

## United Way of Long Island

Ryan White HIV/AIDS Program  
Part A & Minority AIDS Initiative Funding  
for HIV/AIDS Health and Support Services  
in the Nassau- Suffolk Eligible Metropolitan Area

# Request for Proposals (RFP) Fiscal Year 2019

Medical Case Management (MCM)  
Oral Health Care (OHC)  
Early Intervention Services (EIS)

### IMPORTANT DATES:

	Due Date	Notes:
Bidders Conference	February 11, 2019 10am-12pm	United Way of Long Island 819 Grand Blvd, Deer Park, NY
Written Questions	February 13, 2019 by 5pm	Send to: <a href="mailto:ryanwhiterfp@unitedwayli.org">ryanwhiterfp@unitedwayli.org</a>
Responses Posted	February 15, 2019 by 5pm	To be posted on United Way's website <a href="http://www.unitedwayli.org">www.unitedwayli.org</a>
Letters of Intent (Required)	February 15, 2019 by 5pm	Send to: <a href="mailto:ryanwhiterfp@unitedwayli.org">ryanwhiterfp@unitedwayli.org</a>
Proposals Due	March 6, 2019 by 5pm	Hand delivered proposals will not be accepted

ALL substantive and technical questions must be submitted in writing by electronic mail to [ryanwhiterfp@unitedwayli.org](mailto:ryanwhiterfp@unitedwayli.org) by 5:00pm on February 13, 2019. \*Responses will be posted on the United Way of Long Island's website by February 15, 2019.



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## EXECUTIVE SUMMARY

United Way of Long Island (acting as technical support agency for Ryan White Part A and Minority AIDS Initiative funding in Nassau and Suffolk counties) is accepting applications for fiscal year (FY) 2019-20 Ryan White HIV/AIDS Program (RWHAP) Program. This competition is open to non-profit agencies serving individuals in the Nassau-Suffolk EMA.

The purpose of Ryan White Part A/MAI funding is to provide primary health care and supportive services to individuals living with HIV/AIDS that have been severely affected by the HIV epidemic. Through this competitive Request for Proposal process, Part A/MAI funds will be distributed to applicants who are regional community based service providers to improve service coordination, access, and delivery and to implement or sustain services for PLWH/A in Nassau and Suffolk Counties that improve overall quality of care and assist them in achieving desired medical outcomes.

It is the intent of the Nassau-Suffolk EMA to fund single and bi-county proposals in the service categories of: **MEDICAL CASE MANAGEMENT, ORAL HEALTH CARE, AND EARLY INTERVENTION SERVICES.**

### I. General Information

#### A. Introduction

United Way of Long Island's Planning and Grants Management Department (hereinafter referred to as UWLI) is requesting proposals from qualified governmental and non-profit entities (hereinafter referred to as "Proposer") to provide Ryan White Part A/MAI core medical services to individuals living with HIV/AIDS. **Services to be contracted include Medical Case Management services, Oral Health Care Services and Early Intervention Services.**

#### B. Background

The Ryan White HIV/AIDS Program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year. The Program reaches approximately 52% of all people diagnosed with HIV in the United States and serves as an important source of ongoing access to HIV medication that can enable people living with HIV to live close to normal lifespans.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the legislation that created the Ryan White HIV/AIDS Program is nearing its 30<sup>th</sup> year. First authorized in 1990, the Program was funded at \$2.36 billion in fiscal year 2017. The Program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

The Ryan White HIV/AIDS Program is divided into five Parts. **Part A** provides medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are counties/cities that are the most severely affected by the HIV/AIDS epidemic.

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Approximately 71% of people living with HIV are in EMAs and TGAs. [The Minority AIDS Initiative](#) (MAI), provides funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations. EMAs and TGAs receiving funds under Part A and MAI must target at least 75 % of the federal funds towards essential “CORE” medical services and 25% towards support services that are needed for individuals with HIV/AIDS to achieve their medical outcomes. Minority AIDS Initiative (MAI) formula grants provide core medical and related support services to improve access and reduce disparities to HIV/AIDS care and helps improve health outcomes for disproportionately affected minority populations.

Services funded through the Ryan White Program are “*payers of last resort*” and reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life for those impacted by the epidemic; and are designed to provide services to persons living with HIV and AIDS who have no other payer source for care and treatment. The Ryan White Program limits the persons eligible for Ryan White services and limits the services that are allowable with Ryan White funds. Therefore, Part A/MAI funds ***cannot*** be used to provide or support services that are reimbursable under any other program, (e.g. Medicaid, Medicare, ADAP, private insurance). Use of Part A/MAI funds appropriated under the Ryan White Program must be in accordance with legislative intent and program specific policies issued by the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB).

The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) has lead responsibility for implementing the Ryan White Program. HRSA is an agency of the U.S. Department of Health and Human Services (HHS). Part A funds are awarded to a local government entity who, in collaboration with the Part A Planning Council, assesses the unmet needs of persons living with HIV/AIDS. In the Nassau-Suffolk region, the chief elected official (CEO), the County Executive of Nassau County is the official recipient of the Part A funds. The CEO has delegated the responsibility for Part A grant administration to the Nassau County Department of Health, which is referred to as the “Grantee or Recipient”. The grantee, on the recommendation of the Nassau-Suffolk HIV Health Services Planning Council, selected United Way of Long Island as the administrative/fiscal agent to assist in carrying out Part A administrative activities.

The Nassau-Suffolk HIV Health Services Planning Council, whose members are appointed by the Health Commissioners of Nassau and Suffolk counties, is responsible for setting regional service priorities for the allocation of Part A funds; and for developing a comprehensive plan to guide the HIV service delivery system. Community members, members of the Planning Council and individuals living with HIV/AIDS participated in needs assessments which led to the development of the information used by the Planning Council to develop program and funding priorities that are being solicited through this RFP. Services are contracted by UWLI based on the Planning Council’s allocation of funds to approved priorities.

