Request for Response

Rapid Start Program

Fiscal Year 2027

Boston Public Health Commission

Infectious Disease Bureau

1010 Massachusetts Avenue, 2nd Floor

Boston, MA 02118

October 23, 2026

RFP TIMELINE

Dates	Activity
Friday, October 23, 2026 (5:00PM)	**Release of RFP** here or copy and paste the link: www.boston.gov/bid-listings RFP documents will only be available for downloading from the BPHC website. Hard copies will not be available
Monday, November 16, 2026 (10:00 AM to 12:00PM)	**Bidders' Conference Virtual** Virtual, click here for registration link or copy and paste the link below: https://us06web.zoom.us/meeting/register/D_Qa3UnsTEKhzQe2jReFcA Infectious Disease Bureau staff will review the RFP document and answer questions. Applicants are strongly encouraged to attend.
Thursday, November 19, 2026 and Monday, November 23, 2026 (10:00 AM to 11:00 AM)	**Q&A Sessions Virtual** Infectious Disease Bureau staff will host 2 virtual question-and-answer sessions to provide prospective applicants with an opportunity to ask questions and seek clarification regarding the Rapid Start RFP, including program requirements, eligibility, application instructions, and the submission process. Prospective applicants are encouraged to attend. **November 19** Click here for registration link or copy and paste the link below: https://us06web.zoom.us/meeting/register/-qaNi-cCTlKdcvqarvmqsw **November 23** Click here for registration link or copy and paste the link below: https://us06web.zoom.us/meeting/register/F1U7rGXEQqy0R8-c8Yh7SQ
Monday, November 23, 2026 (5:00 PM)	**Deadline to Submit Written Questions** All questions regarding this RFP must be submitted via email to RFR@bphc.org and cc: EHE@bphc.org by 5:00 PM.
Wednesday, December 2,2026 (5:00 PM)	**Responses to Questions Posted** Responses to all submitted questions will be posted on the BPHC website. Individual responses will not be provided. Click here to view or copy and paste the link : www.boston.gov/bid-listings
Wednesday, January 6, 2027 (5:00 PM)	**Proposals Due** Applications may only be submitted electronically to RFR@bphc.org and cc: EHE@bphc.org by 5:00 PM. Applicants must submit two (2) files: one (1) PDF containing the complete application narrative, required forms, tables, and supporting documents, and one (1) Excel file containing the proposed Year 1 budget using the BPHC-provided budget template.
Monday, February 8, 2027 (5:00 PM)	**Award Allocation Announcement** Letters will be emailed to all applicants regarding the status of their application. BPHC has the discretion to extend this period without notice to the proposers. All proposals shall remain valid and open for a period of one hundred twenty (120) days from the proposal submission date unless a proposer notifies BPHC of its withdrawal. Following the issuance of award notifications, any applicant may request a debriefing. Requests for debriefings must be submitted via email by February 17, 2027.

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PART I: NARRATIVE

Introduction

Through this Request for Proposals (RFP), the Boston Public Health Commission (BPHC) Infectious Disease Bureau (IDB) HIV and STI Services Division seeks to improve the timeliness of initiation of antiretroviral therapy (ART) for newly diagnosed and newly re-engaged people with HIV (PWH) to help them achieve rapid, sustained viral suppression and long-term health outcomes (Rapid Start). Through careful assessment of existing clinical care, referral, and support services systems, structured system improvements, and participation in a Rapid Start Community of Practice (COP), up to three clinical organizations providing HIV care in Suffolk County, each working closely with at least one community-based HIV testing provider and maintaining collaborations with support services providers, will be funded for a three-year period to assess and develop means of providing a seamless pathway to HIV care to individuals with the greatest challenges to health care navigation and medication regimen adherence in support of Rapid Start goals. However, additional clinical organizations may be funded if more funding becomes available, either at the time of award selection or after the initial funding decisions have been made.

This RFP is intended to support clinical organizations at varying stages of Rapid Start implementation, including those seeking to establish new Rapid Start services and those with existing practices seeking to strengthen, enhance, or expand their capacity. Applicants are not expected to develop entirely new programs or redesign systems that are already functioning effectively. Rather, funding should support identified opportunities for improvement, address gaps and barriers, and strengthen the delivery of timely, equitable, and sustainable Rapid Start services.

The overarching goal of this initiative is to advance Rapid Start as a standard of HIV care across Suffolk County. Through this three-year initiative, BPHC seeks not only to strengthen Rapid Start implementation within funded organizations, but also to generate practical learning that can inform broader implementation across the HIV care system. Findings and lessons from participating organizations, including effective practices, implementation challenges, and strategies for overcoming barriers, will be used to identify replicable approaches that can support the broader adoption and sustainability of Rapid Start across Suffolk County.

In preparation for this RFP, the IDB reviewed recent Suffolk County epidemiologic data from the Massachusetts Department of Public Health to determine baseline rates of timeliness to care (from date of first documented positive HIV test) and factors associated with delays entering care in a timely manner as well as recent HIV incidence data. IDB also interviewed health officials in multiple states and counties with model Rapid Start/Rapid ART programs to elicit best practices in the field. Resources for this RFP are provided by the Health Resources and Services Administration (HRSA) Ending the HIV Epidemic (EHE) grant for Suffolk County and managed by the BPHC IDB.

Background

Since the advent of combination ART, sustained viral suppression for the majority of PWH has been achievable, leading to improved health and longevity[1]. Sustained viral suppression also prevents sexual transmission of HIV and greatly reduces transmission through blood exposure[2]. Thanks to advances in available therapies, the current standard of care for newly diagnosed PWH includes immediate initiation of ART prior to obtaining a range of metabolic and viral resistance test results, to improve medication regimen adherence and accelerate time to viral suppression. Current national clinical guidelines clearly frame this standard of care:

- The Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel) recommends antiretroviral therapy (ART) for all people with HIV to reduce morbidity and mortality (AI) and to prevent transmission of HIV to others (AI).
- The Panel recommends initiating ART immediately (or as soon as possible) after HIV diagnosis to increase the uptake of ART and linkage to care, decrease the time to viral suppression for individual patients, and improve the rate of virologic suppression among people with HIV (AII).
- When initiating ART, people with HIV should be counseled on the benefits, lifelong need, and importance of adherence to ART; clinicians should also identify and address barriers to care engagement and ART adherence (AIII)[3].

Rapid Start Definition

For the purpose of this RFP, Rapid Start is defined as the provision of antiretroviral therapy (ART) within seven days (with a strong preference for same-day initiation) of:

- New HIV diagnosis: A person's first positive HIV test, without waiting for confirmatory test results when clinically appropriate.
- Evidence of PWH being out of care: A period of disengagement from care and/or treatment as evidenced by missed scheduled clinical appointments, interruption in the filling of ARV prescriptions, a pattern of non-adherence to ARV regimen, missed scheduled laboratory specimen submissions, or viral breakthrough and/or opportunistic infection.

These programs recognize and aim to address barriers across the HIV care continuum, including barriers to initial linkage, ART initiation, rapid re-engagement in care, and treatment resumption, including:

- Delays in linking PWH from community-based testing programs to clinical providers
- Lack of transportation to clinical providers;

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[1] Hogg R, Lima V, Sterne JA, et al; Antiretroviral Therapy Cohort Collaboration. Life expectancy of individuals on combination antiretroviral therapy in high-income countries: a collaborative analysis of 14 cohort studies. *Lancet*. 2008;372:293–299. doi:10.1016/S0140-6736(08)61113-7.

[2] Jonathan Colasanti, Jeri Sumitani, C Christina Mehta, Yiran Zhang, Minh Ly Nguyen, Carlos del Rio, Wendy S Armstrong. (2018). Implementation of a Rapid Entry Program Decreases Time to Viral Suppression Among Vulnerable Persons Living With HIV in the Southern United States. Open Forum Infectious Diseases, 5(6), 104. https://doi.org/10.1093/ofid/ofy104.

[3] Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Year. Available at https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv.

- Lack of immediate availability of treatment providers;
- Challenges and delays in obtaining public or private health insurance, demonstrating HIV Drug Assistance Program (HDAP) eligibility, and/or enrolling in medication manufacturer patient assistance programs, often linked to lack of access to required patient eligibility (e.g. income, residency) documents;
- Delays in pharmacy dispensing related to lack of clarity about insurance coverage or other medication payment sources;
- Patients choosing to delay entry into care, possibly linked to anti-HIV stigma, low health literacy, economic insecurity, immigration-related concerns, or mental health issues;
- Barriers to re-engaging PWH who have fallen out of care or discontinued ART, including challenges reconnecting with clinical care, navigating changes in insurance or eligibility, addressing competing social needs, and rapidly resuming treatment; and
- Periods of incarceration and homelessness, which can disrupt care engagement.

Interviews with a range of HIV clinical care providers affirmed a broad understanding and observance of the current standard of care regarding ART initiation. However, most could not readily document the time from first positive HIV test to ART initiation when the test was not performed within their health system, except by patient self-report or referral documentation.

A review of 2024 epidemiologic data from the Massachusetts Department of Public Health for **Suffolk County,** which document laboratory evidence of the first positive test and first clinical tests indicating linkage to care (viral load, CD4+), revealed that only 56% of PWH were linked to care within seven days of testing positive. Notably, this rate of seven-day linkage was identical for both men and women, but varied by other factors:

- **Place of birth:** Newly diagnosed PWH who were non-US born had a somewhat *higher* rate of linkage to care at seven days (57% non-US born vs. 54% US-born)
- **Race/ethnicity:** Rates of linkage for white individuals are not available, as there were fewer than five white individuals diagnosed in Suffolk County in 2024 who were linked to care within seven days. Rates for Hispanic/Latino individuals were *higher* than for Black non-Hispanic individuals (69% vs 46%).
- **Exposure mode:** For the four exposure modes for which data are available, Men who have Sex with Men (MSM), Injection Drug Use (IDU), Presumed Heterosexual Sex, and No Identified Risk (NIR), MSM had the *highest* rate of rapid linkage to care (63%), followed by NIR (56%). 50% of those with Presumed Heterosexual Sex exposure were linked within seven days, while those with IDU exposure had the *lowest* rate of linkage within seven days (36%) [NOTE: only 5 individuals were in the IDU category; small numbers sometimes result in skewed findings].
- **Age at Diagnosis:** Data was only available for the 20-59 age group; older and younger individuals had fewer than five cases. Among the 20-59 age group, individuals ages 20-29 had

the *highest* rate of linkage to care within seven days (62%), followed by 50-59 (56%) with 30-39 (48%) and 40-49 (48%), each having the *lowest* rate of rapid linkage.

- **Other factors:** Evidence of incarceration and homelessness at time of diagnosis was limited (fewer than five cases) and therefore could not be analyzed.

Further, an epidemiologic review by MDPH of recent (2022-2024) incidence of HIV infection in the City of Boston revealed the following community impacts:

Race/ethnicity: Black Non-Hispanic (Black NH) individuals represented 50% of new HIV cases during this period, and 31% were **Hispanic/Latinx,** while members of these communities each represent only about 18% of Boston residents.

