31/23)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☒ Base Only Funding ☐ Base and Deliverable Funding

Revised 9/20/2021

For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, November 29, 2021 so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient’s budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

Application Name: *Ryan White Part B HIV Client Services*

- C. Purpose:** This program is authorized by the PHS Act, Sections 2611-23 [42 U.S.C. 300ff-21], as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). The U.S. Department of Health and Human Services (DHHS) administers the Ryan White Part B program through the Health Resources and Services Administration (HRSA), the HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP). The purpose of this grant program is to assist local regions in developing and/or enhancing access to a comprehensive continuum of high-quality HIV care and treatment for people living with HIV (PLWH). As such, the funding supports the National HIV/AIDS Strategy (NHAS) goals of reducing HIV incidence, increasing access to care, and optimizing health outcomes, and reducing HIV-related health disparities.

A comprehensive HIV/AIDS continuum of care includes multiple core medical services. The core medical services funding associated with this solicitation is directed towards medical case management. The medical case management positions conduct client assessments of other core service needs and make referrals for outpatient and ambulatory health services, AIDS Drug Assistance Program (ADAP) medications, oral health care, mental health services, as well as appropriate supportive services that assist people living with HIV (PLWH) in accessing treatment of HIV infection that is consistent with Health and Human Services Treatment Guidelines. Comprehensive HIV/AIDS care also includes access to support services. The funding associated with this solicitation is also directed towards support services such as non-medical case management, medical transportation, linguistic services, outreach services, and referral for health care and support services.

The Emerging Communities (EC) Supplemental Grant program defines emerging communities as Metropolitan Statistical Areas (MSAs) that were ineligible for Part A funds, had a population of at least 500,000 and reported to the Centers for Disease Control and Prevention (CDC) a total of 500 to 1,999 AIDS cases during the most recent 5-year reporting period. One city in Ohio was deemed eligible for this supplemental funding (Cincinnati). The Emerging Communities dollars associated with this solicitation are directed towards Early Intervention Services that include four components: targeted HIV testing, referral services, access and linkage to HIV care and outreach services.

- D. Qualified Applicants:** All applicants must be a local public health department or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). Agencies must meet the criteria below to apply:

Additional requirements for Ryan White Part B funding: (Agencies must meet the criteria listed below to be eligible to apply):

- 1.** Be a local health department, community-based medical or social services agency, a community-based/nonresidential chemical dependency agency, or a community-based mental health agency;
- 2.** Provide direct social services currently as a part of their mission statement;
- 3.** Have a history of providing direct HIV social services for the past five (5) consecutive years in Ohio;
- 4.** Operate under the established professional standards and guidelines for the National Association of Social Workers (NASW) and agree to adhere to NASW standards for medical case management;
- 5.** Provide an LISW-S who holds a current Ohio license, who performs on-site supervision to each LSW case manager funded by ODH on a one-hour per week average per FTE, and who will attend ODH-sponsored trainings generally two (2) times/year;
- 6.** Shall not deny services based on ethnic, racial, cultural, sexual orientation, disabilities, at-risk populations and/or disenfranchised groups (including, but not limited to, previously incarcerated individuals);
- 7.** Demonstrate (e.g., in the agency's policy manual and/or goals and objectives) specific language about serving people living with HIV and their families; and
- 8.** Be fiscally able to administer the Ryan White Part B funded grant activities

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, January 10, 2022**

- E. Service Area:** The solicitation requires applicants to provide services to clients from all counties included in the regions specified below. The state of Ohio has been divided into the following regions for HIV Client Services:
- Region #1, which serves Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Williams and Wood Counties
- Region #2, which serves Ashland, Crawford, Erie, Huron, Knox, Marion, Richland, Seneca, and Wyandot Counties
- Region #3, which serves Ashtabula, Cuyahoga, Geauga, Medina, Lake and Lorain Counties
- Region #4, which serves Portage, Summit, Columbiana, Mahoning, and Trumbull Counties
- Region #5, which serves Carroll, Coshocton, Harrison, Jefferson, Holmes, Stark, Tuscarawas, and Wayne Counties
- Region #6, which serves Athens, Belmont, Guernsey, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, and Washington Counties
- Region #7, which serves Adams, Fayette, Gallia, Hocking, Jackson, Lawrence, Pike, Ross, Scioto, and Vinton
- Region #8, which serves, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren Counties
- Region #9, which serves Clark, Darke, Greene, Miami, Montgomery, and Preble Counties
- Region #10, which serves Allen, Auglaize, Champaign, Hancock, Hardin, Logan, Mercer, Paulding, Putnam, Shelby and Van Wert Counties
- Region #11, which serves Delaware, Fairfield, Franklin, Morrow, Licking, Madison, Pickaway and Union Counties

Emerging Communities funding is only available to the Cincinnati Metropolitan Statistical Area (MSA) for supplemental funding. The Cincinnati MSA, as defined by the Federal Government, consists of Dearborn County, IN; Franklin County, IN; Ohio County, IN; Boone County, KY; Bracken County, KY; Campbell County, KY; Gallatin County, KY; Grant County, KY; Kenton County, KY; Pendleton County, KY; Brown County, OH; Butler County, OH; Clermont County, OH; Hamilton County, OH; and Warren County, OH.

- F. Number of Grants and Funds Available:** The Ryan White Part B program is supported by federal funding from the Health Resources and Services Administration (HRSA). Up to ten (10) grants will be awarded for an approximate amount up to \$7,000,000 for Medical Case management and up to ten (10) grants will be awarded for an amount up to \$5,500,000 for Non-Medical Case Management. A total of ten (10) grants will be awarded for an amount of \$1,500,000 for Referral Services (Benefit Navigators) and a total of ten (10) will be awarded for an amount of \$1,500,000 for Health Education/Risk Reduction (Peer Navigators). Only applicants requesting Medical Case Management and/or Non-Medical Case Management dollars are eligible for up to \$400,000 for medical transportation and up to \$100,000 for linguistic services. Definitions and service provisions for these services are included in the solicitation. Additionally, one (1) grant for the Cincinnati MSA applications will be awarded for an approximate amount of \$375,000 for the Emerging Communities program. Emerging Community dollars are allocated for Early Intervention Services (EIS).