### **C. National HIV/AIDS Strategy (updated to 2020)**

The updated 2015–2020 National HIV/AIDS Strategy serves as a guide for ending the HIV epidemic in the United States. Its goals are to (1) reduce HIV infections, (2) increase access to care and improve health outcomes for people living with HIV, (3) reduce HIV-related health disparities and health inequities, and (4) achieve a more coordinated national response to the HIV epidemic. NHAS 2020 reflects accomplishments and new scientific developments since 2010 and charts a

course for collective action across the federal government and all sectors of society to move us close to the Strategy’s vision.

The NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, Ryan White program activities should strive to support the primary goals of the National HIV/AIDS Strategy.

**D. Affordable Care Act**

As a result of the implementation of the Affordable Care Act, options for health care coverage for PLWH were expanded through new private insurance coverage options available through the Health Insurance Marketplace and the expansion of Medicaid in states that chose to expand. Additionally, health insurers are prohibited from denying coverage because of a pre-existing condition, including HIV/AIDS. An overview of these health care coverage options may be reviewed at <http://hab.hrsa.gov/affordablecareact/keyprovisions.pdf>.

By statute, RWHAP funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made...” by another payment source. This means grantees must assure that funded providers make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their contractors are expected to **vigorously pursue** enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services.

Agencies that are funded by the N-S EMA must ensure that individual clients are enrolled in health care coverage whenever possible or applicable, and are informed about the consequences of not being enrolled. Please note that the RWHAP will continue to be the payer of last resort and will continue to provide those RWHAP services not covered, or partially covered, by public or private health insurance plans.

**E. HIV Care Continuum**

The HIV care continuum—sometimes also referred to as the HIV treatment cascade—is a model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral load suppression and shows the proportion of individuals living with HIV who are engaged at each stage.

The five main stages of the HIV Care Continuum are:

- **Diagnosed** - Number and percentage of people living with HIV/AIDS in the EMA diagnosed with HIV/AIDS.

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- **Linked to Care** - Number and percentage of people living with HIV/AIDS in the EMA connected to an HIV healthcare provider.
- **Retained in Care** - Number and percentage of people living with HIV/AIDS in the EMA, receiving regular HIV medical care.
- **Prescribed Antiretroviral Therapy (ART)** - Number and percentage of people living with HIV/AIDS in the EMA, prescribed a combination of three or more antiretroviral drugs from at least two different HIV drug classes every day to control the virus.
- **Virally Suppressed** - Number and percentage of people living with HIV/AIDS in the EMA with a viral load below 200.

By closely examining the proportion of people living with HIV engaged in each stage of the HIV care continuum, policymakers and service providers are able to pinpoint where gaps may exist in connecting people living with HIV to sustained, quality care, and to implement system improvements and service enhancements that better support individuals as they move from one stage in the continuum to the next. By identifying these gaps improvements can be implemented to increase the proportion of people living with HIV who are prescribed ART and are able to stay engaged in HIV medical care and adhere to their treatment so that they can achieve viral load suppression. This will allow them to live healthier, longer lives and reduce the chances that they will transmit HIV to others. Data from the Ryan White Services Report (RSR) indicate that there are better outcomes in Ryan White HIV/AIDS Program (RWHAP) funded agencies with approximately 70% of individuals who received RHWAP-funded medical care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination antiretroviral regimens.

Funded providers will be required to work with the Grantee through its administrative agent and with other community and public health partners to improve outcomes across the Continuum of HIV Care, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. The HIV/AIDS Bureau (HAB) within the Department of Health and Human Services (HHS) has developed performance measures to assist in assessing outcomes along the continuum. Funded providers will be required to utilize the CAREWare data reporting system to document and report these measures.

### **F. The HIV Epidemic in the Nassau-Suffolk Region**

The Nassau-Suffolk Eligible Metropolitan Area (EMA) is defined as the two county suburban region on Long Island comprised of Nassau and Suffolk Counties. The region has a population of over 2.8 million people (2,832,882 in 2010). According to US Census Bureau data, The general population of the two-county area is primarily White (65%), followed by Hispanic (17%), African American (10%), Asian/Pacific Islander (7%) , with a minor Native American subset (<1%) and 1% Multi-Race. Males comprise 48.9% and females 51.1% of the general population. The proximity to one of the largest and most diverse cities in the world influences Long Island's population, culture and housing patterns, and brings to it many issues and concerns that are usually found in large urban cities, including HIV/AIDS.

The NYSDOH epidemiology data for reported cases indicate that as of December 31, 2016, there were 5,815 individuals with HIV/AIDS in the EMA. The racial/ethnic composition of PLWHA in

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the EMA is 31% White, 24% African American, 29% Hispanic, 1% Asian and 15% Multiracial. New HIV cases in 2016 are 21% African American, 38% Hispanic, 27% White, 11% Multiracial, and 3% Asian. Disparities are significant for Hispanics (18% of general population, 29% of PLWHA, 38% HIV incidence, and 33% AIDS incidence) and African Americans (10% of general population, 24% of PLWH, 21% HIV incidence, 20% AIDS incidence). Males make up 79% of new HIV cases and represent 69% of all PLWHA. Transmission of new cases in 2016 was highest among MSM (48% new HIV and 37% new AIDS) followed by Heterosexuals (28% new HIV and 30% of new AIDS). New HIV cases for 2016 is highest in the 20-29 and 30-39 age band (36% and 24% respectively). However, new AIDS cases are highest among 40-49 and 50-59 year olds (25% and 32%). Eighty-six percent (86%) of all PLWH in the EMA are over 40.

Like many health problems, there is a disproportionate impact of HIV/AIDS on certain populations in the EMA when compared to their proportions in the general population. Major issues affecting the Nassau-Suffolk EMA, including the lack of low-income or affordable housing, inadequate public transportation systems and pockets of poverty within areas of substantial affluence cause concern and directly influence the HIV/AIDS service delivery system of Nassau and Suffolk counties. Many clients cannot access or interpret the health care delivery system to their best advantage and require interventions to facilitate personalized care in an otherwise impersonal system of care.

