



Request for Application (RFA)
Ryan White Part B Emergency Financial Assistance Services

| Item | Description |
|---|--|
| Issued By | Mississippi State Department of Health (MSDH), Ryan White HIV/AIDS Program Part B |
| Total Amount Available | \$600,000/year |
| Deadline to Apply | 01/24/2025 at 5:00 pm Central Standard Time (CST) |
| Deadline for Questions | 01/10/2025 at 5:00 pm CST |
| Deadline for Required Letter of Intent to Apply | 01/17/2025 at 5:00 pm CST |
| Submit Questions to | Smartsheet Form for Questions Only Electronic Submissions Accepted No Paper Copies |
| Submit Letter of Intent to Apply to | Smartsheet Form for Letter of Intent Only Electronic Submissions Accepted No Paper Copies |
| Submit Final Application to | Smartsheet Form for Final Applications Only Electronic Applications Accepted No Paper Copies |

SPECIAL INSTRUCTIONS:

Eligible entities are 501(c)(3) non-profit organizations, for-profit corporations, quasi-governmental/quasi-public organizations, and government entities.

The following are interchangeable: Mississippi State Department of Health, Department for Public Health, Ryan White Part B Program

The following are interchangeable: Application, Proposal, Response, Application Proposal

The Mississippi State Department of Health reserves the right to waive minor informalities and/or request clarifications from applicants.

TABLE OF CONTENTS

Contents

| | |
|--|-----------|
| TABLE OF CONTENTS | 2 |
| GENERAL INFORMATION | 3 |
| I. ANNOUNCEMENT..... | 3 |
| A. <i>Geographic Areas</i> | 3 |
| B. <i>Background</i> | 3 |
| C. <i>Service Definition</i> | 4 |
| D. <i>Eligible Applicants</i> | 4 |
| E. <i>Funding Period</i> | 5 |
| F. <i>Supported Activities and Services</i> | 5 |
| G. <i>Award</i> | 6 |
| II. CONTACTS..... | 6 |
| <i>Program Contact</i> | 7 |
| III. FORMAT..... | 7 |
| A. <i>Formatting</i> | 7 |
| B. <i>Schedule</i> | 7 |
| C. <i>Inquiry Procedures</i> | 7 |
| D. <i>Letter of Intent</i> | 7 |
| E. <i>Pre-Submission Conference</i> | 8 |
| SCOPE OF SERVICES | 8 |
| I. DEPARTMENT OVERVIEW..... | 8 |
| II. PROGRAM OVERVIEW..... | 8 |
| III. APPLICATION REQUIREMENTS (PAGE GUIDELINES SET MAXIMUM LENGTHS)..... | 8 |
| A. <i>Application Cover Letter (up to 1 Page)</i> | 8 |
| B. <i>Applicant Description (up to 1 Page)</i> | 8 |
| C. <i>Service Methodology (up to 1 pages)</i> | 9 |
| D. <i>Staffing Plan (up to 1 pages)</i> | 9 |
| E. <i>Budget Expectations (No page limits)</i> | 9 |
| F. <i>Audited Financial Statements (No page limits)</i> | 10 |
| IV. SUCCESSFUL APPLICANT REQUIREMENTS..... | 10 |
| A. <i>Agreement Management/Data Reporting</i> | 10 |
| B. <i>Data Reporting</i> | 10 |
| C. <i>Program Monitoring</i> | 10 |
| IV. PROPOSAL SUBMISSION OVERVIEW..... | 10 |
| A. <i>Submission Format Information</i> | 10 |
| V. EVALUATION OF PROPOSALS..... | 11 |
| A. <i>Evaluation Process</i> | 11 |
| APPENDIX | 12 |
| I. ABBREVIATIONS / ACRONYMS / DEFINITIONS..... | 12 |
| II. SERVICE UNIT DEFINITION..... | 12 |

GENERAL INFORMATION

I. ANNOUNCEMENT

Ryan White Part B Support Services

The Mississippi State Department of Health (MSDH), Ryan White Part B Program (RWPB) is pleased to announce up to \$600,000 available in funding for the provision of emergency financial assistance (EFA) services to support persons with HIV in Mississippi who are eligible for Ryan White Part B services. MSDH will fund up to one (1) qualified organization to coordinate with Ryan White providers statewide to implement EFA services.

