

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

Request for Proposals for

Ryan White HIV/AIDS Treatment Extension Act of 2009 Part B HIV/AIDS Care Services

RFP Number: HTH-100-RW-2013-15

July 1, 2013

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

July 2013

REQUEST FOR PROPOSALS

**RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
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 Extension Act of 2009 Part B HIV/AIDS core medical services and HIV/AIDS support services to qualified individuals and families infected and affected by HIV/AIDS; fiscal intermediary services; check issuance services for the Insurance Continuation Program; community planning facilitation services; and data collection services. The contract term will be from April 1, 2014 through March 31, 2016.

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, August 30, 2013. Proposals may also be hand delivered by 4:30 p.m. Hawaii Standard Time (H.S.T.) on August 30, 2013, to the STD/AIDS Prevention Branch, 728 Sunset Avenue, 2nd Floor, Honolulu, Hawaii.

Proposals postmarked after midnight on August 30, 2013, or hand delivered after 4:30 p.m. H.S.T. on August 30, 2013, 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 July 17, 2013, at 10:00 a.m. H.S.T., at the STD/AIDS Prevention Branch, Hawaii State Department of Health, 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) 733-8396 (non-TDD).

The deadline for submission of written questions is 4:30 p.m. H.S.T. on July 24, 2013. All questions received by that date shall receive a written response from the STD/AIDS Prevention Branch by July 29, 2013.

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) 733-8396 (non-TDD).

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: One original and three (3) copies

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **August 30, 2013**, and received by the state purchasing agency no later than **10 days from the submittal deadline**.

All Mail-ins

**STD/AIDS Prevention Branch
Attn: Ryan White RFP
3627 Kilauea Avenue, Room 306
Honolulu, Hawaii 96816**

Hawaii Department of Health RFP COORDINATOR

**Ray Higa
Phone: (808) 733-8396
Fax: (808) 733-9015
e-Mail Address:
rav.higa@doh.hawaii.gov**

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), August 30, 2013**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., August 30, 2013.

Drop-off Sites

**STD/AIDS Prevention Branch,
728 Sunset Avenue, 2nd Floor,
Honolulu, Hawaii**

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the 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.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	July 1, 2013
Distribution of RFP	July 1, 2013
RFP orientation session	July 17, 2013
Closing date for submission of written questions for written responses	July 24, 2013
State purchasing agency's response to applicants' written questions	July 29, 2013
Discussions with applicant prior to proposal submittal deadline (optional)	July-August 2013
Proposal submittal deadline	August 30, 2013
Discussions with applicant after proposal submittal deadline (optional)	Sept.-Oct. 2013
Final revised proposals (optional)	Sept.-Oct. 2013
Proposal evaluation period	Sept.-Oct. 2013
Provider selection	Sept.-Oct. 2013
Notice of statement of findings and decision	Sept.-Oct. 2013
Contract start date	April 1, 2014

1.2 Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo>

	For	Click on “Doing Business with the State” tab or
1	Procurement of Health and Human Services	http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services
2	RFP website	http://hawaii.gov/spo/general/procurement-notice-for-solicitations
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules
4	Forms	http://hawaii.gov/spo/statutes-and-rules/general/spo-forms
5	Cost Principles	http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services
6	Standard Contract -General Conditions, AG103F13	http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts
7	Protest Forms/Procedures	http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers

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 <http://hawaii.gov>)

	For	Go to
8	Hawaii Compliance Express (HCE)	https://vendors.ehawaii.gov/hce/splash/welcome.html
9	Department of Taxation	http://hawaii.gov/tax/
10	Wages and Labor Law Compliance, HRS §103-055	http://capitol.hawaii.gov/hrscurrent
11	Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click “Business Registration”
12	Campaign Spending Commission	http://hawaii.gov/campaign

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) 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.

1.4 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 provider responsibilities, and defines deliverables (as applicable).

Section 3, 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.

1.5 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

1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Ray Higa
STD/AIDS Prevention Branch
Hawaii State Department of Health
3627 Kilauea Avenue, Rm. 306
Honolulu, Hawaii 96816
Phone: (808) 733-8396 (Non-TDD) Fax: (808) 733-9015
e-mail address: ray.higa@doh.hawaii.gov

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: July 17, 2013 **Time:** 10:00 a.m. HST
Location: STD/AIDS Prevention Branch
Hawaii Department of Health
728 Sunset Avenue
Honolulu, Hawaii

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation 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 the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

DATE: July 24, 2013 **TIME:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:

July 24-29, 2013

1.9 Submission of Proposals

- A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in subsection 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.
 2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal

forms, and the order in which all proposal components should be collated 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 SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. 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. **Hawaii Compliance Express (HCE).** All providers shall comply with all laws governing entities doing business in the State. Providers shall register with HCE for online compliance verification from the Hawaii State Department of Taxation (DOTAX), Internal Revenue Service (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (DCCA). There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to **subsection 1.2, Website Reference**, for HCE's website address.
- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from DOTAX and the IRS. (See subsection 1.2, Website Reference for DOTAX and IRS website address.)
 - **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. (See subsection 1.2, Website Reference for DLIR website address.)
 - **DCCA Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the DCCA, Business Registration Division. Foreign insurance companies must register with DCCA, Insurance

Division. More information is on the DCCA website. (See subsection 1.2, Website Reference for DCCA website address.)

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. (See subsection 1.2, Website Reference for DLIR website address.)
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to HRS §11-355. (See subsection 1.2, Website Reference for Campaign Spending Commission website address.)
- G. **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.

- H. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:
 1. Postmarked after the designated date; or
 2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 3. If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Faxed proposals, proposals transmitted on diskette or CDs, or proposals transmitted by e-mail are not acceptable.

1.10 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 with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal 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.

1.12 Additional Materials and Documentation

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

1.13 RFP Amendments

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

1.14 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposal

The RFP 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 interest of the State.

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP, are required to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, 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 HAR §§3-142-202 and 3-142-203.

