

SOURCE OF FUNDS:	Part B of the Ryan White Program Virginia Department of Health HIV Services Grant
PERIOD:	April 1, 2010 – March 31, 2011
ELIGIBILITY:	Any organization able to provide services to people with HIV.
ISSUING AGENCY:	Council of Community Services, Lead Agency Southwest/Piedmont HIV Care Consortium 502 Campbell Ave., SW, Roanoke, VA 24016
RELEASE DATE:	Monday, January 18, 2010
PRE-PROPOSAL CONFERENCE CALL:	Wednesday, January 27, 2010 at 10:00 AM
DEADLINE:	Friday, February 19, 2010 at 4:30 PM
ANTICIPATED FUNDS:	\$1,200,000.00 for multiple awards

LATE PROPOSALS CANNOT BE ACCEPTED.

Sealed proposals will be accepted until **4:30 PM EST, February 19, 2010** by the Council of Community Services, located at 502 Campbell Ave., SW, Roanoke, VA 24016. To be considered, all proposals must be received at this specific location on or before the time stipulated. Faxed or emailed proposals will not be accepted. Applicants should pay particular attention to ensure that the proposal is properly addressed. The Council is not responsible if the proposal does not reach the specific destination by the appointed time. Proposals received after the date and hour designated are automatically disqualified and will not be received. In the unlikely event that the Council of Community Services is closed on the date due, the proposal will be due by 4:30 PM on the next business day the Council is open. The official time used in the receipt of responses is the time on the Council's telephone system clock.

The response may be sent via U.S. Mail to the address listed below provided that it is submitted in adequate time to allow for delivery to the specific office location. Applicants are responsible for assuring timely receipt of the proposal at the specific office location and should make allowance for the possibility of an untoward event. The safest way to insure the proposal is delivered on time, especially if it is submitted within the last seven (7) days prior to the due date, is to deliver it in person. The alternative is to use a commercial delivery service such as FedEx or UPS, or the U.S. Post Office Express Mail Service. If any of these services are used, send the proposal to the following address:

**Attention: Denny Huff
Council of Community Services
502 Campbell Ave., SW,
Roanoke, VA 24016**

If the proposal is delivered in person, use the Campbell Avenue entrance and check in with a Council of Community Services staff person in the front lobby. Proposals left at other locations and/or not signed for will be disqualified if not received by staff by the deadline. If delivered by postal mail, do not use the Council's post office box.

Note: This RFP does not discriminate against faith-based organizations in accordance with the Code of Virginia, Section 11-35.1 or against a bidder or applicant because of race, religion, color, sex (gender), national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

For a copy of the RFP and Supporting documents, please visit www.councilofcommunityservices.org

For questions concerning this RFP, please contact Robert Morrow, Director of Care Services at (540) 985-0131 ext. 401 or robertm@councilofcommunityservices.org.

I. Purpose:

The purpose of this Request For Proposals (RFP) is to solicit subcontractors to provide direct and third party services to people with HIV who fall within program eligibility guidelines. The services under this RFP are limited to HIV-related healthcare and support services. **Funds are not available for community prevention or education programming.** In addition, funds from the Ryan White Program can be used to supplement, but not supplant, existing sources of funding for direct service programs. Ryan White services are to be considered the payor of last resort after all other assistance funding.

II. Background

- A. On August 4, 1990, Congress passed S. 2440, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990. Under Title II of the Ryan White CARE Act, the Virginia Department of Health (VDH) was awarded a grant to be used by VDH and area consortia. On December 19, 2006, the CARE Act was replaced by the Ryan White HIV/AIDS Treatment Modernization Act. The previous terminology, Titles I, II, III and IV, were replaced by Parts A, B, C, and D as part of this revision. On October 30, 2009, the Ryan White HIV/AIDS Treatment Extension Act of 2009 replaced the Ryan White HIV/AIDS Treatment Modernization Act. The newly enacted Ryan White Extension Act provides the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI flexibility to respond effectively to the changing epidemic. The law specifies how Ryan White funds can be used, with an emphasis on providing life-saving and life-extending services for people living with HIV/AIDS across this country. Currently, 75% of all funds must be spent on core medical services. This RFP only pertains to Part B of the Ryan White program.

The Southwest/Piedmont HIV CARE consortium (S/PHCC) was founded in early 1991 to respond to an RFP from VDH. The Council of Community Services (CCS) was selected as the lead agency for Ryan White funding for the 29 county region of Southwest Virginia. The purpose of the S/PHCC is to provide an integrated, comprehensive response to the HIV epidemic in the southwest region of Virginia through a coalition of both public and private agencies. The mission of the Southwest/Piedmont HIV Care Consortium is to improve the quality, availability and organization of health care and support services for individuals and families who are infected and affected by HIV.

- B. **Eligible RFP applicants** are any non-profit agency/organization, faith-based organization, or government entity that provides direct services to people with HIV.
- C. **Eligible clients** meet the following criteria:
- HIV positive individuals
 - Low Income (family income currently at or below 300% of Federal Poverty Level)
 - Uninsured or under insured for the allowable services.

III. Scope of Work

- A. **Service Categories:** The RFP applicants shall provide at least one medical or support service to persons living with HIV covering a service area of at least one health district (See attachment 8 for a complete list).
- B. **Healthcare Resources and Services Administration (HRSA) Priorities:**
- **Core Medical Services:** 75% of Ryan White Part B funds must be spent for core services.
 - **Priority Populations:** In 1996 Congress has established four priority populations under the Ryan White Program to ensure that a proportionate amount of Part B funds be used to provide services (including treatment measures to prevent perinatal transmission of HIV) to women, infants, children and youth (WICY) living with HIV disease,. Definitions are as follows:
 - Infants: under 2 years
 - Children: 2 – 12 years
 - Youth: 13 – 24 years
 - Women: 25 and older

C. Virginia Department of Health (VDH) Requirements:

- **VDH Service priorities:** The following services have been identified as critical in the provision of HIV care under the scope of Ryan White Part B:
 - Outpatient/ambulatory medical care
 - AIDS pharmaceutical assistance
 - Oral health care
 - Health insurance premium & cost sharing assistance
 - Mental health services
 - Outpatient substance abuse services
 - Medical case management services
 - Medical transportation services

Applicants need not provide all of these services, but shall address how individuals with HIV shall access the services above through collaboration with another applicant, a funded “third party” provider or another source outside the Ryan White Part B funding stream. Any gaps in services must be addressed in any workplan submitted under the scope of this proposal.
- **Statewide Coordinated Statement of Need (SCSN):** Offered services must be provided in accordance to the priorities established in the SCSN report. A copy of the document may be obtained through the VDH hotline (800) 553-4148 or downloaded in PDF format from <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/RyanWhite.htm>.

D. Allowable Fees:

1. **Administrative Fees:** These are costs typically associated with overall operation of an agency. Administrative fees typically include, but are not limited to:
 - Rent and utilities
 - Equipment maintenance
 - Travel to and from meetings
 - Training for Part B Personnel and supervisors
 - Agency telecommunication costs
 - Insurance
 - Printing
 - Office supplies
 - Portions agency staff salary such as a data entry technician, secretary or program supervisor.

Reimbursement: There is no budget line item for “administrative” costs under the scope of this RFP. Necessary administrative (operational) costs are reimbursed under each funded service as a 10% flat fee through monthly invoicing. The cap for administrative costs is 10% of the total annual budget. Each budget line item on this RFP includes both the reimbursement for the service provided as well as the 10% administrative costs for each line item. (See exceptions below)
2. **Service Fees:** These are for costs that do not come directly through salaries or service bills but are directly related to client services. Costs normally considered service related include, but are not limited to:
 - Mileage for personnel to meet with clients or meet on their behalf
 - Medication delivery fees
 - Transporter wait times
 - Transporter parking fees

All service related fees must be preapproved by the lead agency prior to billing. All services fees billed must be attached to a service cost. Service fees are billed as a variable amount through the invoicing process. Any service fee requested for reimbursement must be deemed as “reasonable” charge with a cost effective price.
3. **Fee Limitations:** The following restrictions are in effect:
 - Ryan White Part B administrative and service fees may not be used to support other prevention, testing, housing, care or support services and may not support 100% of any shared operational expense between such services.

