



**THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
RYAN WHITE PART A and MINORITY AIDS INITIATIVE**

FY2016

Contract Period: March 1, 2016 – February 28, 2017

REQUEST FOR PROPOSALS

APPLICATION MATERIALS

FOR

CASE MANAGEMENT SERVICES
(MEDICAL AND NON-MEDICAL CASE MANAGEMENT)

RFP OPENING DATE: October 19, 2015

RFP CLOSING DATE: December 1, 2015

**City St. Louis Department of Health
Grants Administration Office
1520 Market Street – Rm 4027
St. Louis, MO 63103
(314) 657-1579**

Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.

NOTICE

BIDDER'S PRE-APPLICATION CONFERENCE

FY2016 RYAN WHITE PARTS A AND MINORITY AIDS INITIATIVE
APPLICATION

ATTENDANCE MANDATORY
PLEASE RSVP!

DATE: Tuesday, October 27, 2015

TIME: 9:00 AM - 11:00 am

LOCATION: Communicable Disease - Grants Administration
City of St. Louis Department of Health
1520 Market Street Room 4027
CD Conference Room
St. Louis, MO 63103

CONTACT: Ms. Chantel Joiner-Johnson
City of St. Louis Department of Health
Grants Administration Office
1520 Market Street - Room 4027
St. Louis, MO 63103
314-657-1579

Estimated Schedule:

Date/Time	Activity
Monday, October 19	Request for Proposal Released
Friday, October 23	Deadline for Pre-Bidder's Conference Questions
Tuesday, October 27 (9 am - 11 am)	Mandatory Pre-Application Conference
Thursday, October 30 @ 4:00 pm	Deadline for Final Questions
Tuesday, December 1 @ 4:00 pm	Due Date for Applications
December 14 - 18	Interviews, if deemed necessary
December 21 - 28	Selection/Negotiation
Tuesday, March 1, 2016	Contract Start Date
Tuesday, February 28, 2017	Project Completion Date

**APPLICATION FOR FUNDING
FOR
CASE MANAGEMENT SERVICES
(MEDICAL AND NON-MEDICAL CASE MANAGEMENT)**

The Case Management Services (Medical and Non-Medical Case Management) Request for Proposals reflects the components each applicant must address to demonstrate their expertise and capacity to successfully fulfill the objectives and deliverables associated with providing and/or facilitating access to medical and non-medical case management services for persons living with HIV/AIDS. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

1. APPLICATION FORMATTING REQUIREMENTS

Request for Proposals (RFP) may be obtained beginning October 19, 2015 from Chantel Joiner-Johnson at the City of St. Louis Department of Health, Grants Administration, 1520 Market St. – Room 4027, MO 63103, or downloaded from the St. Louis City website at <http://stlouis.missouri.org>, or by contacting Ms. Joiner-Johnson at (314) 657-1579.

All questions must be submitted in writing no later than Friday, October 23, 2015 to Tory Johnson, Contract Compliance Officer, City of St. Louis Department of Health, 1520 Market Street – Room 4027, St. Louis, MO 63103 or via email at JohnsonTO@stlouis-mo.gov. All questions will be responded to in writing to all parties having attended the pre-application conference.

An original, five (5) paper copies bound, one (1) copy unbound, and one (1) Flash drive containing a copy of the proposal in Microsoft Word or PDF format must be submitted to the Grants Administration office by 4:00 p.m. Tuesday, December 1, 2015.

Late or incomplete proposals will not be accepted. Applicants must adhere to the following:

- Applications must be in English
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double-spaced
- Each copy must contain a Table of Contents
- A flash drive must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97 or XP. ***NOTE: Flash drive must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).***

II. SERVICE CATEGORY DESCRIPTION, CONTRACTOR QUALIFICATION REQUIREMENTS

CASE MANAGEMENT SERVICES (MEDICAL AND NON-MEDICAL CASE MANAGEMENT) FOR MISSOURI AND ILLINOIS:

TOTAL TO BE AWARDED: \$2,364,000 (multiple awards from Parts A, & MAI)

Please note: This is an estimated range for the award. Final funding levels for FY2016 have not been established. The actual service category award amount will be based on the actual amount awarded to the St. Louis Transitional Grant Area and based on the St. Louis HIV Services Planning Council’s Resource Allocations.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic. Ryan White Part A funding (including Minority AIDS Initiative funding) is awarded to the City of St. Louis by the Health Resources Services Administration (HRSA) under the U.S. Department of Health and Human Services. Part A funding provides both core medical and support services to individuals with HIV/AIDS in order to enhance access to and retention in care.

The St. Louis TGA	
Missouri Counties:	St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Warren and Washington
Illinois Counties:	Clinton, Jersey, Madison, Monroe, St. Clair

As defined by HRSA, **MEDICAL CASE MANAGEMENT SERVICES** (including treatment adherence), ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters, including face-to-face, phone contact, and any other form of communication. Medical case management activities in the St. Louis TGA must include at least the following:

- Initial assessment of the client’s service needs;
- Development of a comprehensive, individualized care plan;
- Coordination of services required to implement the plan;
- Continuous client monitoring to assess the efficacy of the plan;
- Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary

Service components may include:

- A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/entitlement counseling and referral activities assisting clients to access other public and private program for which they may be eligible (e.g. Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers’ Patient Assistance Programs, and other State or local health care and supportive services)
- Coordination and follow-up of medical treatments

- Ongoing assessments of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments
- Client-specific advocacy and/or review of utilization of services

As defined by HRSA, **NON-MEDICAL CASE MANAGEMENT SERVICES** provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services.

Services may include:

- Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
- All types of case management encounters and communications (face-to-face, telephone contact, and any other form of communication)

Non-medical case management does not involve coordination and follow-up of medical treatments.

Services provided under this RFP must be aligned with the TGA needs as assessed by the Metro St. Louis HIV Health Services Planning Council and coordinated with the City of St. Louis Department of Health Communicable Disease – Grants Administration section and the Ryan White Case Management system. This includes upholding the HIV Case Management Program Goals (Attachment A) and Standards of Care (see Attachment A.1).