1.18 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:

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

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant 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 provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related

forms are available on the SPO website. (See subsection 1.2, Website Reference for website address.) 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 postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) 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	Procurement Officer
Name: Loretta J. Fuddy, ACSW, MPH	Name: Sharon Abe
Title: Director of Health	Title: Administrative Services Officer
Mailing Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Mailing Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813

1.21 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See subsection 1.2, Website Reference for website address.) Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPOH-201, which is available on the SPO website. (See subsection 1.2 Website Reference for website address.) Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

FY 2014 Ryan White HIV/AIDS Treatment Extension Act of 2009 Part B HIV Care Services

Section 2 Service Specifications

2.1 Introduction

A. Overview, purpose or need

The mission of the STD/AIDS Prevention Branch (“SAPB”) of the Hawai`i State Department of Health is to empower people in Hawai`i to make responsible health decisions for themselves and others by providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and by assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.

The SAPB provides leadership in program assessment, development and assurance. The SAPB coordinates planning and monitors HIV/STD and viral hepatitis services provided by the Hawai`i State Department of Health (“STATE”) or through purchase of services contracts for both HIV prevention and care for those with HIV/AIDS.

National HIV/AIDS Strategy

In July 2010, the White House released the National HIV/AIDS Strategy (NHAS). The NHAS has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV and 3) reducing HIV-related health disparities.

The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically utilized. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV. The ultimate NHAS goal is to inform all HIV positive persons of their status and bring

them into care in order to improve their health status, prolong their lives and slow the spread of the epidemic in the United States through enhanced prevention efforts.

Funding for this procurement is made available under Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White Act). Part B of the Ryan White Act is administered by the Division of State HIV/AIDS Programs, 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.

The overall goal of the Ryan White Act funding in Hawaii is to assist persons living with HIV to be linked with HIV medical care preferably within 3 months of initial diagnosis, to support retention in HIV care and treatment and to achieve viral suppression. Nationally and in Hawaii these services are part of the “Continuum of HIV Care” or the “Cascade.” Epidemiologic data indicates that too many persons living with HIV are not linked with or retained in HIV care and treatment or achieve viral suppression. It is the central focus of this Hawaii Ryan White funding opportunity that the available funds be used first and foremost to strengthen the client level outcomes along the Hawaii continuum of HIV care. This will necessarily include persons with HIV who are not engaged in any way with the Ryan White system of care as well as those who are currently case managed and may/may not be in clinical care.

All agencies funded by Ryan White regardless of service category will be expected on an ongoing basis to:

- 1) Enquire if clients have an HIV medical provider;
- 2) When was their last visit to the provider;
- 3) Do they need any assistance accessing HIV care or treatment;
- 4) If the response to Question 1, above, is NO; Question 2 is >6 months; or YES to Question 3, the agency will provide support or refer to case management with specific notes.

Ryan White Services in the Context of the Affordable Care Act (ACA)

Full implementation of the Affordable Care Act (ACA) will begin January, 2014. For all Ryan White clients it is essential if they qualify that they obtain health insurance and can take full advantage of the covered HIV medical and related services. Ryan White is the payer of last resort but can be used to assist clients to obtain health insurance coverage and pay for HIV medical costs and services that are not fully covered. Community agencies considering seeking Ryan White funds shall first seek to obtain reimbursement for services by billing insurance providers for allowable services as Ryan White is the payer of last resort.

B. Planning activities conducted in preparation for this RFP

Requests for Information, RFI Number HTH-100-13-STD and RFI HTH-100-5-10-2013, were posted on the Hawaii Procurement Notices System website on April 4, 2013, and April 20, 2013, respectively. The Requests for Information sought input from all interested parties regarding all services contained in this Request For Proposals.

C. Description of the service goals

The purpose of this procurement by the SAPB is to implement the Ryan White Act by enhancing 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 medical care and HIV/AIDS 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.

This procurement to provide Ryan White HIV/AIDS Program services supports the National HIV/AIDS Strategy (NHAS) goals of: reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.

A comprehensive HIV/AIDS continuum of care includes the following Ryan White core medical services: outpatient and ambulatory health services, AIDS Drug Assistance Program (ADAP) treatments, AIDS pharmaceutical assistance (local), oral health care, early intervention services, health insurance premium and cost sharing assistance, home health care, medical nutrition therapy, hospice services, home and community-based health services, mental health services and medical case management, including treatment adherence services and substance abuse outpatient care. These services assist PLWH/A in accessing treatment of HIV infection that is consistent with U.S. Department of Health and Human Services (DHHS) Treatment Guidelines. The guidelines include ensuring access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections as well as combination antiretroviral therapies. The current DHHS Treatment Guidelines are available at www.aidsinfo.nih.gov.

Comprehensive HIV/AIDS care beyond these core medical services also includes access to Ryan White support services: case management (non-medical), child care services, emergency financial assistance, food bank/home delivered meals, health education/risk reduction, housing services, legal services, linguistic services, medical transportation services, outreach services, psychosocial support services, referral for health care/supportive services, rehabilitation services, respite care, residential substance abuse services and treatment adherence counseling. This continuum of care may include only those supportive services that enable individuals to access and remain in HIV medical care.

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: The amount of funds available for this contract is unknown at the time of the release of this RFP. The range of the contract amount may be between eight hundred thousand dollars (\$800,000) and three million dollars (\$3,000,000). For purposes of this RFP, Applicant shall base the proposal's budget on an estimated contract amount of one million eight hundred thousand dollars (\$1,800,000). The STATE reserves the right to decrease the contract amount due to unavailability of funds, or to increase the contract amount due to an increase in the availability of funds at any time during the term of the contract.

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

Period of Availability: April 1, 2014 - March 31, 2015 (Tentative)

2.2 Contract 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

2.3 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

(Refer to HAR §3-143-608)

NONE

After-the-fact secondary purchases will be allowed.

Planned secondary purchases

NONE

C. Multiple or alternate proposals

(Refer to HAR §3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR §3-143-206)

Single Multiple Single & Multiple

Criteria for multiple awards: experience, capacity for service delivery, ability to coordinate providers, linkages in community, reasonableness of costs, strength of quality management program.