- No administration fees are allowed under fee for service case management. All costs are to be included in the negotiated per unit price.
 - Agency cell phones and pagers may not be funded under the scope of this RFP without prior approval from the lead agency. No funds under the scope of this proposal may be used to reimburse personal cell phone bills in part or in full.
- E. **Consortium Membership and Participation:** If the proposal is accepted and the applicant is funded as a subcontractor of the Southwest/Piedmont HIV Care Consortium, the agency/organization must:
- Become and remain an active member in good standing of the Consortium.
 - Participate in a minimum of two (2) Consortia standing or short-term committees.
 - Participate in the Consortium's cost analysis process, submitting all data as required.
 - Participate in surveys and assessments conducted by the lead agency, including, but not limited to, the biennial Needs Assessment, annual lead agency evaluation and periodic Client Satisfaction Surveys.
 - Participate in the Virginia Client Reporting System (VA-CRS) using a format that is acceptable to the statewide system by the 15th day after the end of a month. Subcontractors who provide data to the system via email or by CD must verify this by sending a copy of the email submission to the lead agency.
- F. **Standards, Policies and Procedures:** The subcontractor must verify that any service or tangible item for which Ryan White Part B funds are expended is directly related to the client's HIV infection and/or its treatment, and complies with:
- US Public Health Services Standards of Care for the treatment of HIV
 - Virginia Department of Health Policies and Standards for Services
 - The Southwest/Piedmont HIV Care Consortium's Policies and Procedures
- Failure to verify this information may result in the charge being rejected. If a subcontractor has paid for a service or item that does not comply with the list above, said subcontractor may be liable for the cost as an exception will not be granted.
- G. **Third Party Providers:** Any subcontractor who does not provide services directly may be funded under the scope of this proposal. Such subcontractors paying for services as a "third party payor," must maintain documentation from the service provider regarding the services rendered, including, but not limited to:
- Treatment plans from medical, dental, mental health and substance abuse providers
 - Progress notes from medical, dental, mental health and substance abuse providers
 - Results of laboratory, diagnostic, psychometric tests
 - Data on prescription medications as specified under the VDH medication policy
 - Discharge plans from medical, dental, mental health and substance abuse providers
 - Transit logs, inspection certificates, and insurance policies from medical transportation providers
- Subcontractors using third party providers for services must have a written agreement, such as a Memorandum of Understanding, legal contract or other similar legal document that details the requirements for collecting service-related documentation. Additionally, the agreement must specify other relevant information such as the time frame for reimbursement (typically 60 to 90 days); that services are subject to the availability of funds; and that all billing must be completed within 40 days of the close of the fiscal year (March 31st).
- Exception:** Case management services may not be provided through a third party provider under any circumstances.
- H. **Key Points of Access:** The subcontractor will assist the Consortium to establish linkages to key points of access (organizations from whom client referrals may be received) within the southwest region. The Ryan White Program further clarifies key points of access as including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, mental health programs, community based HIV testing programs, homeless shelters and any other location where individuals with HIV disease are diagnosed and/or identified and

referred for care. Established linkages will be documented through Memoranda of Understanding (MOU), contracts, or other agreements.

- I. **Collaborative Efforts:** Applicants are encouraged to collaborate with other applicants and service providers under the scope of this proposal. Applicants that propose a service delivery mechanism where they will share the same client(s) with another applicant must have a written agreement, such as a Memorandum of Understanding, legal contract or other similar legal document that details the responsibilities of the working relationship including eligibility, service coordination, documentation and data collection.
- J. **Conditions for Service Provision:** The subcontractor must insure that:
- Proof of HIV Diagnosis is documented in the client record in compliance with Consortium and VDH policies.
 - Written authorization is obtained from each client prior to provision of service and that this is updated at least annually.
 - Income status of clients is verified through written documentation maintained in the client record and that this is updated at least annually. Subcontractors shall not use funds under the scope of this proposal to provide care to persons or individuals with family incomes greater than the VDH income limit for southwest Virginia.
 - Insurance status of clients is verified through written documentation maintained in the client record and that this is updated at least annually.
 - All services must be delivered in a client centered and culturally appropriate manner and provided in a setting that is accessible to low-income individuals with HIV disease.
 - HIV related services shall be delivered without regard to the ability of the client to pay for such services and without regard to the current or past condition of the individual with HIV disease.
 - All providers of health care services are informed of the HIV status of any referred clients to ensure appropriate planning for the continuity of care.
 - Funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item of service under any, state compensation program; insurance policy; federal or state health benefits program; or entity that provides health services on a prepaid basis verifying that Ryan White Part B is the payer of last resort.
 - The subcontractor may not utilize funds to make direct or indirect payments to intended recipients of services or the families of recipients of services.
- K. **Sliding Scale for Services:** Subcontractors may charge fee for service. Any sliding scale fee systems instituted by the subcontractor shall be submitted as a part of the application. Sliding scale systems must be approved by VDH
- L. **Record Retention:** All fiscal and program documentation generated by Ryan White Part B services must be kept for a period of not less than five (5) years.
- M. **Quality Assurance Site Visits:** The subcontractor must:
- Participate in annual lead agency site visits which will consist of a review of personnel qualifications, compliance with contract requirements, completeness of the annual workplan objectives, review of VA-CRS data, a fiscal review of at least one month's billing, and a chart review that will focus on eligibility, case managements standards, and limited service compliance including required service data under the current statewide Quality Management Plan. This review will generate a report that outlines subcontractor strengths and deficiencies, with potential recommendations for correcting these deficiencies.
 - Participate in statewide peer review site visits conducted at least biennially. The Peer Review Team will conduct reviews on 50% of the subcontractors and a minimum of ten (10) records or ten percent (10%) of the client records per service, whichever is greater
 - **Corrective Action Plans:** The subcontractor must submit Corrective Action Plans for any deficiencies found at lead agency and/or Peer Review Team site visits within the deadlines as

determined by the Virginia Department of Health and the lead agency

- N. **Items Requiring Approval:** The following items require approval prior purchase, use or implementation:
- **Media:** All materials to be given out to clients or the public, purchased or developed with Ryan White Part B funding must be approved by VDH prior to dissemination. This approval process needs to be obtained prior to purchasing and/or distribution. The review process will be expedited as quickly as possible. Most written materials will be reviewed and approved/disapproved within two weeks. When sending written materials for review, please send 3 copies of each piece to be reviewed.
 - **Survey Instruments:** Any survey instrument and/or process implemented by a subcontractor under this RFP will be subject to inspection and approval by the lead agency prior to implementation.
- O. **Terms and Procedures:** The subcontractor agrees to accept and abide by all operating procedures of the lead agency as promulgated from time to time in addition to any grant conditions from the founding source, (VDH and/or HRSA).
- P. **Investigations:** The subcontractor must permit and cooperate with any federal, state, or lead agency investigations regarding programs conducted under Ryan White Part B.
- Q. **HIPAA:** Any subcontractor deemed to be covered entities under the Health Insurance Portability and Accountability Act (HIPAA) must comply with all regulations relevant to HIPAA.
- R. **Annual Audit:** Any subcontractor that receives more than \$300,000.00 from any federal funding source is required to have an annual financial audit that complies with the auditing and reporting requirements defined by the Federal Office of Management and Budget (OMB) Circular A-133 (Audits of State, Local Governments and Non-Profit organizations).
- S. **Certification Regarding Lobbying:** Subcontractors who receive more than \$100,000 in federal funding must submit a signed "Certification Regarding Lobbying" form and, as appropriate, a "Disclosure of Lobbying Activities" to account for non-appropriated funds used for this purpose to the lead agency within 90 days of the start of the funding period to be forwarded to the Virginia Department of Health within the same time frame. (Regulations and forms can be obtained at <http://ecfr.gpoaccess.gov>.)
- IV. **Reporting and Invoicing:**
- A. **Monthly Billing for Services:** The subcontractor must submit charges for services to the lead agency in the required format (by the secured website or another official format as designated by the lead agency) by 4:30 PM on the 5th day after the end of a month.
- B. **Monthly Narrative and Work Plan Reports:** The subcontractor must submit Monthly Narrative and Work Plan Reports via **email** to the lead agency by 4:30 PM on the 20th day after the end of a month.
- C. **Signed Monthly Invoices:** The lead agency shall compile all submitted billing data and generate a monthly invoice based on this data. The lead agency will submit the prepared invoice via email to the subcontractors by the 15th day after the end of a month. The subcontractor must review the invoice, enter salary and fringe for employee(s) paid directly under Ryan White Part B and return signed monthly invoices via **fax** to the lead agency by 4:30 PM on the 20th day after the end of a month. Failure to provide correct and timely submission of invoices may result in deferment of payment until the following month. A final invoice for services must be submitted no later than 40 days after the end of the fiscal year (March 31st).
- D. **Signed Personnel Time & Effort (T&E)** records for each employee paid in full or in part through this proposal must be kept on file at the subcontractor's site and be signed and submitted via **fax** to the lead agency on the 20th day after the end of a month.
- E. **Monthly Invoice and Report Feedback:** Upon completion of the invoicing process, the lead agency shall generate written feedback to subcontractors on the timeliness, completeness and correctness of