Exposure mode: The largest proportion of recent new cases of HIV infection in Boston by exposure mode was among men who have sex with men (**MSM**) at 39% of all new cases, followed by those with No Identified Risk (**NIR**) at 24% of new cases, NIR cases largely being among men of color; 14% were among women who were assigned to the **Presumed Heterosexual** exposure mode, and 10% were reported as having injection drug use (**IDU**) as their mode of HIV exposure. Much smaller numbers were reported as MSM/IDU and Heterosexual exposure, figures too small to be detailed here due to suppression rules that protect patient confidentiality.

Non-US place of birth: A majority of new diagnoses (53%) of HIV in Boston were among **non-US born** individuals. As noted above, some of these infections may have been acquired and previously diagnosed in their country of origin.

Age: The distribution of new cases by age cluster around the **30-39** (37%) and **20-29** (29%) age groups, with meaningful numbers of new diagnoses among individuals age 40 and older.

Populations of Focus

While these data suggest individual factors related to HIV acquisition and timely ART initiation, they also point to systemic factors that affect the ability of various groups of individuals to rapidly access care. Therefore, individuals who are **Black (non-Hispanic), Hispanic/Latinx, non-US born, as well as men who have sex with men, people who inject drugs, those of no identified risk, and people age 20-39** will be prioritized by funded Rapid Start programs.

Due to the urgency of preventing viral transmission to a fetus or newborn, and of continuing HIV treatment upon post-incarceration re-entry to the community, **pregnant people with HIV and PWH recently released from incarceration will also be prioritized by funded Rapid Start programs.**

Programs funded under this RFP aim to identify challenges to Rapid ART initiation among their patients and clients and to develop system-level responses to them; evidence of their feasibility and effectiveness make establishment and maintenance of Rapid Start programs a priority[4].

This RFP emphasizes organizational assessment, workflow redesign, implementation planning, partnership development, multidisciplinary coordination, continuous quality improvement, and sustainable systems change to ensure equitable, long-term access to Rapid ART initiation and/or reengagement for all PWH in the system's care.

The goals of this RFP are consistent with the Treat and Respond pillars of the national Ending the HIV Epidemic (EHE) plan:

- Treat HIV infection rapidly and effectively to achieve sustained viral suppression
- Rapidly detect and respond to emerging clusters of HIV infection to further reduce new transmissions[5].

PART II: DEFINITIONS AND KEY TERMS

Rapid Start

For purposes of this RFP, Rapid Start refers to the initiation or re-initiation of antiretroviral therapy (ART) within seven days of a new HIV diagnosis or identified need for re-engagement in HIV care and treatment, with a strong preference for same-day initiation when clinically appropriate.

Newly Diagnosed Person with HIV

An individual with a first documented positive HIV test who requires timely linkage to HIV medical care and ART initiation. When clinically appropriate, ART may be initiated before confirmatory test results are available.

Person Out of Care / Disengaged from HIV Care

A person previously diagnosed with HIV who has experienced a disruption in ongoing HIV medical care and/or treatment. As described in the RFP, evidence may include missed scheduled clinical appointments, interruptions in antiretroviral prescription refills, patterns of non-adherence to ART, missed laboratory monitoring, or viral breakthrough and/or opportunistic infections.

Timely Linkage or Rapid Re-engagement in HIV Care

Attendance at an initial HIV clinic care visit and ART initiation/re-initiation within seven days of the first positive HIV test for newly diagnosed individuals, or within seven days of the identified evidence of

[4] Colasanti J, Sumitani J, Mehta CC, Zhang Y, Nguyen ML, del Rio C, Armstrong WS. (2018). Implementation of a Rapid Entry Program Decreases Time to Viral Suppression Among Vulnerable Persons Living With HIV in the Southern United States. Open Forum Infectious Diseases, 5(6), 104. https://doi.org/10.1093/ofid/ofy104

[5] Fauci AS, MD1; Redfield, RR; Sigounas G; Weahkee, MD; Giroir, BP. Ending the HIV Epidemic: A Plan for the United States, JAMA,; 2019;321;(9):844-845. doi:10.1001/jama.2019.1343.

being out of care for individuals requiring re-engagement, consistent with the performance-measurement framework.

Warm Handoff

A coordinated referral process in which the referring organization actively facilitates the individual's connection to the receiving clinical provider. This may include direct provider-to-provider communication, assistance from a community health worker, peer or navigator, accompaniment, and confirmation of referral arrangements.

Rapid Start Pre-Assessment

A brief, BPHC-provided planning tool completed by applicants to examine their current practices and capacity across the Rapid Start implementation domains and identify two to three initial priority domains for improvement.

Baseline Assessment

A more comprehensive assessment conducted or facilitated by BPHC following award. The assessment examines organizational workflows, existing practices, data systems, strengths, barriers, disparities, and opportunities for improvement to confirm or refine implementation priorities.

Priority Domains

The areas of the Rapid Start implementation framework selected by an organization for focused improvement based on identified gaps, barriers, disparities, organizational needs, and opportunities to strengthen Rapid Start systems.

Continuous Quality Improvement (CQI)

An ongoing, structured process of identifying opportunities for improvement, testing changes, reviewing performance data, and refining services or systems to achieve measurable improvements in Rapid Start implementation and outcomes.

Community of Practice (CoP)

A structured, longitudinal learning forum through which funded clinical organizations and community-based partners share implementation experiences, examine common challenges, discuss CQI activities, and identify strategies to strengthen Rapid Start practices.

Transition to Ongoing HIV Care

A planned and coordinated process for moving individuals from initial Rapid Start services into ongoing, sustainable HIV medical care and treatment, with appropriate continuity of services and support.

PART III: GOALS AND OBJECTIVES

The immediate goal of work funded through this RFP is to reduce the time to viral suppression of newly diagnosed and newly re-engaged PWH. Broader goals include protecting and improving the health of

PWH and reducing transmission of HIV infection in the community, and the creation of sustainable, effective systems of care and care quality improvement to ensure these personal health and public health outcomes.

Programs funded under this RFP will examine clinical data from their current patients and from clients of referring HIV testing programs to determine the time to ART initiation or resumption for each newly diagnosed PWH and newly re-engaged PWH over the course of this funding. Programs will identify barriers to Rapid Start both at the individual and system levels, and propose sustainable mechanisms, delivered at the clinic and in collaboration with community-based organizations, to address these barriers over time. Potential strategies may include (among others):

At the individual level:

- Expanded health education and health care navigation for newly diagnosed/newly re-engaged PWH.
- Insurance navigation and assistance with insurance, HDAP, and manufacturer patient assistance program applications.
- Support for the social determinants of health (SDoH): food, housing assistance and stabilization, childcare, legal assistance, etc.
- Immediate transportation to clinical site.
- Personal accompaniment to clinical site and pharmacy and warm hand-off to provider.
- Immediate Referrals to SUD treatment, mental health treatment, and other behavioral health supports
- Linkage to HIV peer supports, including online app supports.
- Telehealth prescribing, ability to dispense medications on-site, and other supports including directly observed therapy where indicated.
- Supportive outreach in the community to individuals not linked to care (including active collaboration with MDPH field epidemiologists).

At the system level:

- Training clinical providers on the Rapid Start standard of HIV care.
- Creating peer-to-peer clinical education supports to advance Rapid Start.
- Ensuring available providers for same-day appointments with newly diagnosed/newly re-engaged PWH.
- Ensuring the availability of interpretation services with well-established and demonstrable experience and training in HIV care.
- Developing capacity for expedited insurance navigation.
- Developing capacity for expedited linkage to primary care, behavioral health care, and substance use disorder treatment.
- Developing capacity to complete streamlined HDAP applications.
- Creating resource sharing agreements between clinical sites and priority community-based organizations to improve coordination.

- Developing data sharing consent processes and data sharing agreements between clinical sites and community-based organizations consistent with state law to facilitate coordination around newly diagnosed and newly re-engaged PWH.
- Routine/ periodic data reviews to identify strengths, gaps and challenges, and utilization of CQI techniques to share strengths or address gaps.
- Creating formal relationships with providers of SDoH and behavioral health services for expedited access to these services for newly diagnosed/newly re-engaged PWH.
- Developing capacity to transition clients from Rapid Start to a comprehensive routine care, treatment, and retention.

Programs funded under this RFP will participate in a structured baseline assessment of their existing Rapid Start systems and practices, conducted or facilitated by the BPHC evaluation team. The assessment will examine current workflows and practices across key Rapid Start domains, including data systems and available patient-level data related to timely ART initiation and re-initiation, and will identify existing strengths, gaps, barriers, and opportunities for improvement. Funded programs will be expected to actively participate in the assessment process, including providing relevant information and data, engaging appropriate staff and community-based partners, and contributing to the mapping and review of existing Rapid Start workflows. Assessment findings will establish a baseline and inform program-specific priorities for implementation and continuous quality improvement model for Improvement QI methodology, with Plan-Do-Study-Act (PDSA) QI cycles to engage in iterative cycles of testing, learning, and improvement throughout the three-year funding period. Programs will also coordinate with BPHC and participate in a monthly Community of Practice with other funded programs and their partnering organizations to share experiences, identify common challenges, and develop strategies to strengthen Rapid Start implementation.

PART IV: ELIGIBILITY CRITERIA

To be considered for funding, applicants must meet <u>all</u> the following eligibility criteria:

A. **501(c)(3) Status:** The lead applicant must be an organization recognized as tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
B. **Minimum Annual Operating Budget:** Lead applicants must have an annual organizational operating budget of at least $500,000 to apply directly for funding under this RFP. Organizations with an annual operating budget below $500,000 must apply through an eligible sponsoring agency that meets this requirement and assumes responsibility as the lead applicant and fiscal conduit.
C. **HIV Testing and Clinical Care Capacity:** The lead applicant must be a clinical healthcare organization with the capacity to provide HIV testing and HIV medical care, including the initiation and re-initiation of antiretroviral therapy (ART).
D. **Capacity to Implement Rapid Start:** Applicants are not required to have an established Rapid Start program at the time of application. Applicants must, however, demonstrate the clinical

and organizational capacity to assess current practices and implement, strengthen, and sustain Rapid Start services for people newly diagnosed with HIV and people with HIV re-engaging in care and treatment. This approach is consistent with the RFP's assessment and implementation framework, which anticipates different levels of organizational readiness and uses assessment findings to identify program-specific priorities for implementation and continuous improvement.

E. **Service Area:** Applicant organizations must be in Suffolk County. There is no Suffolk County residency requirement for individuals served through this initiative.
F. **Required Partnership with a Community-Based HIV Testing Organization:** The lead applicant must establish or maintain a formal partnership with at least one community-based organization (CBO) that currently provides HIV testing or will integrate HIV testing into its services as part of the proposed project.
G. **Defined Roles, Responsibilities, and Resources Across Partners:** The clinical applicant and CBO partner(s) must jointly support implementation of the proposed Rapid Start model. The application must clearly describe each organization's roles and responsibilities; how referrals, linkage, navigation, and care coordination will occur across organizations; and the resources allocated to each partner. This requirement is consistent with the partnership framework established elsewhere in the RFP, which calls for clearly delineated scopes of work and budgets and coordinated implementation between the clinical lead and CBO partner(s).
H. **Lead Agency and Fiscal Responsibility:** The clinical organization must serve as the lead applicant and fiscal conduit for the award and will be responsible for meeting all applicable BPHC contractual, programmatic, fiscal, data, and reporting requirements, including appropriate coordination and oversight of funded partner activities.
I. **Participation in Required Program Activities:** The lead applicant and participating partner(s) must agree to participate in required assessment and evaluation activities, continuous quality improvement (CQI), data collection and reporting, and the longitudinal Community of Practice throughout the three-year funding period.