E. Single or multi-term contracts to be awarded

(Refer to HAR §3-149-302)

Single term (2 years or less) Multi-term (more than 2 years)

Contract terms: 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, 2014, 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.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

1. Ryan White HIV/AIDS Treatment Extension Act of 2009 Part B HIV Care Services Fiscal Agent
 - a. Applicant shall serve as the prime contractor under this procurement. Applicant may allocate a maximum of eighty-five thousand dollars (\$85,000) in each year of the Agreement for the costs associated with administration of this Agreement. Included in the administration of this contract, on an as needed basis, Applicant shall provide logistical, facilitation, and other support services for meetings for all of the Applicant's subcontractors providing Ryan White services to serve as a forum to discuss system-related issues.
 - 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 and manage a statewide client level electronic data collection system to collect HIV clinical, demographic, service delivery, billing, and other information as necessary under the Agreement as specified by the STATE.
 - 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 HIV/AIDS Program data reports to funder 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 monitoring standards for Part B programs (see following website link) 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.

<http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>

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.

NOTE: Applicant may be required to expend a minimum amount of contract funds, to be designated by the STATE, on the provision of one or more of the following Core Services in order to meet a requirement in the Ryan White Act legislation which requires that a minimum of seventy-five percent (75%) of the total Ryan White Act grant funds awarded to a state must be expended on the provision of Core Services.

All Ryan White Act services shall be made available to all qualified Ryan White Act clients. To the greatest extent possible, the Applicant and the Applicant's subcontractors shall maintain flexibility in their budgeting process to allow access to the following Ryan White Act services throughout the term of this Agreement.

CORE SERVICES

Core medical services are specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009. They are a set of essential, direct health care services provided to Ryan White HIV/AIDS Program clients who are HIV positive or HIV indeterminate.

Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services directly to a client by a physician, physician assistant, clinical nurse specialist, nurse practitioner, or other health care professional certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include 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 DHHS Treatment

Guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.

Oral health care includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

Health insurance premium and cost-sharing assistance, also referred to as Health Insurance Program (HIP), is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

Home health care is the provision of services in the home by licensed health care professionals, such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

Home and community-based health services includes 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.

Hospice services are end-of-life care provided to clients in the terminal stage of an illness. They include room, board, nursing care, counseling, physician services, and palliative therapeutics. Services may be provided in a residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Programs.

Mental health services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Medical nutrition therapy, including nutritional supplements, is provided by a licensed, registered dietitian outside of an outpatient/ambulatory medical care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian. Nutritional counseling services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service and be reported under psychosocial support services and food bank/home-delivered meals, respectively. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian should also be considered a support service and is reported under food bank/home-delivered meals.

Medical case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team and provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other services. The coordination and follow up of medical treatments are 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 needs and personal support systems of the client and other key family members. 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 reevaluation and adaptation of the plan, at least every 6 months, as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face meetings, telephone calls, and any other forms of communication.

Medical case management supports three components of the continuum of HIV care: retention, treatment and viral suppression. Ryan White medical case management includes both medically credentialed and other health care staff that is part of the clinical care team. This Ryan White medical case management is not the same as and does not replace the HIV case management currently funded through the STATE case management contracts. These services are expected to continue for all clients regardless of this funding from Ryan White Part B for medical case management. This Ryan White funding focuses on keeping Ryan White eligible patients in HIV medical care (retention), providing follow up to re-link persons who fall out of care, maintenance in treatment, support for adherence to achieve HIV viral suppression. It also involves significant and sometimes intensive communications and collaboration with clients' STATE funded case managers. Health centers and clinics can request to provide Ryan White medical case management to their HIV patients. STATE funded ASO's providing case management can also request to provide Ryan White medical case management for

their clients not receiving these services from funded health centers or clinical provider.

To be considered for funding for Ryan White medical case management an ASO must submit with the application a Memorandum of Agreement (MOA) with each health center, clinic or physician with whom they will be part of the clinical team providing HIV medical case management. Each MOA will state the number of Ryan White eligible patients that are covered, that the medical case manager will have access to the Ryan White clients' medical records and be part of the clinical team. Without the MOA funds cannot be requested to provide the RW medical case management.

All case managers funded under this Agreement shall meet all other standards required by the STATE's STD/AIDS Prevention Branch funded through the Ryan White Act.

Substance abuse services (outpatient) are 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 by a physician or under the supervision of a physician, or by other qualified personnel. They include limited support of acupuncture services to HIV-positive clients, provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.

SUPPORT SERVICES

Support services are a set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Support services may be provided to HIV-positive and HIV- indeterminate clients as needed. Support services may also be provided to HIV-affected clients. However, the services provided to HIV-affected clients must always support a medical outcome for the HIV-positive client or HIV-indeterminate infant.

Case management services (non-medical) include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

All case managers providing non-medical case management services 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 Act.

Child care services are care for the children of clients who are HIV positive while the clients are attending medical or other appointments, or RWHAP-related meetings, groups, or training. These do not include child care while the client is at work.

Emergency financial assistance is the provision of one-time or short-term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation, and medication. Part A and Part B programs must allocate, track, and report these funds under specific service categories, as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02).

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White HIV/AIDS Program funds for these purposes will be as the payer of last resort, and for limited amounts, use and periods of time. Continuous provision of an allowable service to a client should be reported in the applicable service category.

Food bank/home-delivered meals involve the provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, should also be included in this item. The provision of food or nutritional supplements by someone other than a registered dietician should be included in this item as well.

Food vouchers provided as an ongoing service to a client should be reported in this service category. Food vouchers provided on a one-time or intermittent basis should be reported in the emergency financial assistance category.

Housing services are 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 provides some type of medical or supportive services (such as residential substance abuse or mental health services, residential foster care, or assisted living residential services) and housing that does not provide direct medical or supportive services but is essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment.

Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments. Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Therefore, such assistance cannot be permanent and must be accompanied by a

strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation.

Legal services are 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 HIV/AIDS Program.

Legal services to arrange for guardianship or adoption of children after the death of their primary caregiver should be reported as a permanency planning service.

