

State of Hawaii
Department of Health
Communicable Disease Division
STD/AIDS Prevention Branch

Request for Proposals for

**Ryan White HIV/AIDS Treatment
Modernization Act of 2006
Part B HIV/AIDS Care Services**

RFP Number: HTH-100-RW-2007-5

September 2007

September 2007

REQUEST FOR PROPOSALS

RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT OF 2006 PART B HIV/AIDS CARE SERVICES

The STD/AIDS Prevention Branch of the Hawaii State Department of Health is requesting proposals from applicants to provide: Ryan White HIV/AIDS Treatment Modernization Act of 2006 Part B HIV/AIDS core medical services and HIV/AIDS support services to low-income individuals and families infected and affected by HIV/AIDS; fiscal intermediary services; community planning facilitation services; and data collection services. The contract term will be from April 1, 2008 through March 31, 2010.

Completed proposals may be mailed to the STD/AIDS Prevention Branch, Attn: Ryan White RFP, 3627 Kilauea Avenue, Room 306, Honolulu, Hawaii 96816. If mailed, proposals must be postmarked before midnight, November 16, 2007. Proposals may also be hand delivered by 4:30 p.m. Hawaii Standard Time (H.S.T.) on November 16, 2007, to the STD/AIDS Prevention Branch, 728 Sunset Avenue, 2nd Floor, Honolulu, Hawaii.

Proposals postmarked after midnight on November 16, 2007, or hand delivered after 4:30 p.m. H.S.T. on November 16, 2007, shall not be considered and shall be returned to the applicant. There are no exceptions to this requirement.

The STD/AIDS Prevention Branch shall conduct an orientation on October 9, 2007, at 10:00 a.m. H.S.T., in the office of the Branch Chief of the STD/AIDS Prevention Branch, Hawaii State Department of Health, 2nd floor, 728 Sunset Avenue, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation. Special modifications (e.g. sign language interpreter, taped materials) can be provided if requested in advance by calling Ray Higa at (808) 733-9010 (non-TDD).

The deadline for submission of written questions is 4:30 p.m. H.S.T. on October 15, 2007. All questions received by that date shall receive a written response from the STD/AIDS Prevention Branch by October 19, 2007.

Inquiries regarding this RFP should be directed to the RFP Contact Person, Ray Higa, STD/AIDS Prevention Branch, 3627 Kilauea Avenue, Room 306, Honolulu, Hawaii, 96816, or may be made by telephone to (808) 733-9010 (non-TDD).

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the Request for Proposals (RFP) thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Procurement Timetable

| <u>Activity</u> | <u>Scheduled Date</u> |
|--|---------------------------|
| Public notice announcing RFP | <u>September 18, 2007</u> |
| Distribution of RFP | <u>September 18, 2007</u> |
| RFP orientation session | <u>October 9, 2007</u> |
| Closing date for submission of written questions for written responses | <u>October 15, 2007</u> |
| State purchasing agency's response to applicants' written questions | <u>October 19, 2007</u> |
| Discussions with applicant prior to proposal submittal deadline (optional) | <u>NA</u> |
| Proposal submittal deadline | <u>November 16, 2007</u> |
| Discussions with applicant after proposal submittal deadline (optional) | <u>NA</u> |
| Final revised proposals (optional) | <u>NA</u> |
| Proposal evaluation period | <u>Nov-Dec 2007</u> |
| Provider selection | <u>Nov-Dec 2007</u> |
| Notice of statement of findings and decisions | <u>Nov-Dec 2007</u> |
| Contract start date | <u>April 1, 2008</u> |

II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

| | For | Click |
|---|--|--|
| 1 | Procurement of Health and Human Services | “Health and Human Services, Chapter 103F, HRS...” |
| 2 | RFP website | “Health and Human Services, Ch. 103F...” and “RFPs” |
| 3 | Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services | “Statutes and Rules” and “Procurement of Health and Human Services” |
| 4 | Forms | “Health and Human Services, Ch. 103F...” and “For Private Providers” and “Forms” |
| 5 | Cost Principles | “Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles” |
| 6 | Standard Contract -General Conditions | “Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions” |
| 7 | Protest Forms/Procedures | “Health and Human Services, Ch. 103F...” and “For Private Providers” and “Protests” |

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at www.hawaii.gov)

| | For | Go to |
|----|--|---|
| 8 | Tax Clearance Forms (Department of Taxation Website) | http://www.hawaii.gov/tax/ click “Forms” |
| 9 | Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website) | http://www.capitol.hawaii.gov/ click “Bill Status and Documents” and “Browse the HRS Sections.” |
| 10 | Department of Commerce and Consumer Affairs, Business Registration | http://www.hawaii.gov/dcca click “Business Registration” |
| 11 | Campaign Spending Commission | WWW.hawaii.gov/campaign |

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, POS Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

STD/AIDS Prevention Branch
Department of Health
State of Hawaii
3627 Kilauea Avenue, Room 306
Honolulu, Hawaii 96816
Telephone: (808) 733-9010 Fax: (808) 733-9015

VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows: October 9, 2007, at 10:00 a.m. HST, in the office of the Branch Chief of the STD/AIDS Prevention Branch, Hawaii State Department of Health, 728 Sunset Avenue, 2nd floor, Honolulu, Hawaii. Special modifications (e.g. sign language interpreter, large print, taped materials, etc.) can be provided, if requested in advance by calling Ray Higa at (808) 733-9010.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than 4:30 p.m. H.S.T., on October 15, 2007, in order to generate written state purchasing agency response.

VII. Submission of Questions

Applicants may submit questions in writing to the RFP Contact Person(s) identified in Section 2 of this RFP. The deadline for submission of written questions is October 15, 2007. All written questions will receive a written response from the state purchasing agency. State agency responses to applicant questions will be provided by October 19, 2007.

VIII. Submission of Proposals

- A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services and For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.
- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
 - 2. Proposal Application Checklist** - Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
 - 3. Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 - 4. Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** - Proposals must be mailed or hand delivered to the STD/AIDS Prevention Branch. Mailed proposals must be addressed to the STD/AIDS Prevention Branch, Attn: Ryan White RFP, 3627 Kilauea Avenue, Room 306, Honolulu, Hawaii 96816. Proposals must be postmarked by USPS before 12:00 midnight, November 16, 2007. Proposals may be hand delivered to the STD/AIDS Prevention Branch, 728 Sunset Avenue, 2nd Floor, Honolulu, Hawaii, no later than 4:30 p.m. on November 16, 2007. Any proposal post-marked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late.

One original and three (3) copies of the proposal are required. Proposals must be postmarked before 12:00 midnight, November 16, 2007, or delivered to the

STD/AIDS Prevention Branch by 4:30 p.m., November 16, 2007. Any proposal postmarked or received after the designated date and time shall be rejected. Faxed proposals or proposals transmitted by e-mail are **not** acceptable.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to:
http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

IX. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

X. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XII. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XIII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit-only the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best

practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency

Name: Chiyome Leinaala Fukino, M.D.