## II. AVAILABLE FUNDS

The Nassau-Suffolk HIV Health Services Planning Council has allocated Part A and MAI funding for **Medical Case Management, Oral Health Care and Early Intervention Services**. This RFP does not specify the amount that applicants may propose for individual programs, but indicates the total amount of funding that may be available in the priority area. These amounts are based on the Nassau-Suffolk EMA's FY 19-20 Part A Grant application request and are subject to change based on the EMA's final notice of award for FY19-20.

<b>PRIORITY AREAS (Nassau, Suffolk, and bi-county)</b>	<b>9 month amount available for this RFP</b>	<b>Estimated # of Programs to be funded</b>	<b>Total Annualized Amount Available by priority</b>
<b>Medical Case Management</b>	<b>\$1,352,782</b>	<b>Up to 7</b>	<b>\$1,803,711</b>
<b>Oral Health Care</b>	<b>\$198,232</b>	<b>Up to 2</b>	<b>\$264,309</b>
<b>Early Intervention Services</b>	<b>\$220,233</b>	<b>Up to 3</b>	<b>\$293,644</b>

### Contractual Period

FY 2019-2020 funding awarded through this RFP will be for a **9**-month period: **June 1, 2019-February 29, 2020**. *(However, applicants must submit a 12 month annualized budget).*

### III. ALLOWABLE USES OF FUNDS

#### A. Ryan White Funds are Payer of Last Resort

It is incumbent upon all applicants receiving Part A funding to ensure that clients are screened for eligibility to receive services through other programs (e.g. Medicaid, Medicare, VA benefits, ADAP, private insurance). Contracted providers must have policies and procedures in place that address these screening requirements.

Part A funds cannot be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or services under any State compensation program, under an insurance policy, or under any Federal or State health benefits program. *Applicants must clearly demonstrate how billing is handled and the process used to ensure that services billed under Ryan White are non-billable through other payer sources.*

The Ryan White Program limits the persons eligible for Ryan White services and limits the services that are allowable with Ryan White funds. Activities supported and the use of funds awarded under the Ryan White Program must be in accordance with legislative intent, federal cost principles, and program-specific policies issued by the Health Resources and Services Administration (HRSA). HRSA policy related to Part A states that no service will be supported with Ryan White funds unless it falls within the legislatively defined range of services. See Appendix B for allowable and non-allowable Ryan White service categories.

#### B. Client Eligibility

The primary intent of Part A funds is the provision of care and treatment services, and support services needed to achieve medical outcomes to persons infected with HIV and living with AIDS.

All contracted providers receiving Ryan White Part A/MAI funding must have systems in place that document and ensure client eligibility. Documentation of client eligibility must occur immediately upon client enrollment in a Ryan White program or service. Documentation consists of hard copy proof of positive HIV serostatus (e.g. lab results or physician statements) as well as current proof of residency in Nassau or Suffolk County, insurance status/coverage, and income eligibility and verification. A client's annual income must be documented in relation to the current Federal Poverty Level (FPL). Per the Nassau-Suffolk HIV Health Services Planning Council directive, clients are eligible for Ryan White services if their income is not more than **435%** of the Federal Poverty Level.

Client eligibility must be reevaluated every 6 months. In addition, contracted providers must document the reason why the client is in need of the service they are seeking.

#### C. Affected Individuals<sup>1</sup>

Non-HIV infected individuals *may* be appropriate candidates for Part A funds in limited situations, but these services must always have a benefit to a person with HIV infection. In the Nassau-Suffolk Eligible Metropolitan Area, **only a parent or a legal guardian of a HIV infected child under the**

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<sup>1</sup> DSS Program Policy Guidance No.1 – Eligible Individuals and Services for Individuals Not Infected with HIV.

**age of eighteen (18) is considered to be an affected individual** eligible to receive limited Part A services for a limited period of time.

With permission from the Grantee, funds awarded under Part A/MAI of the Ryan White Program **may** be used for services to individuals not infected with HIV **only** in the circumstances described below and **only** for a limited period of time:

- 1) The service has as its primary purpose enabling the non-infected individual to participate in the care of someone with HIV/AIDS.
- 2) The service directly enables an individual with HIV/AIDS to receive needed medical care and treatment and support services by removing an identified barrier to care.
- 3) The service promotes family stability for coping with the unique challenges posed by HIV/AIDS. For example, mental health services which focus on equipping uninfected family members and caregivers to manage the stress and loss associated with HIV.

## **IV. WHO MAY APPLY**

### **A. Organizational Eligibility**

Applicant organizations must be qualified not-for-profit 501(c)(3) community based organizations or not-for-profit public agencies with experience in the provision of either medical care and treatment or supportive services to persons living with HIV/AIDS in Nassau and Suffolk counties. Faith based agencies, women-operated, veteran-operated and minority-operated community-based organizations, and community groups with a focus on racial/ethnic minority populations are strongly encouraged to apply.

### **B. Joint Proposals**

Proposals submitted on behalf of a consortium of providers must designate one of the agencies as the lead applicant for the consortium and must include in the proposal a Memorandum of Agreement (MOA), which clearly delineates the roles of the lead applicant and each co-applicant(s). The MOA should describe the fiscal, administrative and programmatic responsibilities of the lead applicant and each co-applicant, including the specific activities of each organization and the process for communication and follow-up among participating agencies.

The lead applicant will be the entity with whom United Way of Long Island will contract. The co-applicant(s) will be considered sub-contractors to the lead applicant and must demonstrate that they meet the organizational eligibility criteria stipulated in this RFP.

An organization that submits a proposal as the lead applicant cannot submit another proposal in that priority area as a single applicant or as a co-applicant.

## **V. PROPOSAL REQUIREMENTS**

### **A. Expectations for all Applicants**

All proposers must:

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1. Adhere to HRSA/HAB National Monitoring Standards as well as regional Service Standards as adopted by the Nassau-Suffolk HIV Health Services Planning Council.  
<https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringparta.pdf>  
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>  
<https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>
2. Demonstrate the capacity to deliver culturally competent services for PLWH/A.
3. Be Medicaid certified if providing services which are Medicaid eligible.
4. Have an office of operation in Nassau or Suffolk County.

