THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
RYAN WHITE PART A

FY2017

Contract Period:  March 1, 2017 – February 28, 2018

REQUESTS FOR PROPOSALS

FOR

MEDICAL NUTRITION THERAPY

RFP OPENING DATE:  November 14, 2016
RFP CLOSING DATE:  January 13, 2017

City St. Louis Department of Health
Grants Administration Office
1520 Market Street – Rm 4027
St. Louis, MO 63103
(314) 657-1556

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

FY2017 MEDICAL NUTRITION THERAPY
REQUEST FOR PROPOSALS

ATTENDANCE RECOMMENDED
PLEASE RSVP!

DATE: Friday, December 2, 2016

TIME: 1:00 P.M. – 3:30 P.M.

LOCATION: City of St. Louis Department of Health
1520 Market Street Room 4051
Large Conference Room
St. Louis, MO 63103

CONTACT: Mr. Phillip Johnson
City of St. Louis Department of Health
Grants Administration Office
1520 Market Street – Room 4078
St. Louis, MO 63103
314-657-1556

Estimated Schedule:

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, November 14, 2016</td>
<td>Request for Proposal Released</td>
</tr>
<tr>
<td>Wednesday, November 30, 2016</td>
<td>Deadline for Pre-Bidder’s Conference Questions</td>
</tr>
<tr>
<td>Friday, December 2, 2016</td>
<td>Recommended Pre-Application Conference</td>
</tr>
<tr>
<td>Wednesday, December 14</td>
<td>Deadline for Final Questions</td>
</tr>
<tr>
<td>Friday, January 13, 2017 @ 4:00 PM</td>
<td>Due Date for Applications</td>
</tr>
<tr>
<td>Thursday, February 16, 2017 @ 2:00 pm</td>
<td>Selection by Professional Services Agreement Committee</td>
</tr>
<tr>
<td>Wednesday, March 1, 2017</td>
<td>Contract Start Date</td>
</tr>
<tr>
<td>Wednesday, February 28, 2018</td>
<td>Project Completion Date</td>
</tr>
</tbody>
</table>
The Medical Nutrition Therapy 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 the provision of dietary needs assessment by a Registered Dietician and nutritional supplements for PLWH/A. 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 Monday, November 14, 2016 from Phillip 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://www.stlouis-mo.gov/government/procurement.cfm](http://www.stlouis-mo.gov/government/procurement.cfm), or by contacting Mr. Johnson at (314) 657-1556 or JohnsonP@stlouis-mo.gov.

All questions must be submitted in writing no later than Wednesday, November 30, 2016 to Maggie Hourd-Bryant, Grants Administrator, City of St. Louis Department of Health, 1520 Market Street – Room 4027, St. Louis, MO 63103 or via email Hourd-BryantM@stlouis-mo.gov. All questions will be responded to in writing to all parties having attended the pre-application conference.

One (1) bound original, five (5) paper copies bound, one (1) copy unbound, and one (1) CD in Microsoft Word or PDF of the proposal must be submitted to the Grants Administration office by 4:00 p.m. Friday, January 13, 2017. **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
- CD must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97 or XP. **NOTE: CD 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

MEDICAL NUTRITION SERVICES
TOTAL TO BE AWARDED: $51,000
Please note: This is an estimated range for the award. Final funding levels for FY2017 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.

Part A of 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. This 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.

<table>
<thead>
<tr>
<th>The St. Louis TGA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missouri Counties:</td>
</tr>
<tr>
<td>St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Warren and Washington</td>
</tr>
<tr>
<td>Illinois Counties:</td>
</tr>
<tr>
<td>Clinton, Jersey, Madison, Monroe, and St. Clair</td>
</tr>
</tbody>
</table>

Medical Nutrition Therapy Services including nutritional supplements provided by a licensed registered dietitian outside of a primary care visit is an allowable core medical service under the Ryan White HIV/AIDS Program. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician.

Food and/or nutritional services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service under the Ryan White HIV/AIDS Program and are not eligible under the terms of this RFP.

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’s Center for STD/HIV/Hepatitis Services and the Ryan White Case Management system. This includes approved Standards of Care. The approved Standards of Care are attached and should be used a reference in the program narrative responses (see Attachment A).