EFA services will be provided in conjunction with other RWPB core medical and support services offered across the nine (9) Mississippi Public Health Districts (*displayed below*):

A. Geographic Areas

| Regions | District | Counties | Persons with HIV | % of Persons with HIV |
|---------|-------------------------|--|------------------|-----------------------|
| North | D-1 (Northwest) | Quitman, Yalobusha, Tallahatchie, Tate, Tunica, Panola, Grenada, Coahoma, Desoto | 947 | 10% |
| | D-2 (Northeast) | Tishomingo, Prentiss, Benton, Pontotoc, Tippah, Union, Itawamba, Alcorn, Marshall, Lafayette, Lee | 701 | 7% |
| | D-3 (Delta/Hills) | Humphreys, Montgomery, Carroll, Attala, Holmes, Leflore, Bolivar, Sunflower, Washington, Humphreys | 755 | 8% |
| Delta | D-4 (Tombigbee) | Choctaw, Calhoun, Noxubee, Chickasaw, Winston, Monroe, Clay, Oktibbeha, Lowndes, Choctaw, Calhoun, Noxubee, Chickasaw, | 522 | 5% |
| Central | D-5 (West Central) | Issaquena, Sharkey, Webster, Claiborne, Simpson, Copiah, Yazoo, Warren, Madison, Rankin, Hinds | 3409 | 35% |
| | D-6 (East Central) | Kemper, Smith, Newton, Jasper, Leake, Neshoba, Clarke, Scott, Lauderdale | 704 | 7% |
| South | D-7 (Southwest) | Franklin, Jefferson, Wilkinson, Amite, Walthall, Lawrence, Lincoln, Adams, Pike | 507 | 5% |
| | D-8 (Southeast) | Perry, Jefferson Davis, Wayne, Lamar, Covington, Marion, Greene, Jones, Forrest | 955 | 10% |
| | D-9 (Coastal Plains) | George, Stone, Hancock, Pearl River, Jackson, Harrison | 1258 | 13% |

B. Background

The Health Resources and Services Administration's (HRSA) RWPB provides grants to states and territories to improve the quality, availability, and organization of HIV health care and support services.

The Mississippi State Department of Health receives RWPB funding to coordinate and provide HIV treatment services needed by people with HIV across the state. In addition to the resources available through the RWPB grant, further funds for this RFA are available through program income generated by billing third-party insurance for medications purchased at 340B pricing.

C. Service Definition

The intent of this request for applications is to identify one (1) entity to provide an efficient, statewide system for rendering EFA services to address RWPB client emergency needs. EFA provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes.

EFA must occur as a direct payment covering allowable costs associated with client financial support needs to an external agency or through a voucher program. Direct cash payments to clients are not permitted. The funded entity shall establish service caps and/or other systems and policies to prevent continuous provision of EFA services to a single RWPB client. Provision of EFA should be part of a larger plan to address barriers to HIV care and positive health outcomes. Therefore, EFA is a collaborative effort between case managers and the EFA provider.

D. Eligible Applicants

Eligible applicants include the following:

- For-profit corporations
- Community-based organizations
- Academic institutions
- HIV service organizations
- Social service organizations
- Federally Qualified Health Centers
- Community Health Centers
- Faith-based organizations
- Other eligible non-profit health/service applicants

All applicants are required to submit a comprehensive application that clearly outlines how they will provide statewide coordination of services, working with Ryan White funded agencies. To qualify for this award, applicants must have the following minimum qualifications:

- Applications must be complete and comply with all requirements specified in the RFA.
- Be in good standing with the Department and have no long-standing, significant unresolved issues on current or prior agreements with MSDH.
- Financial resources and systems to process an application and respond with vendor payment within 72 hours of receipt of the approved application.
- Documented ability to execute the proposed plan of service delivery, including accounting and financial reporting systems and sound fiscal stability.
- Sufficient experienced staff, or the ability to hire qualified personnel and/or subcontract for services; to execute the proposed plan of service delivery.
- Demonstrated experience managing financial services.