PART V: GUIDING PRINCIPLES

The guiding principles of this RFP are as follows:

A. **Health Equity:** Funded programs will focus on addressing infectious disease disparities linked to race/ethnicity, geography, sexual orientation, gender identity, housing status, comorbidities including behavioral health conditions and substance use disorder, immigration status, and socioeconomic status.
   Programs are encouraged to engage communities in the development and delivery of services, recognize the impact of structural and social determinants of health, and incorporate approaches that support empowerment, confidentiality, and equitable access to care.

B. **Evidence-Based Activities:** BPHC strongly encourages all applicants to base their outreach, testing, result delivery, patient education, engagement/re-engagement, clinical care, and support services efforts on the best science currently available.

C. **Prevention Strategies:** Rapid initiation and sustained use of antiretroviral therapy (ART) are central to improving individual health outcomes and preventing HIV transmission. Through Treatment as Prevention (TasP), people with HIV who achieve and maintain viral suppression can protect their own health and, when they maintain an undetectable viral load, have no risk of sexually transmitting HIV to others (U=U).

   Rapid Start services should therefore support both the timely initiation or re-initiation of ART and sustained engagement in HIV care. Funded programs should identify and address barriers that may delay treatment, contribute to disengagement from care, or interfere with ongoing treatment and viral suppression, particularly among populations experiencing health and social inequities.

D. **Compliance:** All applicants must adhere to the programmatic and fiscal requirements outlined in this RFP, including those described in the Program Rules section. By submitting a proposal, the applicant indicates acceptance of these requirements and agrees to comply with them.

E. **Transparency:** Funding and funded activities are considered information in the public domain. Transparency must also extend to the development and implementation of required community-clinical partnerships. Clinical applicants are expected to engage their community-based partner(s) in the development of the proposed budget and Scope of Work, including open discussion of the total funding request, the resources allocated to each partner, and the activities and responsibilities associated with those resources. Funding allocations should reflect the respective roles, responsibilities, and level of effort of each partner and should be developed collaboratively rather than determined solely by the clinical applicant.

F. **Partnerships:** Applicants must establish (or expand) and maintain a formal resource-sharing partnership between the clinical provider and at least one community-based organization (CBO) that provides HIV testing services to support the delivery of the proposed services and achievement of the project objectives. Partnering organizations must be active participants over the three-year funding period in assessment, planning, and evaluation of the proposed program. Applicants must clearly describe the formal partnership and relationships among the clinical provider, CBO, and any other co-applicants; delineate the responsibilities and respective scopes of work for each partner; identify the lead agency, which will also serve as the fiscal conduit; and provide respective budgets for each partner. Partnering organizations must plan to establish data sharing agreements consistent with state and federal statutes to support timely patient referrals and evaluation of Rapid Start goals and targets.

   As BPHC's contractual relationship is with the lead agency/fiscal conduit, the lead agency/fiscal conduit is responsible for ensuring effective communication and coordination with its subcontractor(s) and formal partners. The lead agency/fiscal conduit must describe how the partners will work together to meet the project objectives, coordinate service delivery, and fulfill all programmatic, fiscal, data, and reporting requirements to BPHC.

G. **Quality Assurance:** Applicants should describe how they will ensure that services are delivered with quality, consistency, and responsiveness to participant needs. Quality Assurance (QA) focuses on whether required activities are implemented as intended and whether programs consistently meet established standards and expectations. QA includes the systems and processes organizations use to monitor service delivery, support staff, and maintain fidelity to approved protocols or curricula.
   Quality assurance activities may include practical strategies such as staff training and supervision, use of standardized materials or guidelines, review of documentation, participant feedback or satisfaction surveys, and periodic internal check-ins to verify that services are being delivered as designed. These approaches help ensure reliability, accuracy, and adherence to standards across all program activities.

H. **Performance and Outcome Measures:** To support high-quality, client-centered Rapid Start services, selected agencies will be asked to track a core set of performance and outcome measures that describe how effectively clients are linked to care, started on antiretroviral therapy (ART), supported through medication access, achieved sustained viral suppression, and retained in care. These measures also help us understand the client experience, the strength of referral pathways, and opportunities to improve coordination across the system. These indicators are intended to be practical and supportive, not burdensome. They serve as tools for identifying where systems are working well and where additional resources, collaboration, or workflow adjustments may be helpful and for reporting progress and outcomes. BPHC will work closely with funded partners to ensure that the data collected is meaningful, manageable, and aligned with each organization's capacity.
   BPHC will partner with all awardees to develop a comprehensive performance management and continuous quality improvement (CQI) plan during the initiation phase. This collaborative process will include defining data elements, reviewing workflows, and establishing realistic reporting expectations. Agencies will not be expected to have fully developed systems in place at the time of application; instead, BPHC will work alongside each organization to build sustainable, equitable, and client-centered quality processes.
   Below is a summary of the key performance domains that will be tracked as part of this performance management approach.

Key Performance Domains

Performance Domain	Description of What Will Be Tracked
Timely Linkage to Care	How quickly newly diagnosed or re-engaged clients are connected to an HIV care appointment
Rapid ART Initiation	Time to start ART for newly diagnosed and re-engaged clients
Medication Access	Ability to obtain ART quickly, including same-day dispensing and resolution of insurance or pharmacy barriers
Retention in Care	Continued engagement in medical care during the first year after linkage or re-engagement
Viral Suppression	Viral load outcomes at key time points (3, 6, 12 months)
Equity Outcomes	Differences in access, timeliness, and outcomes across demographic groups and priority populations
Navigation & Support Services	Effectiveness of warm handoffs, benefits enrollment, and wraparound supports
Community–Clinical Partnerships	Referral completion and coordination between community-based and clinical providers
Continuous Quality Improvement (CQI)	Use of PDSA cycles and other improvement efforts to strengthen workflows and outcomes
Client Experience	Client-reported experiences with Rapid Start services, including communication, stigma, and satisfaction
Data Quality & Reporting	On-time and complete data submissions to support program monitoring
Transition Planning	Planning and documentation for transitioning virally suppressed clients from Rapid Start to routine HIV care

I. **Continuous Quality Improvement:** Continuous Quality Improvement (CQI) is defined by BPHC as a deliberate, ongoing process to achieve measurable improvements in efficiency, effectiveness, performance, accountability, and outcomes of services or processes. CQI focuses on *improving systems that are already meeting minimum standards* by identifying opportunities for enhancement, testing changes, and studying their effects over time.
This process is distinct from Quality Assurance (QA), which addresses situations in which program performance does not meet established standards or expectations. When corrective actions are needed, they will be addressed through the QA framework described above. Corrective action plans will not be considered CQI activities.
Participating sites will use the Model for Improvement to guide their CQI work, including identifying improvement opportunities, developing Small Tests of Change (STOC), monitoring

progress, and assessing the effectiveness of those changes. CQI activities will be tailored to each agency's workflow, service model, and client population.

BPHC will provide a Rapid Start evaluation team to provide technical assistance, coaching, and support to funded providers as they implement their CQI activities. Together, BPHC, the evaluation team, and funded organizations will collaboratively develop a **comprehensive performance management and CQI plan**, ensuring that expectations are clear, feasible, and aligned with BPHC and EHE quality frameworks.

J. **Accessibility:** Funded programs will ensure equitable access to services by addressing linguistic, cultural, and disability-related barriers. This includes providing appropriate auxiliary aids and services, as defined by the ADA, to support effective communication for individuals with disabilities.

   All program materials and communications, including print, digital, and web-based content, must be designed with accessibility in mind (e.g., clear formatting, readable font sizes, sufficient color contrast, and compatibility with assistive technologies such as screen readers) to ensure usability for individuals with low vision, blindness, color blindness, or other disabilities. Applicants are encouraged to align with established accessibility standards, including ADA guidance[6], WCAG[7], and Section 508[8].

K. **Syndemic approach:** Funded services will recognize that racism, homophobia, transphobia, xenophobia, and other forms of oppression make individuals vulnerable to multiple infectious diseases and will aim to develop strategies that address this overlapping risk.

L. **Sex positivity:** Funded programs will be founded in a sex-positive framework recognizing the importance of healthy sexuality, consent, sexual pleasure, and relationship satisfaction in their messaging. Programs should avoid abstinence-only approaches and ensure that services are inclusive, affirming, and responsive to the diverse needs and experiences of clients.

M. **Trauma-informed care:** Funded programs will observe and integrate the principles of trauma-informed care recognizing the particular needs of individuals who are survivors of violence, abuse, neglect, and other traumatic experiences (including sexual assault, intimate partner violence, and the experience of international migration) and design the delivery of service to meets these needs through the building of safety, trust, empowerment, and self-determination.

N. **Anti-Stigma Approach:** Programs funded through this RFP are required to incorporate an anti-stigma approach in the design and delivery of services. Stigma related to HIV, sexual orientation, gender identity, substance use, and other intersecting factors must be addressed as a barrier to accessing testing and care.

[6] www.ada.gov

[7] https://www.w3.org/WAI/standards-guidelines/wcag/

[8] https://www.section508.gov/

PART VI: ALLOWABLE SERVICES AND EXPENDITURES

Within the framework of assessment, system re-alignment, and continuous quality improvement, the following services may be paid for under this RFP as indicated by patient need and system requirements:

A. Clinical care

a. HIV Care Provider/prescriber time
b. Nurse time
c. Clinical interpreter time
d. Clinical support staff time
e. Supervisory staff time
f. Initial ARVs, up to 30-day starter pack Rapid Start medications
g. Clinical testing supplies
h. Clinical general supplies
i. Mobile clinic capacity and home-delivered care
j. Telehealth services
k. Administrative support time

B. Patient support

a. Community-based HIV testing staff time
b. CHW/peer educator time
c. Health care/insurance navigator time
d. Medical case manager time
e. Licensed mental health provider time
f. Housing support staff time
g. Nutrition support staff time
h. Medical transportation staff time
i. Supervisory staff time
j. Emergency financial assistance
k. Taxi/ride share vouchers for medical transportation
l. Legal assistance
m. Patient educational materials
n. Up to 30-day starter pack Rapid Start medications
o. Patient telephones and other communications devices and services
p. Non-cash patient incentives

C. Collaborations

a. Subcontracts with CBOs providing HIV testing services
b. Legal support for crafting sub-contractual and data sharing agreements

D. Data systems

a. Technology purchases (IT, AI, tablets, phones)
b. Clinical data system improvements
c. Pharmacy system improvements
d. Test site data reporting systems
e. Data analysis and reporting
f. Legal support for data system development and data sharing agreements

E. Continuous Quality Improvement

a. Clinical and other staff training
b. CHW and other certification programs
c. Costs associated with CQI activities, including process mapping, patient satisfaction and quality-of-life assessments, participation in Communities of Practice (COP) and peer-to-peer clinical education, and other activities that directly support continuous quality improvement.
d. Costs associated with coordination and collaboration with the BPHC evaluation team, including necessary staff time, provided that these activities directly support CQI efforts.