Services funded through Ryan White must also ensure program funds are used as a “payer of last resort.” This means that Part A funds cannot be used to provide or support services reimbursable under other programs (Medicaid, Medicare, VA benefits, private insurance, etc.) Applicants will be expected to have a process for ensuring Ryan White funds are used as payer of last resort and that they verify client eligibility based on HIV status, income, etc.

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 “payer of last resort”.

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 organizations existing programs or services designed to serve minorities living with HIV.

C. A summary of the proposed program ability to attain the overarching Part A objectives (listed in Attachment A) and budget request.

IV. **PROGRAM NARRATIVE** (Maximum of 22 double-spaced pages)
The program narrative should be a minimum of ten pages and a maximum of 22 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 computer-based programs.
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 Medical Nutrition 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 Standards of Care “Participation in Services” section (see Attachment A) and federal limitations on allowable Medical Nutrition Services as outlined in Section II: Service Category Description, Contractor Qualifications Requirements. Clearly explain how you will document adherence to the standards as well as ensure proper data collection/management.
- 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).
- Provide, as an attachment, a flow chart illustrating the service delivery process. Successful applicants will include “touch points” demonstrating client/staff interaction, progress updates, and/or outcome assessments from the point of referral to discharge and beyond if the proposer conducts post service evaluations.

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 what languages able to provide services. Describe how you will communicate with non-English speaking clients. Address ways to reduce issues with stigma, phobia and denial.

**Access to and maintenance in primary care.**

- Demonstrate how your organization is in a position to reach clients in need of services, and meet the unique needs of PLWH/A unaware of their status. Include strategies to engage and retain clients in the Ryan White continuum of care.
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 Medical Nutrition 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**

- Create at least three service goals with timelines and measurable program objectives using the format provided in Attachment A. Please indicate the number of persons to be served, the units of service to be delivered, and the estimated cost of meeting the objective. Provide in full detail the tasks and activities used to accomplish the goals and objectives. This should be included as part of the Narrative section and not 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 direct service charges to the contract. The 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.” In some cases, rent, utilities, and insurance would fall under this category.

Administrative: Administrative Activities as defined in the Part A legislation include - a) usual and recognized overhead activities, including established indirect rates for agencies; b) management oversight of specific program funded under Part A; and c) other types of program support such as quality assurance, quality control, and related activities.
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. The successful bidder must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.

h. 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.

i. 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 D) with the bid [proposal] 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, or can be accessed at http://www.stlouiscity.com/livingwage. 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: 15 points
- Collaboration and Coordination: 15 Points
- Quality Improvement & Evaluation: 20 Points
- Budget and Financial Data: 10 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 two 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.
## Applicant Information

1) **Legal Name:**

2) **Mailing Address Information:**
   (include mailing address, street, city, county, state and zip code):
   Check if address change □

3) **Payee Mailing Address:**
   (if different from above):
   Check if address change □

4) **Federal Tax ID No.**:

5) **Type of Entity** (check all that apply):
   - City
   - County
   - Other Political Subdivision
   - State Agency
   - Indian Tribe
   - Nonprofit Organization*
   - For Profit Organization*
   - Community-Based Organization
   - Minority Organization
   - Individual
   - FQHC
   - State Controlled Institution of Higher Learning
   - Hospital
   - Private
   - Other (specify):

   *If incorporated, provide 10-digit charter number assigned by Secretary of State:

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 □
   - No □

   **Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.

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) **Authorized Representative**
   - Name:
   - Title:
   - Phone:
   - Fax:
   - E-mail:
   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
   Standards of Care

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
   (Attachment A)
   Evaluation 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 (2015/2016)
   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: Standards of Care

St. Louis Medical Nutrition Therapy
Approved by Care Strategy February 2014
Approved by Planning Council March 2014

HRSA Definition: Medical nutrition therapy, including nutritional supplements, is provided by a licensed, registered dietitian outside of an outpatient/ambulatory medical care visit. The provision of food may be provided pursuant to a health care professional’s recommendation (i.e., physician, physician assistant, clinical nurse specialist, nurse practitioner, or other health care professional certified in his or her jurisdiction to prescribe medications) and a nutritional plan developed by a licensed, registered dietician.

