REQUEST FOR PROPOSALS

INFORMATION

GUIDANCE

RYAN WHITE

FY 2018-2020

March 1, 2018 - February 28, 2021

Released: July 7, 2017

Due date: August 15, 2017 12:00 p.m. (Noon) EST

Palm Beach County Board of County Commissioners
Community Services Department
810 Datura Street Basement
West Palm Beach, Florida 33401

(561) 355-4700

Table of Contents

SECTION I. GENERAL INFORMATION

Introduction

The Palm Beach County Community Services Department, Ryan White Program, (hereinafter referred to as the "Grantee") is requesting proposals from qualified governmental and non-profit entities, hereinafter referred to as the "Proposer", to provide services to persons with HIV spectrum disease. Services to be contracted include *Core Medical Services*: outpatient/ambulatory medical care, laboratory/diagnostic testing, specialty/outpatient medical care, oral health care, early intervention services (EIS), medical nutrition therapy, health insurance premium and cost sharing assistance, home and community-based health services, mental health services, medical case management, peer mentoring, substance abuse treatment outpatient; and *Support Services*: case management (non-medical) including supportive case management and determining eligibility, emergency housing, substance abuse treatment residential, food bank/home delivered meals, emergency financial assistance, medical transportation, and legal services.

Background Information

The Health Resources and Services Administration (HRSA, Department of Health and Human Services) requires that 75% of all funds available for services are to be used for the Core Medical Services and 25% for Support Services. Due to the uncertainty of funding levels, as well as the availability of other funding sources, the CARE Council may modify funding priorities and funding levels throughout the 3-year RFP cycle.

The Grantee receives federal funds from the Part A & MAI - HIV emergency relief grant under the Ryan White HIV/AIDS Treatment Extension Act of 2009. This legislation represents the largest dollar investment made by the federal government to date specifically for the provision of services for poor or under-served members of the HIV positive population. The purpose of the Act is to improve the quality and availability of care for individuals and families with HIV disease and establish services for HIV and AIDS patients who would otherwise have no access to health care.

In accordance with the Ryan White Act, the Palm Beach County HIV CARE Council (CARE Council) was created to determine the needs and service priorities in the community to properly allocate funds, develop a local integrated plan for the delivery of HIV health services, and assess the efficiency of the administrative mechanism to rapidly allocate funds to the areas of greatest need.

Community members, members of the CARE Council, and persons with HIV spectrum illness participated in a comprehensive needs assessment, which led to the development of the information utilized by the CARE Council to develop program and funding priorities for these funds. Ryan White Part A grant funds being disbursed through this Request for Proposal (RFP) have been prioritized by the CARE Council to fund new programs, new services, and the expansion or continuation of existing programs.

The CARE Council applies the following principles in establishing service priorities on an annual basis:

- Decisions will be made based on documented needs;
- All funded services must be responsive to the epidemiology and demographics of the epidemic in Palm Beach County;
- Funded services must strengthen the existing continuum of services through partnerships, alliances and/or networks with HIV service providers in the community;
- Services must be culturally appropriate;
- Services must meet nationally accepted standards of care;
- Services will be added as recommended through documentation in the Needs Assessment and Local Integrated Plan;
- Services will address the impact of recent legislative reform, including changes in welfare, Medicaid, and immigration law, as well as the impact of managed care, the Patient Protection and Affordable Care Act (ACA), and other changes to the health care system;
- Services will consider new treatment advances, the changing health status of clients and the changing information needs of clients and providers;
- Services will target under-served communities and meet unmet needs;
- Services will maximize available resources (including volunteers) while providing a continuum of comprehensive services by focusing on coordination, alliances, and collaboration among providers, avoiding duplication, considering cost-effectiveness, and leveraging other community resources;
- Services will ensure or improve access to primary (outpatient/ambulatory medical) care;
- Services will improve quality of life (i.e., support independent living).

It is the Grantee's desire to obtain Proposals from as many providers as are interested, to evaluate the proposals and to award grants to the successful Proposer(s). It is anticipated that the Grantee will enter into more than one contract/agreement as a result of this process. Proposers may propose one service, all services, or any combination thereof.

Section II. Proposal Submission

An unbound, one-sided original and three (3) unbound, two-sided copies (a total of four) of the complete proposal must be received by ***12:00 p.m., Noon, August 15, 2017***. The original(s), and all copies of the proposal must be submitted in a sealed envelope stating on the outside of the envelope, the Proposer's name, address, telephone number, the due date of ***August 15, 2017*** and the proposal title "Health & Support Services for Persons with HIV Spectrum Disease" to Palm Beach County Department of Community Services, 810 Datura Street, Basement, West Palm Beach, Florida 33401. ***The Proposal Cover Sheet must be signed by an officer of the proposer who is legally authorized to enter into a contractual relationship in the name of the Proposer, and the Proposal Cover Sheet must be notarized by a Notary Public. Proposers must indicate contact information, including email address, of the person(s) who will serve as the primary point of contact for this solicitation.***

A. Mandatory Pre-Proposal Conference and Communications with County

A MANDATORY Pre-Proposal Conference will be held at ***10:00 AM, EST on July 14, 2017*** at 100 Australian Avenue, 1st Floor, Room# 1-470, West Palm Beach, FL 33406 (near Hilton Palm Beach Airport). Attendance at the Pre-Proposal Conference is ***required***. Please confirm your reservation and Service Category (ies) that you will be submitting proposals for with the department by emailing RyanWhiteRFP@pbcgov.org. Verification of attendance will be sent via email. Please let our staff know if you do not receive a timely confirmation.

Questions may be emailed to the Community Services Department at RyanWhiteRFP@pbcgov.org. Questions may be submitted in writing from July 7, 2017, to August 10, 2017. In order to maintain a fair, impartial, and competitive process, the County will post questions and answers on the CARE Council website, www.carecouncil.org, http://discover.pbcgov.org/carecouncil/Pages/default.aspx under Information for Providers. Questions will also be answered at the Mandatory Pre-Proposal Conference. The County will avoid private communication with applicants regarding this RFP, other than via email as noted above, during the proposal preparation and evaluation period.

The RFP Guidance is available at:

http://discover.pbcgov.org/carecouncil/Pages/default.aspx

http://discover.pbcgov.org/BusinessOpportunities/Pages/default.aspx

B. Anticipated Schedule of Events

The anticipated schedule for the RFP and grant award is as follows:

1.	RFP available for distribution	July 7, 2017
2.	Pre-proposal conference (10AM EST)	July 14, 2017
3.	Last day to submit questions	August 10,2017
4.	Deadline for receipt of proposals (12:00 PM, Noon, EST)	August 15, 2017
5.	Evaluation/selection process	Aug 16-Sept 22, 2017
6.	Funding recommendations to BCC	November 7, 2017
7.	BCC contract approval	March 4, 2018

C. Expense of Proposal(s)

All expenses involved with the preparation and submission of proposals to the County shall be borne by the Proposer.

D. Proposals Open to Public

Proposers are hereby notified that all information submitted as part of, or in support of, proposals will be available for public inspection in compliance with the Florida Public Records Act.

E. Funding Restrictions

Ryan White funds are made available by the United States Congress in support of services to persons with HIV, their families and their care givers. Such funds may not be used to support education or prevention

activities for the general public, clinical research, or other non-service programs. In general, applicants should assume that ***FUNDS MAY ONLY BE SPENT TO PROVIDE SERVICES WHERE NO OTHER REIMBURSEMENT OR PAYMENT SOURCE IS READILY AVAILABLE***. As Ryan White funding is the payer of last resort, all services, particularly medical care services which are typically covered by third-party payers such as private health insurers, managed-care intermediaries, Medicare or Medicaid, will be rigorously scrutinized to ensure no other payer sources are available for the services provided.

