GY 2021-2023 Ryan White HIV/AIDS Program (RWHAP)
Notice of Funding Opportunity (NOFO)
Pre-Proposal Conference
September 17, 2020
RWHAP NOFO PRE-PROPOSAL CONFERENCE AGENDA

• Welcome and Introductions
• Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application
  • 2020 NOFO Changes as Compared to 2017 NOFO
  • Proposal Categories and Scoring Criteria and Process
  • Legal Considerations
• Epidemiological Overview
• Needs Assessment
• Logic Model Template
• Quality Improvement Plan
• HRSA Implementation Plan Template
• Contracting Process
• Fiscal Considerations and Budget Templates
• Online Application
• Questions and Answers (Q&A)
• Adjournment
Welcome and Introductions
WELCOME AND INTRODUCTIONS

• James Green, Department Director
• Taruna Malhotra, Assistant Department Director
• Dr. Casey Messer, Palm Beach County Ryan White HIV/AIDS Program Director
• Staff
• Attendee
Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application
OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

• The Palm Beach County Board of County Commissioners (BCC) Community Services Department (CSD), Ryan White HIV/AIDS Program (RWHAP) receives RWHAP 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 low-income persons with HIV.
OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

• The purpose of the Act is to improve the quality and availability of care for persons with HIV and their families, and to establish services for persons with HIV who would otherwise have no access to health care.

• U.S. Department of Health and Human Services (HHS), Health Resources and Service Administration (HRSA) administers the Ryan White HIV/AIDS Program funds.
OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

• The BCC CSD RWHAP invites proposals from qualified governmental and non-profit entities to provide RWHAP Part A and Minority AIDS Initiative (MAI) services to persons with HIV in Palm Beach County.
OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

• Services to be contracted include

• **Core Medical Services:** AIDS Pharmaceutical Assistance, Early Intervention Services (EIS), Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals, Home and Community-Based Health Services, Medical Case Management (including Treatment Adherence Services), Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services (plus Laboratory Diagnostic Testing and Specialty Outpatient Medical Care), and Substance Abuse Outpatient Care; and

OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

CARE Council Sets Funding Priorities and Annual Allocations

CSD Prepares NOFO to procure agency services

Issue NOFO

NOFO Pre-Proposal Conference to Discuss Priorities and Changes

Resources compiled including performance history and budget reviews

Proposals submitted

Applicants Prepare Proposals

Recruit and Train Review Panelists

Convene NOFO Review Panel

Reconcile proposal scores

Process RW Funding Recommendation BCC agenda item

Review and evaluate NOFO Process
## RWHAP NOFO PRE-PROPOSAL CONFERENCE
### AGENDA – Part A Allocations - Projected

<table>
<thead>
<tr>
<th>Type</th>
<th>Proposed Priority</th>
<th>Service Category (HRSA)</th>
<th>GY21 Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>1</td>
<td>OAHS - Primary Care</td>
<td>$205,592.00</td>
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<td>Core</td>
<td>1</td>
<td>Outpatient/Ambulatory Health Services</td>
<td>$371,016.00</td>
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<tr>
<td>Core</td>
<td>1</td>
<td>Specialty Medical</td>
<td>$173,392.00</td>
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<tr>
<td>Core</td>
<td>2</td>
<td>Labs</td>
<td>$350,000.00</td>
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<tr>
<td>Core</td>
<td>3</td>
<td>Oral Health Care</td>
<td>$1,216,616.00</td>
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<tr>
<td>Core</td>
<td>3</td>
<td>Health Insurance Premium and Cost-Sharing Assistance</td>
<td>$1,216,616.00</td>
</tr>
<tr>
<td>Core</td>
<td>4</td>
<td>Mental Health Services</td>
<td>$185,000.00</td>
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<tr>
<td>Core</td>
<td>9</td>
<td>Medical Case Management (Incl. Treatment Adherence)</td>
<td>$1,300,000.00</td>
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<tr>
<td>Core</td>
<td>8</td>
<td>Early Intervention Services (EIS)</td>
<td>$863,047.00</td>
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<tr>
<td>Core</td>
<td>15</td>
<td>AIDS Pharmaceutical Assistance</td>
<td>$15,000.00</td>
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<td>Core</td>
<td>17</td>
<td>Home &amp; Community Based Health Services</td>
<td>$5,000.00</td>
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<td>Core</td>
<td>11</td>
<td>Substance Abuse Outpatient Care</td>
<td>$50,000.00</td>
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<tr>
<td>Core</td>
<td>18</td>
<td>Medical Nutrition Therapy</td>
<td>$55,000.00</td>
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<tr>
<td></td>
<td></td>
<td><strong>Total PART A Core Services</strong></td>
<td><strong>$4,789,663.00</strong></td>
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### RWHAP NOFO PRE-PROPOSAL CONFERENCE AGENDA – Part A Allocations - Projected