PART VII: FUNDING OVERVIEW

Available Funding and Awards

A total of up to $1.5 million is expected to be available for the first 12-month contract period. The number of agencies to be funded has not been determined. While we currently anticipate funding approximately three clinical organizations, the final number may be higher or lower based on the quality of proposals received, available funding, programmatic priorities, and the amounts awarded to selected applicants. Additional clinical organizations may also be funded if further resources become available at the time of selection or after the initial funding decisions. Applicants should request the level of funding necessary to establish, strengthen, enhance or expand Rapid Start services and associated community-based partnerships based on the identified needs, priority implementation domains, proposed activities, and resources described in their proposal.

An applicant may request up to the full amount of funding available under this RFP; however, BPHC anticipates funding up to three clinical sites and reserves the right to negotiate final award amounts based on the proposed scope of work, available funding, and the overall portfolio of selected applicants.

Additional resources may become available through federal carry-forward funding. Any such funding will be contingent upon availability and applicable federal and BPHC requirements.

Funding Structure

The anticipated contract period is **March 1, 2027, through February 28, 2030**, representing a three-year project period.

The initial contract will be executed for the full three-year period; however, funding amount will be authorized on an annual basis. The first year of funding will cover the period of March 1, 2027, through February 29, 2028.

Funding for Years 2 and 3 will be contingent upon the continued availability of funds, satisfactory fiscal and programmatic performance, and BPHC approval of an annual budget and Scope of Work. Funded organizations will be required to submit updated budgets and Scopes of Work for each subsequent year reflecting implementation progress, evolving program needs, and priorities for the upcoming contract year.

Budget and Scope of Work

Applicants must submit a detailed Year 1 implementation budget, budget justification, and Scope of Work covering the initial 12-month funding period (March 1, 2027, through February 29, 2028).

For Years 2 and 3, funded organizations will be required to submit an updated annual budget and Scope of Work for BPHC review and approval. Annual budgets and Scopes of Work will be informed by implementation progress, assessment and continuous quality improvement activities, evolving program needs, available funding, and satisfactory fiscal and programmatic performance.

PART VIII: REQUIRED PROGRAM ELEMENTS

All funded organizations must incorporate the following elements into their Rapid Start programs throughout the three-year funding period:

A. **Health Equity:** Apply an equity lens across Rapid Start services, partnerships, assessment, implementation, performance measurement, and CQI, with particular attention to identifying and addressing disparities in access, engagement, treatment initiation, retention, and outcomes.

B. **Clinical–Community Partnership:** Establish and maintain a formal partnership with at least one eligible community-based organization, with clearly defined roles and responsibilities, meaningful participation in implementation, and appropriate allocation of resources.

C. **Rapid Start Pre-Assessment and Implementation Priorities:** Complete the brief BPHC-provided Rapid Start Pre-Assessment included with this RFP to reflect on current practices and capacity across the Rapid Start implementation domains described in Part IX. Based on this pre-assessment, applicants will identify two to three initial priority domains for focused improvement. Priority domains should reflect areas the applicant identifies as needing further development or strengthening. These initial priorities may be confirmed, expanded, or refined following the more comprehensive BPHC-facilitated baseline assessment after award and through ongoing CQI.

D. **Continuous Quality Improvement (CQI):** Engage in ongoing CQI throughout the funding period, including iterative testing, learning, and refinement of Rapid Start strategies in collaboration with the BPHC Rapid Start Program evaluation team.

E. **Evaluation and Assessment:** Participate in baseline and ongoing assessment and evaluation activities facilitated by BPHC Rapid Start Program evaluation team.

F. **Community of Practice (CoP):** Participate in the monthly longitudinal Rapid Start Community of Practice with other funded organizations and their community partners throughout the three-year initiative.

G. **Data Driven Performance Management:** Utilize data to drive performance, as well as participate in BPHC performance reviews to meet applicable BPHC programmatic, performance measurement, and reporting requirements.

H. **Partner Services Coordination:** Coordinate with MDPH Partner Services field epidemiologists to support partner notification and appropriate healthcare referrals for individuals with priority infections.

I. **Coordination with the New England AIDS Education and Training Center (NEAETC):** Engage in active coordination with the clinical education and training offerings of the NEAETC that address the goals of Rapid Start

PART IX: RAPID START IMPLEMENTATION FRAMEWORK

BPHC recognizes that funded organizations will enter this initiative with different Rapid Start systems, resources, strengths, and areas for improvement. Many organizations may already have established practices, services, partnerships, and infrastructure across several of the Rapid Start implementation domains, while other domains may require further development or strengthening.

Applicants will complete a brief BPHC-provided Rapid Start Pre-Assessment to consider their current practices and capacity across the implementation domains described below and **identify two to three** initial priority domains for focused improvement. The pre-assessment is intended as an initial planning tool and is not a comprehensive organizational assessment.

Following award, funded organizations will participate in a more comprehensive BPHC-facilitated Baseline Assessment of their existing Rapid Start systems and practices. The Baseline Assessment will examine current workflows, practices, available data, strengths, gaps, barriers, disparities, and opportunities for improvement and will be used to confirm or refine each organization's initial implementation priorities and workplan.

Funded organizations are not expected to redesign or strengthen every Rapid Start implementation domain simultaneously**.** Organizations are expected to maintain effective existing practices while focusing funded improvement activities and resources on identified priority areas. Implementation priorities may evolve over the three-year funding period based on assessment findings, performance data, client experience, equity considerations, organizational capacity, and ongoing continuous quality improvement (CQI).

Three-Year Phased Implementation Approach

Rapid Start implementation under this RFP will follow a three-year phased approach. The phases describe the expected progression of work within each organization's identified priority domains and are intended to support focused implementation, continuous learning, systems strengthening, and long-term sustainability.

A. Year 1: Assessment, Infrastructure Development & Implementation

During Year 1, funded organizations will continue existing Rapid Start activities while participating in the BPHC-facilitated Baseline Assessment and beginning focused work within their identified priority domains.

Organizations will use assessment findings to confirm or refine implementation priorities, identify gaps and barriers, strengthen necessary infrastructure and partnerships, and begin implementing and testing improvements.

Year 1 is not an assessment-only period. Assessment, implementation, and CQI will occur concurrently, allowing organizations to address identified needs and begin testing improvements during the first year of funding.

B. **Year 2: Expanded Implementation & Systems Strengthening**
During Year 2, funded organizations will build upon Year 1 assessment findings, performance, implementation experience, and CQI results to expand, refine, and strengthen effective Rapid Start strategies.

Organizations may deepen work within existing priority domains, address additional priorities identified through ongoing assessment and CQI, strengthen multidisciplinary and cross-organizational coordination, and refine interventions based on performance data, client experience, equity findings, and implementation learning.

C. **Year 3: Sustainability, CQI & Integration**
During Year 3, funded organizations will focus on sustaining effective Rapid Start practices and integrating successful approaches into routine organizational operations.

Activities may include institutionalizing effective workflows and protocols, strengthening long-term clinical and community partnerships, evaluating outcomes, addressing remaining implementation or equity gaps, establishing mechanisms for continued CQI, and identifying effective practices and lessons that may inform broader Rapid Start implementation across Suffolk County.

Assessment, implementation, and CQI are expected to occur throughout the full three-year funding period. The phases above describe the anticipated progression of the work and should **not** be interpreted as separate or mutually exclusive stages.

Rapid Start Implementation Domains

The Rapid Start implementation domains provide a common framework for assessing existing systems, identifying strengths and opportunities for improvement, establishing implementation priorities, and supporting CQI and sustainability.

Funded organizations will consider their current practices across all Rapid Start implementation domains**,** but they are not required to implement new activities or make improvements in every domain**.** Applicants will use the BPHC-provided pre-assessment to identify **two to three initial priority domains** for focused improvement. Following award, these priorities may be confirmed or refined through the Baseline Assessment and may evolve over time based on organizational needs, data, client experience, equity considerations, and CQI results.

The activities presented in the framework below are illustrative and are not intended as a checklist of activities that every funded organization must complete**.** Rather, they demonstrate how work within a

priority domain may progress from assessment and initial implementation through systems strengthening, sustainability, and integration.

Proposed phased implementation framework for Rapid Start systems transformation aligned with Rapid Start best practice domains:

Implementation Phases	Year 1 Assessment, Infrastructure Development, Implementation & CQI	Year 2 Expanded Implementation, Systems Strengthening & CQI	Year 3 Sustainability, Integration & CQI
Clinical Rapid Start Workflow	Assess current HIV diagnosis-to-treatment and reengagement-to-treatment workflows; map processes; identify gaps in staffing; develop/adapt Rapid Start protocols; pilot workflow improvements	Expand and refine Rapid Start workflows across sites/programs; improve same-day ART access and appointment systems; strengthen interdisciplinary coordination	Integrate Rapid Start workflows into standard clinical operations; standardize protocols; evaluate long-term workflow effectiveness
Patient Education and Engagement, Linkage, Navigation & Warm Handoffs	Assess patient engagement, linkage to care, navigation, referral, and care transition processes; identify barriers to timely care engagement and ART initiation; develop patient-centered education, navigation, and warm handoff strategies that support informed decision-making and rapid linkage to care.	Strengthen patient engagement, linkage to care, navigation, and warm handoff models; improve coordinated referrals, peer navigation, re-engagement, and retention strategies to support timely ART initiation and ongoing care.	Institutionalize patient engagement, linkage to care, navigation, and warm handoff models; evaluate linkage, engagement, retention, and patient experience outcomes; sustain coordinated, patient-centered systems of care.
Pharmacy & Medication Access	Assess/identify medication access barriers; establish pharmacy partnerships; evaluate starter pack/sample processes; identify adherence support needs	Strengthen pharmacy coordination; operationalize same-day medication access systems; expand adherence support strategies	Sustain pharmacy workflows and medication access systems; evaluate adherence outcomes and long-term access barriers
Benefits & Insurance Enrollment	Review insurance enrollment workflows; identify barriers to HDAP/Medicaid enrollment; develop expedited eligibility processes	Strengthen benefits coordination and enrollment systems; improve timely access to coverage and medication funding	Integrate benefits enrollment into routine care systems; evaluate enrollment and access outcomes; sustain coverage support processes
Support Services & Whole-Person Care	Assess social support needs and referral systems; identify service gaps related to housing, transportation, behavioral health, legal concerns, food access, and retention support	Expand coordination with support services; strengthen referral systems and follow-up processes; improve whole-person care integration	Sustain multidisciplinary support service models; evaluate impact on retention and viral suppression outcomes
Workforce Development &	Conduct staff training; identify staff champions; establish multi-	Expand workforce capacity; strengthen internal communication systems;	Institutionalize Rapid Start competencies; integrate Rapid Start into