Linguistic services include interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support the delivery of Ryan White-eligible services.

Medical transportation services are conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.

Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. Broad activities such as providing “leaflets at a subway stop” or “a poster at a bus shelter” or “tabling at a health fair” would not meet the intent of the law. These services should target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort, targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection, conducted at times and in places where there is a high probability of reaching individuals with HIV infection, and designed with quantified program reporting that will accommodate local effectiveness evaluation.

Outreach supports three components of the continuum of HIV care: linkage, access to care, and re-engagement in HIV care. Outreach services are active rather than passive in nature and must be a planned and documented activity to be funded. Applicants for this funding must propose specifically how the outreach will be targeted, carried out and data collected. Normal interactions with existing Ryan White clients to get them into HIV care and remain there are not considered outreach. Some individuals diagnosed with HIV never enter HIV care or drop out after a short time for a wide range of reasons and thus do not receive HIV care and treatment.

Psychosocial support services are support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and

bereavement counseling. Nutrition counseling services provided by a non-registered dietitian are reported in this service category.

Nutritional services and nutritional supplements provided by a licensed, registered dietitian are considered a core medical service and should be reported as Medical nutrition therapy. The provision of food and/or nutritional supplements by someone other than a registered dietitian should be reported in the Food bank/home-delivered meals service category.

Rehabilitation services are 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. These include physical and occupational therapy, speech pathology, and low-vision training.

Respite care is community or home-based non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client living with HIV/AIDS.

Substance abuse services (residential) include treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term care). They include limited support of acupuncture services to HIV-positive clients, provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.

Treatment adherence counseling includes counseling or special programs provided outside of a medical case management or outpatient/ambulatory medical care visit by non-medical personnel to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Treatment adherence counseling provided during an outpatient/ambulatory care service visit should be reported under the outpatient/ambulatory medical care service category. Likewise, treatment adherence counseling provided during a medical case management visit should be reported in the Medical case management service category.

3. Check Issuance Service for Insurance Continuation Program

a. Background

The Applicant shall provide reliable fund disbursement and check issuance for the Hawai'i Insurance Continuation Program ("H-COBRA"). H-COBRA provides payment of insurance costs related to HIV medications on behalf of eligible individuals with HIV. Payments are made by H-COBRA to ensure continued access to prescription medications for individuals with HIV. Because any delay in payment of health insurance premiums may be grounds for the insurer to cancel an

individual's coverage, H-COBRA requires timely and reliable fund disbursement and check issuance.

To date, H-COBRA has been limited to payment of insurance premiums, primarily for individuals eligible to continue employer sponsored group insurance under federal COBRA provisions. The Affordable Care Act (ACA) will create significant changes in the individual insurance market beginning January 1, 2014, and opportunities to purchase insurance for individuals living with HIV will increase significantly. It is anticipated that the H-COBRA will play an expanded role, providing not only premium support for a wider range of insurance options, but also by providing support for clients' drug-specific costs when these cost cannot be paid through HDAP. It is anticipated that checks requested by H-COBRA will include some payments for deductibles, co-payments, and co-insurance charged to the individual under the terms of the specific health insurance policy, in addition to monthly premiums.

During the period April 1, 2012 to March 31, 2013, H-COBRA requested approximately 500 checks. Beginning April 1, 2014, the volume might be three to four times recent volume. However, the actual volume may vary significantly from this projection because the specific level of insurance support clients may need from H-COBRA is unclear.

b. Disbursement Account

The Applicant shall maintain an account from which checks to various health insurance carriers will be issued and forwarded to H-COBRA for distribution.

The Applicant shall use its own payment device to make such payments.

Checks shall contain no reference to any disease including, but not limited to HIV or AIDS.

The State shall advance to the Applicant an amount sufficient to make initial payments to be requested by H-COBRA. Thereafter, the Applicant shall invoice the State for an amount necessary to maintain adequate funds in the disbursement account. Amounts issued to the Applicant for the disbursement account shall be approved by H-COBRA.

Any interest which may accrue to said account shall be used for the purpose of premium payment.

Any bank charges levied on the account shall be paid by the Applicant from the administrative fee assessed to the State.

Funds deposited into the account shall not be used for reimbursing the Applicant for services provided herein.

c. Disbursement of Funds

Each month H-COBRA will transmit to the Applicant all data essential to issuing the required checks, including payee, payment amount, and client identifiers. The transmittal will be in the form of a payment request which will clearly identify the H-COBRA payments requested and authorized for that month.

The Applicant shall treat all information submitted in the monthly premium payment request in accordance with the “strict confidentiality” required for HIV related information under state law (Section 325-101, Hawaii Revised Statutes).

d. Delivery of Checks

Within seven (7) working days of receipt of the H-COBRA monthly payment request, the Applicant shall deliver issued checks to H-COBRA as directed by H-COBRA.

Checks shall be delivered by means of U.S. Postal Service certified mail, and the associated costs shall be paid by the Applicant.

e. Account Reconciliation

On a quarterly basis, the Applicant shall provide H-COBRA with copies of bank statements for the account.

f. Compensation

Compensation for the H-COBRA check issuance work performed by the Applicant shall be based on a fixed fee per check issued pursuant and conforming to H-COBRA request. No compensation shall be provided for payments issued that do not conform to H-COBRA request, including but not limited to, checks issued with payee or amount errors.

The Applicant shall propose a fee per check issued pursuant and conforming to H-COBRA request. Expenditures for check issuance services are not considered a part of the Applicant’s administrative costs.

4. Ryan White Act Requirements

A. PROGRAM REQUIREMENTS

CORE MEDICAL SERVICES

The Applicant shall ensure that all subcontractors contracted to provide Ryan White Act Part B HIV/AIDS core services:

- a. Providers of outpatient/ambulatory medical care services shall:
 - i) Maintain client medical records that document the services provided, the dates and frequency of services, and that service are for the treatment of HIV infection;
 - ii) Include clinician notes in patient records that are signed by the licensed provider of services;
 - iii) Maintain professional certifications and licensure documents and make them available to the grantee upon request.
 - iv) If, as part of Outpatient and Ambulatory Medical Care, laboratory tests integral to the treatment of HIV infection and related complications are provided, the subcontractor shall document, including in client medical records, and make available to the STATE upon request:
 - The number of laboratory tests performed;
 - The certification, licenses, or FDA approval of the laboratory from which tests were ordered; and
 - The credentials of the individual ordering the tests.

