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

Request for Proposals for HIV Care Services: HIV/AIDS Case Management and Support Services in Maui County

RFP Number: SAPB-2010-5b

August 2010

August 2010

REQUEST FOR PROPOSALS

HIV/AIDS CASE MANAGEMENT AND SUPPORT SERVICES IN MAUI COUNTY

RFP No. SAPB- 2010-5B

The Hawaii Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide HIV/AIDS case management and support services to individuals with HIV in the County of Maui, including the Islands of Maui, Molokai, and Lanai. The contract term will be from July 1, 2011 through June 30, 2013.

Proposals shall be mailed and postmarked by the United State Postal Service on or before October 12, 2010, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on October 12, 2010, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The STD/AIDS Prevention Branch shall conduct an RFP orientation on August 30, 2010, at 10:00 a.m. HST, in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on September 14, 2010. All written questions will receive a written response from the State on or about September 26, 2010.

Inquiries regarding this RFP should be directed to the RFP contact person, Mr. Paul Davis, at the STD/AIDS Prevention Branch, 3627 Kilauea Avenue, Rm. 306, Honolulu, Hawaii 96816, telephone: (808) 733-4080, fax: (808) 733-9015.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

ONE ORIGINAL AND FOUR (4) COPIES OF THE PROPOSAL ARE REQUIRED.

ALL MAIL-INS MUST BE POSTMARKED BY THE USPS BEFORE 12:00 MIDNIGHT, October 12, 2010

All Mail-ins

STD/AIDS Prevention Branch
Hawaii Department of Health
HIV Care RFP
3627 Kilauea Avenue, #306
Honolulu, HI 96816

DOH RFP Coordinator

Paul Davis
STD/AIDS Prevention Branch
Hawaii Department of Health
3627 Kilauea Avenue, #306
Phone: (808) 733-4080
Fax: (808) 733-9015

ALL HAND DELVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL 4:30 P.M., October 12, 2010

Drop-off Site

For all applicants:

STD/AIDS Prevention Branch
Hawaii Department of Health
HIV Care RFP
728 Sunset Avenue, 2nd Floor
Honolulu, HI 96816

BE ADVISED: All mail-ins postmarked USPS after 12:00 midnight, October 12, 2010, will not be accepted for review and will be returned.

Hand deliveries will not be accepted after 4:30 p.m., October 12, 2010

Deliveries by private mail services, such as FedEx or UPS, shall be considered hand deliveries, and will not be accepted if received after 4:30 p.m., October 12, 2010.

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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.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing Request for Proposals (RFP)	August 12, 2010
Distribution of RFP	August 12, 2010
RFP orientation session	August 30, 2010
Closing date for submission of written questions for written responses	September 14, 2010
State purchasing agency's response to applicants' written questions	September 26, 2010
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	October 12, 2010
Discussions with applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	
Proposal evaluation period	October-November 2010
Provider selection	December 1, 2010
Notice of statement of findings and decision	December 15, 2010
Contract start date	July 1, 2011

II. Website Reference

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

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

Non-SPO websites

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

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

III. 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.

IV. RFP Organization

This RFP is organized into five sections:

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

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates 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.

V. Contracting Office

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

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

VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows: August 30, 2010, at 10:00 a.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii. Special modifications (e.g. sign language interpreter, large print, taped materials, etc.) can be provided, if requested in advance by calling Mr. Paul Davis at (808) 733-4080.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in paragraph VII, "Submission of Questions."

VII. Submission of Questions

Applicants may submit questions in writing to the RFP Contact Person(s) identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: September 14, 2010 **Time: 4:30 p.m. HST**

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

Date: September 26, 2010

VIII. 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 paragraph II, "Website Reference." Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200) -** Provides identification of the proposal.

2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

3. **Table of Contents -** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and

meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in Section 3 of this RFP, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

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

B. **Program Specific Requirements** - Program specific requirements are included in Sections 2, Service Specifications, and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.

C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

D. **Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of $25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II. Website Reference.)

E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of

employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)

- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. 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 be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See part II, Website Reference.)

F. **Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The "Certificate of Vendor Compliance" issued online through HCE 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 this section's part II. Website Reference for HCE's website address.

G. **Campaign Contributions by State and County Contractors.** Providers are hereby notified of the applicability of HRS Section 11-205.5, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, FAQs are available at the Campaign Spending Commission webpage. (See part II, Website Reference.)

H. **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.

I. **Confidentiality of Personal Information.** Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General's General Conditions of Form AG Form 103F, *Confidentiality of Personal Information,* has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.

J. **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. 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. Proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within 10 days from the submittal deadline; or
- 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.

IX. Discussions with Applicants

A. **Prior to Submittal Deadline** - Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

B. **After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR Section 3-143-403.

X. Opening of Proposals

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

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

XI. Additional Materials and Documentation

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

XII. RFP Amendments

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

XIII. Final Revised Proposals

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 best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

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

XV. Costs for Proposal Preparation

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

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify

providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

XVII. Rejection of Proposals

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

A proposal may be automatically rejected for any one or more of the following reasons:

(1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)

(2) Rejection for inadequate accounting system. (HAR Section 3-141-202)

(3) Late proposals. (HAR Section 3-143-603)

(4) Inadequate response to request for proposals. (HAR Section 3-143-609)

(5) Proposal not responsive. (HAR Section 3-143-610 (a) (1))

(6) Applicant not responsible. (HAR Section 3-143-610 (a)(2))

XVIII. Notice of Award

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

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

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

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (See paragraph II, Website Reference.) Only the following matters may be protested:

(1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to 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
Name: Chiyome Leinaala Fukino, M.D.
Title: Director of Health
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii

Procurement Officer
Name: Sharon Abe
Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii

XX. Availability of Funds

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

XXI. General and Special Conditions of Contract

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

XXII. Cost Principles

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

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Section 2

Service Specifications

HIV/AIDS Case Management and Support Services In Maui County

Section 2
Service Specifications

I. 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 or through purchase of services contracts for both HIV prevention and care for those with HIV/AIDS.

The purpose of this procurement is to secure HIV/AIDS medical case management services for persons living with HIV/AIDS (PLWHA) in the County of Maui, including the Islands of Maui, Molokai, and Lanai.

B. Planning Activities Conducted in Preparation for this RFP

Extensive internal STD/AIDS Prevention Branch meetings were convened to discuss the development of this RFP. Topics of discussion included identifying specific services to be purchased, developing project goals and objectives, and specific criteria for service providers.

A Request for Information was conducted on May 13, 2010, to provide all interested parties an opportunity to pose questions and to collect current service provider perspectives on the proposed services included in this RFP.

C. Description of the goals of the service

The overriding goal of the service is to reduce HIV/AIDS mortality and improve the health and quality of life for PLWHA while reducing the transmission of HIV. The specific goal of this procurement is to provide HIV medical case management services

that assist the target population to: access and remain in HIV medical care by identifying and reducing barriers to entry and retention in medical care; when appropriate to access and remain on HIV treatment. Overall the goal is to support eligible clients to benefit fully from HIV care and treatment.

For the purposes of this procurement, an individual with HIV/AIDS is considered to be "in HIV medical care" if the individual has:

- seen a health care provider at least once within the previous six (6) months; and
- had HIV-related laboratory tests, including CD-4 and HIV viral load, at least once within the previous six (6) months.

Note: this definition of "in HIV medical care" is not intended to measure adequacy of care and is the most basic measure of whether or not an individual with HIV is "in care". The services in this procurement include activities and performance measures which surpass this definition and which relate to support for clients to maximize the benefits of care and treatment.