*No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

- G. Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by Monday, January 10, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Programmatic, Technical Assistance and Authorization for Internet Submission inquiries can be submitted to Karla

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute HouseBill [1] and/or the *Catalog of Federal Domestic Assistance (CFDA) Number [93.917]*.
- I. Goals:** The Ohio Department of Health's purposes in releasing funds for HIV Client Services are to:
1. Provide accessible and culturally humble case management services to a highly diverse population of individuals living with HIV.
 2. Assure that case management services are available to people living with HIV in every county of the State of Ohio through a sub-recipient office, satellite office, or in-home client visits.
 3. Assure that all individuals living with HIV have access to core medical care consistent with the guidelines developed by the U.S. Public Health Service.
 4. Provide information and education to people living with HIV regarding horizontal or vertical transmission, secondary infection, and resistance.
 5. Make individuals aware of, and assist them in, accessing healthcare related resources for which they may be eligible in order to improve the quality of their lives; and as a last resort approve the use of Ryan White Part B funds and/or refer individuals to other Ryan White programs or pay sources.
 6. Provide access to quality case management services, based on the National Association of Social Work (NASW) model of case management to people living with HIV
 7. Implement activities and strategies that respond to the disproportionate impact of HIV/AIDS among Ohio's racial and ethnic minorities.
 8. Retain clients in care to achieve viral suppression (undetectable=untransmittable)
 9. Provide tiered approach to testing, linking, educating, supporting, and retaining individuals in care through peer navigation and benefit navigation services.
 10. Ensure that case management services, information, and materials are accessible to PLWH in their preferred language, including interpretation services as requested.
- J. Program Period and Budget Period:** The program period will begin April 1, 2022 and end on March 31, 2027. The budget period for this application is April 1, 2022 through March 31, 2023.
- K. Public Health Accreditation Board (PHAB) Standard(s):** The PHAB Standards that will be addressed by the Ryan White Part B grant activities include: *PHAB standard 7.1 Assess Health Care Capacity and Access to Health Care Services and standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services. PHAB Standard 9.2 will also be integrated into sub-recipient grant activities: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions, as well as PHAB Standard 11.1.4 implementing policies, processes, programs, and interventions that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.* PHAB standards are available at the following website:
- http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.
1. Public Health Impact Statement Summary — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, disability status, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;

- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.
- Explain how the US Department of Health and Human Services enhanced Culturally and Linguistically Appropriate Services (CLAS) standards will be implemented at the agency.

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.

Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.

Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.

Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.

Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.
3. *Evidence of Health Equity Strategies*

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19. By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in

the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones> .

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf).
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, disability, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions.

Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
 1. Populations at increased risk
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

X-Applicable to Ryan White Part B HIV Client Services

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please send inquiries to Karla Ruiz, HIV Client Services Manager at karla.ruiz@odh.ohio.gov. All questions must be submitted via e-mail. Answers will be circulated to all applicants who submit a NOIAF.

The NOIAF is due by Monday, November 29, 2021 Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.

There will be a bidder's call to review the solicitation on Tuesday, November 23, 2021 from 10:00am to 12:00pm to provide guidance and answer questions related to the solicitation. To participate on this meeting, please join 682042763@t.plcm.vc or dial 1-614-721-2972, phone conference ID 522073195

P. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required

attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, January 10, 2022 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity, and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
 7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. Programs can insert further information about program specific review criteria (if applicable).
- Application Review Form (Attachment #5) provides further details of scoring.*

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related

reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service

- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal government also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, [Bureau of Infectious Diseases], [Ryan White Part B HIV Client Services] and as a sub-award of a grant issued by [U.S. Department of Health and Human Services under the HIV Care Grant Program - Part B States/Territories Formula and AIDS Drug Assistance Program Formula and ADAP Supplemental Awards grant, grant award number [HRSA-22-033], and CFDA number [93.917].”

- W. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: Interim Progress Report will be due October 31, 2022, and Annual Progress Report will be due April 30, 2023. Applicant will be required to submit their agency grievance procedure/policy and the Quality Management Plan with the Interim Progress Report. Client Satisfaction Survey Report must be submitted with the Annual Progress Report. Per HRSA requirements, each funded agency must have a grievance procedure that is accessible to clients, and each funded agency must conduct an annual client satisfaction survey to obtain client feedback regarding services received. Additionally, each applicant is required to create a Quality Management Plan (more details are provided on page 23 of the solicitation). Applicants will also be required to submit supervision logs for the reporting period with the Interim and Annual Progress Reports. **Program reports that do not include required attachments will not be approved.** Template for progress reports will be sent approximately one month prior to the due date. All program report attachments must clearly identify the authorized program name and grant number.

X Program Reports Required

Period	Report Due Date
April 1, 2022- September 30, 2022	October 31, 2022
October 1, 2023 – March 31, 2023	April 30, 2023

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – 30, 2022	May 10, 2022
May 1 – 31, 2022	June 10, 2022
June 1 – 30, 2022	July 10, 2022
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: (please see example below).

Period	Report Due Date
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- 1. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before *May 5, 2023*. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- 2. Inventory Report:** A list of all equipment purchased in whole or in part with current grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

X. Special Condition(s): A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

Y. Unallowable Costs: Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

AA. Client Incentives and Client Enablers:

Client incentives are *unallowable cost*.

Client Enablers are allowable. The following client enablers are allowed:

Medical Transportation. The line item for client transportation is defined as: Reimbursement of Public Transportation involving the movement of people from one location to another. Modes of transport include Taxi, Bus, or any other public transportation excluding reimbursement of a private individual to transport a client in their personal vehicle.

Recipients of enablers must sign a statement acknowledging the receipt of the assistance and agreeing to the purpose(s) of the enabler. Subrecipients are required to maintain a log of all client enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

AB. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AC. Submission of Application:

Formatting Requirements [Suggested language provided, but can be updated to reflect program-specific requirements]:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages
- Program Narrative should not exceed [40] pages (**excludes** appendices, attachments, budget and budget narrative).

- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Public Health Impact Statement Summary (non-health department only)
10. Statement of Support from the Local Health Districts (non-health department only)
11. **Attachments as required by Program:** RW HIV Client Services Workplan, Table of Organization, All Staffing Information: position descriptions, licensure (as applicable), and resumes for all staff members who will be funded under these grant dollars. If agency has multiple locations, must provide listing of personnel, title, and location of personnel funded on the grant, and Five (5) Letters of Collaboration

One copy of the following document(s) must be submitted to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

Ohio Department of Health Grants
Services Unit

Central Master Files, 4th Floor 35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 12 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.]

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period [April 1, 2022 to March 31, 2023].

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.** The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

Recommended Funding Levels:

HIV Client Services is committed to recruitment and retention of personnel who have demographic characteristics and/or experiences representative of the population at highest risk in the region, and who are engaged with the communities that the services are intended to reach. HIV Client Services is committed to recruitment and retention of culturally humble licensed social workers and personnel funded by the grant. Therefore, it is recommended that the minimum salary range be no less than the following: Peer Navigators- \$30,000+ fringe, Case Aides and Benefit Navigators- \$34,000+ fringe, Non-Medical Case Manager-\$42,000 + fringe, Medical Case

Manager-\$48,000 + fringe, Non-Clinical Supervisor-\$52,000 + fringe, and Clinical Supervisor (LISW-S)-\$58,000 + fringe.

If the agency is unable to meet the recommended minimum funding levels, please provide justification for proposing a reduced salary for each specified position(s) in the budget narrative. If the agency proposes higher salary than what is indicated above, agency must provide justification for higher market rate for each position.

3. [Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.]

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information on indirect costs, please see section B2.11 of OGAPP.

4. Compliance Section: Answer each question on this form in GMIS as accurately as possible. ***Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.***

C. Assurances Certification: Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: (1 page) Identify the target population, services, and programs to be offered and what agency or agencies will provide those services and describe the burden of health disparities and health inequities related to this grant funding. Describe the public health problem(s) that the program will address.