- Computer resources to utilize HRSA's web-based CAREWare¹ Data collection system.

Any proposal or proposing entity not meeting these minimum requirements shall be removed from further review.

Activity and Approach

RWPB will create a formal subrecipient agreement to provide direct funding to the organization that will provide this service.

E. Funding Period

The period of performance shall be from April 1, 2025 – March 31, 2026. There will be an additional four (4) option years following this initial period of performance, and applicants will be funded for option years based on funding availability, outcomes achieved, and statewide needs assessment.

F. Supported Activities and Services

The award of any subrecipient agreement pursuant to this RFA is contingent upon RWPB funding and program income available to the Department.

Services

MSDH intends to identify one (1) subrecipient with operational capabilities to perform the following:

1. Develop an application and protocols for Ryan White case managers to utilize in seeking emergency funds to address financial needs of clients they serve.
2. Develop, implement, and/or maintain a comprehensive tracking system that documents a client's EFA application status from start to finish (i.e., incomplete draft, complete, submitted, pending, approved, denied, error, etc.).
3. Train and support Ryan White case managers on steps to appropriately complete and submit the application for EFA.
4. Provide a secure and encrypted portal for Ryan White case managers to submit the EFA application and all required supporting documentation.
5. Receive all applications for EFA, review application for completeness and validity, and ensure that the request is for eligible services per HRSA HAB PCN 16-02 and within any other MSDH guidelines.
6. Coordinate with Ryan White case managers to provide clear documentation when an application has deficiencies to address all deficiencies.
7. Provide payment to the designated vendor within 72 hours once the application has been approved.
8. Establish protocols and systems to communicate application status at each stage with the case manager who submitted the application.

Performance Requirements

The successful applicant must be able to:

- Maintain client records that document for each client:
 - Client eligibility and need for EFA

¹ CAREWare is a free, electronic health and social support services information system for HRSA's Ryan White HIV/AIDS Program recipients and applicants. More information can be found at: <https://ryanwhite.hrsa.gov/grants/manage/careware#:~:text=CAREWare%20is%20a%20free%2C%20electronic,and%20first%20released%20in%202000.>

- Types of EFA provided
- Date(s) EFA was provided
- Method of providing EFA

- Maintain and make available to MSDH program documentation of assistance provided, including:
 - Number of RWPB clients and amount expended for each type of EFA
 - Summary of the amount (in dollars) of EFA services received by client
 - Methods used to provide EFA (e.g., payments to agencies, vouchers)

- Provide assurance to MSDH that all EFA executed:
 - Was for allowable types of assistance
 - Was used only in cases where Ryan White was the payer of last resort
 - Met MSDH specified limitations on amount and frequency of assistance to an individual client
 - Was provided through allowable payment methods

See HRSA's Ryan White policy update [PCN 16-02](#) for a summary of allowable and unallowable uses of funding per service category.

Performance Measures

Successful applicants must be able to document and track the following:

- Percentage of RWPB clients with documentation of determination of EFA needs
- Percentage of RWPB clients with documentation emergent need, other resources pursued, and outcome of EFA provided
- Percentage of clients with documentation of resolution of the emergency status and referrals made (as applicable) with outcome results
- Average processing time from receipt of EFA application to payment/dispersion of EFA funds

G. Award

The selected awardee will be notified via email regarding MSDH's intent to award for the distribution of funds.

MSDH will establish a subrecipient agreement with the selected awardee, outlining the expectations and establishing the reimbursement schedule.