D. Description of the target population to be served

PLWHA in the County of Maui who require assistance in order to access and remain in and benefit fully from HIV medical care and treatment. These include:

1. PLWHA who are not in medical care, including those who are newly diagnosed HIV positive;
2. PLWHA who have fallen out of medical care or discontinued HIV treatment;
3. PLWHA who require assistance to access medical care and treatment; and
4. PLWHA who require assistance to remain in HIV medical care and treatment.

Within the target population, special emphasis must be placed on ensuring access to HIV medical care and treatment care for:

- Women;
- Infants (less than two (2) years of age);
- Children (two to twelve (2-12) years of age);
- Youth (thirteen to twenty four (13-24) years of age);
- Individuals with substance abuse issues;
- Individuals with mental illness;
- Individuals who are homeless; and
- Specific demographic or risk population that, based on ongoing data analysis by SAPB, may be underserved with respect to HIV care services.

E. Geographic coverage of service

The County of Maui, including the Islands of Maui, Molokai, and Lanai.

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

Total Funding: Two hundred fifty-five thousand five hundred nine dollars ($255,509) each fiscal year (pending legislative appropriations and the availability of funds).

Source of Funds: State

Availability: July 1, 2011 through June 30, 2013

II. General Requirements

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

NONE

B. Secondary purchaser participation

After-the-fact secondary purchases

WILL BE ALLOWED

Planned secondary purchases

NONE

C. Multiple or alternate proposals

_ Allowed X Unallowed

D. Single or multiple contracts to be awarded

X Single _ Multiple _ Single & Multiple

E. Single or multi-term contracts to be awarded

__Single term (< 2 yrs) X Multi-term (> 2 yrs.)

Initial term of contract: Two (2) years
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 (July 1, 2011) or Notice to Proceed, whichever is later.
Conditions for extension: 1) Availability of funds; 2) must be in writing; 3) must be executed prior to expiration.

F. RFP contact person

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

Paul Davis
STD/AIDS Prevention Branch
Hawaii State Department of Health
3627 Kilauea Avenue, Rm. 306
Honolulu, Hawaii 96816
Phone: (808) 733-4080 (Non-TDD) Fax: (808) 733-9015

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

HIV Medical Case Management Services are defined as range of client-centered services that link clients with health care, psychosocial and other services. Coordination and follow up of medical treatment is a component of medial 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 client's needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness and adherence to complex HIV/AIDS treatments. Medical case management services may include assisting clients to access support services but only when the support services are clearly needed in order to reduce barriers to a client accessing and remaining in medical care and treatment. Medical case management services shall be provided in a manner consistent with the SAPB Case Management Practice Standards (Attachment E). The four (4) core components of the medical case management services to be made available under this procurement include:

1. **Outreach and recruitment**: Services shall include activities to reach and engage individuals within the target population who may require services and are not receiving them. Activities may be provided to these individuals directly, through other community agencies, health care providers, HIV counseling and testing providers, other PLWHA and other means to ensure that HIV medical case management is available to those who need it. Outreach and recruitment

activities shall reach individuals with HIV, both newly and previously diagnosed, who are not in case management and:

- are not fully benefiting from care and treatment (due to issues of access, adherence, or other barriers); or
- are at risk for dropping out of HIV medical care and/or discontinuing HIV treatment; or
- are not in HIV medical care.

2. **Intake/initial assessment**: Entry into HIV case management services shall include documenting and assessing a full range of medical and psychosocial information related to eligibility, access, and barriers to engaging, remaining in, and fully benefiting from HIV medical care and treatment. Intake/initial assessment information shall be recorded in the client's electronic data record. Each client shall be assigned an initial acuity level on the SAPB-specified one-to-four scale acuity scale (See Client Acuity Determination, Attachment G).

   a. **Medical and related information** shall include:

      - source of referral;
      - date of HIV diagnosis;
      - date of AIDS diagnosis, if applicable;
      - current health status;
      - current HIV and other medical care providers;
      - history of and most recent HIV laboratory testing and results;
      - complete information on current HIV treatment regimen;
      - treatment adherence and barriers to adherence;
      - health insurance status and coverage including limitations, premiums, co-pays, deductibles, etcetera;
      - need/eligibility for HSPAMM, HDAP and HCOBRA;
      - immunization for hepatitis A or B, or both;
      - hepatitis C test results;
      - recent STD testing history, including results and any treatment;
      - recent TB results; and
      - PAP for women, as appropriate.

   b. **Psychosocial information and assessments** shall include:

      - mental health assessment;
      - substance abuse assessment;
      - overall health status/care/care assessment;
      - assessment of needs related to housing, nutrition, crisis intervention, individual/family counseling, and benefits counseling; and
      - HIV prevention sexual and drug use risk assessment, (in connection with Prevention for Positives services).

3. **Ongoing services for Eligible Clients**: A range of activities are performed to ensure that clients have the access, information, and support needed to be able to benefit as fully as possible from HIV medical care and treatment. Medical case management activities include activities directly related to medical care, as well as one that are non-medical but impact the client's ability to access, remain in, and/or benefit fully from HIV care and treatment. Case notes and documentation related to any contact with the client, activities conducted, services provided, and, if applicable, progress on the client service plan, shall be recorded in the electronic client level data system.

   a. **Medical Aspects**:

      1) Assist clients to better understand, utilize and benefit from primary medical care.
      2) Document fully cases of clients not accessing primary medical care, reasons why not, efforts made by the agency and if any additional assistance is needed from the agency to overcome barriers to access. A client remains at a high acuity level until they access HIV care.
      3) Document fully cases of clients not on antiretroviral (ARV) treatment, including whether or not treatment is medically appropriate. If ARV treatment is medically appropriate, document reasons client is not on treatment, efforts made by the agency and if any additional assistance is needed from the agency to overcome barriers to access. If treatment is recommended by health care provider the client remains at a high acuity level until they access HIV treatment.
      4) Provide appropriate interface on behalf of the client and health care provider.
      5) Assist eligible clients to interface with health care organizations and related agencies (particularly community primary care centers) to facilitate the delivery of health care services.
      6) Ascertain and support the treatment advocacy needs of individual clients and provide necessary support to meet them.
      7) Provide client adherence counseling/support and provide medically related counseling concerning medications, side effects, laboratory results and similar.
      8) Support, advocate for and document that clients receive the full range of recommended medical services for PLWHA in accordance with Public Health Service guidelines, including HAV/HBV immunizations, HCV screening, and STD screening and follow up services.

   b. **Access/Support Aspects**:

1) Develop and maintain an updated resource list of current HIV care service providers and make this list available to clients.
2) Based on assessed needs and as appropriate, assist client to access mental health, substance abuse, dental and other related health services.
3) Provide support for clients in hospital, hospice or other care facilities.
4) Maintain the required health, laboratory and medically related information in the electronic client level data system to monitor client need and access to medical services etc.
5) Provide at least annually based on client's risk assessment at least one HIV prevention for positives session that will focus on identifying risk, disclosure, partner referral, and risk reduction. Additional sessions should be provided for clients assessed to be of higher risk of HIV transmission. Assessment and follow up shall be reported in the client level data system. This service may be provided by the most appropriate staff in the agency.
6) Ensure that clients apply for and are enrolled in health insurance or programs that provide medical and pharmacy coverage.
7) Determine details of client's medical and pharmacy insurance and coverage.
8) Assist clients to maintain current medical insurance and assist uninsured clients in applying for and accessing Medicaid (Quest) and/or Medicare or other coverage.
9) Assist eligible clients in applying for HSPAMM.
10) Assess eligibility and process application and re-certification for HDAP and HCOBRA following documented process and timeline.
11) Maintain all required hard copy documentation related to eligibility and re-certifications for the HSPAMM, HDAP and H-COBRA programs in client paper file.
12) Coordinate with other community based organizations to link eligible clients with social support services such as transportation, food and housing that are needed by clients to access HIV medical care and treatment.

c. **Client Service Plan**:

For clients with acuity levels 1-3, a written client service plan shall be developed and maintained in the client records. The client service plan shall aim to ensure that the client can access and remain in HIV medical care, and can benefit fully from HIV care and treatment. For clients not currently accessing medical care, or not fully benefiting from HIV care and treatment, the client service plan shall address the barriers and aim to support the client in moving in that direction.