monthly submissions, including VA-CRS. Any missing or incomplete data will be documented and requested under corrective action. Corrective action requests shall be completed and returned within 15 days of the date the lead agency emails the document to the subcontractor. Corrective action requests which are still outstanding when reimbursement is received from VDH may be deemed significant and therefore payment may be withheld.

- F. **Due Date Exceptions:** When a due date is on a weekend, holiday, snow day, or any other day that the Consortium's office is closed, the submission is due the following business day by 4:30 PM. Please note that the Council of Community Services does not close for all state holidays. If the due date falls one a state holiday where the Consortium's office is open, the due date shall remain unchanged.
- G. **Storage of Billing Documentation:** Billing documentation is to be kept, filed, by month with a copy of the invoice in order to facilitate fiscal review by the lead agency, VDH or HRSA.
- H. **Modifications of Annual Work and Service Plans:** Requests for service and work plan modifications must be made by **fax** prior to February 15th for each program year. These requests shall be signed by a representative of the subcontractor empowered to authorize a change in the project. Any request to modify the work plan or service plan must be accompanied by a written explanation as to why the changes are necessary. After February 15th, no further reallocation requests and/or workplan modifications will be considered. The lead agency shall be responsible for determining the legitimacy of the extenuating circumstances and the acceptability of revised budgets and workplans. Budget categories may be may be increased, decreased or eliminated. Failure to attain objectives may impact payment of monies requested by the contractor. However, in an effort not to penalize innovative efforts, payment shall be prorated according to the degree of attainment and legitimate efforts of the subcontractor and not solely by success or failure of an innovative project. Such decision shall be at sole discretion of the lead agency.

V. **Lead Agency Activities**

- A. Hold an orientation session within 60 days of notification of subcontractor award to provide information on the state system, resources, financial disbursement procedures and other consortium, state, or federal requirements.
- B. Provide subcontract monitoring and technical assistance to subcontractors.
- C. Review and provide feedback to monthly report and invoices.
- D. Conduct site visits at least once per year to review expenditures, observe project activities and provide technical support in order to ensure appropriate expenditure of funds.

VI. **Proposal Preparation and Submission Requirements**

A. **General Requirements:**

- 1. **RFP Response:** In order to be considered for selection, applicants must submit a complete response to this RFP. One (1) original and five (5) copies, clearly marked, of the proposal shall be submitted in accordance with instructions on the first page of this RFP. Each copy of the proposal will be securely bound in a single volume. Failure to submit all information requested may result in the lead agency requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by the lead agency. Mandatory requirements are those required by law or regulation and they cannot be waived and are not subject to negotiation.
- 2. **Proposal Preparation:**
 - a. The proposal shall be signed by the executive director, president of the board of directors or other administrative official of the applicant who is empowered to authorize the project.
 - b. Proposals shall be submitted using a size 11 Times New Roman font with 1.5 spacing (Space and a half) using a 1 inch margin.
 - c. Proposals shall be prepared simply and economically, providing a straightforward, concise and clear description of capabilities to satisfy requirements of the RFP; strictly adhere to page limits;

be organized in the SAME order that the requirements are presented in this RFP; have all pages of the proposal numbered; and reference each section of the narrative with the paragraph number of the corresponding section of the RFP. Proposals not organized in this manner risk elimination from consideration if the evaluators are unable to locate where the RFP requirements are specifically addressed.

- d. Relevant information which the applicant desires to present, but does not fall within any of the requirement of this RFP, may be attached at the end of the proposal.
- e. Ownership of all data, materials, and documentation originating and prepared for the State pursuant to the lead agency RFP shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an applicant shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the applicant must invoke the protection of Section 11-52D of the *Code of Virginia*, in writing, either before or at the time the data is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures or paragraphs that constitute trade secrets or proprietary information. The classification of the entire proposal document, line item prices and or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection and return of the proposal.
- f. The signed proposal should be returned in an envelope or package, sealed and identified as follows:

From:	2/19/2008	4:30 PM
Name of Applicant	Due Date	Time
	S/PHCC Subcontract	
Street or Box Number	RFP Name	
	DDP-611-45406-09-CON-2-1011-SUB	
City, State, Zip Code	RFP#	

The envelope should be addressed as directed on page 1 of this solicitation. Faxes and emails will not be accepted. If a proposal is not identified as required, the applicant risks that the envelope may be inadvertently opened, causing the proposal to be disqualified. No other correspondence or other proposal should be placed in the envelope.

3. Applicants who submit a proposal in response to this RFP may be required to give an oral presentation of the proposal to the allocation committee. This is a fact finding and explanation session only, and does not include negotiation. Oral presentations are at the sole discretion of the lead agency and may or may not be conducted.

B. Specific Proposal Requirements: Applicants must submit the following as a complete proposal:

1. Signed and completed grant summary page (Attachment 1).
2. Table of contents
3. **Narrative Background Statement**, no more than three (3) pages in length, which will include:
 - a. **History** of the organization's experience providing services to people with HIV.
 - b. **Previous activities and programmatic accomplishments** including development and delivery of Ryan White Part B services, and participation in community coalitions.
 - c. **WICY Impact:** History of serving Woman, Infants, Children and Youth.
 - d. **Listing of personnel** including all paid and volunteer staff responsible for the delivery and/or supervision of services under this proposal.
 - e. **Current agency budgets** for all HIV related services, including prevention, education, healthcare, housing, case management or other support programs, identifying the amount, funding source; fiscal year; and duration of current contract.

4. **Statement of Need**, no more than three (3) pages in length, which will include
 - a. Description of the geographic area(s) to be served under this proposal, noting any unique challenges or issues.
 - b. Numbers and demographics of HIV positive clients currently on caseload (or anticipated to be on caseload) with projections of cases to be served through March 31, 2011. **Note:** Caseload numbers for currently funded Ryan White Part B programs shall be based on VA-CRS data for the period of January 1 through December 31, 2009.
 - c. Cited epidemiological data of the region to be served, cited from reliable sources such as the Virginia Department of Health (www.vdh.virginia.gov/epidemiology/DiseasePrevention), which includes HIV and other data such as STD, substance abuse or pregnancy rates.
 - d. Estimated number of Women, Infants, Children and Youth (WICY) to be served.
 - e. Evidence that the proposed services are needed in the proposed region as reported in Consortium needs assessments and the experience of subcontractors, providers and clients.
 - f. Identification of gaps and shortfalls in services.
5. **Proposed Workplan** (Attachment 2,)
 - a. Objective 1: Process for provider recruitment focusing on gaps in services.
 - b. Objective 2: Process for partner recruitment focusing on services outside the scope of this application.
 - c. Objective 3: Policy and procedures development/review.
 - d. Objective 4: Process for client input.
 - e. Objective 5: Additional activities (Optional)
6. **Proposed Quality Management Plan** which should address deficiencies or anticipated problems using a time –phased process and a quality management model or system (example: A Plan, Do, Study, and Act [PDSA] model) in at least two of the following areas:
 - a. Case management services (Required if funded for medical and/or non-medical case management).
 - b. At least one core medical service other than case management (Required if not funded for medical or non-medical case management).
 - c. At least one support service (other than non-medical case management).
 - d. Ryan White program eligibility.
Additionally the plan must establish a quality management committee (or Part B subcommittee if part of a larger quality management program) that shall meet at least monthly, post minutes of meetings and produce monthly progress reports within 60 days of the start of the contract date. Furthermore, the quality management program must comply with VDH Standards.
7. **Proposed Service plan and Budget Justification for each service.** (Attachment 3)
8. **Required Attachments:**
 - a. **Vendor reference sheet** (Attachment 4).
 - b. **Proof of 501(c)3 status** or statement from governing body regarding the organizations intent not to profit financially from the funding
 - c. **Job Descriptions** of all positions to be **directly funded** under this proposal.
 - d. **Resumes** of all persons **directly funded** under this proposal. In the case of a position to be filled after the award of the funding, resumes must be submitted after hire.
 - e. **Memoranda of Understanding/Contracts** (Attachment 5): Copies of all signed, completed agreements including:
 - i. Other Consortium subcontractors with shared clients
 - ii. Key Access Points to care.
 - iii. Third party service providers (funded)
 - iv. Other service partners (non-funded)
 - f. **Proof of Applicant Insurance Policies & Indemnifications:** List of required insurance and indemnification (See RFP Section VI.R) including the issuer of the policy, policy number, type of policy, effective dates of current policy and any indemnification of the Commonwealth of

Virginia and the Council of Community Services.

