

REQUEST FOR PROPOSALS (RFP)

RFP# 1694-DPH-BC

Ryan White HIV Care Grants

Issued on:

November 8, 2011

Issued by:

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH  
AIDS/HIV PROGRAM

All proposals must be postmarked  
no later than Friday, January 6, 2012

Proposals should be mailed, including one hard copy and an electronic version, to:

Mari Ruetten  
Ryan White Coordinator  
AIDS/HIV Program  
Division of Public Health  
1 W. Wilson St., Rm. 335  
PO Box 2659  
Madison, WI 53701 - 2659

For further information regarding this RFP contact:

Mari Ruetten  
608-261-6397

[mari.ruetten@wisconsin.gov](mailto:mari.ruetten@wisconsin.gov)

Late, faxed, or emailed proposals will not be considered.  
The State of Wisconsin reserves the right to reject any and all proposals.

**2012 Ryan White HIV Care Services RFP  
Table of Contents**

I. OVERVIEW.....	1
A. Wisconsin AIDS/HIV Program.....	1
B. Ryan White Funding .....	1
C. 2012 Competitive Process .....	1
1. Funding Scope.....	2
2. Available Funds .....	2
3. Fundable Services .....	2
4. Grant Terms.....	3
5. Eligible Applicants.....	3
6. Grant Timeline .....	3
7. Determination of Awards.....	4
8. Questions or Technical Support.....	4
II. TECHNICAL REQUIREMENTS .....	5
A. Eligible Individuals .....	5
B. Reports .....	5
C. General Provisions for all Ryan White Part B Funded Services.....	5
D. Allowable Costs .....	5
E. Cost Restrictions.....	5
F. Acceptance of Proposal Content.....	6
III. PREPARING AND SUBMITTING A PROPOSAL.....	7
A. Required Forms .....	7
B. Budget and Budget Narrative.....	8
C. Service Narratives.....	8
1. Outpatient Medical Care .....	8
2. Medical Case Management .....	8
3. Mental Health Services .....	8
4. Outpatient AODA Services.....	8
5. Oral Health Services .....	9
6. Non-medical Case Management.....	9
7. Medical Transportation .....	9
8. Housing Services .....	9
9. Legal Services .....	9
D. Performance Measures.....	9
E. General Instructions.....	10
F. Incurring Costs.....	10
G. Submitting the Proposal.....	10
IV. PROPOSAL SELECTION AND AWARD PROCESS.....	11
A. Technical Review of Proposals.....	11
B. Review Panel and Funding Recommendations .....	11
C. Scoring.....	11
D. Awards.....	13
E. Notification of Intent to Award .....	13
F. Appeals Process .....	14

APPENDIX A: FORMS AND INSTRUCTIONS .....	15
Instructions for Forms .....	16
Form A1. Proposal Checklist .....	19
Form A2. Agency Profile and Application .....	20
Form A3. Cultural Competency Assessment .....	22
Form A4. Quality Management Program Assessment.....	23
APPENDIX B: BUDGET TEMPLATE AND BUDGET INSTRUCTIONS.....	24
Comprehensive Budget Template Instructions .....	25
Budget Narrative Instructions .....	27
Comprehensive Budget Template .....	29
Map of DHS Regions .....	30
APPENDIX C: SERVICE NARRATIVE INSTRUCTIONS.....	31
APPENDIX D: PERFORMANCE MEASURE INFORMATION .....	58
APPENDIX E: GENERAL PROVISIONS FOR ALL RYAN WHITE PART B FUNDED AGENCIES.....	61

**List of Tables**

Table 1. Ryan White Part B Fundable Services- 2012 Competitive Process .....	3
Table 2. Proposal Elements.....	7
Table 3. Proposal Points and Evaluation.....	12
Table 4. Example Service Scores .....	13

## I. OVERVIEW

---

### A. Wisconsin AIDS/HIV Program

The Wisconsin AIDS/HIV Program, within the Division of Public Health, is the lead agency in Wisconsin government responsible for coordinating the state's public health response to the AIDS/HIV epidemic. In that role, the Program assumes the public health responsibilities for the following programs and activities:

- HIV/AIDS surveillance and epidemiologic investigation
- Counseling, testing and referrals
- HIV partner services
- Prevention education and risk reduction
- Coordinating and managing medical and supportive services for low-income, under- and un-insured persons living with HIV in Wisconsin
- Wisconsin AIDS/HIV Drug Assistance Program (ADAP) and the Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program.