4. **Ongoing Assessment/Re-assessment**:

This component will be similar to the initial intake assessment and will focus on working with the client updating information and the plan to ensure client access to HIV medical care and treatment. The assessment shall particularly include current HIV medical provider, last visit, HIV treatment and issues, laboratory results, STD and viral hepatitis screening, follow up and immunization, insurance coverage, enrollment and any needed recertification for publicly funded programs (Medicaid, Medicare, HDAP, HCOBRA, HSPAMM etc), co-morbidities including HCV, HBV, homelessness, substance use and mental health. The health, support and prevention needs and acuity level of each client shall be reviewed and updated on a frequency determined by the level of client acuity set out in Attachment G, "Client Acuity Determination." Reassessment of HIV behavioral risk of each client shall take place with any changes in prevention acuity noted. The review process and results shall be recorded in the electronic client level data system with the service plan updated as needed. The initial and revised plans, changes to acuity level, other changes in client's situation shall be recorded in the electronic client level data system

B. Management Requirements

1. Personnel

Case Manager Standards

All staff providing case management services under this agreement shall meet qualifications specified in the HIV Case Management Standards (Attachment D).

Staff Training and Development

All staff providing services under this procurement shall have demonstrated skills and expertise in the service areas in which they will be working.

a. New staff members without the demonstrated skills and expertise 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:

   i. have correct factual knowledge of HIV and STDs including:
      - history and epidemiology of the HIV epidemic and biology of HIV;
      - modes of HIV transmission;
      - information on STD and viral hepatitis;

- prevention of transmission;
- populations at risk for HIV;
- utilizing theories of behavioral interventions;
- treatment of HIV infection;
- referral for care/treatment of STD and viral hepatitis community resources statewide;
- HIV antibody counseling and testing sites statewide;

ii. understand clearly the populations to be served under this procurement;

iii. are familiar with the specific requirements of the contract;

iv. understand the basics about HIV/AIDS, STD and viral hepatitis prevention;

v. understand the procedures laid out in the Manual of Operations, and receive a copy of the same and have signed off;

vi. understand clearly the populations to be served under this contract;

vii. understand the purpose, process, methods and outcomes related to the State HIV medical case management contract.

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

2. **Administrative**

During the contract period, CONTRACTOR shall:

a. develop user friendly written description of medical case management and client support services and resources that are available from the agency and in the geographic area. These documents shall be accessible to all clients;

b. provide all clients with a mechanism in writing of registering complaints and dissatisfaction which ensures that valid concerns are addressed. Clients shall be involved in the grievance process;

c. ensure staff providing services under this scope of services are provided with a copy of the scope of work in the final contract prior to the start of the contract and provided with quarterly data related to the level of the employee's and the agency's attainment of medical case management objectives;

d. conduct the uniform client satisfaction survey, approved for statewide use by SAPB, at least once per twelve (12) month fiscal year period, on the quality of services provided by CONTRACTOR, and provide a summary of the survey to the SAPB;

e. maintain and respect the confidentiality of client medical records and information including electronic storage, sharing and transfer of data, regarding HIV status and any test results, pursuant to all relevant sections of the Hawaii Revised Statutes and HIPAA;

f. develop and maintain a mechanism to ensure consumer input or involvement with the agency's board of directors. This mechanism shall be written up and submitted to SAPB at the start of the contract period and made available to all clients.

3. **Quality assurance and evaluation specifications**

Activities to monitor, evaluate, and improve the results of medical case management services based on the Case Management Practice Standards (Attachment E) and contract process objectives must be an integral part of program design.

The CONTRACTOR shall be responsible for gathering and inputting data into the electronic data system. These data are necessary to measure compliance with standards, process objective and performance measures. The CONTRACTOR shall establish and implement internal quality assurance plans so that required data is collected, recorded electronically, analyzed and used with staff to assure case management standards and client level performance measures are met.

Within the first six (6) months of the contract period, the CONTRACTOR shall collect and document for one hundred percent (100%) of its clients, up-to-date information on the client's status with respect to the following compliance/process measures. For each measure, the client's status may be: 1) Yes; 2) No; 3) Not Applicable. Client status with respect to these measures provides a foundation for measuring and on-going improvement of CONTRACTOR compliance with case management standards, contract process objectives and the highest priority performance measures. The goal for the CONTRACTOR is to have no client records with "Status Unknown" or "No Data Entered" on these items:

Administrative Data

1. Client provided written consent to participate in the program.
2. Client supplied verification of HIV status.
3. Client is Ryan White eligible.
4. Client was informed of the agency's grievance procedure.
5. Client signed release(s) of information.
6. Client was contacted by agency at least once within last six (6) months.
7. Case management information regarding client's personal resources was updated within last six (6) months.

8. Client contact information verified/updated within last six (6) months.

Medical Case Management Data

9. Client has an HIV medical provider (physician).
10. Clients has seen HIV medical provider (physician) within last 6 (6) months.
11. Clients had CD4 and HIV viral load tests performed within last six (6) months.
12. Client is on ARV treatment.
13. Specific reasons for and follow-up of clients not served in items 9-12 above.
14. Client has health insurance.
15. Client has pharmacy coverage.
16. Client is enrolled in HSPAMM.
17. Client is enrolled in HDAP.
18. Client is enrolled in HCOBRA.
19. For client in HDAP/HCOBRA, client recertification is up-to-date as of June 30 and December 31.

The CONTRACTOR shall regularly prepare for agency quality assurance and internal evaluation use and submit quarterly to SAPB a report based on the measures in the following section.

4. **Performance/Outcome Measurements**

Client level health outcomes are among the critical measures of the performance of the HIV system of care as supported by Ryan White and State funds. The overall goal is that one hundred percent (100%) of clients shall meet the performance objectives in Priority One below and are moving as close as possible to achieving this for the measures indicated in Priority Two below. Medical case management service providers are a key (but not the only) component in achieving these outcomes. Medical case management providers shall measure and report progress with respect to the following performance measures, and shall strive for ongoing improvement on these measures.

A. <u>Priority One Performance Measures</u>

Priority one performance measures reflect the primary goal and intent of these medical case management services. The CONTRACTOR shall have collected and recorded up-to-date information on one hundred percent (100%) of clients and one hundred percent (100%) of clients shall have met these measures within the first six (6) months of the contract.

Performance Measure 1.1: Client saw an HIV health care provider in past six (6) months.

Performance Measure 1.2: Client had CD4+ and viral load test done in past six (6) months.

Performance Measure 1.3: Pregnant women with HIV infection received appropriate antiretroviral therapy during the ante-partum period.

Performance Measure 1.4: Client is on an anti retroviral (ARV) treatment if recommended by health care provider.

B. Priority Two Performance Measures

Applicants are not requested to propose objectives for Priority Two performance measures at the time of application. Rather, these objectives will be set during the contract period and revised annually. At the beginning of the contract period, the CONTRACTOR shall report on the completeness, accuracy and timeliness of the client level data in the electronic data system for each of the following Priority Two Performance Measures. At that time, the provider shall propose to SAPB for approval:

- annual objectives to improve the completeness, accuracy and timeliness for these data elements; and

- annual objectives to improve client outcomes based on the baseline/starting level for each performance measure.