Title: Director of Health

Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801

Business Address: 1250 Punchbowl Street, Honolulu, Hawaii

Procurement Officer

Title: Acting Chief, Administrative Services Office

Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801

Business Address: 1250 Punchbowl Street, Honolulu, Hawaii

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Federal funds.

XXI. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXII. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the POS website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO Website (see Section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

**FY 2008 Ryan White HIV/AIDS
Treatment Modernization Act of 2006
Part B HIV/AIDS Care Services**

**Section 2
Service Specifications**

I. Introduction

A. Overview, Purpose or Need

The purpose of this procurement by the STD/AIDS Prevention Branch of the Hawaii State Department of Health is to enhance the access to a comprehensive continuum of high quality, community-based HIV care for low-income individuals and families living with HIV. This shall be accomplished through one or more HIV care services providers that shall assist individuals to access primary care and medications, assist qualifying individuals to access the Hawaii Department of Health's HIV Drug Assistance Program, and provide critical support necessary to maintain individuals in systems of care.

Funding for this procurement is made available under Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Act). Part B of the Ryan White Act is administered by the Division of Service Systems, HIV/AIDS Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. The Hawaii Department of Health is the Part B grantee in the State of Hawaii.

B. Planning Activities Conducted In Preparation for This RFP

A Request For Information, RFI Number HTH-100-RW-2007-5, was posted on the Hawaii Procurement Notices System website on August 14, 2007. The Request For Information sought input from all interested parties regarding the services contained in this Request For Proposals.

C. Description of the goals of the service

The mission of the Health Resources and Services Administration (HRSA) is to improve the nation's health by assuring equitable access to comprehensive quality health care. HRSA has established five (5) long-term strategies in support of its mission. These include:

- Strategy I: Reduce Barriers to Care
- Strategy II: Reduce Health Disparities
- Strategy III: Improve Quality of Care
- Strategy IV: Strengthen Public Health and Health Care Access
- Strategy V: Improve the Emergency Preparedness of the Health Care System

HRSA has identified the first four strategies as having significant implications for HIV/AIDS care services and treatment.

The goal of this procurement is to implement these significant strategies by assuring access to health care and elimination of disparities in health outcomes. It is the goal of HRSA that all of its programs achieve “100% access to high quality health care and 0% disparity in health outcomes for recipients of HRSA-funded programs.” HRSA is focused on “achieving access to high quality health care for all persons living with HIV/AIDS and eliminating race, gender, and geographic disparities in health outcome.”

D. Description of the target population to be served

Individuals with low incomes living with HIV/AIDS, or their families or other significant persons in their lives, with priority given to underserved special populations.

E. Geographic coverage of service

State of Hawaii

F. Probable funding amounts, source, and period of availability

Total Funding: \$1,069,782 (subject to availability of funds) per year.

Source of Funds: One hundred percent (100%) Federal funds

Period of Availability: April 1, 2008 - March 31, 2010 (Tentative)

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

If Applicant is not the primary provider of the services sought under this procurement, it may subcontract with agencies and community-based organizations with a record of service to populations and subpopulations with HIV disease requiring care in Hawaii.

B. Secondary purchaser participation

NONE

C. Multiple or alternate proposals

Allowed Unallowed

D. Single or multiple contracts to be awarded

Single Multiple Single & Multiple

E. Single or multi-term contracts to be awarded

Single term (< 2 yrs) Multi-term (> 2 yrs)

Initial term of contract: twenty-four (24) months

Length of each extension: Twenty-four (24) months

Number of possible extensions: Two (2)

Maximum length of contract: Six (6) years

The initial period shall commence on the start date, April 1, 2008, or on a Notice to Proceed, whichever is later.

Conditions for extension: 1) Availability of funds; 2) agreement to extend must be in writing; 3) must be executed prior to expiration.

F. RFP Contact Person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Questions will be accepted if submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Ray Higa
STD/AIDS Prevention Branch
Hawaii State Department of Health
3627 Kilauea Avenue, Rm. 306
Honolulu, Hawaii 96816
Phone: (808) 733-9010 (Non-TDD) Fax: (808) 733-9015

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

1. Ryan White HIV/AIDS Treatment Modernization Act of 2006 Part B HIV Care Services Fiscal Agent

- a. Applicant shall serve as the prime contractor under this procurement. Applicant may allocate a maximum of ninety-seven thousand one hundred seventy-eight dollars (\$97,178) in each year of the Agreement for the costs associated with administration of this Agreement.

- b. If Applicant is not the primary provider of the services sought under this procurement, it may subcontract with agencies and community-based organizations with a record of service to populations and subpopulations with HIV disease requiring care in Hawaii. Applicant shall conduct a competitive procurement for the provision of services it is unable to provide.
- c. Applicant shall consolidate all invoices from its subcontractors for the provision of Ryan White services into a single invoice that shall be submitted monthly to the STATE for reimbursement.
- d. Upon receipt of reimbursement from the STATE, Applicant shall disburse relevant funds to all subcontractors.
- e. Applicant shall maintain a statewide electronic data collection system to collect demographic, service delivery, billing, and other information as necessary under the Agreement as specified by the STD/AIDS Prevention Branch.
- f. Applicant shall submit all necessary progress reports and other reports as required by the STATE.
- g. Applicant shall assist the STATE to submit Ryan White Act data reports each year.
- h. In each contract year, in conjunction with the STATE, the Applicant shall conduct a contract monitoring site visit to each subcontractor receiving Ryan White Act Part B grant funds. Contract monitoring site visits shall be conducted to ensure subcontractor compliance with the Ryan White Act and subcontract agreements. Contract monitoring site visits shall include reviewing fiscal, personnel, administrative, and clinical records for completeness and accuracy; and evaluating the subcontractor's progress toward achieving subcontract goals and objectives.

2. Ryan White HIV-Related Care Services

Of the following list of services which may be provided using Ryan White Act funds, Applicant must describe which service(s) it shall provide, how the service(s) shall be provided, and why the service(s) is/are not available from any other source in the community.

A minimum of three hundred seventy-five thousand dollars (\$ 375,000), subject to Federal requirements, must be expended under this Agreement to provide one or more of the following Core Services in the state.

In selecting the services to be provided using Ryan White Act funds, Applicant must refer to, and apply, the “Recommended 2005 Prioritization Lists of Ryan White Client Needs in Hawaii” (Attachment F). Note: the “Recommended 2005 Prioritization Lists of Ryan White Client Needs in Hawaii” includes services that may be provided statewide with funding from sources other than the Ryan White Act.

CORE SERVICES

Service categories:

- a. Outpatient/Ambulatory medical care (health services)* 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 Pharmaceutical Assistance (local)* includes local pharmacy assistance programs implemented by Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.
- c. 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.
- d. 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.
- e. 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 in addition to the STD/AIDS Prevention Branch H-COBRA Program.

- f. **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, parenteral feeding, diagnostic testing, and other medical therapies.
- g. **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.
- h. **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.
- i. **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.
- j. **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.
- k. **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. Additionally, medical case management shall include certification and re-certification of qualified individuals for participation in the STATE'S STD/AIDS Prevention Branch HIV Drug Assistance Program as appropriate.