2. Description of Applicant Agency/Documentation of Eligibility/[Personnel]: (5-15 pages)

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. Describe how your agency will ensure clients will receive culturally appropriate care.

- National CLAS Standards

<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services>.

- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring, routine training, and onboarding that will occur with personnel to ensure clients will experience the least number of barriers to receive culturally appropriate care. List all personnel and describe the roles of the individuals who will be directly funded on the grant. Provide information about the hours of operation of your organization, including accommodations made for clients who cannot schedule appointments during “normal” business hours.

- 3. Problem/[Need]: (5-15 pages)** Identify and describe the local health status concern(s) of people living with HIV (PLWH) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity. Outline efforts of your agency to recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are reflective of the population in the service area, especially those disproportionately impacted by HIV.

Include a description of other agencies/organizations, in your area, also addressing this problem/need. Describe how services will be coordinated with other relevant service providers who provide key points of access to health and support services for PLWH, and how duplication of services will be avoided. For instance, describe how agency personnel will collaborate with key community stakeholders (e.g., Part As, Cs, and Fs, ending the HIV epidemic jurisdictions, housing entities, and local health departments). In addition, describe how the program has addressed gaps in services. Describe any changes in the service delivery system that have or will reduce barriers to care. Describe how the agency will collaborate with local HIV testing and counseling sites to minimize the gap between an HIV+ test result and the initiation of HIV Care.

- 4. Methodology:** HRSA service categories are being expanded to include Health Education/Risk Reduction and Referral for Health Care and Support Services to meet the needs identified by the community. The six 6 HRSA service categories that are funded through this solicitation are the following: Medical Case Management (MCM), Non-Medical Case Management (NMCM), Health Education/Risk Reduction (Peer Navigation), Referral for Health Care and Support Services (Benefits Navigator), Medical Transportation and Linguistic Services). Additionally, Early Intervention Services (EIS) is the sole category that is being funded with Emerging Community dollars. All service categories that the applicant is applying for will require a completed work plan (Program Attachment #4).

In a brief narrative form, identify the program goals, the Specific, Measurable, Attainable, Realistic & Time-Phased (**SMART**) process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program and identify the data sources utilized to evaluate each objective. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues.

HIV Client Services is recommending caseload assignments among medical and non-medical case management be assigned in accordance with the clients’ viral load lab values and assessed needs. Previously utilized acuity tools

are being phased out, and caseloads will be partially assigned based on the viral load numbers of individuals living with HIV. Note, this transition will be a phased approach as we adapt to the new model of providing services. Any agency with current medical or non-medical case managers requesting additional positions must include a justification of why additional positions are needed. Also, include the number of clients currently being served by the position types at the agency and the data source utilized, if applicable.

It is recommended that Medical Case Managers (MCMs) work with individuals who are not virally suppressed. Caseload sizes will be smaller (25 or less) to account for specialized care. MCM will concentrate on adherence to medical care and treatment regimens and will follow up with clients at least every 3 months. MCMs at this more intensive level will work with individuals who are recently released from prison, newly diagnosed, new and/or returning to care. Additionally, MCMs will work with clients who are identified as connected to a cluster in the region. Once referral is received, MCM must meet with the client for initial appointment within 30 days.

MCMs will also work with individuals who are virally suppressed but have several factors that may present challenges in managing HIV infection (e.g., housing instability, substance use, mental health concerns, or limited social supports, etc.). Caseload sizes will average 30-40 individuals and level of case management will be “moderate” with follow up being no less than 6-month intervals. Once referral is received, MCM must meet with the client for initial appointment within 30 days.

MCMs will work with individuals who do not have viral loads reported, thus viral load results are unknown. These individuals may not be working with medical provider and may require more intensive follow up to link them to medical care. Finally, MCMs will assist with following up on the “Not in Care” (NIC) list that is generated for the local health department (LHD) in the funded region. The NIC list is generally reviewed twice a year to re-engage individuals who have fallen out of care and need re-linked to medical services. MCMs will collaborate with the LHD to provide updated information about client’s “care” status. All work will occur within the limits of a release of information.

Non-Medical Case Managers (NMCM) will work with individuals who are consistently virally suppressed and do not have multiple factors that may impact their ability to remain virally suppressed. Case management level would be “minimal” but follow up would still occur once every 6 months. Caseload sizes would average 50 or higher. NMCMs are also housing case managers who work with clients who are experiencing housing instability or homelessness. NMCMs assist with coordinating housing resources in the community and establishing objectives to improve housing stability.

Finally, HIV Client Services is providing funding for Health Education/Risk Reduction (Peer Navigators) and Referral Services (Benefit Navigators) to build a comprehensive and tiered approach to engaging clients in care. Through various methods of receiving feedback, it has been determined that some individuals require different levels of case management, some individuals are seeking more education and understanding of how to navigate the healthcare system, and finally, some individuals are seeking assistance with application submissions or with paying medical bills. This application is intended to meet those needs and it is recommended that agencies develop a comprehensive approach to meeting the diverse needs of the clients. However, applicants are not required to apply for all service categories listed in the solicitation.

Benefit Navigators will assist individuals who need help completing an Ohio HIV Drug Assistance Program (OHDAP) application and/or copayments for medical care. These positions should reduce the number of individuals on caseloads since case managers play a critical role in coordinating access for individuals seeking support with core services (outpatient ambulatory, oral health, mental health, or co-payments) and support services (housing, transportation, and linguistics). Finally, Peer Navigators will play a critical role in helping newly diagnosed individuals and/or individuals new to care get acclimated to their diagnosis, receive education about their diagnosis (such as transmission information and adherence), and will provide assistance in navigating the

health care system. If requesting Benefit Navigators and/or Peer Navigators, applicant must include how these positions will be utilized at the agency and anticipated number of clients the positions will assist.

If requesting medical transportation and/or linguistic services, please provide the narrative description of the SMART process and how the funds will be utilized to improve access to core services. Please also indicate why these services are necessary and the estimated number of clients what will utilize each of the service categories that are being requested.

Below is a more detailed description of each service category:

a. Medical Case Management (MCM) is defined as:

The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Medical Case Management must incorporate the following key activities:

- Initial assessment of service needs (e.g., Psychosocial Assessment to be completed within 30 days of intake and reassessed annually);
- Development of a comprehensive individualized service plan (e.g., Individual Service Plan to be completed within 30 days of intake and reassessed every six months);
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- Continuous client monitoring to assess the efficacy of the plan;
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary;
- On-going engagement and assessment of the client's and other key family members' needs, clinical experiences, and personal support systems;
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatment; and
- Client-specific advocacy and/or review of utilization of services.