The Division of Public Health, AIDS/HIV Program is responsible for issuing this request for proposals (RFP) for the State of Wisconsin. The Division is the sole point of contact for the State of Wisconsin during the selection process.

### B. Ryan White Funding

The Ryan White HIV/AIDS Program is a federal program that funds HIV-related services for individuals living with HIV/AIDS who have no health insurance, have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. The Ryan White Program, therefore, fills gaps in care not met by other payers.

Ryan White funding is administered by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) and is divided into five Parts, in order to provide flexibility in meeting needs of different communities and populations affected by HIV/AIDS. The funds for this RFP are the Ryan White Part B funds, which are grants to State Health Departments or other state entities responsible for implementing and managing state public health programs. Part B funds are distributed to states using a formula based on reported living cases of HIV/AIDS in the state, as well as other criteria. Part B dollars can only be used to fund HRSA-defined core and support services, with at least 75% of the award being used for core services.

### C. 2012 Competitive Process

The purpose of this document is to provide interested parties with information on how to prepare and submit a proposal for Ryan White Part B funding to provide allowable HIV/AIDS-related services. The State of Wisconsin, represented by the Division of Public Health, AIDS/HIV Program, intends to use the results of this process to award grants to local agencies to provide certain core and support services. Grants resulting from this process will be administered by the Division of Public Health, AIDS/HIV Program.

### **1. Funding Scope**

This competitive funding process supports the AIDS/HIV Program's Prevent – Test – Link – Treat – Retain model by directing Ryan White Part B funds to services that are comprehensive, and coordinated with each step in the patient care continuum, from initial HIV diagnosis through linkage and retention to care. More information on the Prevent – Test – Link – Treat – Retain model can be found in the Wisconsin HIV Comprehensive Plan, at <http://www.wihiv.wisc.edu/communityplanning/library.asp>. Ryan White Part B Funding will support best practices for HIV related services in clinical settings, or in coordination with clinical settings, that:

- Provide or are directly linked with HIV testing services,
- Cultivate relationships with, and accept referrals from, non-traditional partners including emergency departments, correctional health-care facilities, STD testing and treatment clinics, etc,
- Provide comprehensive health care, and
- Provide social support services.

While applicants need not provide all services, they must be able to demonstrate the ability to work jointly with other providers to ensure that needed services are coordinated and that clients experience a seamless continuum of care. Examples of this include, but are not limited to:

- A provider of social support services has a contractual arrangement to offer services on site at a medical clinic.
- A mental health provider contracts with a medical provider to provide services for the clinic's patients.

### **2. Available Funds**

Up to \$2,000,000, with approximately 80% directed to HRSA defined core services and 20% directed to HRSA defined support services, will be available to agencies, contingent on the availability of HRSA funds. Fundable core and support services are listed below in Table 1 and are defined later in the document.

Should additional funding become available, the Division of Public Health will reserve the right to use the results of this competitive process to increase funding to selected agencies or to fund additional agencies that applied but were not originally funded.

### **3. Fundable Services**

The Division will conduct this competitive process to award funds for the core services and support services listed below in Table 1. Fundable services were identified based on client utilization data for previously funded Ryan White services, reported needs from agencies and people living with AIDS/HIV, and national studies. Applicants may apply to provide one or more of these services. A full list of HRSA eligible individuals and service definitions can be found on pages 3-9 of the following link: [http://www.careacttarget.org/library/RSR\\_Instruction\\_Manual.pdf](http://www.careacttarget.org/library/RSR_Instruction_Manual.pdf)