- g. **Documentation of statistical Data and Current Case Counts:** This may include
 - i. VA-CRS caseload report for the period January 1 through December 31, 2009
 - ii. Epidemiology reports from the Virginia Department of Health
 - iii. Centers For Disease Control Surveillance
 - v. Other sources
- h. **Additional attachments if necessary**

V. Evaluation and Award Criteria:

- A. Proposals are evaluated by an independent allocation committee selected by the lead agency and consisting of a member of the lead agency, a VDH representative, a person infected/affected by HIV and human services professionals with no conflict of interest, using the following criteria:

1. Documentation of Need and Geographic Impact:

- a. Information regarding the need for each proposed service based on Consortium Needs Assessments, Statewide Coordinated Statement of Need, surveillance, and case data.
- b. The number of clients currently receiving services, if any.
- c. The projected number of clients to receive each proposed service.
- d. Identification of gaps and shortfalls in available services.
- e. Identification of service duplication, if any, and any mitigating circumstances.
- f. Geographic concerns unique to the region to be covered.
- g. Documentation of statistical data used.
- h. Dispersion of awards across the Southwest Region

2. Technical Soundness and Feasibility of Work Plan

- a. The objectives are realistic and achievable
- b. The activities are time-phased and follow a logical progression.
- c. The outcome objective is realistic and can be completed on or before the end of the fiscal year.
- d. The work plan addresses gaps in services

3. Feasibility of the Quality Management Plan

- a. The plan addresses two of the four potential areas
- b. The plan is time-phased
- c. The plan uses a definable process or model of operation
- d. The plan establishes a committee/subcommittee within 60 days of the start of the subcontract.

4. Feasibility of Service Plan and Cost Effectiveness of Budget justification

- a. The estimated number of units is realistic based on funds requested.
- b. The targeted number of clients is sustainable with the funds requested.
- c. Services are prioritized or scaled to ensure program feasibility should full funding not be available.
- d. Demonstrates that the services proposed are cost effective and unusual costs or savings are explained.
- e. Includes any “in-kind” or “add-on” services not funded by Ryan White Part B but provided by the subcontractor.

5. Demonstrated Collaboration and Service Network:

- a. The extent to which the applicant demonstrates cooperation, collaboration and linkages to other service providers for each service as evidenced by Memoranda of Understanding (MOU's) with:
 - i. Other Consortium subcontractors with shared clients
 - ii. Key Access Points to care.
 - iii. Third party providers
 - iv. Other service providers

- 6. **Women, Infants Children And Youth (WICY):** The extent of which the proposal targets Women, Infants, Children and Youth to meet HRSA requirements.

- B. **Scoring Scale:** The following 100 point scale is assigned for review of the applications:

Documentation of need and geographic impact	15 points
Completeness of work plan	10 points
Feasibility of Service Plan and Cost Effectiveness of budget justification	50 points
Quality Management Plan	15 points
Demonstrated Collaboration and Service Network	5 points
Proposal addresses WICY priority	5 points

C. Award Criteria: Selection shall be made of one or more applicants deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation criteria included in the Supplemental Request For Proposals, including price, if so stated in the RFP. Negotiations shall be conducted with the applicants so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each applicant so selected, the lead agency shall select the applicant(s), which in its opinion has made the best proposal, and shall award the subcontract(s) to those applicant(s). The lead agency reserves the right to make multiple awards as a result of this solicitation. The lead agency may cancel this RFP or reject proposals at any time prior to an award, and is not required to furnish a statement of the reason why a particular proposal was not deemed to be the most advantageous. (Section 11-65D, *Code of Virginia*) Should the lead agency determine in writing and in its sole discretion that only one applicant is fully qualified, or that one applicant is clearly more highly qualified than the others under consideration, a subcontract may be negotiated and awarded to that applicant. The award document will be a subcontract incorporating by reference all the requirements, terms and conditions of the solicitation and the subcontractor's proposal as negotiated.

D. Optional Pre proposal Conference:

A pre-proposal conference call will be held on **Wednesday, January 27, 2010 at 10:00 am. Pre-registration is required** on or before Monday, January 25, 2010. The purpose of this conference is to allow potential applicants an opportunity to present questions and obtain clarification relative to any facet of this solicitation. Questions may be faxed prior to the conference to (540) 982-2935, attention Robert Morrow. There will be no make up sessions for the pre-proposal conference.

VI. General Terms and Conditions:

Please note the following conditions of the award of funds from the Southwest/Piedmont HIV Care Consortium. **Failure to abide by these terms and conditions, as well as any others listed in the subcontract, may result in termination of subcontract and loss of funding.**

- A. Vendors Manual:** This solicitation is subject to the provisions of the Commonwealth of Virginia Vendor's Manual and any revisions thereto, which are hereby incorporated into this subcontract in their entirety. A copy of the manual is normally available for review at the purchasing office and, in addition, a copy also can be obtained by calling the Division of Purchasing and Supply at (804) 786-3842.
- B. Applicable Laws and Courts:** This solicitation and any resulting subcontract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The subcontractor shall comply with applicable federal, state and local laws and regulations.
- C. Anti-Discrimination:** By submitting their bids or proposals, bidders or applicants certify to the lead agency and the Commonwealth of Virginia that they will conform to the provisions of the Federal Civil Rights Act of 1964 as amended, as well as the Virginia Fair Employment Contracting Act of 1975 as amended, where applicable, the Virginia Disabilities Act, the Americans With Disabilities Act, and section 11-51 of the Virginia Public Procurement Act. Furthermore, if the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services or disbursements made pursuant to the (sub)contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that (sub)contract with public bodies to account for the use of the funds provided; however, if faith-based organizations segregates public funds into separates accounts, only the accounts and programs funded with public funds shall be subject to

audit by the public body. (*Code of Virginia, 11-35.1E*). In every subcontract over \$10,000.00 the provisions below apply:

1. The subcontractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, (gender) national origin, or disabilities, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the subcontractor. The subcontractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.
 2. The subcontractor, in all solicitations or advertisements for employees placed by or on the behalf of the subcontractor, will state that such subcontractor is an Equal Opportunity Employer (EOE).
 3. Notices, advertisements and solicitations placed in accordance with Federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- E. **Ethics in Public Contracting:** By submitting their bids or proposals, bidders or applicants certify that their bids or proposals are made without collusion or fraud and they have not offered or received any kickbacks or inducements from any other Bidder/applicant, supplier, manufacturer or subcontractor in connection with their bid or proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction and payment, loan, subscription, advice, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.
- F. **Immigration Reform and Control Act of 1986:** By submitting their bids or proposals, the applicant, certify that they do not and will not employ illegal alien workers or otherwise violate the provisions of the Federal Immigration Reform and Control Act of 1986 during the performance of this subcontract.
- G. **Debarment Status:** By submitting their bids or proposals, applicants certify that they are not currently debarred from submitting bids or proposals on contracts by any agency of the Commonwealth of Virginia, nor are they an agent of any person or entity that is currently debarred from submitting bids or proposals on contracts by any agency of the Commonwealth of Virginia.
- H. **Anti-trust:** By entering into a subcontract, the subcontractor conveys, sells assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now or hereinafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said subcontract.
- I. **Mandatory Use of Consortium Form and Terms and Conditions:** Failure to submit a proposal on the official consortium form designated for that purpose may be cause for rejection of proposal. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the lead agency reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.
- J. **Clarification of Terms:** If any prospective applicant has questions about the specifications or other solicitation documents, the prospective applicant should contact the Council of Community Services no later than five (5) working days before the due date. Any Revisions to the solicitation will be made only by addendum issued by the Council of Community Services.
- K. **Payment:** The Council of Community Services is a contractor with the Virginia Department of Health for the purchase of services under Part B of the Ryan White Program as the lead agency. The lead Agency is hereby obligated:
1. To pay subcontractor(s) within seven (7) days of the contractor's receipt of payment from the Commonwealth of Virginia for the proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or
 2. To notify the agency and the subcontractor(s), in writing, of the Contractor's intention to withhold payment, and the reason for such withholding.
- The Contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract(s)) on all amounts owed by the Contractor that

remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in above. The date of the mailing of any payment by US Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor performing under the primary contract. A contractor's obligations to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.