Implementation Phases	Year 1 Assessment, Infrastructure Development, Implementation & CQI	Year 2 Expanded Implementation, Systems Strengthening & CQI	Year 3 Sustainability, Integration & CQI
Organizational Capacity	disciplinary implementation teams; engage organizational leadership	refine staff roles and implementation responsibilities	organizational culture and ongoing workforce development
Data, Performance Measurement & CQI	Establish baseline metrics; identify data collection and data sharing needs; develop CQI plans and performance monitoring systems	Implement CQI activities; monitor implementation progress and outcomes; use data to refine workflows and address disparities	Evaluate long-term outcomes; sustain CQI systems; disseminate lessons learned and implementation findings
Planning for Patient Transition from Rapid Start program to longitudinal HIV care	Assess mechanisms for determining patients' current and ongoing need for intensive Rapid Start services	Develop policies and procedures for transitioning patients from Rapid Start services to routine HIV care	Evaluate the factors that predict for retention in routine HIV care and those that suggest the need for ongoing engagement support
Community Partnerships & Care Coordination	Establish or expand formal partnerships between clinical providers and at least one community-based organization providing HIV testing services; assess referral pathways; map patient flow across organizations; identify points where clients are lost between testing, linkage, and ART initiation; develop shared communication and referral protocols.	Strengthen bidirectional referral systems; implement coordinated navigation models; improve cross-organizational communication and shared care processes; evaluate effectiveness of partnership activities.	Institutionalize community-clinical partnerships; sustain integrated referral networks; evaluate long-term impact on linkage, Rapid Start initiation, retention, and health equity outcomes.
Client Experience, Feedback & Engagement	Assess client experiences across the Rapid Start continuum; establish mechanisms for meaningful client feedback; identify barriers related to access, engagement, stigma, communication, cultural responsiveness, and care experience; incorporate client perspectives into implementation planning and CQI.	Implement and strengthen ongoing client feedback and engagement mechanisms; use client input to identify service gaps, refine workflows, improve patient-centered practices, and inform CQI activities.	Institutionalize client feedback and engagement within routine Rapid Start operations and CQI; evaluate trends in client experience and responsiveness to feedback; use findings to support sustained, equitable, patient-centered systems of care
Sustainability & Systems Integration	Assess operational, workforce, partnership, and financial requirements needed to sustain Rapid Start beyond the grant period; identify opportunities to	Implement sustainability strategies alongside program expansion; strengthen integration of Rapid Start practices into	Institutionalize effective Rapid Start practices within routine organizational operations; finalize and implement sustainability

Implementation Phases	Year 1 Assessment, Infrastructure Development, Implementation & CQI	Year 2 Expanded Implementation, Systems Strengthening & CQI	Year 3 Sustainability, Integration & CQI
	integrate successful practices into existing workflows, staffing structures, funding streams, and organizational systems; begin sustainability planning.	organizational policies, workflows, staffing, partnerships, and existing resources; assess ongoing resource needs and address barriers to long-term sustainability.	plans for continuation beyond the grant period; identify strategies to maintain essential partnerships, workforce capacity, and successful interventions with reduced reliance on grant funding.

PART X: PROGRAM RULES

Organizations funded under this RFP must comply with the following program requirements throughout the funding period. These requirements apply to the lead clinical organization and, where applicable, to funded community-based partners and subcontractors participating in the Rapid Start initiative.

A. **Award Conditions:** Awards made under this RFP are anticipated to support a three-year project period from March 1, 2027, through February 28, 2030. Funding will be authorized annually and is contingent upon the continued availability of funds, satisfactory programmatic and fiscal performance, and BPHC approval of annual budgets and Scopes of Work.

   Funded organizations will be required to implement activities consistent with their BPHC-approved Scope of Work and budget. BPHC reserves the right to negotiate or modify funded activities, deliverables, budgets, and timelines as necessary to ensure alignment with program goals, available funding, federal requirements, and identified implementation needs.

   Continuation funding for Years 2 and 3 is not automatic and will be informed by programmatic and fiscal performance, implementation progress, assessment and continuous quality improvement findings, and compliance with applicable BPHC and federal requirements.

B. **Service Expectations and Program Implementation:** Funded organizations must implement Rapid Start activities in accordance with the goals, objectives, required program elements, and implementation framework described in this RFP.

   Programs must support timely initiation or re-initiation of antiretroviral therapy (ART) for people newly diagnosed with HIV and people with HIV re-engaging in care, while addressing barriers that may affect linkage, engagement, treatment initiation, retention in care, and sustained viral suppression.

   Funded organizations will participate in a structured baseline assessment of existing Rapid Start systems and practices. Assessment findings will be used to identify organizational strengths, gaps, barriers, and priorities for implementation. Organizations are not expected to develop every Rapid

Start domain simultaneously. Implementation priorities should reflect identified needs, organizational capacity, the needs of the populations served, and opportunities for meaningful systems improvement.

Funded organizations must engage in continuous quality improvement throughout the funding period, including iterative testing and refinement of strategies using the Plan-Do-Study-Act (PDSA) model or other BPHC-approved quality improvement approaches.

The lead clinical organization and its community-based partner(s) must maintain active collaboration throughout implementation, including coordinated referral, linkage, navigation, care coordination, and other activities described in the approved Scope of Work.

C. **Program Monitoring:** Funded organizations must participate in regular program monitoring activities conducted by BPHC. Monitoring may include scheduled meetings or calls with assigned BPHC staff to review program implementation, progress toward goals and objectives, service utilization, expenditures, data quality and reporting, client outcomes, partnership implementation, challenges, and outstanding action items.

   Organizations must make appropriate programmatic, fiscal, data, and leadership staff available for monitoring activities when their participation is relevant to the issues being reviewed.

   BPHC may request additional information, documentation, or follow-up activities when needed to assess performance, resolve identified concerns, or provide technical assistance. The existing EHE monitoring framework assesses areas including program utilization and spending, compliance with programming, data and fiscal requirements, linkage and retention efforts, and client outcomes.

D. **Data Collection and Reporting Requirements:** Funded organizations must comply with all BPHC programmatic, client-level, service utilization, performance measurement, fiscal, and federal reporting requirements applicable to the award.

   Funded organizations must use BPHC's programmatic data collection system to track and report required client, service utilization, and outcome data in accordance with BPHC reporting requirements. The EHE Provider Manual currently requires monthly reporting of funded service utilization.

   Organizations must ensure that required data is complete, accurate, timely, and consistent with applicable confidentiality and data security requirements. Funded organizations must also complete applicable BPHC and federal reports, including required EHE and Ryan White Services reporting, as directed by BPHC.

   Specific reporting schedules, measures, data elements, and submission requirements will be communicated by BPHC and may be updated during the funding period to reflect federal, BPHC, evaluation, or programmatic requirements.

E. **Community of Practice and Learning Activities:** The lead clinical organization and appropriate representatives from its community-based partner(s) must participate in the monthly Rapid Start Community of Practice (CoP) convenings throughout the three-year funding period.

   CoP will provide a structured forum for funded organizations and their partners to share implementation experiences, identify common barriers, examine emerging practices, discuss quality improvement activities, and develop strategies to strengthen Rapid Start implementation.

   Funded organizations are expected to contribute actively to these learning activities, including sharing lessons learned, implementation challenges, successful strategies, and relevant findings that may inform broader Rapid Start implementation across Suffolk County.

   Participation in the CoP is a required component of the award and is separate from routine BPHC contract monitoring activities.

F. **Site Visits and Program Review:** BPHC may conduct programmatic, fiscal, data, or other monitoring visits as necessary to assess compliance with contractual requirements, approved Scopes of Work and budgets, applicable program policies and service standards, and federal requirements.

   Site visits or program reviews may include reviews of program and fiscal documentation, client records as permitted by applicable law and confidentiality requirements, policies and procedures, data and performance measures, partnership implementation, and interviews with appropriate staff.

   Funded organizations and applicable subcontractors or partners must cooperate with BPHC monitoring activities and provide requested documentation within established timeframes. The existing EHE monitoring framework similarly authorizes BPHC to conduct site visits to assess compliance with contractual, programmatic, service-standard, and federal requirements.

G. **Data Sharing, Confidentiality, and Information Exchange:** Because effective Rapid Start implementation requires coordination across clinical and community-based organizations, funded organizations must establish processes that support consensual sharing of patient data as well as timely and appropriate exchange of information necessary for referral, linkage, navigation, care coordination, and evaluation.

   The lead clinical organization and its community-based partner(s) must establish appropriate data-sharing agreements, consent processes, and information-sharing protocols consistent with applicable federal and state laws, regulations, confidentiality requirements, and BPHC policies.

   Client information may only be shared as permitted by applicable law and with appropriate client authorization when required. The data-sharing framework similarly uses client consent to support information exchange among participating providers.

Organizations must ensure that staff and participating partners understand and comply with applicable privacy, confidentiality, data security, and information-sharing requirements.

H. **Client Transition and Continuity of Care:** Rapid Start services must support a coordinated pathway from diagnosis or re-engagement through ART initiation and continued engagement in comprehensive HIV care.

   Funded organizations must establish processes to support appropriate transition of individuals from Rapid Start services into ongoing HIV medical care and other appropriate core medical and supportive services. Transitions should be coordinated, patient-centered, and designed to minimize interruptions in treatment or care.

   Organizations must document applicable referrals and transitions and work with clients and partner organizations to promote continuity of care. When appropriate and when eligibility requirements are met, this may include transition to Ryan White Part A services or other available programs and resources.

I. **Notification of Significant Program Changes:** Funded organizations must notify their assigned BPHC program contact of significant changes that may affect implementation of the approved program.

   Significant changes may include changes in key program staff or leadership; changes in community-based partners or subcontractors; changes affecting the organization's ability to provide HIV testing, clinical care, ART initiation or other required services; significant interruptions in service delivery; material changes to the approved program model; or other circumstances that may affect the organization's ability to meet contractual requirements.

   Changes to an approved Scope of Work, budget, partnership structure, or other contractual elements may require prior BPHC review and approval.

J. **Flyers, Promotional, and Educational Materials:** Flyers, advertisements, educational materials, social media content, and other promotional materials developed with funds awarded under this RFP must be accurate, culturally and linguistically appropriate for the intended audience, and consistent with the goals and requirements of the funded program.

   Funded organizations must comply with applicable BPHC and federal requirements regarding acknowledgment of funding, use of logos, required disclaimers, and review or approval of publicly distributed materials.

   BPHC may require funded organizations to submit materials for review and approval prior to public dissemination.

K. **Compliance:** Funded organizations must comply with the requirements of this RFP, the executed contract, approved Scope of Work and budget, applicable BPHC policies and procedures, EHE program requirements, and applicable federal, state, and local laws and regulations.

The lead organization is responsible for ensuring that applicable requirements are communicated to and followed by its subcontractors and funded community-based partners.

Organizations must maintain appropriate programmatic, fiscal, administrative, and client-level documentation sufficient to demonstrate compliance with the requirements of the award.

L. **Corrective Actions:** BPHC may require corrective action when programmatic, fiscal, data, contractual, or performance concerns are identified.

Depending on the nature and severity of the concern, BPHC may provide technical assistance, request additional documentation, require a written corrective action plan, establish specific improvement activities or timelines, increase monitoring, or take other actions consistent with BPHC policy and the terms of the contract.

Failure to make satisfactory progress toward program goals or to resolve identified compliance concerns may result in additional contractual action, including reduction, suspension, or termination of funding. BPHC reserves the right to suspend, reduce, or terminate a subrecipient's contract when the organization fails to make substantial progress and does not demonstrate an adequate strategy for addressing identified barriers.

M. **Conflict of Interest:** Funded organizations must maintain and comply with policies and procedures designed to identify, disclose, and appropriately manage actual, potential, or perceived conflicts of interest related to activities supported under this award.

Organizations must comply with applicable BPHC and federal conflict-of-interest requirements and disclose potential conflicts to BPHC as required.

PART XI: FISCAL RULES

General Expectations

Funding awarded through this RFP is supported by federal Ending the HIV Epidemic (EHE) funds administered by the Health Resources and Services Administration (HRSA) and is subject to applicable federal requirements, BPHC policies, and the terms and conditions of the resulting award.