For example, if at the beginning of the contract period, the data available to the CONTRACTOR through the case management data system indicates that hepatitis A/B vaccination status (Performance Measure 2. 3) has been entered for fifty percent (50%) of clients, and among those, forty percent (40%) have been vaccinated, the CONTRACTOR shall set: (1) a data completion objective (e.g., vaccination status will be ascertained and entered for eighty percent (80%) of clients); and (2) an outcome (e.g., sixty percent (60%) of clients will have completed the vaccination series).

Performance Measure 2.1: Clients with a CD4+ count below 200 cells/mm3 prescribed PCP prophylaxis, unless contraindicated.

Performance Measure 2.2: Clients screened for hepatitis C virus infection.

Performance Measure 2.3: Clients completed the vaccination series for hepatitis A and B.

Performance Measure 2.4: Women with HIV infection had a PAP screening test annually.

Performance Measure 2.5: Clients on ARVs received adherence counseling at least every six (6) months.

Performance Measure 2.6: Clients on ARVs underwent lipid screening/profile annually.

Performance Measure 2.7: Clients without previous treatment for TB or a previous positive PPD screen were screened for TB.

Performance Measure 2.8: Clients were screened for syphilis, gonorrhea and Chlamydia annually.

Performance Measure 2.9: Clients received an oral health examination annually.

Performance Measure 2.10: Clients received prevention and risk reduction counseling annually.

5. **Experience**

The CONTRACTOR shall have a history of providing the services sought in this procurement, or similar services, to either the target population or other populations requiring ongoing access to medical care.

6. **Coordination of services**

The target population may access a range of different medical providers for primary medical and HIV specialty care (e.g., physicians in private practice, community clinics, Health Maintenance Organizations). Case management services cannot limit the clients' choice of provider, and case management services must be provided regardless of who the medical provider may be. The extent of coordination and information sharing that is possible may vary depending on the medical provider.

The CONTRACTOR must devote staff resources and/or develop formalized linkages with other providers (e.g., through Memorandums of Agreement) to support client access to medical services for clients to benefit fully from HIV medical care and treatment. Services include but are not limited to, primary care, nutritional assessment and counseling, dental care, mental health care, substance abuse treatment and home health services.

7. **Reporting requirements for program and fiscal data**

a. The CONTRACTOR shall be required to use a standardized electronic client level data management and reporting system as identified by SAPB. This data system shall contain required common intake and assessment information across all provider agencies as well as specified and required information related to

service plan and services to enable clients to assess HIV medical care and treatment, service utilization and other data elements.

b. The CONTRACTOR shall provide SAPB with written program and budget reports within thirty (30) days after the end of each quarter. The program report shall provide information from the electronic client level data system on the results of the last quarter in meeting the client data collection/entry objectives and the process and performance outcome objectives laid out in paragraph 4 above and any others determined by SAPB. The quarterly and annual reports shall include a narrative with analysis based on client level data, identification of barriers to achieving performance objectives and steps taken and planned to improve quality and outcome performance.

Reporting shall include all data necessary to report on quality assurance and evaluation measures as specified in B-3 and Performance/Outcome Measures specified in B-4.

c. The budget report shall include a listing of all services provided and expenses incurred under this procurement.

d. The CONTRACTOR shall provide the SAPB with a final written report within thirty (30) calendar days after the end of each contract period which reflects results of the CONTRACTOR's program, including data on meeting client data collection/entry as well as process and performance objectives, information on populations served, other information specified by SAPB.

e. the CONTRACTOR shall provide the SAPB with the names, title and full time equivalent (FTE) of all staff positions funded under this procurement. The name, qualifications and experience of the individual providing clinical supervision shall be included. The CONTRACTOR shall report any vacancy and the length of time the position has remained vacant for all positions funded under that procurement as part of each quarterly report.

C. **Facilities**

Applicant’s facilities must meet all applicable Federal and State requirements for accessibility and safety.

IV. COMPENSATION AND METHOD OF PAYMENT

Compensation and Method of Payment: Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Payments for services shall occur on a quarterly basis upon submission of an invoice from the provider. There shall be four (4) quarterly payments each year of the term of this contract. In the first year, an advance equal to one-eighth (1/8) of the total amount of the contract may be requested by the provider in the form of an invoice submitted to the contracting agency in the first month of the contract period.

Section 3

Proposal Application Instructions

Section 3
Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Proposal Applications must be in a standard 12 point font, single spaced, with one inch margins.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of Contents*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for each item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are strongly encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website References). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

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

I. Program Overview

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

II. 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

Activities to monitor, evaluate, and improve the results of medical case management services based on the Case Management Practice Standards in Attachment E must be an integral part of program design. APPLICANT shall provide a quality assurance plan including process, timing and person(s) responsible so that:

i. required data is collected and recorded completely, accurately and in a timely manner;
ii. electronic data is reviewed and analyzed by supervisors and management;
iii. data is used with staff to ensure the terms of the medical case management contract are met and client level performance measures are met and/or improving.

APPLICANT shall regularly prepare for agency's own quality assurance and evaluation purposes and submit quarterly (30 days after the end of the quarter) to SAPB a report based on the performance measures provided in paragraph 4 of SECTION 2 and plans to improve client outcomes particularly Priority One Performance Measures (1.1 to 1.4).

D. Coordination of Services

The APPLICANT shall describe its capability to coordinate services with other agencies and resources in the community. APPLICANT shall also describe the HIV care services available in its community and the APPLICANT's ability to provide case management services to clients accessing these services.

E. Facilities

The APPLICANT shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities

meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

APPLICANT shall provide the names, title, and full time equivalent (FTE) of all staff positions proposed under this procurement. The name, qualifications and experience of the individual or proposed individual providing clinical supervision shall also be included. The APPLICANT shall also describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services.

2. Staff Qualifications

The APPLICANT shall provide the minimum qualifications (including experience) for all staff proposed to provide services under this procurement.

B. Project Organization

1. Supervision and Training

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

2. Organization Chart

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

IV. Service Delivery

In this section APPLICANT shall include a detailed discussion of the APPLICANT’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. As stated in the Scope of Work the purpose of this procurement is to provide HIV medical case management services which support clients’ access to and assists clients to remain in HIV medical care and treatment. APPLICANT shall describe in detail how each the four core components of medical case management service outlined in the Scope of Service shall be implemented and by which agency staff positions.

APPLICANT shall provide information on how agency will reach and deliver medical case management services for clients who: are not in care, who may fall out of care, and those who are late entering care and/or have difficulty with adherence. These clients are often at higher levels of acuity and include multiply diagnosed individuals (HIV and substance misuser, and/or mental illness and/or homeless); women, youth, children and infants and specific demographic or risk populations that ongoing data analysis by SAPB suggests are over represented with HIV infection and/or underserved with HIV services.

APPLICANT shall provide in this application information on anticipated number of clients in Year I and Year II of the contract period to require medical case management services to access and remain in HIV medical care and treatment. Individuals who do not fall into the target population should not be included under this agreement.

V. Financial

A. Pricing Structure

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

All budget forms, instructions and samples are located on the SPO website (see Section I, paragraph II Websites referred to in this RFP). The following budget form(s) shall be submitted with the Proposal Application:

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

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

- one column showing all proposed program(s) specific direct service costs funded under this RFP;

- one column showing all proposed administrative and program support costs funded under this RFP;

- one column showing the total budget request which combines the above two (2) and any other columns which show expenditures proposed under this RFP.

