Boston Public Health Commission
Infectious Disease Bureau
Ryan White Services
Ryan White Request For Proposal (RFP) FY 25 – 27

In a review of the published Ryan White RFP in October, the Client Services team deemed additional detail necessary regarding applying for a Case Management or Psychosocial Support Training Program.

Per HRSA legislation, HRSA Ryan White Program Manual and PCN 11-04, the Ryan White team can reserve up to 5% of the Medical Case Management Service allocation for a Case Management Training Program. Psychosocial Support Training is also sanctioned by PCN 11-04 and funding is allocated within the Psychosocial Support funding line. The following information provides additional clarity.

Important note- Please Review: If you wish to apply to be a trainer in the respective service category but have not had the opportunity to attend the bidders conference, BPHC has been allowed to waive the requirement for this particular service.

The requirements are consistent with the traditional service categories and the applicants bidding as trainers must *complete all prompts in Section II* in relevant ways for the service delivery of the training model. Ensure that all prompts are addressed to be staff-focused and if the prompt is not applicable to the training model, please be sure to label the question and include that response in the narrative. Please refer to the released Q & A document for additional information on how to respond to specific prompts.

Please review the amended sections below for training. Updates are highlighted with an asterisk (*).

- RFP Section I
    - Description of Funded Services
        - Training information under Medical Case Management
        - Training information under Psychosocial Support

2. MEDICAL CASE MANAGEMENT (MCM)

FY 2025 Planning Council Allocation: $4,724,777

FY 2025 Planning Council Allocation (MAI): $472,807

***FY 2025 Training Allocation: $236, 238. 85**

HRSA DEFINITION AND DESCRIPTION

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

Key activities include:

- Initial assessment of service needs,
- Development of a comprehensive, individualized care plan,
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care,
- Continuous client monitoring to assess the efficacy of the care plan,
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary,
- Ongoing assessment of the client's and other key family members' needs and personal support systems,
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments, and
- Client-specific advocacy and/or review of utilization of services.

In addition to providing the medically oriented services above, MCM 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).

*Authorized training agencies will also provide the following key activities to funded subrecipient's case managers in the Boston EMA:

- Mandatory Subrecipients Core Competency curriculum for funded Medical Case managers and/or Non-Medical Case managers. These training series are targeted to new case managers and their supervisors.
- Technical Assistance and capacity building on key activities conducted (above)
- Supplemental optional training to review updates to legislation and review best practices.

HRSA PROGRAM GUIDANCE

MCM services have as their objective improving health care outcomes whereas Non-Medical Case Management Services 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 an MCM visit should be reported in the MCM service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

ELIGIBILITY

For FY 2025, BPHC seeks applicants who will demonstrate the ability to provide MCM services for PLWHA within the Boston EMA. In addition, proposed programs must meet or exceed all Universal Service Standards as well as all additional standards established for the service.

MAI ELIGIBILITY

For FY 2025, BPHC seeks applicants that will demonstrate the ability to provide MCM services for PLWHA within the Boston EMA that "address the disproportionate impact of HIV/AIDS on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders)." [SEC. 2693. ø300ff–121)] Additional consideration for MAI funding will be given to proposals that demonstrate strong cultural awareness, linguistic capacity, and successful engagement strategies for hard-to-reach individuals.

Proposed programs must meet or exceed all Universal Service Standards as well as all additional standards established for the service.

DESCRIPTION OF SERVICES

Medical Coordination

MCM services should focus on improving health outcomes by reducing HIV-related health disparities and health inequities as well as conducting referrals to internal or partnering service providers. The goals of medical care coordination are to ensure clients are linked to care, engaged in care, achieve viral suppression, and maintain viral suppression. Medical care coordination includes, but is not limited to, the following: tracking medical appointments, facilitating communication with medical providers (including HIV, primary care, viral hepatitis and other specialty care providers), facilitating communication with pharmacists, helping clients prepare for and make medical appointments, ensuring that clients have transportation and child care in order to attend medical appointments, accompanying clients to medical appointments, developing and/or implementing appointment reminder strategies, supporting access to and coordination with mental health and/or substance abuse services, pain management services and other activities related to health systems navigation. All efforts should contribute to the goal of viral suppression.

Treatment Adherence

Adherence Support is the provision of services that ensure readiness for, and adherence to HIV treatments. MCM programs providing Adherence Support must be up-to-date on the latest HIV medical advances and treatment approaches and must coordinate these services with the client's HIV medical care provider and pharmacist. Adherence Support may include, but is not limited to, the implementation of adherence assessments, providing information related to the importance of adherence relative to disease transmission and viral load, engagement in discussions about potential or actual adherence challenges, and the development of practical action plans to address these concerns. MCM providers will be expected to maintain updated information on adherence strategies, which may include various types of medication

reminders; scheduling strategies around sleep, work, travel, or other activities; coordination of adherence support with pharmacists; and methods of maintaining privacy and confidentiality.