All program designs must demonstrate the incorporation of the following Nassau- Suffolk HIV Health Services Planning Council directives:

1. Ensure that the hours of operation for program services meet the needs of the targeted population(s) being served; and consider the provision of evening and weekend services.
2. Ensure that all program services are: sensitive to the needs/issues specific to racial/ethnic communities; ethnically, culturally and linguistically appropriate; and delivered at a literacy level suitable for the targeted population(s) being served.
3. Ensure that the hiring and employment practices for staff focus on seeking individuals with skills that are culturally and linguistically appropriate for the population(s) being served.
4. Ensure that persons living with, and affected by HIV/AIDS were included, and will continue to be included, in the planning and program design of the services to be offered.
5. Ensure, through a solid outreach plan that services are targeted to communities of color, the gay, lesbian, bisexual and transgender communities, to the underserved, and to communities most disproportionately impacted by HIV/AIDS.
6. Ensure that all literature and materials developed for marketing purposes specifically state that services are confidential. This is to address the confidentiality concerns of many PLWH/A.
7. Ensure that services address childcare needs and serve HIV positive children and adolescents.

### **Preferences will be given to applicants that:**

- Co-locate services for women and children.
- Demonstrate stability in agency staffing, infrastructure and fiscal operations.
- Demonstrate cost effective and efficient models of service delivery that promote the continuum of HIV care.
- Demonstrate parity in the delivery of Part A funded services in both Nassau County and Suffolk County.

### **B. Submitting a Proposal**

Letters of intent for this RFP (**Appendix E**) are **required** and are due by **5:00pm on February 15, 2019**.

Organizations that will target PLWH/A in only one of the two counties, may submit a proposal to provide services in Nassau County only or in Suffolk County only. These proposals will be considered *Single County Proposals*. To be considered a Bi-County applicant, and be able to submit a *Bi-County Proposal*, no less than 25% of the PLWH/A being served must be residents of one of the counties.

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Applicants must submit a separate proposal for each priority they are applying for. One original proposal and six (6) copies are required for Single County applications. One original proposal and twelve (12) copies are required for Bi-County applications.

Proposals will not be accepted by fax or electronic mail. **Proposals must be addressed to and received at the below address by 5:00pm on March 6, 2019:**

**2019 Ryan White Part A/MAI Request for Proposals  
United Way of Long Island  
819 Grand Boulevard  
Deer Park, NY 11729**

The doors of United Way of Long Island are controlled by an atomic clock which promptly locks them at 5:00pm. The doors will not be re-opened after they are locked. It is the responsibility of the applicant to make sure that a proposal is delivered **prior** to the date and time specified above. **Hand delivered proposals will not be accepted. Late proposals due to delay by the carrier or misdirection, will not be considered for Part A funding for fiscal year 2019.**

### **C. Requirements for Completing Proposals**

**Points may be deducted for proposals that do not comply with the following submission requirements.**

- 1) Proposals must contain one inch margins on all sides; use a 12 pitch font; and **SHOULD NOT** exceed 12 double spaced typed pages. This page limit does not include the following:
  - Program summary;
  - Budget;
  - Linkage agreements;
  - Organizational Chart; and
  - All attachments.
- 2) Proposals must provide responses to all questions and statements and include a budget that is reflective of the service delivery in the priority area to the targeted population.
- 3) **DO NOT** submit double-sided copies.
- 4) Proposals may be stapled or held together with binder clips. **DO NOT** bind the proposal or place it in folders; and **DO NOT** use paper clips or rubber bands

## **VI. PROPOSAL CHECKLIST**

It is the responsibility of the applicant to make sure that all of the following information and documents are submitted. Proposals must include all sections as indicated in the *Proposal Content*.

**Proposals missing any section of the program narrative and/or program budget will be deemed non-responsive and will not be considered for Part A/MAI funding for fiscal year 2019.**

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The following is a checklist of items that must be included with all submitted proposals. Please ensure that items are submitted in the order in which they are listed below.

- Attachment 1: Cover Page**
- Attachment 2: Agency Information**
- Attachment 3: Estimated Clients to be Served from High Need Areas**
- Project Narrative: Sections I-V of Proposal Content**
- Attachment 4: Table of Service Linkages and MOAs**
- Attachment 5: Budget – Excel Spreadsheet (consists of multiple tabs)**
- Attachment 6: Letter of Commitment from the Executive Director or CEO**
- Attachment 6.a: Letter of Commitment from the Board of Directors**

**Additional Required Attachments (must be included in the original as well as all copies):**

- **Agency Organizational Chart**
- **Proof of agency’s 501(c)(3) status**
- **Most recent audited financial statements**
- **All bi-directional service linkage agreements and MOAs**
- **Job Descriptions of all staff positions identified in the program design and on the personnel page of the budget.**

## VII. PROPOSAL CONTENT

**INSTRUCTIONS:** The following sections comprise the program narrative of your proposal. Respond to each of the following statements and questions in each section regardless of the priority area identified for this proposal. All responses should be specific and complete.

### Section I: Program Summary

**Maximum Score:**

**Not Scored (limit 1 pg)**

Provide a brief description of the following:

- a. The program being proposed;
- b. The targeted areas for the proposed services;
- c. The staff that will provide the administrative, programmatic and fiscal oversight; and will be responsible for the direct delivery of services.
- d. The anticipated number of clients to be served and proposed outcomes of the program; and
- e. Budget amount requested.

### Section II: Need for Services

**Maximum Score:**

**10 Points**

- 1) Describe the major factors contributing to the need for the delivery of HIV services to the targeted population. Include applicable data that supports your description.
- 2) Describe other programs in the targeted area(s) that provide similar services.
- 3) Describe how if funded, the proposed program will enhance, without duplicating, existing services provided in the area to the targeted population.
- 4) Describe the other funding (State, Federal, etc.) sources available that support the proposed program services without duplication (e.g.- Part B, health homes, linkage to care, etc.)

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- 5) Describe the plan to ensure that Part A/MAI funds are the payer of last resort for the proposed program services (consider billing, fee schedules, program income, etc.).

