STATE OF TENNESSEE
DEPARTMENT OF HEALTH

REQUEST FOR APPLICATION

FOR

HEALTHCARE SAFETY NET FEDERALLY QUALIFIED HEALTH CENTERS FOR
UNINSURED ADULT TENNESSEANS AGES NINETEEN (19) THROUGH SIXTY-FOUR (64) YEARS OF AGE

RFA # 34352-01122
REQUEST FOR APPLICATION
STATE OF TENNESSEE
DEPARTMENT OF HEALTH

I. Introduction:

The Tennessee Department of Health hereinafter referred to as “State” of “Department” intends to enter into grants with Federally Qualified Health Center clinics or a Federally Qualified Health Center Look-Alike commonly referred to as a health center or a Community Health Center clinic willing to offer a sliding fee scale and provide comprehensive, preventive, dental, behavioral health services to an underserved area of population to uninsured adult Tennesseans nineteen (19) to sixty-four (64) years of age. In addition, the clinic should have ongoing quality assurance programs and a governing board of directors. Healthcare centers should also meet the PHS Section 330 eligibility requirements. Provisions of these services should be consistent with the Health Resources and Services Administration (HRSA) and your center’s established guidelines and procedures.

The State is seeking applications to provide the services outlined in this RFA. That will offer grant(s) for the project beginning on July 1, 2022 Through June 30, 2023 for a grant of twelve (12) 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 State.

If you currently receive a Safety Net grant from the State, please do not apply for these funds. These funds are for new applicants only.

Preference will be given to applicants that propose medical care services to meet the needs of a Medically Underserved Area (MUA), Medically Underserved Population (MUP), or a Health Professional Shortage Area (HPSA) where current Safety Net services are limited. A listing of MUA’s, MUPs, and HPSA is included.

Service Description:

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

b. **Primary Care** – sustained and integrated delivery of preventative, acute, chronic healthcare services that establish a primary care medical home for patients.

c. **Primary Care Provider (PCP)** - a physician, nurse practitioner, certified nurse midwife, physician assistant, psychiatrist, licensed psychologist, licensed professional counselor, psychiatric nurse specialist, licensed clinical social worker, or licensed master’s social worker, actively licensed to practice in Tennessee.

Service Definitions:

a. **Federally Qualified Health Center (FQHC)** – a health center that provides Primary Care to an underserved area or populations, offers a Sliding Fee Scale; provides comprehensive services; has an ongoing quality assurance program; and has a governing board of directions. All organizations receiving grants under the Health Center Program Section 330 of the Public Health Service Act are FQHCs. Some target specifically defined populations such as migrant and seasonal farmworkers or homeless persons, while others target a general community and are commonly referred to as “Community Health Center.” These facilities meet the requirements of 42 U.S.C. § 1396d (l) (2) (B) and 42 U.S.C. § 254b (“section 330”), as amended (including sections 330(e), (g), (h), and (i)).

b. **Federally Qualified Health Center (FQHC) Look-Alike (LAL)** – a Federally Qualified Health Center commonly referred to as a Community Health Center clinic that meets certain criteria under the Medicare and Medicaid program but does not receive federal grant funds under section 330 of the public Health Services Act (PHSA). Some target specially defined populations such as migrant and seasonal farmworkers or homeless persons, while others target a general community and are commonly referred to as “community health centers.” LALs are community-based health care providers that meet the requirements of the HRSA Health Center Program but do not receive Health Center Program funding. These facilities meet the requirements of 42 U.S.C. § 1396d (l)(2)(B)(iii) and 42U.S.C. § 254b (“section 330”), as amended (including sections 330(e), (g), (h), and (i)).

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.

Quarterly payments are determined based upon a percentage of the total amount of funding available for that type of service (medical, dental, medical care coordination) each quarter, divided by total number of encounters reported collectively by providers delivering those types of services during the reporting period. This funding methodology requires that each safety net service provider submit reports promptly, so that
appropriate payment based on the percent of total encounters can be calculated and paid in a timely manner. Penalties may be incurred for late reporting, including non-payment for services rendered during that reporting period.