- b. Providers of oral health care services shall:
 - i) Maintain a dental chart for each client that is signed by the licensed provider and includes a treatment plan, services provided, and any referrals made;
 - ii) Maintain, and provide to grantee on request, copies of professional licensure and certification.

- c. Providers of health insurance premium and cost sharing assistance services shall:
 - i) Where premiums are covered by Ryan White funds, provide proof that the insurance policy provides comprehensive primary care and formulary with a full range of HIV medications to clients;
 - ii) Maintain documentation of the client's low-income status;
 - iii) Maintain documentation that demonstrates that funds were not used to cover costs associated with the creation, capitalization or administration of a liability risk pools, or social security costs;
 - iv) When funds are used to cover co-pays for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection.

- d. Providers of mental health services shall:
 - i) Obtain and have on file, and make available for review by the STATE, appropriate and valid licensure and certification to practice as a mental health professional in Hawaii;
 - ii) Maintain program records documenting services provided;
 - iii) Maintain client charts that include:
 - A detailed treatment plan for each eligible client that includes required components and signatures;
 - Documentation of services provided, dates, services provided, and that services are consistent with Ryan White requirements and with the individual's treatment plans.

- e. Providers of home health care services shall:
 - i) Document the number and types of services in the client records, with the provider's signature included; and
 - ii) Maintain on file and provide to the STATE upon request copies of the licenses of home health care workers.

- f. Providers of home and community-based health services shall:
 - i) Ensure that written care plans with appropriate content and signatures are consistently prepared, included in client files, and updated as needed;
 - ii) Establish and maintain a program and client recordkeeping system to document the types of home services provided, dates provided, the location of the service, and the signature of the professional who provided the service at each visit;
 - iii) Make available to the STATE program records and client files as required for monitoring;
 - iv) Provide assurance that the services are being provided only in an HIV-positive client's home;
 - v) Maintain, and make available to the STATE upon request, copies of appropriate licenses and certifications for professionals providing services.

- g. Providers of hospice services shall:
 - i) Obtain and have available for inspection appropriate and valid licensure to provide hospice care;
 - ii) Maintain and provide the STATE access to program records and client files that include documentation of Physician certification of clients terminal status;
 - iii) Services provided and that they are allowable under Ryan White and in accordance with the provider contract and scope of work
 - iv) Locations where hospice services are provided include only permitted settings
 - v) Services such as counseling and palliative therapies meet Medicaid or other applicable requirements as specified in the contract

- h. Providers of medical nutrition therapy services shall:
 - i) Maintain, and make available to the STATE upon request, copies of the dietitian's license and registration to practice in Hawaii;
 - ii) Document services provided, number of clients, and the quantity of nutritional supplements and food provided to clients;
 - iii) Document in each client file:
 - Physician's recommendation for the provision of food;
 - Services provided and dates;
 - Nutritional plan as required, including required information and signature.

- i. Providers of medical case management services shall:
 - i) Provide written assurances and maintain documentation showing that medical case management services are provided by trained professionals who are either medically credentialed or trained health care staff and operate as part of the clinical care team;

- ii) Maintain client charts that include the required elements for compliance with contractual and Ryan White programmatic requirements, including required case management activities such as services and activities, the type of contact, and the duration and frequency of the encounter.
- j. Providers of substance abuse services (outpatient) shall maintain and provide to the STATE upon request documentation of:
- i) Provider licensure or certifications as required to provide services in Hawaii; this includes licensures and certifications for a provider of acupuncture services;
 - ii) Staffing structure showing supervision by a physician or other qualified personnel;
 - iii) Provide assurance that all services are provided on an outpatient basis;
 - iv) Maintain program records and client files that include treatment plans with all required elements and document;;
 - v) That all services provided are allowable under Ryan White;
 - vi) The quantity, frequency and modality of treatment services;
 - vii) The date treatment begins, and ends;
 - viii) Regular monitoring and assessment of client progress;
 - ix) The signature of the individual providing the service or the supervisor as applicable.

SUPPORT SERVICES

The Applicant shall ensure that all subcontractors contracted to provide Ryan White HIV/AIDS Program Part B HIV/AIDS support services:

- a. Providers of case management services (non-medical) shall:
- i) Maintain client charts that include the required elements as detailed by the STATE, including:
 - Date of encounter;
 - Type of encounter;
 - Duration of encounter; and
 - Key activities, including benefits/ entitlement counseling and referral services.
 - ii) Provide assurances that any transitional case management for incarcerated persons meets contract requirements.
- b. Providers of child care services shall:
- i) Maintain documentation of:
 - Date and duration of each unit of child care service provided;
 - Eligibility of client (HIV status, residence, and income eligibility);
 - Reason why child care was needed, e.g. client medical or other appointment or participation in a Ryan White-related meeting, group, or training session;
 - Any recreational and social activities, including documentation that they were provided only within a certified or licensed provider setting.