**Section III: Applicant Organization**

**Maximum Score:**

**20 Points**

- 1) Provide a brief description of the agency's overall mission and scope of services. Include the number of years of experience the agency has in providing each of these services.
- 2) Describe the agency's management and infrastructure capacity to provide administrative and executive support for program implementation, and fiscal, grants, and information systems management. Attach a current organizational chart of the agency that includes a clear representation of the proposed program.
- 3) Describe the agency's experience in managing government grants.
- 4) Describe the agency's experience providing services to persons living with HIV/AIDS. Include population demographics in the description (age, sex, socioeconomic status, race/ethnicity, etc.).
- 5) Describe the agency's experience with providing services to subpopulations within the HIV/AIDS community (e.g. gay, lesbian, bisexual, transgender, substance users, individuals with mental histories, etc.).
- 6) Describe the agency's capability for collecting and reporting client-level data through computer-based programs.
- 7) Describe the agency's history with working collaboratively with other regional agencies providing services in the targeted geographic area and to persons living with HIV/AIDS.
- 8) Describe how the agency will ensure that staff is culturally competent and are able to respond to the cultural, linguistic and literacy needs of the population(s) being served.

**Section IV: Priority Specific Program Design**

**Maximum Score:**

**40 Points**

- 1) Describe the specific services that will be offered by this program. Indicate whether all proposed program services will be provided directly by the applying agency, or if some of the program services will be provided via subcontracts with other regional service providers.
- 2) Describe where and when (days and hours of program operations) program services will be provided.
- 3) Include how PLWH/A in need of the proposed services will be identified and engaged. Complete *Attachment 4– Table of Service Linkages/MOAs* and attach all corresponding agreements documenting bi-directional linkages/MOAs. (**Letters of support will not be accepted.**)
- 4) Describe the process for the initial and ongoing determination of client eligibility for the proposed services.
- 5) Describe the process to ensure that Part A/MAI funds are the payer of last resort and will not be utilized to make payments for any service that may be reimbursed under any State compensation program, insurance policy, or any Federal or State health benefits program.
- 6) Describe the process for ensuring that PLWH/A receive appropriate and ongoing HIV related medical care and treatment, and other supportive services not provided by this agency and/or program.
- 7) Describe the activities that will remove barriers to accessing program services for PLWH/A.

**2019 Ryan White Part A/MAI Request For Proposals**

- 8) Describe the process for ensuring and maintaining client confidentiality in accordance with Article 27F of the NYS Public Health Law<sup>2</sup>.
- 9) Describe the process for making and receiving timely and appropriate referrals for PLWH/A; and include the activities for tracking and following up on referrals made and received.
- 10) Describe the activities to promote the services of this program within the targeted area(s) and case finding to engage those clients eligible for the program.
- 11) Describe the activities for retaining PLWH/A in services; and what will occur to re-engage those that have fallen out-of-care.

**Section V: Clinical Quality Management Plan and Continuous Quality Improvement**

**Maximum Score:**

**10 Points**

- 1) Provide a brief description of the agency’s quality management plan including: the staff responsible for the development, implementation and monitoring of the program’s quality management plan and program specific CQI projects. Indicate the title(s) of the staff involved and their years of experience in quality assurance activities.
- 2) Describe the agency’s quality improvement plan to evaluate, monitor and adjust the delivery of the proposed program services to ensure the needs of PLWH/A are met. Include specific outcome indicators for the proposed program that will be used to facilitate this.
- 3) Describe the process of involving PLWH/A in the quality improvement plan; and the process for obtaining ongoing client and staff feedback regarding the delivery of program services.

**Section VI: Budget**

**Maximum Score:**

**20 Points**

Complete the budget forms, located in Attachments 5 -5A. Include a brief narrative of each item and the methodology used to determine costs. All costs must be related to the program services in this proposal. ***Personnel services on the budget must be consistent with the staffing described in the program design and summary.*** Please refer to Appendix D (HRSA Policy Clarification Notice 15-01 and corresponding FAQ) for information on direct vs indirect administrative costs and 10% admin cap.

Applicants should submit a 12-month budget. However, please note that the initial funding period will be from June 1, 2019- February 29, 2020 so all awards will be prorated for a 9-month period.

This funding may only be used to expand existing services or create new services for persons living with HIV/AIDS in Nassau and Suffolk counties. These funds **CANNOT** be used to supplant existing funds for currently existing staff and program services. Applicants must indicate other funding sources on the last tab of the Excel budget spreadsheet.

**VIII. PROPOSAL REVIEW AND SELECTION PROCESS**

**A. Review Process**

A total of 100 points are available per proposal. Proposals will be reviewed and evaluated by a Proposal Review Committee jointly convened by the Nassau County Department of Health, and the Suffolk County Department of Health Services.

<sup>2</sup> Appendix D – New York State Confidentiality Law and HIV Public Health Law, Article 27-F Questions and Answers

## 2019 Ryan White Part A/MAI Request For Proposals

The Proposal Review Committee will make recommendations for funding proposals within each county in accordance with the Planning Council's established priorities and amount of funding allocated to each priority. The committee will conduct a vendor integrity due diligence review.

The following process of approval will be followed for **single county proposals**:

- i. The Proposal Review Committee will make recommendations for approval or rejection to the respective Health Commissioner.
- ii. The Nassau County Commissioner of Health will review and approve or reject all recommendations from the review committee for funding or proposals solely within Nassau County.
- iii. The Suffolk County Commissioner of Health will review and approve or reject all recommendations from the review committee for funding of proposals solely within Suffolk County.
- iv. Upon final approval by the Health Commissioners, approved projects will be forwarded to United Way of Long Island to begin the contracting process.

The following process of approval will be followed for **bi-county proposals**:

- i. The Proposal Review Committee will make recommendations for approval or rejection to the Health Commissioners.
- ii. Upon final approval by the Health Commissioners, approved projects will be forwarded to United Way of Long Island to begin the contracting process.
- iii. If one Commissioner rejects a proposal, the reason for rejection will be specified in writing. The proposal will be returned to the Proposal Review Committee for reconsideration. Upon such reconsideration, if the Committee and a single Commissioner continue to approve, an agreement will be made with the Approved Service Provider.
- iv. If both Health Commissioners reject a proposal, it will be rejected with no further consideration.

