

## Ryan White FY2018-2020 Request for Proposal Scoring Criteria

*Note to reviewers: Each item below is ranked as high (red), medium (yellow), or low (green) priority. You will rank each section with a single overall score, and consider the priority of each individual item as you consider awarding/deducting points. Each review panel member will score each section independently based on the submitted proposal.*

### Criteria 1. Organization Profile and Capacity Review

#### Organizational Overview 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.
- a. **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.
- b. **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 CLAS standards.
- c. **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.
- d. **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).
- e. **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.

- f. 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.
- g. 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.
- h. 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.
- i. 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, 2000 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.
- j. 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.
- k. 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 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. Failure to include any of the listed attachments will result in a deduction of points from this section.

- 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](http://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**.\*

## Criteria 2. Line Item Budget and Budget Narrative Justification Guidance 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](http://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.

### Criteria 3. Service Proposal(s) 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:
  - a. **Overall description of the service delivery model** proposed at the agency
  - b. **Where available funds are insufficient to meet client demand, provide the agency's method of prioritizing clients to receive the service**
  - c. **Leveraging of community resources** to provide the same or similar service
  - d. **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.