For purposes of this RFP, "administrative and program support costs" include lease/rental of space, lease/rental of equipment, repair and maintenance, and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting. "Direct service costs" include wages and benefits of employees who directly provide the services, and the cost of materials, equipment, and supplies used to provide these services, and any staff training required under the agreement.

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

B. Other Financial Related Materials

Accounting System

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

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

VI. Other

Litigation

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

Section 4

Proposal Evaluation

Section 4
Proposal Evaluation

I. Introduction

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

II. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Threshold

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**

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

(1) Administrative Requirements

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

(2) Proposal Application Requirements

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

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

Program Overview

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

1. Experience and Capability (20 Points)

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

A. Necessary Skills

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

B. Experience

- Demonstrated capability to provide requested services.

C. Quality Assurance and Evaluation

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

D. Coordination of Services

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

E. Facilities

- Adequacy of facilities relative to the proposed services.

2. Project Organization and Staffing (15 Points)

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

A. Staffing

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.

- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

B. Project Organization

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.

- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

3. Service Delivery (55 Points)

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

- Tasks to be completed.

- Service activities.

- Work plan.

- Management plan.
- Timeline and schedules.

4. Financial (10 Points)

Pricing structure based on cost reimbursement:

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

C. Phase 3 - Recommendation for Award

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

Section 5

Attachments

A. Proposal Application Checklist

B. Proposal Application Sample Table of Contents

C. Sample Narrative Budget Justification

D. HIV Case Management Standards

E. Case Management Practice Standards

F. Sample: SPO-H-205

G. Client Acuity Determination

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. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at http://www.spo.hawaii.gov Click *Procurement of Health and Human Services* and *For Private Providers.**

Item	Reference in RFP	**Format/Instructions Provided**	**Required by Purchasing Agency**	**Completed by Applicant**
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
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	

Authorized Signature

Date

Attachment B

Proposal Application Sample
Table of Contents

Sample Table of Contents

I. Program Overview **1**

II. Experience and Capability **1**
- **A.** Necessary Skills **2**
- **B.** Experience **4**
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Sample Narrative Budget Justification

SAMPLE: NARRATIVE BUDGET JUSTIFICATION

1999 HIV Prevention Budget and Justification

Summary

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

I. PERSONNEL $502,500

Request includes 16 previously funded positions.

A. Disease Intervention Specialists (DIS) 265,200

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

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

Five positions will be working in the HIV Antibody Clinic at the Diamond Head Health center on O'ahu during various days. They also provide HIV antibody counseling, testing, referral and partner notification services in support of the STD Clinic. The HIV Antibody Clinic at the Diamond Head Health Center currently performs 600 HIV antibody tests per month. These five positions will also provide outreach counseling and testing services in other sites which include drug treatment facilities, TB Clinic, family planning clinics, colleges, prisons, medical clinics, and the CHOW mobile van. These counseling and testing sites are scheduled during various days and hours.

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

B. Clerk Stenographer 22,100

(Employee 10)

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

C. Public Health Educator IV 138,700

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

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

underserved populations at risk for HIV. However, the priority for these health educators will be community coordination and providing technical assistance to HIV/STD-related agencies statewide.

II. FRINGE BENEFITS

27.17% x $502,500	$136,529
TOTAL PERSONNEL COSTS	$639,029

III. TRAVEL $ 44,880

A. In-state Travel 33,150

1. Interisland Travel 23,650

a. Counseling and Testing 2,530

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

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

b. Community Planning 13,170

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

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

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

IV. SUPPLIES $101,893

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

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

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

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

C. Laboratory Supplies 1,000

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

D. Other Counseling and Testing Supplies 17,600

1. Laboratory Forms 8,300

11,000 forms X $.75 per form

2. Paper Supplies and Printing Costs 1,000

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

3. Phlebotomy Supplies 8,300

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

E. HIV Antibody Counseling and Testing Supplies (oral) 13,400

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

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

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

Reagents and other
laboratory supplies $2,060

F. Educational Supplies $7,200

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

20,000 pamphlets @ $0.36 7,200

Attachment D

HIV Case Management Standards

HIV CASE MANAGEMENT STANDARDS

State of Hawaii, Department of Health

November 1, 2000

I. Definition:

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

Case Manager Functions	**Case Manager Tasks**
Assessor	Outreach (Outreach defined by DOH as nontradional 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 manger will:

1. Act in accordance with applicable laws related to:

    a. Consumer confidentiality and the release of information.
    b. The Americans with Disabilities Act.
    c. Worker's Compensation.
    d. Other consumer protection laws.
    e. Abuse reporting.
    f. Healthcare proxies (power of attorney for healthcare), and advanced medical directives.
    g. Benefits and benefits administration.

2. Be knowledgeable about the legal scope of practice of various healthcare providers.

3. Seek appropriate resources for resolution of legal questions.

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

F. Quality of Care Standard

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

Measurement Criteria: The case manager will:

1. Work within established standards/ethics for case management practice and those of the case manager's professional discipline.

2. Use evaluation and outcome data to improve ongoing case management services.

3. 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:

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

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

H. Resource Utilization Standard

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

Measurement Criteria: The case manager will:

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

I. Education/Preparation/Certification Qualification Standard

Case Management requires professional skills, education and experience.

Measurement Criteria: The case manager will:

1. Complete a baccalaureate or higher level educational program for health and human services (social work, sociology, psychology, RN) and a minimum of 12 months of experience working with people with HIV/AIDS or in case management to other populations.
2. Individuals with MSW are considered qualified to work as a case manager.
3. A person without a Bachelor's degree will have 12 months experience providing services to the HIV population or working as a case manager and will work to fill in gaps in their education by taking appropriate courses at accredited colleges. Courses to be in the area of study listed in #1 above.
4. Clinical supervision for case managers will be provided by a professional with a Master's degree in a field related to clinical health or social services and experience with HIV/AIDS. These case supervision services will be provided by either a staff member or contracted to a qualified individual.
5. Criteria 1-4 above, will apply to State- or federally-funded case managers and case management supervisors hired after November 1, 2000.

However, employees hired prior to this date should be encouraged and supported to meet the criteria.

6. Complete agency orientation and training including HIV and case management training.
7. Maintain current professional licensure or national certification in a health and human services profession as available and applicable.
8. Demonstrate knowledge of health, social services, and funding sources.
9. Maintain continuing education appropriate to case management and professional licensure.

Quality Assurance

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

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

For Agency Level Monitoring/Evaluation:

Policies and procedures must reflect standards
Set case load size and composition (by acuity level) to guide case management practice
Quality Assurance plan in place
Consumer involvement in evaluation
Internal supervision and chart review
Computer data system to track number of visits, referrals, consumers, etc.

For Department of Health Level Monitoring/Evaluation:

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

Attachment E

CASE MANAGEMENT PRACTICE STANDARDS

PROPOSED

CASE MANAGEMENT PRACTICE STANDARDS

Hawaii Cares

Quality Assurance Committee

Ruth Antone, Chair, Gregory House Programs
Nitsa McCarthy, Life Foundation
Olaf Tollefsen, AIDS Education Project
Earle Core, Big Island Community Participant
Kate Nawahine, Big Island AIDS Project
Dan Uhrich, Maui AIDS Foundation
Paul Spears, Malama Pono
Jerry Ford, Gregory House Programs
Gene Smith, Big Island Community Participant
Jay Geffert, Kaua'I Community Participant
David Stagno, Maui Community Participant
Steffi Glass, Volunteer/Save the FoodBasket
Chuck Linton, Oahu Community Participant
James Weihe, Oahu Community Participant

Community Planning Group

Quality Assurance Committee

Ruth Antone
Ray Higa, DOH
Madi Silverman, DHS
Tim McCormick, DOH
David Braaten, Community
David Roos, Life Foundation

CASE MANAGEMENT PRACTICE STANDARDS (PROPOSED)
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CASE MANAGEMENT PRACTICE STANDARDS

I. CUSTOMER SERVICE STANDARD

Case management will be client-centered, acuity based, and culturally aware and sensitive. Client-centered case management involves a mutually respectful collaboration between the case manager and the client. The client is the primary decision maker regarding his/her care, and is urged to take the leadership role in identifying and prioritizing needs. Acuity based case management matches the intensity of case management to a client's needs and ensures that clients do not miss out on services and are not 'over case managed'. Culturally aware case management is sensitive to the history, experiences, values and languages that are a part of clients' cultural identities. Case management will ultimately be focused on outcomes that determine that the services or program has the desired effect or impact on a client or a family.

