

Request for Applications
Part B 2020-2022



Heart of Florida United Way

**Ryan White Part B Program
2020-2022**

Request for Applications

HEART OF FLORIDA UNITED WAY

February 2020

RFA TIMELINE

Prospective applications shall adhere to the RFA timelines as identified below.

ACTIVITY	DUE DATE	LOCATION
Application Questions Due in Writing	February 19, 2020: 12:00 PM	Email: Yasmin.Andre@hfuw.org Fax: 407-835-0144 Mail: 1940 Cannery Way Orlando, FL 32804
Non-Mandatory Bidders Conference	February 21, 2020: 9 AM – 11 AM	Heart of Florida United Way 1940 Cannery Way Orlando, FL 32804
Mandatory Letters of Intent Due	February 21, 2020: 5:00 p.m.	Email: Yasmin.Andre@hfuw.org Fax: 407-835-0144 Mail: 1940 Cannery Way Orlando, FL 32804
Application Answers Posted	February 26, 2020	Posted to HFUW website
Applications Due <i>(No faxed or e-mailed copies of applications accepted)</i>	March 16, 2020: 12:00 p.m. (NOON)	Submit to: Yasmin Andre Heart of Florida United Way 1940 Cannery Way Orlando, FL 32804
Anticipated Award Date	March 20, 2020	Notification letters mailed out
Contract Start Date	April 1, 2020 for Ryan White Part B	Selected applicants begin implementing project initiative activities

Non-Mandatory Bidders Conference

All interested parties are invited to attend a non-mandatory bidders conference on **February 21, 2020 at 9 a.m.** at the Heart of Florida United Way, 1940 Cannery Way Orlando, FL 32804. Please RSVP to Yasmin Andre at 407-429-2189 or Yasmin.Andre@hfuw.org by **February 20, 2020 at 5:00 p.m.** The “Blackout Period” for this RFA will begin at the conclusion of the Bidders Conference and will remain in effect until Heart of Florida United Way awards contracts. During this period, no exchanges, communication or technical assistance will be provided to prospective bidders.

Mandatory Letters of Intent are due to Heart of Florida United Way, by **February 21, 2020 at 5:00 p.m.** Content of letters should include: Agency Name, agency status (501(c)(3), county health department, AIDS service organizations, etc.), service categories of interest, counties or service provision, requested award amount per service category, and signature of an authorized individual.

All questions or concerns regarding this Request for Applications (RFA) must be submitted in writing, faxed to (407) 835-0144, Attn: Yasmin Andre, or by email Yasmin.Andre@hfuw.org or mailed to 1940 Cannery Way, Orlando, Florida 32804. Questions must be received by **February 19, 2020 at 12:00 p.m. NOON.**

There will be no exceptions to the deadlines.

DEFINITIONS

- 1) **Acquired Immunodeficiency Syndrome (AIDS):** A disease caused by the human immunodeficiency virus.
- 2) **Administrative Cost:** In accordance with the *HRSA Ryan White Part B Manual*, usual and recognized overhead activities, including established indirect rates. This cost also includes management oversight of specific programs funded under Ryan White HIV/AIDS Program Part B, and program support such as quality assurance, quality control, and related activities. For this RFA, administrative costs must be no more than 7.5 percent of the amount awarded. The 7.5 percent administrative cap is inclusive of any subcontracted administrative cost. All administrative costs must comply with the requirements outlined in 45 C.F.R. Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- 3) **Allowable Services:** Specific services to be provided that include comprehensive core medical and support services for individuals with HIV disease as described in the attached Budget Summary.
- 4) **Applicant:** Entity submitting an application for funding.
- 5) **Community-based organization (CBO):** An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.
- 6) **Consortia:** Entities comprised of People Living with HIV/AIDS (PLWH); health care providers, and others to act in an advisory capacity to the state of Florida for the purpose of planning and prioritizing the use of Part B (and other patient care) funds; provide a forum for the infected and affected communities, providers and others; and facilitate the provision of coordinated, comprehensive health and support services to PLWH. The Department funds 14 consortia throughout the state of Florida, which are established based on geographic areas. For the purposes of this contract, consortia refers to the consortia in Provider's service area.
- 6) **Department:** The Florida Department of Health.
- 7) **Health Resources and Services Administration (HRSA):** The agency of the U.S. Department of Health and Human Services (HHS) that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.
- 8) **Clinical Quality Management (CQM):** A program required by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Title 42 U.S.C. section 300ff-28) to assess the extent to which health services provided to patients are consistent with the most recent guidelines and to develop strategies for ensuring the services remain consistent. Further the CQM Program will develop strategies designed to coordinate the activities aimed at improving patient care, health outcomes, and patient satisfaction. A CQM program implements activities that include; capacity building, management of a local Clinical Quality Management Program, data management (performance measure data collection, aggregation, analysis, and reporting), CQM site visits (patient chart audits, meeting with patients), estimated patient experience (surveys, focus groups, patient interviews), training (clinical care and quality-related).

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- 9) **Continuum of HIV Care:** A model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body), and shows the proportion of individuals living with HIV who are engaged at each stage. The Continuum of HIV Care is sometimes also referred to as the HIV Treatment Cascade or Care Continuum.
- 10) **Human Immunodeficiency Virus (HIV):** The virus that causes AIDS.
- 11) **National HIV/AIDS Strategy (NHAS):** National strategy released in July 2010 and updated to 2020, by the Office of National AIDS Policy, with four main goals for HIV/AIDS in the United States: to reduce new HIV infections; to increase access to care and improve health outcomes for people living with HIV; to reduce HIV-related disparities; and to achieve a more coordinated response.
- 12) **Patient Care Network-General Revenue (PCN):** Funding allocated by the state legislature and distributed through the Department's HIV/AIDS Section.
- 13) **People Living with HIV/AIDS (PLWHA):** Anyone infected with HIV/AIDS, including infants and children.
- 14) **Planning and Evaluation Cost:** Cost for activities related to planning for use of Part B funds and evaluating the effectiveness of those funds in delivering needed services. This includes the following; capacity building to increase the availability of services, technical assistance to contractors, program evaluation, assessment of service delivery patterns, assessment of need, obtaining community input, and drug utilization reviews.
- 15) **Provider:** An entity awarded a contract pursuant to the terms of this RFA.
- 16) **RFA:** This Request For Applications for patient care services.
- 17) **Unmet Need:** Unmet Need is defined by HRSA as the number of individuals for which there is no evidence of any of the following three components of HIV primary medical care during a specified 12 month time frame: viral load (VL) testing, CD4 count, or provision of anti-retroviral therapy. Unmet Need is further defined as the need for HIV related health services for individuals with HIV, who are aware of their HIV status, but who are not receiving HIV primary health care.

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SECTION I: OVERVIEW

A. Introduction to Ryan White Part B

The Ryan White Part B Program provides federal funds for patient care services to individuals with HIV/AIDS. Ryan White funds provide emergency financial assistance to cities disproportionately affected by the HIV epidemic. It is important to note that Ryan White authorizes funding for the sole purpose of fulfilling the unmet service needs of people living with HIV/AIDS. This application guidance addresses use of Part B funds in Area 7: Brevard, Orange, Osceola and Seminole Counties.

The Florida Department of Health is the Grantee or recipient of Ryan White Part B funds and has designated Heart of Florida United Way as the Ryan White Part B Lead Agency for Area 7. As Lead Agency, Heart of Florida United Way administers the Ryan White Part B Program and acts as the fiscal agent for the Ryan White Part B funds.

Listed below are the Part B service categories and projected funds for which agencies may compete. The funds available are for services to be provided in Brevard and in the Tri-county area of Orange, Osceola, and Seminole counties during the fiscal year April 1, 2020 to March 31, 2021. Funded contracts may be renewed for one additional year at the discretion of Heart of Florida United Way and the Florida Department of Health. An agency may apply for funds to provide services in the Tri-County and Brevard areas; however separate applications must be completed for each area. The service categories to be funded are listed below and are explained further in Section III.

Services to be provided in Orange, Osceola and Seminole Counties:

Service Category	Amount
Medical Nutritional Therapy	\$52,500
Non-Medical Case Management	\$180,000
Early Intervention Services	\$84,000
Total Funding Available	\$316,500

Services to be provided in Brevard County:

Service Category	Amount
Ambulatory/Outpatient Medical Care	\$345,000
Medical Case Management	\$250,000
Oral Health Care	\$100,000
AIDS Pharmaceutical Assistance	\$78,164
Mental Health Services	\$58,500
Health Insurance Premium /Cost Sharing	\$65,000
Medical Transportation Services	\$50,000
Non-Medical Case Management	\$90,000
Food Bank/Home Delivered Meals	\$10,000
Emergency Financial Assistance	\$10,000
Early Intervention Services	\$84,000
Total Funding Available	\$1,140,664

This Request for Applications is intended to solicit applications for the aforementioned Ryan White Part B service categories. Applicants must address how they will improve the Continuum of HIV Care in their area if funding is provided. Applicants must identify how the anticipated project results are consistent with the four goals of the National HIV/AIDS Strategy (NHAS), overall program purpose, and program expectations.

All successful applications will meet or exceed expectations within one or more of these principles. The overall goals of Ryan White Part B funding are defined as follows:

- Responding to the growing impact of the HIV/AIDS epidemic among under served minority and hard-to-reach populations.
- Ensuring access to existing and emerging HIV/AIDS therapies, including new combination antiretroviral therapies and prophylaxis.
- Adapting to changes in the delivery of and financing of HIV/AIDS care, particularly Medicaid managed care.
- Documenting outcomes from the investment of Ryan White Program resources in the State.

B. Instructions to Applicants

Organizations desiring to apply for Ryan White Part B funding **must** submit **one (1) original** plus **nine (9)** copies of each application. The original and copies must be received by **March 16, 2020 at 12:00 p.m. NOON**, at the Heart of Florida United Way reception desk. Applications will be time stamped in order to assure proper receipt. Address application packages to:

Yasmin Andre
Program Director, Ryan White Part B/General Revenue
Heart of Florida United Way
1940 Cannery Way
Orlando, FL. 32804

Offers received by telephone or fax shall not be accepted. Faxed applications shall be considered non-responsive regardless of when or where the fax is received.

The responsibility for submitting a response to this application to the Heart of Florida United Way on or before the stated time and date will rest solely and strictly with the applicant. Heart of Florida United Way will in no way be responsible for delays in delivery caused by carriers such as the United States Postal Service or caused by any other occurrence. Applications received after the date and time specified will be returned unopened. The time/date stamp located at Heart of Florida United Way shall be the official authority for determining lateness of any application.

There will be no exceptions to the listed requirements.

C. General Terms & Conditions

Heart of Florida United Way reserves the right to accept or reject any or all applications, with or without cause, or to award a contract to the next most qualified applicant if the successful applicant does not execute a contract within 30 days after the award of the application.

Heart of Florida United Way reserves the right to request clarification of information submitted and to request additional information from one or more proposers. Additionally, the Heart of Florida United

Way may make an award conditional upon an applicant's ability to meet certain criteria within a specified time frame.

Ryan White Part B funds may be awarded to private for-profit entities, if such entities are the only available provider of quality HIV care in the area. Appropriately certified non-profits must submit verification of their 501(c)(3) status, which includes a letter of determination from the IRS, state registration, and Articles of Incorporation.

Costs for preparation of a response to this Request for Applications are solely those of the applicant and Heart of Florida United Way assumes no responsibility for any such costs incurred by the applicant. The applicant also agrees that the Heart of Florida United Way bears no responsibility for any costs associated with any administrative or judicial proceedings resulting from the solicitation process.

Heart of Florida United Way may negotiate funding of parts of the application if other parts can be funded more efficiently through different providers.