All case managers funded under this Agreement shall meet:

- (1) the STATE's STD/AIDS Prevention Branch case management standards attached hereto as Attachment "D" and made a part hereof; and
- (2) all other standards required by the STATE's STD/AIDS Prevention Branch funded through the Ryan White CARE Act.

A maximum of SIXTY THOUSAND AND NO/100 DOLLARS (\$60,000.00) in each twelve (12) month period, April 1, 2008 through March 31, 2009, and April 1, 2009 through March 31, 2010, may be allocated for the provision of case management services statewide. Of the total amount allocated for the provision of case management services statewide: sixty-five percent (65%) shall be allocated for case management services on the Island of Oahu, fifteen percent (15%) shall be allocated for case management services in the County of Hawaii, fourteen percent (14%) shall be allocated for case management services in the County of Maui, and six percent (6%) shall be allocated for case management services in the County of Kauai. The Applicant may reimburse a provider or providers of case management services a maximum of TWO HUNDRED AND NO/100 DOLLARS (\$200.00) per client per year for the provision of medical case management services. The Applicant must ensure that any provider of case management services records each service delivery in the ReggieHAWAII electronic data collection system.

- l. 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

- m. 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.

- n. Emergency financial assistance* is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.
- o. 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.
- p. 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.
- q. 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.
- r. Linguistics services* include the provision of interpretation and translation services.
- s. Medical transportation services* include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
- t. 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.

- u. **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.
- v. **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.

3. HIV Care Services Planning

Applicant shall be allowed to use a maximum total of forty-eight thousand dollars (\$48,000) in each year of this Agreement to provide logistical and other support services for a minimum of nine (9) meetings per year of the Hawaii HIV/AIDS Community Planning Group. Logistical support shall include, but not be limited to, securing meeting space, arranging all transportation for planning group members, providing meals, reimbursing planning group members for appropriate expenses related to attending planning group meetings, and distributing meeting-related materials prior to meetings.

4. HIV/AIDS Care Services Network Development

Applicant shall convene a minimum of three (3) meetings each year for, at minimum, all subcontractors receiving Ryan White Act funds. Meetings shall focus on the implementation of recommendations from the Hawaii Comprehensive HIV Care Services Plan, as well as offer a forum for the discussion of system-related HIV issues and concerns.

5. Required Applicant Information

Applicant shall describe how it plans to ensure that:

- a. All persons receiving services funded through the Ryan White Act are low-income individuals with HIV disease or a member of his or her family; and that documentation is contained in each client's individual case file that the client receiving Ryan White Act services is a low-income individual with HIV disease or a member of his or her family;
- b. Providers of support services must verify and document in each client's files that clients who are accessing Ryan White grant-funded services are currently:
 - 1) accessing primary HIV medical care, e.g. has visited a physician

specifically for his or her HIV/AIDS within the past six (6) months; 2) on a regimen of FDA-approved HIV/AIDS treatment medications, as medically appropriate; 3) accessing case management services as described in subparagraph III.B.1. above; and 4) that the services being provided are necessary for an individual client to achieve his or her medical outcomes. For example, the provider of food bank/home-delivered meals services must be able to demonstrate that: a food bank client is on an HIV/AIDS drug treatment regimen that includes at least one medication that must be taken with food; or a client is receiving a particular food item, prescribed by a physician, that has been deemed necessary to improve or maintain his or her health;

- c. Clients who are eligible for third-party payments, including but not limited to Medicaid, VA, and private health insurance, are fully accessing those sources of payments, and Ryan White Act funds are being used only as payor of last resort. Each client's individual case file shall contain documentation that each client who is eligible for third-party payments is fully accessing those sources of payments, the steps taken by the client's case manager to access those sources of payments, **and that Ryan White Act funds are being used as payor of last resort;**
- d. Services made available through the Ryan White Act shall be provided without regard to the ability of the individual to pay for such services and without regard to the current or past health condition of the individual with HIV disease;
- e. Ryan White Act funds are not used to make any cash payments to intended recipients of services;
- f. Ryan White Act funds, made available under this Agreement, are not used to supplant or replace any STATE HIV-related funding;
- g. Each agency providing support services as defined in subparagraph III.B., above, shall appoint a panel, consisting of at least three (3) members, to approve each expenditure of Ryan White Act funds for support services. Of the three (3) members, at least one (1) panel member shall be a board member or a staff member (other than the case manager of the client receiving the services) of the providing agency, and one (1) panel member shall be a person with HIV/AIDS. Documentation of the approval to expend Ryan White funds shall be included in each client's case files;
- h. The Ryan White Act calls for improved accessibility to services for disproportionately affected and underserved populations and subpopulations (special populations). The focus in Hawaii is on: i) multiply diagnosed individuals, ii) women, children and families and, iii) Native Hawaiians, without excluding other possible special populations. Multiply diagnosed is

defined as HIV and substance abuse, and/or mental illness, and/or chronic homelessness. The Applicant shall describe how it shall ensure that services shall be offered to each special population in a low-threshold, harm reduction model; that non-traditional methods, such as outreach and drop-in services shall be used; and that staff will be provided special training to develop the skills and sensitivity to engage the special populations;

- i. Of the funds allocated to it under the Ryan White Act a minimum of:
 - 1) 3.0% shall be used to provide services to youth (13-24 years of age) with HIV;
 - 2) 11.0% shall be used to provide services to women (25 years and older) with HIV;
- j. The Applicant maintain appropriate relationships with entities within the state that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, STD clinics, HIV counseling and testing sites, mental health programs, homeless shelters, federally qualified health centers, migrant health centers, community health centers, health service for the homeless, family planning grantees, comprehensive hemophilia diagnostic and treatment centers, and non-profit entities that provide comprehensive primary care services to populations at risk for HIV, for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their HIV status but not in care. Applicant shall describe how it intends to meet this requirement.

6. Data Collection

The Applicant shall work with the STATE's STD/AIDS Prevention Branch to define program data requirements, and the data collection and reporting methodologies to obtain useful and timely information on successful treatment outcomes for planning and programmatic purposes.

The Applicant shall collect demographic data on all clients, including the following target populations:

1. multiply diagnosed individuals;
2. women, children, and families;
3. Native Hawaiians;
4. chronically homeless individuals (Chronically homeless individuals is defined as individuals with extended and/or frequent periods of being unsheltered.);
5. diagnosed mentally ill;

6. chronically dysfunctional individuals (Chronically dysfunctional individuals is defined as individuals with extended and/or frequent periods of serious difficulty coping with the stresses of daily living due to mental/emotional impairment. This impairment is usually characterized by an inability to follow through with AIDS service plans and indicates a need for intensive case management. These individuals may or may not be diagnosed with mental illness.);
7. drug misusers, including injection drugs, other illicit drugs, alcohol, or prescription drugs;
8. women, children and families;
9. inmates;
10. sex workers; and
11. individuals on parole or probation.