Funded organizations must maintain appropriate fiscal systems, internal controls, documentation, and financial records to ensure that EHE funds are used only for approved program purposes. Program expenditures must be consistent with the approved Scope of Services and budget and comply with applicable federal and BPHC fiscal requirements.

The lead clinical organization will serve as the fiscal agent for the award and will be responsible for ensuring appropriate fiscal oversight of funds allocated to participating community-based organizations, subcontractors, or other funded partners.

F. Allowable Costs and Cost Reimbursement

EHE funds may be used only for costs that are allowable, allocable, reasonable, and directly related to implementation of the approved Rapid Start program.

Awards will be administered on a cost-reimbursement basis. Reimbursement will be limited to actual, allowable, and properly documented expenditures incurred in accordance with the approved Scope of Services and budget.

Applicants must develop budgets that are reasonable and appropriate to the proposed activities and clearly demonstrate how requested resources support implementation of the proposed Rapid Start program.

G. Invoicing and Payment

Funded organizations will be required to submit monthly fiscal invoices and supporting documentation in accordance with BPHC procedures and established reporting timelines. Invoices must reflect actual expenditures associated with the approved award and be consistent with the approved budget. BPHC may request additional documentation necessary to verify the allowability, accuracy, or appropriate allocation of reported expenditures.

Payments may be delayed or withheld when invoices or required supporting documentation are incomplete, inaccurate, inconsistent with the approved budget, or otherwise not in compliance with applicable fiscal requirements.

Specific invoicing procedures, required forms, supporting documentation requirements, and submission timelines will be provided to funded organizations as part of contracting and post-award guidance.

H. Budget Management and Revisions

Funded organizations are expected to actively monitor expenditures throughout each budget period and manage awarded funds in accordance with the approved Scope of Services and budget.

Organizations must develop realistic budgets with the intention of fully utilizing awarded funds for approved Rapid Start activities. BPHC will monitor program utilization and expenditures throughout the funding period and may provide technical assistance or require corrective action when spending or program implementation differs substantially from approved projections.

Substantial modifications to an approved Scope of Services or budget must be submitted to BPHC in writing and may not be implemented until required approval has been received.

BPHC reserves the right to negotiate or modify budgets based on available funding, programmatic needs, proposed activities, actual expenditures, performance, and applicable federal or BPHC requirements.

I. Payor of Last Resort and Other Sources of Payment

EHE funds are subject to applicable payor-of-last-resort requirements. EHE funds may not be used to pay for an item or service to the extent that payment has been made, or reasonably can be expected to be made, through another available payment source, including applicable insurance, federal or state health benefits programs, state compensation programs, or prepaid health services.

Funded organizations must make reasonable efforts to identify and utilize available third-party reimbursement and other eligible payment sources before charging an otherwise reimbursable service to EHE funds.

Organizations must appropriately identify, track, and account for third-party reimbursement and any program income generated through activities supported by the award in accordance with applicable federal and BPHC requirements.

J. Allowable and Unallowable Costs and Funding Restrictions

All expenditures must directly support approved program activities and comply with applicable federal and BPHC requirements.

EHE funds may not be used for prohibited or unallowable expenditures, including, as applicable:

- Cash payments to intended recipients of services;
- Clinical research;
- International travel;
- Construction or permanent improvements, except for allowable minor alterations or renovations when appropriately approved;
- Syringe Services Program activities or supplies that are not allowed under applicable federal requirements; and
- PrEP and PEP medications and related medical services for individuals who do not have HIV.

Client assistance and support expenditures, including transportation assistance, vouchers, gift cards, or similar supports, must directly support an allowable program purpose, be included in the approved budget, and comply with applicable federal and BPHC requirements.

Applicants must clearly identify and justify proposed client assistance and support expenditures in their budgets.

BPHC reserves the right to determine the allowability of proposed or incurred expenditures based on applicable federal requirements, BPHC policies, and the approved Scope of Services and budget.

K. Fiscal Compliance, Records, and Audits

Funded organizations must maintain financial management systems, internal controls, and supporting records sufficient to document the receipt, allocation, and expenditure of EHE funds.

Fiscal records must support reported program expenditures and demonstrate that costs charged to the award are consistent with the approved Scope of Services and budget and applicable federal and BPHC requirements.

Funded organizations must comply with applicable fiscal reporting, monitoring, record-retention, and audit requirements and must make relevant fiscal records and supporting documentation available to BPHC or other authorized entities for monitoring, review, or audit.

BPHC may conduct fiscal monitoring in conjunction with program monitoring and may require corrective action, additional documentation, technical assistance, or other appropriate measures when fiscal compliance concerns are identified.

L. Administrative, Indirect, and Personnel Costs

Administrative/Indirect, and Personnel/Other Direct Costs charged to the award must comply with applicable federal and BPHC requirements and must be appropriately documented and allocated to the Rapid Start program.

Personnel costs must reflect the actual level of effort devoted to activities supported by the award and must be supported by appropriate payroll, time-and-effort, or other required documentation. Other Direct Costs must be documented and supported by receipts.

Administrative/Indirect costs will be subject to applicable federal and BPHC limitations in effect for the award. The current Administrative/Indirect cost is capped at a flat, 10% rate and does not need to be itemized.

M. City of Boston Living Wage Ordinance

All service contracts issued by BPHC are subject to the City of Boston's Living Wage Ordinance. This ordinance requires that employees working on substantial city contracts receive an hourly wage that ensures a family of four can live at or above the federal poverty level. This wage amount, called the living wage, is recalculated annually. For additional information, refer to Boston Jobs, Living Wage, and Prevailing Wage Ordinance.

N. Carryover and Additional Funding

Funding is authorized by budget period. Carryover of unspent funds is not automatic. Funds remaining from a prior budget period may be available for use in a subsequent budget period only if HRSA approves BPHC's carryover request and BPHC subsequently approves the subrecipient's carryover request. Subrecipients may not use carryover funds without prior written authorization from BPHC.

Any additional or carryover funding made available by BPHC during the project period will be subject to the availability of funds, applicable federal requirements, BPHC approval, and any additional terms or conditions communicated at the time the funding is awarded.

Funding for subsequent budget periods is not automatic and is contingent upon the availability of funds, satisfactory programmatic and fiscal performance, compliance with award requirements, and BPHC requirements.

Applicant understands and agrees that the Boston Public Health Commission's financial obligation under this award is expressly subject to the availability of an appropriation by HRSA.

O. BPHC Standard Contract

Awarded vendor(s) will be subject to the terms and conditions outlined in the contract, which define obligations and responsibilities. Services shall not commence until both parties have duly executed the agreement. The BPHC shall negotiate any requirements not outlined in the RFP. BPHC may award more than one vendor under this RFP.
For reference, applicants may review a copy of the BPHC Standard Contract (**Attachment 3**) and the Subrecipient Rider (**Attachment 7**) included in this RFP.

PART XII: APPLICATION PROCESS

BPHC is committed to equitable procurement practices and strongly encourages submissions from Certified Underrepresented Business Enterprises (CUBE), including minority-owned, women-owned, veteran-owned, disability-owned, LGBTQ+-owned businesses, nonprofit organizations, and local businesses.

Applicants are encouraged to review the following process and timelines carefully to ensure timely and complete submission of all required materials.

- **Bidders' Conference:**
  A virtual Bidders' Conference will be held to review the RFP and respond to questions from prospective applicants. Applicants must register to participate. Attendance is strongly encouraged.
  Date: Monday, November 16, 2026
  Time: 10:00 – 12:00
  Location: Virtual, click here for registration link or copy and paste the link below:
  https://us06web.zoom.us/meeting/register/D_Qa3UnsTEKhzQe2jReFcA

  Following the Bidders' Conference, applicants will have the opportunity to submit written questions.

- **Virtual Q&A Sessions**
  Two virtual Q&A sessions will be held to provide prospective applicants with an opportunity to ask questions and seek clarification regarding the Rapid Start RFP and application process. Applicants are encouraged to attend.

  Session 1: Thursday, November 19, 2026
  Time: 10:00 – 11:00 AM
  Location: Click here for registration link or copy and paste the link below:
  https://us06web.zoom.us/meeting/register/-qaNi-cCTlKdcvqarvmqsw

  Session 2: Monday, November 23, 2026
  Time: 10:00 – 11:00 AM
  Location: Click here for registration link or copy and paste the link below:
  https://us06web.zoom.us/meeting/register/F1U7rGXEQqy0R8-c8Yh7SQ

  Questions and responses from the sessions will be posted on the BPHC website for all prospective applicants.

- **Written Questions and Responses:**
  In addition to the two virtual Q&A sessions, applicants are also encouraged to submit written questions related to this RFP via email.
  Date: Monday, November 23, 2026 by 5:00 PM
  Email to: RFR@bphc.org **and CC:** EHE@bphc.org

  Responses to all submitted questions will be posted on the BPHC website on Wednesday, December 2, 2026. Individual written responses will not be provided.

Application Instructions

A. General Preparation Instructions

- Applications must be in English
- Use12-point font size
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be double-spaced
- Number all pages of the application consecutively, including tables
- The application narrative should not exceed 20 pages**.** Attachments are additional and will not count towards the 20-page narrative.
- The application narrative, required forms, and tables must follow the formats provided in this RFP. The proposed Year 1 budget must be completed using the BPHC-provided Excel budget template.
- The organization of the proposal must be consistent with the order of the application checklist
- All application materials, except the Year 1 Excel budget, must be combined into a single PDF file, following the order outlined in the application checklist.

B. Submission Instructions

The deadline for submitting proposals is **Wednesday, January 6, 2027 by 5:00 PM**. Applicants must submit their complete proposal electronically as **two (2) files**:

a. **One (1) PDF file** containing the complete application narrative, all required attachments, and all completed tables, combined into a single document.
b. **One (1) Excel file** containing the proposed Year 1 budget, using the BPHC-provided budget template.

Submit both files to **RFR@bphc.org** and cc: **EHE@bphc.org**.
There will be no exceptions to the **Wednesday**, **January 6, 2027 by 5:00 PM** submission deadline.

C. Review and Selection Process

BPHC will use a structured review and selection process to identify applicants with the clinical capacity, community partnerships, organizational commitment, and feasible implementation approach needed to advance timely and equitable Rapid Start.
The review will consider both existing strengths and the applicant's proposed approach to addressing gaps. Applicants are not required to have a fully established Rapid Start program at the time of application. Greater existing infrastructure or higher current performance will not, by itself, determine selection. BPHC will consider the opportunity for meaningful improvement, the

credibility of the proposed approach, and the applicant's ability to implement and sustain changes over the three-year project period.

D. Eligibility and Completeness Review

Applications will first be reviewed for compliance with the submission requirements and eligibility criteria described in this RFP. This review will include confirmation of the lead applicant's eligibility, HIV clinical care capacity, required community-based HIV testing partnership, and submission of required application materials.

Only applications that meet the eligibility requirements will proceed to scoring. If BPHC requests clarification of submitted information, applicants with similar issues will be treated consistently and in accordance with BPHC requirements.

E. Scored Proposal Review

Eligible applications will be evaluated using the criteria below, for a maximum of 100 points. Reviewers will consider the application narrative, Rapid Start Pre-assessment, partnership documentation, staffing materials, budgets, and Scopes of Work together to determine whether the proposal presents a coherent and achievable approach.