HIV CASE MANAGEMENT POSITIONS TO BE AWARDED TO MULTIPLE AGENCIES:

We anticipate awarding the following types of case management positions from this RFP:

- **Medical Case Managers** to provide general medical case management
- **Resource & Referral (Non-medical) Case Managers** to serve clients with less-intensive case management needs
- **Mental Health Specialty Case Managers** to serve clients with diagnosed mental health needs
- **Waiver Specialty Case Managers** to serve clients with high medical needs utilizing State Planned Personal Care and Medicaid Waiver Programs
- **Perinatal Case Manager** to serve HIV+ pregnant women and their children
- **Case Management Supervisors**, to be awarded to agencies who have at least 10 case managers as part of their Ryan White program staff

CONTRACTOR QUALIFICATIONS:

The selected contractor(s) must demonstrate capability and compliance at a minimum but not limited to the following case management guidelines:

- Work toward the primary purposes of (1) ensuring clients have access to a comprehensive continuum of high quality, community-based care and (2) improved health outcomes for individuals living with HIV disease by ensuring the provision of primary medical care and supportive services, directly or

though appropriate linkages. The contractor shall work toward the primary purposes based upon the following four (4) fundamental principles:

- a. Better serving the underserved in response to the HIV epidemic's growing impact among underserved minority and hard-to-reach populations, particularly those Persons Living with HIV (PLWH) who know their status and are not in care.
 - b. Ensuring access to existing and emerging HIV treatments according to established HIV-related treatment guidelines/recommendations.
 - c. Adapting to changes in the health care delivery system, with Ryan White services utilized in filling gaps in care, including coverage of HIV-related services within managed care plans (particularly Medicaid) and coordination of Ryan White services with other funding sources.
 - d. Documenting outcomes and the impact of Ryan White funds on improving access to quality care/treatment through effective quality assurance and evaluation mechanisms.
- Ensure that all case managers have demonstrated expertise and experience in working with various and diverse populations of Missouri residents diagnosed with HIV, in particular, working with populations with special needs, such as women, ethnic minorities, and the traditionally underserved.
 - Ensure that all case managers and/or subcontractors provide case management to Missouri residents with a verified HIV+ diagnosis, regardless of insurance or financial status, in accordance with the policies, procedures, and standards of practice contained in the **HIV Case Management Manual**, and in compliance with the terms of this contract. HIV status must be verified and entered into the *GRANTEE APPROVED ELECTRONIC DATABASE* system within 30 days of enrollment to continue to receive Ryan White Services.
 - Work collaboratively with the DOH, MO DHSS and other Ryan White grantees to ensure a "seamless" network of case management and program services which effectively, efficiently, consistently, and equitably serves HIV clients and case managers.
 - Ensure that Contractor staff collaborate with, provide information to, collect data, contribute expertise, and otherwise support the DOH, its contractors, MO DHSS, HIV Planning Council, other Ryan White grantees, and other advisory bodies as requested by DOH to facilitate the identification, assessment, and prioritization of client and service delivery needs, strategic planning, the determination of program eligibility standards and operating procedures, and the evaluation of program effectiveness in meeting the needs of the clients and Missouri's HIV-positive population.
 - Ensure that Contractor staff actively and continually work with HIV counseling and testing sites, STD clinics, DOH Disease Intervention Specialists, other service agencies and HIV case managers to ensure the effective linkage of HIV+ persons into appropriate health care systems and

various HIV prevention programs, and other supportive services demonstrated by Memorandums of Understanding, linkage agreements, etc.

- Ensure that all case managers funded through this contract meet the following qualifications with verification provided to the Case Management Program Coordinator:
 - a. Have a minimum of a two to four-year degree in nursing, four-year degree in social work, or health related field, such as counseling, sociology, or psychology and experience in locating, coordinating, monitoring services and knowledge of the available health and psychosocial services needed for individuals who are HIV-infected.
 - b. If no one meeting these qualifications is available for employment in a case management position, an applicant with a college degree in another field such as teaching, arts and/or sciences, and with a minimum of two years of case management experience may be submitted to DOH for review and approval before employment.
 - c. Be currently licensed and registered as required by Missouri law. Copies of licenses must be maintained in the Contractor's personnel files and are subject to review by DOH.
 - d. If providing Waiver case management, be a Licensed Clinical Social Worker (L.C.S.W.), Master of Social Work (M.S.W.), or Registered Nurse (R.N.) and complete eight hours of Waiver training offered by DOH and annual updates.
- Ensure through an ongoing monitoring and quality improvement system that all referrals for client services and authorizations, including Ryan White, AIDS Drugs Assistance Program (ADAP), Housing Opportunities for People with AIDS (HOPWA), and Medicaid AIDS Waiver/State Plan Personal Care (SPPC) services are made based on necessity and according to a written plan of care created in collaboration with the client.
 - a. Ryan White funds are used as the payer of last resort. The Contractor shall ensure that all clients apply for and utilize other state, federal and commercial insurance, including but not limited to, MO Health Net, (Medicaid), Medicare, VA and/or employer/union provided insurance prior to making referrals for client services.

Qualifications: The types of entities eligible to receive funds include, but are not limited to: Community-based Organizations, Hospitals, Health Care Facilities, Ambulatory Care Facilities, Homeless Service Centers, Public Health Departments and Drug Treatment Centers. A for-profit entity is eligible to apply for these funds only if a not-for-profit organization is not able or willing to provide the quality HIV related service(s). Eligible applicants must demonstrate capacity/expertise to successfully meet service category objectives. Applicants must have mechanisms in place to ensure that Ryan White is the "payer of last resort".

Applicants must have a history of providing case management services. Preference will be given to applicants that a) co-locate medical case management services within physician's offices and clinical settings with an emphasis on care coordination and retention in care; b) include women, youth and children in their targeted populations; c) demonstrate a history of service to high-needs clients, particularly men who have sex with men (MSM), heterosexual males and females, and/or clients with mental health or substance abuse histories; and d) promote the coordination and continuum of HIV Care.

Selected Applicant(s) will be expected to gather and input information into the St. Louis TGA's client level database on established outcome measures such as number and type of service provided and associated health outcomes.