In addition, the AIDS service organizations will provide their clients/consumers with competent and respectful care in the client's preferred language.

II. ACCESS STANDARD

Standard:

Case management services must be available to all persons with HIV who meet eligibility requirements, to include the unserved/ underserved/emerging populations. This will be accomplished through identification and elimination of access barriers with a focus on cultural awareness and sensitivity.

Elements:

Provide case management services to all clients. AIDS service organizations will provide services to meet the varying needs of each population served, including but not limited to:

1. Those belonging to any racial, gender, sexual preference, ethnic, cultural or age group;
2. Those with co-morbidities, including individuals with physical and mental disabilities, and substance abuse;
3. Individuals experiencing socio-economic barriers to accessing services, such as:
    a. Issues with finances;
    b. Issues regarding geographies;
    c. Issues surrounding logistics such as lack of childcare, physical space issues for disabled clients, and hours of operation;
    d. Lack of knowledge regarding available services;
    e. Issues about confidentiality;
    f. Issues of cultural sensitivity;
    g. Issues with food, clothing, shelter, transportation.

III. SCREENING AND INTAKE

Standard: Screening and intake are collaborative, client-centered processes between the case manager (and other service providers) and the client where client information is collected and the need for services is determined in a timely manner.

Elements: Screening identifies potential clients. Intake collects demographic information needed by program. Each client or guardian must participate in an initial intake and screening procedure. The purpose of the screening and intake portion of the case management process is for client identification and eligibility determination. This stage will assist in obtaining client baseline data to be used in determining potential needs. This component is crucial in setting the foundation for providing a coordinated set of services.

1. Intake will be initiated within 72 hours after the first contact with the agency.
2. The intake procedures are performed using the process approved by the agency.
3. The intake process indicates appropriate eligibility for the program. Process includes, but is not limited to:
    - Date of intake;
    - Verification of HIV diagnosis;
    - Verification of Hawai'i residency;
    - Appropriate financial information;
    - Referral needs:
        - Housing
        - Food, Nutrition
        - Transportation
        - Support Services
        - Other
    - Current health status, medical care;
    - Information on any co-morbidities such as psychiatric diagnosis, substance abuse;
    - Insurance information;
    - Client goals (work, education, personal, etc.);
    - Client or guardian signature of authorization.

4. Reason for ineligibility for program must be indicated (if applicable).
5. Intake instruments must comply with necessary State and Federal laws regarding the privacy and confidentiality and must comply with the Hawaii State law on HIV Confidentiality.
6. The client or guardian authorizes intake process.
7. If a client is determined eligible, a client file is created and client information will be maintained in the file.
8. Client will be assigned an initial acuity level upon intake and assessment.
9. Client will be given a written copy of the following information at intake:
    - Overview of agency services;
    - Rights and responsibilities of client and of ASO;

- Grievance procedure;
- Community resources;
- Discharge policy.

IV. INITIAL ASSESSMENT

Standard:

Initial assessment is a collaborative, client-centered process between the case manager and client. The outcome of the assessment will determine acuity level, client needs, resources available and gaps in services. In this process a plan of care is developed and progress is reviewed jointly and the plan of care is amended based on interactions between the client and case manager. Assessment and evaluation will be characterized by the following:

1. Collaboration, acuity, and outcomes;
2. Focus on client concerns, short and long-term goals and solutions;
3. Recognition that the plan of care is a "living, evolving" written document based on on-going evaluation;
4. Identification of resources and gaps.

Elements:

After each client is determined eligible for the program, needs must be assessed in a systematic and culturally sensitive manner in order to provide appropriate information for the written plan of care. A written assessment from this meeting must be kept in the client's paper or electronic file. The purpose of this stage is to develop an understanding of what support and services the client may need. This stage builds on the information gathered in the initial intake; however, more detailed information is sought. A written service plan is generated from this assessment.

1. While the assessment of each client may require the selection from a variety of Assessment tools, the assessment(s) should gather information from the many areas in which the client functions. These areas include:
   - Psychosocial status;
   - Medical history/physical health/dental health;
   - Nutritional status;
   - Mental health/psychiatric status;
   - Current or past substance abuse;
   - Financial resources/benefits;
   - Food/nutrition needs;
   - Housing needs;
   - Transportation needs;
   - Legal assistance needs;
   - Spiritual needs;
   - Ohana/support system;
   - Educational/job training needs;
   - Work history;
   - HIV transmission, risk reduction, and prevention needs;
   - Other support services;
   - Other.

V. ACUITY LEVEL

Standard:

Services will be based on acuity. Acuity level determinations shall be made by the individual provider agency based on a four-point scale. Acuity level will be determined at intake and reviewed as indicated in the Acuity Guidelines to meet changing client needs or whenever substantial changes occur.

Acuity level changes when there is a significant change in the client's status. Both positive and negative changes in acuity level will be made when there is any change in client status. Significant changes indicating increased level of need for services include death, illness or hospitalization of client or caregiver, change in condition or circumstance that prohibits client from caring for self, change in the client's functioning, loss of housing.

Elements:

1. Frequency and type of contact with the case manager will be based upon client acuity level.
2. Based on acuity the provider agency will contact clients in order to assess changing client needs and development of a written care/service plan.
3. Clients may receive services as needed on a drop-in basis.
4. All interactions will be charted daily in the client chart.

State of Hawaii
Acuity Guidelines

Level One – Highest Need

HIV positive clients with severe and acute medical, financial, housing, substance abuse or psychosocial crisis, who may have difficulty in successfully managing a personal care/services plan. Based on situation client will receive initial response immediately or within 24 hours (or 72 hours if it is over a weekend). On-going contacts should be attempted daily or weekly to allow intensive support and service coordination with other agencies/providers. Appropriate referrals for crisis assistance will be made.

Level Two – High

HIV-positive clients with complex and acute medical, financial, or psychosocial needs whose needs require emotional and/or environmental support in order to manage their own care/service plan. Contact attempts should be at least twice monthly.

Level Three – Moderate

HIV-positive symptomatic individuals with aggravating, but not acute medical, financial or psychosocial needs who request assistance from the provider agency with case management and/or medical strategy decisions and who may benefit from moderate care assistance. Client contacts are recommended once a month, but, in no circumstances, less than once a quarter.

Level Four – Low

HIV-positive individuals without acute or complex medical, financial or psychosocial needs. Clients are able to function independently without case management. They are able to initiate contact for assistance and/or information from a provider agency. At this level there are no currently un-addressed medical problems. Client will need minimal contact. There will be contact every six months by the agency to assess change in acuity.