F. Review Criteria Table

Review Criteria	Possible Points
Rapid Start Implementation Approach and Opportunity for Improvement.	25 points
Clinical Community Partnership and Shared Accountability.	20 points
Population Need, Health Equity, and Client Experience.	15 points
Performance Measurement, Evaluation, and Continuous Quality Improvement.	15 points
Organizational Capacity, Staffing, and Leadership Commitment.	10 points
Budget, Resource Allocation, and Feasibility.	10 points
Sustainability and Contribution to Systemwide Learning.	5 points
Total	**100 points**

1. Rapid Start Implementation Approach and Opportunity for Improvement (25 points)

Reviewers will assess:

- The applicant's understanding of its current Rapid Start practices, barriers, and opportunities for improvement, including the rationale for selecting two to three initial priority domains.
- The alignment of the proposed activities with the gaps identified in the self-assessment and the selected implementation priorities, including how effectively the proposed work will address areas needing strengthening.

- The feasibility of the proposed pathway from first positive HIV test or identification of disengagement through clinical care, ART initiation or reinitiation, medication access, and transition to ongoing HIV care.
- Practical strategies to support rapid ART and clinically appropriate treatment within the timeframe defined in this RFP, including responses when routine referral, appointment, benefits, or pharmacy processes fail.
- The clarity of Year 1 activities, responsibilities, and milestones, and the anticipated progression through Years 2 and 3.
- The ability to use baseline assessment findings to refine implementation while maintaining existing services and effective practices.

2. **Clinical Community Partnership and Shared Accountability (20 points)**

   Reviewers will assess:

   - The substance of the partnership, including documented commitments and clearly defined responsibilities for both the clinical lead and community-based partner(s).
   - Operational arrangements for warm handoffs, navigation, referral follow up, reengagement, and resolution of unsuccessful linkages.
   - Shared responsibility for implementation, assessment, CQI, evaluation, and participation in the Community of Practice.
   - Appropriate allocation of funding for staffing and other resources to support each partner's responsibilities.
   - Feasible communication and information sharing arrangements that support coordinated care while protecting confidentiality.

   Partnership documentation will be assessed for the commitments it establishes and its consistency with the proposed activities and budget.

3. **Population Need, Health Equity, and Client Experience (15 points)**

   Reviewers will assess:

   - The demonstrated need among the populations the applicant and its partners serve, including alignment with the RFP's priority populations.
   - The applicant's ability to reach people experiencing delayed treatment, disengagement, or barriers that existing services have not adequately addressed.
   - Specific strategies to address language, transportation, medication access, housing instability, stigma, and other identified barriers.
   - Meaningful incorporation of client perspectives into implementation and improvement.
   - Culturally responsive, trauma informed, and anti-stigma approaches that support informed patient choice and continued engagement.

4. **Performance Measurement, Evaluation, and Continuous Quality Improvement (15 points)**

   Reviewers will assess:

   - Existing capacity and feasible plans to track the patient pathway across community and clinical settings, including the date of the first positive HIV test and actual ART initiation or reinitiation.
   - The ability to distinguish referrals, attendance at a clinical visit, prescribing, and medication receipt or treatment initiation.
   - Plans to address missing information, improve data quality, and meet reporting requirements.
   - The use of structured improvement methods, including PDSA cycles, to test changes and respond to findings.
   - Participation of clinical partners, community partners, and clients in improvement activities, including the use of disaggregated data to identify and address disparities.

   Transparent identification of data limitations, accompanied by a credible improvement plan, will be considered positively.

5. **Organizational Capacity, Staffing, and Leadership Commitment (10 points)**

   Reviewers will assess the applicant's clinical and administrative capacity; relevant experience; adequacy of staffing and supervision; cross organizational coordination; and leadership commitment to changing workflows and sustaining improvements. Proposed hiring and training plans will be assessed for feasibility and consistency with the implementation timeline.

6. **Budget, Resource Allocation, and Feasibility (10 points)**

   Reviewers will assess whether proposed costs are reasonable, adequately justified, consistent with allowable expenditures, and aligned with the Scope of Work. Consideration will include resources allocated to community partners, realistic staffing assumptions, use of existing resources and payment sources, and avoidance of duplicated funding.

   Value will be assessed in relation to the proposed activities, populations served, and expected improvements. The lowest funding request will not automatically receive the highest score.

7. **Sustainability and Contribution to Systemwide Learning (5 points)**

   Reviewers will assess the applicant's approach to integrating successful practices into routine operations, maintaining essential partnerships, and sustaining improvements beyond the project period. Consideration will also include the potential to generate practical tools, workflows, and lessons that other Suffolk County providers can adopt.

PART XIII: BPHC RIGHTS AND RESPONSIBILITIES

A. **Communication:** BPHC is responsible for all pre- and post-award activities associated with this RFP. This includes communication with applicant agencies, oversight and monitoring of all funded projects, and the development of evaluation standards and reporting mechanisms to assess the impact of funded activities.

B. **Cancellation:** BPHC reserves the right to cancel this RFP at any time during the proposal review process or prior to award if it is determined to be in the best interest of BPHC or the City of Boston. BPHC also reserves the right to reject any or all proposals. Notice of such cancellation or rejection will be provided to applicants or potential applicants, as appropriate.

C. **Insufficient Response:** If BPHC determines that no satisfactory proposals have been received for a particular service, BPHC reserves the right to:
   - Provide the service directly;
   - Negotiate with successful applicants for related services to incorporate the unmet service into an existing scope; or
   - Re-issue (re-bid) the RFP for the specific service area.

D. **Debriefings:** Following the issuance of award notifications, any applicant may request a debriefing to:
   - Review the RFP process and award summary; and
   - Discuss the basis for funding decisions with BPHC staff.
   - Requests for debriefings must be submitted via email by February 17, 2027, to: (EHE@bphc.org)

     Idalin Andrades
     Program Director

     Prevention and Early Intervention
     Infectious Disease Bureau
     Boston Public Health Commission
     1010 Massachusetts Avenue, 2nd Floor
     Boston, MA 02118

   BPHC will make reasonable efforts to accommodate debriefing requests in a timely manner. Please note that all award decisions are final and not subject to appeal.

PART XIV: RAPID START RFP APPLICATION CHECKLIST

The following checklist outlines all required components of the application. Applicants should use this checklist to ensure that all sections, tables and attachments are complete and submitted in the required order.

Applicants must complete and sign this checklist and include it as the first page of their application submission. **Incomplete applications will not be considered**.

APPLICATION NARRATIVE — PART XV

- ☐ Section 1: Cover Page/Organizational Information
- ☐ Section 2: Organizational Capacity and Rapid Start Readiness
- ☐ Section 3: Population, Need, and Health Equity
- ☐ Section 4: Clinical–Community Partnership
- ☐ Section 5: Rapid Start Pre-Assessment and Initial Implementation Priorities
- ☐ Section 6: Proposed Rapid Start Implementation Approach
- ☐ Section 7: Continuous Quality Improvement and Performance Measurement
- ☐ Section 8: Staffing and Organizational Support
- ☐ Section 9: Sustainability and Systems Integration
- ☐ Section 10: Budget, Budget Justification, and Scope of Work

REQUIRED TABLES AND FORMS

- ☐ Attachment 1: Completed and signed Cover Page
- ☐ Attachment 2: Completed Rapid Start Pre-Assessment (including selection of 2–3 initial priority domains)
- ☐ Table 1: Organization Diversity – Board and Staff
- ☐ Table 2: Organization Diversity – Current Clients
- ☐ Table 3: Demographics and Characteristics of the Proposed Population of Focus

REQUIRED SUPPORTING DOCUMENTS

- ☐ Attachment 5: Certificate of Authority
- ☐ Verification of 501(c)(3) status
- ☐ Verification of SAM.gov registration status
- ☐ Memorandum of Understanding (MOU), Letter of Agreement, or similar documentation describing clinical–community partner roles and responsibilities
- ☐ Organizational chart
- ☐ Job descriptions for positions supported by the proposal
- ☐ Resumes for identified key personnel
- ☐ Most recent annual operating budget

YEAR 1 FISCAL AND IMPLEMENTATION DOCUMENTS

- ☐ Completed Year 1 Budget (BPHC-provided Excel budget template file)
- ☐ Year 1 Budget Justification
- ☐ Year 1 Scope of Work

SUBMISSION CHECK

- ☐ One PDF containing the complete narrative, required tables, forms, and supporting documents
- ☐ One Excel file containing the proposed Year 1 budget using the BPHC Excel template
- ☐ Both files emailed to RFR@bphc.org, with a copy to EHE@bphc.org, by January 6, 2027, at 5:00 PM

POST-AWARD DOCUMENTATION — NOT REQUIRED WITH APPLICATION

If selected for funding, applicants should be prepared to provide:

Business Profile; Available Appropriation; Board of Directors list; BPHC Business Associate Agreement; BPHC Living Wage Agreement; Certificate of Non-Collusion; and evidence of General Liability and Workers Compensation coverage.

Signature of individual authorized to sign contracts for agency as noted on the Certificate of Authority:

Name: _____ **Signature:** _____

Date: _____

PART XV: RAPID START RFP APPLICATION

The following section is intended to guide applicants in describing their organization, existing Rapid Start systems and capacity, proposed clinical-community partnership, initial implementation priorities, and approach to strengthening and sustaining Rapid Start over the three-year funding period.

Applicants must complete all sections of the application narrative in accordance with the guidance provided under each section. Responses should be clear, focused, and provide sufficient detail for BPHC to understand the applicant's current capacity, identified needs, proposed approach, and ability to successfully implement the work described in this RFP.

Applicants are required to complete the BPHC-provided Rapid Start Pre-Assessment and identify two to three initial priority domains for focused improvement. Applicants are not expected to propose improvements across every Rapid Start implementation domain.

Applicants must also submit a detailed Year 1 Scope of Work and budget describing activities and resources for the initial 12-month funding period.

Years 2 and 3 will be developed and updated following award based on baseline assessment findings, implementation experience, CQI activities, evolving program needs, available funding, and performance.

Section 1: Cover Page/Organizational Information

Applicants must complete the Cover Page included with this RFP and submit it as part of their application.

Required Attachments:

- Attachment 1: Cover Page
- Table 1: Organization Diversity – Board and Staff
- Table 2: Organization Diversity – Current Clients
- Attachment 5: Certificate of Authority
- Verification of 501(c)(3) status
- Verification of SAM.gov registration status

Section 2: Organizational Capacity and Rapid Start Readiness

Describe your organization's current capacity to provide HIV clinical care and implement or strengthen Rapid Start for newly diagnosed people with HIV and people re-engaging in HIV care.

Your response should address:

A. HIV Clinical Care and Rapid Start Capacity

- Describe your organization's current HIV testing, clinical care, treatment, and support services relevant to Rapid Start.
- Describe your current process for initiating ART for newly diagnosed patients and re-initiating ART for patients returning to care after disengagement.
- Describe your ability to provide timely clinical appointments and initiate or re-initiate ART within the Rapid Start timeframe defined in this RFP.
- Describe how patients currently access medications when insurance, HDAP eligibility, pharmacy access, documentation, or other barriers could delay treatment.
- Describe existing systems for identifying and re-engaging people with HIV who have disengaged from care or treatment.