Evaluation Criteria: Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization.
- B. A brief description of your organization's existing programs or services designed to serve minorities living with HIV.
- C. A summary of the proposed program ability to attain the overarching objectives (listed in Attachment A) and budget request.

IV. PROGRAM NARRATIVE (Maximum of 20 double-spaced pages)

The program narrative should be a minimum of ten pages and a maximum of 20 1.5 inch or double-spaced typewritten pages numbered consecutively. Applicants must respond to each of the required narrative proposal components (IV. A through F). The order of the responses must follow exactly the order provided below. The Applicant's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Applicants may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material.

A. Capability of the Applicant (10 Points)

- Describe the agency's overall mission and scope of services, including hours of operation. Program descriptions may be appended.
- Briefly describe experience in providing the type of service requested in the RFP.
- Briefly describe the numbers, sociodemographic characteristics, and geographic distribution of the persons served previously in your programs.
- Describe the organization's process to train/orient staff and strategies to prevent staff attrition.
- Describe the agency's capability for collecting and reporting client data through electronic databases.

B. Target Population (10 Points)

- Describe your organization's experience working with the St. Louis TGA PLWH/A population.
- Describe how your organization will assess case management needs of the PLWH/A population.
- Identify unmet needs and barriers for carrying out this service in the St. Louis TGA. Describe how your organization will address unmet needs and barriers.

C. Service Delivery (20 Points)

- Describe the service(s) to be offered through the funding from this RFP. As part of this response, include how your organization will ensure compliance with the HIV case management program goals (listed in Attachment A) and the Contractor Qualifications listed in Section II of this RFP.
- Describe the program activities and roles that Medical Case Management/Non-Medical Case Management will play within your program to provide client-centered, wrap-around services to achieve the following:
 - Linkage to care;
 - Adherence;
 - Retention in care activities;
 - Re-engagement in care; and
 - Appointment reminders and follow-up on missed appointments to ensure retention in care.
- Describe the geographic location of the proposed service(s), days and hours when service(s) will be provided. Explain how you will provide services to eligible clients throughout the TGA.
- Describe the management and staffing plan of your organization and how the requested service fits into your organizational structure. Include how many FTE(s) are requested. Provide a description of staff skills and their experience in providing services to people living with HIV/AIDS. Include an organizational chart and resumes of key staff as attachments.
- Describe the referral process to receive service(s).
- Clearly explain how you will document adherence to the HIV case management program goals (Attachment A) as well as ensure proper data collection/management.

D. Critical Service Delivery Issues (15 Points)

Your proposal must demonstrate the impact of how your organization has and plans to continue to respond to the following critical issues relative to:

Financing of HIV/AIDS care

- Describe the process for initial and ongoing determination of client eligibility for services. In particular, address how your agency determines that TGA funds are being used as payer of last resort and that all other payment sources for a client have been applied for, accessed and/or exhausted.

Cultural and Linguistic Capacity

- Describe how service(s) will be culturally and linguistically appropriate. Include languages in which your agency is able to provide services. Describe how you will communicate with non-English speaking clients. Address ways to reduce issues with stigma, phobia and denial.

E. Collaboration and Coordination (15 Points)

See Attachment B for definitions of collaboration and coordination to guide your responses on collaborative efforts.

Description of involvement in systems of HIV care and support within the TGA

- Identify existing HIV systems of care and support services in which your organization actively participates. Describe the role of your organization in these systems and methods of participation.

Description of plans to coordinate with other providers

- Describe your plan to integrate and/or coordinate the delivery of service with other HIV services and providers. If relationships already exist, please explain their benefit in carrying out the services of this RFP.
- Describe the linkage and/or cooperative agreements which place your organization in a position to accept referrals to your program, obtain outcome measures from care providers to document progress in meeting outcome objectives, and the feedback to case management regarding client access to services.

F. Quality Improvement and Evaluation (20 Points)

- Describe the agency's quality management program; including plans to evaluate, monitor and adjust delivery of program services to ensure quality services provided to PLWH/A.
- Provide the case management services outcome indicators to be used and how they will be assessed.
- Describe the staff involved in the quality improvement process.
- Explain how PLWH/A will be included in the quality improvement process. Plans should include a client satisfaction survey.

NOTE: All Ryan White Part A providers are required to have a functioning Quality Management Program and participate in TGA-wide quality efforts.

Implementation Plan

- Please complete the table in Attachment C for the defined service goal and objective(s) indicating the number of persons to be served, the units of service to be delivered, the estimated cost to meet the objective, and the tasks and activities to be used to accomplish the defined goal and objective(s). Then, complete an additional table for at least one other proposed service goal with at least one objective. This is to be included as an attachment.

V. BUDGET AND FINANCIAL DATA (10 points)

A. Budget Narrative and Budget

1. Develop and submit the service category budget that includes at a minimum the budget lines listed below. A budget narrative for each budget line should be included ensuring the level of detail required by the type of item funded. In developing your budget, keep in mind that administrative charges may not exceed 8% of the total contract amount. The specific components of administrative costs must also be explained in the narrative.

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, their name (if possible), position title, percent full-time equivalency, and annual salary.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement.

Travel: Travel costs should be broken out based on whether they are local or long distance. For local travel, the mileage rate, number of miles, reason for travel (e.g., staff training, client visits, etc), and staff members/others completing the travel should be outlined. Long distance travel is limited to HRSA-sponsored meetings.

Equipment: List equipment costs and describe why they are needed to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment

Supplies: List items the project will use, and be sure to separate office supplies from medical and educational purchases. Office supplies include paper, pens, and the like. Medical supplies include syringes, blood tubes, plastic gloves, etc. Educational supplies would include pamphlets and educational videotapes, for example.

Subcontracts: Sub-contracts are not required as part of the application submission.

Other: All costs that do not fit into the previous categories should be classified under "other."

Administrative: Allowable administrative costs as defined by HRSA include usual and recognized overhead activities, including rent, utilities, and facility costs; costs of management oversight of specific programs funded under this title, including program coordination; clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care.