General guidelines for the determination of allowable costs under federal grants funding can be found in the Uniform Grant and Contract Management Act, and Office of Management and Budget (OMB) Circulars A-110, A-122, A-133, and the Super Circular. Disallowed costs, as a general rule, will include but not necessarily be limited to the following:

1. ***Capital acquisition and renovation***: Grant funds cannot be used for the purchase or improvement of land, or to purchase, construct, or permanently improve any building or other facility.
2. ***Payment to recipients of services***: Grant funds cannot be used to make direct cash payments to intended recipients of services, except in the form of food or vouchers, or for reimbursement of reasonable and allowable out of pocket expenses associated with consumer participation in grantee and CARE Council activities.
3. ***Indirect Costs***: Grant funds cannot be used to pay the indirect cost of supervision and operations as a separate line. Such administrative costs must be explained and included as part of the applicant's cost structure, unless the proposer has an established indirect cost rate agreement with the Department of Health & Human Services.
4. ***Personal Transportation***: Grant funds cannot be used to pay for the transportation of clients to and from work or to handle personal business which cannot be directly or proximately attributed to a specifically prioritized category of service. As a general rule, transportation services can only be used to access Ryan White funded services, but not to the extent that the cost of transportation actually exceeds the benefit such activity would derive.
5. ***Social Functions***: Grant funds cannot be used to finance social functions such as picnics, dinner parties and fund-raising banquets or assemblies nor can such funds be used to finance access to these activities.
6. ***Windfall, Funding Reserves & Foundations***: Excess or unexpended grant funds cannot be used for anything other than their original designated purpose. Thus, if an agency somehow achieves windfall from a difference between its allowable cost and prevailing reimbursement, such windfall must be re-invested into existing programs or applied as a reduction to future funding distributions. Use of federal funds to establish a private foundation is considered fraudulent if funds for this purpose are used to finance Ryan White funded operations through mark-up or retail charge back mechanisms.
7. ***Payer of Last Resort***: Proposers must agree that funds received under the agreement shall be used to supplement not supplant any other funding source such as State and local HIV-related funding or in-kind resources made available in the year for which this agreement is awarded to provide HIV-related services to individuals with HIV disease. Applicants in each funding

category will be asked to provide assurances that any funds granted will be used to provide services that are incremental to those otherwise available in the absence of grant funds.

Funds shall not be used to:

- Make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made by a third-party payer, with respect to that item or service:
    - Under any state compensation program, insurance policy, or any Federal or State health benefits program or;
    - By an entity that provides health services on a prepaid basis.

(Remaining page intentionally blank)

F. Limits on Fees to Clients Receiving Services Funded by the Ryan White Care Act

Agencies must have policies and procedures in place to bill clients covered by the Ryan White Act funds using a sliding fee schedule consistent with the Ryan White Act policy. Client income must be assessed to establish their sliding fee scale (SFS) code according to the Federal Poverty Guideline below, delineated as code A through G. Clients who fall into code A [less than or equal to 100% of the Federal Poverty Level (FPL)] may not be charged any fees for Ryan White funded services. Fees billed to clients may not exceed the stated percentages of their annual gross income within a 12-month period.

Individual/Family Annual Gross Income (%FPL)	Maximum Allowable Annual Charges
< 100%	No Charges Permitted
101-200%	5% or Less of Gross Annual Income
201-300%	7% or Less of Gross Annual Income
301-400%	10% or Less of Gross Annual Income
> 400%	(Ineligible to Receive Ryan White Services

Annual 2017 Poverty Guidelines for the 48 Contiguous States

Household/ Family Size	100%	150%	200%	250%	300%	350%	400%
1	12,060	18,090	24,120	30,150	36,180	42,210	48,240
2	16,240	24,360	32,480	40,600	48,720	56,840	64,960
3	20,420	30,630	40,840	51,050	61,260	71,470	81,680
4	24,600	36,900	49,200	61,500	73,800	86,100	98,400
5	28,780	43,170	57,560	71,950	86,340	100,730	115,120
6	32,960	49,440	65,920	82,400	98,880	115,360	131,840
7	37,140	55,710	74,280	92,850	111,420	129,990	148,560
8	41,320	61,980	82,640	103,300	123,960	144,620	165,280
9	45,500	68,250	91,000	113,750	136,500	159,250	182,000
10	49,680	74,520	99,360	124,200	149,040	173,880	198,720
11	53,860	80,790	107,720	134,650	161,580	188,510	215,440
12	58,040	87,060	116,080	145,100	174,120	203,140	232,160
13	62,220	93,330	124,440	155,550	186,660	217,770	248,880
14	66,400	99,600	132,800	166,000	199,200	232,400	265,600

G. Continuum of Care and Linkage to Services

All grant recipients must participate in a community-based continuum of service. A continuum of service is defined as a comprehensive range of services required by individuals or families with HIV infection in order to meet their health care and psychosocial service needs throughout the course of their illness. In Section III applicants will be asked to describe how they are currently, or are proposing to, coordinate services with other medical and support service providers to establish a Continuum of Care.

Additionally, respondents will be asked to describe their knowledge, involvement and activities with the Early Identification of Individuals with HIV/AIDS (EIIHA) efforts within Palm Beach County. This includes efforts to link clients who are aware of their HIV status to medical and support services, as well as any efforts to make people aware of their HIV status. Linkages work to facilitate access to advanced medical treatments and medications, and facilitate access to private/public benefits and entitlements.

Priority will be given to proposals that lead to the establishment of a comprehensive system of care by demonstrating participation/involvement in a full service, comprehensive continuum of care including HIV/AIDS prevention, testing and counseling, referral and linkage. Examples of this may be through linkage agreements with other agencies within the continuum of care; participation in prevention, testing and counseling, referral and linkage efforts; participation in Advisory/Planning bodies for the continuum of care like Community Prevention Partnership, Minority AIDS Network, and CARE Council. Special consideration will be given to proposals that demonstrate the willingness and ability to leverage community resources from non-Ryan White funding sources to facilitate the linkage of priority populations to needed services.

H. Palm Beach County Targeted Populations

In 2015, there were 8063 people living with HIV/AIDS (PLWHA) in Palm Beach County. (Florida Department of Health, eHARS report). The Ryan White program assists approximately 3,400 clients each year. In developing priorities for HIV/AIDS direct services, the CARE Council has previously determined that funding should be targeted to low-income, uninsured and under-insured persons. Special emphasis will be placed on populations that are disproportionately impacted, persons with co-morbidities, and newly diagnosed individuals.

The disproportionately impacted populations are determined by the CARE Council and include heterosexual African American men and women, Latino/Hispanic men and women, Haitian men and women, Men who have Sex with Men (MSM), men and women over the age of 50 years, and men and women recently released from incarceration. Special populations with co-morbidities include Tuberculosis, Substance Abuse/Chemical Addiction, Severe Mental Illness, Sexually Transmitted Diseases, Lack of Insurance, Poverty, Formerly Incarcerated, and/or Homelessness. An emphasis will be placed on making populations aware of their status with a priority on the following newly diagnosed populations, which are determined by the CARE Council and include: Black Heterosexuals, MSM, Pregnant HIV+ Women, Partners of HIV+ Individuals, STD+ Individuals, and Incarcerated Individuals.

I. Cone of Silence

This RFP includes a Cone of Silence. All parties interested in submitting a proposal will be advised of the ***Lobbying "Cone of Silence."*** Proposers are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance) is in effect. "Cone of Silence" refers to a prohibition on any non-written communication regarding this RFP between any Proposer or Proposer's representative and any County Commissioner or Commissioner's staff. A Proposer's representative shall include but not be limited to the Proposer's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Proposer. The Cone of Silence is in effect as of the submittal deadline. The provisions of this Ordinance shall not apply to oral communications at any public proceeding, including pre-bid conferences or contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, rejects all proposals or otherwise takes action that ends the solicitation process.

SECTION III. PART A SERVICES

J. Part A Background

Palm Beach County receives Part A and Minority AIDS Initiative (MAI) federal funds under the Ryan White Treatment Extension Act of 2009. This legislation represents the largest dollar investment made by the federal government specifically for the provision of core medical and support services for poor or under-served members of the population with HIV infection. The purpose of the Act is to improve the quality and availability of care for individuals and families with HIV disease and establish services for HIV and AIDS patients who would otherwise have no access to health care.