- L. **Precedence of Terms:** Paragraphs A – L of these **General Terms and Conditions** shall apply in all instances. In the event there is a conflict between any other General Terms and Conditions and the Special Terms and Conditions in all the Solicitation the Special Terms and Conditions apply.
- M. **Qualifications of Bidders and Applicants:** The Council of Community Services, as a Contractor with the Commonwealth of Virginia, may make such reasonable investigations as deemed proper and necessary to determine the ability of the applicant to perform the work/furnish the item(s) and the applicant shall furnish to the Council all such information and data for this purpose as may be requested. The Council reserves the right to inspect the applicant's physical facilities prior to award to satisfy questions regarding the applicant's capabilities. The Council further reserves the right to reject any Proposal if the evidence submitted by or investigations of such applicant fails to satisfy the Council that such applicant is properly qualified to carry out the obligations of the subcontract and to complete the work/furnish the item(s) contemplated herein.
- N. **Testing and Inspection:** The Council of Community Services, as a Contractor of the Commonwealth of Virginia, reserves the right to conduct any test/inspection it may deem advisable to assure the supplies and services conform to the specification.
- O. **Assignment of Contract:** A Contract shall not be assigned by the subcontractor in whole or in part without the written consent of the lead agency.
- P. **Changes to the Subcontract:** Changes may be made if the parties agree in writing to modify the scope of the Subcontract. An increase or decrease in the price of the subcontract resulting from such modification shall be agreed to by the parties as part of their written agreement to modify the scope of the subcontract.
- Q. **Default:** In case of failure to deliver goods or services in accordance with Subcontract Terms and Conditions, the Council of Community Services, after due oral or written notice, may procure them from other sources and hold the subcontractor responsible for any resulting additional purchasing and administrative costs. This remedy shall be in addition to any other remedies, which the Council may deem as appropriate.
- R. **Insurance:** By signing and submitting a bid or proposal with the Commonwealth of Virginia, the Council of Community Services as the lead agency certifies that if awarded the contract, the lead agency and its subcontractors will have the following insurance coverage at the time of the Contract is awarded if services are performed on state owned or state leased property. Furthermore, the Council, as the lead agency and contractor with the Commonwealth of Virginia, requires all subcontractors to maintain these insurance coverages during the entire term of the subcontract and that all insurance coverage will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission. The insurance coverages and limits required are as follows:
1. **Worker's Compensation:** Statutory requirements and benefits require that the Commonwealth of Virginia be added as an additional named insured on subcontractor's policy.
 2. **Employers Liability:** \$100,000.00
 3. **Commercial General Liability:** \$500,000.00 combined single limit. The Commonwealth of Virginia and the Council of Community Services are to be named as an additional named insured with respect to the services being procured. These coverages are to include Products and Completed Operations Coverage.
 4. **Automotive Liability:** \$500,000 – Combined single limit
 5. **Medical Malpractice Insurance:** subcontractors providing medical care must carry medical malpractice insurance.

The lead agency may require proof that insurance is obtained before the issuance of any subcontract. Insurance certificates will be inspected as part of the annual site visit.

- S. **Drug-Free Workplace:** During the performance of this subcontract, the subcontractor agrees to:
1. Provide a drug-free workplace for the contractor's employees.
 2. Post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition.
 3. State in all solicitations or advertisements for employees placed by or on behalf of the contractor that the contractor maintains a drug-free workplace.
 4. Include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor. For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.
- T. **Smoke Free Environment:** Public Law 103-277, also known as the Pro-Children Act of 1994, required that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. Failure to comply with the provision of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.
- U. **Nondiscrimination of Contractors:** The applicant shall not be discriminated against in the solicitation or award of this subcontract because of race, religion, color, sex (gender), national origin, age, disability or due to being a faith-based organization. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.
- X. **Special Terms and Conditions:**
- A. **Availability of Funds:** It is understood and agreed between the parties herein that the subcontractor shall be bound hereunder only to the extent of the funds available of which hereafter become available for the purpose of this agreement.
- B. **Audit:** The Grantee shall comply with the audit and reporting requirements defined by the Federal Office of Management and Budget (OMB) Circular A-133 (Audits of State, Local Governments, and Non-Profit Organizations) as applicable.
1. In accordance with the above Circular, the Grantee shall, if grant funds expended are \$300,000 or more in a year, have a single or program-specific financial statement audit conducted for that annual period in compliance with General Accounting Office audit standards. If grant funds expended are less than \$300,000 for a year, the Grantee must meet the General Accounting Office audit standards and maintain financial records for such audit that are available for review or audit by appropriate officials of the granting Federal agency, Virginia Department of Health, and the General Accounting Office.
 2. As a condition of receiving funds, the independent auditor shall have access to all records and financial statements as may be necessary under the circumstance; and, all personnel costs allocated to any contract must be substantiated by individual records of staff Time and Effort (T & E) devoted to the contract. All audits are to be conducted within one year of the close of the grant fiscal year end.

in accordance with the Standards for Audit of Governmental Organizations, Programs, Activities, and Functions issued by the Comptroller General. The Grantee must submit its audit report and corrective action plan to the Virginia Department of Health, Attention: Casey W. Riley, within thirty (30) days after the completion of the audit report. Failure to provide an audit report within the specified time period or failure to complete corrective actions will be considered a breach in the terms of contract, and as such may lead to termination of the grant or discontinuation of future funding until such time as an audit report is provided.

- C. **Award:** Reference Evaluation and Award Section VI.
- D. **Cancellation of Subcontract:** The lead agency reserves the right to cancel and terminate any resulting subcontract, in part or in whole, without penalty, upon 30 days written notice to the subcontractor. Any subcontract cancellation notice shall not relieve the subcontractor of the obligation to deliver and/or perform on all outstanding orders prior to the effective date of cancellation. The subcontractor shall credit the lead agency and VDH for the applicable decrease in service. The lead agency reserves the right to add similar equipment/system at same contract rate or negotiated maintenance service under this contract. Subcontractor should provide pricing, the reasonable time required to obtain spare parts, and training for any product or service.
- E. **Confidentiality**
1. **Commonwealth:** The Commonwealth agrees that neither it nor its employees, representatives, or agents shall knowingly divulge any proprietary information with respect to the operation of the software, the technology embodied therein, or any other trade secret or proprietary information related thereto, except as specifically authorized by the contractor in writing or as required by the Freedom of Information Act or similar law. It shall be the contractor's responsibility to fully comply with Section 11-52 D of the *Code of Virginia*. All trade secrets or proprietary information must be identified in writing or other tangible form and conspicuously labeled as proprietary either prior to or at the time of submission to the Commonwealth.
 2. **Lead Agency:** The lead agency agrees that neither it nor its employees, representatives, or agents shall knowingly divulge any proprietary information with respect to the operation of the software, the technology embodied therein, or any other trade secret or proprietary information related thereto, except as specifically authorized by the contractor in writing or as required by the Freedom of Information Act or similar law. The lead agency shall fully comply with Section 11-52 D of the *Code of Virginia*. All trade secrets or proprietary information must be identified in writing or other tangible form and conspicuously labeled as proprietary either prior to or at the time of submission to the lead agency. Additionally, the lead agency shall not divulge information or data related to clients or patients obtained through the execution of this agreement, and will not be divulged without the individuals' and the subcontractor's written consent. All communication between the lead agency and any subcontractor regarding issues pertaining to an individual client shall be done using client code numbers in the approved format. Furthermore, any lead agency representative conducting any review of files outside of the Peer Review process must sign a confidentiality statement to be kept on file at the subcontractor site.
 3. **Subcontractor:** The subcontractor assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individuals' and the agency's written consent. Any information to be disclosed, except to the agency, must be in summary, statistical, or other form which does not identify particular individuals. The subcontractor and their employees/volunteers working on this project will be required to sign a confidentiality statement annually. Such statements must be in compliance with the Policy Manual of the Southwest/Piedmont HIV Care Consortium.
- F. **Identification of Bid/Proposal Envelope:** Reference Proposal Preparation and Submission Requirements Section V.
- G. **Indemnification:**