Heart of Florida United Way and the Florida Department of Health strongly encourage joint applications and collaborations of agencies. Such applications should emphasize shared resources and services coordinated between agencies. The Heart of Florida United Way may require an applicant to make appropriate linkages with other agencies and programs in order to receive funding. Collaborators should demonstrate experience in HIV disease interventions and/or experience in providing services to populations at risk for HIV infection. The Lead Agency must be identified in collaborative applications and an authorized representative of the organization must sign the cover page of the application and submit a comprehensive abstract. The application must specify which organization will act as the primary agency. If there are differences in the target dates for implementation of the service to be provided by multiple agencies, this should be noted in the service delivery section. Letters of agreement must be included from each collaborating agency acknowledging participation in the proposed activity. The Heart of Florida United Way reserves the right to verify the arrangements through inspection of supporting documents. Funds will not be allowed for interagency program administration in such a program, unless the administration is incorporated as part of the job description of direct care staff funded through the RFA.

Cancellation or Amendment - Heart of Florida United Way, in conjunction with the Florida Department of Health, may, during the application review process or at anytime prior to award, cancel this request for applications or reject all applications, if the Heart of Florida United Way determines that it is in its own best interest or in the best interest of the Consortium to take such action. Notice of the cancellation will be made in writing to applicants or potential applicants, as appropriate. Additionally, the Heart of Florida United Way, in conjunction with the Florida Department of Health, may amend or modify the RFA with appropriate notice to bidders.

Insufficient Response - The Heart of Florida United Way, in conjunction with Florida Department of Health, upon determining that no satisfactory applications have been received for a particular service, may negotiate with a successful applicant of a related service to include a particular service as part of the service package or to re-bid for those particular services.

After the issuance of award letters, any applicant may request an opportunity to discuss with the Florida Department of Health or the Heart of Florida United Way staff the reasons for not being selected and/or hear recommendations that could make applications stronger in the future.

Disqualification of Applications (Fatal Points) - The following errors or omissions will cause the application to be disqualified:

Failure to provide all requested information and/or documentation. (Please refer to the Application Checklist in Attachments)

- Failure to submit complete applications by the specified deadline.
- Signatures must be of an individual authorized to contract for the agency (e.g. President, Chairperson) and should represent action approved by the Board of Directors.
- Unless otherwise indicated, each service category will address the needs of men, women, adolescents and children with HIV/AIDS.
- State of Florida Department of Health and the Heart of Florida United Way reserve the right, prior to executing a contract, to negotiate an applicant's scope of services, to require an applicant's coordination with services of other organizations accepted under this RFA, to review credentials and to negotiate award amounts.

D. Ryan White Program Assurances (Summary of Requirements)

As a Ryan White Provider, an organization must agree to comply with the following conditions:

- To become part of the comprehensive plan for organization and delivery of HIV-related health and support services developed by the Consortium, including the Central Florida HIV Planning Council; in part, such participation includes participating in the comprehensive case management system as may be developed through Ryan White Part B funding.
- To participate in ongoing meetings or task forces aimed to increase, enhance and maintain coordination and collaboration among HIV-related patient care prevention and support service providers. Such meetings and/or task forces may include meetings scheduled by the Florida Department of Health or the Heart of Florida United Way with other Part B providers designed, as an essential element of effective utilization of Part B dollars, to further coordinate and integrate services through implementation of Part B funded programs.
- To participate in an HIV community-based continuum of care.
- To assure that Part B grant funds will be used in compliance with all funding restrictions as described in the following sections.
- To assure that no funding will be requested from the Heart of Florida United Way that could be reimbursed through Medicaid, private insurance or another funding source. The Ryan White Program is a payer of last resort.
- To make services available to any eligible individual without regard to ability to pay or the current or past health condition of the individual and to make services available in settings accessible to low-income persons where no other funds are available for the subject services.
- To participate in an outreach/case management program to inform low income individuals of the availability of services funded by Part B and other HIV-related services provided by the funded agency and to enhance access for such individuals to these services.
- To ensure client eligibility for services funded by Part B dollars by following the Part B Eligibility Guidelines.
- To participate in the needs assessment process.
- To participate in any evaluation conducted by and/or for the Grantee or the funding source related to the dissemination and/or utilization of Part B funds.
- To implement and maintain a Clinical Quality Management (CQM) program that follows the HRSA Policy Clarification Notice 15-02 guidelines and aligns with the area-wide CQM Plan.

- To comply with monthly, quarterly, annual and any special request reporting requirements.
- To attend mandatory meetings with other Part B funded service providers for the purpose of training, networking, exchanging information, sharing resources, and formalizing linkages.

E. Program Requirements

Applicant will provide patient care and support services to eligible HIV/AIDS-infected individuals. Applicant must adhere to the requirements of Florida Administrative Code Chapter 64D-4, on patient eligibility. Applicant's proposed method of providing patient care is expected to improve the quality, availability, and to facilitate coordination of HIV/AIDS services within the designated area. This will improve the overall health of individuals living with HIV/AIDS. Applicants will operate in accordance with the most recent version of the following guidelines and manuals, as they are updated and amended throughout the term of the contract:

- The most current Florida Ryan White Part B/General Revenue Patient Care Network Programs Administrative Guidelines (http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/_documents/administrative-guidelines/_documents/Administrative_Guidelines_2020-21_Final.pdf)
- The most current Florida HIV/AIDS Patient Care Eligibility Procedures Manual (http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/_documents/eligibility-information/eligibility-manual-6-28-16-c.pdf)
- The most current Florida HIV Case Management Guidelines (http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/_documents/case-management/_documents/Case_Management_Guidelines_Complete_FINAL_6-25-19.pdf)
- The most current Ryan White HIV/AIDS Program Services Report Instruction Manual (<https://targethiv.org/library/rsr-instruction-manual>)
- The most current Florida HIV/AIDS CAREWare User Manual http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/reporting/_documents/cw-manual-final.pdf
- The most current HRSA Monograph, Using Data to Measure Public Health Performance Guide (https://targethiv.org/sites/default/files/file-upload/resources/HRSA_HAB_Data_Monograph_Guide_for_Ryan_White_HIV_AIDS_Program-Grantees.pdf)
- Administration of needs assessments as required, including review of the most current needs assessment data (<http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/index.html>)
- The most current Ryan White HIV/AIDS Program Part B Manual published by the HIV/AIDS Bureau, HRSA, DHHS (<https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/habpartbmanual2013.pdf>)
- The most current HRSA Policy Notices and Program Letters – Policy Clarification Notices (PCN) (<https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>)
- Administration of a local Ryan White Part B comprehensive plan as required, including a review of the most current Statewide Coordinated Statement of Need and Comprehensive Plan ([http://centralfloridahivpc.com/wp-content/uploads/Deliverables/1_CFHPC_Basics/Integrated_HIV_Prevention_And_Care_Plan\(Comprehensive_Plan\).pdf](http://centralfloridahivpc.com/wp-content/uploads/Deliverables/1_CFHPC_Basics/Integrated_HIV_Prevention_And_Care_Plan(Comprehensive_Plan).pdf))
- The most current local Clinical Quality Management plan as required for the Orlando

Service Area (http://centralfloridahivpc.com/wp-content/uploads/2020/02/Orlando-Service-Area_CQM-Plan_Sept.-2019.pdf)

- The National HIV/AIDS Strategy (NHAS) and The National HIV/AIDS Strategy Implementation Plan (<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/national-hiv-aids-strategy-updated-2020>)
- 2 C.F.R. Appendix II to Part 200 - Contract Provisions for Non-Federal Entity Contracts Under Federal Awards (<https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-part200-appII.xml>)
- All entities submitting an application must be registered in the System for Award Management (SAM) and have an active Data Universal Numbering System (DUNS) number, maintained annually, to be eligible for financial payment.
- 45 C.F.R. 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (<http://www.eC.F.R..gov/cgi-bin/text-idx?node=pt45.1.75>)
- Engagement and Enrollment Best and Promising Practices and Resources (<https://targethiv.org/ace/engagement-and-enrollment-best-and-promising-practices-and-resources>)
- HRSA/HAB Glossary of Terms (<https://targethiv.org/library/glossary>)
- HRSA Policy Clarification Notice (PCN) #15-01, Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D (<https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1501.pdf>)

F. Special Terms & Conditions

Recipients of Ryan White Part B funds, hereinafter referred to as the Provider, from Heart of Florida United Way, herinafter referred to as the Lead Agency, must agree to the following:

All funded Providers must sign a contract with the Heart of Florida United Way to receive Part B funds in the service categories for which the entity has applied. Included in the contract will be the agency's Scope of Service and Budget, reflecting any negotiated revisions. The contract will also contain provisions relating to termination issues, confidentiality, non-discrimination and civil rights, drug free workplace, liability (including professional liability insurance for appropriate staff and general liability coverage), status of funded agencies as independent parties, publication, political activity, ownership of equipment, conflict of interest, notice, assignment and subcontracting, severability, waivers, amendments and modifications, and any other provisions deemed necessary or appropriate by the Grantee or Heart of Florida United Way or as may be required by the federal funding source. Furthermore, the contract will include, but not be limited to, provisions related to the sections described on the following pages.

Contract Limits:

The contract period for Part B funds is April 1, 2020 to March 31, 2021, a 12-month period.

Delivery of services shall be provided either directly by the provider or indirectly through contractual agreements with outpatient, home health care, and social support services.

Services shall be delivered to individuals infected by HIV disease in accordance with the Ryan White Part B service categories herein incorporated by reference.

Case Management services delivered to clients will be determined in accordance with the procedures in the Department's HIV/AIDS Eligibility Procedures Manual and HIV Case Management Guidelines or subsequent guidelines. All services under the contract must be in accordance with the Glossary of HIV-Related Service Categories.

Termination and Assignment

Termination at Will - The Ryan White Part B sub-contract may be terminated by either party without cause upon no less than thirty (30) calendar days notice in writing to all parties unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested or in person with proof of delivery.

Termination due to of Lack of Funds - In the event funds to finance the contract become unavailable, the Heart of Florida United Way may terminate the contract upon no less than twenty-four (24) hours notice in writing to the provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Heart of Florida United Way shall be the final authority as to the availability and adequacy of funds. In the event of termination of the contract, the provider will be compensated for any work satisfactorily completed before notification of termination.

Termination for Breach - The contract may be terminated for the provider's nonperformance upon no less than twenty-four (24) hours notice in writing to the provider. If applicable, the Heart of Florida United Way may employ the default provisions in Chapter 60A-1.006(3) FAC. Waiver of breach of any provisions of the contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of the contract. The provisions herein do not limit the Heart of Florida United Way's right to remedies at law or in equity.

Termination for Failure to Satisfactorily Perform Prior Agreement - Failure to have performed any contractual obligations with the Heart of Florida United Way in a manner satisfactory to the Heart of Florida United Way will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the Heart of Florida United Way, been notified by the Heart of Florida United Way of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the Heart of Florida United Way; or (2) had a contract terminated by the Heart of Florida United Way for cause.

After receipt of a notice of termination and except as otherwise directed, the provider shall:

- Stop working under the agreement on the date and to the extent specified in the notice of termination.
- Place no further orders or subcontracts for materials, services or facilities.
- Terminate all orders and subcontracts to the extent that they relate to the performance of the work that was terminated.
- Handle all property as directed by the Heart of Florida United Way.
- Prepare all necessary reports and documents required under the terms of the agreement up to the date of termination, including the final report due at the end of the project, if any, without reimbursement for services rendered in completing said reports beyond the termination date.
- Take any other actions as directed in writing by the Heart of Florida United Way.

Funding Restrictions:

Providers agree that funds received under this agreement shall be used to supplement not supplant or replace current State or local HIV-related funding which the agency receives for the provision of services to individuals with HIV disease. In addition, providers must agree to make all necessary

efforts to ensure that consumers are appropriately screened for eligibility under all other pertinent benefits programs.

