

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

**HEALTHCARE SAFETY NET PRIMARY CARE
FOR UNINSURED ADULT TENNESSEANS AGES
NINETEEN (19) THROUGH SIXTY-FOUR (64) YEARS OF AGE**

RFA # 34352-05721

REQUEST FOR APPLICATION**STATE OF TENNESSEE****DEPARTMENT OF HEALTH****I. Introduction:**

The Tennessee Department of Health hereinafter referred to as “State” or “Department” intends to enter into grants with Community & Faith-Based clinics willing to provide primary care services to uninsured adult Tennesseans nineteen (19) to sixty-four (64) years of age. Provision of these services should be consistent with your center’s established guidelines and procedures.

The State is seeking applications to provide the services outlined in this RFA. The State will offer grant(s) for the project period beginning on November 1, 2020 through June 30, 2021 for a total of eight (8) months. The number and amount of grants awarded will depend on the number and budgets of the Applications received. The grants will be awarded based on existing access to the primary care and integrated behavioral health needs of the local vulnerable population, ensuring adequacy of geographic distribution of Safety Net services, as determined by the Department of Health. Preference will be given to applicants currently serving in Tennessee counties where no existing Uninsured Adult Health Care Safety-Net provider resides or in an area with a federal shortage designation to include, a Medically Underserved Area (MUA), Medically Underserved Population (MUP), or a Health Professional Shortage Area (HPSA) where access to current primary care and integrated behavioral health Safety Net services are limited.

Use the [HRSA find shortage areas by address](#) and enter a facility address to determine whether it is located in a shortage area: HPSA Geographic, HPSA Geographic High Needs, or Population Group HPSA or an MUA or MUP.

Note: This search will not identify facility HPSAs. To find these HPSAs, use the [HPSA Find](#) tool.

If you are currently receiving an Uninsured Adult Health Care Safety Net primary care or dental grant from the State, you can apply for this funding opportunity as a service expansion to receive an Uninsured Adult Health Care Safety Net primary care grant.

A. Service Description:

Successful applicants must provide the following services to uninsured adult Tennesseans:

- 1. Primary Care – Medical Homes Services:** “Primary care” consists of the sustained and integrated delivery of preventive, acute, and chronic health care services and establishes a primary care medical home for patients. “Primary care medical home” is not a temporary or interim

provider-patient arrangement. The primary care safety net provider assumes overall and ongoing responsibility for health maintenance and disease management, emphasizing continuity of care over the entire spectrum of health care services. Primary Care Safety Net services, including integrated behavioral health services must be provided by a physician, nurse practitioner, certified nurse midwife, and/or physician assistant or behavioral health professional (also referred to as “Primary Care Providers” or PCPs) all of whom must be actively licensed to practice medicine in the State of Tennessee. PCPs include any of the following specialties: general practice, family practice, internal medicine, obstetrics or obstetrics/gynecology, and general preventive medicine. Behavioral health professionals include psychiatrist, licensed psychologists, licensed professional counselor, psychiatric nurse specialist, licensed clinical social worker or licensed masters social worker. Participants in the State Safety Net Program must agree to serve as a primary care medical home therein coordinating the patient’s access to pharmacy services, laboratory services, acute care providers and medical specialty services.

- 2. **Primary Care Medical Encounter** – a day on which a Primary Care provider (PCP) meets with an Uninsured Adult regardless of the number of procedures performed or the number of PCPs who see the Uninsured Adult patient within the same day. A primary care visit and a behavioral and mental health visit that occurs within the same day can be counted as separate medical encounters for a maximum of two medical encounters per day.

All services performed under the grants shall be performed at no charge, flat rate charge or at a reduced fee. Successful applicants may use a sliding scale based on income to determine the cost of services to clients. Successful applicants shall explain how the percentage discount offered to uninsured adults compares to the usual and customary fees charged by the clinic.

Successful applicants shall be required to provide quarterly reporting of all the services performed under the grant. All Quarterly Service Reports must include the number of medical encounters provided to the number of unduplicated uninsured adult patients age nineteen (19) to sixty-four (64) receiving primary care services and behavioral health services, if provided by the clinic, during the reporting period. Additionally, the clinic must provide a reconciliation list to accompany the Quarterly Service Report that includes an itemized listing of each individual encounter for the total number of medical encounters provided during the quarterly reporting period.