Medical Case Management positions may be funded under the following provisions:

- The primary objectives must focus on improving the health care outcomes of individuals living with HIV and increasing access to medically necessary treatment.
- Medical case management priorities will focus on retaining clients in care and achieving viral suppression.
- The maximum supervisor to staff ratio is one clinical supervisor for up to eight medical case managers.
- Agencies must abide by the position requirements specified in Attachment #1.
- Agencies must complete Program Attachment #4 and include the required objectives, key activities and desired outcomes that will be accomplished during the budget period.

b. Non- Medical Case Management (NMCM) is defined as:

Provision of range of client-centered activities focused on improving access to and retention in needed core medical and support services. Provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. Non-medical case management includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Non-Medical Case Management positions must incorporate the following key activities:

- Initial assessment of service needs;
- Development of a comprehensive individualized service plan (e.g., Individual Service Plan to be completed within 30 days of intake and reassessed every six months);

- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;
- Client-specific advocacy and /or review of utilization of services
- Continuous client monitoring to assess the efficacy of the plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary; and
- On-going engagement and assessment of the client's and other key family members' needs, clinical experiences personal support systems.

Non-Medical Case Management positions may be funded under the following provisions:

- The primary objective for non-medical case management services is providing coordination, guidance, and assistance in improving access to and retention in needed medical and support services (particularly housing needs) to mitigate and eliminate barriers to HIV care services.
- The maximum supervisor to staff ratio is one clinical or non-clinical supervisor for up to ten non-medical case managers.
- Agencies must abide by the position requirements specified in Attachment #1.
- Agencies must complete Program Attachment #4 and include the required objectives, key activities and desired outcomes that will be accomplished during the budget period.

c. Medical Transportation is defined as:

Provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical transportation must incorporate the following key activities/provisions:

- Contracts with providers of transportation services;
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not exceed the established federal rates;
- Voucher or token systems (gas cards and bus passes)
- Agency must retain documentation including: Clients utilizing the service, type of service (bus token, gas card, etc.) and date of service.

d. Linguistic Services are defined as:

Provision of interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

Linguistic services must incorporate the following key activities/provisions:

- Linguistic Services are to supplement existing services only;
- Services must comply with the National Standards for Culturally & Linguistically Appropriate Services (CLAS);
- The range and types of linguistic services to be provided, including oral interpretation and written translation as needed to facilitate communications and service delivery must be clearly described in the contract;
- Agency must retain documentation on: Clients utilizing the service, languages involved, types of services provided; oral interpretation or written translation, and whether interpretation is for an individual client or group; and
- Assurances/documentation that interpreters and translators have appropriate training and state or local certification must be on file;

e. Referral for Health Care and Support Services (Insurance/Benefit Navigation) is defined as:

Directing a client to needed core medical or support services in person or through telephone, written, or other type of communication.

Insurance/Benefits Navigation Services must incorporate the following key activities:

- The primary job function is to assist patients in determining eligibility and enrolling into the Ohio AIDS Drug Assistance Program (OHDAP) and/or other qualifying insurances.
- Gather all necessary components of the OHDAP application and ensure thorough completion before submission to ODH
- Collaborate with medical Case Managers, Non-Medical and agency staff to ensure client's consistent access to medication and, as appropriate, insurance coverage.
- Provide benefits counseling, as needed, by assisting clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges)
- Provide assistance with submitting medical bills or copayments for reimbursement of allowable services (e.g., outpatient ambulatory health services, oral health, or mental health)

Insurance/Benefit positions must incorporate the following provisions:

- Confirmation of verbalized need is limited to insurance/benefit navigation and billing assistance
- Transfer of client case to other level of service, as needed
- Continuous monitoring to assess need for increased or diminished self-efficacy
- Re-evaluation of the client case status for appropriate level of care, as needed
- On-going engagement and assessment of the client's and other key family members' needs, clinical experiences, and personal support systems.
- Agencies must abide by the position requirements specified in Attachment #1.
- Agencies must complete Program Attachment #4 and include the required objectives, key activities and desired outcomes that will be accomplished during the budget period.

f. Health Education/Risk Reduction (Peer Navigation) is defined as:

Educating clients living with HIV about transmission and how to reduce the risk of HIV transmission.

Peer navigation services must incorporate the following key activities/provisions:

- Sharing information about medical and psychosocial support services and counseling with clients to improve their health status
- Provide education on risk reduction strategies to reduce transmission, health care coverage options, health literacy, and treatment adherence
- Provide a structured, time-limited intervention that aligns with the peer-client's individual service plan and clinical supervision.
- Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.
- Engagement and collaboration with medical case managers, non-medical case managers, and agency staff to ensure client's engagement and retention is recommended.
- Agencies must abide by the position requirements specified in Attachment #1.
- Agencies must complete Program Attachment #4 and include the required objectives, key activities and desired outcomes that will be accomplished during the budget period.

g. Early Intervention Services (EIS) is defined as:

A combination of essential services (testing, outreach, and education) that are coordinated with the regional HIV prevention and care programs. EIS includes the identification of individuals at points of entry (e.g., emergency rooms, syringe service programs, substance abuse & mental health treatment programs, sexually transmitted infection clinics, homeless shelters, counseling, testing and referral sites, or federally qualified health centers) and referrals to access the provision of services: HIV testing and targeted counseling, linkage to care, health education, and literacy training.

Early Intervention Services must incorporate the following key activities:

- Provide outreach, education, and testing to people who are at high risk of acquiring HIV who may not know their status;
- Provide referrals for people living with HIV (PLWH) to services that improve HIV care and treatment services at key points of entry;
- Refer individuals who test positive to regional disease intervention specialists to ensure appropriate prevention interventions are conducted, including partner services;
- Enhance access and linkage for PLWH to HIV care and treatment services such as: HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Treatment;
- Provide Outreach Services and Health Education/Risk Reduction related to HIV or STI diagnosis;
- Link, re-link, and retain individual living with HIV to medical care;
- Provide referral for biomedical prevention for people at-risk for HIV;
- Provide short-term health navigation for those individuals with positive STI/HIV results

Early Intervention Services may be funded under the following provision:

- Services may be provided in conjunction with syringe service programs (SSPs). SSPs have been associated with a reduced risk of infection with bloodborne pathogens such as HIV and viral hepatitis. In addition to improving access to sterile injection equipment, SSPs often provide other services important in supporting persons who inject drugs (PWID). SSPs offer risk reduction counseling and are an important venue for HIV, viral hepatitis, STI, and TB testing; hepatitis A and hepatitis B vaccination; linkage to care and treatment; the provision of naloxone; and referrals to substance use treatment. Funding may not be utilized to provide sterile needles, a restriction of the federal law.
- Services may be provided to individuals living outside of Ohio but must be counties designated in the Cincinnati EMA.
- Agencies must complete Program Attachment #4 and include the required objectives, key activities and desired outcomes that will be accomplished during the budget period.