II. CONTACTS

Official Contact. The Department has designated the individual below as the Official Contact for purposes of this RFA. The Official Contact is the **only authorized contact** for this request and, as such, handles all related communications on behalf of the Department. Applicants, prospective applicants, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFA is strictly prohibited. Applicants or prospective applicants who violate this instruction may risk disqualification from further consideration.

Program Contact

Name: Kendra Johnson, Director of Communicable Diseases
Address: Mississippi State Department of Health
P.O. Box 1700
Jackson, MS 39215

To Submit Questions: <https://app.smartsheet.com/b/form/d317a49eaba743d984712d8f47129f23>

III. FORMAT

A. Formatting

- Proposal should be double-spaced using Arial, Calibri, or similar 12-point sans-serif style font.
- No less than 1" top, bottom, left and right margins.
- Proposal should not exceed outlined page limitations, excluding the cover letter and budget template.
- Each component should be clearly labeled and numbered accordingly.
- Failure to include any of the components below may deem your application non-responsive.

B. Schedule

See below. Dates after the due date for proposals ("Proposals Due") are non-binding target dates only. The Department may amend the schedule as needed and make any amendments publicly available via the agency's website.

- **RFA Released:** January 3, 2025
- **Deadline for Questions:** January 10, 2025, by 5:00pm CST
- **Answers Released:** January 13, 2025
- **Required Letter of Intent Due:** January 17, 2025, by 5:00pm CST
- **Proposals Due:** January 24, 2025, by 5:00 PM CST
- **Anticipated Announcement of Award:** February 03, 2025
- **Start of Agreement:** April 1, 2025

C. Inquiry Procedures

All questions regarding this RFA must be directed, in writing, electronically to this [Smartsheet form](#) before the deadline specified in the Schedule. Early submission of questions is encouraged. Questions will not be accepted or answered verbally, in person, or over the telephone. All questions relevant to the RFA or submission process that are received prior to the deadline(s) will be answered.

The Department will not answer questions when the source is unknown (i.e., anonymous questions). Questions deemed unrelated to the RFA, or the submission process will not be answered. The Department may combine similar questions and give only one answer. All questions (received by the published deadline) and answers will be compiled into a written amendment to this RFA. If any answer to any question constitutes a material change to the RFA, the question and answer will be placed at the beginning of the amendment and noted as such.

D. Letter of Intent

A Letter of Intent (LOI) is required to apply for this RFA. The LOI is non-binding and does not obligate the

sender to submit a proposal. The LOI must be submitted via [Smartsheet form](#) by the deadline established in the Schedule. The LOI must clearly identify the sender, including the applicant organization's name and postal address, and name, telephone number, and email address of the applying point of contact for the organization.

E. Pre-Submission Conference

A pre-submission conference will not be held to answer questions from prospective applicants.

SCOPE OF SERVICES

I. DEPARTMENT OVERVIEW

MSDH is responsible for developing and operating state public health programs and activities for individuals in Mississippi. MSDH's mission is to protect and advance the health, well-being, and safety of everyone in Mississippi.

The Ryan White Part B Care and Treatment Division provides a comprehensive system of care that includes primary medical care, insurance assistance, medications and essential support services for people living with HIV who are uninsured or underinsured.

II. PROGRAM OVERVIEW

The Mississippi State Department of Health administers Ryan White Part B funding to provide essential HIV care services for individuals living with HIV/AIDS in Mississippi. RWPB funds services to individuals with HIV based on income eligibility, with priority given to those out of medical care, or medically underserved low-income individuals with HIV. To do this, the RWPB program partners with Mississippi community-based organizations, HIV service organizations, Federally Qualified Health Centers, Community Health Centers, local health departments, and other eligible health applicants to deliver services to individuals.

III. APPLICATION REQUIREMENTS (page guidelines set maximum lengths)

A. Application Cover Letter (up to 1 Page)

The purpose of this subsection is to provide an overview of the proposal. Applicant should detail:

- Name of the organization
- Physical address
- Telephone number
- Email address
- Contact person
- Legal standing as an entity

The cover should be signed by an organizational representative who is authorized to enter into a legally binding agreement with the state.