Part A funding directs assistance to eligible metropolitan areas (EMAs) with the largest numbers of reported cases of AIDS to meet service needs. In 2016, Palm Beach County was awarded a total of $663,740 in MAI funds, and $6,978,402 in Ryan White Part A Formula and Supplemental grant funds for the funding period ending February 28, 2017. Palm Beach County anticipates receiving level funding for all services for the 2018 grant year (March 1, 2018 through February 28, 2019). Allocation estimates are proposed amounts approved by the CARE Council for the Ryan White 2018 grant application. Final allocation amounts are not available.

K. Contact Person

This RFP is being issued, as will any addenda, for Palm Beach County by the Community Services Department. The contact for all Part A inquiries is Community Services Department at RyanWhiteRFP@pbcgov.org.

L. Terms and Conditions

1. GRANT PERIOD

The term of the grant agreement approximately thirty-six (36) months, beginning March 1, 2018 through February 28, 2021. Contracts will be established as three-year contracts, subject to funding level adjustments on an annual basis depending on the Final Notice of Grant Award issued by HRSA each year. This RFP will be for three (3) years (March 1, 2018 through February 28, 2021) **pending funding**.

2. COUNTY OPTIONS

The County may, at its sole and absolute discretion, reject any and all, or parts of any and all, proposals; re-advertise this RFP; postpone or cancel, at any time, this RFP process; or waive any irregularities in this RFP or in the proposals received as a result of this RFP. The determination or the criteria and process whereby proposals are evaluated, the decision as to who shall receive a grant award, or whether or not an award shall ever be made as a result of this RFP, shall be at the sole and absolute discretion of the County. If an insufficient number of qualified proposals are submitted to meet available funding in any particular service category, the County will directly solicit and select appropriate community-located/based providers to fill these gaps.

3. CONTRACT SCHEDULE

The term of the Agreement shall be for three (3) year, starting March 1, 2018 through February 28,2021 with an annual allocation subject to funding approval from HRSA, unless either party notifies the other prior to the expiration of the initial term or any extended term of its intent not to renew in accordance with the time parameters stated herein. Contracts will be established as three-year contracts, subject to funding level adjustments on an annual basis depending on the Final Notice of Grant Award issued by HRSA each year, and approval from BCC. Reports and other items shall be delivered or completed in accordance with the detailed schedule set forth. The parties shall amend the agreement if there is a change to the scope of work, funding, and/or federal, state, and local laws or policies affecting this agreement.

4. PROGRAM IMPLEMENTATION AND WORK PLAN

Proposers are required to submit a detailed work plan for each funded service or program that reflects a service start date appropriate for the funding period of the proposal. Proposers are required to inform the County, in writing, of any proposed deviation from the approved work plan. Proposers will also be required to obtain written approval from the County for any revisions to the approved work plan.

5. GRANT AGREEMENT PROCESS

Successful Proposer(s) (hereinafter referred to as the "Provider") will be required to submit all documents necessary for grant agreement process (e.g. revised budgets, scope of services, insurance certificates, affidavits, work plans, etc.) prior to contract execution and any amendments/funding adjustments

6. REIMBURSEMENT

Providers must invoice the County on a monthly basis, on or before the twentieth (20th) working day of each month. Reimbursement requests shall be on the basis of actual cost, as documented in the agency general ledger and/or negotiated fees established on the basis of Current Procedural Terminology (CPT) or Code on Dental Procedures (CDT).

7. AWARD/BUDGET REDUCTION

Providers must submit to the County a plan to expend its full allocation within the grant period in the form of a line item budget and budget narrative, consistent with the provider's approved work plan. Expenditure reports will be distributed to the Palm Beach County HIV CARE Council and the Board of County Commissioners throughout the grant period. If it is determined, based on average monthly reimbursements, that a provider will not expend their full allocation within the contract period, the County may, upon written notification, reduce the dollar amount for any category of service.

8. AUDIT

A copy of the Proposer's most recent audit must accompany the proposal. If a copy of the most recent audit has already been furnished to the Department a new copy must still be supplied.

Providers shall maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least seven (7) years after completion of the grant, or until resolution of any audit findings and/or recommendations. The County shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at the provider's place of business.

Providers shall provide the County with an annual financial audit report which meets the requirements of Sections 11.45 and 216.349, Fla. Stat., and Chapter 10.550 and 10.600, Rules of the Auditor General, and, to the extend applicable, the Single Audit Act of 1984, 31 U.S.C. ss. 7501-7507, OMB Circulars A-128 or A-133 for the purposes of auditing and monitoring the funds awarded under this contract.

a. The annual financial audit report shall include all management letters and the Provider's response to all findings, including corrective actions to be taken.
   The annual financial audit report shall include a schedule of financial assistance specifically identifying all contracts, agreements and grant revenue by sponsoring agency and contract/agreement/grant number.

b. The complete financial audit report, including all items specified herein, shall be sent directly to:
   Ryan White Part A Program Manager
   Palm Beach County Department of Community Services
   810 Datura Street
   West Palm Beach, Florida 33401

c. Providers shall have all audits completed by an independent certified public accountant (IPA) who shall either be a certified public accountant or a public accountant licensed under Chapter 473, Fla. Stat. The IPA shall state that the audit complied with the applicable provisions noted above.

d. The audit is due within (9) months after the end of the Provider's fiscal year.

e. Providers will provide a final close out report and Financial Reconciliation Statement accounting for all funds expended hereunder no later than 30 days from the contract end date.

f. A copy of all grant audits and monitoring reports by other funding entities are required to be provided to the County.

g. Providers shall establish policies and procedures and provide a statement, stating that the accounting system or systems, has/have appropriate internal controls, checking the accuracy and reliability of accounting data, and promoting operating efficiency.

9. ELIGIBILITY DOCUMENTATION

Clients must provide all documentation regarding eligibility as required by the Eligibility Criteria. This documentation must be maintained in the Ryan White client services database, Provide Enterprise, and be available for review by the Grantee. The documentation must be scanned into Provide Enterprise.

10. REPORTS

Providers must submit any and all reports to the County for each individual service, for which a grant has been awarded, by the date(s) and time(s) set by the Grantee. Required data must be entered into the client database. These reports and/or data must include, but are not limited to the following:

a. Quarterly Reports
b. Accumulating Unexpended Funds Report
c. Participation in Client Satisfaction Survey
d. Monthly Request for Reimbursement
e. Provide Enterprise Eligible Client Services Report
f. Data elements for the Annual Ryan White HIV/AIDS Program Service Report
g. Quality Management Outcomes data
h. Client Service Utilization data
i. WICY (women, infants, children & youth) data
j. Special requirements for information (as required)

All reports and data are subject to verification and audit of provider records.

11. PROGRAM EVALUATION

All providers funded under this RFP will be required to participate in a standardized evaluation and quality assurance process that is coordinated by Palm Beach County Community Services Department and adheres to the HRSA, HIV/AIDS Bureau, Division of Service Systems Monitoring Standards for Ryan White. The HRSA standards are located at http://hab.hrsa.gov/manageyourgrant/granteebasics.html. The local Quality Management Plan, as well as the Standards of Care can be located at www.carecouncil.org, under Information for Providers.

Providers must also agree to participate in evaluation studies sponsored by HRSA and/or analysis carried out by or on behalf of the Grantee and/or Palm Beach County HIV CARE Council to evaluate the effect of patient service activities, or on the appropriateness and quality of care/services. This participation shall at a minimum include permitting right of access of staff involved in such efforts to the provider's premises and records. Further, the provider agrees to participate in ongoing meetings or task forces aimed at increasing, enhancing and maintaining coordination and collaboration among HIV-related health and support providers.

12. RIGHT TO INSPECT

All provider books and records, as they relate to the grant, must be made available for inspection and/or audit by the County, HRSA, and any organization conducting reviews on behalf of the Palm Beach County HIV CARE Council without notice. In addition, all records pertaining to the grant must be retained in proper order by the provider for at least seven (7) years following the expiration of the agreement, or until the resolution of any questions, whichever is later.

13. ASSIGNMENT

Providers shall not assign, transfer, convey, sublet, or otherwise dispose of any of its rights or obligations to any person, company or corporation without prior written consent of the County.