<table>
<thead>
<tr>
<th>Type</th>
<th>Proposed Priority</th>
<th>Service Category (HRSA)</th>
<th>GY21 Allocations</th>
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</thead>
<tbody>
<tr>
<td>Support</td>
<td>10</td>
<td>Non Medical Case Management Services</td>
<td>$445,865.00</td>
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<tr>
<td>Support</td>
<td>6</td>
<td>Medical Transportation</td>
<td>$88,046.00</td>
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<tr>
<td>Support</td>
<td>5</td>
<td>Housing</td>
<td>$103,358.00</td>
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<td>Support</td>
<td></td>
<td>Food</td>
<td></td>
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<td>Support</td>
<td>7</td>
<td>Food Bank/Home Delivered Meals</td>
<td>$295,640.00</td>
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<td>Support</td>
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<td>Nutritional Supplements</td>
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<td>Support</td>
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<td>Emergency Financial Assistance</td>
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<td>EFA Prior Auth.</td>
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<td>Legal Services</td>
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<td>Support</td>
<td>12</td>
<td>Substance Abuse Residential</td>
<td>$-</td>
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<tr>
<td>Support</td>
<td>13</td>
<td>Psychosocial Support Services</td>
<td>$-</td>
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<tr>
<td></td>
<td></td>
<td><strong>Total PART A Support Services</strong></td>
<td><strong>$1,278,534.00</strong></td>
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## AGENDA – MAI Allocations - Projected

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<th>Proposed Priority</th>
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<th>GY21 Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>1</td>
<td>Early Intervention Services</td>
<td>$232,000.00</td>
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<td>CORE</td>
<td>2</td>
<td>Medical Case Management</td>
<td>$156,000.00</td>
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<td>CORE</td>
<td>5</td>
<td>Mental Health</td>
<td>$-</td>
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<tr>
<td>CORE</td>
<td>6</td>
<td>Substance Abuse Outpatient</td>
<td>$-</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total MAI Core Services</strong></td>
<td><strong>$388,000.00</strong></td>
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<table>
<thead>
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<th>GY21 Allocations</th>
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</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>3</td>
<td>Non-Medical Case Management Services</td>
<td>$58,000.00</td>
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<td>SUPPORT</td>
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<td>Psychosocial Support Services</td>
<td>$144,832.00</td>
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<tr>
<td>SUPPORT</td>
<td>7</td>
<td>Substance Abuse Residential</td>
<td>$-</td>
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<td></td>
<td></td>
<td><strong>Total MAI Support Services</strong></td>
<td><strong>202,832.00</strong></td>
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OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

• Application Release Date: Friday, September 11, 2020
• Application Due Date: Tuesday, October 13, 2020 at 12:00 p.m. (Noon)
• Application Submission Online at: https://pbcc.samis.io/go/nofo/
• No application will be accepted after the deadline
OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

• RWHAP Pre-Proposal Conference: Today, Thursday, September 17, 2020

• All questions about the application and submission process must be sent via email to the RWHAP NOFO email

• Responses to questions will be posted to the Palm Beach County Community Services Department, Ryan White Program Website page so all applicants can benefit from the responses.

• Application Questions Submission Deadline: Thursday, October 8, 2020 at 12:00 p.m. (Noon)
OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

• The RWHAP NOFO email is: 
  PBC-RWANOFO@PBCGOV.ORG

• Ryan White Program Website page is located at:
  https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx
Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application

• 2020 NOFO Changes as Compared to 2017 NOFO
2020 NOFO CHANGES AS COMPARED TO 2017 NOFO

• Moved to an Electronic Process
• MAI Added Service Categories
• No Eligibility and Support Services Sub-Categories for Non Medical Case Management
• Provided a Logic Model Template
Overview of RWHAP and the GY 2021-2023
NOFO Information Guidance and Application

• Proposal Categories and Scoring Criteria and Process
PROPOSAL CATEGORIES AND SCORING CRITERIA AND PROCESS

• Organizational Capacity (20 points):
  • General overview of organizational history serving PLWHA, and capacity to provide RWHAP services

• HIV Services Overview (20 points):
  • Specific HIV-related experience; description of service mix and processes to assure quality services

• Budget/Budget Narrative (30 points):
  • Fiscal justification of requested funding level; service category implementation plan