Demographic data shall include at least the following information:

1. number of unduplicated active clients;
2. level of client acuity (for case management services);
3. risk factor: men who have sex with men (MSM), injection drug use (IDU), MSM/IDU, heterosexual transmission, perinatal, other;
4. gender: female, male, transgendered;
5. age;
6. ethnicity/race: white, black, Hispanic, Hawaiian, Filipino, other Asians, other Pacific Islanders, Native American, Native Alaskan, other;
7. accessing/not accessing HIV medical care: for those individuals not accessing medical care, reason(s) why not;
8. medical indicators: whether client is on highly active anti-retroviral therapy, any opportunistic infections, any hospital stays within the preceding three (3) months, current viral load, current CD4 count;
9. medical insurance coverage: type (e.g. private, Medicaid, Med-Quest, Medicare, etc.), drug coverage (yes/no, type of medications covered, dollar amounts); and
10. co-infections/multiple diagnoses.

The Applicant shall describe how it plans to ensure the collection of all required data.

B. Management Requirements

1. Personnel

Staff Training and Development

All staff providing services under this procurement shall have demonstrated skills and expertise in the topic areas in which they will be expected to assist the target

population. The necessary skills and expertise may have been acquired through experience in the provision of similar services in the past or through participation in the training program conducted by the individual or agency contracted by STD/AIDS Prevention Branch to provide training services for HIV care service providers.

- a. New staff members shall receive training on HIV infection and AIDS within sixty (60) days of employment and before providing services to the public. Training shall include a basic HIV 101 training based on the topics listed below to ensure that staff
 - have correct factual knowledge of HIV and STDs including:
 - history and epidemiology of the HIV epidemic;
 - biology of HIV;
 - modes of HIV transmission;
 - information on STDs;
 - prevention of transmission;
 - populations at risk for HIV;
 - utilizing theories of behavioral interventions;
 - treatment of HIV infection;
 - treatment of STDs;
 - community resources statewide;
 - HIV antibody counseling and testing sites statewide;
 - understand clearly the populations to be served under this contract;
 - understand the purposes of activities they will be implementing are oriented to behavioral interventions;
 - are familiar with the specific requirements of the contract;
 - understand the basics about HIV/AIDS and STD and prevention; and
 - understand the procedures laid out in the Manual of Operations, have received a copy of the Manual of Operations, and have signed a statement indicating receipt of the Manual of Operations.

Arrangements for, and any expenses related to, this training shall be the responsibility of the contracted agency. Completion by each new staff member of all elements of this training, and how this training was provided, shall be reported to the SAPB in the quarterly program reports.

- b. All new staff will, within the first sixty (60) days of employment, be provided with training specifically related to the functions of the job.
- c. The APPLICANT shall provide the STD/AIDS Prevention Branch with a copy of its, or its subcontractors', training curricula and manuals based on (a) and (b) above which are used to train new staff.

2. Administrative

The APPLICANT shall:

- a. Provide the STD/AIDS Prevention Branch of the Hawaii State Department of Health with a consolidated list of all subcontractors, within fifteen (15) days of execution of the subcontracts. The list shall contain the following information:
 - 1) each subcontractor's name, address, telephone number, fax number, Title II project director;
 - 2) amount awarded each subcontractor;
 - 3) type of service(s), and amount budgeted for each service;
 - 4) beginning and ending dates of each subcontract;
 - 5) date each subcontract was obligated;
 - 6) amount and source of any other HRSA/Federal funds;
 - 7) a categorical budget for each subcontract using the following categories:
 - i. salary and fringe benefits (for each position funded by Ryan White CARE Act funds)
 - ii. travel
 - iii. supplies
 - iv. equipment
 - v. contractual services
 - vi. other
 - vii. indirect costs
 - 8) a narrative justification for all funds shown in the budget of each subcontract as described in subparagraph (7), above.
- b. Provide a copy of each subcontract agreement upon request by the STATE's STD/AIDS Prevention Branch.
- c. Maintain and respect the confidentiality of client medical records and information, including HIV testing, pursuant to Section 325-101, Hawaii Revised Statutes.
- d. Comply with the conditions of the Ryan White CARE Act award to the Hawaii State Department of Health and 45 CFR Part 74, "Administration of Grants," and ensure that its subcontractors are also in compliance.

- e. Ensure that all funds made available between April 1, 2008 through March 31, 2009, shall be expended by March 31, 2009; and funds made available between April 1, 2009 through March 31, 2010, shall be expended by March 31, 2010.
- f. Ensure that any funds made available under this Agreement shall not be used to provide items or services for which payment already has been made or reasonably can be expected to be made:
 - 1) Under any Federal or State compensation program, under any private insurance policy, or under any Federal or State health benefits program; or
 - 2) By any entity that provides health services on a prepaid basis.
- g. Conduct a uniform client satisfaction survey at least once each year, on the quality of services provided by the Applicant or by Applicant's subcontractors; and provide data and analysis to the STD/AIDS Prevention Branch within thirty (30) days after completion of the client satisfaction survey, but at the latest, not less than sixty (60) days prior to the end of the year.
- h. Applicant shall provide the STD/AIDS Prevention Branch with written narrative reports on a quarterly basis, and a written final report within thirty (30) days of the end of the contract, which describe the results of the Applicant's services, including all accomplishments of outcome objectives, reasons for variances between objectives and accomplishments, development of program methodology, and adherence to the projected budget costs.
- i. Participate and assist in the STD/AIDS Prevention Branch's Ryan White Act data report to the Health Resources and Services Administration of the U.S. Department of Health and Human Services. Applicant, and Applicant's subcontractors, shall collect data on all clients who receive at least one Ryan White eligible service during the contract period. Data shall be collected in an electronic file format computer file utilizing the electronic data reporting system or systems designated by the STD/AIDS Prevention Branch.
 - 1) The Applicant may allocate a maximum of fifty thousand dollars (\$50,000) in each year of the contract period, for the continued development of the ReggieHAWAII electronic data collection system to include the addition of all Ryan White Act-funded service delivery agencies as sites on the ReggieHAWAII network. Development activities shall include, but not be limited to:

- i. providing and installing the software necessary for the STATE's STD/AIDS Prevention Branch, the Applicant, and all Ryan White Act-funded service delivery agencies to collect, access, and utilize the ReggieHAWAII electronic data collection system;
 - ii. developing and/or adapting software programs to collect and record data, including but not limited to, client demographics, services provided, and amount of funds expended on service deliveries;
 - iii. developing an operating manual and providing training for all staff at all ReggieHAWAII sites who will be utilizing the ReggieHAWAII system;
 - iv. providing relevant technical support as necessary to all users of the ReggieHAWAII system.
- 2) Details of all data collection technical assistance services provided by the Applicant to its subcontractors shall be reported quarterly to the State's STD/AIDS Prevention Branch.
- 3) The Applicant and its subcontractors shall also adhere to other data collection requirements established by the STATE's STD/AIDS Prevention Branch.
- j. Provide all consumers with a mechanism in writing of registering complaints and dissatisfaction which ensures that valid concerns are addressed. Client Advisory Councils should be involved in the grievance process.
- k. Develop a mechanism for obtaining and disseminating the latest treatment information available to clients, staff, and local health professionals.
- l. Ensure that all service providers identify appropriate treatment advocates, information, or resources in order to address treatment advocacy needs of individual clients.
- m. Have a minimum of two (2) consumer representatives, nominated by consumers, on its board of directors. These board members shall represent the diverse consumer/client populations. Upon written request, the names of the consumer representatives on the board shall be made available to the STD/AIDS Prevention Branch. This consumer representative requirement may be waived if the APPLICANT can demonstrate that it made a good faith effort to comply.