14. RULES, REGULATIONS, AND LICENSING REQUIREMENTS

Providers and their staff must possess all required State of Florida licenses, as well as, all required Palm Beach County occupational licenses. In addition, providers shall comply with all laws, ordinances and regulations applicable to the contracted services, especially those applicable to conflict of interest. Providers are presumed to be familiar with all Federal, State and local laws, ordinances, codes, rules, and regulations that may in any way affect the delivery of services.

15. PERSONNEL

In submitting their proposals, the proposer(s) is representing that the personnel described in their proposal shall be available to perform services described, barring illness, accident, or other unforeseeable events of a similar nature, in which case, the provider must be able to provide a qualified replacement. The County must be notified of all changes in key personnel within five (5) working days of the change. Furthermore, all personnel shall be considered to be, at all times,

the sole employees of the provider under its sole direction, and not employees or agents of the County.

16. INDEMNIFICATION

The provider shall protect, defend, reimburse, indemnify and hold COUNTY, its agents, employees and elected officers harmless from and against all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of their performance of the terms of this Contract or due to the acts or omissions of the provider.

The provider further agrees to indemnify, hold harmless and defend the County, its agents, servants, and employees from and against any claim, demand or cause of action of whatsoever kind or nature arising out of any conduct or misconduct of the provider not included in the paragraph above and for which the County, its agents, servants or employees are alleged to be liable. In particular, providers will hold the county harmless and will indemnify the County for any funds which the County is obligated to refund the federal government arising out of the conduct of activities and administration by the provider. The provider also agrees that funds made available pursuant to the contract shall not be used by the provider for the purpose of initiating or pursuing litigation against the County.

17. INSURANCE

A. Provider shall, at its sole expense, maintain in full force and effect at all times during the life of the contract, insurance coverages and limits (including endorsements), as described herein. The requirements contained herein as to types and limits, as well as County's review or acceptance of insurance maintained by the provider are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by the provider under contract.

Within two (2) weeks of written notice of recommended grant award, the provider must provide to the County original certificates of insurance for the following:

B. *Commercial General Liability*: Provider shall maintain Commercial General Liability at a limit of liability not less than $500,000 Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by County's Risk Management Department. Provider shall provide this coverage on a primary basis.

C. *Business Automobile Liability*: Provider shall maintain Business Automobile Liability at a limit of liability not less than $500,000 Each Accident for all owned, non-owned and hired automobiles. In the event PROVIDER does not own any automobiles, the Business Auto Liability requirement shall be amended allowing Provider to agree to maintain only Hired & Non-Owned Auto Liability. This amendment requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form. Provider shall provide this coverage on a primary basis.

D. *Worker's Compensation Insurance & Employers Liability*: Provider shall maintain Worker's Compensation Insurance & Employers Liability in accordance with Florida Statute Chapter 440. PROVIDER shall provide coverage on a primary basis.

E. *Professional Liability*: Provider shall maintain Professional Liability or equivalent Errors & Omissions Liability at a limit of liability not less than $1,000,000 Each Claim. When a self-insured retention (SIR) or deductible exceeds $10,000, the County reserves the right, but not the obligation, to review and request a copy of Provider's most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis, Provider shall maintain a Retroactive Date prior to or equal to the effective date of this contract. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an "occurrence" or "claims-made" form. If coverage is provided on a "claims-made" form the Certificate of Insurance must also clearly indicate the "retroactive date" of coverage. In the event the policy is canceled, non- renewed, switched to an Occurrence Form, retroactive date advanced; or any other event triggering the right to purchase a Supplemental Extended Reporting Period (SERP) during the life of this contract, Provider shall purchase a SERP with a minimum reporting period not less than three (3) years. Provider shall provide this coverage on a primary basis.

Additional Insured: The Provider shall endorse County as an Additional Insured with a CG 2026 Additional Insured – Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents." Provider shall provide Additional Insured endorsements coverage on a primary basis.

F. Waiver of Subrogation: Provider hereby waives any and all rights of Subrogation against the County, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit Provider to enter into a pre-loss agreement to waive subrogation without an endorsement to the policy, then Provider shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy that specifically prohibits such an endorsement, or that voids coverage should Provider enter into such an agreement on a pre-loss basis.

G. Certificate(s) of Insurance: Prior to execution of this Contract, Provider shall deliver to the County's representative as identified below, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by this Contract have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum ten (10) day endeavor to notify due to cancellation or non-renewal of coverage. The certificate of insurance shall be issued to

Palm Beach County
c/o Insurance Tracking Services, Inc. (ITS)
P.O. Box 20270
Long Beach, CA 90801

Subsequently, the Provider shall, during the term of this Contract and prior to each renewal thereof, provide such evidence to ITS at pbc@instracking.com or fax (562) 435-2999, which is Palm Beach County's insurance management system, prior to the expiration date of each and every insurance required herein.

All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

The insurance company must be rated no less than "A" as to management, and no less than "Class VII" as to financial strength, by the latest edition of Best's Insurance Guide, published by A.M. Best Company, Oldwick, New Jersey, or its equivalent subject to the approval of the County Risk Management Division.

or,

The company must hold a valid Florida Certificate of Authority as shown in the latest "list of All Insurance Companies Authorized or Approved to Do Business in Florida", issued by the State of Florida Department of Insurance and are members of the Florida Guaranty Fund. Certificates of Insurance will indicate that no material adverse change, cancellation or non-renewal of coverage will be made without thirty (30) days advance written notice to Palm Beach County.

H. Umbrella or Excess Liability: If necessary, Provider may satisfy the minimum limits required above for Commercial General Liability, Business Auto Liability, and Employer's Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employer's Liability. The County shall be specifically endorsed as an "Additional Insured" on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

I. Right to Review: County, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Contract. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

18. NONDISCRIMINATION

Provider warrants and represents that all of its employees and participants in the programs it serves are treated equally during employment and/or services without regard to race, color,

religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity and gender expression, or genetic information in regard to obligations, work, and services performed under the terms of any contract ensuing from this RFP. Proposers must agree with Executive Order No. 11246 entitled "Equal Employment Opportunity" and as amended by Executive Order No. 11375, and as supplemented by the Department of Labor Regulations (41 CFR, Part 60).

Provider agrees to submit to County a copy of its non-discrimination policy which is consistent with the above paragraph, as contained in Resolution R-2014-1421, as amended, or in the alternative, if the consultant does not have a written non-discrimination policy or one that conforms to the County's policy, it has acknowledged through a signed statement provided to County that Provider will conform to the County's non-discrimination policy as provided in R-2014-1421.

19. CERTIFICATIONS, ASSURANCES, CASH FLOW COMMITMENT AND PUBLIC ENTITY CRIMES

No proposer shall be awarded or receive a County contract or management agreement for procurement of goods or services (including professional services) unless such proposer has submitted the completed Certifications, Assurances and Cash Flow Commitment forms.

In accordance with sections 287.132-133, Florida Statutes, a provider its affiliates, suppliers, subcontractors and consultants who will perform under this grant, shall not have been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date of contract.

20. AMERICANS WITH DISABILITIES (ADA)

Providers must meet all the requirements of the Americans With Disabilities Act (ADA), which shall include, but not be limited to, posting a notice informing service recipients and employees that they can file any complaints of ADA violations directly with the Equal Employment Opportunity Commission (EEOC), One Northeast First Street, Sixth Floor, Miami, Florida 33132.

21. NON-EXPENDABLE PROPERTY

Non-expendable property is defined as tangible property of a non-consumable nature that has an acquisition cost of $1000 or more per unit, and an expected useful life of a least one year (including books). All such property purchase requested in your proposal shall include a description of the property, the model number, manufacturer, and cost. An inventory of all property purchased with Ryan White funds must be attached to your proposal. (See attachment.)

22. PALM BEACH COUNTY OFFICE OF THE INSPECTOR GENERAL

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code 2-421 through 2-440, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the provider, its officers,

agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code Section 2-421 through 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second-degree misdemeanor.