• Service Category Proposal (30 points):
  • Service delivery model, leveraging of resources, other service category-specific information
PROPOSAL CATEGORIES AND SCORING CRITERIA AND PROCESS

• Service Categories will be grouped for review
• There are six scheduled Non Conflict Grant Review Committee Meetings to review the applications
• Final funding recommendations will be based on Review Committee scores, performance on past agreements, and agency capacity/internal controls
## PROPOSAL CATEGORIES AND SCORING CRITERIA AND PROCESS

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting</th>
<th>Service Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 26, 2020</td>
<td><strong>Group 1</strong></td>
<td>Outpatient/Ambulatory Health Services, Specialty Medical, Labs, Oral Health Care,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home &amp; Community Based Health Services, Medical Nutrition Therapy</td>
</tr>
<tr>
<td>October 27, 2020</td>
<td><strong>Group 2</strong></td>
<td>AIDS Pharmaceutical Assistance, Health Insurance Premium and Cost-Sharing Assistance,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Nutritional Supplements</td>
</tr>
<tr>
<td>October 28, 2020</td>
<td><strong>Group 3</strong></td>
<td>Early Intervention Services, Medical Case Management, Non Medical Case Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Services</td>
</tr>
</tbody>
</table>
# PROPOSAL CATEGORIES AND SCORING CRITERIA AND PROCESS

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting</th>
<th>Service Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 3, 2020</td>
<td><strong>Group 4</strong></td>
<td>Mental Health Services, Substance Abuse Outpatient Care</td>
</tr>
<tr>
<td>November 5, 2020</td>
<td><strong>Group 5</strong></td>
<td>Emergency Financial Assistance, Food Bank/Home Delivered Meals, Housing, Legal Services, Medical Transportation</td>
</tr>
<tr>
<td>November 9, 2020</td>
<td><strong>Group 6</strong></td>
<td>MAI Service Categories: Early Intervention Services, Medical Case Management, Non-Medical Case Management, Psychosocial Support Services</td>
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<tr>
<td>November 17, 2020</td>
<td><strong>Overflow</strong></td>
<td>Service Categories: Applications from All Service Categories that were not reviewed</td>
</tr>
</tbody>
</table>
• Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application

• Legal Considerations
LEGAL CONSIDERATIONS

• Ethics Commission
  Agencies with questions regarding ethics can contact the Ethics Commission directly at http://www.palmbeachcountyethics.com/
    • Ethical questions should not be addressed at CSD/RWHAP

• This NOFO includes a Cone of Silence
  • In effect from Application Submission Deadline (October 13th) until final RWHAP Agreements are approve by the Board of County Commissioners.
LEGAL CONSIDERATIONS – CONE OF SILENCE

Respondents are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance), a copy of which can be accessed at: http://www.pbcgov.com/legislativeaffairs/pdf/Lobbyist_Registration_Ordinance.pdf is in effect. The Respondent shall read and familiarize themselves with all of the provisions of said Ordinance, but for convenience, the provisions relating to the Cone of Silence have been summarized here.

"Cone of Silence" means a prohibition on any non-written communication regarding this RFP between any Respondent or Respondent’s representative and any County Commissioner or Commissioner’s staff, any member of a local governing body or the member’s staff, a mayor or chief executive officer that is not a member of a local governing body or the mayor or chief executive officer’s staff, or any employee authorized to act on behalf of the commission or local governing body to award a contract.

A Respondent's representative shall include but not be limited to the Respondent's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Respondent. 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, oral presentations before selection committees, and contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, when all proposals are rejected, or when an action is otherwise taken that ends the solicitation process.
LEGAL CONSIDERATIONS – GRIEVANCE PROCESS

• Discussed in detail in the NOFO

• Deadline to Submit a Grievance is 15 business days following the announcement of funding recommendations (Estimated December 15)

• Contract Agreement Process will continue while a grievance is in process
Epidemiological Overview
Epidemiological Overview

To understand the care status of individuals living with HIV in Palm Beach County, Ryan White Part A uses the HIV Care Continuum provided by the Florida Department of Health and our own data.

The last presentation provided to the public was on June 17, 2020 and includes data from 2018 for Palm Beach County and 2019 for Ryan White Part A in Palm Beach County. You can reference the information is this presentation in your applications.

The data presentation may help you complete the “Priority Populations” section, among other sections. The HIV Care Continuum is presented by race/ethnicity, gender, age, and transmission histories. The HIV Care Continuum housing status for Ryan White Part A clients is presented – but is not available for the jurisdiction as a whole for all individuals living with HIV. There is a geographic map of individuals who are out of care.