Applicants must develop objectives that incorporate the key activities listed above. Applicants must include a minimum of two additional activities related to the key strategies. Applicants must complete the process measures for each activity and include the target completion date. Process measures are the specific measure(s) of whether an activity has been accomplished. Please include in the process measure section how you will measure the activities to determine if the activity was successful or unsuccessful. Throughout the workplan, applicant will demonstrate intentional inclusion of cultural humility by ensuring clients have access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served by utilizing the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

5. Clinical Quality Management

In the grant submission, each applicant must include a description of the agency's overall clinical quality management (QM) program and how the results of the Part B QM activities will be used to improve service delivery in the agency. A portion of an identified, designated staff member's time must be allocated to coordinate Ryan White Part B-related

clinical quality management (CQM) activities. This staff member will be responsible for participating in quarterly and ad hoc quality management (QM) meetings, completing required quality improvement (QI) training(s), assisting in increasing QI knowledge of their colleagues, enhancing their agency's QM Plans and overseeing the required QI project for the case management grant. More information about HRSA-required quality improvement activities can be found in HRSA Policy Clarification Notice (PCN) 15-02: <https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf>. It is expected that this designated staff person will become the agency's expert on the content of PCN 15-02.

1. In the grant submission, each agency must agree to submit a Quality Management (QM) Plan with the interim progress report. Funded agencies must work with the ODH Ryan White Part B Quality Improvement Coordinator during the quarter to ensure the QM Plan includes the following:
 - a. Quality Statement--a brief statement related to your agency's mission and vision for provision of quality HIV services
 - b. Quality Infrastructure--description of your agency's quality infrastructure including staff resources, your quality improvement (QI) committee, including the committee's purpose, who leads the committee, how often it meets and how it is supported by leadership
 - c. Performance Measurement--description of Ryan White program performance measures being monitored, including how they are selected, how frequently they are monitored and how they are shared with stakeholders
 - d. Quality Improvement--description of how QI projects are selected, implemented, monitored, and assessed for impact
2. Plan, implement and complete a quality improvement (QI) project during each grant year. QI projects will use a Plan, Do, Study, Act (PDSA) model and training/technical assistance will be provided to the agency staff member dedicated to QI activities. Questions One and Two of the attached PDSA Form must be completed and submitted with the first quarter progress report.

E. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

G. Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before Monday, January 10, 2022.

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation

IV Program Attachments

- 1. Ryan White Part B Position Requirements
- 2. Subrecipient Staffing Information (including listing of locations if more than one site)
- 3. Letters of Collaboration
- 4. Ryan White Part B HIV Client Services Work Plan(s)
- 5. Ryan White Part B HIV Client Services Application Review Form

Appendix A

Reimbursement Type Select one of the options below: <input type="checkbox"/> Monthly <input type="checkbox"/> OR <input type="checkbox"/> Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Medical Director
Bureau of Infectious Diseases

Ryan White Part B HIV Client Services (RW22)

Submission Required

See due date below.

New Applicants must submit the
GMIS Access form with the Notice
of Intent to Apply for Funding Form

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)	<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
	<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Laurie.rickert@odh.ohio.gov BY Monday, November 29, 2021.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.* ODH Grants Page – “GMIS Training Resource” Section.

Date: _____

Check the type of access and complete the information requested: ☐ Employee — needs GMIS Training

☐ New Employee — needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee — New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation — User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan and Email: karen.tinsley@odh.ohio.gov

PROGRAM ATTACHMENT #1

Ryan White Part B Position Requirements

Medical Case Management Position Requirements

The following standards for all medical case managers must be met for an agency to be eligible for ODH funds:

- Possess a bachelor's degree in Social Work
- Maintain an active Social Work license in the State of Ohio
- Have at least six months experience as a social worker, preferably one or more years
- Conduct all key activities, as documented in the Methodology section of the competitive solicitation
- Attend all Case Management trainings sponsored by ODH/HCS (generally 2 times per year)
- Participate in ODH/HCS-sponsored training for newly hired Part B case management personnel within 45-60 days of hire date
- Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals
- Participate in a minimum of 1 hour of weekly supervision and 1 hour of group supervision per month for all case managers.
- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable.

Non-Medical Case Management Position Requirements:

The following standards for all non-medical case managers must be met for an agency to be eligible for ODH funds:

- Education and experience may include:
 - Possess a bachelor's degree in a social science field (social work preferred) and have at least six months experience in a social service setting, preferably one or more years; **or**
 - Possess an Associate degree with 1-3 years of experience working in a social service setting; **or**
 - Possess a high school diploma/GED with 4-6 years of experience working in a social service setting
- Conduct all key activities, as documented in the Methodology section of the competitive solicitation
- Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals;
- Attend all Case Management trainings sponsored by ODH/HCS (generally 2 times per year);
- Participate in ODH/HCS-sponsored training for newly hired Part B case management personnel within 45-60 days of hire date;
- Participate in a minimum of 1 hour of weekly supervision and 1 hour of group supervision per month for all case managers; and

- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable.

Part B Non-Clinical Supervisor Requirements

The following standards for all Part B non-clinical supervisors must be met for an agency to be eligible for ODH funds:

Education and experience may include:

- Possess a bachelor's degree in a social science field (social work preferred) and have at least six months experience in a social service setting, preferably one or more years; **or**
- Possess an associate degree with 1-3 years of experience working in a social service setting
- Minimum one year of supervisory experience.
- Provides in a minimum of 1 hour of biweekly supervision and 1 hour of group supervision per month for non-medical staff;
- Assist with client transfer coordination and level of care re-evaluation between non-medical and medical teams
- Provide guidance and coordination between non-medical and medical teams
- Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals.
- Assist with the equitable distribution and collection of ODH required surveys (e.g., Client Satisfaction Survey)
- Participate in ODH/HCS-sponsored training for newly hired Part B case management personnel within 45-60 days of hire date
- Attend the Case Management Supervisors' trainings sponsored by ODH/HCS; generally, 2 times per year
- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable

Clinical Supervisor Position Requirements:

The following standards for all clinical supervisors must be met for an agency to be eligible for ODH funds:

- Possess a master's degree in Social Work
- Maintain an active Licensed Independent Social Worker (LISW-S) in the state of Ohio
- Have at least three years of experience as a social worker, preferably one year of supervisory experience
- Be responsible for building ongoing relationships with other service providers serving the HIV/AIDS community in their region
- Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals
- Provide clinical supervision to case management team (medical and non-medical) and peer navigators
- Provide guidance and coordination between non-medical and medical teams

- Participate in ODH/HCS-sponsored training for newly hired Part B case management personnel within 45-60 days of hire date
- Attend the Case Management Supervisors' trainings sponsored by ODH/HCS; generally, 2 times per year
- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable

Part B Case Aide Requirements (Administrative Function):

The following standards for all Part B case aides must be met for an agency to be eligible for ODH funds:

Education and experience may include:

- Education Possess an Associate degree with a minimum of one year of relevant experience, **or**
 - Completed coursework towards an associate degree with a minimum of two years of relevant experience, **or**
 - Possess a high school diploma/GED with a minimum of 3 years of relevant experience
- Participate in a minimum of 1 hour of weekly supervision and 1 hour of group supervision per month for all case aides.
 - Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals
 - Assist with the equitable distribution and collection of ODH required surveys (e.g., Client Satisfaction Survey)
 - Verify disbursements are complete before submitting in the third-party administrator (TPA) web portal (e.g., bills contain approved CPT/ADA codes, Explanation of Benefits are included for co-pays, amount(s) on the disbursements match the bill(s))
 - Utilize the TPA web portal to create and track client disbursements
 - Submit invoices through the TPA web portal within 60 days from the dates of service and within 10 business days of agencies receipt; if agency is unable to meet this requirement, agency will be placed on a plan of correction
 - Establish relationship with local providers to assist with billing inquiries

It should be noted that case aides are not to be utilized for case management activities. For example, case aides will not carry a client caseload, or participate in the process of approving/disapproving a consumer access to Part B funded services. Case aides will be required to document the completion of all tasks to ensure continuity of care. The responsibilities of the case aides should be clearly communicated and documented to ensure the case aide is not engaging in social work practice.