Funds shall not be used to:

- Purchase equipment including computers, telephones, copiers, fax machines or vehicles (with the exception of tablets and computers for positions **solely funded by medical and non-medical case management** charged to the relevant service category).
- Purchase or improve land or purchase or construct or make permanent improvement to any building, except for minor remodeling.
- Provide items or services for which payment already has been made or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans or private insurance.
- Purchase financial loans or gifts, social services unrelated to HIV/AIDS not provided for by the Consortium, or direct cash reimbursements or payments of any kind to a client.
- Purchase of Non-Expendable Property. Non-expendable property is defined as tangible personal property of a non-consumable nature that has an acquisition cost of \$1,000 or more per unit and an expected useful life of at least one year, and hardback bound books that are not circulated to students or the general public, the value or cost which is \$250 or more. Hardback books with a value or cost of \$250 or more should be classified as an expenditure only if they are not circulated to students or the general public.
- Fund broad scope awareness activities that target the general public, (poster campaigns, service announcements, etc.)
- Fund outreach activities that have HIV prevention education as their exclusive purpose.
- Influence or attempt to influence members of congress and other Federal personnel.
- Support employment, vocational or employment-readiness services.
- Pay for direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance or licenses and registration fees.
- Support syringe services
- Fund foreign travel, clothing, funeral, burial related expenses, personal property taxes, household appliances, pet foods, off premise social/recreational activities or pre-exposure prophylaxis (PrEP).
- Ryan White funds shall not be used to cover or pay for no-show fees. Ryan White funds are for payments for services rendered.
- Housing or housing related expenses.

Carry-Over Funds

The Ryan White HIV/AIDS Program does not allow Part B to carry-over unexpended grant funds from the previous fiscal year.

Return of Funds

The provider agrees to return to the Heart of Florida United Way any overpayments due to unearned funds or funds disallowed pursuant to the terms of the contract that were disbursed to the provider by the Heart of Florida United Way. In the event that the provider or its independent auditor discovers that an overpayment has been made, the provider shall repay said overpayment within 40 calendar days without prior notification from the Heart of Florida United Way. In the event that the Heart of

Florida United Way first discovers an overpayment has been made, the Heart of Florida United Way will notify the provider by letter of such a finding. Should repayment not be made within 40 calendar days, the Heart of Florida United Way will charge interest of one (1) percent per month compounded on the outstanding balance after 40 calendar days after the date of notification or discovery.

Payer of Last Resort

Funds may not be used to provide items or services that have already been paid or can reasonably be expected to be paid by third-party payers, including Medicaid, Medicare, other state or federal entitlement programs, prepaid health plans, and private insurance. It is therefore incumbent upon providers to ensure that eligible individuals are promptly enrolled in Medicaid and that funds are not used to pay for any Medicaid-covered services for Medicaid enrollees. It is also important to ensure that providers pursue Medicaid and other third-party payment when covered services are provided to beneficiaries of other programs. For example, if an applicant is eligible for Medicaid, the provider should retroactively bill Medicaid for services provided during the time that eligibility was being determined.

In areas where other HIV funding, such as GR, PCN, or HOPWA, is available, Ryan White Part B does not require that each of these funding sources be exhausted prior to accessing Ryan White Part B. Payment for eligible services should be coordinated across these funding streams. Technical assistance regarding payer-of-last-resort issues is available from the Lead Agency.

Providers must have established policies and procedures for seeking to obtain other funding sources for all consumers served and for documenting such efforts.

Administrative Charges/Indirect Costs

Administrative costs are subject to the availability of funds and program guidelines. The administrative costs must not exceed 7.5% of the total award. **Funds are currently not available for administrative/indirect costs.** However, direct costs associated with service delivery such as rent and utilities are allowable costs. Please see the next section on direct costs for more information.

Direct Costs

The portion of facilities expenses (limited to rent and utilities or interest, depreciation, and utilities) for space primarily utilized to provide core medical and support services for eligible Ryan White Part B clients (e.g. clinic, pharmacy, food bank, substance abuse treatment, case management, and/or eligibility determination), are allowable direct care expenses. Mortgage and property depreciation are **unallowable** expenses. The allocation methodology for rent and utilities is the proportion of the facility's square footage for each line item directly related to the provision of client services.

The following programmatic costs are not required to be included in the limit on administrative costs; they may be charged to the relevant service category directly associated with such activities. However, **no more than 5% of the total amount allocated** to each relevant direct care line item (core or support) may be charged as it related to the following items:

- Core eligibility determination and re-determination and the costs of registration and client intake activities if the client is eligible for services.
- The portion of malpractice insurance related to patient care clinical care and for all licensed practitioners related to HIV/AIDS clinical care.
- The portion of fees and services for electronic medical records maintenance and licensure.

- Staff time for data entry related to clinical care and support services, as well as the costs of client level data entry in the relevant electronic health record directly related to the individual's ongoing care and treatment are allocable to the relevant core medical or support service.
- The portion of a clinic receptionist's time providing direct patient care services (e.g. scheduling appointments and other intake activities).
- The portion of medical billing staff related to patient care services.
- The portion of a supervisor's time devoted to providing professional oversight and direction regarding patient care-funded core medical or support service activities sufficient to assure the delivery of appropriate and high-quality HIV care to clinicians, case managers, and other individuals providing services to patient care clients (would not include general administrative supervision of these individuals).
- The purchase of tablets and computers for positions ***solely funded by medical and non-medical case management.***

Applicants must address how they intend to use the 5% direct cost cap in the budget narrative section of their proposal. Applicants must use the most recent version of the direct care budget narrative that includes the 5% direct cost cap. Please be advised that this 5% will not be awarded in addition to the existing funding in the service category. For instance, if an agency is applying for one non-medical case manager (\$37,500/year), they may use up to \$1,875 for direct costs associated with this service provision. They would then have \$35,625 remaining for the FTE for salary and fringe.

Fee for Service

"Imposition of charges" is a term used to describe all activities, policies, and procedures related to assessing patient charges as outlined in federal legislation. No patient shall be denied service due to an individual's inability to pay. Nor shall any patient that fails to pay be turned over to debt collection agencies. However, the imposition of a \$1 flat rate per unit of service charge must be assessed to all eligible Ryan White Part B and PCN clients who are >100% of the federal poverty level (FPL). The imposition of charges is prohibited for all eligible Ryan White Part B and PCN clients who are ≤100% of the FPL.

Funds cannot be used for client no-show fees or fees charged by a service provider when a Ryan White Part B or PCN client did not give prior notice for appointment cancellation. Ryan White Part B and PCN funds are for payment of services rendered.

Funded providers must maintain policies who deliver services typically billable to public and private health plans to maintain policies and procedures on client charges. **Providers of AIDS Pharmaceutical Assistance (APA) programs, home and community-based health services, home health care, medical nutrition services, mental health services, oral health services, outpatient/ambulatory health services, substance abuse treatment services (inpatient and outpatient), housing, linguistic services, and medical transportation services are considered to provide billable services.**

All providers that deliver these billable services with Ryan White Part B and/or PCN funds must develop a \$1 nominal fee program that includes the following:

- A schedule of fees for services.
- A system/policy to track and reconcile fees to assure receipt of care.
- Limitations on annual aggregate charges (cap on charges) based on HIV-positive clients' individual incomes. "Aggregate charges" applies to annual charges imposed for all services, regardless of

terminology (i.e. enrollment fees, premiums, deductibles, costsharing, co-payments, coinsurance, etc.) and applies to all service providers from whom individuals receive services.

- Policies that prohibit refusal of services to clients who are unable to pay fees or who refuse payment of fees.

Clients cannot be charged more than the maximum amount (cap on charges) in a calendar year. Provider policies must specify that once a client's annual aggregate charges reach the cap, no additional client charges may be made. The cap on charges is based upon the PLWH clients' individual modified adjusted gross incomes, as follows:

- 5% for clients with incomes between 101% and 200% of the FPL.
- 7% for clients with incomes between 201% and 300% of the FPL.
- 10% for clients with incomes greater than 300% of the FPL.

All fees assessed for services must be tracked for the client so that any provider that receives any Ryan White Part B and/or PCN funding can ensure that caps on client charges are maintained. All fees collected from any client with the ability to pay are classified as program income and must be reinvested into the program during the same funding period.

Client Related Policies:

Client Eligibility

- All clients requesting services shall be determined eligible based on Chapter 64D-4, Florida Administrative Code. All providers are required to enter eligibility information on every client into the State of Florida CAREWare database or other State required reporting system.
- The HIV-positive status of each client is required for eligibility and must be documented in the client's record. Clients must not be eligible for any other funding source.
- The provider shall ensure that the appropriate program records include Ryan White Part B eligibility determination documents as well as authorization for the services provided through this contract.

Safeguarding Information

The provider agrees not to use or disclose any information concerning a recipient of services under the contract for any purpose not in conformity with State regulations and Federal law or regulations (45 CFR, Part 205.50), except upon written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

Client Confidentiality

The provider shall have an agency policy and procedure in compliance with all Federal and State laws to ensure the protection of confidential information. Agency personnel files should reflect written confirmation of employees' familiarization with the policy and procedure.

Funded agencies must inform clients that records will be reviewed to ensure compliance with the Ryan White HIV/AIDS Program and/or Florida Department of Health requirements and to allow clients the option to consent to the review of their records.

Grievances

The provider will establish a system through which clients may present grievances in accordance with the Florida Department of Health Policies and Procedures. The provider must notify the Lead Agency each time a grievance is filed. All written complaints must be considered grievances.

Provider Conditions:

Assignments and Subcontracts

The provider agrees to neither assign the responsibility of the contract to another party nor subcontract for any of the work contemplated under the contract without prior written approval of the Heart of Florida United Way, which shall not be unreasonably withheld. Any sublicense, assignment, or transfer otherwise occurring shall be null and void.

The provider shall be responsible for all work performed and all expenses incurred with the project. If the Heart of Florida United Way permits the provider to subcontract all or part of the work contemplated under the contract, including entering into subcontracts with vendors for services and commodities, it is understood by the provider that the Heart of Florida United Way shall not be liable to the subcontractor for any expenses or liabilities incurred under the subcontract and the provider shall be solely liable to the subcontractor for all expenses and liabilities incurred under the subcontract. The provider, at its expense, will defend the Heart of Florida United Way against such claims.

Provider Responsibilities

- It is the responsibility of the provider to work with the existing Area 7 Consortium and all other Ryan White Program planning bodies/entities that includes broad and inclusive representation from the HIV/AIDS community.
- Any required subcontracts are to be executed on or before 90 calendar days after the execution of the contract.
- Providers are required to report information about contracts including name, address, phone, fax, contact person, and contract effective dates. The requested information must be submitted to the Lead Agency, within 30 calendar days of the effective date of the contract. Additional information may be required.

Medicaid Certification

The Ryan White Part B Lead Agency must use strategies to coordinate between Ryan White Part B and third-party payers that are ultimately responsible for paying the costs of services provided to eligible/covered clients. Third-party payer sources include (but are not limited to): Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare and private insurance. Ryan White Part B funds may not be used to pay for services that are covered by a third party.

Staffing Requirements

Staffing Levels- The Provider shall document and maintain, to the satisfaction of the Lead Agency, proof of sufficient staff to carry out the requirements of the contract and Ryan White Part B program.

Professional Qualifications- The staff carrying out administrative services under the contract shall meet the professional qualifications of the provider, the Lead Agency, and the Grantee.

Staffing Changes- Vacancies of and changes to essential agency staff and/or funded positions that may have the potential to impede the progress of performing the services outlined must be reported to the Lead Agency as soon as possible, but no later than seven days.

Service Location & Equipment

Service Delivery Location- Services are to be provided at the agency address specified in the contract and may be provided at other locations specified by the provider upon notification and approval by the Lead Agency.

Service Times- Services must be provided between the hours of 8:00 a.m. to 5:00 p.m. and must be available five days per week, excluding state holidays.