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

<table>
<thead>
<tr>
<th>1.0 Agency Policies and Procedures Standard</th>
<th>Measure</th>
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<tbody>
<tr>
<td>1.1 Programs will use “HIV-related Medication Nutrition Therapy across the Continuum of Care” and “Guidelines for Implementing HIV/AIDS Medical Nutrition Therapy Protocols” as standards for medical nutrition therapy service.</td>
<td>1.1 Written policy and guidelines on file. Documentation in chart that confirms adequate medical nutrition was given to clients.</td>
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<tr>
<th>2.0 Personnel Standard</th>
<th>Measure</th>
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<tr>
<td>2.1 Registered Dietitians will possess the following skills (at minimum): • Broad knowledge of principles and practices of nutrition and dietetics. • Advanced knowledge in the nutrition assessment, counseling, evaluation and care plans of people living with HIV • Advanced knowledge of current scientific information regarding nutrition assessment and therapy</td>
<td>2.1 Staff resumes, qualifications and records of training on file at agency.</td>
</tr>
<tr>
<td>2.2 Registered Dietitians will practice according to their Code of Ethics.</td>
<td>2.2 Performance review in employee file.</td>
</tr>
<tr>
<td>2.3 Registered Dietitians will maintain membership in nationally recognized dietetic practice groups recommended for those serving people who are immuno-compromised.</td>
<td>2.3 Record of membership in employee file.</td>
</tr>
<tr>
<td>2.4 Registered Dietitians will maintain current professional education (CPE) units/hours, primarily in HIV nutrition and other related medical topics as administered by the Commission of Dietetic Registration.</td>
<td>2.4 Training record in employee file.</td>
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### 3.0 Service Delivery

<table>
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<tr>
<th>Standard</th>
<th>Measure</th>
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<tbody>
<tr>
<td>3.1 Agency will provide copy of nutrition assessment and notes to physician as needed.</td>
<td>3.1 Documentation that copy was sent to the physician is on file.</td>
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</table>
| 3.2 Agency will provide medical nutrition assessment to clients who have documentation of one or more of the following criteria:  
  - Newly diagnosed with HIV disease (within first 6 months)  
  - Client is or becomes pregnant  
  - Client is an infant or child  
  - Client needs help increasing adherence  
  - Clients physical appearance or weight changes significantly  
  - Client experiences Oral/GI symptoms  
  - Client experiences metabolic complications and other medical conditions  
  - Client is experiencing barriers to nutrition, living environment, or functioning status  
  - Medical provider has concerns about clients eating behavior  
  - Client has change in diagnosis requiring nutrition intervention. | 3.2 Documentation of appropriate reason for medical nutrition assessment on file. |
| 3.3 Agency will ensure that referrals from medical providers include:  
  - Relevant laboratory data  
  - Nutrition prescription and desired outcome  
  - Diagnosis and medical history  
  - Medications  
  - Alternative and complementary therapies  
  - Karnofsky score  
  - Living situation  
  - Other relevant information that impacts client’s ability to care for self. | 3.3 Copy of referral including required information is in client file. |
<p>| 3.4 An initial (or annual as needed) Medical Nutrition Therapy assessment will be conducted by or under the supervision of a registered dietitian to ensure appropriateness of service. | 3.4 Signed, dated nutrition assessment on file in client chart which includes all medical nutrition therapy protocol assessment information. |
| 3.5 After Medical Nutrition therapy assessment is completed, a nutrition care plan will be developed, shared and mutually agreed upon with the client. | 3.5 Signed, dated care plan including measurable goal oriented strategies on file in client records. |
| 3.6 Nutrition care plan will be updated as necessary and, with a signed and dated HIPAA compliant release, be shared with client’s primary care provider. | 3.6 Update, signed plan on file in clients record. Signed, dated HIPPA compliant release of information and record of date that care plans were shared with primary care provider also in client record. |
| 3.7 Nutrition intervention is based on the nutrition assessment and care plan | 3.7 Progress notes to detail content of ongoing nutrition counseling sessions and detailed intervention that will include self-management |</p>
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<tr>
<th>3.8 Agency is able to provide ‘Nutrition and HIV’ training to clients and their providers in local HIV organizations and facilities.</th>
<th>3.8 Documentation of training and curricula on file at agency.</th>
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<tbody>
<tr>
<td>3.9 Agency will distribute nutrition education material to clients and other agencies.</td>
<td>3.9 Material that promotes proper nutrition and food safety will be on file at agency. Distribution plan will be in place.</td>
</tr>
<tr>
<td>3.10 Clients will be referred to other community resources as needed.</td>
<td>3.10 Referrals to food pantries, food stamps, WIC, nutrition classes and gyms recorded in client file.</td>
</tr>
</tbody>
</table>
Attachment B: Collaboration Continuum