Referral for Health Care and Support Services (Insurance/Benefit Navigator) Requirements:

The following standards for all insurance/benefit navigators must be met for an agency to be eligible for ODH funds:

Education and experience may include:

- Education Possess an Associate degree with a minimum of one year of relevant experience, **or**
 - Completed coursework towards an associate degree with a minimum of two years of relevant experience, **or**
 - Possess a high school diploma/GED with a minimum of 3 years of relevant experience
- Participate in a minimum of 1 hour of weekly supervision and 1 hour of group supervision per month for all benefit navigators.
 - Gather all necessary components of the Ohio HIV Drug Assistance Program (OHDAP) application and ensure thorough completion before submission to ODH
 - Experience working with an ethnically, culturally, and racially diverse work staff required; ability to work harmoniously with diverse groups of individuals
 - Participate in ODH/HCS-sponsored training for newly hired personnel within 45-60 days of hire date
 - Complete annual Marketplace training requirements and other relevant trainings to strengthen understanding of insurance benefits
 - Submit invoices through the TPA web portal within 60 days from the dates of service and within 10 business days of agencies receipt; if agency is unable to meet this requirement, agency will be placed on a plan of correction
 - Provide benefits counseling, as needed, by assisting clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges)

Health Education/Risk Reduction (Part B Peer Navigator) Requirements:

The following standards for all peer navigators must be met for an agency to be eligible for ODH funds:

- A minimum of a high school diploma or GED or equivalent skills, with at least one year working in an office setting including proven ability to work in a team environment.
- May be living with HIV or representative of the community that is most at risk for being diagnosed with HIV
- Complete HIV 101 trainings (before working with clients) to provide educational information to newly diagnosed individuals or individuals new to care on risk reduction strategies, ways to reduce transmission, treatment adherence, and increased understanding of diagnosis
- Must maintain healthcare, medication engagement, and personal support systems.
- Participate in a minimum of 1 hour of biweekly supervision and 1 hour of group supervision per month for all peer navigators.
- Meet with newly diagnosed clients and those re-engaging in care.
- Provide a structured, time-limited intervention in collaboration with client's case management team.
- Participate in team transfer meetings, as needed.
- Guide clients through each step of care initiation, as needed
- Address treatment adherence needs and coach clients in adherence skills.
- Provide education for integrating adherence and wellness practices into daily life.
- Provide appropriate one-on-one and/or group-level social and emotional support.

- Enhance engagement in care by assisting clients with appointment reminders for eligibility, Ohio HIV Drug Assistance Program (OHDAP), case management, health care/primary care, and laboratory appointments.
- Participate in Regional Advisory Group (RAG), Combined Community Planning Group (CCPG), and Integrated Plan Work Groups, as applicable

It should be noted that benefit navigators and peer navigators are not to be utilized for case management activities. For example, benefit navigators and peer navigators will not carry a client caseload or participate in the process of approving/disapproving a consumer access to Part B funded services. Navigators will be required to document the completion of all tasks to ensure continuity of care. The responsibilities of the navigators should be clearly communicated and documented to ensure the navigators are not engaging in social work practice.

PROGRAM ATTACHMENT #2

Subrecipient Staffing Information Ryan White Part B Case Management

Must be submitted in GMIS 2.0

Include all documents that apply to funding requested:

- ☐ Copies of the Medical and Non-Medical Case Managers' position description;
- ☐ Copies of the Medical Case Managers' **current** Ohio social work license;
- ☐ Copies of the Medical and Non-Medical Case Managers' resumes;
- ☐ Copies of the Non-Medical Case Managers' position description;
- ☐ Copies of the Non-Medical Case Managers' resumes;
- ☐ Copies of the Clinical and Non-Clinical Supervisors' position description;
- ☐ Copies of the Clinical Supervisors' **current** Ohio independent social work license-S;
- ☐ Copies of the Clinical and Non-Clinical Supervisors' resume;
- ☐ Copies of Case Aide, Peer Navigator, Benefit Navigator position descriptions;
- ☐ Copies of Case Aide, Peer Navigator, Benefit Navigator resumes
- ☐ Copies of other applicable position descriptions funded on the grant;
- ☐ Copies of other current licensures, as applicable;
- ☐ Copies of other resumes/curriculum vitae, as applicable.
- ☐ List of all personnel, titles, and location(s) if agency has multiple sites
- ☐ Current Agency Table of Organization

PROGRAM ATTACHMENT #3

Letters of Collaboration

Submit a minimum of five letters documenting program collaboration and the process for receiving referrals from key points of entry. Letters must demonstrate a referral relationship that exists between Part B funded agency and key points of entry in the counties/regions covered/shared by the entities. Letters of collaboration with local LGBTQ organizations and organizations that focus on minority health and outreach are strongly encouraged. Letters of collaboration must be specific to this program and the current application year.

Requirements:

- If the applicant agency is a *key point of entry (e.g., applicant agency is a Federally Qualified Health Center, Hospital, etc), and the applicant obtains a letter of collaboration from their own agency, then applicant must get an additional letter.
- If applicant agency has multiple offices/sites throughout Ohio, applicant must obtain 5 letters of collaboration from each of the regions they are requesting positions to provide services.
- If an applicant agency is located in a Part A region, applicant must obtain a letter from the designated Part A entity
- One of the four letters must be obtained from the local health department providing the HIV/STI Prevention services in the region.
- If applicant agency is located in an Ending the HIV Epidemic (EHE) jurisdiction (Cuyahoga, Hamilton, or Franklin), a letter from the regional EHE committee is encouraged, but not required.