The schedule of submission of the Quarterly Service Report is:

<u>Quarterly Reporting Period</u>	<u>Report Due Date</u>
July 1, 2020-September 30, 2020	October 15, 2020
October 1, 2020 thru December 30, 2020	January 15, 2021
January 1, 2021 thru March 31, 2021	April 15, 2021

April 1, 2021 – June 30, 2021

July 15, 2021

Grantees will be paid for professional medical services based on a percentage payment distribution methodology. The State, at its sole discretion, shall determine the amount of each quarterly payment, which shall be based on the number of grantee Medical Encounters, as a proportion of the total Medical Encounters of similar categories of grantees.

Applicants must assure that they provide primary care medical home services. Applicants must provide documentation per Attachment 1 that their center’s ratio of medical encounters to unduplicated uninsured adults has the potential of attaining a 2:1 patient ratio (e.g. if your center provides services to 100 unduplicated uninsured adults, your center should also provide at least 200 medical encounters for those unduplicated uninsured adults.

B. Eligibility Criteria:

Participating Entity	Eligibility Criteria
Community & Faith-Based (CFB) Organization OR Rural Health Clinic (RHC)	<ul style="list-style-type: none"> • Operate as a free and charitable clinic and not-for-profit entity providing services in Tennessee, and utilizing volunteers (licensed health professionals and/or non-clinical support personnel) to deliver services, and/or • Operate as a Rural Health Clinic (RHC) in accordance with the Code of Federal Regulations (CFR) 42 CFR 491 Subpart A and 42 CFR 405.2400 Subpart X • Provide primary care medical and / or dental health care services in an ambulatory setting • Provide primary care and /or oral health care services to low-income, uninsured individuals for free, discounted or sliding-fee scale rates • Deliver services using a medical home model

C. Ineligible Criteria:

- Inpatient or long-term care facility.
- Applicant is not located in an underserved area or a federally designated shortage area or does not provide access to care for vulnerable population residing in a contiguous underserved area.
- Does not provide primary care services to uninsured adults in Tennessee ages 19-64.

II. APPLICATIONS

To respond to this Request for Application, please complete the **Application**. See also IRS Form W9 and State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. The **Application** contains detailed questions about your center.

Please provide a letter of support from healthcare providers or facilities detailing the services they provide for your center and their willingness to continue to provide those services.

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the HealthCare Safety Net Primary Care Services. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		Friday, September 11, 2020
2. Written “Questions & Comments” Deadline	2:00 p.m.	Thursday, September 17, 2020
3. State Response to Written “Questions & Comments”		Thursday, September 24, 2020
4. Deadline for Applications	2:00 p.m.	Thursday, October 8, 2020
5. Evaluation Notice Released	2:00 p.m.	Thursday, October 22, 2020
6. Effective Start Date of Contract		Sunday, November 1, 2020

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be faxed, emailed, mailed or hand-carried to the Competitive Procurement Coordinator. The State’s responses will be emailed and posted as an Amendment to the following website: <https://www.tn.gov/health/funding-opportunities.html>.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of APPLICATIONS:

Please submit the completed application with all attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: <https://www.tn.gov/health/funding-opportunities.html>

Please contact the Competitive Procurement Coordinator at the address shown below with any issues or concerns with online submission. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter
Competitive Procurement Coordinator
Service Procurement Program
Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Competitive.Health@tn.gov

Checklist for Submission of Applications:

- Application Form
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed per instructions with ACH form.**)
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Mailed per instructions on ACH form.**)
- Letters of support from healthcare providers or facilities

V. **Application Evaluation:**

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:

- Ability to provide a medical home
- Patient services provided
- History of service provision to uninsured adults - established patients and new applicants
- Clinical staffing
- Encounter ratio

- Location - HPSA, MUA, MUP or underserved area

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the applications which are most responsive to the State's needs.

- B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

VI. **Sample Grant Contract:**

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Grant Contract**. If a grant is awarded to a governmental entity established pursuant to Tennessee Code Annotated (such as a human resource agency, a developmental district, the University of Tennessee, or a Board of Regents school), the standard terms and conditions of the grant will be revised accordingly; however, significant performance requirements will not be revised.

It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for a Healthcare Safety Net Primary Care grant award and notify the State *in advance* if it cannot accept any terms or conditions. The Application for a grant award asks you to list any terms or conditions that your organization cannot accept. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be considered.**