23. STANDARDS OF CONDUCT FOR EMPLOYEES

Provider organizations must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business, or other ties. Therefore, each institution receiving financial support must have written policy guidelines on conflict of interest and the avoidance thereof. These guidelines should reflect State and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate the conditions under which outside activities, relationships, or financial interest are proper or improper, and provide for notification of these kinds of activities, relationships, or financial interests to a responsible and objective institution official. For the requirements of code of conduct applicable to procurement under grants, see the procurement standards prescribed by 45 CFR Part 74, Subpart P and 45 CFR Part 92.36.

The rules of conduct must contain a provision for prompt notification of violations to a responsible and objective grantee official and must specify the type of administrative action that may be taken against an individual for violations. Administrative actions, which would be in addition to any legal penalty (ies), may include oral admonishment, written reprimand, reassignment, demotion, suspension, or separation. Suspension or separation of a key official must be reported promptly to the County.

A copy of the rules of conduct must be given to each officer, employee, board member, and consultant of the recipient organization who is working on the grant supported project or activity and the rules must be enforced to the extent permissible under State and local law or to the extent to which the grantee determines it has legal and practical enforcement capacity. The rules need not be formally submitted to and approved by the County; however, they must be made available for a review upon request, for example, during a site visit.

24. HIPAA PRIVACY RULES

Proposers must describe how they are complying with the Health Insurance Portability and Accountability Act (HIPAA). Providers will need to detail their efforts to comply with HIPAA regulations to the extent that such regulations are applicable to the provider. If the provider does not provide services that fall under HIPAA Privacy Rules, a statement to that effect may be provided.

M. Scope of Services Requested for Part A

In 2016, Palm Beach County was awarded a total of $7,612,142 Ryan White Part A Formula, Supplemental, and MAI grant funds for the funding period ending February 28, 2017. Palm Beach County anticipates receiving level funding or possibly a decrease for all services March 1, 2018 through February 28, 2019. Allocation estimates are proposed amounts approved by the CARE Council for the Ryan White 2018 grant application; final allocation amounts are not available. ***(If you are applying for MAI funding please find guidance in Section II.N).***

The CARE Council priorities for FY 2018 include maintaining support for existing HIV-related services, with a specific emphasis on geographic areas of the county with a high prevalence of HIV/AIDS, which may also lack adequate levels of service. The County is seeking governmental and nonprofit agencies to provide the following services to persons who have HIV spectrum diseases *(Service category Service Definitions are based on Ryan White Definitions and approved by the CARE Council. Priorities are approved by the CARE Council):*

Core Medical Services

Outpatient Ambulatory Medical Care (Priority 1a, $231,000)

Outpatient/Ambulatory medical care (health services) is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

1 unit = 1 Visit

Laboratory Diagnostic Testing (Priority 1b, $238,441)

HIV viral load testing, CD4/CD8, CBC with differential, blood chemistry profile, and other FDA approved routine tests for the treatment of patients with HIV disease. In addition, routine tests pertinent to the prevention of opportunistic infections (VDRL, IGRA, AFB, pap smear, toxoplasmosa, hepatitis B, and CMV serologies) and all other laboratory tests as clinically indicated (e.g. HCV serology) that are generally accepted to be medically necessary for the treatment of HIV disease and its complications and have an established Florida Medicaid or Medicare reimbursement rate, as well as new tests that may not have an established reimbursement rate.

1 unit = 1 lab test

Specialty Outpatient Medical Care (Priority 1d, $304,538)

Short term treatment of specialty medical conditions and associated diagnostic outpatient procedures for HIV positive patients based upon referral from a primary care provider, physician, physician assistant, registered nurse. Specialties may include, but are not limited to, outpatient rehabilitation, dermatology, oncology, obstetrics and gynecology, urology, podiatry, pediatrics, rheumatology, physical therapy, speech therapy, occupational therapy, developmental assessment, and psychiatry. *Note: For the purpose of the Request for Proposals, primary care provided to persons with HIV disease is not considered specialty care. Providers must offer access to a range of specialty services.*

1 unit = 1 visit

Oral Health Care (Priority 1e, $559,799)

Oral HealthCare (Dental Services) will encompass dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments. Clinical interventions are based on treatment guidelines and recognized clinical protocols established legal and ethical standards. As such, Oral Health Care shall be provided based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
- Elimination of presenting symptoms
- Elimination of infection, preservation of dentition and restoration of functioning

Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical, and limited endodontic services rendered by dentists or dental hygienist.

1 unit = 1 dental visit

Early Intervention Services (Priority 1f, $409,470)

Includes counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals to appropriate services based on HIV status; linkage to care and education and health literacy training for clients to help them navigate the HIV care system; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures. Services shall be provided at specific points of entry. Coordination with HIV prevention efforts and programs as well as prevention providers is required.

Referrals to care and treatment must be monitored. Grantee may modify targeted areas to include additional key points of entry. Proposal must incorporate all four components of EIS: counseling, testing, referral, linkage. Funding for counseling and testing may not duplicate or supplant other local funding.

1 unit = 15 minutes of contact

Health Insurance Continuation (Priority 1g, $593,751)

Provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance, or to receive medical benefits under a health insurance program. This includes premium payments, co-payments, and deductibles. An annual cost benefit analysis that includes an illustration of the cost-effectiveness comparison of using Ryan White funds for Health Insurance Continuation versus direct payment of medical services. Documentation of the low-income status of the client must be available. Insurance programs must cover comprehensive primary care services and a full range of HIV medications. Funds may not be used for social security.

1 unit = 1 month of assistance

Home and Community-Based Health (Priority 1h, $18,700)

Includes skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are NOT included.

1 unit = 1 hour

Mental Health Services (Priority 1i, $131,374)

Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, 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.

1 unit = 1 hour

Medical Nutrition Therapy (Priority 1j, $112,200)

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance: All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

1 unit = 1 hour

Medical Case Management (Priority 1k, $1,910,816)

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed 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, phone contact, and any other forms of communication). Key activities include:

- Determining eligibility status
- Initial 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 6 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
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, HOPWA, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

1 unit = 15 minute visit

(Average minimum case load requirement for full time medical case manager = 55)

~~Peer Mentor (Priority 1l, $227,762)~~

~~The goal of the Peer Mentor program is to improve HIV-related health outcomes and reduce health disparities for at risk communities through HIV peer education. Peers shall be persons living with HIV from the community, not working as licensed clinical professionals, who share key characteristics with target population which shall include: a. community membership, gender, race/ethnicity, b. disease status or risk factors, c. sexual orientation, d. salient experiences, e.g. former drug use, sex work, incarceration. The~~

~~Peer Mentor will use shared characteristics/experiences to act effectively as a trusted educator, mentor for adopting health behavior, role model, and empathic source of social and emotional support. The contributions of HIV-positive peers shall include: adherence to medical care (keeping appointments, responding to physician referrals, and picking up medications); linking to medical care and support services; self-management of disease; emotional support and reduced risk behaviors~~

~~*1 unit = 15 minute visit*~~

Substance Abuse Services-Outpatient*

Provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified/licensed personnel. Such services should be limited to the following: 1. Pre-treatment/recover readiness programs, 2. Harm reduction, 3. Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse, 4. Outpatient drug-free treatment and counseling, 5. Opiate Assisted Therapy, 6. Neuro-psychiatric pharmaceuticals, and 7. Relapse prevention.

**Note: Funding has not been allocated by the CARE Council for this service category, but Community Services is seeking proposals to provide this service. The service will be funded upon future funding allocations.*

Support Services

Non-Medical Case Management (Priority 2a, $243,324)

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Determining eligibility status
- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

1 unit = 15 minute visit

Average minimum case load requirement for full time non-medical case managers = 60 clients

Eligibility Determination (Priority 2b, $312,913)

Provision of eligibility screenings for clients.

1 unit = 15 minute visit

Average number of eligibility screenings per year for full time eligibility specialist = 825

Legal Services (Priority 3, $345,669)

Provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does include legal services for permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding 1. The drafting of wills or delegating powers of attorney, and 2. Preparation for custody options for legal dependents including standby guardianship, joint custody or adoption. It does not include legal services for criminal defense, or for class-action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program.