- ii) Where provider is a child care center or program, make available for inspection appropriate and valid licensure or registration as required under applicable State and local laws.
 - iii) Where the provider manages informal child care arrangements, maintain and have available for grantee review:
 - Documentation of compliance with grantee-required mechanism for handling payments for informal child care arrangements;
 - Appropriate liability release forms obtained that protect the client, provider, and the Ryan White program;
 - Documentation that no cash payments are being made to clients or primary care givers;
 - Documentation that payment is for actual costs of service.
- c. Providers of emergency financial assistance shall:
- i) Maintain client records for each client that document:
 - Client eligibility and need for emergency financial assistance;
 - Types of emergency financial assistance provided;
 - Date(s) emergency financial assistance was provided;
 - Method of providing emergency financial assistance.
 - ii) Maintain and make available to the STATE upon request program documentation of assistance provided, including:
 - Number of clients and amount expended for each type of emergency financial assistance;
 - Summary of number of emergency financial assistance services received by client;
 - Methods used to provide emergency financial assistance (e.g., payments to agencies, vouchers).
 - iii) Maintain and make available to the STATE documentation that all emergency financial assistance:
 - Was for allowable types of assistance;
 - Was used only in cases where Ryan White was the payer of last resort;
 - Met STATE-specified limitations on amount and frequency of assistance to an individual client;
 - Was provided through allowable payment methods.
- d. Providers of food bank/home delivered meals shall:
- i) Maintain and make available to the STATE documentation of:
 - Services provided by type of service, number of clients served, and levels of service;
 - Amount and use of funds for purchase of non-food items, including use of funds only for allowable non-food items;
 - Compliance with all federal, state, and local laws regarding the provision of food bank, home-delivered meals and food voucher programs, including any required licensure and/or certifications.

- ii) Maintain documentation that Ryan White funds were used only for allowable purposes and Ryan White was the payer of last resort.
- e. Providers of housing services shall:
- i) Maintain documentation of the services provided, which shall include number of clients served, duration of housing services, types of housing provided, and housing referral services.
 - ii) Maintain client records that document:
 - Client eligibility;
 - Housing services, including referral services provided;
 - Assistance provided to clients to help them obtain stable long-term housing.
 - iii) Maintain and make available to the STATE documentation that no Ryan White funds are used to provide direct payments to clients for rent or mortgages.
- f. Providers of legal services shall:
- i) Document, and make available to the STATE upon request the services provided, including specific types of legal services provided
 - ii) Provide assurance that:
 - Funds are being used only for legal services directly necessitated by an individual's HIV status;
 - Ryan White serves as the payer of last resort.
 - iii) Document in each client file:
 - Client eligibility;
 - A description of how the legal service is necessitated by the individual's HIV status;
 - Types of services provided;
 - Hours spent in the provision of such services.
- g. Providers of linguistic services shall:
- i) Document the provision of linguistic services, including:
 - Number and types of providers requesting and receiving services;
 - Number of assignments;
 - Languages involved;
 - Types of services provided, e.g. oral interpretation or written translation, and whether interpretation is for an individual client or a group.
 - ii) Maintain documentation showing that interpreters and translators employed with Ryan White funds have appropriate training and hold relevant State and/or local certification.
- h. Providers of medical transportation services shall:
- i) Maintain program records that document:
 - The level of services/number of trips provided;
 - The reason for each trip and its relation to accessing health and support services;

- Trip origin and destination;
 - Client eligibility;
 - The cost per trip;
 - The method used to meet the transportation need.
- ii) Maintain documentation showing that the provider is meeting stated contract requirements with regard to methods of providing transportation:
- Reimbursement methods do not involve cash payments to service recipients;
 - Mileage reimbursement does not exceed the federal reimbursement rate;
 - Use of volunteer drivers appropriately addresses insurance and other liability issues.
- iii) Collect and maintain data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical and support services.
- i. Providers of outreach services shall:
- i) Document, and make available upon request by the STATE:
- The design, implementation, target areas and populations, and outcomes of outreach activities, including the number of individuals reached, referred for testing, found to be positive, referred to care, and entering care;
 - Data showing that all RFP and contract requirements are being met with regard to program design, targeting, activities, and use of funds.
- ii) Provide financial and program data demonstrating that no outreach funds are being used:
- To pay for HIV counseling and testing;
 - To support broad-scope awareness activities;
 - To duplicate HIV prevention outreach efforts.
- j. Providers of psychosocial support services shall:
- i) Document the provision of psychosocial support services, including:
- Client eligibility;
 - Types and level of activities provided.
- ii) Maintain documentation demonstrating that:
- Funds are used only for allowable services;
 - No funds are used for provision of nutritional supplements;
 - Any pastoral care/counseling services meet all stated requirements.
- k. Providers of rehabilitation services shall:
- i) Maintain, and make available to the STATE upon request, program and financial records that document:
- Client eligibility;
 - Types of services provided;
 - Type of facility;
 - Provider licensing;

- Use of funds only for allowable services by appropriately licensed and authorized professionals.
 - ii) Maintain client charts that include the required elements as detailed by the STATE, including:
 - An individualized plan of care;
 - Types of rehabilitation services provided (physical and occupational therapy, speech pathology, low-vision training);
 - Dates, duration, and location of services.
- l. Providers of respite care shall:
- i) Maintain, and make available to the STATE upon request, program records including:
 - Number of clients served;
 - Settings/methods of providing care.
 - ii) Maintain in each client file documentation of:
 - Client and primary caretaker eligibility;
 - Services provided including dates and duration;
 - Setting/method of services.
 - iii) Provide program and financial records and assurances that if informal respite care arrangements are used:
 - Liability issues have been addressed, with appropriate releases obtained that protect the client, provider, and Ryan White program;
 - No cash payments are being made to clients or primary caregivers;
 - Payment is reimbursement for actual costs.
- m. Providers of substance abuse services (residential) shall:
- i) Maintain, and provide to the STATE upon request, documentation of:
 - Provider licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for a provider of acupuncture services;
 - Staffing structure showing supervision by a physician or other qualified personnel.
 - ii) Provide assurance that all services are provided in a short-term residential setting.
 - iii) Maintain program records that document:
 - That all services provided are allowable under this service category;
 - The quantity, frequency, and modality of treatment services.
 - iv) Maintain client files that document:
 - The date treatment begins and ends;
 - Individual treatment plan;
 - Evidence of regular monitoring and assessment of client progress.
 - v) In cases where acupuncture therapy services are provided, document in the client file:
 - A written referral from the primary health care provider;
 - The quantity of acupuncture services provided.

- n. Providers of treatment adherence counseling shall:
- i) Provide assurances and maintain documentation that:
 - Services provided are limited to those permitted by the contract;
 - Services are provided by non-medical personnel;
 - Services are provided outside the Medical Care Management and clinical setting.
 - ii) Maintain client charts that include the required elements as detailed by the STATE.