1. **Commonwealth:** The subcontractor agrees to indemnify, defend, and hold harmless the Commonwealth of Virginia, its officers, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of the materials, goods, or equipment furnished of any kind or nature by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the Contractor on the materials, good, or equipment delivered.
 2. **Lead Agency:** The subcontractor agrees to indemnify, defend, and hold harmless the Council of Community Services, its officers, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of the materials, goods, or equipment furnished of any kind or nature by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the Contractor on the materials, good, or equipment delivered.
- H. **Independent Subcontractor:** When providing the services specified under this contract the subcontractor shall not be deemed an employee or agency of the Virginia Department of Health or the Council of Community Services. The subcontractor shall act as an independent contractor and is responsible for obtaining and maintaining appropriate liability insurance, payment of all FIC, state and federal taxes, and complying with other similar requirements that are customary in the industry.
- I. **Lobbying Costs:** Associated costs with lobbying efforts are not allowed under this contract and will not be reimbursed.
- J. **Small Businesses and Businesses Owned by Women and Minorities Reporting:** Where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the contractor is encouraged to offer such business to minority and/or women-owned businesses. Names of firms may be available from the buyer and/or from the Division of Purchasing and Supply. When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office the following information: name of firm, phone number, total dollar amount subcontracted and type of product/service provided.
- K. **Ownership of Intellectual Property:** All copyright and patent rights to all papers, reports, forms, materials, outreach and training efforts, creations, or inventions created or developed in the performance of this contract shall become the sole property of the Commonwealth. On request, the contractor shall promptly provide an acknowledgment or assignment in a tangible form satisfactory to the Commonwealth to evidence the Commonwealth's sole ownership of specifically identified intellectual property created or developed in the performance of the contract.
- L. **Renewal of Subcontract:** This contract may be renewed by the lead agency for one additional one year period, within a reasonable time (approximately 60 days) prior to the expiration date, under the terms and conditions of the original contract except as stated below. If the lead agency elects to exercise the option to renew the contract for an additional one-year period, the budget for the additional years may be renegotiated based on resubmitted budget figures, funds available, subcontractor performance for the most recent completed year, and other important factors. In the event that the Commonwealth of Virginia issues a new regional Request For Proposals, this subcontract will not be renewed and will be put forth for competitive bid.
- M. **Cost Principles:** Certify that that there are no mathematical errors in the budget and proposed costs have been determined allowable according to principles and standards established by OMB in the following Circulars:
1. A-122, Cost Principles for Non-Profit Organizations
 2. A-87, Cost Principles for State, Local Governments, and Indian Tribal Governments
 3. A-21, Cost Principles for Education Institutions

4. 48 CFR Part 31.2, Federal Acquisition Regulations for for-profit organizations

X. Method of Payment:

- A. The subcontractor shall be paid on the basis of invoices submitted for actual services rendered; completion of objectives; data submission to the Virginia Client Reporting System (VA-CRS); and submission of required reports. Subcontractors who fail to submit invoices within the prescribed time frame shall forfeit the right to payment from the lead agency.
- B. Payment is made by the lead agency on a direct deposit basis within seven days of reimbursement from VDH.
- C. Funds will not be released until the invoicing process is completed.

XI. Attachments:

1. RFP Cover Sheet
2. Workplan Template (Electronic Version at councilofcommunityservices.org)
3. Services Plan with Budget Justification Template (Electronic Version at councilofcommunityservices.org)
4. Vendor Reference sheet (Electronic Version at councilofcommunityservices.org)
5. Sample MOU Format (Electronic Version at councilofcommunityservices.org)
6. Currently funded subcontractors
7. Health Districts in the southwest region
8. HRSA list of services with definitions

Attachment 1

2010-2011 Southwest/Piedmont HIV Care Consortium Supplemental Funding Application Cover Page
 VDH Grant Number DDP-611-45416-09-CON-2

In compliance with this request for proposals and to all the conditions imposed therein and hereby incorporated by reference, the undersigned agrees to furnish the goods/services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation. This document shall serve as proof that this application is authorized by the governing or administrative body of the agency listed below.

1.1 Agency:	
1.2 Tax ID #:	
1.3 Address:	
1.4 Email:	
1.5 Phone:	
1.6 Fax:	
1.7 Proposed Coverage Area:	
1.8 Mission statement of the organization/program	
1.9 Summary of Proposed project: (Limit 150 Words)	

1.10 Proposed Service Plan Summary			
Service Category	Budget	Number of Units	Number of Clients
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total:	\$		

1.11 Authorization of the Proposal			
Signature:		Date:	
Name:		Title:	

The signature above certifies this proposed budget and all supporting paperwork are true and correct under the terms of the Supplemental Request For Proposals (RFP) issued by the Council of Community Services

Instructions for Proposal Cover page - Strict page limit to 1 page.

- 1.1 Agency:** Enter the name of the agency or organization proposing to provide services under the scope of this RFP.
- 1.2 Tax I.D. Number:** Enter the federal tax I.D. number
- 1.3 Address:** Enter the complete mailing address
- 1.4 Email:** Enter the email of the primary contact for the proposal
- 1.5 Phone:** Enter the phone number of the primary contact, including extension
- 1.6 Fax:** Enter the primary fax number of the organization
- 1.7 Proposed Coverage Area:** List the counties and independent cities that the service(s) will cover.
- 1.8 Mission Statement of the Organization/Program:** The mission statement may be the one for the overall organization or project-specific. It should clearly denote the intent to serve the healthcare needs of people with HIV.
- 1.9 Summary of Proposed Project:** A brief summary of the project outlined in the proposal. There will be strict adherence to the 150 word limit.
- 1.10 Proposed Service Plan Summary:** Enter the budget amounts, number of units, number of clients and the outcomes target to each line item. These amounts must match those entered on the service plan sheets for each individual service. At the bottom enter the total budget, units and unduplicated client count. The service plan summary will be considered the official requested budget for the proposal. The budget amount for each line item requested is inclusive of all costs and fees, including administrative fees, if appropriate, and must match the corresponding item under the service plan.
- 1.11 Authorization of Proposal:** This proposal must be signed and dated by the organization's Executive Director, Health Director, Board President or other such administrative representative. Failure to do so will disqualify the proposal. Print or type the name and title of the signatory on the last line.

A copy of this document is available from www.councilofcommunityservices.org in MS Word.

