City of Austin
Austin Public Health
RFP SSAU-2025-003 Ending the HIV Epidemic
Exhibit C - Scope of Work

I. Introduction

The City of Austin (City) seeks proposals in response to this Request for Proposals (RFP) from qualified nonprofit organizations or quasi-governmental entities (Offerors) within the Austin Transitional Grant Area (TGA); which includes Travis, Williamson, Bastrop, Caldwell, and Hays counties; to provide services supporting and streamlining care delivery along the HIV continuum. These services aim to reduce HIV incidence and prevalence among vulnerable populations; and to support linkage to care, care retention, and viral suppression among people living with HIV.

This grant program advances the goals of the Paris Declaration 4.0, which include achieving zero HIV-related stigma and the 95-95-95 targets on the trajectory to zero new HIV infections and zero AIDS-related deaths. The 95-95 targets include: 95% of people living with HIV know their HIV status; 95% of people who know their HIV-positive status on antiretroviral therapy (ART); and 95% of people on ART have suppressed viral loads. The City of Austin signed the Paris Declaration in 2018, and the Paris Declaration 4.0 version in 2022. The City of Austin is one of nearly 500 cities and municipalities worldwide who have signed the Paris Declaration to date.

II. Background and Purpose of Funding

In February 2019, the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) along with several other agencies came together to present the Ending the HIV Epidemic: A Plan for America. The mission of the Ending the HIV Epidemic (EHE) initiative is to provide service agencies with a broader approach to addressing HIV in their communities than existing services authorized by the Ryan White HIV/AIDS Program (RWHAP) legislation. The funding allows recipients to be creative in designing new ways to use these grant funds to end the HIV epidemic in their jurisdictions. This national EHE initiative centers on addressing enduring disparities across HIV care continuum outcomes among priority populations, by developing and implementing innovative strategies supporting the four core pillars, or goals: Diagnose; Treat; Prevent; and Respond.

- **Pillar 1: Diagnose -** Increased routine opt-out HIV screenings in healthcare and other institutional settings; increased local availability of and accessibility to HIV testing services; increased HIV screening and re-screening among persons at elevated risk for HIV
- **Pillar 2: Treat -** Increased rapid linkage to HIV medical care; increased early initiation of ART (Antiretroviral Treatment); increased immediate re-engagement to HIV prevention and treatment services for people living with HIV (PLWH) who have disengaged from care
- **Pillar 3: Prevent -** Increased screening for Pre-Exposure Prophylaxis (PrEP) indications among HIV-negative clients; increased referral and rapid linkage of persons with indications for PrEP; increased access to Syringe Service Programs
- **Pillar 4: Respond -** Increased health department and community engagement for cluster detection and response; improved surveillance data for real-time cluster detection and response; improved policies and funding mechanisms to respond to and contain HIV clusters and outbreaks

III. Funding and Timeline

Available Funding: $800,000

Request Limits: Minimum $50,000, Maximum $250,000 per agency

Anticipated Number of Awarded Agreements: APH anticipates awarding 2 to 5 agreements

Contract term: March 1, 2026 - February 28 2027; with three 12-month renewal options. Agreements awarded with EHE funds through this RFP are subject to the availability of these federal funds. All funding is subject to City Council approval.

IV. Priority Populations

The priority population for this funding is People Living with HIV (PLWH). Additionally, the program prioritizes populations that have demonstrated higher rates of prevalence of HIV, and testing for populations that are at greater risk for acquiring HIV. The only requirement for determining eligibility for service provision are that the individual has a documented HIV diagnosis. Individuals receiving testing are exempt from this requirement. Individuals do not need to meet RWHAP eligibility requirements, including residential requirements. Clients who live outside of the TGA should only be served on a short-term basis.

V. Austin Public Health Emergency Response

All agencies that are awarded funding through Austin Public Health (APH) Requests for Proposals are expected to provide emergency services in the event of a public health emergency (see Sections 8.6 and 8.6.1 of Exhibit E: Standard Boilerplate). Should agencies be called upon to engage in response activities, contract resources may be shifted, or new uses of resources approved within an awarded program budget at the discretion of the City.

VI. Services Solicited

All proposed services must address the following EHE pillars within the Austin Transitional Grant Area:

- **Pillar 2** – **Treat** people living with HIV rapidly and effectively to reach sustained viral suppression.
- **Pillar 4** – **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment to services people who need them.