DEFINITIONS for Palm Beach County Data

- **Persons Living with HIV**: The number of persons known to be living with an HIV diagnosis (PLWH) at the end of 2018
- **Ever in Care**: PLWH with at least one documented Viral Load (VL) or CD4 lab, medical visit, or prescription from HIV diagnosis through 3/31/2019
- **In Care**: PLWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2018 through 3/31/2019
- **Retained in Care**: PLWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2018 through 6/30/2019
- **Suppressed Viral Load**: PLWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2018 through 3/31/2019
Epidemiological Overview
Needs Assessment
NEEDS ASSESSMENT

As Defined by the Ryan White HIV/AIDS Program Part A Manual

- **Needs Assessment:** A process of collecting information about the needs of people with HIV (PWH)—both those receiving care and those not in care.

- Steps involve gathering data from multiple sources on the number of HIV and AIDS cases, the needs of PWH, and current resources available to meet those needs (RWHAP and other).

- This information is then analyzed to identify what services are needed and by which groups of PWH.
NEEDS ASSESSMENT

Elements of a Needs Assessment
- Epidemiologic profile
- Resource inventory
- Profile of provider capacity and capability
- Estimate and assessment of unmet need
- Estimate and assessment of people with HIV who are unaware of their status
- Assessment of service needs gaps
Proposed Needs Assessment Timeline and Activities
March 2019-March 2022

June-December 2020
- Identify Community Partners/Resource Inventory
- Develop Plan for PLWHA Input
- Determine Prevention Components/Coordination Plan with CPP
- Develop Dissemination Plan (Focus Groups, Surveys)
- Need for Outreach and EIS Plan/Coordinated EIS Plan

October-November 2019:
- Establish 3-year schedule
- Review Sample Surveys

December-January 2019:
- Identify Community Partners
- Develop PLWHA Survey

February-March 2020
- Identify Sub-populations
  - Develop Plan for PLWHA Input
- Determine Prevention Components
  - Develop Dissemination Plan
- Develop Sampling Strategy
- Resource Inventory

June-July 2020
- Provider Survey (Draft)
- Client Confidentiality/Data Plan
- Identify Complementary Funding Sources

July-August
- Plan for Submitting Raw Data
- August-September
  - Coordination Plan with CPP
  - Identify Need for Outreach and EIS Plan
- October-November 2020
  - Develop Coordinated EIS Plan

January 2021
- Analysis of EIIHA Data
- Healthcare System Change Analysis
  - Demonstrated Need Analysis
- GEO Mapping of Viral Load
  - Analysis of EPI Data

June 2021
- Analysis of Barriers to Care
  - July-August 2021
  - Unmet Need Profile- PLWHA in Care
  - September-October 2021
  - Unmet Need Profile-PLWHA Not in Care
  - Update EIIHA Plan
  - Update EPI Profile

November-December 2021
- Disparities in Care by Subpopulation
  - Identify EIIHA Strategies

January 2022
- Identify Capacity Development needs

February 2022
- Update all EPI Data, Prepare Report

June 2021 – May 2022

June 2020- May 2021

Data Collection

June 2020 - May 2021
- Identification of Community Partners/Resource Inventory
- Develop Plan for PLWHA Input
- Determine Prevention Components/Coordination Plan with CPP
- Develop Dissemination Plan (Focus Groups, Surveys)
- Need for Outreach and EIS Plan/Coordinated EIS Plan

June 2021 – March 2022

Data Analysis and Reporting

For a copy of the needs assessment presentation and the updated needs assessment email: slanier@pbcgov.org
Logic Model Template
Problem Statement:
Low income people with HIV in Palm Beach County who are uninsured and underinsured do not have access to HIV primary medical care, essential support services, and medications needed to achieve optimal health outcomes and reduce HIV transmission.