Attachment 2: Workplan Template

Subcontractor Name:

Objective 1	Provider Recruitment (funded with Ryan White Part B funds): To secure MOUs with new service providers	Third Party	Key Access	Date to be Completed
Activity 1:		Y/N	Y/N	
Activity 2:		Y/N	Y/N	
Activity 3:		Y/N	Y/N	
Activity 4:		Y/N	Y/N	
Activity 5:		Y/N	Y/N	
Activity 6:		Y/N	Y/N	
Outcome:	[SUBCONTRACTOR] will have recruited [X] new service providers.			3/31/2009

Objective 2	Partner Recruitment (NOT funded with Ryan White Part B funds): To secure MOUs with new community partners.	Key Access	Date to be Completed
Activity 1:		Y/N	
Activity 2:		Y/N	
Activity 3:		Y/N	
Activity 4:		Y/N	
Activity 5:		Y/N	
Activity 6:		Y/N	
Outcome:	[SUBCONTRACTOR] will have recruited [X] new community partners.		3/31/2009

Objective 3	Policy & Procedure Development/Review: To ensure policies and procedures are adequate and up to date.	Date to be Completed
Activity 1:		
Activity 2:		
Activity 3:		
Activity 4:		
Activity 5:		
Activity 6:		
Outcome:	[SUBCONTRACTOR] will have	3/31/2009

Objective 4	Process for Client Input (for services provided): To provide clients method(s) of input into the provision of Ryan White Part B services.	Date to be Completed
Activity 1:		
Activity 2:		
Activity 3:		
Activity 4:		
Activity 5:		
Activity 6:		
Outcome:	[SUBCONTRACTOR] will have	3/31/2009

Attachment 2: Workplan Template, Continued

Objective 5	Optional: Additional Activities: (Specify)	Date to be Completed
Activity 1:		
Activity 2:		
Activity 3:		
Activity 4:		
Activity 5:		
Outcome:	[SUBCONTRACTOR] will have	3/31/2009

Instructions for the Annual Workplan:

1. The Workplan must use the standardized format.
2. Workplan must contain a minimum of the four mandatory objectives for 2010-11:
 - a. Provider recruitment
 - b. Partner recruitment
 - c. Client input process
 - d. Development/Review of subcontractor Policies and Procedures
4. Each objective must contain specific activities that are time phased and that will measure progress as the activities are completed. The activities should be related to each other and be a step toward meeting the objective. While it is permissible to conduct two different activities, for example, developing a client advisory committee and a client satisfaction survey (for Client Input), they should be separate activities (one per line) with the outcome for that objective being met by completing all the activities listed.
5. The outcome for each objective must be measurable and be related to the activities conducted.
6. Objective 5 is purely optional and need only be completed if you have an innovative project for consideration.

A copy of this document is available from www.councilofcommunityservices.org in MS Word.

Attachment 3: Service Plan with Budget Justification

1.1 Agency Name							
1.2 Service Category							
1.3 Proposed Service Plan							
1.3.a Budget: \$		1.3.b Number of Units:		1.3.c Number of Clients:			
1.4 Description of the service:							
1.5 Justification for the service:							
1.6 Reimbursement:							
1.6.a Fee for Service:				1.6.b Salary Based Services:			
Item	Cost	X Units	= Total	Position	Clients	F.T.E.	Salary
	\$		\$				\$
	\$		\$				\$
	\$		\$				\$
	\$		\$				\$
	\$		\$				\$
Admin Fee (10% maximum of total services):			\$	Admin Fee (10% maximum of total salary):			\$
Service fee (Specify):			\$	Travel:	Miles @ \$0.50 each:	\$	
Total Service Cost:			\$	Total Service Cost:			\$
1.7 Justification of costs							
1.8 Collaborative Partners – Signed Memoranda of Understanding/Contracts							
Agency/Program Name		Service(s) Provided by Agency/Program				Date	
1.9 Explanation if VDH Priority Service is not offered							

Service plan and budget justification: This sheet must be completed for **each** service that the applicant:

1. Requests to be funded (complete sections 1.1 through 1.8)
2. Does not request, but is a VDH Priority service (complete section 1.1, 1.2 & 1.9)

There is strict 2-page limit for each service for which a plan is developed.

Instructions

- 1.1 **Agency:** Enter the agency/organization name.
- 1.2 **Service Category:** Enter name of the service.
- 1.3 **Service Plan:** Enter the total amount requested, the total anticipated units and total anticipated unduplicated clients to be reached.
 - a. **Budget:** Total from 1.6.a or 1.6.b.
 - b. **Units:** See definitions below.
 - c. **Clients:** The unduplicated number of clients to be served.
- 1.4 **Description of Service:** Enter a description of the services to be provided including whether this is a direct, third party or combination of the two. The description should include how (to what degree) the service will be provided if the full funding requested through Ryan White is not received, or whether the service will not be provided if funding through Ryan White is not received..
- 1.5 **Justification for the Service:** Briefly explain why this service is needed, noting any gaps in services (without Ryan White funding) and how this proposal will address those gaps.
- 1.6 **Reimbursement:** Complete **either** column a or b. **Do not complete both.**
 - a. **Fee for Service:** Billing is based on the services rendered. This RFP allows reimbursement for both full payment and co-payment services, including deductibles. Some services, such as outpatient/ambulatory medical care (physician visits & labs), and medical transportation (mileage based transports, bus passes, fuel vouchers and taxi trips), have service subcategories required for the annual cost analysis.
 - b. **Salary Based Services:** For salaried positions, enter each position title, how many clients will be served, the Full Time Equivalent (FTE) and the total salary package (salary plus fringe). FTEs are based on 40 hour work weeks in decimal format (Example: 30-hour/week = .75 FTE). Enter the admin fee (maximum of 10% of salaried costs). Enter anticipated travel mileage used only for direct client services (home visits) and not for general travel (meetings, trainings, etc).

Fee definitions: For additional information and restrictions see RFP Section III.D

 - **Administrative fees** are limited to 10% of the cost of services rendered. Administrative fees help reimburse the costs of operations related to Ryan White Part B. Any anticipated service fee amounts DO NOT count in the calculation of administrative fees, which are applicable only to direct service charges.
 - **Service fees** include associated fees for providing service other than the direct service charges, such as, case-related case manager travel, medication delivery fees, etc
 - **Exception:** Administrative fees are not allowed under fee for service case management and must be built in to the per unit reimbursement cost.
- 1.7 **Justification of Costs:** Clearly explain how the budgeted amounts were developed. Include information such as, average estimated costs of anticipated services, break down of salary and fringe costs, in kind contributions, “add-on” services paid for by other programs (including Ryan White Parts A, C or D) or unusual costs (discounts, savings and/or expensive, but necessary, items).
- 1.8 **Collaborative Partners:** List the Memoranda of Understanding (MOUs), contracts or other similar agreements with the agency name, the service, and the date.
- 1.9 **Explanation if Priority Service is not Offered:** In the event that a VDH priority service is not offered (See III.C), explain how clients will (or will not be able to) access that service through other programs (Ryan White and/or Non-Ryan White). The sections of the service plan which must be completed for a priority service not offered is 1.1, 1.2, and 1.9.

Definitions of Unit of Service: In general, a unit is defined as a single procedure, service or item.

- Medication units are defined as a supply of not more than 30 days.
- A Case management unit is defined as a 15 minute increment.
- A mileage unit is defined as one mile.
- Wait time units are defined as 1 hour (which may be broken down into quarter hours)

Note for salaried services: Unlike billing where items or services are procured, the units delivered under salaried services are used to justify the time purchased under the scope of Ryan White Part B. The amount of service provision time, as measured in units, should equal at least 75% of the salaried time procured. The other 25% of time is for activities such as staff meetings, clinical supervisions sessions, training, Consortium meetings, etc. Fee for service billing has no unit limits other than what is realistic.

Limitations:

Mileage reimbursement for the fiscal year 2010-2011 is limited to 50.0 cents per mile.

Wait time reimbursement is limited to \$5.50 per hour

A copy of this document is available from www.councilofcommunityservices.org in MS Word.

Attachment 4:

VENDOR REFERENCE SHEET

Note: The following information is required as part of your response to this solicitation.

1. QUALIFICATIONS: The vendor must have the full capability and capacity to satisfy all of the contractual requirements.

2. YEARS IN OPERATION: Indicate the length of time you have been in business providing this type of service:

_____ Years _____ Months

3. Indicate below a listing of at least four (4) current organizations with whom your agency has provided similar services or collaborated (preferably within the last year). The Council of Community Services (CCS) should be included as a reference for any contracts held within the past two years.

A.	Organization:		Contact:	
	Phone:		Fax:	
	Project:		Email:	
	Dates of Service:			

B.	Organization:		Contact:	
	Phone:		Fax:	
	Project:		Email:	
	Dates of Service:			

C.	Organization:		Contact:	
	Phone:		Fax:	
	Project:		Email:	
	Dates of Service:			

D.	Organization:		Contact:	
	Phone:		Fax:	
	Project:		Email:	
	Dates of Service:			

I certify the accuracy of this information.