The following chart includes RWHAP categorical Core Medical Services and Support Services supported by the Ending the HIV Epidemic. For detailed definitions and program guidance for the service types aligned with RWHAP, see HRSA'S Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds as well as APH HIV Recourses Administration Program's (HRA) Rapid stART Standards of Care and the Austin TGA's Standards of Care. *Ineligible services will not be reimbursed.*

Offerors are encouraged to propose delivery of one or more of RWHAP service types, but they are not limited to these service types for this funding. Offerors may also propose innovative services not listed here, under the Initiative Services category. Initiative services are those that do not fit under any of the Ryan White HIV/AIDS Program (RWHAP) categories addressed in PCN #16-02 and offer broader approaches to addressing HIV in their communities than existing services authorized by the RWHAP legislation. Alternatively, Offerors may propose a combination of services aligned with RWHAP and Initiative Services not listed below. Austin Public Health will assess proposed Initiative Services projects for adherence to applicable federal legislation and regulations.

Core Medical Services	Service Unit Definition
AIDS Drug Assistance Program (ADAP) Treatment	Per prescription (not pill or dose)
AIDS Pharmaceutical Assistance (LPAP)	Per prescription (not pill or dose)
Early Intervention Services	Per encounter with client previously unlinked to care (must include all components)
Health Insurance Premium & Cost Sharing Assistance	Per month or Per Payment
Home & Community Based Health Service	Per visit (for professional) or Per unit (for Durable Medical Conditions)
Home Health Care	Per Visit
Hospice	Per Day
Medical Case Management (Incl. Treatment Adherence)	Per 15 Minutes
Medical Nutrition Therapy	Per 15 minutes (for Counseling) or Per transaction (for Supplements)
Mental Health Services	Per Visit
Oral Health Care	Per Visit
Outpatient/ Ambulatory Health Services	Per visit (for medical visits) or Per test (for laboratory visits)
Substance Abuse Outpatient Care	Per Visit

Support Services	Service Unit Definition
Child Care Services	Per Hour
Emergency Financial Assistance	Per prescription (for medication), Per transaction (for utilities), and Per visit (for food)
Food Bank/ Home Delivered Meals	Per visit (for Food Pantry/Voucher Visit) or Per person per meal (for Meals - Congregate or Meals-Home-Delivered)
Health Education/ Risk Reduction	Per 15 minutes
Housing	Per Day
Linguistics Services	Per 15 minutes (for Translation/Interpretation - Interpersonal) or Per transaction (for Translation/Interpretation - Document)
Medical Transportation	Per one way trip (for rideshare), Per voucher (for taxi voucher), Per month (for 31-Day Bus Pass), or Per item (for Metro Access Booklet- which contains 10 rides)
Non-Medical Case Management Services	Per 15 Minutes
Other Professional Services	Per Hour
Outreach Services	Per encounter with client previously unlinked to care
Psychosocial Support	Per 15 Minutes
Referral For Health Care Supportive Services	Per Referral
Rehabilitation Services	Per Visit
Respite Care	Per Hour
Substance Abuse-residential	Per Day
Peer Support	Per Encounter

VII. EHE Requirements and Principles of Service Delivery

EHE Requirements
Contracts awarded through this solicitation will contain EHE requirements listed here below.

1. Service types aligned with RWHAP must be an allowable use per HRSA's PCN #16- 02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.

2. Service types aligned with RWHAP must comply with Austin HIV Planning Council's RWHAP Service Standards. For proposed Initiative Services, APH will negotiate the relationship to RWHAP Service Standards upon award.

3. All EHE awardees will be required to implement Part A National Monitoring Standards: Universal Standards, Part A Program Monitoring Standards, and Part A Fiscal Monitoring Standards. These standards can be accessed online at Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients

4. All EHE awardees will submit the Ryan White Services Report (RSR), which captures information necessary to demonstrate program performance and accountability. EHE awardees will submit required, specific client-level data for Calendar Years 2026-2027 (by year), using Provide Enterprise, or its successor. Special Note: Provide Enterprise data required of ALL providers will include tracking of clients and services including but not limited to Primary Medical Care Name; Primary HIV Care Source, Primary HIV Care Name, and Date of Last HIV Care Visit that cannot be client self-report. For additional information about the RSR, refer to the HIV/AIDS Program Client Level Data website at Ryan White HIV/AIDS Program Services Report (RSR).

5. Culturally and Linguistically Appropriate Services (CLAS) Standards 4, 5, 6, and 7 are current Federal requirements for all recipients of Federal funds. In the Austin TGA, all EHE awardees will be required to comply with all 15 CLAS Standards to promote communication that addresses cultural competency, limited English proficiency, and health literacy in delivering quality services effectively to diverse populations.

6. All EHE awardees will be required to participate in the Clinical Quality Management Committee, in HIV needs assessments, client satisfaction surveys, cost per unit of service studies, training, and community planning meetings or retreats as required by APH.

7. All EHE awardees must provide staff training on Standards of Care related to their positions within ninety (90) days of written notification of Standards of Care, within thirty (30) days of a new employee hire date, and at least annually thereafter for all relevant staff.