- n. Ensure that all providers of Ryan White Act services inform and consult with the State and the Applicant prior to denying any qualified individual access to any Ryan White Act-funded HIV care service.
- o. Ensure that its subcontractors' add the State of Hawaii as an additional insured in the amount of one million dollars (\$1,000,000) to their general liability insurance policies. No later than thirty (30) days after the start of the contract, the APPLICANT shall submit to the SAPB copies of its subcontractors' certificates of insurance which list the State of Hawaii as a co-insured.

3. Quality assurance and evaluation requirements

Applicant and all of its subcontractors shall participate in quality management and evaluation activities as specified by the STD/AIDS Prevention Branch.

4. Outcome and performance measurements

Outcome and performance measurements must be an integral part of the program design, and these measurements must be included in the proposal.

5. Reporting requirements for program and fiscal data

APPLICANT shall:

- a. Provide the STD/AIDS Prevention Branch with written program and budget reports within thirty (30) days after the end of each quarter. These reports shall indicate all services provided, expenses incurred, and the APPLICANT's progress in providing the services required under this procurement.
- b. Provide the STD/AIDS Prevention Branch with written quarterly narrative reports of approximately two (2) pages, describing overall progress toward achieving contract objectives. The quarterly reports shall describe activities conducted, number of individuals in the target population served, problems/issues in service delivery, and a brief discussion of next quarter's activities and goals.
- c. Provide the STD/AIDS Prevention Branch with a final written report within thirty (30) days of the end of the contract, which reflects results of the APPLICANT's program, including accomplishments of service requirements, target populations served, development of program methodology, and adherence to the projected budget costs.
- d. Provide the STD/AIDS Prevention Branch with the names and FTE of all staff positions funded under this procurement. The APPLICANT shall

indicate any vacant positions as part of each quarterly report and its plans to fill the vacancy.

6. Pricing or pricing methodology to be used

COST REIMBURSEMENT

7. Units of service and unit rate

NOT APPLICABLE

IV. Facilities

Applicant shall ensure that all providers of Ryan White Act HIV/AIDS care services meet all applicable Federal and state requirements addressing client accessibility to provider facilities.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Proposal Applications must be in a standard 12 point font, single spaced, with one inch margins.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See Sample Table of Contents.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for each item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are strongly encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

- **Program Overview**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

- **Experience and Capability**

- A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

- B. Experience**

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

- C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

- D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

- E. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Project Organization and Staffing

- A. Staffing**

- **Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

- **Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Program Proposal

The applicant shall provide a detailed description of its program(s) under this RFP. The program proposal must include a detailed description of how the applicant plans to carry out each of the tasks and responsibilities listed under the Scope of Work.

B. Goals and Objectives

Program goals: For each Service Activity under the Scope of Work the applicant shall provide process and outcome objectives. Each objective should be measurable and should clearly state the following:

1. who;
2. is going to be doing what;
3. when;
4. how much; and
5. how it will be measured; and
6. location(s) of service(s).

C. Quality Assurance and Evaluation

Description of quality assurance and evaluation activities. Include what information will be used to evaluate progress on the objectives stated above. Indicate who will collect this information, and how it will be collected.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget form(s) shall be submitted with the Proposal Application:

- SPO-H-205
- SPO-H-206A
- SPO-H-206B
- SPO-H-206C
- SPO-H-206D
- SPO-H-206E
- SPO-H-206F
- SPO-H-206G
- SPO-H-206H
- SPO-H-206I
- SPO-H-206J

On Budget Form SPO-H-205, APPLICANT shall indicate all expenditures proposed under this RFP. A minimum of three (3) columns must be included on SPO-H-205 (see Section 5, Attachment E: Sample Form SPO-H-205):

- one column showing all proposed program(s) specific direct service costs funded under this RFP;
- one column showing all proposed administrative and program support costs funded under this RFP;
- one column showing the total budget request which combines the above two (2) and any other columns which show expenditures proposed under this RFP.

For purposes of this RFP, “administrative and program support costs” include lease/rental of space, lease/rental of equipment, repair and maintenance, and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting. “Direct service costs” include wages and benefits of employees who directly provide

the services, and the cost of materials, equipment, and supplies used to provide these services, and any staff training required under this agreement.

The applicant must include a detailed line by line narrative justification for all budget items proposed under this RFP (see Section 5, Attachment C: Sample Narrative Budget Justification).

B. Other Financial Related Materials

Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents must be attached as part of the Proposal Application:

- A copy of the Applicant's most recent financial audit.

VI. Other

Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 – Recommendation for Award

Evaluation Categories and Threshold

| <u>Evaluation Categories</u> | <u>Possible Points</u> |
|------------------------------------|------------------------|
| Administrative Requirements | |
| <i>Proposal Application</i> | 100 Points |
| Program Overview | 0 points |
| Experience and Capability | 20 points |
| Project Organization and Staffing | 15 points |
| Service Delivery | 55 points |
| Financial | <u>10 Points</u> |
| TOTAL POSSIBLE POINTS | 100 Points |

(Note: Minimum passing score: 60)

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

(1) *Administrative Requirements*

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications

(2) *Proposal Application Requirements*

- Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview

No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

1 Experience and Capability (20 Points)

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A. Necessary Skills

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.

B. Experience

- Demonstrated capability to provide requested services.

C. Quality Assurance and Evaluation

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

D. Coordination of Services

- Demonstrated capability to coordinate services with other agencies and resources in the community.

E. Facilities

- Adequacy of facilities relative to the proposed services.

2. *Project Organization and Staffing (15 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. Staffing

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

B. Project Organization

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

3. *Service Delivery (55 Points)*

The State will evaluate the applicant's overall approach service delivery that shall include:

- Tasks to be completed.
- Service activities.
- Work plan.
- Management plan.
- Timeline and schedules.