Program Goals:
To establish a Ryan White coordinated services network that improves access and adherence to a comprehensive system of HIV care and treatment.
## LOGIC MODEL TEMPLATE

| Inputs: (nouns) Specified resources needed to conduct or carry out the goal; key staff, volunteers, EHR, standard documents, collaborative partners, budget, other resources |
| Activities: (verbs) Approach to reach the goal, listing key interventions; frequency of data collection, consultations, referrals, marketing, monitoring, trainings |
| Outputs: Direct products or deliverables of program activities; data entry in to database/HER, reporting, referrals to PCP/coordinated care/support services |

| Resources (people, money, space, etc.) needed to do the work. | The services or interventions provided to achieve the desired outcome(s). | (1) The number of unduplicated clients provided Core medical services (across all core medical service categories). (2) The number of unduplicated clients provided Support services (across all support service categories). (3) The number of unduplicated clients provided any service (across all core medical and support service categories). |
**LOGIC MODEL TEMPLATE**

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>Short Term (Year 1)</th>
<th>Intermediate (Year 2)</th>
<th>Long Term (Year 3)</th>
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<tbody>
<tr>
<td><strong>Outcomes:</strong></td>
<td>Results of a program, typically describing a change in people or systems; clients know their HIV-related health information, increased linkage to care, increased adherence, undetectable viral loads, increased engagement in care, empowerment of clients to take control of their overall health (Care Continuum)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>3 Year proposal for short term, intermediate, and long term outcomes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The quantitative measure of the projected change expected of clients receiving services.</td>
<td>The quantitative measure of the projected change expected of clients receiving services.</td>
<td>The quantitative measure of the projected change expected of clients receiving services.</td>
<td></td>
</tr>
<tr>
<td><strong>Example:</strong> Increase the number of unduplicated clients receiving outpatient/ambulatory health services by 15% (numerator/denominator).</td>
<td><strong>Example:</strong> Increase the number of clients retained in care by 10% (numerator/denominator).</td>
<td><strong>Example:</strong> Increase the number of clients achieving viral suppression by 5% (numerator/denominator).</td>
<td></td>
</tr>
</tbody>
</table>
Quality Improvement Plan
QUALITY IMPROVEMENT PLAN

• Recipients are required to implement continuous quality improvement activities for the Ryan White Program that are aimed at improving patient care, health outcomes and patient satisfaction.

• Sub-recipients are required to participate in CQM program activities, including quality improvement projects, among others.

• The RWHAP Part A Recipient Office and the RWHAP Part B Lead Agency have designed a Clinical Quality Management (CQM) Program called the Palm Beach County CQM collaborative for the West Palm Beach Eligible Metropolitan Area (EMA).

• The QM Plan is a core component of the PBC CQM collaborative infrastructure and includes all aspects of the CQM Program, aimed at improving health outcomes for PWH who receive care through the EMA’s subrecipient providers.

• Link for the current CQM Plan can be found on the PBC Care Council Website: https://discover.pbcgov.org/carecouncil/PDF/Quality%20Management/QM_Plan.pdf
HRSA Implementation Plan Template
HRSA IMPLEMENTATION PLAN

• HRSA Implementation Plans are required for each requested service category
• Requested funding must be aligned with appropriate level/cost of service
• Combine Implementation Plans in one Excel Workbook
OVERVIEW OF HRSA IMPLEMENTATION PLAN

<table>
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<tr>
<th>Agency Name:</th>
<th>Service Category:</th>
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<tr>
<td>Fiscal Year: 2018</td>
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<tr>
<td>Total Request:</td>
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**Service Category Goal:**

**Objective:** List quantifiable time-limited objective related to the service listed above

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<thead>
<tr>
<th>Service Unit Definition</th>
<th>Number of Persons to be Served</th>
<th>Number of Units to be Provided</th>
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**HAB/HHS Performance Measure:**

<table>
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<tr>
<th>Baseline (%)</th>
<th>Target (%)</th>
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Contracting Process
CONTRACTING PROCESS

1. NOFO Received/Reviewed
2. Recommendations Approved
3. Contract Creation and Further Discussions as Needed
4. Agreements Sent to Agencies for Signature Approval
5. Signed Agreements Received by Agencies
6. Final Approved Agreements Sent to Agencies
7. Agreements Sent for Final Approval
8. Signatures/Insurance Verified
CONTRACTING PROCESS

• The term of the Agreement shall be for one (1) year and will automatically renew for two (2) one (1) year terms, 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 (March 1, 2021 – February 29, 2024).

• Reports and other items shall be delivered or completed in accordance with the detailed schedule set forth in THE PROGRAMMATIC REQUIREMENTS.
CONTRACTING PROCESS

• Issues that can slow down the process:
  • Improper Insurance Coverage
  • Improper Signature Authority
  • Incorrect information on Implementation Plans
  • Incomplete Signature of Forms
CONTRACTING PROCESS

• Agreements can be amended when there is a change:
  • To the implementation plan
  • In funding
  • To unit cost
  • To federal, state, and local laws or policies affecting the agreement/terms and conditions
  • An emergency
Fiscal Considerations and Budget Templates
FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

Payer of Last Resort

By statute, the programs funded under the Ryan White legislation are the Payer of last resort.