VI. DEVELOPMENT AND IMPLEMENTATION OF AN INDIVIDUAL WRITTEN CARE PLAN

Standard:

A written plan of care will be developed through a collaborative process between the case manager and each individual client, and may include their families/significant others, and should include these parameters:

1. Client driven;
2. Responsible person(s) delineated;
3. Outcome based;
4. Action oriented;
5. Time Specific.

Elements:

A written plan of care is developed with the participation and agreement of the client and/ or guardian and addresses all the issues identified in the Screening and Intake. The purpose of the written plan is to facilitate client access to resources and to enhance coordination of care. The case manager identifies client needs based on a comprehensive client assessment that turns into a workable plan of action through the care plan process. Development of the client plan of care is an interactive process between the case manager and the client. It is a process which supports client self-determination whenever possible and empowers a client to participate actively in planning and delivery of services. The client must agree that the plan is realistic and obtainable.
The client has a right to refuse any service, but may still receive other services.

1. The written plan clearly defines specific priority areas, time frames, referrals to be made by case manager, tasks to be done by client. The plan will be based on client's acuity, and will change as client's needs and acuity change.
2. Information included in the plan of care will include:
   - List of client service needs;
   - Prioritization of client needs to be met;
   - Establishment of measurable short and long term goals that will meet client needs;
   - Establishment of measurable objectives and action steps to meet plan of care and desired outcomes;
   - Identification of formal and informal resources to accomplish desired outcomes;
   - Identification of alternatives to meet client goals.

- Identification of what case manager will do, and what client will do to accomplish needs.

3. The plan is facilitated, implemented, and monitored by a case manager in collaboration with client or guardian.
4. The reason client compliance was not, or could not be obtained must be included in the written plan when applicable.
5. Effort will be made to have a client sign the care plan. If client does not want to sign, case manager will document reason. Client can still receive services without signing care plan.
6. No written care plan is required for acuity level four, and this will be documented in client chart.

VII. MONITORING

Standard:

The needs and status of each client receiving case management services will be monitored regularly based on client need and acuity level. The purpose of this stage is to allow the client and case manager to observe the progress of the plan of care. Information will be kept in client's paper or electronic chart. Reassessment and need to update care plan will be based on monitoring of client, his/her needs and progress.

A. Elements

1. Methods used to obtain information include:
   - Communication with client;
   - Direct observation of the client;
   - Contact with the client's family and/or guardian, significant other, primary care physician, service providers, and other professionals. Client's signed consent to share information is required.

2. The types of information to be gathered will include:
   - Present status of client;
   - Client progress;
   - Quality and appropriateness of services provided;
   - Client satisfaction;
   - Barriers to client outcomes.

3. The client is instructed to notify case manager of any change in status or any problems with the services provided. Case manager will contact client as directed by client's acuity level.
4. Non-scheduled care plan meetings may occur as the need arises.
5. Monitored information is documented in client's paper or electronic chart in order to aid in the client reassessment.

VIII. REASSESSMENT

Standard:

Addresses the issues identified in the monitoring phase. Each client receiving case management services shall be reassessed through a comprehensive bio-psychosocial reassessment at least every six months, or more often based on client's presenting need and/or change in acuity.

Elements:

The purpose of reassessment is to re-address and evaluate the issues noted and the outcomes achieved during the monitoring phase. Reassessment will include, but is not limited to, the original assessment areas. The client and case manager will work together to reevaluate the course of the plan of care.

If there are no changes needed in care plan, note this in client's paper or electronic chart. If there are changes in care plan, it will be updated and changes noted in client's paper or electronic chart.

Reassessment also allows for client readmission to programs, determination of need, and the termination of services.

1. Communication with client regarding needs and services.
2. Topics to be addressed in the reassessment will include initial assessment areas and the following:
   - Newly identified needs;
   - Changes in medical status;
   - Resources and barriers;
   - Special needs;
   - Outcomes from previous assessment will be documented;
   - Client satisfaction by self-report.
3. Client acknowledgment of changes resulting from the reassessment.
4. Once reassessment is complete, care plan will be updated as appropriate.

IX. Standard:

Crisis puts client at the highest acuity level. Crisis intervention provides assessment and referral for acute medical, social, physical or emotional distress (crisis includes medical situations, psychiatric situations, financial situations where a person has no money for food, etc.). When a client presents in crisis the case manager will assist the client within the time set by acuity level one, and will obtain an appropriate response to the situation.

A. Elements

An assessment of the emergency situation will be made and there will be a determination of needs and an appropriate response. If the person is a client, the case manager will proceed to secure the needed emergency services. If the person is not a client, the case manager will refer the person to a program that can secure emergency services. If person is a client, case management plan will be revised.

1. Immediate assessment of person.
2. Determination of eligibility as client.
3. Either secure services or refer out for crisis intervention.
4. Documentation of the crisis intervention in client's chart.

X. CASE CLOSURE

Standard:

Cases will be closed when client is no longer eligible for services, no longer desires services, is lost to follow-up, or when client behavior violates the rights and responsibilities of other clients and case management or other program staff.

Elements

1. Documentation of decision to close case: client's request, client to move out of area, client no longer eligible for services, client dies.
2. As applies, appropriate referrals are made prior to termination.
3. Case summary will be prepared stating reasons for closure, services that have been provided to client/family.
4. Case summary will be forwarded to new provider with client consent.
5. Document client outcomes from stated goals and objectives.
6. Document discharge plan.

XI. DISCHARGE

Standard:

A systematic process shall be in place to guide discharge from case management services and allow for client appeal of discharge decisions.

Discharge from case management does not mean the client is barred from receiving other services and should not necessitate discharge from the agency. With the changes in the epidemic, agencies may now offer other, less intensive services not under the auspices of case management and which clients can access directly. If the agency does not offer these services, the agency has an obligation to explore alternatives with their clients, and refer as appropriate and in accordance with their clients' wishes, to agencies that do have this capacity.

A. Conditions Under Which Discharge Shall Occur:

1. The client no longer meets eligibility requirements as established by AIDS service organization.
2. The client and/or client's legal guardian has requested the case be closed.
3. Death of the client.

Process:

Discharge occurring under any of the above circumstances, with the exception of client death, should be conducted in a manner consistent with the following process:

a. Reason for discharge and/or request for case closure is discussed with the client and options for other service provision is explored and documented. In instances where a face to face meeting cannot be arranged and the client cannot be reached, a letter indicating intent to discharge should be mailed to the client's last known mailing address unless otherwise specified.
b. A discharge summary is prepared, which minimally includes reason for discharge and a service transition plan, as appropriate.

B. Conditions Under Which Discharge May Occur:

1. Client relocates outside the service area.
2. The client is noncompliant with case management rules and regulations.
3. Inability to contact the client for a period of not less than 90 days.
4. Verbal or physical violence toward agency staff or property as defined by agency policies and as provided in writing to the client upon initiation of services.
5. Inappropriate use of services as defined by agency policy as provided in writing to the client upon initiation of services.

Process:

Discharge occurring under any of the above circumstances should be conducted in a manner consistent with the following process:

a. Case manager conducts case review with his/her supervisor and/or peer, as appropriate, to make final determination for discharge.
b. The client is informed in writing of intent to discharge and is provided with information regarding appeal of that decision. Where possible, client will be informed of discharge first in person and then in writing.
c. A discharge summary is prepared, which minimally includes reason for discharge and or a transition plan.
d. The client is provided a letter stating the reasons for the discharge. The letter shall be mailed to the client when direct delivery is not possible.

C. Condition Under Which Discharge May Occur Upon Mutual Agreement and/or At The Direction of the Client:

The client has, by his/her own report and in consultation with the client's health care provider(s), obtained optimal health for a period of not less than 6 months and is receiving all necessary ancillary services as planned.