B. FINANCIAL REQUIREMENTS

The Applicant shall ensure that all providers of Ryan White Act Part B HIV/AIDS services:

- a. Maintain a file with signed sub-grant agreement, assurances, and/or certifications that:
- i) Specify unallowable costs;
 - ii) Ensure that budgets do not include unallowable costs;
 - iii) Ensure that expenditures do not include unallowable costs;
 - iv) Provide budgets and financial expense reports to the STATE with sufficient detail to document that they do not include unallowable costs. Unallowable costs include, but are not limited to:
 - Purchasing or improving land, or to purchase, construct, or permanently improve any building or other facility (other than minor remodeling);
 - Cash payments to service recipients;
 - Developing materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
 - Purchasing vehicles without expressed written approval by the STD/AIDS Prevention Branch;
 - Educational activities, including:
 - a) Non-targeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV or radio public service announcements, etc.);
 - b) Broad-scope awareness activities about HIV services that target the general public;
 - c) Outreach activities that have HIV prevention education as their exclusive purpose.
 - v) Influencing or attempting to influence members of Congress and other Federal personnel;
 - vi) Foreign travel;
 - vii) Paying any costs associated with the creation, capitalization, or administration of a liability risk pool (other than those costs paid on behalf of individuals as part of premium contributions to existing liability risk pools), or to pay any amount expended by a State under Title XIX of the Social Security Act.

- b. Have policies, and conduct staff training, on the requirement that Ryan White be the payer of last resort and how that requirement is met.
- c. Each client is screened for insurance coverage and eligibility for third party programs, and helped to apply for such coverage, with documentation of this in client files.
- d. Carry out internal reviews of files and billing system to ensure that Ryan White resources are used only when a third party payer is not available.
- e. Providers of medical services:
 - i) Establish and maintain medical practice management systems for billing;
 - ii) Establish and consistently implement in medical offices and pharmacies:
 - Billing and collection policies and procedures;
 - Billing and collection process and/or electronic system;
 - Documentation of accounts receivable;
 - Document and maintain file information on grantee or individual provider agency Medicaid status;
 - Maintain file of contracts with Medicaid insurance companies;
 - If no Medicaid certification, document current efforts to obtain such certification;
 - If certification is not feasible, request a waiver where appropriate.
- f. Document billing and collection of program income.
- g. Report program income documented by charges, collections, and adjustment reports or by the application of a revenue allocation formula.
- h. Establish, document, and have available for review:
 - Sliding fee discount policy;
 - Current fee schedule;
 - Sliding fee eligibility applications, in client files;
 - Fees charged and paid by clients;
 - Process for charging, obtaining, and documenting client charges through a medical practice information system manual or electronic.
- i. Document that:
 - Sliding fee discount policy and schedule do not allow clients below 100% of Federal Poverty Level to be charged for services;
 - Personnel are aware of and following the policy and fee schedule;
 - Policy is being consistently followed.

C. OTHER REQUIREMENTS

The Applicant shall ensure that all providers of Ryan White HIV/AIDS Program Part B HIV/AIDS services:

- a. Subcontractors who provide financial assistance for clients to access HIV medical care shall execute a letter of agreement with medical care providers whose bills for the provision of HIV medical care are paid on the behalf of Ryan White HIV/AIDS program clients. Letter of agreement shall specify the following:
 - Payment is based on an agreed upon fee schedule;

- Provider agrees to and meets Patient Confidentiality Requirements;
 - Bills shall be submitted to the client in a hardcopy format;
 - Staff of the STATE and the Applicant shall have access to the client's medical records;
 - Provider agrees to meet specified quality management standards;
 - Provider agrees to accept payment by the subcontractor as payment in full and the client shall not be charged any additional amount.
- b. Subcontractors shall develop policies and procedures that determine whether clients are eligible for a particular service. If clients meet eligibility requirements, the clients shall be provided the service.
 - c. Subcontractors shall develop and maintain a policy on sliding fee discounts. Subcontractors shall not charge Ryan White HIV/AIDS Program Part B clients for any services.
 - d. Subcontractors who bill for medical case management services shall utilize a uniform format for their back-up documentation to be developed in conjunction with input from the Applicant.

5. HIV Care Services Planning

A maximum of forty-eight thousand dollars (\$48,000) may be allocated for the provision of logistical and other support services for meetings of the STATE's STD/AIDS Prevention Branch's 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, facilitating meetings, recording notes of discussions and deliberations that occur during planning group meetings and ad hoc committee meetings, and distributing copies of notes and meeting-related materials prior to meetings. Expenditures of funds for this service shall be made in conjunction with input from the STATE.

6. Required Applicant Information

Applicant shall describe how it plans to ensure that:

- a. All persons receiving services funded through the Ryan White HIV/AIDS Program 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;
 - 3) accessing

case management services as described in subparagraph III.A.2.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, and private health insurance, are fully accessing those sources of payments, and Ryan White Act funds are being used only as payer 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 payer 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. Any request for an expenditure of Ryan White HIV/AIDS Program funds must be, at minimum, reviewed and approved by the immediate supervisor of the staff member submitting the request, or by the executive director of the provider agency;
- h. 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. The requisite amount of Ryan White HIV/AIDS Program funds, as designated by the STATE, are being expended on services to women, infants, children, and youth;
- j. The Applicant, or its subcontractors, maintain appropriate relationships with entities within the state that constitutes 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.

7. 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 describe how it shall ensure that all required demographic, service delivery, billing, and other information designated by the STATE shall be collected.

All providers of Ryan White Act services shall be required to share records of clients receiving Ryan White Act services with all other Ryan White Act providers.

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:
biology of HIV;

modes of HIV transmission;
information on STDs;
prevention of transmission;
populations at risk for HIV;
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 HIV continuum of services of cascade nationally and for Hawaii and how to strengthen outcomes for each component or bar
- 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, Ryan White HIV/AIDS Program Part B project director;
 - 2) the 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, 2014 through March 31, 2015, shall be expended by March 31, 2015; and funds made available between April 1, 2015 through March 31, 2016, shall be expended by March 31, 2016.
 - 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 and submit 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. The Applicant shall submit the uniform client satisfaction survey instrument for review and approval by the STD/AIDS Prevention Branch.