B. Financial Information

Provide the following financial documents:

- a. A copy of your program/organization budget for the most recent fiscal year.
- b. A summary of your current 2015-2016 contracts, including the funding sources.
- c. A list of outside funds applied for to provide partial support for the proposed project and the status of those applications.
- d. Listing of governing body members and officers, as applicable.
- e. Most recent audited financial report. Report must be from within the previous three years.
- f. Not for Profit organizations should attach evidence of 501 (c) 3 status which includes the following documents:
 - IRS Tax Determination Letter
 - Articles of Incorporation

VI. OTHER REQUIREMENTS

Other Requirements:

- g. **National Monitoring Standards:** The successful bidder must have full knowledge of and remain in compliance with HRSA's Ryan White HIV/AIDS Program Part A and B National Monitoring Standards, including all sub-grantee responsibilities outlined therein (<http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html>).
- h. The successful bidder must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.
- i. **M/W/DBE Participation:** It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company.
- j. **Living Wage Requirements:** Bidders [Proponents] are hereby advised that the St. Louis Living Wage Ordinance #65597 and associated Regulations apply to the service [concession] [lease] [City Financial Assistance] for which [bids] [proposals] are being sought herein. This Ordinance requires that, unless specific exemptions apply, all individuals who perform work pursuant to a contract executed between the successful [bidder] [proponent] and the City [Agency] must

be paid a minimum of the applicable Living Wage rates set forth in the attached Living Wage Bulletin (Attachment D), and, if the rates are adjusted during the term of the contract pursuant to the Ordinance., applicable rates after such adjustment is made. Each bidder [proponent] must submit the attached “Living Wage Acknowledgement and Acceptance Declaration” (Attachment E) with the bid [proposal]. Failure to submit the “Living Wage Acknowledgement and Acceptance Declaration” will result in rejection of the bid [proposal]. A successful bidder’s [proponent’s] failure to comply with contract provisions related to the Living Wage Ordinance may result in termination of the contract and the imposition of additional penalties as set forth in the Ordinance and Regulations.

Copies of the Ordinance and Regulations are available upon request from The Department of Health. A copy of the Living Wage Bulletin now in effect is attached.

VII. EVALUATION CRITERIA

The RFP will undergo the following evaluation process. The Grants Administration Office, in association with an independent review panel, will evaluate the proposal using the above criteria and provide recommendations to the DOH Professional Service Agreement Committee (PSA), established under City of St. Louis Ordinance 64102. The PSA Committee will evaluate and make selection based on the responses received to the project abstract, program narrative and budget. The total points possible are 100, awarded as follows:

Capability of the Applicant	10 Points
Target Population	10 Points
Service Delivery	20 Points
Critical Service Delivery Issues	10 points
Collaboration and Coordination	15 Points
Quality Improvement & Evaluation	10 Points
Budget and Financial Data	20 Points
Total	100 Points

VIII. RFP TERMS

- A.** The City reserves and may exercise one or more of the following rights and options regarding this RFP:
- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
 - To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
 - To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
 - To modify specific terms and conditions in this document prior to execution.
 - The City reserves the right to renew the contract for an additional one year term for up to four (4) consecutive years.
- B. Contents of Proposals:** All materials submitted in accordance with this RFP will become and remains the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

**RYAN WHITE MINORITY AIDS INITIATIVE PROGRAMS FOR PART A
REQUEST FOR PROPOSALS**

APPLICATION COVER SHEET

APPLICANT INFORMATION																			
1) LEGAL NAME:																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>																		
3) PAYEE Mailing Address (if different from above):	Check if address change <input type="checkbox"/>																		
4) Federal Tax ID No.:																			
5) TYPE OF ENTITY (check all that apply): <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td></td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe		<input type="checkbox"/> Private			<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC																	
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<input type="checkbox"/> State Agency	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Hospital																	
<input type="checkbox"/> Indian Tribe		<input type="checkbox"/> Private																	
		<input type="checkbox"/> Other (specify): _____																	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
6) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____																		
7) COUNTIES SERVED BY PROJECT:																			
8) AMOUNT OF FUNDING REQUESTED: 9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	10) PROJECT CONTACT PERSON Name: Phone: Fax: E-mail: 11) FINANCIAL OFFICER Name: Phone: Fax: E-mail:																		
The facts affirmed by me in this proposal are truthful and I understand that the truthfulness of the facts affirmed herein are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																			
12) REPRESENTATIVE Name: Title: Phone: Fax: E-mail:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center" colspan="2"> AUTHORIZED <input type="checkbox"/> Check if change </td> </tr> <tr> <td colspan="2">13) SIGNATURE OF AUTHORIZED REPRESENTATIVE</td> </tr> <tr> <td colspan="2">14) DATE</td> </tr> </table>	AUTHORIZED <input type="checkbox"/> Check if change		13) SIGNATURE OF AUTHORIZED REPRESENTATIVE		14) DATE													
AUTHORIZED <input type="checkbox"/> Check if change																			
13) SIGNATURE OF AUTHORIZED REPRESENTATIVE																			
14) DATE																			

APPLICATION CHECKLIST

Please review and enclose this checklist to ensure that your application is complete. Applications that do not contain a copy of each of the items below will be considered incomplete and will not be reviewed. The inclusion of letters of support and any other requested documentation is strongly suggested.

Application Cover Sheet _____

III. Project Abstract _____

IV. Program Narrative _____

A. Capability of Applicant

Services/Experience _____

Service Population Demographics _____

Staff Training/Orientation _____

IT Capabilities _____

B. Target Population

Experience with PLWH/A _____

Assessment of Needs _____

Gaps/Barriers _____

C. Service Delivery

Service Description _____

Management/Staffing Plan _____

(Attach organizational chart and resumes of key staff.)

