

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

REIMBURSEMENT FOR MEDICATION AIDE CERTIFICATION

RFA # 34349-09123

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

To assist with the cost of the Medication Aide training/Certification for a nurse aide, duly certified under the standards established under federal law and title 68, chapter 11, part 2, or an occupational therapy assistant licensed pursuant to the Occupational and Physical Therapy Practice Act, compiled in chapter 13 of this title which will reduce the workload on LPN's and RN's and therefore have a positive impact on the nursing staff stress and retention.

The State is seeking applications to provide the services outlined in this RFA. The State will offer 50-60 grant(s) for a total of \$ 180,000. The project period is expected to begin on 11/01/2022 and will last for 20 months. At this time, no additional funding is expected beyond the 20-month project period. The number and amount of grants awarded will depend on the number and budgets of the **Applications** received.

II. APPLICATIONS:

To respond to this Request for Application, please complete the **Application and Competitive Requirements**. 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 organization's background and the specifics of your proposed project. Please provide a project timeline, evaluation plan, and a letter of commitment from participating partners detailing the services they will provide to your organization and their willingness to continue to provide those services.

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the Reimbursement for Medication Aide Certifications. 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		January 3, 2023
2. Pre-response Teleconference	10:00 a.m.	January 6, 2023
3. Written “Questions & Comments” Deadline	2:00 p.m.	January 11, 2023
4. State Response to Written “Questions & Comments”		January 17, 2023
5. Deadline for Applications	2:00 p.m.	January 24, 2023
6. Evaluation Notice Released		February 1, 2023
7. Effective Start Date of Contract		February 15, 2023

Pre-response Teleconference:

A Pre-response Teleconference will be held at the time and date detailed in the RFA Schedule of Events to answer questions concerning the funding opportunity. The information for the Pre-response Teleconference is as follows:

Meeting Name: RFA #34349-09123 Teleconference
 Meeting number (access code): 2316 474 5227
 Meeting password: iHFPCdAT993
 Meeting Link:
<https://tn.webex.com/tn/j.php?MTID=mf92e813d2bb637f1f5f0065a76f8fd62>
 Join by phone: +1-415-655-0003 US TOLL

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however attendance is not mandatory. If you cannot participate, please direct your questions by the scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed below in Section IV.

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>

The Competitive Procurement Coordinator at the address shown is the sole point of contact for this competitive process. **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 (**Attachment 1**)
- Competitive Requirements
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (**Mailed per instructions on form.**)
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed with ACH form.**)

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:

- Met all requirements for program;
- Successfully completed a Medication Aide training program approved by the TN Board of Nursing; and
- Passed standardized certification examination.

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 Terms and Conditions:

Following the State's evaluation, terms and conditions will be prepared as shown in the **Sample Terms and Conditions**.

It is imperative that each applicant review the entire Sample Terms and Conditions with their legal counsel prior to submitting an application for a Reimbursement of Medication Aide Training/Certification grant award and notify the State *in advance* if it cannot accept any terms or conditions. The applicant should list any terms or conditions that its organization cannot accept and submit with the application. **Taking any exceptions to State terms and conditions language may result in the Application being deemed non-responsive and rejected. Any later requests for terms and conditions changes will not be considered.**