4. Financial (10 Points)

Pricing structure based on cost reimbursement:

- Personnel costs are reasonable and comparable to positions in the community.
- Non-personnel costs are reasonable and adequately justified.
- To what extent does the budget support the scope of service and requirements of the Request for Proposal?
- Adequacy of accounting system.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

Section 5

Attachments

- A. Proposal Application Checklist
- B. Proposal Application Sample Table of Contents
- C. Sample Narrative Budget Justification
- D. HIV Case Management Standards
- E. Sample: SPO-H-205
- F. Recommended 2005 Prioritization Lists of Ryan White Client Needs in Hawaii

Attachment A

Proposal Application Checklist

Proposal Application Checklist

RFP No.:

Applicant

:

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services and For Private Providers*.*

| Item | Reference in RFP | Format/Instructions Provided | Required by Purchasing Agency | Completed by Applicant |
|--|------------------|---|-------------------------------|------------------------|
| General: | | | | |
| Proposal Application Identification Form (SPO-H-200) | Section 1, RFP | SPO Website* | X | |
| Proposal Application Checklist | Section 1, RFP | Attachment A | X | |
| Table of Contents | Section 5, RFP | Section 5, RFP | X | |
| Proposal Application (SPO-H-200A) | Section 3, RFP | SPO Website* | X | |
| Registration Form (SPO-H-100A) | Section 1, RFP | SPO Website* | (Required if not Registered) | |
| Tax Clearance Certificate (Form A-6) | Section 1, RFP | Dept. of Taxation Website (Link on SPO website)* | X | |
| Cost Proposal (Budget) | | | | |
| SPO-H-205 | Section 3, RFP | SPO Website* | X | |
| SPO-H-205A | Section 3, RFP | SPO Website* Special Instructions is applicable, Section 5 | | |
| SPO-H-205B | Section 3, RFP, | SPO Website* Special Instructions, Section 5 | | |
| SPO-H-206A | Section 3, RFP | SPO Website* | X | |
| SPO-H-206B | Section 3, RFP | SPO Website* | X | |
| SPO-H-206C | Section 3, RFP | SPO Website* | X | |
| SPO-H-206D | Section 3, RFP | SPO Website* | X | |
| SPO-H-206E | Section 3, RFP | SPO Website* | X | |
| SPO-H-206F | Section 3, RFP | SPO Website* | X | |
| SPO-H-206G | Section 3, RFP | SPO Website* | X | |
| SPO-H-206H | Section 3, RFP | SPO Website* | X | |
| SPO-H-206I | Section 3, RFP | SPO Website* | X | |
| SPO-H-206J | Section 3, RFP | SPO Website* | X | |
| Certifications: | | | | |
| <i>Federal Certifications</i> | | Section 5, RFP | | |
| Debarment & Suspension | | Section 5, RFP | | |
| Drug Free Workplace | | Section 5, RFP | | |
| Lobbying | | Section 5, RFP | | |
| Program Fraud Civil Remedies Act | | Section 5, RFP | | |
| Environmental Tobacco Smoke | | Section 5, RFP | | |
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| | | | | |

Authorized Signature

Date

Attachment B

Proposal Application Sample Table of Contents

Sample Table of Contents

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Sample Narrative Budget Justification

SAMPLE: NARRATIVE BUDGET JUSTIFICATION

1999 HIV Prevention Budget and Justification

Summary

Hawai'i's FY 1999 HIV/AIDS Prevention Cooperative Agreement is requesting \$1,735,732 in federal financial assistance. This is the same amount received in FY 1998. In accordance with the revised *1999 HIV Prevention Plan Update for the State of Hawai i*, adjustments have been made to the contracts for HIV prevention activities to increasingly focus on those priority groups as identified by the plan. At a time of level funding and increasing demand for services, the STD/AIDS Prevention Branch of the Department of Health (DOH) has made every effort to reduce costs without negatively impacting upon the delivery of services as well as conforming to the recommendations of the Hawai i HIV Prevention Community Planning Group.

I. PERSONNEL \$502,500

Request includes 16 previously funded positions.

A. Disease Intervention Specialists (DIS) 265,200

8.5 Positions: (Employee 1), (Employee 2), (Employee 3), (Employee 4), (Employee 5), (Employee 6), (Employee 7), (Employee 8), and (Employee 9).

These positions are under the STD/AIDS Prevention Branch of the Department of Health (DOH). Although they are housed in different health centers, they all have the same functions -- HIV antibody counseling and testing. The staff in these positions will be performing full-time HIV antibody counseling and testing (C&T) activities including: Phlebotomy; pretest counseling; post-test counseling; encouraging partner notification and referral of seropositive patients, including guidance of appropriate methods of referrals, and notifying sex and needle-sharing partners of seropositive patients, including counseling and testing as appropriate. These positions will also be involved in outreach counseling and testing with OraSure by accompanying CHOW outreach workers on all islands. They also will collaborate with other agencies to provide counseling and testing to at-risk populations. These positions will allow the program to accomplish the objectives in Counseling, Testing, Referral, and Partner Notification (CTRPN).

Five positions will be working in the HIV Antibody Clinic at the Diamond Head Health center on O'ahu during various days. They also provide HIV antibody counseling, testing, referral and partner notification services in support of the STD Clinic. The HIV Antibody Clinic at the Diamond Head Health Center currently performs 600 HIV antibody tests per month.

These five positions will also provide outreach counseling and testing services in other sites which include drug treatment facilities, TB Clinic, family planning clinics, colleges, prisons, medical clinics, and the CHOW mobile van. These counseling and testing sites are scheduled during various days and hours.

Four positions are assigned to the neighbor islands -- one for Maui County; two for the island of Hawai'i, which is the largest island geographically and has one position assigned to each of the two main population centers on the opposite sides of the island -- Hilo and Kona; and one half-time position for the island of Kaua'i.

B. Clerk Stenographer 22,100

(Employee 10)

This position is under the DOH and will be housed on O'ahu. This position will be responsible for all the clerical, stenographic and statistical functions of the HIV Antibody Counseling and Testing Program, including: preparing HIV antibody clinic records and forms, posting of laboratory results onto medical records; filing of HIV antibody medical records, tabulating all epidemiologic data through an electronic data system; providing stenographic support to the DIS; and preparing all purchase orders for office and laboratory supplies of the HIV Antibody Counseling and Testing Program.

C. Public Health Educator IV 138,700

4 Positions: (Employee 11), (Employee 12), (Employee 13), and vacant to be hired.

These four public health educators are located on O'ahu. Each of these educators will undertake a diversity of statewide, community-based activities to implement the impact objectives stated in the grant. These educators will coordinate and collaborate with government and community leaders throughout the state to establish networks which facilitate HIV/STD education among populations at risk for HIV. These educators will continue to provide some direct service HIV/STD education to populations at high risk for HIV, including men who have sex with men, injection drug users, women, transgender, youth at risk for HIV, cultural and ethnic minority populations, incarcerated populations, and other underserved populations at risk for HIV. However, the priority for these health educators will be community coordination and providing technical assistance to HIV/STD-related agencies statewide.

| | | |
|-----|---------------------------------------|-----------|
| II. | FRINGE BENEFITS 27.17% x \$502,500 | \$136,529 |
| | TOTAL PERSONNEL COSTS | \$639,029 |

| | | |
|------|------------------------|-----------|
| III. | TRAVEL | \$ 44,880 |
| A. | In-state Travel | 33,150 |
| 1. | Interisland Travel | 23,650 |
| a. | Counseling and Testing | 2,530 |

This amount is necessary for the four neighbor island disease intervention specialists to travel to O'ahu for the annual staff meeting and training. The costs of the meetings include \$300 (\$74 per person x 4 people) air fare; per diem costs of \$160 (\$40 per day x 4 people); car rental costs of \$40; and airport parking fees of \$40 (\$10 per day x 4 people).