B. Applicant Description (up to 1 Page)

Purpose, Mission, Vision, and History of Organization

The applicant must provide a brief overview of the history and structure of the organization including current services provided and number of clients served. The applicant should also submit their most recent financial statement as **Attachment A** to document their fiscal solvency and cash reserves to make rapid payment of EFA.

Entity Type (non-profit, etc.) / Years of Operation

The applicant must indicate entity type and years of operation.

Location of Service(s) and Hours of Operation

The applicant must detail all locations where services will be provided and hours of operation, including nontraditional locations and hours.

Accreditation / Certification / Licensure (if applicable)

Please define any organizational accreditations, certifications, or licensure.

C. Service Methodology (up to 1 pages)

Please detail the following:

- A detailed description of the applicant's approach to conducting EFA as outlined in Section I, paragraph F;
- The timeline for service implementation and key year 1 milestones;

D. Staffing Plan (up to 1 pages)

All proposals must address or comply with the following staffing specifications:

Staffing Requirements

- The applicant must detail the job titles and number of FTE to be hired or assigned (e.g. 1 FTE Application Administrator);
- The applicant must describe the minimum educational requirements, minimum experience requirements, and any applicable credentials/licensure for all staff funded through this program.
- The applicant must describe the administrative structure of the organization and how they will provide oversight of program operations.
- Resumes must be provided as **Attachment B** for all existent staff to be assigned to this program as an attachment. This will not count against page limitations. The profile of staff who will be working in this program must be clear with adequate time allocated to manage the services to be provided.

Subcontractors

- No subcontract organizations are permitted.

E. Budget Expectations (No page limits)**Budget Narrative and Budget**

The proposal must contain an itemized budget of \$600,000 using the approved budget template with justification for each line item on the budget forms.

- i. All costs must be included in the proposal including any application processing fees and amount proposed to be available for EFA grants after the payment of processing, administrative, and program expenses.
- ii. The maximum amount allowable for indirect/administrative costs is 10% of direct costs.
- iii. The State of Mississippi is exempt from the payment of excise, transportation and sales taxes

imposed by the Federal and/or State government. Such taxes must not be included in agreement prices. Applicants must be tax exempt and not rely on the State's exemption status or be prepared to not receive reimbursement for taxes.

- iv. The proposed budget is subject to change during the award negotiations based on availability of funds, service allocation recommendations by district service areas.

F. Audited Financial Statements (No page limits)

The applicant must also define fiscal stability as indicated in the organization's last two years of most recent annual audited financial statements, this includes auditor management letter and corrective action plan if applicable.

IV. SUCCESSFUL APPLICANT REQUIREMENTS

A. Agreement Management/Data Reporting

The successful applicant will be required to comply with expectations set by MSDH, this includes submission of monthly financial expenditure reports with backup documentation, monthly data reports, quarterly narrative program reports, monitoring subrecipient programmatic performance, annual HRSA compliance site visits, quarterly site visits, and other programmatic reporting in collaboration with MSDH staff.

B. Data Reporting

The successful applicant will be required to collect and submit triannual aggregate service data report, HIV clinical data, clinical quality management (CQM) and core medical and support services data to MSDH and HRSA.

C. Program Monitoring

The successful applicant will be required to establish policies and procedures to monitor programmatic and fiscal compliance with HRSA's National Monitoring Standards, Ryan White Part B Standards of Care (SOC), and MSDH requirements. The successful applicant will be required to implement the RWPB program monitoring tools, this includes fiscal, programmatic, and annual comprehensive site visit to subcontractors. (Guidance will be provided).