Referral Process _____

D. Critical Service Delivery Issues

Financing HIV/AIDS Care _____

Cultural and Linguistic Competency _____

Access and Maintenance in Care _____

E. Collaboration & Coordination

HIV Care Involvement _____

Coordination _____

Service Integration/Letters of Support/Memorandums of Understanding/Contracts/

Letters of Intent - (May be included as attachment(s))

F. Quality Improvement and Evaluation

Quality Management Program _____

Implementation Plan _____

V. Budget and Financial Data

Budget Narrative and Budget

1. Budget and Narrative _____

2. **Financial Information (Attachments)**
 - a. Organization's Budget _____
 - b. Contracts-Sources (2011/2012) _____
 - c. Outside Funding _____
 - d. Listing of Board Members _____
 - e. Current financial report _____
 - f. If applicable, 501(c) 3 _____

VI. Other Requirements

- a. Current business license _____
- b. Statement of M/W/DBE Participation _____
- c. Living Wage Declaration Form _____

PROPOSAL ATTACHMENTS

- **Organizational Chart**
- **Resumes and Job Descriptions of Key Staff** (Include for All staff positions that will be financially supported by this grant if awarded)
- **Letters of Support/Memorandums of Understanding/Contracts/Letters of Intent**
- **Financial Information (as stated in Section V.)**
- **Other Requirements Documentation (as stated in Section VI.)**

Attachment A: HIV Case Management Program Goals

- 1.) At least 90% of enrolled clients shall be recertified every six months.
- 2.) At least 90% of enrolled clients shall have seen a physician and have a CD4 and/or viral load test result.
- 3.) At least 90% of enrolled clients shall have an adherence assessment every six months with appropriate referrals and follow-up on referrals.
- 4.) At least 90% of enrolled clients shall have an annual risk reduction assessment with appropriate referrals and follow-up on referrals.
- 5.) At least 90% of enrolled clients shall be assessed annually utilizing the Biopsychosocial Acuity Index.
- 6.) At least 90% of enrolled clients shall have a minimum of one Barrier to Care, as identified in the Client Biopsychosocial Acuity Index, included in the Individual Service Plan with documentation of progress achieved towards the resolution of such Barrier(s) to Care.
- 7.) Conduct an annual client satisfaction survey utilizing the state agency's Client Satisfaction survey contained in the HIV Case Management Manual. Survey results must be maintained by the contractor and made available to the DOH upon request.
- 8.) Ensure that case managers are documenting at least 50% of their time on a monthly basis for 100% of all twelve months of the contract period in the *GRANTEE APPROVED ELECTRONIC DATABASE*.
- 9.) Ensure that case managers are documenting at least 65% of their time on a monthly basis for 75% of all twelve months of the contract period in the *GRANTEE APPROVED ELECTRONIC DATABASE*.

Attachment A.1: Standards of Care

St. Louis TGA: Ryan White Universal Standards of Care

Approved by PC 2.13.2013

1.0 Policies and Procedures	
Standard	Measure
<p>1.1 Agency will develop, implement, maintain and use, at its own expense, such appropriate administrative, technical and physical safeguards as may be required to protect client confidentiality.</p> <ul style="list-style-type: none"> a. Confidentiality policy exists. b. Appropriate data privacy and encryption. c. Client records will be stored in a secure and confidential location. d. Private, confidential meeting space available at agency. 	<p>1.1</p> <ul style="list-style-type: none"> a. Written confidentiality policy on file. b. Policy, process, or procedure in place. c. All records will be double lock protected (protected by 2 separate forms of security systems) with access limited to appropriate personnel. d. Review of confidential space at site visit.
<p>1.2 Maintain compliance with HIPAA, preserve integrity and confidentiality, and prevent non-permitted disclosure of Protected Health Information (PHI). A HIPAA compliant release of information will be signed to exchange information with other providers.</p>	<p>1.2 Written HIPAA policy and standardized release form(s) on file.</p>
<p>1.3 Agency has a procedure for obtaining service-specific client consent where applicable.</p>	<p>1.3 Documentation of signed client consent form on file.</p>
<p>1.4 Agency will meet all applicable Occupational Safety and Health Administration (OSHA) guidelines. http://www.osha.gov/</p>	<p>1.4 Written OSHA policy and documentation on file.</p>
<p>1.5 Agency has a Drug-Free Workplace policy.</p>	<p>1.5 Written drug-free workplace policy on file.</p>
<p>1.6 Agency has Quality Assurance/Improvement (QA/QI) Policy and plan in place.</p>	<p>1.6 Written QA/QI policy and plan on file.</p>
<p>1.7 Grievance policy exists which includes documentation of complaints and time frames for resolution.</p>	<p>1.7 Written grievance policy on file and posted in a visible location.</p>
<p>1.8 Agency has an organizational chart.</p>	<p>1.8 Organizational chart on file.</p>
<p>1.9 Agency has a process for the prevention, early detection and mitigation of irregularities and illegal acts by employees, members, and providers.</p>	<p>1.9 Written fraud detection policy on file.</p>
<p>1.10 Agency has a policy of non-discrimination in regards to hiring and service delivery.</p>	<p>1.10 Written non-discrimination policy on file.</p>
<p>1.11 Agency has written policies and procedures in place that protects the physical safety and well-being of staff and clients including:</p> <ul style="list-style-type: none"> a. Physical agency safety 	<p>1.11 Policies and procedures in place.</p>

b. Medical and psychiatric emergency c. Disruptive or threatening staff or clients	
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2.0 Personnel

Standard	Measure
2.1 Agency has written personnel manual.	2.1 Written manual on file.
2.2 Agency will maintain appropriate levels of staff to meet service delivery standards at all times as supported by funding.	2.2 Written plan for addressing staff vacancies and uninterrupted services to clients on file.
2.3 Staff has the minimum qualifications, including licenses, certifications, and/or training expected and other experience related to the position.	2.3 Resumes, licensures, certificates, or documentation of training and orientations will be in personnel file.
2.4 Staff will know the requirements of their job description and the service elements of the program.	2.4 Written job description provided to and signed by staff and kept in personnel file.
2.5 Supervisors will know the requirements of funded staff positions and service elements of the funded program. Supervisors will provide adequate oversight and ensure uninterrupted service delivery.	2.5 Supervisor will sign contract scope of work. In addition, job descriptions, copy of signed contract with associated scopes of work and service standards will be on file.
2.6 Agency has policy for regularly scheduled performance evaluations.	2.6 Written policy and documentation of evaluations on file.

3.0 Cultural and Linguistic Competence

Standard	Measure
3.1 All staff shall receive training and education to build cultural competence.	3.1 Documentation of trainings completed and/or educational materials reviewed on an annual basis.
3.2 Staff will understand the linguistic needs of the clients they serve. Clients with language barriers will have access to language appropriate resources and services.	3.2 Staff will have resources available in the primary language used by their clients or will have a contact list for obtaining linguistically appropriate resources and services for their clients.
3.3 All staff shall receive training and education to build knowledge of HIV/AIDS and the continuum of care for people living with HIV/AIDS.	3.3 Documentation of trainings completed and/or educational materials reviewed on an annual basis.