Interisland travel is also necessary for the CTRPN trainer to travel to each island to provide HIV Prevention Counseling training to staff at community agencies and at AIDS service organizations. Costs for this activity include \$150 (\$74 per person X 2 trips) airfare; per diem costs of \$720 (\$80 per day X 9 days); car rental costs of \$360 (\$40 per day X 9 days); and airport parking fees of \$100 (\$10 per day X 10 days).

| | | |
|----|--------------------|--------|
| b. | Community Planning | 13,170 |
|----|--------------------|--------|

This amount is necessary for the neighbor island community planning group representatives to travel to O'ahu to attend Community Planning Group (PCPG) and PCPG committee meetings. The costs of the meetings include \$6,660 (\$74 per person X 9 people X 10 meetings) air fare. Funding is also necessary for the seven committees to meet on O'ahu for a total of 45 meetings.

| | | |
|----|--|-------|
| c. | Health Education/Risk Reduction and Public Information | 2,600 |
|----|--|-------|

Travel costs are also necessary for the 4 public health educators on O'ahu for use of their personal car for travel to various AIDS prevention activities. The estimated cost is \$2,400 (\$50 per month X 4 people X 12 months). The clerk stenographer also is assigned duties which involves the use of her personal car for such travel to various AIDS meetings to take minutes and travel to the various vendors to pick up educational supplies. The estimated cost is \$200 (\$17 per month X 12 months).

IV. SUPPLIES \$101,893

- A. ELISA Kits (serum) 50,400
\$3.00 per test X 16,800

This amount is necessary to purchase the HIV antibody testing kits for the Laboratories Branch of the Department of Health. An estimated 14,000 tests will be performed by the laboratory for HIV antibody testing during this budget period. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 16,800 tests will be performed. This total includes all tests performed through the counseling, testing and partner notification program. Thus, the estimated cost for this budget period is \$50,400. (16,800 tests X \$3.00/test)

- B. Reagents and Laboratory Supplies 5,500
(\$25 per test X 220 tests)

This amount is necessary to purchase laboratory supplies to perform the Western Blot test. During the budget period, we plan to perform a total of 14,000 tests. Assuming a 1.6% positivity rate/indeterminate rate, we may anticipate performing 220 Western Blot tests.

- C. Laboratory Supplies 1,000

This amount is necessary to purchase the miscellaneous laboratory supplies to perform the ELISA and Western Blot tests. Costs include dilution tubes, storage vials, gloves, certified mailing packages and disinfectants.

- D. Other Counseling and Testing Supplies 17,600

1. Laboratory Forms 8,300

11,000 forms X \$.75 per form

2. Paper Supplies and Printing Costs 1,000

This amount is needed for AIDS Informed Consent Forms and educational supplies.

3. Phlebotomy Supplies 8,300

This amount is necessary to purchase vacutainers, needles, needle holders, bandaids, cotton, alcohol, gloves and sharps collectors necessary for performing phlebotomy on 11,000 patients at \$0.75 per patient.

- E. HIV Antibody Counseling and Testing

Supplies (oral) 13,400

The HIV antibody counseling and testing program is planning to continue the outreach program to provide HIV counseling and testing services through oral collection devices to hard to reach men who have sex with men as well as IDUs. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 1,620 tests will be performed. The laboratory costs include:

HIV antibody test kits
1,620 tests X \$4.00 per test = \$6,480

OraSure oral specimen collection device
1,350 X \$3.60 = \$4,860

Reagents and other
laboratory supplies \$2,060

F. Educational Supplies \$7,200

Educational supplies such as pamphlets are an integral part of the AIDS health education program. Pamphlets and booklets from Channing L. Bete Company and other vendors. The pamphlets are distributed to Hawai'i residents on all islands.

20,000 pamphlets @ \$0.36 \$7,200

Attachment D

HIV Case Management Standards

HIV CASE MANAGEMENT STANDARDS

State of Hawaii, Department of Health

November 1, 2000

I. Definition:

Case management is a system of service provision based on a relationship between the consumer and case manager. This relationship facilitates and increases consumer participation and enables the process to be consumer driven. The case manager collaborates, assesses, facilitates, educates, plans and advocates for the range of services needed by consumer and 'family'. The case manager coordinates with other service providers to create a multidisciplinary team for the consumer. The goal of this system is to increase access to services, improve coordination of services, and promote quality and cost-efficient outcomes to support people living with HIV/AIDS.

Case Manager Functions

Case Manager Tasks

Assessor

Outreach

(Outreach defined by DOH as nontraditional service delivery to assist multiply diagnosed and/or homeless consumers to access services and to prevent consumers from falling through gaps and not receiving care.)

Screening

Intake/Assessment/Re-assessment

Problem Identification

Crisis Intervention

Termination/Inactive

Planner

Written Service Plan with Goals and Objectives

Periodic Monitoring/Updating Cases

Facilitator/Coordinator

Referrals

Brokering/Linking

Coordinating with Agencies/Workers

Supportive Counseling

(Includes Prevention Counseling)

With Families, Significant Others, etc.

Teach/Encourage Self-Advocacy

Other Functions

Charting, Documentation

Paperwork/Productivity Reports

II. Standards (Based on Case Management Society of America)

A. Advocacy Standard

The case manager's central focus is on the consumer and his/her family. The case manager should advocate for the consumer/family at the service-delivery level.

Measurement Criteria: The case manager will:

1. Establish an effective working relationship with the consumer/family, provider and payor.
2. Foster the consumer's/family's decision-making, independence, and growth and development.
3. Educate the consumer/family about appropriate services and support them in moving toward self-care.
4. Advocate for consumers with long-term care needs at local and state government levels through membership in relevant professional organizations and by becoming knowledgeable about new laws and policies that affect consumer care and case management practice.

B. Collaboration Standard

The case manager's role requires collaborative, proactive and consumer-focused relationship to focus, facilitate and maximize consumer outcomes.

Measurement Criteria: The case manager will:

1. Be knowledgeable and educated with regard to the roles and capabilities of various professions and resources.
2. Provide effective leadership and cooperative with community interdisciplinary team members prior to implementing a plan of action.
3. Demonstrate creativity, care, balance and commitment to the individual served.
4. Place the consumer/family outcomes as primary.

C. Ethical Standard

The care manager's practice will be guided by ethical principles.

Measurement Criteria: The case manager will:

1. Provide services based on autonomy, dignity, privacy and personal rights of the individual.
2. Provide information to the individual to facilitate informed health decisions.
3. Seek appropriate resources and consultation to help formulate and to resolve ethical dilemmas.

D. Evaluation Standard

The case manager will use on-going feedback from supervisor, peers, and consumers to measure the effectiveness/necessity/efficacy of the service plan and the quality of the services.

Measurement Criteria: The case manager will:

1. Routinely make a comprehensive and independent assessment of the consumer's status and progress toward reaching the goals set in the service plan.
2. The case manager will monitor cases and make periodic appropriate adjustments in the service plan; providers and services to promote better outcome.

E. Legal Standard

The case manager practices in accordance with applicable laws.