### **B. Additional United Way Considerations**

United Way of Long Island on behalf of the Nassau-Suffolk EMA, reserves the right to:

1. reject any or all applications received in response to this RFP;
2. withdraw the RFP at any time, at the Grantee's sole discretion;
3. change any of the scheduled dates;
4. make an award under the RFP in whole or in part;
5. award more than one contract per priority area as a result of this RFP;
6. negotiate with applicants responding to this RFP within the requirements to serve the best interests of the EMA;
7. award grants based on geographic considerations to serve the best interests of the EMA;
8. visit an applicant's site in cases in which the agency and its facilities are not familiar to the counties; or in which case the agency is new to the provision of Part A funded programs and services;
9. negotiate with successful applicants within the scope of the RFP in the best interests of the Grantee and EMA; and
10. conduct contract negotiations with the next responsible applicant, should United Way (on behalf of the Grantee) be unsuccessful in negotiating with the selected applicant.

## **IX. GENERAL REQUIREMENTS FOR CONTRACTORS**

### **A. General Specifications**

1. Submission of application indicates the applicant's acceptance of all conditions and terms contained in this RFP, including the terms and conditions of the contract.
2. Contractor will possess, at no cost to the Grantee or United Way, all qualifications, licenses and permits to engage in the required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. An applicant may be disqualified from receiving awards if such applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
4. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Grantee/Recipient and United Way as to all matters arising in connection with or relating to the contract resulting from this RFP.
  - b. In the event the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFP, the Grantee/Recipient (through United Way) shall have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

### **B. Contracting and Reporting**

For agencies awarded contracts as a result of this RFP process, there are several contracting and reporting expectations.

The contractor will submit, to the United Way of Long Island (United Way), all required invoices and reports of expenditures, statistical and narrative reports in the time frames stipulated by the grant.

Where deemed applicable, the contractor agrees to participate in the established and required Management and Information Systems (MIS). This includes, but is not limited to, the following:

- a) The right of access by United Way's staff and/or other authorized individuals involved in the development, implementation and maintenance of the MIS to the contractor's premises, equipment, electronic files, client files, service utilization data and medical records;
- b) Completion of data entry and software upgrades as deemed necessary for reporting requirements;
- c) Compliance with all policies and procedures related to the use of the MIS;
- d) Participation in on-going technical support assistance and training.

The contractor will participate in program evaluations activities as required by the United Way. These activities include, but are not limited to, the collection and reporting of information, and on site monitoring visits to ensure contractual compliance.

The contractor will obtain client authorization to release medical and program records to the United Way, so that the United Way may effectively and efficiently evaluate and audit services. Such authorization may be part of a general release signed by the client.

Providers will be required to use HRSA's software program, CAREWare, to track and report unduplicated client-level demographic, medical and other service data. This requirement applies to all Part A/MAI priorities as RFPs are released. To obtain more information about CAREWare visit <http://www.hab.hrsa.gov/careware>.

**B. Other Requirements**

- Maintain a general ledger in accordance with generally accepted accounting principles for non-profit organizations.
- Participate in the Part A Clinical Quality Management program.
- Submit any and all requested financial information (including: 990's, audited financial statements, A-133 audits, proof of insurance, etc.) in a timely and accurate manner.
- Adhere to the New York State Public Health Law Article 27-F and comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA).
- Coordinate all Part A funded services with other community based HIV/AIDS providers to ensure that a continuum of care is established and maintained.

## **X. Service Category Definitions and Guidance**

### **A. Medical Case Management Services**

**A. Definition of Service (HRSA)**

**Medical Case Management, including Treatment Adherence Services** is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided 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).

Key activities include:

1. Initial assessment of service needs
2. Development of a comprehensive, individualized care plan
3. Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
4. Continuous client monitoring to assess the efficacy of the care plan
5. Re-evaluation of the care plan at least every 6 months with adaptations as necessary
6. Ongoing assessment of the client's and other key family members' needs and personal support systems

## 2019 Ryan White Part A/MAI Request For Proposals

7. Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
8. Client-specific advocacy and/or review of utilization of services
9. In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible 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 Marketplaces/Exchanges).

### *Program Guidance:*

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

### **B. Care and Treatment Goals**

The goal of Ryan White Part A/MAI Medical Case Management in the Nassau-Suffolk EMA is maximize access, engagement and retention in care by decreasing barriers to medical and support services, increasing awareness of treatment options, increasing proportion of clients who have optimal level of ART adherence, and increasing the proportion of clients who are virally suppressed.

#### Objectives:

- ⇒ Connect new, sporadic or out of care clients to HIV primary care services within 60 days of intake/assessment or reassessment.
- ⇒ Maintain client access to medical care for a minimum of two visits per year.
- ⇒ Ensure client viral load and CD4 lab testing at minimum two times per year.
- ⇒ Connect clients with necessary supportive services (directly or through community based case management referrals) within 60 days of intake/assessment or reassessment or within 7 days if crisis related.
- ⇒ Maintain adherence to ARV treatments as prescribed at no less than 95%

### **C. Service Components**

## 2019 Ryan White Part A/MAI Request For Proposals

1. Initial Interview- screening, initial contact
2. Biopsychosocial assessment and follow up assessment
3. Plan of care/treatment (service plan)- Develop service plans with clients that integrate medication and treatment adherence into services
4. Assistance or referral to Benefit/Financial Counseling  
For example:
  - Application for ADAP, Medicaid, NYS Health Exchange Plan
  - Medical portion of disability application
  - Coordinating Care with Insurance Company/HMO
5. Referrals
  - For medical services such as cardiac, ophthalmology, OB/GYN, etc
  - Oral Health Care
  - Substance Abuse Treatment
  - Mental Health
  - Nutrition (including Medical Nutrition Therapy)
  - Community Funded case management and CBO's for assistance with supportive services, food and other daily living needs.
6. Patient Education
  - T-Cells
  - Viral load
  - Other Medically- related issues
  - HIV risk reduction (with written plans for reducing transmission, re-infection, etc.)
  - Nutrition (with referrals to funded Medical Nutrition Therapy programs)
7. Case Coordination with MD, RN, Pharmacist, case conferencing with clinical and ancillary providers
8. Treatment Adherence (How and when to take meds, assessment and assistance with barriers.)