4.0 Service Delivery

Standard	Measure
4.1 Agency has process in place to address capacity issues, including ability to track referrals.	4.1 Policy, process, or procedure in place. Documentation of any implemented strategies. Notification of inability to accept new clients must be sent in writing to the grantee.
4.2 Agency will ensure clients have access to written policies, procedures, service definitions and eligibility requirements.	4.2 Documents on file and procedure to ensure distribution.
4.3 Eligibility criteria must be verified and documented, including: a. HIV-positive status b. Resident of St. Louis TGA c. Income not greater than current service caps and limitations d. Proof of photo identification	4.3 Documentation in electronic client record or hard copy file.
4.4 Agency will have a written discharge procedure in place that is implemented for clients leaving, being discharged or reenrolling once conditions have been met.	4.4 Written policy and procedure on file and if applicable, copies of any discharge and/or reenrollment notices provided to clients. Discharge notices must include reason for termination.
4.5 Agency will have a procedure to make linkages to community resources and other Ryan White services.	4.5 Procedure in place and any Memoranda of Understanding (MOUs) on file.
4.6 Agency will include community input in the design and evaluation of service delivery.	4.6 Documentation of attendance at meetings or other mechanisms for involving consumers, health network providers and stakeholders in service planning and evaluation (e.g., satisfaction surveys, needs assessments).
4.7 Agency will notify clients, related agencies, and grantee of current services, caps, and eligibility restrictions.	4.7 Procedure to ensure distribution of completed Service Matrix or equivalent to clients, related agencies and grantee in place.
4.8 Agency will notify clients, health network providers, and referring agencies of any grantee approved changes to current program benefits prior to implementation.	4.8 A copy of all correspondence used to communicate policy changes will be on file.

5.0 Accessibility of Services

Standard	Measure
5.1 Agency will accommodate special needs clients as specified by the Americans with Disabilities Act guidelines. www.ada.gov	5.1 Agency will provide documentation of any requests made and how request was accommodated.
5.2 Services are available in settings accessible to low-income individuals if direct service provision occurs at agency.	5.2 Review of hours of operation (where posted), location, proximity to transportation, and other accessibility factors.

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6.0 Payer of Last Resort

Standard	Measure
6.1 Agency will verify client eligibility and payer of last resort before any services are provided.	6.1 Written policy on file and procedure in place.
6.2 All services will be provided in accordance with the current Service Matrix and its established eligibility, client caps, and maximum benefit amounts.	6.2 Current Service Matrix and client service utilization records on file.
6.3 Agency has a process in place for the recapture of funds when other payer sources are identified or client eligibility has changed.	6.3 Written policy on file.

7.0 Electronic Data Management

Standard	Measure
7.1 Agency will use grantee approved client level data base to maintain a fully integrated, accurate and real time data system that tracks clients, providers and service activity.	7.1 Evidence of service and client level activity in grantee approved database.
7.2 Agency will ensure uninterrupted access to grantee approved client level database.	7.2 Written policy/procedure on file to address emergency or database access disruptions.
7.3 Agency will maintain the confidentiality, security, and integrity of data and information through policies governing the use of passwords, screen savers, shared network drives or other mechanisms.	7.3 Written policy on file.
7.4 Agency will ensure staff receives initial training and ongoing education regarding the use of the grantee approved database.	7.4 Proof of attendance at new user training and other educational opportunities.
7.5 Agency will have a data backup policy and disaster recovery plan in place.	7.5 Written policy on file.

8.0 Invoicing and Reporting

Standard	Measure
8.1 Agency will generate complete and accurate invoices by the date prescribed by the grantee.	8.1 Invoices on file with the grantee.
8.2 Agency will have the ability to generate reports as scheduled and required by the grantee or HRSA.	8.2 Copies of annual Ryan White reports, reports regularly requested by the grantee, or ad hoc reports on file.
8.3 Agency will ensure documentation of client demographic information including unique identifier, name, DOB, SSN, race, ethnicity, gender, mode of transmission, HIV status, current address, income, insurance sources, and evidence of care as defined by grantee.	8.3 Documentation of client level data will be found in each client file.

9.0 Quality Management	
Standard	Measure
9.1 Agency will have a written quality management plan and will update annually.	9.1 Quality management plan on file.
9.2 Agency will conduct quality improvement activities in accordance with plan.	9.2 Documentation of quality improvement activities.

St. Louis Medical Case Management

Created 10.15.2014

Approved by Care Strategy 12.02.2014

Approved by Planning Council 1.14.2015

HRSA Definition: Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) Initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan, at least every 6 months, as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face meetings, telephone calls, and any other forms of communication.

St. Louis TGA provides a full range of services as described by HRSA guidelines.

1.0 Personnel	
Standard	Measure
<p>1.1 Case manager and case management supervisor must attend all trainings and meetings required by the Lead Agency, Illinois Department of Public Health, and/or the City of St. Louis Health Department. These include but are not limited to:</p> <ul style="list-style-type: none"> • Monthly Case Management Meetings • Quarterly Case Management Meetings <p>a) Attendance at these meetings is mandatory. All attendees are expected to arrive on-time.</p> <p>b) Any case manager or case management supervisor who will not be in attendance must notify lead agency.</p>	<p>1.1 Lead agency has internal documentation of staff attendance or non-attendance.</p>
2.0 Service Delivery	
Standard	Measure
<p>2.1 Medical case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through</p>	<p>2.1 By signing and returning the contract, agency expresses intent to follow the guidelines of medical case management services. Agency will maintain electronic client records that include the required elements for compliance with contractual and Ryan White programmatic requirements, including required case management services and activities, the type of contact, and the duration and frequency of the encounter.</p>