Changes in Location- Any changes in location shall be made with at least 15 days advance notice to clients, the Lead Agency and the Grantee, and shall not result in any interruptions in the delivery of services. All service locations will be accessible through public or supplied transportation.

Equipment- The provider will be responsible for the type of equipment that must be available for service delivery.

Independent Capacity of the Contractor

The provider is an independent contractor and the provider is solely liable for the performance of all tasks contemplated by the contract which are not the exclusive responsibility of the Heart of Florida United Way.

Unless justified by the Provider and agreed to by the Heart of Florida United Way, the Heart of Florida United Way will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial, or clerical support) to the provider, or its subcontractor or assignee.

All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

Insurance

The provider agrees to provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of the contract and any renewals and extensions of it. Upon execution of the contract, unless it is a state agency or subdivision as defined by S768.28, FS, the provider accepts full responsibility for identifying and determining the types and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under the contract. Upon the execution of the contract, the provider shall furnish the Heart of Florida United Way written verification supporting both the determination and existence of such insurance coverage. A self-insurance program established and operating under the laws of the State of Florida may provide such coverage.

Bonding

The provider must furnish an insurance bond from a responsible commercial surety company covering all officers, employees, and agents of the provider authorized to handle funds received or disbursed under awarded contracts in an amount commensurate with the funds handled, the degree of risk, as determined by the surety company, and consistent with good business practices.

The provider shall comply with all applicable federal and state licensing standards and all other applicable standards, criteria and guidelines established by the department.

Licensure/Certification

The provider and its employees shall obtain and possess throughout the term of this Agreement all licenses and permits applicable to its operations under federal, state and local laws and shall comply with all fire, health and other applicable regulatory codes. All licenses and certifications shall be unencumbered.

Facility Standards

The provider agrees that any facility used in the provision of services pursuant to the contract shall comply with state and local fire and health codes, Americans with Disabilities Act standards, and all other codes which would apply if space so utilized were owned or leased by the state.

Per the FY 1995 Appropriations Act (P.L. 103-333), to the greatest extent practicable, all equipment and products purchased with Part B funds made available through the contract shall be American made.

Agency or Program Modification

The Provider agrees to report any changes in administrative staffing and/or changes on the Board of Directors or provider composition (including but not limited to agency name change, merger or acquisition). The provider shall provide written notification of any such changes to the Lead Agency within 5 business days of provider becoming aware of such change.

Agreements and Assurances

The Provider agrees to comply with the agreements and assurances of Part B of the Ryan White Program.

Method of Payment:

The Lead Agency agrees to pay the Provider for allowable expenditures or delivery of service units provided in accordance with the terms and conditions of the contract for applicable service categories, subject to the availability of funds. Any payment due under the terms of the contract may be withheld until all reports due from the provider and necessary adjustments thereto have been approved by the Heart of Florida United Way.

The provider will develop the Agency budget in conjunction with the Agency application and the policies and procedures of the Lead Agency.

No more than one-twelfth (1/12) of the contract amount may be invoiced for any month without prior written approval from the Lead Agency. The Lead Agency may release less money than requested for reimbursement when the release of the requested amount would cause the Provider to receive an amount in a given month that exceeds the pro-rata, 1/12 share of the total contract amount. Additionally, on a quarterly review of expenditures, providers who are spending at a rate less than one-fourth (1/4) per quarter may have funds reduced.

Purchase Order Services

In some cases, services are provided by an agency indirectly via purchase order services. This type of system must be approved by the Heart of Florida United Way. Agencies utilizing purchase orders are still responsible for keeping within the constraints of the approved budget, providing staff members to screen clients for eligibility, having a system in place to track purchase orders issued and ensuring copies of purchase orders are received by Heart of Florida United Way in a timely manner.

Monthly Invoices

The provider shall request monthly payments through submission of a properly completed invoice (Monthly Service Provision and Expenditure Report) within six business days following the end of the period for which payment is being requested. Payment may be authorized only for allowable expenditures /service units on the invoice, which are in accordance with the approved budget and other terms and conditions of the contract. No payment will be made for any month unless the Lead Agency has received the required client and service information for that month. The invoice must be accompanied by all required documentation of services provided as detailed in the service contract. Both parties understand that although the estimated number of units of services might fluctuate throughout the contract year, the unit price per service unit shall be constant throughout the contract period.

Final Invoice

The Provider must submit a final invoice for payment to the Lead Agency no more than 20 days after the contract ends or is terminated. If the Provider fails to do so, all right to payment is forfeited, and the Lead Agency will not honor any requests submitted after the aforesaid time period.

Withholding Payment

Any payment due under the terms of the contract may be withheld until all evaluation and financial reports due from the Provider and necessary adjustments thereto have been approved by the Lead Agency.

Programmatic Reports:

The provider shall systematically furnish the Lead Agency data needed for the purpose of program monitoring and evaluation. This data shall include information on clients served, services provided, outcomes achieved and any other data that may be required to adequately evaluate program cost and effectiveness. A client unique identifier, Universal Reporting Number (URN), must be substituted for a client name to preserve confidentiality for billing purposes and must be formulated according to HRSA specifications. The provider must utilize the State of Florida CAREWare Database to record client and service information and accurately complete the required reports listed below and other reports deemed necessary by the Heart of Florida United Way.

- Monthly Demographics (“First Time This Year”) Report, (FTTY)
- Monthly Service Provision and Expenditure Report (Invoice)
- Monthly Provider Narrative
- Program Income/Expenditure Report
- Financial Report
- Ryan White Services Report
- Final Invoice

Client Satisfaction Surveys or periodic evaluations shall be conducted at least annually and involve persons who have received services in the preceding year. This evaluation will be conducted by the Lead Agency or the Area 7 Consortium (Central Florida HIV Planning Council). Results of the survey shall be maintained by the Lead Agency. Providers must comply with conditions below, to remain in contractual compliance.

- A *minimum* of **90%** of clients served will, when surveyed, report receiving quality services while being treated with dignity and respect.
- A *minimum* of **90%** of clients served will when surveyed, report having their problems handled in an appropriate and expedient manner.
- Providers shall achieve a **90%** or better rating on the overall client satisfaction survey/periodic evaluation.

Records and Documentation:

Providers shall have an agency policy and procedure in compliance with all Federal and State laws to ensure the protection of confidential consumer records and electronic exchange of confidential information. Agency personnel files should reflect written confirmation of employee's familiarization with the policy and procedure.

The provider shall have each employee of the provider agency with access to confidential client information, complete and date a memorandum of understanding regarding confidentiality of client information.

The provider shall ensure that the appropriate program records include eligibility determination documents as well as authorization for the services provided through the contract.

The provider must maintain records documenting all expenditures incurred related to services and goods provided under the terms of the contract so that an audit trail documenting service provision can be maintained.

Documentation should be organized in a manner by which the Lead Agency can match monthly expenditures with services rendered.

Documentation the provider is required to maintain must be available within twenty-four hours notice.

Audits Records and Records Retention

The Provider agrees to establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds, provided by the Heart of Florida United Way under the contract.

The Provider agrees to retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to the contract for a period of six (6) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of the contract.

Upon completion or termination of the contract and at the request of the Heart of Florida United Way, the Provider will cooperate with the Heart of Florida United Way to facilitate the duplication and transfer of any said records or documents during the required retention period.

The Provider agrees to provide a financial and compliance audit to the Heart of Florida United Way as specified in accordance with 45 C.F.R. Part 75 Uniform Administrative Requirements, Cost Principles, and Audit requirements for HHS Awards, Audits of Institutions of States, Local Governments and Non-Profit Organizations. If the contract is closed without an audit, the Heart of Florida United Way reserves the right to recover any disallowed costs identified in an audit after such closeout and to ensure that all related party transactions are disclosed to the auditor. This audit is due not later than seven (7) months after the close of the provider's fiscal year.

Monitoring by the Heart of Florida United Way

The Provider agrees to permit persons duly authorized by the Heart of Florida United Way and/or the Grantee (including, but not limited to, Florida Department of Health) to inspect any records, papers, documents, facilities, and/or goods and services of the provider which are relevant to the contract, regardless of the form in which kept, at all reasonable times for as long as records are retained.

The Provider agrees to the interview of any clients and employees of the provider to assure the Heart of Florida United Way of the satisfactory performance of the terms and conditions of the contract. Following such evaluation, the Heart of Florida United Way will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of the contract.

The Lead Agency, at its exclusive option, may allow up to six months for the provider to achieve compliance with the standards. If the Lead Agency affords the provider an opportunity to achieve compliance, and the provider fails to achieve compliance within the specified time frame, it may result in any one or any combination of the following:

- The Provider being deemed in breach or default of the contract; the withholding of payments to the provider by the Heart of Florida United Way; and, the termination of the contract for cause.
- The Provider will be monitored by the Lead Agency and or the Grantee (or designated representative) annually during the contract period.
- If a corrective action plan is indicated, the provider will submit to the Lead Agency, in writing, plans to correct the deficiencies within 30 days of receiving the fiscal agent's written report.

Recommendations made by the Lead Agency or the Grantee in a monitoring report are for the purpose of improving contract compliance or quality of service provision, which the provider must respond to in writing.

Standards Definitions-Listed below are the specific parameters by which the delivery of services will be evaluated:

1. The Provider shall assure that service providers achieve a rating of 90% or better on a client satisfaction survey related to confidentiality and perceptions of quality, access, timeliness, and availability of services.
2. The Provider shall assure that 100% of clients accessing services are screened for other funding eligibility.
3. The Provider will identify and monitor at least one (1) performance measure for each service category in alignment with HRSA's expectations for Clinical Quality Management programs.

The provider will also assure that at least one (1) quality improvement project is implemented annually.

4. The Provider shall assure at least 10% of clients receiving services within the area are surveyed during the needs assessment process.
5. Part B Medical Providers will assure 80% of medical appointments made are kept by clients and have a show rate of 80% throughout the local area.
6. The Provider will ensure the submission of 100% of required reports from their sub-contractors, providers, or others with whom there is a contract and/or memorandum of agreement, during the required reporting period.
7. Providers offering case management services will receive a minimum of 90% satisfactory or better rating on review of their case management records using the standards outlined in the Florida HIV/AIDS Case Management Operating Guidelines and in the Florida HIV/AIDS Eligibility Procedures Manual.
8. Providers not offering case management services will receive a minimum of 90% satisfactory or better rating on review of their Ryan White Part B client records using the requirements found in this contract.
9. Provider will assure that orientation and in depth training is provided to all case managers within 60 days of hire. (Case Management providers only)

Legislation:

Incident Reporting

Abuse, Neglect, and Exploitation Reporting - In compliance with Chapter 415, FS, an employee of the provider who knows or has reasonable cause to suspect that a child, aged person, or disabled adult is or has been abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the single statewide toll-free telephone number (1-800-96ABUSE).

Fraud - If an alleged incident occurs involving the fraudulent misuse of contract funds, the provider should notify the Grantee and the Heart of Florida United Way within twenty-four hours of becoming aware of the alleged violation.

Indemnification (*Excludes Departments of Health*)

Providers shall be liable for and shall indemnify, defend, and hold harmless the Heart of Florida United Way and the Grantee and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorney's fees and costs, arising out of any act, actions, neglect, or omissions by the provider, its agents, or employees during the performance or operation of the contract or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property.

The Provider's inability to evaluate liability or its evaluation of liability shall not excuse the provider's duty or defend and indemnify within seven (7) days after such notice by the Heart of Florida United Way is given by certified mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the provider not liable shall excuse performance of this provision. The provider shall pay all costs and fees related to this obligation and its enforcement by the Heart of Florida United Way. The Heart of Florida United Way's failure to notify the provider of a claim shall not release the provider of the above duty to defend.