1 unit = 1 hour

Emergency Housing (Priority 5, $81,429)

Provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

1 unit = 1 day

Medical Transportation (Priority 6, $104,384)

Includes conveyance services provided, directly or through voucher, to a client so that he or she may access health care services, including services needed to maintain the client in HIV/AIDS medical care. Records must be maintained that track both services provided and the purpose of the service (e.g., transportation to/from what type of medical or support service appointment). Clients shall not receive direct payment for transportation services.

1 unit = 1 trip/voucher

Food Bank/Home-Delivered Meals (Priority 7, $356,085)

Provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

1 unit = 1 voucher

Residential Substance Abuse (Priority 8, $2,200)

Provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term). Provides room and board, substance abuse treatment and counseling, including specific HIV counseling in a secure, drug-free state-licensed residential (non-hospital) substance abuse detoxification and treatment facility. This treatment shall be short term. Anyone providing direct counseling services must under the supervision of staff possessing postgraduate degree in the appropriate counseling-related field, or a Certified Addiction Professional (CAP). Part A funds may not be used for hospital inpatient detoxification.

1 unit = 1 day

Emergency Financial Assistance (Priority 9, $61,372)

Provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food, and medication when other resources are not available. EFA funds are only to be used as a last resort. Clients may receive up to 12 accesses per year for no more than a combined total of $1,000 during the grant year.

1 unit = 1 emergency assistance

N. Scope of Services Requested for Minority AIDS Initiative (MAI)

Organizations applying for funding under the MAI service categories must meet and document the following:

1) Have more than 50 percent of positions on the executive board or governing body filled by persons of the racial/ethnic minority group to be served
2) Have more than 50 percent of key management, supervisory and administrative positions (e.g. executive director, program director, fiscal director) filled by persons of the racial/ethnic population(s) to be served.
3) Have more than 50 percent of key direct service provision positions filled by persons of the racial/ethnic population(s) to be served.

The goal of this funding is to improve client-level outcomes, including a reduction in HIV morbidity and opportunistic infections, increased life expectancy, and a decrease in the transmission of HIV infection in communities of color disproportionately impacted by HIV. This funding must reach the target populations described in Section I. More specifically, this funding must be used to:

- Enroll Persons Living with HIV/AIDS (PLWHA) from these severely impacted communities into care at an earlier stage of their illness.
- Assure access to new treatments, consistent with established standards of care.
- Provide related support services that will help individuals and families in care.
- Demonstrate the capacity to provide HIV/AIDS services to the targeted community(s) of color.
- Demonstrate cultural and linguistic competency for delivering the proposed service(s) with respect to the target population(s).
- Community-Based Organizations (CBO) and AIDS Service Organizations (ASO) must be located near the targeted population.
- Organizations must have documented linkages to targeted populations to help close deficiencies in accessing services.
- Link clients to non-MAI medical and support services.

In 2016, Palm Beach County was awarded a total of $663,740 in Ryan White MAI grant funds for the funding period ending February 28, 2017. Palm Beach County anticipates receiving level funding or possibly a decrease for all services March 1, 2018 through February 28, 2019. MAI funding is limited to Medical Case Management. Proposals should indicate specific, targeted subpopulations, a description of proposed services, and an explanation of how these services will result in improved health outcomes. Proposals should include a budget and work plan, and indicate that these items are separate and distinct from other Part A funding. The Medical Case Management service category definition described above shall apply to MAI-Medical Case Management.

SECTION IV. CONTENTS OF PROPOSALS AND INSTRUCTIONS

Proposals must contain each of the enumerated documents described below, each fully completed, signed, and notarized where required. Proposer(s) must submit proposals which follow the prescribed format provided below and contained in the proposal submission checklist. It is the responsibility of each Proposer to address all of the topics in this section. Section R, including Attachments, need only be answered once. Section T must be addressed separately, for each service proposed. Responses are to consist only of the answers to the questions posed. *Extraneous material or information should be omitted.*

O. Format Instructions for Completing Applications

a. One unbound, one-sided original and three (3) unbound, two-sided copies (a total of four).
b. The original(s), and all copies of the proposal must be submitted in a sealed envelope stating on the outside of the envelope, the Proposer's name, address, telephone number, the due date of August 15, 2017 and the proposal title "Health & Support Services for Persons with HIV Spectrum Disease" to Palm Beach County Department of Community Services, 810 Datura Street, Administration Ryan White- Basement, West Palm Beach, Florida 33401.
c. The Proposal Cover Sheet must be signed by an officer of the proposer who is legally authorized to enter into a contractual relation in the name of the Proposer, and the Proposal Cover Sheet must be notarized by a Notary Public.
   Use only the application forms provided with this Request for Proposals. The forms are available on the CARE Council website, www.carecouncil.org , http://discover.pbcgov.org/carecouncil/Pages/default.aspx
   under Information for Providers.
d. Applications must be typed, single-spaced, no smaller than 11-point font. Tables may contain font no smaller than 9-points.
e. Applications should have margins of 1/2 inch on all sides with left-justification.
f. Do not use any staples, ring-binders, or covers. The entire proposal -- the application, and all supporting documentation, must be clipped together with a single fastener at the upper left-hand corner.
g. Do not include documents larger than 8 ½" x 11". If any of your supporting documents are larger than this, photocopy and reduce them in size to a uniform 8 ½" x 11 ".
h. Append only the specific supporting documentation requested. Do not attach other materials, such as annual reports, newsletters, membership lists, brochures, and general or political letters of support.
i. Sequentially number the pages of all attachments appended to the application form.
j. Narrative answers/statements should be self-explanatory and understandable to members of the independent review panel who will read, evaluate and score your

proposal. Assume that these individuals are unfamiliar with your organization and its programs, and that they have limited information about your target population.

k. The section regarding your target population and its HIV/AIDS service needs should be as specific as possible to the demographic/geographic community area(s) that your proposed project will target. For example, if your provider is proposing to serve the migrant population in the Glades Community, your narrative should clearly and simply describe the characteristics of the migrant community (women, children, etc.) and the geographic area where they live.
l. Applicants must address every issue raised in the Scoring Criteria, and provide all required documentation noted in the application Checklist.
m. Sign all original copies in BLUE INK.

P. Proposal Cover Sheet

Include on the Proposal Cover Sheet the service(s) proposed to be provided and the amount of funds being requested to provide the service(s). This form must be signed by an officer of the Proposer who is legally authorized to enter into a contractual relationship in the name of the Proposer. The Proposer's email address must be included on the Proposal Cover Sheet.

Q. Table of Contents

All pages of the proposal including the enclosures are to be clearly and consecutively numbered and keyed to the Table of Contents.

R. Organization Profile and Capacity Review

This section is to be answered only once. Each of the lettered items below must be answered.

Organizational Overview

(This section is worth 20 points)

a. Name and brief description of proposing organization, including:
   i) Years of operation;
   ii) Experience administering government funds;
   iii) Mission statement;
   iv) Any major changes that have taken place, including achievements and progress that have been made;
   v) List the full range of services that your organization currently provides. If your organization is part of a multi-program organization, provide a description of the parent organization and its involvement in the ongoing operation of your organization.
b. Describe your organization's history of providing services to persons with HIV. Indicate the approximate number of unduplicated clients served annually over the past five years. Please provide this information specifically for the Palm Beach County area.
c. Describe your organization's guiding principles and standards addressing Cultural Competence. Describe your organization's capabilities to respond to special client groups and to special client

needs, demonstrating Cultural Competence in care planning for clients. Additionally, describe your organization's professional development standards/staff training requirements to ensure Cultural Competence in service delivery. Please highlight how these activities are reflective of National Standards for Culturally and Linguistically Appropriate Services (CLAS).