	Name:		Phone:	
	Signature:		Fax:	
	Title:		Email:	
	Date:			

Attachment 5: Sample Memorandum of Understanding**Southwest/Piedmont HIV Care Consortium Subcontractor Memorandum of Understanding Between
AGENCY And SUBCONTRACTOR**

This agreement is entered into by AGENCY and SUBCONTRACTOR. The parties agree to carry out the following activities:

AGENCY agrees to provide the following services for Ryan White Part B eligible clients:

1. Refer clients determined to be HIV positive to SUBCONTRACTOR for Ryan White eligibility determination.
2. Provide SERVICES for clients that are eligible for AGENCY services.
3. Provide documentation for SERVICES for invoicing and reporting purposes which shall include (As specified in the S/PHCC Policy and Procedure Manual).
4. Provide appropriate feedback to the assigned case manager regarding documented problems for SUBCONTRACTOR'S clients.
5. Provide documentation of current Ryan White part B eligibility to SUBCONTRACTOR
6. Complete VA-CRS demographics/medical data reporting as required by Virginia Department of Health by the 15th day of the following month.
7. Anything else that might be appropriate to this specific agency and the services provided.

SUBCONTRACTOR agrees to provide the following services for Ryan White Part B eligible clients:

1. Provide complete financial eligibility screening for clients referred for Ryan White Part B services.
2. Obtain client release of information and refer appropriate clients to the AGENCY for services.
3. Provide AGENCY with relevant client documentation, including but not limited to, financial eligibility, and insurance status, and any other documentation relevant for the provision of quality services for mutual clients.
4. Provide clients with a list of community resources for identified needs associated with overall quality of life, including but not limited to, local services.
5. Notify AGENCY of any changes in client eligibility status within thirty (30) days.
6. Provide case management services for eligible Ryan White Part B clients within the counties of: LOCATION(S).
7. Provide funds for (appropriate services) for eligible Ryan White Part B clients with HIV related conditions.
8. Complete VA-CRS service encounter data reporting as required by Virginia Department of Health by the 15th day of the following month.
9. Process any reimbursements for services rendered by the 10th day of the following month.
10. Process any payments received for third party services providers within seven (7) days of receipt of reimbursement from the Council of Community Services.
11. Speak with the manager of AGENCY if any difficulties arise regarding serving mutual clients.
12. Anything else that might be appropriate to this specific subcontractor and the services provided.

Terms of Partnership

1. This partnership shall remain in effect from April 01, 2010 through March 31, 2011.
2. All services are subject to the availability of funds.
3. This partnership may be renewed annually upon the mutual agreement of the parties concerned.
4. Either party may void this partnership upon thirty (30) days written notice.
5. This partnership is contingent upon funding by the Virginia Department of Health.

	AGENCY		SUBCONTRACTOR
Physical Address			Physical Address
Authorized Signature:			Authorized Signature:
Name			Name
Title:			Title:
Date:			Date:

Subcontractor Use only: Type of MOU (Check all that apply)

- Third party service provider (Paid w/RWPB)
 S/PHCC Subcontractor with shared clients
 Key access point into RWPB care
 Community partner agency (Unpaid w/RWPB)

Attachment 6: 2009-2010 Ryan White providers in Southwest Virginia

PART B	Part B & C
<p>APPALACHIAN ASSISTANCE COALITION Contact: Wendy Rose, Case Manager Chris Widner, Case manager 201 East Main Street, Ste 110, Marion, VA 24354 Phone: (276) 781-0500 Services: Third party outpatient medical care Third party AIDS pharmacy assistance Third party oral health care Third party mental health care Case management Medical transportation</p>	<p>CARILION COMPREHENSIVE HIV SERVICES Contact Kathy Wolford, Practice Manager 2001 Crystal Spring Ave., Ste. 301, Roanoke, VA 24014 Phone: (540) 981-7715 Services: Outpatient medical care Third party oral health care Third party mental health care Substance Abuse Services, Outpatient Medical transportation</p>
<p>NEW RIVER HEALTH DISTRICT Contact: Brenda Burrus, Nurse Manager 210 S. Pepper St., Ste. A Christiansburg, VA 24073 Phone: (540) 381-7100 Services: Third party AIDS pharmacy assistance Case management Medical transportation</p>	
<p>PIEDMONT ACCESS TO HEALTH SERVICES Contact: Kay Crane, Executive Director 705 Main St., Danville, VA 24541 Phone: (434) 791-3630 Services: Third party outpatient medical care Third party AIDS pharmacy assistance Third party oral health care Case management Medical transportation</p>	<p>CENTRA HEALTH: Contact: Judi Sharp, Grants Manager 2010 Atherholt Rd., Lynchburg VA 24501 Phone: (434) 947-4796 Services: Outpatient medical care Third party AIDS pharmacy assistance Third party oral health care Third party mental health care Case management Medical transportation Substance Abuse Services, In patient</p>
<p>ROANOKE/ALLEGHANY HEALTH DISTRICTS Contact: Julia Adams, PHN 1502 Williamson Road, NW, Roanoke, VA 24012 Phone: (540) 283-5050 Services: Third party AIDS pharmacy assistance Case management Medical transportation</p>	
<p>WEST PIEDMONT AIDS TASK FORCE Contact: Andrea Reynolds, Case Manager P. O. Box 3413 Martinsville, VA 24115-3413 Phone: (276) 666-2437 Services: Third party outpatient medical care Third party AIDS pharmacy assistance Third party oral health care Third party mental health care Case management Medical transportation</p>	

Attachment 7: Health Districts of the Southwest Region

Alleghany Health District:	Cities of Covington, Roanoke & Salem Counties of Alleghany; Botetourt, Craig & Roanoke
Central Virginia Health District:	Cities of Bedford &, Lynchburg, Counties of Amherst, Appomattox, Bedford & Campbell
Cumberland Plateau Health District:	Counties of Buchanan, Dickenson, Russell & Tazewell
Lenowisco Health District:	City of Norton Counties of Lee; Scott & Wise
Mount Rogers Health District:	Cities of Bristol, & Galax, Counties of Bland; Carroll, Grayson, Smyth, Washington & Wythe
New River Health District:	City of Radford; Counties of Floyd, Giles, Montgomery & Pulaski
Pittsylvania/Dan Health District	City of Danville County of Pittsylvania
Roanoke City Health District:	City of Roanoke
West Piedmont Health District:	City of Martinsville; Franklin, Henry, & Patrick Counties

Attachment 8: HRSA Defined Service Categories**CORE SERVICES (75% of funding must be spend in the Core Medical category).**

- a. **Outpatient/Ambulatory medical care** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.
- b. **AIDS Drug Assistance Program (ADAP) Not available under the scope of this RFP.**
- c. **AIDS pharmaceutical assistance (local)** includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.
- d. **Oral health care** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
- e. **Early intervention services (EIS)** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.
- f. **Health insurance premium & cost sharing assistance** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
- g. **Home health care** includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, perinternal feeding, diagnostic testing, and other medical therapies.
- h. **Home and community-based health services** include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are **NOT** included.
- i. **Hospice services** include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.
- j. **Mental health services** are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a

mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

- k. **Medical nutrition therapy** is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.
- l. **Medical case management services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.
- m. **Substance abuse services outpatient** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

SUPPORT SERVICES (A maximum of 25% of proposed budget may be funded)

- n. **Case Management (non-Medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
- o. **Child care services** are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training. **NOTE: This does not include child care while a client is at work.**
- p. **Pediatric developmental assessment and early intervention services:** Not available under the scope of this RFP.
- q. **Emergency financial assistance** Not available under the scope of this RFP.
- r. **Food bank/home-delivered meals** include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.
- s. **Health education/risk reduction** is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.
- t. **Housing services** are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.
- u. **Legal services** are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White

Program. It does **not** include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

- v. **Linguistics services** include the provision of interpretation and translation services.
- w. **Medical transportation services** include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
- x. **Outreach services** are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.
- y. **Permanency planning** Not available under the scope of this RFP.
- aa. **Psychosocial support services** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.
- ab. **Referral for health care/supportive services** is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.
- ac. **Rehabilitation services** are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.
- ad. **Respite care** is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.
- ae. **Substance abuse services—residential** is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).
- af. **Treatment adherence counseling** is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.