Measurement Criteria. The case manger will:

1. Act in accordance with applicable laws related to:
 - a. Consumer confidentiality and the release of information.
 - b. The Americans with Disabilities Act.
 - c. Worker's Compensation.
 - d. Other consumer protection laws.
 - e. Abuse reporting.
 - f. Healthcare proxies (power of attorney for healthcare), and advanced medical directives.
 - g. Benefits and benefits administration.
2. Be knowledgeable about the legal scope of practice of various healthcare providers.
3. Seek appropriate resources for resolution of legal questions.

NOTE: Professionals are required by law to report child abuse.

F. Quality of Care Standard

Case management is an appropriate, timely and beneficial service which promotes quality of life and cost effective consumer-related outcomes.

Measurement Criteria: The case manager will:

4. Work within established standards/ethics for case management practice and those of the case manager's professional discipline.
5. Use evaluation and outcome data to improve ongoing case management services.

6. Promote health care outcomes in concert with currently accepted clinical practice guidelines.

G. Research Standard

Case management practice will be based on valid research findings: specifically plans and interventions that result in high quality, cost-effective outcomes.

Measurement Criteria: The case management supervisor will provide case managers with guidance to:

Use intervention substantiated by research that are appropriate to the ongoing care needs of the consumer.

Case management administration will provide case managers with opportunities to:

Participate in research activities that are appropriate to the practice environment. Such activities could include:

- a. Design and/or utilize data gathering tools
- b. Identifying suitable clinical/social problems that would advance or support the consumer's quality of life.
- c. Participating in data collection, specifically outcome data
- d. Conducting research independently or in collaboration with others
- e. Critiquing research literature for application to case management practice
- f. Using appropriate research findings in the development of policies, procedures and guidelines for cost-effective, high quality consumer care.

H. Resource Utilization Standard

The case manager will integrate factors related to quality, safety, efficiency and cost-effectiveness in planning, delivering, monitoring and evaluating consumer care.

Measurement Criteria: The case manager will:

1. Evaluate safety, effectiveness, cost and potential outcomes when developing a plan for the ongoing care needs of the consumer.
2. Refer, broker and/or deliver care based on the ongoing healthcare needs of the consumer and the ability, knowledge and skill of the health and human services providers.
3. In conjunction with the consumer/family, link the consumer/family with the most appropriate institutional or community resources, and advocate for development of new resources if gaps exist in the service continuum.
4. Monitor and evaluate those services through progress reporting, which would include eligibility, reimbursement and collaboration with other professional service providers.
5. Promote the most effective and efficient use of human and financial resources.

I. Education/Preparation/Certification Qualification Standard

Case Management requires professional skills, education and experience.

Measurement Criteria: The case manager will:

1. Complete a baccalaureate or higher level educational program for health and human services (social work, sociology, psychology, RN) and a minimum of 12 months of experience working with people with HIV/AIDS or in case management to other populations.
2. Individuals with MSW are considered qualified to work as a case manager.
3. A person without a Bachelor's degree will have 12 months experience providing services to the HIV population or working as a case manager and will work to fill in gaps in their education by taking appropriate courses at accredited colleges. Courses to be in the area of study listed in #1 above.
4. Clinical supervision for case managers will be provided by a professional with a Master's degree in a field related to clinical health or social services and experience with HIV/AIDS. These case supervision services will be provided by either a staff member or contracted to a qualified individual.
5. Criteria 1-4 above, will apply to State- or federally-funded case managers and case management supervisors hired after November 1, 2000. However, employees hired prior to this date should be encouraged and supported to meet the criteria.
6. Complete agency orientation and training including HIV and case management training.
7. Maintain current professional licensure or national certification in a health and human services profession as available and applicable.
8. Demonstrate knowledge of health, social services, and funding sources.
9. Maintain continuing education appropriate to case management and professional licensure.

Quality Assurance

Quality assurance, although not a case management standard, must accompany the process of developing standards. Quality assurance data should be set up by agencies in ways that allow each access to data about compliance with standards, e.g. evaluation, up-dating service plans, types of services provided, etc. The data should ideally be computerized in a standard way across agencies.

The following reflect the Case Management Advisory Committee's concerns that there be a plan within each agency, as well as State Department of Health, for quality assurance.

For Agency Level Monitoring/Evaluation:

- Policies and procedures must reflect standards
- Set case load size and composition (by acuity level) to guide case management practice
- Quality Assurance plan in place

Consumer involvement in evaluation
Internal supervision and chart review
Computer data system to track number of visits, referrals, consumers, etc.

For Department of Health Level Monitoring/Evaluation:

Yearly site visit to evaluate each agency
Access to computer data, chart review, interviews with personnel
Program review

Attachment E

Sample Form SPO-H-205

Attachment F

Recommended 2005 Prioritization Lists of Ryan White Client Needs in Hawaii

RECOMMENDED 2005 PRIORITIZATION LISTS OF
RYAN WHITE CLIENT NEEDS IN HAWAII

FINAL PRIORITIZATION LIST: OAHU

Oahu

| Final Ranking | Ryan White Service (Final Prioritization Score) ¹ |
|---------------|---|
| 1 | Housing – Financial Assistance (2.9) |
| 2 | Outpatient/Ambulatory Medical Care Services (3.0) |
| 3 | Dental Care (3.8) |
| 4 | Housing – Other Assistance (4.8) |
| 5 | Food Bank/Meals/Supplements (5.1) |
| 6 | Financial Assistance (7.0) |
| 7 | Health Insurance (7.5) |
| 8 | Client Advocacy (7.7) |
| 9 | Case Management (7.9) |
| 10 | Mental Health Care (9.3) |
| 11 | Transportation (10.3) |
| 12 | Alternative Therapies (11.6) |
| 13 | Counseling/Social Support Services (12.5) |
| 14 | Substance Abuse (12.7) |
| 15 | Other Services (13.4) |
| 16 | Home Health Care (13.7) |
| 17 | Hospice Care (15.5) |

¹= Scores weighted across all four stakeholder groups, with lowest score ranked highest.

FINAL PRIORITIZATION LIST: NEIGHBOR ISLANDS

Neighbor Islands

| Final Ranking | Ryan White Service (Final Prioritization Score) ¹ |
|---------------|---|
| 1 | Dental Care (2.8) |
| 2 | Outpatient/Ambulatory Medical Care Services (3.0) |
| 3 | Housing – Financial Assistance (4.9) |
| 4 | Food Bank/Meals/Supplements (5.6) |
| 5 | Case Management (5.9) |
| 6 | Health Insurance (7.0) |
| 7 | Financial Assistance (7.5) |
| 8 | Client Advocacy (8.2) |
| 9 | Housing – Other Assistance (8.3) |
| 10 | Mental Health Care (8.8) |
| 11 | Transportation (9.8) |
| 12 | Alternative Therapies (10.1) |
| 13 | Counseling/Social Support Services (12.0) |
| 14 | Substance Abuse (12.2) |
| 15 | Other Services (12.4) |
| 16 | Home Health Care (14.2) |
| 17 | Hospice Care (15.0) |

¹= Scores weighted across all four stakeholder groups, with lowest score ranked highest.