Civil Rights Requirements

The provider shall comply with the President's Executive Order 11246, Equal Employment Opportunity (30 FR 12319, 12319, 12935, 3 CFR, 1964-1965, p.339) as amended by President's Executive Order 11375, and as supplemented by regulations at 41 CFR, Part 60.

G. Review and Selection Process:

The Grantee and the Heart of Florida United Way will appoint a committee to review applications and make selections for funding. During the application review process applicants may be required to present additional information in written and/or oral form for clarification.

Applications will be reviewed and scored based upon the evaluation criteria. Scores assigned by reviewers will significantly affect recommendation for funding and the level of an applicant's grant award.

The Florida Department of Health and the Heart of Florida United Way reserve the right, prior to executing a contract, to negotiate an applicant's scope of services, to require an applicant's coordination with services of other organizations accepted under this RFA, to negotiate award amounts, and to place applications in "approved but not funded" status.

Overall Program Evaluation Criteria

Method of awards will be based upon rankings given by the Evaluation Committee. Included in their decision-making process will be the following point guidelines:

Category	Total Possible Points
Organization Description	30 points
Service Description Delivery	30 points
Program Evaluation	20 points
Budget	20 points
Overall Proposal Quality	20 points
Total Possible Points	120 Points

SECTION II: APPLICATION GUIDELINES

Ryan White Program, Part B 2020-2022

A. General Instructions

- Applications should be **no more than 30 pages** in length, not counting Table of Contents, Cover Page, Authorized Signature Statement, Budgets or Attachments.
- The Application Cover Sheet must be completed, in the format provided and signed by the Executive Director or authorized individual.
- An authorized signer statement, with signature must be included.
- Applicant should ensure that all the questions under each section are answered in their entirety.
- Applications should be typed, single-spaced and with pages numbered.
- Proposals should be printed on 3-hole punched paper.
- The font used must be 12 point font, Times New Roman, with one inch margins.
- Do **NOT** fax applications. No faxed applications will be accepted regardless of when they are received. A faxed application will be considered non-responsive.
- Clip each application in the upper left hand corner. Please do not submit applications in folders or binders.
- For each Service Category, applicants must submit one original, signed application and nine (9) copies.

B. Application Format and Scoring:

1. **APPLICATION COVER PAGE-** Each applicant **MUST** use the APPLICATION Cover Page provided in the Attachments of this RFA (Section IV). This cover sheet must be signed by the Executive Director (or another authorized person), and a Board Representative (if applicable).
2. **TABLE OF CONTENTS-** Application should include a Table of Contents that includes all sections of the application. All pages of the application should include page numbers that clearly coincide with the Table of Contents. *NOTE: Page number one should be the first page of Narrative Information. Attachments should be listed on the table of contents, and should also have page numbers. Attachments can be numbered by hand.*
3. **AUTHORIZED SIGNATURE STATEMENT-** Please include a signed statement from the appropriate individual, on agency letterhead, stating his or her authority to verify information contained in the application and to affirm the agency's ability to carry out related contractual agreements.
4. **ORGANIZATION DESCRIPTION-** Describe the history and nature of your organization (e.g., peer-led, health center, AIDS Service Organization, multi-service center, etc.) and describe its mission and vision statements. Specify whether the firm is a for-profit or not-for-profit. Please include the **501(c)(3) IRS determination** letter as an attachment.

(A) Does your organization currently serve people living with HIV/AIDS? If yes, how many people were served in the previous 12 months? Briefly, summarize your experience in serving people with HIV, particularly experience providing the proposed services. If your organization does not

serve People Living with HIV/AIDS (PLWH/A), describe the agency's experience providing the proposed service category.

(B) Indicate whether or not your organization is a Medicaid, Medicaid Waiver, and / or Medicare provider, and, if applicable, specify the specific services for which the agency is Medicaid certified. Indicate whether or not your organization is classified as a Federally Qualified Health Center (FQHC). **Please include a copy of the organization's Administrative Assessment as an attachment (Template Included – See Attachments). This assessment is for internal use by the Lead Agency.**

(C) Describe how your organization maintains and insures financial viability, including accessing funding sources other than the Ryan White program. Describe how the organization manages cash flow to support operational needs. Identify what percent (%) of total agency funding is represented by Ryan White Part B funding.

(D) How does your agency assure that your Board, management, staff and volunteers keep abreast of and adapt to changes in incidence, risk factors, demographics, location, and course of the disease?

(E) Describe how your organization will cooperate/collaborate with other community providers especially HIV/AIDS providers. Discuss how your organization will assist in the development and/or implementation of the Integrated HIV Prevention & Care Plan in Area 7. **Attach any copies of memorandums of understanding/contracts.**

(F) Describe the organization's system for maintaining client confidentiality. Describe the maintenance and storage of files, staff compliance, and the exchange/release of client data. **Attach a copy of the organization's policy on confidentiality to the proposal.**

(G) Describe the organization's grievance procedures. Include how the organization ensures consumer knowledge of these procedures. **Include a copy of the organization's grievance procedure policy as an attachment.**

(H) Explain the organization's methods for quality assurance. Discuss how the organization utilizes consumer feedback to improve services.

(I) Describe how your organization plans to implement and maintain a Clinical Quality Management program and develop quality improvement (QI) activities to improve health outcomes. Discuss how your organization will assist in the assessment and implementation of the Orlando Service Area CQM plan. **Include a copy of the organization's CQM plan as an attachment.**

(J) Describe your agency Policies and Procedures to ensure that Ryan White Part B is "payer of last resort."

5. **SERVICE DESCRIPTION/DELIVERY-** Describe what service you propose to provide, using the Part B Service Categories listed in Section III. Applicants must address how they will improve the Continuum of HIV Care in their area if funding is provided. Applicants must identify how the anticipated project results are consistent with the four goals of the National HIV/AIDS Strategy (NHAS), overall program purpose, and program expectations.

(A) Include a description of your service delivery model and describe how the service will be linked programmatically with other services provided by your agency. Discuss which staff members will

provide the proposed services and what percentage of the staff's time will be dedicated to the proposed service. Indicate whether staff required to provide the proposed services are currently employed or if recruitment is necessary. **Include an agency or department organizational chart.**

(B) Describe the (geographical) service area for this proposal. Include physical location(s) of the service(s) to be provided, hours of availability, and provision(s) of emergency service(s). Identify and describe the target population(s) to be served, including specific demographic information such as gender, age and ethnicity.

(C) Describe your agency's current caseload including number of clients and your current referral process. If you provide this service currently, make sure to include the number of people now receiving the service and the number of people who will be newly served as a result of receiving funding. Describe your organization's capacity to respond to an increase in the agency's caseload in the future.

(D) If your organization does not provide this service currently, please describe what steps are necessary to initiate the program and the amount of time anticipated for initiation. Also, describe the service expansion(s) or modification(s) that you are proposing to provide in order to meet an identified need for the service.

(E) Describe your agency's current capability to provide services that are available, accessible and appropriate. Describe whether the agency has the needed expertise and resources to deliver the services. Indicate the physical accessibility, average wait time, hours of operation and coverage available for proposed services.

(F) Indicate how the service unit will be measured and the estimated number of units to be provided. Also indicate the proposed rate for this service and the number of unduplicated consumers to be served by gender and ethnicity.

(G) How will you ensure that your program is culturally and linguistically competent? Describe your organizations current or future capabilities to respond to special consumer groups, such as persons living with disabilities, special needs or small children.

As an attachment, include a breakdown of board members, staff members by title, and clients, each by race/ethnicity and gender.

MEMBERS	MALE	FEMALE	White	Afr.Am.	Asian	Am.In.	Pac. Isl.	Ot.	His	N.Hisp.
Board	10	12	5	6	4	2	4	1	8	14
Staff	12	28								
Clients	500	350								
Total	522	389								

(H) What policies are in place at your organization to address consumer misuse of services? (ex. Frequent no shows, etc.)

6. PROGRAM EVALUATION

(A) Describe your organization's plan for regularly completing required reports, collecting data, record maintenance, etc. Also specify the person responsible for the above-mentioned tasks.

(B) Select 2-3 goals from the Part B Goals listed below, which your proposed project will address.

(C) Objectives: For each of these goals specify 2-4 measurable objectives. Use these objectives to describe specifically how the goal will be obtained. Organizations should frame proposed objectives using SMART (Specific, Measurable, Achievable, Reasonable, Timely) principles.

(D) Activity: What activities will be performed to achieve the listed objectives?

(E) Indicators/Evaluation: For the goal, objectives, and activities listed show how progress will be measured.

(F) Person Responsible: Which individuals are responsible?

7. PART B FUNDING GOALS

1. Responding to the growing impact of the HIV/AIDS epidemic among underserved and hard-to-reach populations experiencing disparities in care.
2. Ensuring access to existing and emerging HIV/AIDS therapies, including new combination antiretroviral therapies and prophylaxis.
3. Adapting to changes in the delivery of and financing of HIV/AIDS care, particularly Medicaid managed care.
4. Documenting outcomes from the investment of Part B resources in the State.

Example:

Part B Funding Goals	Objective(s)	Activity	Indicators/ Evaluation	Responsible Party (s)
Responding to the growing impact of the HIV/AIDS epidemic among underserved and hard-to-reach populations experiencing disparities in care.	Increase percentage of Latinx clients who are virally suppressed from 65% to 75% within the first year of funding.	<p>Create a Latinx support group led by a bi-lingual staff member.</p> <p>Generate and increase new referral sources with Latinx-serving organizations by 10%.</p>	<p>Track monthly via client demographics collected by agency.</p> <p>Number of referrals tracked quarterly; Number of MOUs with Latinx agencies updated annually.</p>	Joe Smith, Project Manager

The following questions may be useful in helping define the project goals/objectives.

- What are the specific activities that comprise the service?
- What will be the specific benefits to clients of the service?
- Who and how many people do you expect will benefit from this service. (Refer to gender, ethnic/racial characteristics, neighborhood, age and other relevant background information).
- How will you know if people are receiving the service? (How will you measure?)
- How will you know if people are benefiting from the service? (How will you use the measure to assess the impact?)

C. BUDGET (For all services complete 1, 2, 3)

1. BUDGET SUMMARY REQUIREMENTS (Template Included- See Attachments)

The proposed budget must cover a twelve-month period of time. Use whole dollars (no cents) in completing the budget. Also, include number of units to be provided as related to the requested amount. **Include an audited financial statement (including management letter) as an attachment.** If the organization does not have an audited financial statement, include the most recent financial statements available for the organization.

2. BUDGET NARRATIVE SHEET REQUIREMENT (Template Included- See Attachments)

Each personnel and expense line item (including fringe) must be explained in detail. Personnel position explanations must include the last name of the employee or, if vacant, the estimated date of hire, and a brief description of the position's duties and responsibilities as they relate to the proposal. Expense item explanations should incorporate quantities whenever possible. Explanations should state why an expense line item is necessary and who will benefit. When requested, travel expenses must specify who, where, when and why the travel is necessary. Vehicle use is reimbursed at \$0.445 per mile. Consumers may not receive stipends for volunteer work in a program, but they may be reimbursed for out-of-pocket expenses. The explanation for these expenses must be specific and detailed. For direct service line items include a proposed rate for the service, FTE information, clients served, etc. Please refer to the category of services (Section III) for maximum allowable rates. ***Note: If requesting dollars for more than one service category, complete a separate Service Budget Table for each category.**

Positions: The budget narrative must include specific reference information when requesting funding for positions and must be in the following order:

1. Position title (and position number, for CHDs).
2. Job responsibilities as related to the funded work.
3. Salary breakdown.
 - a. Total annual salary.
 - b. Funding amount and percentage of total position funding.
 - c. Other funding sources, including amount and percentage of total if position is partially funded by the contract.