IV. PROPOSAL SUBMISSION OVERVIEW

A. Submission Format Information

1. Complete and sign Cover Letter in PDF format as RWPB FY26 Cover Letter [your organization name]
 - Example: *RWPB FY26 Cover Letter Acme Association.pdf*
2. Save the Responses in PDF format as RWPB FY26 Responses [your organization name]
 - Example: *RWPB FY26 Responses Acme Association.pdf*
3. Save the Budget Template in PDF format as RWPB FY26 Budget [your organization name]
 - Example: *RWPB 26 Budget Acme Association.pdf*
4. Submit all proposal elements in a *single submission* to the [Smartsheet form](#).

- The applicant’s name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

V. EVALUATION OF PROPOSALS

A. Evaluation Process

Qualified internal MSDH reviewers will evaluate applications using the criteria outlined in the RFA.

Evaluation Criteria (and Weights)

Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals.

| EVALUATION CRITERIA | POINTS AVAILABLE |
|--|------------------|
| APPLICANT DESCRIPTION | 15 |
| The extent to which an applicant clearly describes its: <ul style="list-style-type: none"> Purpose, mission, vision, and history Entity types and years of operation Location of services and hours of operation Accreditation/certification/licensure (if applicable) | |
| SERVICE METHODOLOGY | 40 |
| The extent to which the applicant describes: <ul style="list-style-type: none"> Its approach to conducting EFA as outlined in Section I, paragraph F; The timeline for service implementation and key year 1 milestones. | |
| STAFFING PLAN | 15 |
| The extent to which the applicant clearly describes: <ul style="list-style-type: none"> The job titles and number of FTE to be hired or assigned (e.g. 1 FTE Application Administrator); The minimum educational requirements, minimum experience requirements, and any applicable credentials/licensure for all staff funded through this program; The administrative structure of the organization and how they will provide oversight of program operations; Resumes that clearly describe proposed staff qualifications. | |
| BUDGET AND BUDGET NARRATIVE | 30 |
| The extent to which the applicant clearly details: <ul style="list-style-type: none"> All costs to be included in the proposal including any application processing fees and amount proposed to be available for EFA grants after the payment of processing, administrative, and program expenses. | |

APPENDIX

I. ABBREVIATIONS / ACRONYMS / DEFINITIONS

| | |
|--------|---|
| BFO | Best and Final Offer |
| Client | Individual who is HIV Positive |
| EFA | Emergency Financial Assistance |
| FPL | Federal Poverty Level |
| HRSA | Health Resources and Services Administration |
| KADAP | Mississippi AIDS Drug Assistance Program |
| LOI | Letter of Intent |
| MCM | Medical Case Management/Medical Case Managers |
| MOA | Memorandum of Agreement |
| MOU | Memorandum of Understanding |
| PHS | Public Health Services |
| PLWH | Person Living with HIV |
| RFA | Request for Application |
| RW | Ryan White |
| RWHAP | Ryan White HIV/AIDS Program |
| SCSN | Statewide Coordinated Statement of Need |

Subrecipient: a private provider organization, MS State agency, or municipality that enters a subgrant agreement with the Department as a result of this RFA.

Applicant: a private provider organization, MS State agency, or municipality that has submitted a proposal to the Department in response to this RFA. This term may be used interchangeably with respondent throughout the RFA.

Prospective applicant: a private provider organization, MS State agency, or municipality that may submit a proposal to the Department in response to this RFA but has not yet done so.

Subcontractor: an individual (other than an employee of the contractor) or business entity hired by a subrecipient to provide a specific health or human service as part of an agreement with MSDH as a result of this RFA.

II. SERVICE UNIT DEFINITION

| Service Category | Definition | Unit of Service | Examples of Allowable Services |
|---------------------------|---|--|--|
| Support Services | | | |
| Emergency Financial Asst. | Provides limited one-time or short-term payments to assist the RWAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportations, and medication. | 1. Occurrence of Payment 2. Service Encounter | <ul style="list-style-type: none"> Short-term payments to agencies Establishment of voucher programs <p>Note:</p> <ul style="list-style-type: none"> Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance. |