Process:
Discharge occurring under mutual agreement should be conducted in a manner consistent with the following process:

a. Case Manager conducts case review with his/her supervisor and/or peer, as appropriate, to determine appropriateness for discharge.
b. A discharge summary is prepared, which minimally includes reason for discharge and a transition plan with plan for follow-up.
c. The client is provided a letter stating the reasons for the discharge. The discharge letter shall be mailed to the client when direct delivery is not possible.

D. Criteria for Discharge Under All Conditions:

1. Cases shall be closed and all services concluded within 6 months of discharge.
2. Date of discharge is established by either:
   a. Date of death
   b. Date agency and client or guardian agree on termination of services
   c. Date agency determines and documents client ineligibility for case management services
3. In the event of client's death, follow-up case management services may be offered to the family/significant other(s) for six (6) months.
4. Within 3 working days of the final decision to terminate services, a discharge summary is prepared and signed by the case manager, reviewed and countersigned by the case management supervisor.

5. The original discharge summary is placed in the client record.
6. The client is sent a letter stating the reasons for the discharge.
7. Client records are stored and are retrievable by the agency for a period following discharge as required by applicable law and/or agency policy.

E. Additional Criteria For Discharge Under All Conditions, Except Client Death:

1. A letter is provided to the client and/or his/her legal representative.
2. Clients are offered in writing, a copy of the service record at the date of discharge.

F. Documentation:

1. Evidence of discussion with client and/or notification of client regarding intent to discharge from services.
2. When discharge is agency initiated, evidence that client has been informed of appeal process
and understands his/her right to appeal decision to discharge.
3 A discharge summary which includes reason for discharge and a transition plan. A transition plan
should minimally include other services/activities that the client and case manager have identified as appropriate to the client's needs, all information necessary for the client to arrange those services and/or referrals to be made by the case management agency. The transition plan should also include time lines as appropriate, an agreement to maintain communication between client and case manager should problems arise and/or for the purpose of follow-up assessment as supported under certain conditions of discharge.
4. Time limited releases should be in place as needed to allow follow-up as indicated and as agreed to by the client.
5. Evidence that the client was sent a letter informing of the discharge and has been informed of the option to obtain a copy of his/her service records.

Discharge occurring upon the death of a client does not require documentation as indicated above, but should be charted including date of death and follow-up plan for provision of services to family members, as appropriate.

XII. DOCUMENTATION

Standard:

All interactions with or on behalf of the client must be documented daily, be readable, objective, and be preserved in a confidential and complete file.

A. Elements

At minimum written documentation of case management services shall include: 1) The first contact from the client and the request for services; 2) The initial assessment of client's needs and any reassessments; 3) The initial care plan (and any subsequent care plans) specifying the services to which the client is being referred and the manner in which the referral will take place; 4) Any subsequent care plans; 5) Ongoing chart/progress notes documenting client's progress and needs.

Documentation will also include client's eligibility for services, documentation of HIV, releases of information; and

1. Dates of encounters with client;
2. Dates of referrals;
3. Dates of service delivery;
4. Initial assessment, reassessments, initial care plan, follow-up care plans;
5. The names of the persons or agencies providing the referred service;
6. Information indicating whether the service requested was received;
7. Ongoing notes detailing client's progress and needs;
8. Outcomes achieved.

XIII. GRIEVANCE

Standard:

Clients have a right to file a grievance when they believe their rights have been violated. Each case management agency will implement written client grievance policies and procedures. Clients will be informed of the grievance procedure upon intake, and be given a written description of the procedure. Clients shall acknowledge in writing receipt of the information. Each case management agency and system will notify the client in writing of resolution or action taken in a grievance.

Elements:

Clients have a right to grieve when:

1. Conflict with their case manager, other case management staff, or with the case management agency itself has reached the point where it cannot be resolved to their mutual satisfaction.
2. There is an irreconcilable deterioration in the relationship with a client's case manager, other case management staff, or with the case management agency as a whole.
3. Any other situation where the client feels he/she has no other alternative.

Each AIDS service organization case management agency will have in place the following minimum policies and procedures for client grievance procedures:

1. Provide an impartial, fair, and expedited review process for client grievances;
2. Include the client grievance procedure in the client orientation packet;
3. Provide client with mandatory alternatives to use before initiating a grievance (client empowerment; conflict resolution tips; referral to case management supervisor; use of ombudsman, etc.).
4. Provide a clear chain of command for addressing client grievances;
5. Provide proof of an impartial, fair, and expedited review process for client grievances;
6. Delineate the mechanism and criteria whereby a client who has been suspended or terminated from case management may re-access services;
7. Grievances will be handled in the time frame set out in the policy.

XIV. QUALITY IMPROVEMENT AND QUALITY ASSURANCE

Standard:

HIV case management must be involved in a continuous process to improve every part of the program, with the intent of meeting or exceeding client expectations and outcomes. HIV case management must continually engage in activities that provide evidence that basic standards are met in the HIV case management program.

Elements:

1. Case management services will design and implement activities to monitor, evaluate and improve the results of case management services based on the Case Management Standards.
2. Evaluation will be based on information from clients and case managers, client satisfaction surveys, access to care, decreased hospital admissions, shorter lengths of stay and fewer readmissions.
3. Evaluation will be done at three different levels: 1) Client; 2) Organizational; 3) Systems. Client Level evaluation may include: Time from assessment to implementation of care plan; Successful linkages; Behavior changes; Empowerment of clients; Quality of life issues; Improvement in knowledge; Resource utilization vs. crisis. Organizational evaluation may include: Case manager ability to deal with loss; Staff turnover; Staff satisfaction.
   System level evaluation may include: Changes in interaction between organizations; Cooperative agreements with other agencies; sharing data, etc.; Changes in available resources.
4. Outcome and performance measurements will be an integral part of the program design.

XV.LINKING PREVENTION AND CARE

Standard:

Case management is part of a dynamic continuum of care that includes education, prevention, early detection, treatment, and optimization of the quality and quantity of life for persons with HIV and their communities. It is the role of case management to provide on-going evaluation of clients while promoting and maintaining this continuum of care.

Elements:

1. Conduct ongoing assessment and documentation at intake and annually of risk factors
2. Offer assistance with partner notification.
    a. Client to partner(s) – offer encouragement, information and support to the client to disclose to partner(s).
    b. Client to partner(s) with direct case management assistance – offer encouragement, information and support to the client to assist client in disclosure to partner(s).
    c. Referral to Department of Health – Give support to client through referral to Department of Health for partner(s) notification if client requests.
3. Document linkages created between case managers and prevention workers about referred clients.
4. On-going assessment and documentation of evaluation of risk factors (safe sex behavior, and drug use).
5. Collaborate with client to create risk behavior modification plan with goals or refer to prevention workers or Department of Health.
6. Maintain sensitivity and understanding of sexual and cultural norms for diverse populations.
7. Follow all Federal and State laws concerning spousal notification.
8. Training that address needs of case managers and prevention workers.

NOTE:

Standards were not written for services that may be needed such as the following:

- Medical/dental care
- Psychiatric
- Housing
- Food/Nutrition
- Transportation
- Substance abuse
- Other

Each ASO will develop policies and procedures to address these and other support services that may be needed by clients in ways that meet each ASO's particular needs and resources/constraints.

Attachment F

Sample Form SPO-H-205

BUDGET

(Period _____ to _____)

Applicant/Provider: _____

RFP No.: _____

Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	Program Specific (b)	Administrative Costs (c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				

SAMPLE

SOURCES OF FUNDING	
(a) Budget Request	
(b)	
(c)	
(d)	
TOTAL REVENUE	

Budget Prepared By:

Name (Please type or print) Phone

Signature of Authorized Official Date

Name and Title (Please type or print)

For State Agency Use Only

Signature of Reviewer Date

Form SPO-H-205