Fringe Benefits: The following fringe benefits must be included in the budget narrative:

1. Federal Insurance Contributions Act (FICA) – include the Social Security tax that is paid by the employer as a match to the amount paid by the employee.
2. Life/disability insurance – list the amount paid by the employer for insurance for the employee.
3. Retirement – list the percentage of the employee's salary as the amount that will be paid by the employer.
4. Other – list any other fringe benefits for the employee paid by the employer.

3. OTHER HIV-RELATED FUNDING:

Please use this section to identify other sources of HIV-related funding which the agency is currently receiving.

Sample Template

Service Category	Funding Stream											
	Personnel	Part A	FTE	Part B	FTE	Part C	FTE	Part D	FTE	Other (Specify)	FTE	TOTAL
Case Management		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
Pharmacy		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
Transportation		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
OAHS		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
Oral Health		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
TOTAL		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00

SECTION III: SERVICE CATEGORY AND FUNDING AMOUNTS

The following are the service categories selected for funding in the 2020-2021 fiscal year. Please note the dollar values listed in this RFA are anticipated and in no way constitute a guaranteed payment of the maximum amount.

Applicant will provide patient care and support services to eligible HIV/AIDS-infected individuals. Applicant must adhere to the requirements of Florida Administrative Code Chapter 64D-4, on patient eligibility. Applicant's proposed method of providing patient care is expected to improve the quality, availability, and to facilitate coordination of HIV/AIDS services within the designated area. This will improve the overall health of individuals living with HIV/AIDS.

Recipients of Ryan White Part B funds are required to comply with the National Monitoring Universal Fiscal and Programmatic Standards. The funding award received under this contract shall be used solely for the coordination of allowable services in accordance with 45 CFR part 75 Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards.

Total Amount Available for Orange, Osceola and Seminole Counties (Tri-County): \$316,500

Medical Nutritional Therapy

Total Available for Orange, Osceola and Seminole Counties: \$52,500

HRSA Definition

Provided by a licensed registered dietitian outside of an outpatient/ambulatory medical care visit. The provision of food, nutritional services and nutritional supplements may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian.

Operational Requirement

Providers will contract with the Heart of Florida United Way to directly provide the services described above to Orange, Osceola, and Seminole counties.

Units of Service (FTE)

Units of services will be measured by number of client visits; however the Provider will be reimbursed by number of Full Time Equivalent (FTE) staff. The **maximum** allowable cost for this FTE is **\$52,500** inclusive of salary and fringe.

Units of Service (Nutritional Supplements)

The maximum allowable cost for nutritional supplements is **\$51,125**. Providers of this service must ensure that the supplements are stored in a climate-controlled environment as specified by the manufacturer.

NOTE: Part A currently provides funding for supplements and Part B provides funding for the FTE.

HRSA Definition

Includes coordination, guidance, and assistance in accessing medical, social, community, legal, financial and other needed services. NMCM may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, patient assistance programs, Department of Labor- or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. Non-medical case management does not involve coordination and follow-up of medical treatments.

Operational Requirement

Providers will contract with the Heart of Florida United Way to directly provide the services described above to Orange, Osceola, and Seminole counties. The awarded agency must be able to provide outposted staff at various agencies and/or potential service locations and a detailed plan as to how services will be rendered **must** be included in each proposal.

Scope of Services

Non-Medical Case Management is responsive to the immediate health and psychosocial needs of the client at their level of readiness in order to restore or sustain client stability, and to establish a supportive relationship that can lead to enrollment in more comprehensive case management services, if necessary.

The goal of Non-Medical Case Management is to provide coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas medical case management services have as their objective improving health care outcomes.

Providers of this service will ensure that non-medical case managers determine eligibility for Ryan White Services. Eligibility redetermination shall be conducted in accordance with the Florida HIV/AIDS Eligibility Procedures Manual. In addition, non-medical case managers will provide referrals for services for which the client is eligible and coordinate and approve bus passes to be used for transportation to health-related appointments only.

Please note: Effective October 1, 2019, the HIV/AIDS Section limits the use of the non-medical case management service category to fund eligibility specialists only. All eligibility staff should be funded exclusively under non-medical case management. For further clarification and definitions, refer to the Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual at www.floridaaids.org/patientcare/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf.

Units of Service

Units of services will be measured by number of unduplicated clients served in a day (i.e. if you speak or see 1 client more than once per day, you only count 1 unit of service for that day.) Providers will be reimbursed by number of Full Time Equivalent (FTE) staff at a yearly rate of **\$45,000/FTE** inclusive of salary and fringe. *Please note that FTE's will only be used for billing purposes. Number of units will need to be provided on a monthly basis for reporting purposes.*

Early Intervention Services (EIS)

Total Available for Orange, Osceola and Seminole Counties: \$84,000

HRSA Definition

Includes identification of individuals at points of entry and access to services and provision of four components: HIV testing and targeted counseling, referral services, linkage to care, and health education and risk reduction that enables clients to navigate the HIV system of care. All four components must be present.

Operational Requirement

Providers will contract with the Heart of Florida United Way to directly provide the services described above to Orange, Osceola, and Seminole counties.

Scope of Services

Providers of this service will link clients to care who have been lost to care or have never been in care. In addition, EIS must be provided as a combination of services rather than stand-alone testing, referral, linkage, or outreach services. The targeted testing component cannot supplant testing efforts paid for by other sources. Outreach services and health education/risk reduction services are restricted to those related to a client's HIV diagnosis.

Units of Service

Units of services will be measured by number of unduplicated clients served in a day (i.e. if you speak or see 1 client more than once per day, you only count 1 unit of service for that day.) Providers will be reimbursed by number of Full Time Equivalent (FTE) staff at a yearly rate of **\$42,000/FTE** inclusive of salary and fringe. *Please note that FTE's will only be used for billing purposes. Number of units will need to be provided on a monthly basis for reporting purposes.*

Total Amount Available for Brevard County: \$1,140,664

Food Bank and Home Delivered Meals

Total Available for Brevard County: \$10,000

HRSA Definition

The provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as personal hygiene items, household cleaning supplies, and water filtration/purification systems in communities where issues of water safety exist should be included in this item. The provision of food by someone other than a registered dietician should be included in this item as well. Food vouchers provided as an ongoing service to a client should be reported in this service category.

Operational Requirements

Providers will contract with the Heart of Florida United Way directly or provide services via a purchase order system.

Units of Service

Units of services will be measured by each bag/box of food and essential non-food items not exceeding \$35.00 per client per month. Providers will be reimbursed for orders based on verification and approval of receipts.

Medical Transportation Services	Total Available for Brevard County: \$50,000
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HRSA Definition

Includes the provision of nonemergency transportation that enables a client to access or be retained in core medical and support services. Medical transportation must be reported as a support service in all cases, regardless of whether the client is transported to a medical core service or to a support service.

Program Limitations

Unallowable costs include direct cash payments or cash reimbursements to clients, direct maintenance expenses of a privately-owned vehicle, and any other costs associate with a privately-owned vehicle, such as a lease, loan payments, insurance, license or registration fees.

Operational Requirement

Providers will contract with the Heart of Florida United Way directly to provide the services described above or provide access to transportation services.

Units of Service

A unit of service is defined as 1 one-way trip. Providers will be reimbursed for transportation services at a rate not to exceed \$0.445 per mile for the use of a car and \$1.70 per mile for the use of a van. A travel log must be kept for all transportation services provided.

Health Insurance Premium and Cost Sharing	Total Available for Brevard County: \$65,000
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HRSA Definition

The provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical and pharmacy benefits under a health insurance program. This includes premium payments, co-payments and deductibles. Health insurance also includes standalone dental insurance.

Operational Requirement

Providers will contract with the Heart of Florida United Way to directly provide the services described above or via a purchase order system.

Units of Service

A unit of service is defined as one premium and/or deductible and/or co-payment. Providers will be reimbursed for orders based on verification and approval of receipts.

Mental Health Services

Total Available for Brevard County: \$58,500

HRSA Definition

Includes outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services for individuals living with HIV. These services are based on a treatment plan, conducted in a group or individual setting and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists and licensed clinical social workers.

Operational Requirement

Providers will contract with the Heart of Florida United Way to directly provide the services described above.

Units of Service

A unit of service is defined as one visit. Reimbursement for individual and group therapy will be based on a one-hour (60 minutes) counseling session not to exceed \$80 per unit for individual counseling and \$10 per consumer for one-hour (60 minutes) group counseling. Reimbursement for individual counseling units are calculated for each eligible consumer receiving the therapy, whereas, reimbursement for group counseling units are calculated by the number of consumers in group therapy, up to 10 consumers per group.

Licensing/Credentials

Direct service providers would possess post graduate degrees in psychology, psychotherapy, counseling or appropriate education in nursing science (PhD, EdD, LCSW, LMHC, LMFT, R.N. , DSW, MS, MA, MSW, MEd or equivalent), and must be licensed by the State of Florida Department of Health or supervised by an appropriately licensed individual.

AIDS Pharmaceutical Assistance (APA, not ADAP) (Local)

Total Available for Brevard County: \$78,164

HRSA Definition

Local pharmacy assistance programs implemented by Part A and grantees to provide HIV/AIDS medications to clients. These organizations may or may not provide other services (e.g., outpatient/ambulatory medical care or case management) to the clients that they serve through a Ryan White HIV/AIDS Program contract with their grantee. Programs are considered APAs if they provide HIV/AIDS medications to clients and meet all of the following criteria:

- Have client enrollment process that includes screening for ADAP and APA eligibility, with rescreening at least every six months;
- Have coordination with Florida’s Ryan White Part B ADAP;
- Have uniform benefits for all enrolled clients;

- Have a record system for distributed medications;
- Have a drug distribution system;
- Have a drug formulary approved by the local advisory committee/board; and
- Have a statement of needs that specifies the restrictions of Florida’s ADAP and the need for APA services at the local level.
- Have implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program.

Programs are not APAs if they dispense medications in one of the following situations:

- On an emergency or short-term basis;
- When a client is enrolled in another medication assistance program for the same medication, excluding co-payment discounts;
- By giving vouchers to a client to procure medications. Local APAs are similar to AIDS Drug Assistance Programs (ADAPs) in that they provide medications for the treatment of HIV disease. However, local APAs are not paid for with Part B funds “earmarked” for ADAP.

Please note: Florida ADAP has a restricted formulary and currently limits income eligibility to 400 percent of the Federal Poverty Level (FPL). APA may further be needed to assist clients requiring long-term HIV and HIV-related medications that cannot be obtained through Florida ADAP.

Program Limitations

APA programs provide long-term maintenance medications that are not otherwise available through Florida ADAP to eligible clients. APA funds may not be used for EFA services, whereas EFA may assist with medications not covered by the APA service category.

Operational Requirement

Providers will contract with the Heart of Florida United Way to provide the services described above either directly or via a purchase order system utilizing licensed pharmacies.

Units of Service

Units of services will be measured by each prescription for up to 30 days of medication. Providers will be reimbursed for orders based on verification and approval of receipts.

Oral Health Care	Total Available for Brevard County: \$100,000
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HRSA Definition

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

Operational Requirement

Providers will contract with the Heart of Florida United Way to provide the services described above either directly or via a purchase order system with a licensed Dental Care Provider(s).

Units of Service

Units of services will be measured by number of client visits. Providers will be reimbursed for orders based on verification and approval of receipts.

Medical Case Management

**Total Available for Brevard County:
\$250,000**

HRSA Definition

Includes a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical case management includes all types of case management encounters (e.g., face-to-face, over-the-phone, and any other forms of communication).

Key activities include:

- Comprehensive assessment of service needs.
- Development of a comprehensive, individualized care plan.
- Timely and coordinated access to medically appropriate levels of health and support services, and continuity of care.
- Continuous client monitoring to assess the efficacy of the care plan.
- Re-evaluation of the care plan at least every six months, with adaptations as necessary.
- Ongoing assessment 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 treatments and to ensure an understanding of the importance of compliance with medical appointments for monitoring.
- Client-specific advocacy and/or review of utilization of services.