8. All EHE awardees will adhere to the Austin TGA Client Grievance Policy and Procedures as designated by the APH.

9. Contractors' Client Grievance Policy and Procedures will be available in both English and Spanish and posted in a public area that is accessible to clients.

10. Offerors are prohibited from billing for the same service category, provided on the same date of service, with different grant funds. For example, if an Offeror has EIS funding in Ryan White Part A and EIS funding in Ending the HIV Epidemic, they must choose only ONE funding source for a provided service on a given date.

11. EHE must also be the *payor of last resort*.

Principles of Service Delivery

1. Trauma-Informed Practices: Successful offerors will apply the principles of trauma-informed practice to program and service delivery: safety, choice, collaboration, trustworthiness, and empowerment.

2. Language Access Plan: Offerors will be in the development of or already have developed a Language Access Plan. A language access plan is a document that guides the implementation of or plan to provide access to translation and interpretation services. Language access plans include a four-factor assessment that links service provision with the languages spoken in a grantee's geographic service area. Language access services, such as interpretation and translation, including sign language interpretation, are eligible expenses for program budgets funded through this solicitation. Please refer to Form 3 – Program Budget Narrative and Funding Summary within the Instructions tab for information on which budget categories would include such expenses.

3. Data Sharing Agreement: All approved offerors are required to share all funded data. Business Associate Agreements will be included in the contract and all approved offerors will be required to sign as part of the contract.

4. Referrals: Offerors should offer access to referrals and information on how to access other aligned services and providers.

5. Program Accessibility: Programs should actively seek to eliminate barriers to services such as lack of transportation, limited communication and outreach, immigration documentation status, institutional barriers, and other restrictions.

6. Equitable Service Delivery: Offerors must ensure that programs provide services that meet the needs of diverse populations, considering systemic, institutional, and environmental barriers and inequities and seeking to mitigate their effects on participant outcomes.

7. Evidence-based Practices: Evidence-based practices are those which have been developed from research, are found to produce meaningful outcomes, can be standardized, and replicated, and often have existing tools to measure adherence to the model. The Offerors are encouraged to use evidence-based practices in their proposed program designs.

8. Incorporating Perspectives from People with Lived Experience: Programs should be designed with input from individuals with lived expertise.

9. Livable Wage: Agencies should describe their approach to paying competitive salaries and compensation strategies to promote a livable wage in Austin.

10. Collaboration with the Community: Successful candidates will participate in local working groups and engage with community stakeholders.

VIII. Performance Measures and Reporting

If Offerors awarded funding through this solicitation also receive funding from other City, State, or Federal grants, each funding type must either fund services to different clients, provide different services to the same clients across each funding type, or provide the same services but during different dates and times. Different funding types cannot provide the same services to the same clients at the same time.

Client Enrollment

To enroll a client in EHE, so that the client is eligible to receive services, an EHE Enrollment must be completed in HRA's iteration of Provide Enterprise, before services are provided, with the possible exception of Early Intervention Services (EIS) until the client is linked to care.

All agencies will be required to report on the following output:

Total Number of Unduplicated Clients (UDC) and Units of Services (UOS) Served on a monthly and year to date (YTD) basis.

Additional Outputs and Outcomes:

Agencies providing service types aligned with RWHAP will also be required to report outputs and outcomes specific to the services they provide, as described in the APH HIV Resources Administration Program's Austin HIV Services Performance Catalog. Refer to this catalog for specific definitions, target rates, and other key details and see Form 2-Proposal for instructions on describing output and outcomes.

Initiative Services outputs and outcomes are subject to APH approval and will be negotiated upon award.

EHE Reporting Requirements

The following reports, with documentation from HRA's iteration of Provide as requested by APH, will be required for all awardees in the Austin TGA:

- Ryan White Services Report (RSR)
- Monthly Status Reports: includes outputs - Actual Units of Service and Unduplicated Client Count – for each month compared to goal as well as year to date (YTD) progress.
- Monthly Financial Status Report (Spreadsheet)

- Quarterly Reports: Outcome reports (contractual performance measurements progress compared to goad as well as YTD progress)
- Close Out Report
- Variance Report on a monthly basis if there are any variances out of range
- Clinical Quality Management Performance Measurements on a quarterly basis
- Mid-Year Spending Plan
- For funded services, the direct cost of services provided to the client must be entered or imported into Provide Enterprise to allow the Administrative Agent the ability to complete the Women, Infant, Children, and Youth (WICY) report. (Indirect and direct costs can be submitted with claims and financial reports).

IX. Application Evaluation

A total of 100 points may be awarded to the application. All applications will be evaluated as to how the proposed program aligns with the goals of this RFP and whether each question has been adequately addressed.

