

**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- 05722

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-based health and rural health 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 grants for the project period beginning on July 1, 2022 through June 30, 2023 and will last for 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 the services offered by applicants and the needs of the State 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 to provide primary 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 MUAs, MUPs, and HPSAs is included.

Service Description:

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

- a. **Ancillary Services:** means professional services such as laboratory testing or diagnostic screening provided by a hospital or other inpatient health program.
- b. **Medical Care Coordination Encounter:** means the time spent by staff engaged in working on behalf of an eligible adult. This time may involve face-to-face, direct telephone contact, initial and ongoing assessments to determine needs and barriers to services, identifying and securing resources coordinating communication among service providers, preventative and promotional health

- education, and other patient welfare interventions. Medical Care Coordination does not include the provision of medical services.
- c. **Medical Home:** means the sustained and integrated delivery of preventive, acute and chronic health care services. The primary care safety net provider assumes overall and ongoing responsibility for health maintenance and disease management, emphasizing continuity of care across the entire spectrum of health care services.
 - d. **Primary Care:** means sustained and integrated delivery of preventative, acute, chronic healthcare services that establish a primary care medical home for patients.
 - e. **Primary Care Medical Encounter:** means the patient visit for which one or more primary care providers (PCP) meet with an uninsured adult on a single day, regardless of the number of procedures performed or the number of PCPs who see the uninsured adult.
 - f. **Primary Care Provider:** means a physician, nurse practitioner, certified nurse mid-wife, physician assistant, dentist, registered dental hygienist or other health care professional currently licensed by the state of Tennessee pursuant to Title 63 of the Tennessee Code Annotated.
 - g. **Rural Health Clinic (RHC):** means a facility which operates in accordance with federal requirements of 42.IV (b) 405.2400 governing federal health insurance for the aged and disabled.

Service Definitions:

- a. **Community- or Faith-Based Organization:** means an entity incorporated as a not-for-profit entity in the state of Tennessee, governed by a volunteer board of directors and operating in accordance with by-laws adopted by the governing board.
- b. **Eligible Adult:** means an uninsured Tennessean, age nineteen (19) through sixty-four (64) years old.

All services performed under the grant 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 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 care medical 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 for this funding:

Faith-Based
Community-Based
Federally Funded Centers
Rural Health Clinics

Ineligible Criteria for this funding:

Federally Qualified Health Centers (FQHC)
FQHC lookalikes
Already receiving a Safety Net Grant from the State

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 continue 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.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		May 23, 2022
2. Pre-response Teleconference	11:00 a.m.	May 25, 2022
3. Written “Questions & Comments” Deadline	2:00 p.m.	May 27, 2022
4. State Response to Written “Questions & Comments”		June 1, 2022
5. Deadline for Applications	2:00 p.m.	June 8, 2022
6. Evaluation Notice Released		June 15, 2022
7. Effective Start Date of Contract		July 1, 2022

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 34352-05722 Teleconference

Meeting number (access code): 2308 873 9689

Meeting password: H9pTgRb9sp4

Meeting Link:

<https://tn.webex.com/tn/j.php?MTID=md2fe170df589aff65deaa7b1596415f3>

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 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
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Melissa.Painter@tn.gov

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 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:
- *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, or 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 Primary Care 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 Primary Care 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.