Uninsured Adult Health Care Safety Net program participants are expected to comply with all federal, state and programmatic requirements, including:

- Protection of patient privacy and confidentiality, including the Health Information Portability and Accountability Act (HIPAA).
- The terms and conditions of the sub-recipient contract with the Tennessee Department of Health, including access to relevant documentation, materials and personnel during scheduled site visits and audits; and
- Attendance at an annual conference conducted by the TN State Office of Rural Health and Health Access.

Successful program participants may also be asked to provide feedback through surveys, interviews, and comments at meetings for the purpose of program evaluation and performance improvement.

Applicants must assure that they provide primary medical care home services. Applicants must provide documentation per the application (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. The center should also provide at least 200 medical encounters for those unduplicated uninsured adults.

Eligible Criteria

a. Operates as a public or private, not-for-profit entity providing services in Tennessee and utilizes volunteers (licensed health professionals and/or non-clinical support personnel) to deliver services and/or
c. Operate in a federally designated Health Professional Shortage Area (HPSA)
d. Provide primary medical care services in an ambulatory setting
e. Provide services to low-income, uninsured individuals for free, discounted or sliding-fee scale rate
f. Delivers services using a medical home model for care coordination
g. Operates as a Rural Health Clinic (RHC) in accordance with federal requirements of 42.IV(b)405.2400 governing federal health insurance for the aged and disabled
h. Provides and Operates with a Physician, Nurse Practitioner, certified Nurse midwife, Physician assistant, psychiatrist, licensed psychologist, licensed professional counselor, psychiatric nurse specialist, licensed clinical social worker, or licensed master’s social worker, actively licensed to practice in Tennessee.
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 letters of support from healthcare providers or facilities detailing the services they provide for your center and their willingness to provide those services.

III. **Schedule of Events**

The following is the anticipated schedule for awarding grants for this RFA process. The State reserves the right to adjust the schedule as it deems necessary.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME (Central Time)</th>
<th>DATE (all dates are state business days)</th>
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<tbody>
<tr>
<td>1. RFA Issued</td>
<td></td>
<td>May 24, 2022</td>
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<tr>
<td>2. Pre-response Teleconference</td>
<td>11:30 a.m.</td>
<td>May 26, 2022</td>
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<td>3. Written “Questions &amp; Comments” Deadline</td>
<td>2:00 p.m.</td>
<td>May 31, 2022</td>
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<td>4. State Response to Written “Questions &amp; Comments”</td>
<td></td>
<td>June 2, 2022</td>
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<td>5. Deadline for Applications</td>
<td>2:00 p.m.</td>
<td>June 9, 2022</td>
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<td>6. Evaluation Notice Released</td>
<td>2:00 p.m.</td>
<td>June 16, 2022</td>
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<tr>
<td>7. Effective Start Date of Contract</td>
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<td>July 1, 2022</td>
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**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 34352-01122 Teleconference  
Meeting number (access code): 2316 861 3904  
Meeting password: bGfkQWkU659
Meeting Link:  
https://tn.webex.com/tn/j.php?MTID=m16b028d21a1e9c9cdf3355896aae609b  
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:  

**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 below 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
Checklist for Submission of Applications:

- Application (Attachment 1) (Expand to a max of 5 pages if needed) Signed
- Competitive Requirements
- Letters of Support from healthcare providers or facilities
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (Mailed per instructions with ACH form)
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (Mailed per instructions 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:

- 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

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.

V. Sample Grant Contract:

Following the State’s evaluation, grant contracts will be prepared as shown in the Sample Grant Contract.
It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for a Safety Net Federal Qualified Health Center grant award and notify the State *in advance* if it cannot accept any terms or conditions. Please submit a list of any terms or conditions that your organization cannot accept with the application for a Safety Net Federal Qualified Health Center grant award. **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.