RFP 2025-003 Ending the HIV Epidemic Rubric		
Form 1: Offer Sheet	Offerors must print, sign, scan and upload signed forms.	No points, but Offeror must submit signed form.
Form 2: RFP Proposal		
Part I: Fiscal and Administrative Capacity	Agency Information	No points awarded, but Offeror must pass threshold defined in Offeror Minimum Qualifications in C - Scope of Work.
Part 2: Scored Proposal		
Section 1: Experience and Cultural Competence	Agency Experience & Performance Principles of Service Delivery Cultural Competence & Racial Equity	**20 points**
Section 2: Program Design	Program Work Statement Goals and Objectives Clients Served Outreach Program Services and Delivery Program Accessibility Referrals Evidence Based Practices Collaboration with Community	**45 points**
Section 3: Data Informed Program Management	Data Security & Systems Management Quality Improvement & Feedback Performance Measures	**25 points**

Section 4: Cost Effectiveness **Form 3**	Program Staffing & Time Program Budget & Funding Summary Cost Effectiveness & Number of individuals served/ total budget = Cost Analysis	**10 points**
		Total: 100 points
Form 4: COA Certifications and Disclosures	Offerors must print, sign, scan and upload signed forms.	No points, but Offeror must submit signed form.

X. Offeror Minimum Qualifications

Standard APH Social Services Offeror Qualifications:

- Agencies, board of directors, or leadership staff submitting a proposal must have a minimum of two years established, successful experience providing HIV care services.
- Be a non-profit organization or quasi-governmental entity able to conduct business in the State of Texas and legally contract with APH.
- Have submitted all applicable tax returns to the IRS and the State of Texas (e.g., Form 990 or 990-EZ and state and federal payroll tax filings).
- Be eligible to contract and are not debarred from contracting with the City of Austin, State of Texas and Federal government, according to SAM.gov, and State and City Debarment information.
- Be current in its payment of Federal and State payroll taxes.
- Not owe past due taxes to the City of Austin.
- Have the ability to meet APH's standard agreement terms and conditions, which include Social Services Insurance Requirements.
- Have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget. The Board of Directors shall have a strong commitment to fundraising to ensure well-funded, sustainable programs and operations.

EHE Offeror Qualifications:

- Awarded agencies must adhere to requirements for clinical quality management (CQM) detailed in HRSA'S HIV/AIDS Bureau Clinical Quality Management Policy Clarification Notice 15-02.
- Organizations funded to provide EHE services must also meet the following criteria:
    - Are in the Austin TGA and near the prioritized community they intend to serve.
    - Have a documented history of providing services to prioritized communities.
    - Have documented success in reaching prioritized populations so that they can help close the gap in access to service for highly impacted minority communities.
    - Provide services in a manner that is culturally and linguistically appropriate.
    - Demonstrate an integrated understanding of the importance of cross-cultural and language appropriate communications and general health literacy issues.

- Demonstrate how organization will develop the skills and abilities needed by HRSA-funded providers and staff to effectively deliver the best quality health care to the diverse populations being served.
- Will develop and implement program activities to engage the identified EHE populations.

XI. Application Format and Submission Requirements

See Exhibit B: Solicitation Provisions, and Instructions for all requirements. The Application must be submitted in the PartnerGrants database. No late submissions will be accepted. Responses should be included for each question.

Please note: Only name your uploaded documents with letters and numbers. To reduce possible submission and/or review delays, please ensure any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

Offerors Initial Steps: Registration

1. Confirm your organization is a registered vendor with the City of Austin.
   - To find the City of Austin Vendor Number please visit Austin Finance Online and search for the organization's legal name.
   - To register to become a potential City of Austin vendor, go to Austin Finance Online to register.

2. Be a registered user in the PartnerGrants system, which is where proposals will be submitted.
   - To register, visit PartnerGrants and click on "Register Here."
   - Note that the organization's City of Austin Vendor number is required to complete registration in PartnerGrants.
   - Registration is typically approved within 2 business days. Please plan ahead when registering so that you're able to meet solicitation due dates.

Offeror Initial Steps: Pre-Application

3. Complete an Annual Agency Threshold Application in the PartnerGrants database.
   - This form must be submitted once every 12 months and remains valid for all competitions closing within that time period. APH staff will review the threshold application, and the agency will be notified once it is approved.
   - Once logged into PartnerGrants, click on "Opportunity" and then the opportunity title "Annual Agency Threshold Application-Applicants for Funding Start Here" to complete a new threshold application.
   - Submit one per agency every 12 months and note the submission date for future use.
   - Note – The threshold application must be submitted prior to the Intent to Apply

4. Complete an Intent to Apply form for the proposal the offeror plans to submit by the due date identified in Form 1 – Offer Sheet.

- Once logged into PartnerGrants, click on “Opportunity” and then opportunity title “SSAU-RFP-2025-003-HRSA-Ending the HIV Epidemic” and complete an Intent to Apply form, including a Threshold Certification verifying completion of Step 3 above.
- Each Offeror may only submit one proposal for this solicitation.