### **Tips for MCM Applicants.**

Strong applications will clearly address:

- How participants are linked with primary HIV medical services. (e.g. Are your medical services provided in an on-site facility? Do you have an MOU or other agreement with a medical provider?)
- How participant engagement in HIV care and treatment will be monitored and tracked (including accessing and documenting viral load, CD4, and ART prescription).
- The process for educating and improving ART adherence among program participants.
- The program's plan and process to address unsuppressed viral load among program participants.

## B. Oral Health Care (OHC)

### **HRSA Service Definition:**

**Oral Health Care Services (OHC):** Oral Health Care Services (OHC) provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

**Note:** Ryan White is payer of last resort. Clients must be assessed for eligibility through other 3<sup>rd</sup> party payers of Oral Health Services (such as Medicaid and other health insurances) and the other 3<sup>rd</sup> party payers must be billed when applicable. *Services that are reimbursable by another 3<sup>rd</sup> party payer can only be covered when they apply to individuals who are RW eligible but not eligible for other 3<sup>rd</sup> party sources.* A client who is eligible for another insurance such as Medicaid may be still be served by Ryan White only if there is clear documentation that the service being provided by Ryan White is not covered by the other payer. Applicants must describe the systems that will be put in place to ensure the payer of last resort requirement is met.

**Care and Treatment Goals:** To provide eligible individuals with Oral Health (OHC) services including diagnostic, preventive, and therapeutic dental care that is in compliance with state dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals. OHC services will be provided in a culturally and linguistically appropriate manner to ensure maintenance in care and adherence to HIV medication regimens. Services target populations that are newly diagnosed/out of care, uninsured, underinsured, and disproportionately impacted by HIV/AIDS in the Nassau-Suffolk Eligible Metropolitan Area (EMA).

### **Program Components:**

- Dental and medical history
- Comprehensive oral evaluation/assessment
- Dental treatment planning
- Phase 1 treatment planning
- Oral health education (including tobacco cessation education)
- Periodontal screening

### **Program Outcomes:**

- OHC clients will have a dental and medical health history (initial or updated) at least once in the measurement year.
- OHC clients will have a periodontal screen or examination at least once in the measurement year.
- OHC clients will have a dental treatment plan developed and/or updated at least once in the measurement year.
- OHC clients will receive oral health education at least once in the measurement year.

### **Indicators:**

- Number of clients with a current dental and health history in patient chart.

## 2019 Ryan White Part A/MAI Request For Proposals

- Number of clients with a periodontal screening in patient chart.
- Current dental treatment plan present in patient chart.
- Documentation of health education discussion in client progress notes.

### **Tips for Oral Health Care Applicants.**

Strong applications will clearly address:

- How participants are linked with primary HIV medical services. (e.g. Are your medical services provided in an on-site facility? Do you have an MOU or other agreement with a medical provider?)
- How participant engagement and retention in oral treatment will be tracked and monitored and barriers addressed.
- Process to ensure that HIV clients are seen in a timely manner.

## **C. Early Intervention Services**

### **Definition of Service (HRSA)**

**Early Intervention Services (EIS)** for Parts A and B EIS must include the following four components:

1. Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
  - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
  - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
2. Referral services to improve HIV care and treatment services at key points of entry
3. Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

*Note: At this time testing, including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures, is not covered under this priority as the EMA has adequate testing resources. However, coordination is expected with testing facilities.*

### **Service Goal**

The primary purpose of this service is to identify those who are unaware of their HIV status and those who are aware and out of care, inform them of their status and services available to them, refer them to the appropriate medical services and ensure they are linked to medical care.

### **Service Components**

In the Nassau-Suffolk EMA, proposals must clearly address each of the four areas: identification, informing, referral and linkage to care to be considered.

## 2019 Ryan White Part A/MAI Request For Proposals

EIS programs must have:

- ⇒ linkages with key points of entry and active relationships/partnerships with counseling and testing providers;
- ⇒ referral services providing access to care; and
- ⇒ health literacy education/training to help clients navigate the HIV/AIDS service delivery system.
- ⇒ Programs may use peers for peer support and mentoring.

Proposals must incorporate all four components of EIS: identifying, informing, referring and linking HIV positive individuals. Applicants should describe in their narratives:

1. the processes that will be used identify and locate individuals at high risk of being HIV+ (including Memorandum of Understanding with key points of entry),
2. how activities will be coordinated with locally funded prevention efforts and programs to ensure appropriate counseling and testing (including maintaining statistics on the number of active targeted outreach events, number referred for testing, number tested positive and number tested negative),
3. referral process for HIV positive and negative individuals (including partner notification and knowledge of resources to help HIV negative individual address barriers to care and remain negative), and the process for ensuring active linkage to care and referrals for HIV positive individuals (including documentation that HIV+ client is retained in primary medical care post-linkage and coordination with Part A MCM programs to transition clients out of EIS).

### **Tips for EIS Applicants.**

Strong applications must include and clearly address all four components of EIS: identifying, informing, referring and linking HIV positive individuals and include:

- Case Finding: The specific processes that will be used to identify and locate individuals at high risk of becoming HIV+ (responsible staff, methods/data/sources used to identify at-risk communities and inform targeted outreach activities.)
- How participants are linked with primary HIV medical services. (e.g. Are your medical services provided in an on-site facility? Do you have an MOU or other agreement with a medical provider?)
- How activities will be coordinated with locally funded prevention efforts and programs to ensure appropriate counseling and testing (including maintaining statistics on the number of active outreach events, number referred for testing, number tested positive and number tested negative)
- Referral process for HIV positive and negative individuals (including partner notification and knowledge of resources to help HIV negative individual address barriers to care and remain negative.