The various levels for working together:

Collaborating

Cooperating

Complaining

Networking
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.

2016 Implementation Plan and 2017 Service Category Plan will be provided during Pre-Bidder’s Conference
Attachment D: Living Wage Ordinance, Bulletin and Acknowledgement

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE COMPLIANCE PROVISIONS: This contract [agreement] is subject to the St. Louis Living Wage Ordinance 65597 and the Regulations associated therewith, copies of which are attached hereto and incorporated herein by this reference. The Ordinance and Regulations require the following compliance measures, and Contractor hereby agrees to comply with these measures:

1. Minimum Compensation: Contractor hereby agrees to pay an initial hourly wage to each employee performing services related to this contract [agreement] in an amount no less than the amount stated on the attached Living Wage Bulletin. The initial rate shall be adjusted each year no later than April 1, and Contractor hereby agrees to adjust the initial hourly rate to the adjusted rate specified in the Bulletin at the time the Bulletin is issued.

2. Notification: Contractor shall provide the Living Wage Bulletin to all employees, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees within thirty (30) days of contract execution for existing employees and within thirty (30) days of employment for new employees.

3. Posting: Contractor shall post the Living Wage Bulletin, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees, in a prominent place in a communal area of each worksite covered by the Contract.

4. Subcontractors—Service Contracts: Contractor hereby agrees to require Subcontractors, as defined in the Regulations, to comply with the requirements of the Living Wage Regulations, and hereby agrees to be responsible for the compliance of such Subcontractors. Contractor shall include these Living Wage Compliance Provisions in any contract with such Subcontractors.

5. Term of Compliance—Service Contracts: Contractor hereby agrees to comply with these Living Wage Compliance Provisions and with the Regulations for as long as work related to this contract is being performed by Contractor’s employees, and to submit the reports required by the Regulations for each calendar year or portion thereof during which such work is performed.

6. Reporting: Contractor shall provide the Annual Reports and attachments required by the Ordinance and Regulations.

7. Penalties: Contractor acknowledges and agrees that failure to comply with any provision of the Ordinance and/or Regulations and/or providing false information may result in the imposition of penalties specified in the Ordinance and/or Regulations, which penalties, as provided in the Ordinance and Regulations, may include, without limitation, per order of the City Compliance Official, the following:

- Suspension and/or termination of the contract, subcontract, lease, concession agreement or financial assistance agreement by the City.

- Forfeiture and repayment of any or all of the financial assistance awarded by the City of St. Louis.

- Barring the Contractor or CFAR from eligibility for future City contracts and/or financial assistance until all ordered relief has been made or paid in full.

- Liquidated damages payable to the City of St. Louis in the amount of $500 for each week, or part thereof, that an employee has not been provided wages and benefits in accordance with the Living Wage Ordinance. Each weekly violation shall constitute a separate violation of the Ordinance and must be demonstrated separately.
LIVING WAGE ADJUSTMENT BULLETIN

ST. LOUIS LIVING WAGE ORDINANCE

NOTICE OF ST. LOUIS LIVING WAGE RATES
EFFECTIVE APRIL 1, 2016

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 $12.60 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 $16.87 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) Fringe benefit rate defined under Chapter 6.20 of the Revised Code of the City of St. Louis: $4.27 per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and are effective as of April 1, 2016. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health & 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 https://www.stlouis-mo.gov/government/city-laws/ordinances/ordinance.cfm?%20ord=65597 or obtained from:

City of St. Louis Living Wage Program Office
St. Louis, Missouri
(314) 426-8106

Dated: February 5, 2016
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: ________________________________