- 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 submission of the STATE's Ryan White HIV/AIDS Program data report to the Health Resources and Services Administration of the U.S. Department of Health and Human Services. Data shall be collected in an electronic file format computer file utilizing the electronic data reporting system or systems designated by the STATE.
 - 1) The Applicant shall allocate a maximum of eighty-five thousand dollars (\$85,000) for the licensing agreement with RDE Systems Support, Inc. of New Jersey, for the continued use of RDE System Support's e-COMPAS software application to collect and report client level data on the recipients of Ryan White Part B grant HIV/AIDS care services in Hawaii. This shall include on-going upgrades to the electronic data collection system that are outside of the scope of the licensing agreement.
 - 2) The Applicant may allocate a maximum of forty thousand dollars (\$40,000) for a contract with a Hawaii-based consultant to maintain and operate the electronic data collection system statewide and to provide technical support for RDE Systems Support software applications. The Applicant shall ensure that all requests for assistance, inquiries, issues, or concerns, submitted by users of the electronic data collection system, their supervisors, and/or other staff of service delivery agencies, are acknowledged and a response provided within twenty-four (24) hours of being submitted on the system.

Applicant shall ensure that a report, including but not limited to, system performance, new features, upgrades to the system, problems encountered, and issues identified and how these were resolved, shall be made to all Ryan White HIV/AIDS Act Part B service providers, at minimum, on a quarterly basis.

- 3) Details of all data collection technical assistance services provided by the Applicant to its subcontractors shall be reported quarterly to the STATE.
 - 4) The Applicant and its subcontractors shall also adhere to other data collection requirements established by the STATE.
-
- j. Provide all consumers with a mechanism in writing of registering complaints and dissatisfaction which ensures that valid concerns are addressed. Client Advisory Councils of each individual Ryan White HIV/AIDS Program services provider 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. The names of the consumer representatives on the board should be included as part of each quarterly report. 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 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 shall develop and implement a quality management program, subject to the review and approval by the STATE.

4. Output and performance/outcome measurements

Applicant and all of its subcontractors shall participate in the development, implementation, and monitoring of outcome and performance measurements as determined by the STATE.

5. Experience

Applicant must be able to provide verifiable documentation that it has the necessary experience to provide all services and meet all requirements outlined in this procurement.

6. Coordination of services

The Applicant shall demonstrate its ability to maintain appropriate relationships with entities within the state that constitutes 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.

7. 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 focusing on how Ryan White funding has impacted getting persons with HIV into medical care, keeping them in care and successfully treated.

- 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 with a focus on the impact of getting persons with HIV into medical care, keeping them in care and successfully treated, and adherence to the projected budget costs.
- d. On a quarterly basis, 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.

C. 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.

2.5 COMPENSATION AND METHOD OF PAYMENT

Pricing or pricing methodology to be used

- a. COST REIMBURSEMENT FOR RYAN WHITE SERVICES.
- b. UNIT COST FOR CHECK ISSUANCE SERVICE

Units of service and unit rate for check issuance service shall be proposed by the Applicant.

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.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *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 (SPOH-200A) is available on the SPO website (see 1.2 Website Reference). 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 is comprised of the following sections:

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

3.1 Program Overview

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

3.2 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. All required agreements between service providers shall be executed prior to the start date of the contract.

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 the special equipment that may be required for the services.

3.3 Project Organization and Staffing

A. Staffing

1. 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.)

2. 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 to providers of specified services 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.

3.4 Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item 2.1, 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 how it plans to ensure delivery of the services described in Section 2, “Scope of Work.” 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, including all Service Activities and all Management Requirements.

If the Applicant plans to employ any subcontractors, the Applicant shall also describe, in detail, the subcontractor selection process.

B. Goals and Objectives

Program goals: For each Service and Activity identified under the Scope of Work that the Applicant proposes to deliver, 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

The Applicant shall provide a description of its quality assurance and evaluation program. 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.

3.5 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 subsection 1.2, Websites References 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:

- 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

To determine the adequacy of the Applicant’s accounting system as described under the administrative rules, the following is requested as part of the Proposal Application: the Applicant’s latest financial audit report.

3.6 Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

4.1 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.

4.2 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 Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

100 Points

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points

TOTAL POSSIBLE POINTS

100 Points

(Note: Minimum passing score: 60)

4.3 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

- Proposal Application Identification Form (Form SPOH-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 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, and knowledge 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.
- Plan to secure all required agreements between providers of services prior to the start of the contract

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 to service delivery that shall include:

- Tasks to be completed. _____
- Service activities. _____
- Work Plan. _____
- Management Plan _____
- Timeline and Schedules. _____

5. 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?

Pricing Structure based on negotiated unit of service rate

- Competitiveness and reasonableness of unit of service rate for check issuance service for Insurance Continuation Program.

Adequacy of accounting system.

B. 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

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Sample Narrative Budget Justification
- D. HIV Case Management Standards

Attachment A

Proposal Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-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 (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Hawaii Compliance Express Verification Certificate	Section 1, RFP	Hawaii Compliance Express 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 are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in 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:				
Federal Certifications		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		
Program Specific Requirements:				
Narrative Budget Justification			X	

*Refer to subsection 1.2, Website Reference for website address.

Attachment B

Proposal Application Sample Table of Contents

Sample

Proposal Application Table of Contents

1.0	Program Overview	1
2.0	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities	6
3.0	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts	
4.0	Service Delivery	12
5.0	Financial	20
	See Attachments for Cost Proposal	
6.0	Litigation	20
7.0	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

Attachment C

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
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III.	TRAVEL	\$ 44,880
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	A. In-state Travel	33,150
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	1. Interisland Travel	23,650
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	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

5. 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
Evaluation/Monitoring/Research
Teaching/Education

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. Provider services based on autonomy, dignity, privacy and personal rights of the individual.
2. Provider 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 manager 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 that 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, updating 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