<p>ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include:</p> <ul style="list-style-type: none"> a) Initial assessment of service needs; b) Development of a comprehensive, service treatment plan; c) Coordination of services required to implement the service treatment plan; d) Periodic re-evaluation and adaptation of the service treatment plan, at least every six months, as necessary during the length of enrollment of the client. e) Program eligibility must be reassessed at minimum every six months. Program eligibility documentation includes HIV status/diagnosis, residency, and income. 	<ul style="list-style-type: none"> a) Documentation of assessment and required signature pages on file. b) Documentation of plan on file. c) Documentation of referral on file. d) Documentation of updates on file every six months. e) Documentation of eligibility on file and verified every six months.
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3.0 Electronic Data Management and Documentation

Standard	Measure
<p>3.1 Agency will use Grantee approved electronic client-level application.</p> <p>3.2 Documentation in program and client records of case management services and encounters, including:</p> <ul style="list-style-type: none"> • Types of services provided • Types of encounters/ communication • Duration and frequency of the encounters <p>3.3 Documentation in client records of core and supportive services provided as well as non-Ryan White funded services and community providers, such as:</p> <ul style="list-style-type: none"> a) Client-centered services that link clients with health care, psychosocial, and other services and assist them to access other public and private programs for which they may be eligible 	<p>3.1 Evidence of use of electronic client-level application.</p> <p>3.2 Evidence in electronic client record that includes services and activities, the type of contact, and the duration and frequency of the encounter.</p> <p>3.3 Evidence of documentation in electronic client record as service referrals, service plan, and notes/ progress logs, and lab results.</p>

<ul style="list-style-type: none">b) Coordination and follow up of medical visits, labs, and assessment of viral load suppression.c) Treatment adherence counselingd) Client-specific and personal support advocacy	
<p>3.4 Lead Agency randomly evaluates a minimum of 10% of open case records annually.</p>	<p>3.4 Documentation of audit performed by Lead Agency.</p>

St. Louis Case Management (Non-Medical)

Created 11.10.2014

Approved by Care Strategy 12.02.2014

Approved by Planning Council 1.14.2015

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

St. Louis TGA provides advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Face-to-face meetings are not required.

1.0 Service Delivery

Standard	Measure
<p>1.1. Non-medical case management services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care. Key activities include:</p> <p>f) Periodic re-evaluation of client service needs at least every six months, as necessary during the length of enrollment of the client.</p> <p>g) Program eligibility must be reassessed at minimum every six months. Program eligibility documentation includes HIV status/diagnosis, residency, and income.</p>	<p>1.1. By signing and returning the contract, agency expresses intent to follow the guidelines of medical case management services. Agency will maintain electronic client records that include the required elements for compliance with contractual and Ryan White programmatic requirements, including required case management services and activities, the type of contact, and the duration and frequency of the encounter.</p> <p>a) Documentation of updates on file every six months and self-assessment annually.</p> <p>b) Documentation of eligibility on file and verified every six months.</p>

2.0 Electronic Data Management and Documentation

Standard	Measure
<p>2.1 Agency will use Grantee approved electronic client-level application.</p> <p>2.2 Documentation in program and client records of case management services and encounters, including:</p> <ul style="list-style-type: none"> • Types of services provided • Types of encounters/ communication • Duration and frequency of the 	<p>2.1 Evidence of use of electronic client-level application.</p> <p>2.2 Evidence in electronic client record that includes services and activities, the type of contact, and the duration and frequency of the encounter.</p>

<p>encounters</p> <p>2.3 Documentation in client records of core and supportive services provided as well as non-Ryan White funded services and community providers, such as:</p> <ul style="list-style-type: none">• Client-centered services that link clients with health care, psychosocial, financial support, and other services and assist them to access other public and private programs for which they may be eligible• Client-specific and personal support advocacy• Assessment of viral suppression	<p>2.3 Evidence of documentation in electronic client record as service referrals, service plan, and notes/ progress logs, and lab results.</p>
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Attachment B: Collaboration Continuum

The various levels for working together:

	Networking	Coordinating	Cooperating	Collaborating
Defined as:	Exchanging information for mutual benefit	Exchanging information and altering activities for mutual benefit and to achieve a common purpose	Exchanging information, altering activities and sharing resources for mutual benefit and to achieve a common purpose	Exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose
Description	The most informal of working together strategies and, as a result, can be used most easily.	Requires more organizational involvement than networking and, given the degree to which activities are poorly coordinated, it is a very critical change strategy.	Requires greater organizational commitments than networking or coordinating and in some cases, may involve written (perhaps even legal) agreements. Shared resources can encompass a variety of human, financial and technical contributions including knowledge, staffing, physical property, access to people and others.	The qualitative difference between collaborating and cooperating is the willingness of organizations (or individuals) to enhance each other's capacity for mutual benefit and a common purpose. In this definition, collaborating is a relationship in which each organization wants to help its partners become better at what they do. This also assumes that when organizations collaborate, they share risks, responsibilities and rewards.
Characteristics/requirements	Initial level of trust, limited time availability, and a reluctance to share turf	Compared to networking, coordinating involves more time, higher levels of trust and some access to each other's turf.	Cooperating can require a substantial amount of time, high levels of trust, and significant access to each other's turf.	Usually characterized by substantial time commitments, very high levels of trust and extensive areas of common turf.
Example	A hospital and a community clinic exchange information about prenatal services.	A hospital and a community clinic exchange information about prenatal services and decide to alter service schedules so that they can better meet the needs of common clients.	A hospital and a community clinic exchange information about prenatal services, decide to alter service schedules, and agree to share physical space and funding for prenatal services so that they (the hospital and community clinic) can better meet the needs of common clients.	A hospital and a community clinic exchange information about prenatal services, decide to alter service schedules, agree to share physical space and funding for prenatal services, and provide professional development training for each other's staff in areas of their special expertise so that they (the hospital and community clinic) can better meet the needs of common clients.

Collaboration Continuum

Networking

Coordinating

Cooperating

Collaborating

Reference: Himmelman, A.T. (1992). *Communities Working Collaboratively for a Change*.

Attachment C: Implementation Plan

Please complete the following table for the defined service goal and objective(s) indicating the number of persons to be served, the units of service to be delivered, the estimated cost to meet the objective, and the tasks and activities to be used to accomplish the defined goal and objective(s). Then, complete an additional table for at least one other proposed service goal with at least one objective.