• **Meaning:** Ryan White HIV/AIDS Program grant funds may not be used for any item/service for which payment has been made, or can reasonably be expected to be made by any other payer.

• Other payer may include:
  - Medicaid
  - Medicare
  - Veterans Affairs
  - Private Health Insurance
  - Employer-Provided Health Insurance
  - Other Federal Assistance Programs
  - Other State and Local Service Programs

**Failure to adhere to this requirement will result in a payback situation.**
FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

• Part A grants to Eligible Metropolitan Areas (EMAs) include formula and supplemental components as well as Minority AIDS Initiative (MAI) funds.
  o Formula grants are based on reported living HIV/AIDS cases in the EMA
  o Supplemental grants are awarded based on demonstrated need
  o MAI funding awarded according to distribution of living HIV/AIDS cases among racial and ethnic minorities

All funding is subject to certain restrictions that affect the Recipient (Palm Beach County) and Service Providers (Successful NOFO Proposers)
FISCAL CONSIDERATIONS AND BUDGET TEMPLATES – FORMULA FUNDING REQUIREMENTS

• The EMA will lose future funding if it does not spend at least 95% of Formula funding.

• This means the Recipient will monitor Service Providers expenditures closely. If it becomes clear a Service Provider cannot spend all contracted funds, the Priorities and Allocations Committee through the Care Council will reallocate funds.
FISCAL CONSIDERATIONS AND BUDGET TEMPLATES
— CORE MEDICAL/SUPPORT SERVICES

REQUIREMENTS

• HRSA restricts funding to no more than 25% of funds for support services

• HRSA requires at least 75% of allocated funds are spent on core medical services; CARE Council may adjust this allocation higher as needed

• **Failure to adhere to this requirement will result in a payback situation**

• Minority AIDS Initiative (MAI) funding is awarded separately;
  • CARE Council requires that applicants have at least 50% minority on staff and Boards of Directors
FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

• Grantee Administrative Cap
  • 10% administrative costs
  • 5% quality management

• Provider Administrative Cap
  • 10% administrative costs *(based on direct expenditures)*
  • (Personnel salaries, accounting costs, facilities maintenance, rent, supplies, etc.)
HRSA Award: 5,000,000
Less 10% grantee admin: 500,000
Less 5% Quality Assurance: 250,000
Available to Contract: 4,250,000

4,250,000 Available in Service Provider Contracts:
• 3,187,500 must be contracted in core medical services
• 1,062,500 could be contracted in support services
# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES – SAMPLE AWARD BREAKDOWN

<table>
<thead>
<tr>
<th>AGENCY 1</th>
<th>AGENCY 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract awarded:</td>
<td>Contract awarded:</td>
</tr>
<tr>
<td>770,000</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Direct Expenses:</td>
<td>Direct Expenses:</td>
</tr>
<tr>
<td>700,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Max administrative costs allowed:</td>
<td>Max administrative costs allowed:</td>
</tr>
<tr>
<td>70,000</td>
<td>100,000</td>
</tr>
</tbody>
</table>
Complete the Program Budget form for the Services for which the Agency is applying.

<table>
<thead>
<tr>
<th>Personnel</th>
<th>RW Budgeted</th>
<th>Other Funding Source %</th>
<th>Other Funding Source Name of Agency</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan White FTE %</td>
<td></td>
<td>0.10</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>Name, Position, Duties</td>
<td></td>
<td>0.10</td>
<td>0.10</td>
<td></td>
</tr>
<tr>
<td>Name, Position, Duties</td>
<td></td>
<td>0.09</td>
<td>0.09</td>
<td></td>
</tr>
<tr>
<td>Name, Position, Duties</td>
<td></td>
<td>0.09</td>
<td>0.09</td>
<td></td>
</tr>
<tr>
<td>Name, Position, Duties</td>
<td></td>
<td>0.24</td>
<td>0.14</td>
<td></td>
</tr>
</tbody>
</table>

**Fringe Benefits**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source Name of Agency</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance/Medical (Dental)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Social Security</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Retirement</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medicare</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Others (Disability, Unemployment, Workers Comp, Life Insurance, and Supp Ret.)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Travel**

<table>
<thead>
<tr>
<th>Local</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source Name of Agency</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

Local travel at a rate of for an approximate miles for the year.
# Fiscal Considerations and Budget Templates

<table>
<thead>
<tr>
<th>Long Distance Travel Sub-Total</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Supplies

<table>
<thead>
<tr>
<th>Office Supplies-Description</th>
<th>Supplier Total</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

## Contractual

<table>
<thead>
<tr>
<th>Description of contracted service if any</th>
<th>Contract Total</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

## Construction

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Construction Total</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

## Direct Assistance to Clients

<table>
<thead>
<tr>
<th>Description of direct assistance to clients</th>
<th>Direct Assistance to Clients Total</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

## Total Direct Cost

<table>
<thead>
<tr>
<th>Total Direct Cost</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

## Total ADMIN Cost

<table>
<thead>
<tr>
<th>Total ADMIN Cost</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

10% Administrative Costs will be automatically added to all direct service dollars.