*Key points of entry are defined in legislation as:

- Emergency rooms
- Substance abuse and mental health treatment programs
- Detoxification centers
- Detention facilities
- Clinics regarding sexually transmitted disease
- Homeless shelters
- HIV disease counseling and testing sites
- Health care points of entry specified by eligible areas
- Federally Qualified Health Centers
- Entities such as Ryan White Parts A, C and D grantees

PROGRAM ATTACHMENT #4

Ryan White Part B HIV Client Services Workplan

Service Category: Medical Case Management			
Service Goal: Provide guidance and assistance to <u>improve the health care outcomes</u> of individuals living with HIV and increase access to medically necessary treatment through the provision of medical case management.			
Objective: Primary objective of medical case management services is providing coordination, guidance, and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services. Client enrollment in medical case management requires more intensive case management to achieve viral suppression and maintain adherence to treatment regime.			
Key Strategy	Activity:	Process Measures	Target Completion Date
1. Increase retention in medical case management and care to achieve viral suppression.	Add two activities		
2. Increase access to medically appropriate levels of essential core services (e.g., outpatient ambulatory, oral health, mental health, etc.).	Add two activities		
3. Assess treatment readiness and adherence to medication regimen with goal of increasing number of clients who are virally suppressed.	Add two activities		
4. Provide education regarding the risks of transmission, resistance, and re-infection.	Add two activities		
5. Increase access to appropriate levels of necessary support services (e.g., transportation, housing, and peer navigation, etc.).	Add two activities		
6. Engage clients who are “Not in Care” to relink the individuals to medical care.	Add two activities		

Service Category: Non-Medical Case Management			
Goal: Provide guidance and assistance in <u>improving access</u> to and retention in needed services for individuals living with HIV through the provision of non-medical case management.			
Objective: Primary objective of non-medical case management services is providing coordination, guidance, and assistance in improving access to and retention in needed medical and support services (particularly housing needs) to mitigate and eliminate barriers to HIV care services. Client enrollment in non-medical case management requires less intensive case management services to remain virally suppressed.			
Key Strategy:	Activities:	Process Measures:	Target Completion Date
1. Increase retention in non-medical case management and care to sustain viral suppression.	Add two activities		
2. Increase access to medically appropriate levels of essential core services (e.g., outpatient ambulatory, oral health, mental health, etc.).	Add two activities		
3. Provide education regarding the risks of transmission, resistance, and re-infection.	Add two activities		
4. Provide coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.	Add two activities		
5. Increase access to appropriate levels of necessary support services (e.g., transportation, housing, and peer navigation, etc.).	Add two activities		
6. Increase access to social supports (e.g., support groups, community groups, social network groups, etc.)	Add two activities		

Service Category: Non-Medical (Housing) Case Management			
Goal: Provide guidance and assistance in <u>improving access</u> to and retention in needed services for individuals living with HIV through the provision of non-medical case management.			
Objective: Primary objective of non-medical (housing) case management services is providing coordination, guidance, and assistance in improving access to and retention in needed medical and support services (particularly housing needs) to mitigate and eliminate barriers to HIV care services.			
Key Strategy:	Activities:	Process Measures:	Target Completion Date
1. Increase retention in housing case management and care to sustain viral suppression.	Add two activities		
2 Provide coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.	Add two activities		
3 Improve access to stable housing and related support services (e.g., utilities, nutrition, transportation).	Add two activities		
4 Provide education about and resources for client to successfully establish a stable living environment	Add two activities		
5 Increase access to social supports (e.g., support groups, community groups, social network groups, etc.)	Add two activities		
6 Increase opportunities for client to achieve self-sufficiency and maintain housing stability that is independent from housing case management	Add two activities		

Service Category: Referral for Health Care and Support Services (Insurance/Benefit Navigation)			
Goal: Direct individuals living with HIV to essential core and support services through coordinated benefit assistance			
Objective: Primary objective of Insurance/Benefit Navigation is to assist individuals living with HIV obtain access to other public and private programs for which they may be eligible.			
Key Strategy:	Activities:	Process Measures:	Target Completion Date
1. Obtain necessary training/certifications to successfully perform benefit navigation services.	Add two activities		
2. Collect and submit eligibility documents for annual client enrollment in Ohio HIV Drug Assistance Program and ensure Ryan White is payor of last resort.	Add two activities		
3. Improve access to public & private programs (e.g., Medicaid, Medicare Part D, Patient Assistance Programs, Marketplace plans, etc.) by becoming proficient in various insurance plans.	Add two activities		
4. Obtain training on third party administrator portal to successfully submit medical bills or co-payments for reimbursement of allowable services.	Add two activities		
5. Collaborate with case managers to assist and support successful coordination of or referrals to public and private benefits	Add two activities		

Service Category: Health Education Risk Reduction (Peer Navigation)			
Goal: Provide education and support systems to improve health outcomes of those who are newly diagnosed or new to care.			
Objective: Primary objective of peer navigation is to assist newly diagnosed individuals and/or individuals new to care get acclimated to their diagnosis, receive education about their diagnosis (such as transmission information and adherence), and will provide assistance in navigating the health care system,			
Key Strategy:	Activities:	Process Measures:	Target Completion Date
1. Hire Peer Navigator(s) who are demographically representative of higher-risk populations in the region	Add two activities		
2. Participate and complete necessary training /certifications to successfully perform peer navigation services (e.g., Trauma-informed care)	Add two activities		
3. Improve access to social supports (e.g., support groups, community groups, social network groups, etc.)	Add two activities		
4. Share, develop, and/or disseminate resources, tools, and brochures that provide educational information to newly diagnosed individuals or individuals who are new to care	Add two activities		
5. Complete on-going trainings to continuously enhance enrichment skills, including HIV 101 training(s) to provide educational information to individuals re: risk reduction strategies, ways to reduce transmission, treatment adherence, and understanding of diagnosis	Add two activities		
6. Participate in Combined Community Planning Group (CCPG), Regional Advisory Groups, and the Ohio Integrated Prevention/Care Work Groups (as applicable).	Add two activities		

Service Category: Early Intervention Services (Emerging Communities EMA Applicants Only)			
Goal: Increase the number of people living with HIV who know their status by orienting testing toward priority populations, making referrals, and providing outreach and education.			
Objective: Improve access to care or prevention interventions by linking, re-linking, and retaining individuals with HIV or individuals who are at a disproportionately higher rate of being diagnosed with HIV to achieve optimal health care outcomes.			
Key Strategy:	Activities:	Process Measures:	Target Completion Date
1. Coordinate or conduct targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services.	1. Coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts; 2. Add 2 additional activities		
2. Provide referrals for people living with HIV (PLWH) to services that improve HIV care and treatment services at key points of entry.	1. Develop referral guide of local services for care and treatment; 2. Add 2 additional activities		
3. Refer individuals who test positive to regional disease intervention specialists to ensure appropriate prevention interventions are conducted, including partner services.	1. Build strong relationships with regional DIS, including a process for DIS to refer clients to PrEP navigation services; 2. Add 2 additional activities		
4. Refer individuals who test HIV negative but are considered “high-risk” to the Prevention Assistance Program Interventions (PAPI) database to access Pre-Exposure Prophylaxis (PrEP).	Add two activities		
5. Enhance access and linkage for people considered to be at high-risk for HIV infection to PrEP/PEP/biomedical prevention providers.	Add two activities		