**2019 Ryan White Part A/MAI Request For Proposals**

**Attachment 1**

<p><b>2019 Ryan White Part A/MAI Request For Proposals Cover Page</b></p>
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Agency Name: \_\_\_\_\_

Corporate Name (if different): \_\_\_\_\_

**Part A Priority Area Applying for (separate applications must be submitted for each priority):**

<input type="checkbox"/>	<b>Medical Case Management (Nassau, Suffolk, bi-county)</b>
<input type="checkbox"/>	<b>Oral Health Care (Nassau, Suffolk, bi-county)</b>
<input type="checkbox"/>	<b>Early Intervention Services (Nassau, Suffolk, bi-county)</b>

Indicate if this is a single or joint Proposal:

**Single Proposal**   
  **Joint Proposal** *(lead applicant is the applying agency)*

Indicate if this is a Bi-County or Single County Proposal:

**Bi-County**                     
  **Nassau County**                     
  **Suffolk County**

Total Proposed Units of Service \_\_\_\_\_

Total Projected Number of Unduplicated Clients \_\_\_\_\_

Projected % of Clients from Nassau County \_\_\_\_\_%

Projected % of Clients from Suffolk County \_\_\_\_\_%

**12 Month Annualized Budget Amount: \$** \_\_\_\_\_

**\*Initial Award amounts will be pro-rated to 9 months**

**Requested Budget Items** *(Must match attached budget forms)*

Total Personnel Services		
Total Fringe		
Total Contractual		
Total Equipment		
Total Supplies		
Total Space Costs & Related		
Total Other		
Total Indirect Costs*		
Total Restricted		
<b>TOTAL REQUESTED FUNDS</b>	<b>\$</b>	

\*There is a 10% cap on Ryan White Part A funds used to support indirect costs.

Attachment 2

<b>2019 Ryan White Part A/MAI Request For Proposals Agency Information</b>
--

Agency Name: \_\_\_\_\_

**1. Authorized Representative of the Agency:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. Contact Person regarding this Proposal:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. Racial/Ethnic Composition of the Agency:**

Indicate for each whether the individuals who comprise the below bodies are **more than 50%** racial/ethnic minority.

Governing Board	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Executive Staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Management Staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Line Staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**4. Faith-Based Organization:**

A faith-based organization is one that is owned and operated by a religiously affiliated entity such as a Catholic hospital.

Indicate whether your agency is a faith-based organization:

YES  NO

Attachment 3

**2019 Ryan White Part A/MAI Request For Proposals  
Demographics  
Clients from High Need Communities**

Agency Name:

Complete the below table

<b>Nassau County</b>		
	<b>Zip Code</b>	<b>Percentage of Clients from Each Zip Code Area in Nassau</b>
<b>Projected number of unduplicated clients from Nassau County High Need Communities:</b>  # <input style="width: 80px;" type="text"/>	11042- New Hyde Park	%
	11575- Roosevelt	%
	11550- Hempstead	%
	11553- Uniondale	%
	11520- Freeport	%
	11096- Inwood	%
	11590- Westbury	%
	11561- Long Beach	%
	11542- Glen Cove	%
	11003- Elmont	%
	11020- Great Neck	%
<b>Suffolk County</b>		
	<b>Zip Code</b>	<b>Percentage of Clients from Each Zip Code Area in Suffolk</b>
<b>Projected number of unduplicated clients from Suffolk County High Need Communities:</b>  # <input style="width: 80px;" type="text"/>	11798- Wyandanch	%
	11901- Riverhead	%
	11713- Bellport	%
	11701- Amityville	%
	11980- Yaphank	%
	11770- Fire Island	%
	11717- Brentwood	%
	11722- Central Islip	%
	11950- Mastic	%
	11706- Bay Shore	%
	11772- Patchogue	%
	11726- Copaigue	%
	11951- Mastic Beach	%
11967- Shirley	%	
11968- Mastic	%	

**Source(s):** New York State Department of Health, AIDS Institute, Community Need Index for Nassau-Suffolk Region, 2006 Edition Bureau of HIV/AIDS Epidemiology; 2014 Community Needs Assessment, Suffolk County, 2014-17 Community Needs Assessment, Nassau County.

**2019 Ryan White Part A Request For Proposals  
Table of Service Linkages/Memorandum of Agreements (MOA)**

Agency Name: \_\_\_\_\_

*Complete the below table (Include names and types of agencies that your organization has active linkage or agreements with.)*

AGENCY	TYPE OF AGENCY	YEAR SIGNED
	Emergency Room	
	Substance Use Treatment	
	Detoxification Program	
	Adult Detention Facility	
	Mental Health Program/Facility	
	HIV Disease Counseling & Testing Site	
	Housing Provider	

**Attachment 6**

LETTER OF COMMITMENT FROM EXECUTIVE DIRECTOR OR CHIEF EXECUTIVE OFFICER

(Letter should be placed on agency letterhead)

This letter certifies that I have reviewed and approved the enclosed proposal to United Way of Long Island (technical support agency for the Nassau-Suffolk EMA for Ryan White Part A and MAI funds) for consideration under the Ryan White Part A- Emergency Relief Funding for the provision of \_\_\_\_\_.

I am committed to ensuring that the proposed HIV related services will be provided and that staff will be qualified appropriately trained and have sufficient agency resources to effectively implement the program.

Sincerely,

Executive Director or  
Chief Executive Officer

**Attachment 6.a**

LETTER OF COMMITMENT FROM THE BOARD OF DIRECTORS

(letter should be placed on agency letterhead)

This letter certifies that the Board of Directors of (*agency name*) has reviewed and approved the enclosed proposal to United Way of Long Island (technical support agency for the Nassau-Suffolk EMA for Ryan White Part A and MAI funds) for consideration under the Ryan White Part A- Emergency Relief Funding for the provision \_\_\_\_\_.

We are committed to ensuring that the proposed HIV related services will be provided and that staff will be qualified appropriately trained and have sufficient agency resources to effectively implement the program.

Sincerely,

Chairperson or Designee of the Board of Directors