B. Organizational Experience and Infrastructure

Describe the organizational infrastructure available to support this initiative, including:

- Relevant experience providing HIV care and services to populations disproportionately affected by HIV;
- Existing multidisciplinary staff and services that support Rapid Start;
- Existing referral, navigation, benefits, pharmacy, behavioral health, substance use, social support, or other systems relevant to Rapid Start;
- Existing data systems and ability to track patients from referral or diagnosis through linkage, ART initiation or re-initiation, retention, and viral suppression; and
- Organizational leadership and administrative capacity to support implementation and systems change.

Applicants are not required to have a fully developed Rapid Start program at the time of application**.** Responses should accurately describe existing capacity, strengths, limitations, and opportunities for improvement.

Section 3: Population, Need, and Health Equity

Describe the population(s) the proposed Rapid Start program will serve and the barriers affecting timely linkage to care, ART initiation or re-initiation, retention in care, and viral suppression.

Your response should address:

A. Population of Focus

a. Identify and describe the focus population of focus proposed to be served through this initiative, including newly diagnosed people with HIV and/or individuals re-engaging in HIV care.

i. Describe the demographic and other relevant characteristics of the proposed population of focus, including populations experiencing disproportionate barriers to timely HIV treatment.
ii. Describe the applicant's and its community-based partner(s)' existing relationships with, experience serving, and ability to reach the proposed population of focus.
iii. Explain how the proposed population of focus align with the priority populations identified in this RFP.
iv. Identified need and barriers.

b. Describe the principal individual, organizational, and system-level barriers affecting Rapid Start within your setting. These may include, but are not limited to:

- Delays between HIV testing and clinical care;
- Availability of same-day or rapid clinical appointments;
- Insurance or benefits enrollment;
- Medication access;
- Pharmacy coordination;
- Transportation;
- Housing instability or homelessness;
- Behavioral health or substance use needs;
- Language or immigration-related barriers;
- Stigma;
- Care transitions following incarceration;
- Communication between clinical and community providers; and
- Challenges re-engaging people who have disengaged from care.

Whenever possible, applicants should use available organizational, programmatic, clinical, or community data to support the needs identified.

B. Health Equity

Describe known or suspected disparities in Rapid Start access or outcomes within the population served and how the applicant proposes to incorporate health equity into assessment, implementation, performance measurement, and CQI.

Your response should also address how the perspectives and experiences of people with HIV, including those facing significant barriers to care, will inform culturally responsive, trauma-informed, and anti-stigma approaches to Rapid Start services.

Required Attachments:

- Table 3: Demographics and Characteristics of the Proposed Population of Focus

Section 4: Clinical–Community Partnership

Describe the formal partnership between the lead clinical organization and the community-based organization(s) that will participate in this initiative.

Your response should address:

- Name and role of each partner organization;
- Current relationship between the organizations, if one exists;
- HIV testing and other relevant services currently provided or proposed by the CBO;
- Roles and responsibilities of the clinical organization and CBO in Rapid Start;
- How individuals receiving a positive HIV test in community settings will be referred and connected to clinical care;
- How warm handoffs, navigation, follow-up, and communication will occur;
- How the partners will address individuals who are difficult to reach or who do not successfully complete linkage;
- How the partners will share information necessary for care coordination and performance measurement while protecting confidentiality;
- How partners will participate together in assessment, implementation, CQI, evaluation, and the Community of Practice;
- How proposed Year 1 funding and other resources will be allocated among the lead clinical organization and participating community-based partner(s) to support their respective responsibilities; and
- How the partnership will be maintained and strengthened throughout the three-year project period.

Required Attachment:

- Memorandum of Understanding (MOU), Letter of Agreement or similar documentation describing the roles and responsibilities of the clinical organization and participating CBO partner(s).

Section 5: Rapid Start Pre-Assessment and Initial Implementation Priorities

Applicants must complete the **BPHC-provided Rapid Start Pre-Assessment** included with this RFP. The pre-assessment should reflect the applicant's current practices and capacity across all Rapid Start implementation domains. It is intended as a brief planning tool and is not intended to serve as a comprehensive organizational assessment.

Based on the pre-assessment, identify **two to three initial priority domains** for focused improvement**.**

For each selected priority domain:

- Briefly describe the current state of practice;
- Identify existing strengths or resources that can support improvement;
- Describe the primary gaps, barriers, disparities, or opportunities that led the organization to select this domain;
- Describe what the organization initially hopes to improve or achieve;
- Identify the staff and partner organizations likely to be involved; and
- Describe how improvement in this domain could contribute to more timely, equitable, and sustainable Rapid Start.

Applicants should explain how the selected priority domains relate to one another and to the organization's overall Rapid Start system.

Initial priorities may be confirmed or refined following the more comprehensive BPHC-facilitated Baseline Assessment after award.

Required Attachment:

- Attachment 2: Rapid Start Pre-Assessment

Section 6: Proposed Rapid Start Implementation Approach

Describe the proposed Rapid Start program, including the interventions, goals, objectives, activities, and anticipated milestones for Year 1. The proposed approach should reflect the initial implementation priorities identified through the pre-assessment and support the goals and requirements of this RFP.

Your response should address:

- How existing Rapid Start services and effective practices will be maintained;
- Initial activities related to the two to three priority domains selected;
- Infrastructure, staffing, workflow, partnership, data, or other improvements anticipated during Year 1;
- How the organization and its community partner(s) will participate in the BPHC-facilitated Baseline Assessment;
- How findings from the Baseline Assessment will be used to confirm or refine implementation priorities and activities;
- Initial strategies or changes the organization expects to test during Year 1;

- How the proposed Year 1 approach will address delays or breakdowns in clinical appointments, referrals, benefits enrollment, pharmacy coordination, or medication access that could prevent timely ART initiation or re-initiation, as applicable to the selected implementation priorities; and
- Major anticipated Year 1 milestones.

Section 7: Continuous Quality Improvement and Performance Measurement

Describe how the organization will use data and CQI to monitor and strengthen Rapid Start implementation.

Your response should address:

- Describe your organization's previous experience with Continuous Quality Improvement (CQI), Plan-Do-Study-Act (PDSA) cycles, or similar improvement methods.
- List the staff that will participate in CQI activities;
- Describe how the organization will use PDSA cycles or other structured improvement processes to test and refine Rapid Start strategies;
- Describe how clinical and community partners will participate in CQI;
- Describe your organization's existing capacity to collect, analyze, and report Rapid Start process and outcome measures.
- Describe how you will track timely linkage to HIV care and antiretroviral therapy (ART) initiation or re-initiation, including progress toward the seven-day linkage goal.
- Describe how you will track retention in care and viral suppression;
- Describe how you will disaggregate performance data to identify disparities in Rapid Start access and outcomes and assess equity.
- Describe how you will use client experience and feedback to inform CQI; and
- Describe how performance data and CQI findings will inform decisions about implementation priorities over the three-year period will inform decisions about implementation priorities over the three-year period.

The EHE Rapid Start Continuous Quality Improvement (CQI) Framework, **Attachment 6**, is provided as a reference to guide applicants in developing their responses to this section. The framework outlines key CQI concepts, including the Plan–Do–Study–Act (PDSA) approach and provides guidance for identifying improvement priorities, assessing progress, and testing changes. Applicants are not expected to have a fully developed CQI program at the time of application, as plans will be further refined in collaboration with BPHC following award.

Applicants should identify any current data limitations or gaps that may need to be addressed during implementation.

Section 8: Staffing and Organizational Support

Describe the staffing and organizational structure that will support the proposed Rapid Start initiative.

Your response should address:

- Key staff positions and their roles in implementation;
- Existing positions and new positions proposed through this funding;
- Clinical, navigation, benefits, pharmacy, data/CQI, administrative, and other relevant functions;
- Staff roles within the partnering CBO(s);
- How staff across organizations will communicate and coordinate;
- Supervision and organizational oversight;
- Training or workforce development needs anticipated during the project; and
- Organizational leadership support for implementing and sustaining Rapid Start.

Required Attachments:

- Organizational Chart
- Job descriptions for positions supported by this proposal
- Resumes for identified key personnel

Section 9: Sustainability and Systems Integration

Describe how the applicant will work toward integrating effective Rapid Start practices into routine organizational operations and sustaining improvements beyond the project period.

Your response should address:

- How sustainability will be considered beginning in Year 1;
- Which elements of the proposed work have the greatest potential for long-term integration;
- Organizational, staffing, financing, workflow, data, or partnership considerations that may affect sustainability;
- How successful practices may be institutionalized within the clinical organization and partnering CBO(s); and
- How lessons from implementation could contribute to broader adoption of effective Rapid Start approaches across Suffolk County.

Section 10: Budget, Budget Justification, and Scope of Work

Applicants must submit a detailed Year 1 implementation budget, budget justification, and Scope of Work covering the initial 12-month funding period. These documents must reflect the proposed Year 1

activities, initial implementation priorities, staffing, partnership responsibilities, and anticipated resource needs.

Detailed Year 1 Budget

Submit a detailed budget for the first 12-month funding period using the BPHC-provided budget template. A sample budget is provided as **Attachment 8** for reference.

The Year 1 budget must clearly identify costs associated with implementation of the proposed Rapid Start activities, including resources allocated to participating CBO partner(s) and other subcontractors, as applicable.

A. Year 1 Budget Justification

Provide a narrative justification explaining the basis for major Year 1 expenditures and how each expense supports the proposed Scope of Work and Rapid Start implementation priorities.

A Sample Budget Justification is provided as **Attachment 4** for reference. This sample is intended to illustrate the level of detail and types of explanations expected and is not intended to be exhaustive or prescriptive. Applicants should tailor their budget justifications to their proposed activities, staffing, partnerships, and anticipated expenditures, consistent with the allowable costs and fiscal requirements outlined in this RFP.

B. Year 1 Scope of Work

Submit a detailed Year 1 Scope of Work identifying:

- Goals and objectives;
- Activities;
- Responsible organization(s) and staff;
- Expected deliverables or outputs;
- Performance measures, as applicable; and
- Anticipated timelines.

The Year 1 Scope of Work should reflect the applicant's initial priority domains while allowing for priorities and activities to be refined following the BPHC-facilitated Baseline Assessment.

Required Attachments:

- Year 1 Budget Template (BPHC-provided Excel file)
- Budget Justification
- Y1 Scope of Work
- Annual Operating Budget: Potential applicant must submit documentation of the agency's most recent annual operating budget to verify fiscal viability. All applicants must have an

operating budget of at least $500,000 for eligibility to directly apply for funding. Agencies with an annual operating budget of less than $500,000 may apply only through a sponsoring agency which meets the requirements. The sponsoring agency will apply as the lead agency with a clearly defined relationship for fiscal oversight and programmatic compatibility.

Section 11: Post-Award Documentation

The following documents are **not required at the time of application submission**. This information is provided so applicants can understand and plan for requirements that will be requested if selected for funding. Applicants are strongly encouraged to review the list below to determine their readiness to meet contracting requirements if awarded.

- Business Profile
- Available Appropriation
- Board of Directors list
- BPHC Business Associate Agreement
- BPHC Living Wage Agreement
- Certificate of non-collusion
- Evidence of General Liability and Workers Compensation Coverage

End of RFR

Proposals received after the deadline will not be considered