Behavioral Health and Substance Use

Comprehensive services for PLWHA must include guidance and practical support related to behavioral health, transmission prevention, and risk reduction. This level of service requires MCM providers to counsel clients during visits to review accurate information related to behavioral health, sexual health and substance use risk and to identify and work to remove barriers to HIV treatment adherence.

Discussions should be client-centered, rooted in a harm reduction framework, and considered part of the continuum of services that are offered to clients to promote health and quality of life. They should also focus on identifying and addressing barriers to clients achieving and maintaining viral suppression.

As part of this process, MCM providers are expected to engage clients in discussions regarding their behavioral health status. Providers should inquire about a client's well-being and their ability to function in everyday life as well as address any concerns regarding stress, depression, anxiety, relationship problems, grief, addiction, mood disorders, and other psychological issues. Providers are expected to link clients to timely behavioral health services along with providing them with information about healthy decision making and healthy behaviors.

MCM staff must be able to talk explicitly about substance use and abuse, and drug injection behaviors; sterile injection equipment, and bleach kits; and can demonstrate/teach proper use of these products.

Staff must be able to support client access to sterile injection equipment, syringe exchange, and/or syringe disposal services in addition to overdose prevention services and must have internal or external referral mechanisms with providers that offer viral hepatitis and STI screening, STD treatment, and hepatitis A and B vaccination (as appropriate).

Benefits Counseling

MCM providers are expected to help clients access financial benefits, health insurance coverage, and, state and federal entitlements that will support their economic, residential, medical, and social stability. Providers must, during the assessment process, determine existing access to and need for benefits and entitlements. Based on this information, providers must either provide the client with the Benefit Counseling service directly or via an established partnership with a Benefits Counseling provider.

Providers must have detailed knowledge of resources available through the U.S. Social Security Administration (SSI/SSDI), Massachusetts Department of Transitional Assistance (EAEDC, TAFDC), Medicaid, Medicare, HIV Drug Assistance Program (HDAP), and private health insurance options, including those offered through the MA Health Connector and Comprehensive Health Insurance Initiative (CHII). Providers in New Hampshire are similarly expected to be knowledgeable about resources available through NH state Subrecipients and programs, such as the NH DHHS, including NH CARE, New Hampshire Health Protection Program, and Division of Family Assistance. Applicants for this service area must describe how staff will remain informed and up-to-date about policy and programmatic changes and how services will be made accessible to clients. Applicants may describe models that provide the Benefits Counseling service component to MCM teams, including throughout posting, by means of Memoranda of Agreement.

Acuity Assessment

MCM services are primarily intended to serve high-acuity clients, whereas the NMCM service category is intended to provide case management to low-acuity patients. BPHC requires that both MCM and NMCM programs develop an acuity assessment to be conducted at intake to determine the level of care needed by the client. If a client is identified as a high-acuity client, then client may continue to receive

services at the program. A high-acuity client may include a client that is not virally suppressed, experiencing challenges with medication adherence, behavioral health and substance abuse, and homelessness. If a client is identified as a low-acuity client, then the MCM program must refer client to an internal or partnering NMCM service provider. Assessments should be conducted every six months to determine client's acuity.

Training Services
The Subrecipient will develop and implement a Core Competency curriculum for all case management staff. The curriculum will cover best practices for case management service delivery that are effective, culturally competent, inclusive, and safe. Training must be based on up-to-date best practices, Health Resource Service Administration policy clarification notices, and Ryan White Service (RWS) Service Standards. All training material must be reviewed and approved by the RWS 30 days prior to the implementation of new training. Additional training materials may be developed and implemented based on need. The training agency must provide a sample calendar at the beginning of each fiscal year.

STAFFING

Multidisciplinary Teams
Funding is prioritized for MCM services that integrate a multidisciplinary team approach. A central objective of this approach is to maximize service access and coordination by offering a comprehensive MCM service that is provided by individuals with complementary expertise and skills. It is expected that these teams will look different across programs and will incorporate a range of provider expertise.
Applicants must submit job descriptions for the roles that will comprise their MCM teams.

Medical Case Managers and Medical Case Manager Supervisors
It is expected that MCM providers have the credentials, skills, and experience to offer high-quality services. Each MCM service component requires a significant knowledge base and skill set. Applicants are strongly encouraged to determine appropriate qualifications for each position within the MCM team, and to propose salaries that are commensurate with these qualifications.