NOTE: The selected provider will work with Grants Administration and Planning Council to finalize program outcomes and objectives in accordance with the St. Louis TGA Ryan White Part A and MAI Implementation Plans.

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement: <input type="checkbox"/> Program Terms Report		<input type="checkbox"/> Program Terms Report		<input type="checkbox"/> Annual Progress Report	
Grantee Name: St. Louis TGA			Fiscal Year: 2016		
Budget Period: March 1, 2016- February 28, 2017			Time Frame: March 1, 2016- February 28, 2017		
Service Category Name: Medical Case Management		<input checked="" type="checkbox"/>	<input type="checkbox"/> Port	<input type="checkbox"/>	<input type="checkbox"/>
Service Category Priority Number: 1		Current Comprehensive Plan Strategy:		A1, B1, B3 Ref NHAS Goal - 2-4	\$ 2,144,000
Service Category Goal: To provide comprehensive medical case management services to assess client needs, develop individualized service plans, and coordinate services to increase access to and maintenance in care.					
1. Objectives:	2. Service Unit Definition:	3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above	Define the service unit to be provided	Number of people to be served		Total Number of service units to be provided	
		Target	Actual	Target	Actual
a. By February 29, 2016 assess 4,362 clients to identify barriers to care using approved biopsychosocial assessment tools (In Illinois, 2 assessments per year are required).	1 unit = One assessment				
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)					
a. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %	
b. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	are	<input type="checkbox"/>	py

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report	<input type="checkbox"/> Annual Progress Report
Grantee Name: St. Louis TGA		Fiscal Year: 2016	
Budget Period: March 1, 2016- February 28, 2017		Time Frame: March 1, 2016- February 28, 2017	
Service Category Name: Medical Case Management (MAI)		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support
		<input checked="" type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support
		Total Service Category Funds	
		Allocation	Expenditure
Service Category Priority Number: 2		Current Comprehensive Plan Strategy:	A1, B1, B2, B3, D1 Ref NHAS Goal- 2-4
		\$	120,000
Service Category Goal: To address minority health disparities by providing comprehensive medical case management services to assess client needs, develop individualized service plans, and coordinate services to increase access to and maintenance in care.			
1. Objectives:	2. Service Unit Definition:	3. Quantity:	4. Funds:
List quantifiable time-limited objectives related to the service priorities listed above	Define the service unit to be provided	Number of people to be served	Total Number of service units to be provided
		Target	Actual
		Target	Actual
		Allocation	Expenditure
a. By February 29, 2016, Perinatal Case Management will assess 45 clients to identify barriers to care using approved biopsychosocial assessment tools. (MO only).	1 unit = One assessment		
c. By February 29, 2016 Young Adult Case Management will assess 113 clients to identify barriers to care using approved biopsychosocial assessment tools. (MO only).	1 unit = One assessment		
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)			
a. (Pick Outcome from dropdown list in the cell to the right)	HAB Core Measures: HIV Viral Load Suppression	Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %
			134/158, 85%
b. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %
c. (Pick Outcome from dropdown list in the cell to the right)		Baseline: Numerator/Denominator, %	Target: Numerator/Denominator, %
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable			
<input type="checkbox"/> Diagnosed	<input type="checkbox"/> Linked to Care	<input type="checkbox"/> Retained in Care	<input type="checkbox"/> Prescribed Antiretroviral Therapy
			<input type="checkbox"/> Virally Suppressed

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input type="checkbox"/> Annual Progress Report					
Grantee Name: St. Louis TGA			Fiscal Year: 2016						
Budget Period: March 1, 2016- February 28, 2017			Time Frame: March 1, 2016- February 28, 2017						
Service Category Name: Case Management (non-medical)		<input type="checkbox"/> Part A Core	<input checked="" type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds			
						Allocation	Expenditure		
Service Category Priority Number: 7		Current Comprehensive Plan Strategy:		A1, B1, B3, D1 Ref NHAS Goal - 2, 4		\$ 168,000			
Service Category Goal: To provide resource and referral case management services to assess client needs and coordinate service to increase access to and maintenance in care.									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided			
				Provide the approximate amount of funds to be used to provide this service.					
				Target	Actual	Target	Actual		
						Allocation	Expenditure		
a. By February 29, 2016 provide non-medical case management services to 260 clients with a planned outcome of 2 self-assessments per client. (Position not created/funded in Illinois)		1 unit = One self-assessment							
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category. (Use an Outcome from the list included)									
a. (Pick Outcome from dropdown list in the cell to the right)		HAB Core Measures: HIV Viral Load Suppression		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %		Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable									
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy		<input type="checkbox"/> Virally Suppressed	

Attachment D: Living Wage Adjustment Bulletin

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ADJUSTMENT BULLETIN

NOTICE OF ST. LOUIS LIVING WAGE RATES EFFECTIVE APRIL 1, 2015

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance (“Ordinance”) and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$12.56** per hour (130% of the federal poverty level income guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are **not** provided to the employee, the living wage rate is **\$16.58** per hour (130% of the federal poverty level income guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) Wages required under Chapter 6.20 of the Revised Code of the City of St. Louis: **\$4.02** per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and these rates are effective as of **April 1, 2015**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health and Human Services or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at <http://www.mwdbe.org> or obtained from:

City Compliance Official
Lambert-St. Louis International Airport
Certification and Compliance Office
P.O. Box 10212
St. Louis, MO 63145
(314) 426-8111

Dated: March 5, 2015

Attachment E: Living Wage Acknowledgement

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION

(To be completed by each respondent to a bid/proposal solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

CONTRACTING AGENCY: _____

AGENCY CONTRACT NUMBER: _____

DATE: _____ **PREPARED BY:** _____

PREPARER'S TELEPHONE NUMBER: _____

PREPARER'S E-MAIL ADDRESS: _____

PREPARER'S CELL PHONE NUMBER: _____

PREPARER'S ADDRESS AND ZIP CODE: _____

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The bidder/proponent hereby agrees to comply with the Ordinance and the associated Regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

AUTHORIZED REPRESENTATIVE CERTIFICATION:

_____ (Signature)

NAME: _____

TITLE: _____

DATE: _____