d. Describe the organization's knowledge, involvement and activities with the early identification of individuals with HIV/AIDS (EIIHA) efforts within Palm Beach County. This includes efforts to link clients who are aware of their HIV status to medical and support services, as well as any efforts to make people aware of their HIV status particularly highlight effort targeting the populations described in Section I.
e. Describe how the organization ensures eligibility criteria are followed. If the Proposer is requesting funding for core medical services, describe processes in place to assure that third-party insurance coverage is verified at point of service. Also describe how changes to third-party insurance coverage is communicated to eligibility staff and how changes in client eligibility are documented in Ryan White client data system (Provide Enterprise).
f. Describe the ways in which the organization publicizes its program(s) to consumers, (i.e. social media, newsletters, radio, television or primarily word of mouth), and the availability of its programs and services to the target population(s) and other service providers. If proposing new or expanded services, describe how the number of clients served will increase to match the proposed level and cost of service.
g. Describe the organization's system for collecting and reporting both agency, administrative, and client level data. Explain the system to be utilized to ensure compliance with contract reporting requirements.
h. Describe how the organization is complying with the Health Insurance Portability and Accountability Act (HIPAA). Please detail your agency's efforts to comply with HIPAA regulations to the extent that such regulations are applicable to your agency. If your agency does not provide services that fall under HIPAA Privacy Rules, please provide a statement to that effect.
i. Provide a description of fiscal staff training and retention over the past three (3) years. Include types of fiscal training for the CFO/Financial Director including OMB Circulars A-110, A-122, A-133 and Super Circular.
j. Identify whether your organization has been a party, whether plaintiff, defendant, claimant, complainant, respondent or other, to any litigation or regulatory action in any state in the United States, or in any other County, for the period from January 1, 2010 to the present. This includes but is not limited to any litigation initiated by the Proposer related to HIV medical or support services. For each instance of litigation or regulatory action cited, please indicate the court or agency in which the litigation or regulatory action was or is pending, and the outcome of that litigation or regulatory action if concluded.
k. Please indicate whether or not your organization has been placed on Corrective Action by the Palm Beach County Community Services Department at any time over the past three (3) years. If your organization has been placed on Corrective Action please describe the issues and resolution.
l. Identify whether or not your organization has been involved in underutilization of Palm Beach County Ryan White funds over the past three (3) years. If there has been underutilization of funds please specify the service category, cause and resolution to the underutilization of funds.

HIV Services Overview

(This section is worth 30 points)

a) Overview of organizational mission and how the provision of HIV services for persons living with HIV/AIDS is aligned with the agency mission.
b) A logic model illustrating how Part A services contribute to the health outcomes of clients served, and how Part A services are organized in the context of services supported by other funding sources.
c) A table of the organization's total agency budget for HIV-related services from all funding sources. This includes federal funding for HIV prevention and patient care services, other sources of state and local funding, and program income (sliding fee scale and 340B revenue)
d) Describe the demographic composition of the agency's client census, including gender, ethnicity, race, age, income, and insurance status.
e) Number of staff and position titles, and staff credentialing (where applicable) for requested service categories. If new staff positions are being proposed, describe any anticipated delays in providing services due to the onboarding process.
f) Describe the community/geographic area(s), and socio-demographics, including housing status, HIV risk factors, and socio-economic status of your target population.
g) Process to verify client eligibility and assurance Ryan White funding is payer of last resort. This should include a detailed description of client flow processes between intake and point of service delivery, how third-party funding sources are identified, and how billing procedures correctly identify payer sources prior to submitting reimbursement requests to CSD. Indicate whether client eligibility will be determined by Medical Case Managers, or individual Eligibility Specialists. Describe how changes in income or third-party insurance coverage are documented and communicated between clinical providers and billing staff.
h) Describe any collaboration, referral agreements, or linkage and/or co-linkage agreements that have been newly developed or renewed, specifically for this project or how your organization intends to handle such needs.
i) Describe how requested service categories are integrated with similar/related programs in the community, and how Ryan White Part A funds are leveraged through inter-agency agreements and/or service coordination.
j) Explain specific barriers to the provision of services that exist in the population and area(s) proposed to be served (e.g., confidentiality and geographic barriers to services). Address how your agency plans to reduce or alleviate these barriers, and your plans to ensure client access to the services that will be provided.

Attachments (not subject to page limitation)

Required attachments are marked with an asterisk below. If they are not submitted then the proposal will be removed from funding consideration. Forms and Templates are provided in the Appendix.

a. Proposal Cover Sheet (Template)*

b. Provide a print out of the Detail by Entity Name page from the Florida Department of State, Division of Corporations at www.sunbiz.org dated within twelve (12) months of the due date of this Proposal/Application, identifying the Proposer's status as "active". Please note that a copy of the Articles of Incorporation or any similar document does not meet the requirements of this section. This does not apply to Public Entities.
c. Provide proof of non-profit status. A copy of your 501c (3) must be included. This does not apply to Public Entities.*
d. Provide a list of Board of Directors of the Proposer. This does not apply to Public Entities.
e. Provide an Organizational Chart indicating where the Proposed Program/s Services would function within the Proposer if requested funds are provided.
f. Provide Proposer's grievance policy and any grievance form/s to be used by clients/s.
g. Provide Proposer's job descriptions for all designated staff.
h. Provide the Applicant Agency's HIV Clinical Quality Management Plan.
i. Provide any Interagency Agreement/s the Proposer has in place to successfully provide the proposed service/s for agencies applying in partnership.
j. Provide Memorandums of Agreement and/or Interagency Agreements for agencies that describe collaborations between agencies.
k. Provide Inventory of Non-Expendable Property for the last three (3) years.
l. Provide Administrative Assessment of Potential Providers.
m. Provide Current/Proposed Site locations for the proposed services.*
n. Provide Sliding Fee Scale Policy which includes process to track charges and payments and how revenue will be used to enhance and support the proposed service.*
o. Provide Training and Staff Development Plan.
p. Provide Agency Demographics for **MAI proposals only**.*

S. Line Item Budget and Budget Narrative Justification Guidance

(This section is worth 20 points)

Attachments (not subject to page limitation)

Required attachments are marked with an asterisk below. If they are not submitted, then the proposal will be removed from funding consideration. Forms and Templates are provided in the Appendix.

a. Provide Total Agency Budget Template. *
b. Provide Program Budget Template for each service category proposed. *

Proposers MUST submit a line item budget and budget narrative justification, using the categories below for the (1) Total Agency Budget and (2) A separate budget for each Service Category the Proposer is requesting. The budget template is on the CARE Council website, www.carecouncil.org under Information for Providers.

1) Personnel
2) Fringe Benefits

3) Travel
4) Equipment
5) Supplies
6) Contractual
7) Other (Identify)

Failure to submit the categorical budget for each Service Category proposed will DISQUALIFY your submittal from further consideration.

Allocation of cost must be supported with a written explanation of the methodology used to arrive at the percentage allocation or a copy of an allocation plan for the Agency. Salary cost must be computed on the total days in the funding period requested in the proposal. For fringe benefits expenses, indicate on budget the formulas used to calculate the amounts. If services being proposed for Ryan White funding receive support from other sources, indicate how these other funds will not duplicate services being requested from Ryan White. If Proposer receives revenue from Palm Beach County-located operations through the 340B Program (HRSA, Office of Pharmacy Affairs), provide a detailed explanation of how this revenue is reinvested in the Proposer's agency operations. This should include a revenue history for the last three years, indicating specific areas where these funds have been budgeted.

The line item budget(s) must include all program and administrative related expenses for which funds are being requested.

1. Providers must have sufficient financial resources to meet the expenses incurred during the period between the service delivery and payment by the County. It is anticipated that the County will reimburse for services rendered within eight (8) weeks of the receipt of invoices, deemed correct and acceptable by the County.
2. Administrative expenses of up to 10% of allowable program costs in every category, but these must be specifically delineated, allowable, and justified in the application.
3. Identify other funding sources for projects within the service proposal, as well as the total agency budget.