MCM service providers must ensure that staff members have an advanced understanding of issues that will enable them to effectively support clients in coordination with the HIV medical care provider. These issues include, but are not limited to interpretation of laboratory tests, medication adherence strategies, HIV disease processes and treatment, side effect management options, quality standards of appointment frequency, and insurance coverage rules.

Subrecipients directly providing benefits counseling must have strong familiarity with state and federal benefits programs including Medicaid, Medicare, Social Security, and Department of Transitional Assistance programs and the associated eligibility criteria and application procedures.

MCM administrative and clinical supervisors must actively maintain an understanding of

BPHC requirements to fully support staff members who are providing direct services to clients. Administrative supervisors must ensure that the staff they oversee are accessing education, training, mentoring, and technical assistance that help them develop professional knowledge and skills. Proposals with staffing models that include administrative supervisors who have advanced degrees in related fields (i.e., social work, nursing, counseling, etc.) will be favorably considered. All funded MCM providers will be required to attend BPHC's MCM Training and Capacity Building program's training.

***Training Staff**

Dedicated staff to create, facilitate, and assess the needs for training across the EMA. It is expected the staff have the required credentials for program planning and training development for the scale of the Ryan White Program. The staff should be trained on both the specifications of the Ryan White HIV Program, Service Standards, and understanding the workload of Case Management staff working with people living with HIV.

12. PSYCHOSOCIAL SUPPORT

FY 2025 Planning Council Allocation: $986,795

FY 2025 Planning Council Allocation (MAI): $108,638

HRSA DEFINITION AND DESCRIPTION

Psychosocial Support Services provide group or individual support and counseling services to assist eligible PLWHA to address behavioral and physical health concerns. Services may include:

- Bereavement counseling,
- Child abuse and neglect counseling,
- HIV support groups,
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services), and
- Pastoral care/counseling services.
- *Training conducted to support and build skills for case managers and Ryan White-funded staff to facilitate group sessions, best provide care for clients, and additional best practices regarding social, and behavioral health.

HRSA PROGRAM GUIDANCE

According to HRSA Policy PCN 16-02, funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

ELIGIBILITY

For FY 2025, BPHC seeks applicants that will demonstrate the ability to provide Psychosocial Support services for PLWHA within the Boston EMA. In addition, proposed programs must meet or exceed all Universal Service Standards as well as all additional standards established for the service.

MAI ELIGIBILITY

For FY 2025, BPHC seeks applicants that will demonstrate the ability to provide Psychosocial Support services for PLWHA within the Boston EMA that "address the disproportionate impact of HIV/AIDS on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders)." [SEC. 2693. ø300ff–121)] Additional consideration for MAI funding will be given to proposals that demonstrate strong cultural awareness, linguistic capacity, and successful engagement strategies for hard-to-reach individuals.

Proposed programs must meet or exceed all Universal Service Standards as well as all additional standards established for the service.

DESCRIPTION OF SERVICES

All applicants must demonstrate their capacity to provide the following service elements:

Individual-Level Support

Individual-level support services are those in which Community Health workers offer emotional support and practical guidance to people living with HIV in drop-in centers, substance use treatment programs, multi-service centers, and/or in non-traditional venues.

Group-Level Support
Group-level support involves people living with HIV coming together to share common experiences and challenges of living with HIV/AIDS, exchange information, and provide emotional and practical support. Program models may incorporate the participation of partners, caregivers, and family members of people living with HIV. Agencies that wish to offer meals with peer support groups do not need to apply separately for Food Services.

****Training Services***
The Subrecipient will develop and implement a psychosocial support provision curriculum. The curriculum will cover core competencies training that will educate funded psychosocial support programs on best practices for service delivery that is effective, culturally competent, inclusive, and safe. Training must be based on up-to-date best practices, Health Resource Service Administration policy clarification notices, and Ryan White Service (RWS) Service Standards. All training material must be reviewed and approved by the RWS 30 days prior to the implementation of new training. The training agency must provide a sample calendar at the beginning of each fiscal year.

STAFFING

Applicants may propose to integrate Psychosocial Support services that accompany Medical Case Management, or Non-Medical Case Management services rendered by community health workers, medical case managers, or other members of an integrated care team.

****Training Staff***
Dedicated staff to create, facilitate, and assess the needs for training across the EMA. It is expected the staff have the required credentials for program planning and training development for the scale of the Ryan White Program. The staff should be trained on appropriate facilitation techniques and the Service Standards and Measures for Psychosocial Support service within the EMA.

Note: Community Advisory Boards do not count toward Psychosocial Support activities