Medical Case Management has the goal of improving client health outcomes in support of the HIV care continuum. In addition to providing the medically oriented activities above, medical case management may provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible.

Operational Requirements

Providers will contract with the Heart of Florida United Way to directly provide the services described above to Brevard County.

Units of Service

Units of services will be measured by number of unduplicated clients served in a day (i.e. if you speak or see 1 client more than once per day, you only count 1 unit of service for that day). Providers will be reimbursed by number of Full Time Equivalent (FTE) staff. The **maximum** allowable cost under this service category is **\$50,000.00/FTE** inclusive of salary and fringe. *Please note that FTE's will only be used for billing purposes. Number of units will need to be provided on a monthly basis for reporting.*

HRSA Definition

Includes the provision of diagnostic and therapeutic activities directly to a client by a licensed health care provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, telehealth settings, and urgent care facilities for HIV-related visits.

Emergency room services are not outpatient settings.

Allowable activities include:

- Medical history taking.
- Physical examination.
- Diagnostic testing (including HIV confirmatory and viral load testing) and laboratory testing.
- Treatment and management of physical and behavioral health conditions.
- Behavioral risk assessment, subsequent counseling, and referral. (Note: Behavioral risk assessment and/or counseling services provided outside an outpatient/ambulatory health service visit are considered mental health services).
- Preventive care and screening.
- Pediatric developmental assessment.
- Prescription and management of medication therapy.
- Treatment adherence.
- Education and counseling on health and prevention issues.
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology.

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's (PHS) guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Operational Requirement

Providers will contract with the Heart of Florida United Way to provide the services described above either directly or via a purchase order system utilizing a licensed Medical Care Provider.

Units of Service

Units of services will be measured by each number of client visits and/or each lab test and/or draw fees and/or by number of FTE's (physician or nurse). Providers will be reimbursed for orders based on verification and approval of receipts.

Early Intervention Services (EIS)

Total Available for Brevard County: \$84,000

HRSA Definition

Includes identification of individuals at points of entry and access to services and provision of four components: HIV testing and targeted counseling, referral services, linkage to care, and health education and risk reduction that enables clients to navigate the HIV system of care. All four components must be present.

Operational Requirement

Providers will contract with the Heart of Florida United Way to directly provide the services described above to Brevard County.

Scope of Services

Providers of this service will link clients to care who have been lost to care or have never been in care. In addition, EIS must be provided as a combination of services rather than stand-alone testing, referral, linkage, or outreach services. The targeted testing component cannot supplant testing efforts paid for by other sources. Outreach services and health education/risk reduction services are restricted to those related to a client's HIV diagnosis.

Units of Service

Units of services will be measured by number of unduplicated clients served in a day (i.e. if you speak or see 1 client more than once per day, you only count 1 unit of service for that day.) Providers will be reimbursed by number of Full Time Equivalent (FTE) staff at a yearly rate of **\$42,000/FTE** inclusive of salary and fringe. *Please note that FTE's will only be used for billing purposes. Number of units will need to be provided on a monthly basis for reporting purposes.*

**Non-Medical Case Management
(NMCM)**

Total Available for Brevard County: \$90,000

HRSA Definition

Includes coordination, guidance, and assistance in accessing medical, social, community, legal, financial and other needed services. NMCM may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, patient assistance programs, Department of Labor- or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. Non-medical case management does not involve coordination and follow-up of medical treatments.

Operational Requirement

Providers will contract with the Heart of Florida United Way to directly provide the services described above to Brevard County. The awarded agency must be able to provide outposted staff at various agencies and/or potential service locations and a detailed plan as to how services will be rendered **must** be included in each proposal.

Scope of Services

Non-Medical Case Management is responsive to the immediate health and psychosocial needs of the client at their level of readiness in order to restore or sustain client stability, and to establish a supportive relationship that can lead to enrollment in more comprehensive case management services, if necessary.

The goal of Non-Medical Case Management is to provide coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas medical case management services have as their objective improving health care outcomes.

Providers of this service will ensure that non-medical case managers determine eligibility for Ryan White Services. Eligibility redetermination shall be conducted in accordance with the Florida HIV/AIDS Eligibility Procedures Manual. In addition, non-medical case managers will provide referrals for services for which the client is eligible and coordinate and approve bus passes to be used for transportation to health-related appointments only.

Please note: Effective October 1, 2019, the HIV/AIDS Section limits the use of the non-medical case management service category to fund eligibility specialists only. All eligibility staff should be funded exclusively under non-medical case management. For further clarification and definitions, refer to the Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual at [www.floridaaids.org/patientcare/ documents/eligibility-information/eligibility-manual-6-28-16-c.pdf](http://www.floridaaids.org/patientcare/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf).

Units of Service

Units of services will be measured by number of unduplicated clients served in a day (i.e. if you speak or see 1 client more than once per day, you only count 1 unit of service for that day.) Providers will be reimbursed by number of Full Time Equivalent (FTE) staff at a yearly rate of **\$45,000/FTE** inclusive of salary and fringe. *Please note that FTE's will only be used for billing purposes. Number of units will need to be provided on a monthly basis for reporting purposes.*

Emergency Financial Assistance

Total Available for Brevard County: \$10,000

HRSA Definition

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication or another HRSA RWHAP-allowable cost needed to improve health outcomes.

Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted.

It is expected that all other sources of funding in the community for emergency assistance will be vigorously pursued and used and that any allocation of funds to the EFA service category will be as the payer of last resort and for limited amounts, uses, and periods of time. EFA funds used to pay for otherwise allowable services on a short-term basis must be accounted for under the EFA service category. Continuous provision of an allowable service to a client must not be funded under the EFA service category.

Note: EFA Services in the Orlando Service Area shall include medication services only.

Operational Requirement

Providers will contract with the Heart of Florida United Way to directly provide the services described above to Brevard County.

Scope of Services

Providers of this service will ensure that eligibility criteria for the provision of EFA is followed and that service documentation includes income limits, amount limits, screening for access to other resources before RW Part B funds, level of need, reason for need, and verification that client is in HIV medical care. RW Part B funds are used for EFA only as a last resort.

Units of Service

Units of services will be measured by number of prescriptions for up to 30 days of medications.

SECTION IV: FREQUENTLY ASKED QUESTIONS

Question: Do attachments need to be included with each of the nine copies of the RFA as well as the original?

Answer: Yes, there will be different volunteers reviewing each application and each person will need a full copy of the application.

Question: If an agency has recently submitted its 501(c)(3) application, but it is still pending, is that agency still eligible to apply for Part B funding?

Answer: If an agency does not have verification of its 501(c)(3) status or it is not a County Health Department, the agency can apply, however, the reviewing committee will have to give higher consideration to other proposals that are documented 501(c)(3) unless those agencies are not able to provide quality HIV/AIDS services.

Question: If an applicant is applying for more than one category can they combine the requests in one application?

Answer: Yes, the agency should complete one application combining requests for more than one category.

Question: After the cover page and table of contents, is the third item the signature authorization or would it be an attachment?

Answer: The signature authorization would be in the body following the table of contents.

Question: Does the application cover sheet count as page 1?

Answer: No, page 1 will be the first page of narrative information.

Question: Is the organization chart requested considered an attachment?

Answer: Yes, the chart is considered an attachment.

Question: Does the Ryan White Part B Application Checklist have to be included in the proposal packet?

Answer: No, the checklist does not need to be included in the proposal, it is for the applicant's use only.

Question: When is Part B's contract period?

Answer: The contract runs April 1 through March 31.

Question: Can Mandatory Letters of Intent be faxed?

Answer: Yes, letters can be faxed, but applicants should call to make sure the faxes have been received. NOTE: Letters of Intent can be faxed but proposals cannot.

Question: What if I have questions about the application or process?

Answer: Questions should be submitted in writing either by email or fax by Wednesday, February 19, 2020. The only verbal questions that will be accepted will be at the Bidder's conference. The contact information is included in the application guidance.

Question: Who is eligible to sign the application packet?

Answer: The signature must be an individual authorized to contract for the agency and should be the same individual that signs the authorized signer letter.

Question: What does payer of last resort mean?

Answer: Payer of last resort means if a client is eligible for other funding they must pursue other funding opportunities before seeking funds from the Ryan White Program.

Example: If a client comes in and wants mental health counseling, but is eligible for Medicaid, then they will receive the service from Medicaid and not Ryan White. Ryan White cannot pay for anyone who is Medicaid eligible unless Medicaid does not provide the needed service.

Question: If my agency is awarded funding who do I contact with questions about billing, services, etc.?

Answer: Once funds have been awarded, you may contact Heart of Florida United Way with questions.

SECTION V: ATTACHMENTS

A. Proposal Cover Sheet

**Heart of Florida United Way
Ryan White Part B Program
2020-2022**

Agency Name: _____

Address: _____

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

Service Category: _____ Funding Request: \$ _____

Proposal Summary: Please provide a brief description of the application (5-7 sentences):

_____ = Estimated number of unduplicated clients to be served.

_____ = Estimated number of service units.

_____ = What constitutes a service unit (ex. 1 mile, 60 minutes, etc.)

Proposal Submitted By:

Agency Director

Date

Board Representative Signature

Date

Printed name

Printed name

Title

Title

The original plus nine (9) copies of each proposal must be received by 12:00 p.m. NOON on March 16, 2020 at the Heart of Florida United Way reception desk. Proposals will be time stamped in order to assure proper receipt.

Address proposal packages to:

**Yasmin Andre
Program Director, Ryan White Part B/General Revenue
Heart of Florida United Way
1940 Cannery Way
Orlando, FL 32804**

B. Ryan White Part B Application Checklist

Applicants: Please refer to the following checklist before submitting the proposal. This checklist is provided as a guide for applicants and should not be considered all-inclusive. Compliance with this checklist does not guarantee acceptance or funding of the applications.

- Letter of Intent has been submitted to Heart of Florida United Way by **February 21, 2020**.
- The original proposal is signed by the Executive Director and a Board Representative (if applicable).
- Proposal is **no more than 30 pages**, not counting Cover Sheet, Table of Contents, Budgets, Authorized Signer Statement and Attachments.
- Proposal is clipped in upper left corner, not in folder or binder.
- Proposal is printed on 3-hole punched paper.
- For each Service Category there is one original and nine copies of the proposal.
- The proposal is typed in 12-point font, Times New Roman, using one inch margins.
- The organization representative has read Section I of the standard contract and can comply with potential contractual obligations.
- The application includes the cover sheet provided in this application guidance.
- The application includes a comprehensive Table of Contents.
- An Authorized Signer statement is included with the application.
- The following attachments are included in the proposal.
 - Organizational Chart*
 - Copies of Memorandums of Agreements (if applicable)*
 - Most recent Agency Audited Financial Statement, including Management letter if applicable*
 - 501(c)(3) IRS Determination Letter (if applicable)*
 - Demographic Breakdown of related program Board, Staff and Consumers*
 - Agency Grievance Procedures*
 - Agency policy on Confidentiality, including Employee Consent Form*
 - Administrative Assessment*
 - Agency Clinical Quality Management Plan*
- Budget Narrative.
- HIV Related Funding.

C. Ryan White Part B Evaluation Guidelines for 2020-2022

Ryan White Part B Funding Application

Reviewer's Name: _____

Points scored on a scale of 0 to 5

0 = no or irrelevant response; met no expectations

1= poor, little relevance, far below expectations

2 = fair, below expectations

3 = average, minimum expectations

4 = good, above average expectations

5 = excellent, exceeded expectations

General Information

Organization Name: _____

Service Category: _____

Total Amount Requested: _____

Total Points Awarded _____
(Out of 120 possible points)

General Comments:

(Please keep comments objective, factual, and related to this RFA.)