T. Service Proposal(s)

(This section is worth 30 points)

In this section, Proposers must describe how Ryan White Part A services will contribute to the health outcomes of priority populations, and how requested Part A funding supplements other payer sources. Please provide the following information according to the guidelines stated below:

Service Category-Specific Elements

Proposers may request funding for any service listed under Sections M and N (Scope of Services Requested) according to the service category and unit definitions. Proposals can request a continuation or expansion of existing services, or to establish a new service category for the agency.

a) A work plan for each requested service category, indicating projected number of clients served, units of service, and health outcomes (see Work Plan template). If Proposer is projecting an increase in the number of clients to be served from the prior year (or establishing a new service category for the organization), provide a detailed explanation of how the agency will implement the service and secure the projected number of clients projected in the work plan. Justification must be provided to support the funding being requested.

b) For Proposers that are requesting a new service category, provide justification of how the proposed model will increase access to services, reduce racial disparities, and/or improve client health outcomes. Describe any anticipated impacts the proposed change will have on access to services in the Ryan White system of care, and measures to overcome any barriers clients may experience in accessing care. Describe how the proposed services will be an improvement over the existing system of care.

c) For each service requested, please describe:
    1 Overall description of the service delivery model proposed at the agency
    2 Where available funds are insufficient to meet client demand, provide the agency's method of prioritizing clients to receive the service
    3 Leveraging of community resources to provide the same or similar service
    4 Description of how the service contributes (singly or in combination with other services) to positive health outcomes

d) For Proposers requesting Medical Case Management funding, describe how Medical Case Managers interact with clinical staff to assure adherence to treatment plans. Describe the frequency and nature of interactions with clinical staff. If clients receive primary medical care from agencies other than those requesting Medical Case Management funds, describe any barriers in communicating directly with clinical providers, and how these barriers are overcome. Provide written Memorandum of Agreement or other evidence that documents the coordination of care between Medical Case Managers and HIV clinical care teams.

e) For Proposers requesting Medical Case Management/MAI funding, describe how services are integrated between the client's medical home and other medical and supportive services (eg. behavioral health). Describe how Medical Case Managers facilitate the integration of services, and

how this results in improved health outcomes. Describe how integrated care is maintained for clients receiving medical care from providers external to the Proposer's agency. Provide written Memorandum of Agreement or other evidence that documents the coordination of care between Medical Case Managers and HIV clinical care teams.

f) For Proposers requesting Outpatient Specialty Medical Care funding, describe how specialty referrals are coordinated with the Case Management services. Describe how the client's specific language and cultural preferences inform the referral process. Describe how the Proposer will track client's specialty medical appointments, and any process in place to minimize client "no-shows."

g) For Proposers requesting funds for HIV testing under the Early Intervention Services service category, provide justification and evidence that Part A-funded testing services are not duplicative of other available testing resources. Provide evidence of a lack of available testing resources to justify funds under Part A.

U. Grievance Procedure

(Ryan White Part A RFP Grievance Procedure)

An entity submitting an RFP (Proposer) that is aggrieved in connection with deviations from the established contracting and awards PROCESS, or deviations from the established PROCESS for any subsequent changes to the selection of contractors or awards, may initiate a grievance. The grievance shall relate only to a determination regarding the Proposer's eligibility, or the PROCESS utilized in arriving at recommended awards. A Proposer may not initiate a grievance concerning the recommended award amounts.

Within fifteen (15) business days of the Department of Community Services, Ryan White Program's announcement of the recommended awards, a Proposer who wishes to initiate a grievance must transmit by mail or email a written Grievance Notice Form, a copy of which is attached, to the Director of the Department of Community Services. The Grievance Notice Form must be in writing, must identify the grieving Proposer, and must contain a detailed statement of the alleged deviation, including how the Proposer was directly affected and what remedy the Proposer seeks. The grievance is considered filed when it is received by the Director of the Department of Community Services. An untimely filed Grievance Notice Form will not be referred to a special master.

Funding of Contracts While a Grievance is in Process

Due to the stringent time frames associated with administration of Ryan White grant funds, and to ensure the provision of HIV-related services while a grievance is in process, the Palm Beach County Board of County Commissioners will implement its funding decision according to its original recommended awards while a grievance is in process. Remedies sought through the grievance procedure are limited to prospective remedies, and are not applied retroactively.

Special Magistrate

Within ten (10) business days of receipt of a timely filed Grievance Notice Form, and if the grievance cannot be resolved by the Department of Community Services through informal means, the grievance will be referred to a county-designated special magistrate who shall have jurisdiction and authority to hear grievances and render a non-binding determination. The special magistrate shall state in writing any conflicts of interest that exist between the special magistrate and the parties.

Conduct of Special Magistrate Hearing

The Department of Community Services shall notify the grieving Proposer by regular mail and/or email of the time, date, and location of the scheduled special magistrate hearing at least fifteen (15) business days before the hearing date. All hearings shall be open to the public and a record shall be kept of all hearings. Representatives of the Department of Community Services, Ryan White Part A Program Staff, and the grieving Proposer shall be entitled to appear as parties at a hearing, submit evidence, and present testimony of witnesses.

A party may request a postponement or continuance of a scheduled hearing by filing a written request with the Director of the Department of Community Services at least five (5) business days before the scheduled hearing. The request must contain the party's reasons for making the request. The Director of the Department of Community Services shall have sole discretion to grant or deny the party's request.

The formal rules of evidence shall not apply, but fundamental due process shall be observed and shall govern the proceedings. Irrelevant, immaterial or unduly repetitious evidence as determined by the special magistrate may be excluded, but all other evidence of a type commonly relied upon by reasonably prudent persons in the conduct of their affairs shall be admissible, whether or not such evidence would be admissible in a trial in the courts of the state. Any part of the evidence may be received in written form.

The hearing shall be concluded after the parties in attendance have had an opportunity to present their case, and the special magistrate shall have five (5) business days from the day of the hearing to render a non-binding determination regarding the grievance and any recommended prospective remedy.

If the grieving Proposer and the Department of Community Services are not able to resolve the grievance by accepting the non-binding determination, the grieving Proposer may file a Request for Binding Arbitration Form within five (5) business days from the date of the special magistrate's non-binding determination.

Binding Arbitration

After exhausting the special magistrate hearing procedure, if attempts to resolve a grievance have not resulted in a solution acceptable to both parties, eligible Proposers may request Binding Arbitration. Such requests must be submitted to the Director of the Department of Community Services within five (5) business days from the date of the special magistrate's non-binding determination on the Request for Binding Arbitration Form, a copy of which is attached. If a Request for Binding Arbitration Form is not received by the Director of the Department of Community Services within five (5) business days of the

date of the special magistrate's non-binding determination, the grieving Proposer will have waived all further rights to grieve the PROCESS used in contractor selections and awards.

The Proposer must agree to pay one-half of the total cost of arbitration when submitting a Request for Binding Arbitration Form. Within three (3) business days of receiving the Form, the Director of the Department of Community Services will provide the Proposer with the names of two disinterested arbitrators from the Palm Beach County Alternative Dispute Resolution Office. Within three (3) business days of receipt of those names, the Proposer must choose one of the two arbitrators and advise the Director of the Department of Community Services of the Proposer's choice. If the parties are unable to agree on the selection of an arbitrator, the Director of the Department of Community Services will select an arbitrator.

Within five (5) business days of appointment, the arbitrator will contact the grieving Proposer and the Director of the Department of Community Services and agree on a day, time, and location of the arbitration meeting. The arbitrator shall review all correspondence, records, or documentation related to the PROCESS of the funding decision that is the subject of the grievance, and conduct any further interviews or investigations as are necessary to resolve the grievance. Within twenty (20) business days of appointment, the arbitrator will deliver to the Director of the Department of Community Services and the grieving Proposer an Arbitration Decision summarizing findings of fact and resolving the grievance. The Proposer shall have no further remedies after rendition of the Arbitration Decision. The Arbitration Decision will be final.

SECTION V. APPENDIX

Below is a list of the forms and information available on the website www.carecouncil.org under Information for Providers.

Forms/Templates

1. Proposal Cover Sheet
2. Inventory of Non-Expendable Property for the last three (3) years
3. Administrative Assessment of Potential Providers
4. Current/Proposed Site Locations
5. HRSA Implementation Plan/Agency Work Plan
6. Program Budget (for each service category)
7. Total Agency Budget
8. Agency Demographics for MAI proposals only
9. Grievance Notice and Binding Arbitration Form
10. Proposal Submission Checklist

References

11. Affidavit Form Certifications PHS-5161-1
12. Affidavit Form Assurances Non-Construction Programs
13. Affidavit Form Assurance of Compliance HHS-690
14. Affidavit Form Cash Flow Commitment
15. HRSA Policy 11-02: Contracting with For-Profit Entities
16. Eligibility Criteria
17. FY18 Projected Allocations
18. Scoring Criteria