6. Enhance access and linkage for PLWH to HIV care and treatment services such as: HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Use Treatment	Add two activities		
7. Provide Outreach Services and Health Education/Risk Reduction related to HIV or STI diagnosis	<p>1. Outreach services includes the provision of the following three activities: Identification of people who do not know their HIV status and linkage into medical care, Provision of additional information and education on health care coverage options, Re-engagement of people who know their status into medical care.</p> <p>2. Health Education/Risk Reduction includes providing education to clients living with HIV about reducing the risk of HIV transmission. Also includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.</p> <p>3. Health education may include: Biomedical prevention strategies such as PrEP/PEP and</p>		

	<p>treatment as prevention, health care coverage options, health literacy and treatment adherence.</p> <p>4. Identify “high-risk” populations and provide Health Education/Risk Reduction services including access to PrEP/PEP navigation.</p> <p>5. Provide Health Education/Risk Reduction services including access to PrEP/PEP navigation to any client with a recent syphilis or rectal STI.</p> <p>Adding more activities is optional</p>		
8. Provide short-term health navigation for those individuals with positive STI/HIV results	Add two activities		
9. Participate in Combined Community Planning Group (CCPG), Regional Advisory Groups, and the Ohio Integrated Prevention/Care Work Groups (as applicable).	Add two activities		

PROGRAM ATTACHMENT #5

Ryan White Part B HIV Client Services
Grant Application Review/Rating Form
Program Period: April 1, 2022 to March 31, 2027
Budget Period: April 1, 2022 to March 31, 2023

Agency: _____ Region: _____

Reviewer: _____ Total Score: _____

Recommended Funding Level: _____

SCORE TABLE:

Use the following table as a guide in completing the review sheet.

Point Value	Criterion Unmet	Criterion Partially Met	Criterion met
1	0	----	1
2	0	1	2
3	0	1,2	3
4	0, 1	2, 3	4
5	0, 1	2,3	4,5

Criterion Unmet – Does not answer the question nor address any of the required issues.

Criterion Partially Met - Attempts to answer the question but does not offer specific information. Answers the question and offers some concrete information.

Criterion Met - Offers substantive information, a complete answer in a clear manner. An exemplary answer uses quantitative measure for example, is concise and to the point.

NOTE: The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

TOTAL MAXIMUM SCORE: 100 points

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 70 points

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
PROJECT NARRATIVE			
1. Executive Summary: <i>A one-page summary of the proposal-should include target population, services, and programs to be offered and what agency(ies) will provide those services.</i>	2		
<i>A description of the public health problems that the project will address.</i>	2		
Total	4		
2. Description of Applicant Agency/ Documentation of Eligibility (5-15 pages): <i>Demonstrate the applicant agency's eligibility to apply.</i>	2		
<i>Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.</i>	2		
<i>Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences</i>	2		
<i>Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.</i>	2		
<i>Describe plans for hiring, routine training, and onboarding that will occur with personnel to ensure clients will receive culturally appropriate care.</i>	2		
<i>List all personnel and describe the roles of the individuals who will be directly funded on the grant.</i>	2		
<i>Provide information about the hours of operation of your organization, including accommodations made for clients who cannot schedule appointments during "normal" business hours.</i>	2		
Total	14		
3. Problem/Need (5-15 pages): <i>Application should identify and describe the local (don't restate national and state data) health status concern of people living with HIV that will be addressed by the project. The specific health status concerns that the project intends to address may be stated in terms of health status (morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based.</i>	5		

<p><i>Explicitly describe the target population who experience a disproportionate burden for the health concern or issues; or who are at an increased risk for the problem addressed by this funding.</i></p> <p><i>Outline efforts of your agency to recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that is reflective of the population in the service areas, especially those disproportionately impacted by HIV.</i></p>	5		
<p><i>Describe other agencies/organizations, in the region, also addressing the same problem /need. Describe how services will be coordinated with other relevant service providers who provide key points of access to health and support services for PLWH, and how duplication of services will be avoided. For instance, describe how agency personnel will collaborate with key community stakeholders (e.g., Part As, Cs, and Fs, ending the HIV epidemic jurisdictions, housing entities, and local health departments).</i></p>	5		
<p><i>Describe how the program will address gaps in service. Describe any changes in the service delivery system that have or will reduce barriers to care. Describe how the agency will collaborate with local HIV testing and counseling sites to minimize the gap between an HIV+ test and the initiation of HIV Care.</i></p>	5		
Total	20		
<p>4. Methodology</p> <p><i><u>Narrative</u> identifies the program goals, SMART process, impact or outcomes, and activities. Indicates how they will be evaluated (process measures) to determine the level of success of the of the program and identify the data sources utilized to evaluate each objective. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues.</i></p>	5		
<p><i>Activities are "SMART" (specific, measurable, achievable, relevant, and time-bound) and demonstrate how they will accomplish each key strategy.</i></p>	5		
<p><i>Process measures and target completion dates are completed in the workplan for all activities. These elements should be relative to the stated activity.</i></p>	5		
Total	15		

5. Quality Management			
<i>Describe the agency's overall clinical quality management (QM) program and how the results of the Part B QM activities will be used to improve service delivery in the agency.</i>	3		
Total	3		

BUDGET			
Budget Narrative <i>A detailed narrative budget justification which describes how the categorical costs are derived should be provided. This should discuss the necessity, reasonableness and ability to allocate the proposed costs.</i>	4		
<i>Budget narrative matches the budget submitted in GMIS 2.0 and funding recommendations for personnel are adhered to.</i>	4		
<i>Specific roles of personnel, consultants and contractors are explained and justified.</i>	4		
<i>Equipment, travel, supplies and training costs are explained and justified.</i>	4		
Total	16		
ADDITIONAL RFP REQUIREMENTS			
<i>Public Health Impact Statement includes Public Health Accreditation Board (PHAB) Standards that will be addressed by grant activities</i>	2		
<i>Public Health Impact Statement of Support</i>	2		
Total	4		
ATTACHMENTS			
<i>A copy of the applicable social work Licenses for all funded medical case management and clinical supervisor positions</i>	4		
<i>A copy of the resume/biographical sketch/curricula vitae for all persons funded on the grant</i>	4		
<i>A copy of the position descriptions for all funded positions</i>	4		
<i>A copy of the Agency Table of Organization</i>	1		
<i>Letters of collaboration</i>	5		
Total	18		

6. OVERALL QUALITY			
<i>Clarity / completeness</i>	2		
<i>Adherence to all solicitation guidelines</i>	2		
<i>Formatting requirements met</i> <ul style="list-style-type: none"> • Properly labeled • 1.5 spacing with 1-inch margins • Budget and Project Narratives in portrait orientation on 8 ½ by 11 paper • All pages numbered • Project Narrative meets page limit requirement • 12-point font 	2		
Total	6		
Total Score	100 Points Total		
Additional Points: Human Trafficking Statement: Victims of human trafficking are included in agency's target population, and agency promotes the expansion of services to identify and serve those affected by human trafficking.	5		

Recommendation of Reviewer:

- ☐ Approval (funding) of proposal as submitted (no conditions)
- ☐ Approval (funding) of proposal with conditions (please list conditions below)

1. _____
2. _____
3. _____

☐ Disapproval of project- Reason:

Signature of Reviewer

Date

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