<table>
<thead>
<tr>
<th>ADMIN Cost Total</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

Part A SERVICE CATEGORY Total

<table>
<thead>
<tr>
<th>Part A SERVICE CATEGORY Total</th>
<th>RW Budgeted</th>
<th>Other Funding Source</th>
<th>Other Funding Source</th>
<th>Total Budget</th>
</tr>
</thead>
</table>

ERROR CELL SEE INSTRUCTIONS
Online Application
Enter link (https://pbcc.samis.io/go/nofo/) to access NOFO proposal page. Please note there may be other applications on the page so be sure to select the correct application: RWHAP GY 2021-2023 NOFO Guidance/Application.

Click here to begin a new application or to continue to complete an application that was already started.
ONLINE APPLICATION

If you submitted an application previously through SAMIS or already started your application, you will use the email and password you created to log in under “Existing User.”

If you are a brand new SAMIS user, you will type in your first name, last name and email under “New User” to begin the process for creating an account. By creating an account, you will be able to return to an application you have started and apply for future grants using your newly created account.
For new users, you will receive an email with subject line: SAMIS:PBCC: Account Activation.

This email will contain a password for you to sign into SAMIS to complete your registration and the application.
ONLINE APPLICATION

...and, to change your password. Please make note of your password. You will be able to use the password to return to your saved application and to apply for future CSD grant opportunities.

You will be asked to accept the terms of use for SAMIS...
ONLINE APPLICATION

Once signed in, you will be directed to your proposal records landing page. Here you will see the list of all the proposals you have started.

To start a new proposal, click on the “Create New” button.

To continue a proposal that you have started or that you are sharing, click on the proposal name.
The application will appear. A valid Federal ID will populate the applicant’s agency name and address.

Check the NOFO/RFP to confirm you are in the correct application.

Use this status panel to track your application’s progress. A green “✓” (checkmark) means the section is marked as completed. A red “✗” means the section is not marked as completed. All sections must be marked complete to submit the application.
ONLINE APPLICATION

You can share the application with another reviewer/editor.

To add another reviewer/editor to the application, go to the “Additional Editors” field in the first section of the application (first page).

You can select up to two (2) additional editors. Each additional editor must have already registered on the SAMIS system.
The application will then appear in the additional reviewer's/editor's list of applications.
ONLINE APPLICATION

Download the RWHAP GY 2021-2023 NOFO Information Guidance document for details on the program and reference throughout the application.
Throughout the application, an “*” (asterisk) next to an item indicates that the field is required to mark the page as complete. However, there are required documents that do not have an asterisk because it is required for a specific funding source or service category.
Throughout the application, there will be several documents that you will be required to download, complete and re-upload to the application. Click on the link to preview and download the document.

Complete and save the document in the suggested document formats and with the naming convention indicated. Select “Choose File” to re-upload the document. The system will accept Word Documents, Excel Workbooks and PDF files.
Click “Download File” to download the previewed document, then click “Back” to return to the application.
You will find this checkbox and accompanying test “Mark this Section Completed.”

Check the box only after you have completed the section.

You can move between sections if this box is un-checked. The application will default to a checked box.

All boxes at the end of each section must be checked in order to submit the application.

The “Next” button will take you to the next section of the application. The “Back” button will take you to the previous section of the application.

The “Save & Continue Later” button will take you to the application preview page. You will be able to save your application there and return to complete the application at a later time.

The “Cancel” button cancels your input on the page.