Do you recommend this proposal for funding? _____

If yes, at what amount? _____

Organization Description

Total Possible Points: 30

(Higher scores, indicate better proposal quality)

1. Rate the organization's history and experience in providing services to persons with HIV/AIDS.

0 1 2 3 4 5

Comments (if applicable):

2. Does the organization appear able to maintain financial viability? Does the agency plan to access other funding sources to assist clients? (ex. Medicaid, Medicare, Patient Assistance Programs, etc.)

0 1 2 3 4 5

Comments (if applicable):

3. Does the organization encourage staff and volunteers to keep abreast of changes in HIV/AIDS care?

0 1 2 3 4 5

Comments (if applicable):

4. Rate the organization's description of past, present or future partnerships/collaborations with other community providers, specifically HIV/AIDS providers.

0 1 2 3 4 5

Comments (if applicable):

5. Rate the organization's dedication to quality assurance (including confidentiality and grievance procedures.)

0 1 2 3 4 5

Comments (if applicable):

6. Rate the organization's dedication to quality management.

0 1 2 3 4 5

Comments (if applicable):

Total Points Awarded: _____ of 30 possible points.

Service Description and Delivery

Total Possible Points: 30

(Higher scores, indicate better proposal quality)

1. Rate the organization's description of the services to be provided. Is the proposed service in line with the Part B Service Category description in the proposal review packet?

0 1 2 3 4 5

Comments (if applicable):

2. Rate the capacity of the organization to provide the services requested. Review steps necessary for program initiation, time frames, the organization's proposed rate for the service and the proposed number of unduplicated clients to be served. Does the agency have enough staff and resources to effectively meet the needs of clients if their caseload were to increase?

0 1 2 3 4 5

Comments (if applicable):

3. Rate the capability of the organization to provide the services requested. Is the agency accessible and do they have the needed expertise to deliver the services?

0 1 2 3 4 5

Comments (if applicable):

4. Rate the organization's ability to meet the needs of the targeted population(s). Will the proposed service meet the needs described?

0 1 2 3 4 5

Comments (if applicable):

5. Rate the organization's linguistic and cultural competency. Does the agency employ multiple strategies to ensure that they could service a diverse client base?

0 1 2 3 4 5

Comments (if applicable):

6. Rate the organization's policy on consumer responsibilities. How does the organization address consumers that frequently miss appointments or do not adhere to the organization's policies and procedures?

0 1 2 3 4 5

Comments (if applicable):

Total Points Awarded: _____ of 30 possible points.

Program Evaluation

Total Possible Points: 20

Part B Funding Goals:

1. Respond to the growing impact of the HIV/AIDS epidemic among underserved and hard-to-reach populations experiencing disparities in care.
2. Ensure access to existing and emerging HIV/AIDS therapies, including new combination antiretroviral therapies and prophylaxis.
3. Adapt to changes in the delivery of and financing of HIV/AIDS care, particularly Medicaid managed care.
4. Document outcomes from the investment of Part B resources in the State.

1. Do the organization's objectives, activities and indicators directly relate to the Ryan White Part B funding goals?
(Listed above)

0 1 2 3 4 5

Comments (if applicable):

2. Do the selected goals/objectives relate to the activities/services described in the Service Description and Delivery Section?

0 1 2 3 4 5

Comments (if applicable):

3. Is there a clear correlation between the Part B funding and the effects on the targeted population? Are the benefits to the targeted population clear and measurable?

0 1 2 3 4 5

Comments (if applicable):

4. Rate the overall evaluation plan. Will it adequately measure the program's progress?

0 1 2 3 4 5

Comments (if applicable):

Total Points Awarded: _____ of 20 possible points.

Budget

Total Possible Points: 20

1. Is the budget clear and reasonable considering the services described and outcomes proposed? Is the amount of the funding request appropriate for the services to be provided and the number of clients to be served?

0 1 2 3 4 5

Comments (if applicable):

2. Is the organization proposing to use Part B funds effectively and in line with the goals of the Part B funding? (*Page 4 of this packet*)

0 1 2 3 4 5

Comments (if applicable):

3. Rate the budget narrative. Is each line item adequately justified?

0 1 2 3 4 5

Comments (if applicable):

4. Rate the overall budget/budget narrative. Are both components complete and accurate?

0 1 2 3 4 5

Comments (if applicable):

Total Points Awarded: _____ of 20 possible points.

Overall Proposal Quality

Total Possible Points: 20

1. Does the proposal narrative adequately answer the questions asked within the RFA?

0 1 2 3 4 5

Comments (if applicable):

2. Was the proposal complete and accurate? Were all required sections included?

0 1 2 3 4 5

Comments (if applicable):

3. Was the proposal well written, easy to understand and did it clearly describe the proposed program?

0 1 2 3 4 5

Comments (if applicable):

4. Rate the overall proposal quality. (Overall flow. Program efficiency and effectiveness. Is the proposed program feasible?)

0 1 2 3 4 5

Comments (if applicable):

Total Points Awarded: _____ of 20 possible points.

Score Summary Worksheet

Please list total points awarded for each section and complete Page One of this Evaluation form.

Category	Total Possible Points
Organization Description	30 points
Service Description Delivery	30 points
Program Evaluation	20 points
Budget	20 points
Overall Proposal Quality	20 points
Total Possible Points	120 Points

Thank you for your help in assessing the quality of services available to those infected and affected with HIV/AIDS in our community. Heart of Florida United Way greatly appreciates your commitment and assistance!

	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
8. Does the provider have written travel policies or consistently follow procedures for staff and Board members, which detail at a minimum:		
a) Utilization of per diem rate or actual expenses, basis of reimbursement and reasonable dollar limits?		
b) Requirements for receipts for lodging and meals when reimbursement is made for actual costs?		
c) Requirement for approval of travel request?		
d) Requirement for travel expense vouchers to show purpose of trip?		
e) Those persons (e.g., volunteers, interns, etc.) who may travel at the program's expense?		
9. Are time and attendance records kept for and signed by all employees, including part-time employees, by program and by funding source?		
10. Does the amount of, and justification, for overtime seem reasonable?		
11. Are all individual positions paid within the budgeted amount specified in the approved contract?		
12. Does the most recent Federal Quarterly Payroll Tax Form (U.S. 941) verify that the provider is remitting payroll taxes including federal withholding tax and both employee and employer share of FICA?		
13. Are individual payroll records kept on each employee?		
14. Are expenditures reasonable in the assessment of the reviewer? Are they allowable under the terms and conditions of the contract?		

Comments:

DISBURSEMENTS

	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
1. Are checks issued in a pre-numbered sequential order and are all check numbers accounted for?		
2. Are spoiled and voided checks accounted for properly?		
3. Are disbursements supported by appropriate documentation, (e.g., timesheets, invoices, vender receipts)?		
4. Are invoices and supporting papers effectively cancelled upon payment?		
5. Are only authorized personnel signing checks?		
6. Are banks promptly notified, in writing, when authorized check signers terminate employment with the provider?		
7. Are the entries in the checkbook complete; i.e., do they include the amount, date of payment, name of payee and purpose?		
8. Are ledgers/journals reconciled to bank statements on a monthly basis? If not, how often?		
9. When not in use, are checks locked in a secure cabinet?		
10. Is it prohibited to make disbursements from cash receipts?		
11. Based on the review of paid/unpaid bills, does the provider appear to make payment in a timely manner?		
12. Is there a petty cash fund, under the responsibility of one custodian, reasonable in size and limited as to purpose and amount disbursed?		

	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
13. Are cash receipts from accounts receivable or other sources commingled with petty cash funds?		
14. Are disbursements from petty cash documented by approved supporting invoices?		
15. Are reimbursements to the petty cash fund approved by a person other than the custodian?		
16. Is the petty cash voucher for reimbursement effectively cancelled at the time of reimbursement to avoid reuse?		
17. Are petty cash funds reconciled to approved petty cash allowance by a person other than the custodian on a monthly basis? If not, then how often?		

Comments:

BUDGET MANAGEMENT

	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
1. Is the contract budget detailed by cost center (if more than one) by source of funds and by expenditure category?		
2. Does the provider have procedures to ensure that their expenditures are adequately supported by revenue budgeted for that particular purpose?		
3. Is a monthly comparison made between budget and actual expenditures to avoid incurring obligations in excess of:		
a) Total funds available for the contract?		
b) Total funds available for an expenditure category?		
4. Are amendments to the budget made only with the approval of the top management of the provider?		
5. When budget revisions cause either the contract terms or dollar amount to change, is written approval from FDOH obtained prior to making the expenditures authorized in the revised budget?		

Comments:

PERSONNEL MANAGEMENT

	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
1. Are personnel policies written and approved by an appropriate authority?		
2. Do the personnel policies include a written job description for all positions on file? Does each job description and/or class specification identify:		
a) Job title?		
b) Primary responsibilities?		

E. BUDGET SUMMARY TEMPLATE

B. SERVICE CATEGORIES

Core Services

	Requested Amount	Clients	Units of Service
Ambulatory/Outpatient Medical Care	\$0.00	0	0
AIDS Pharmaceutical Assistance (Local)	\$0.00	0	0
Early Intervention Services	\$0.00	0	0
Oral Health Care	\$0.00	0	0
Health Insurance Premium/Cost Sharing	\$0.00	0	0
Mental Health Services - Outpatient	\$0.00	0	0
Medical Nutrition Therapy	\$0.00	0	0
Medical Case Management (including treatment adherence)	\$0.00	0	0

Support Services:

Non-Medical Case Management	\$0.00	0	0
Emergency Financial Assistance	\$0.00	0	0
Food Bank/Home Delivered Meals	\$0.00	0	0
Medical Transportation	\$0.00	0	0
Direct Care Subtotal	\$0.00	0	0

Direct Care Total **\$0.00**

Budget Narrative Template

Service Category Name:		TOTAL CATEGORY REQUESTED AMOUNT		\$0.00		
NOTE: If not taking direct cost please zero out amount Direct Costs must not exceed 5% of the total award. Please reference the RW Part B 2020 RFP for more information on allowable direct costs.		DIRECT COSTS (up to 5% of total award)		\$0.00		
SERVICE CATEGORY TOTALS			FRINGE BREAKDOWN FOR ALL DIRECT CARE POSITIONS			
Total SALARY & FRINGE charges:	\$0.00	FICA:	\$0.00			
Total DIRECT SERVICE charges: (if applicable)	\$0.00	Life/Disability:	\$0.00			
Total DIRECT COST charges	\$0.00	Retirement:	\$0.00			
TOTAL REQUESTED AMOUNT	\$0.00	Other:	\$0.00			
		Total Fringe	\$0.00			
If utilizing direct costs, please detail how it will be used:						
Allocation Methodology (Explain how the amount allocated to this service was decided):						
Service Description (Include service information specific to provider, purchase orders or direct service):						
Service Delivery Process (Include information such as authorization protocol, service limitations and caps, exceptions):						
Additional Information (Other related policies or guidelines):						
Number of employees in FTE: #		Number of clients to be served: #		Units of service provided: #		
Please list all positions below						
Position Title:			Total annual salary & fringe:		\$0.00	
New or existing position:			Full Time Equivalent (FTE) %:		0%	
Job Responsibilities as related to the funded work:						
Justification for the position:						
List ALL funding sources for the position below						
SALARY			Please specify "other" funding sources	FRINGE		
Part B	\$0.00	0%		Part B	\$0.00	0%
GR	\$0.00	0%		GR	\$0.00	0%
Other:	\$0.00	0%		Other:	\$0.00	0%
Other:	\$0.00	0%		Other:	\$0.00	0%
Other:	\$0.00	0%		Other:	\$0.00	0%
Total	\$0.00	0%		Total	\$0.00	0%
Copy and paste additional positions on this line						

F. Sample Standard Contract & Attachments (see attached file)