There are several navigation buttons at the bottom of each page/section of the application.
After you have completed the first section of the application, you will see this status bar at the top of each application sections. The status bar will include your agency name, the name of the proposal and a countdown to the application deadline date.
All applicants are required to complete the first six (6) sections of the application only once.
## ONLINE APPLICATION

**Continued:**
Sections of the application to complete only once.

<table>
<thead>
<tr>
<th>RW Org. Profile &amp; Capacity - Organizational Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. ORGANIZATIONAL OVERVIEW (30 POINTS)</strong></td>
</tr>
<tr>
<td>1. Description of Organization (4000 Characters) *</td>
</tr>
<tr>
<td>Provide a brief description of proposing organization including:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RW Org. Profile &amp; Capacity - HIV Services Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. HIV SERVICES OVERVIEW (30 POINTS)</strong></td>
</tr>
<tr>
<td>15. Services Mission Alignment</td>
</tr>
<tr>
<td>Describe your organization's history of providing services to persons with HIV. Indicate the approximate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RW Budgets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. BUDGETS (30 POINTS)</strong></td>
</tr>
<tr>
<td>32. Service Category Budgets</td>
</tr>
<tr>
<td>Download the REQUIRED RW Program Budget Template for Part A or MAA services for use to submit separate line item budget for each Service Category. Each program area in the Fiscal Year shall be</td>
</tr>
</tbody>
</table>

*Note: Icons indicating sections that have been completed are marked with a red checkmark. Additional sections may be available depending on the specific requirements or criteria of the application.*
In the HIV Services Overview Section, Questions 24 and 25 must be completed if applying for MAI service categories.
In the Budgets section, applicants for Part A service categories must download, complete and re-upload the Service Category Budgets Template in Question 32.

Applicants for MAI service categories must download, complete and re-upload the Service Category Budgets Template in Question 33.

Applicants for both Part A and MAI service categories must download, complete and re-upload the Service Category Budgets Template in both Questions 32 and 33.
In the Budgets Section, applicants for Part A service categories must download, complete and re-upload the HRSA Implementation Plans Template in Question 38.

Applicants for MAI service categories must download, complete and re-upload the HRSA Implementation Plans Template in Question 39.

Applicants for both Part A and MAI service categories must download, complete and re-upload the HRSA Implementation Plans Template in both Question 38 and 39.
Applicants can complete the 7th section of the application, Service Category-Specific Elements section, once or multiple times. Select “New Entry,” which will open the section for completion.
ONLINE APPLICATION

Select the “Funding Source”

Select the “Service Category”
ONLINE APPLICATION

In the Service Category Section, if the applicant selected Medical Case Management for Part A or MAI in this section, complete Question 52.

If the applicant selected MAI Medical Case Management, complete Question 53.

52. MCM - Clinical Interaction (5000 Characters)

Medical Case Management Request Only

For Proposers requesting Medical Case Management (MCM) funding, describe how MCMs 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 MCM 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 MCMs and HIV clinical care teams.

53. MAI MCM Integrated Services (5000 Characters)

MAI Medical Case Management (MCM) Request Only

For Proposers requesting MCM/MAI funding, describe how services are integrated between the client's medical home and other medical and supportive services (e.g., behavioral health). Describe how MCMs 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 MCMs and HIV clinical care teams.

Note: Proposers applying for MAI MCM must also apply for all other MAI service categories, which includes Early Intervention Services, Medical Case Management, Non-Medical Case Management, and Psychosocial Support Services.
In the Service Category Section, if the applicant selected Specialty Medical Care in this section, complete Question 54.

If applicant selected Early Intervention Services for Part A or MAI in this section, complete Question 55. Remember to address all four (4) components of Early Intervention Services.
In the Service Category Section, applicant who has plans to apply for multiple service categories must select “Add New” in the “After Saving, Go To” field. This will take you to a new blank Service Category page.

Selecting “Modify Page” will take you to the sections summary page.

Click “Save Entry” once the section is completed.
Selecting “Modify Page” will take you to the Service Category Section’s summary page where you can view all the selected service category applications.

Select item to modify.

Once Applicant has completed all selected service categories, select “Save & Continue Later” to go to the Application Detail Page.
ONLINE APPLICATION

Once you have pressed “Save and Continue Later,” you will be taken to the summary page, which will show all the sections of the application, as well as the status panel and all the documents you have uploaded.

If you forget to mark a section complete, you will have the opportunity to return to the application by clicking the “Modify” button, then press “Next” until you reach the section you need to mark complete. You can also click on the section in the status bar. Click on the “Save and Continue Later” button to return to the detail page.
ONLINE APPLICATION

On the summary page, you will have one more opportunity to review your complete application before you submit. Click on the “Submit” button to submit your application.

When you have submitted your application, you will see a black “Submitted” box on the status bar.
You can print your application (hard copy or PDF) for your records by clicking the right button on your computer's mouse. Select print then select printer or PDF. Be sure that all the sections are fully displayed before printing.
Questions and Answers (Q&A)
Adjournment