**Table 1. Ryan White Part B Fundable Services- 2012 Competitive Process**

<b>Services</b>	<b>2012 Allocation (% of Total)</b>
<b>Core Services</b>	
Outpatient Medical Care	\$615,000 (31%)
Medical Case Management	\$455,000 (23%)
Mental Health Services	\$295,000 (15%)
Outpatient AODA Services	\$30,000 (1.5%)
Oral Health Services	\$275,000 (14%)
<b>Total for Core Services</b>	<b>\$1,670,000</b>
<b>Support Services</b>	
Non-medical Case Management	\$160,000 (8%)
Medical Transportation	\$50,000 (2.5%)
Housing	\$50,000 (2.5%)
Legal Services	\$70,000 (3.5%)
<b>Total for Support Services</b>	<b>\$360,000</b>
<b>Total for Core &amp; Support Services</b>	<b>\$2,000,000</b>

**4. Grant Terms**

Contracts will be awarded and renewed annually for the three-year period April 1, 2012 through March 31, 2015. At the discretion of the Division of Public Health, two, one-year extensions may be granted. One-year contracts will be issued with an opportunity for renewal based on:

- Agency performance as documented in annual audits, annual site visits, and grant required reporting,
- Agency compliance with federal and state grant guidelines,
- Agency compliance with contractual requirements, and
- Availability of federal Ryan White Part B funds.

**5. Eligible Applicants**

Units of government; local health departments; universities; private and public hospitals; private non-profit agencies with 501(c) 3 status, such as minority community-based agencies and AIDS service organizations; Tribal Nations; federally qualified health centers (FQHCs); and, private for-profit agencies may apply. Applicants must be located within the State of Wisconsin.

**6. Grant Timeline**

Issue Request for Proposal (RFP) ..... November 8, 2011  
 RFP responses postmarked ..... January 6, 2012  
 Awards announced ..... March 1, 2012  
 Contracts begin ..... April 1, 2012

## **7. Determination of Awards**

Proposals will be evaluated based on, but not limited to:

- Overall quality of the proposal and ability to meet required criteria detailed in the competitive proposal,
- Prevalence of persons living with HIV in Wisconsin as determined by epidemiologic data,
- Need for services in a particular location,
- Ability to provide efficient and effective services,
- History of successfully providing medical and/or support services,
- Ability to successfully reach underserved populations and provide culturally competent services, and
- Demonstration that infrastructure to provide coordinated care is in place by the time the contract is implemented.

## **8. Questions or Technical Support**

Any questions concerning this RFP should be addressed in writing no later than November 16, 2011 to the contact below. The AIDS/HIV Program will respond as soon as possible to the individual(s) who posed the questions, and then the responses to all questions received by the Program will be compiled and posted on the AIDS/HIV Program website (<http://www.dhs.wisconsin.gov/aids-hiv/index.htm>) by November 29, 2011.

Mari Ruetten  
Ryan White Coordinator  
AIDS/HIV Program  
Division of Public Health  
1 W. Wilson St., Rm. 335  
PO Box 2659  
Madison WI 53701 - 2659  
[mari.ruetten@wisconsin.gov](mailto:mari.ruetten@wisconsin.gov)

If an applicant discovers any significant ambiguity, error, conflict, discrepancy, omission or other deficiency in this RFP, the applicant should notify, immediately, the above named individual of such error and request modification or clarification.

## II. TECHNICAL REQUIREMENTS

---

### A. Eligible Individuals

The principal intent of the Ryan White Program is to provide services to persons infected with HIV, including those who have progressed to AIDS. Grantees may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. Additional information on individuals eligible for Ryan White services can be found in Policy Notice 10-02, *Eligible Individuals & Allowable Uses of Funds for Discretely Define Categories of Services*, at <http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html>.

### B. Reports

Federal and state reports of both programmatic and fiscal activity will be required as part of this proposal, including the ability to generate, and meet the specifications, of the electronic client level data file required annually by HRSA and any future requirements as designated by the Program. Reporting requirements will be specified in the agreement between successful applicants and the Division. Failure of successful applicants to accept these obligations may result in cancellation of the award.

### C. General Provisions for all Ryan White Part B Funded Services

All Ryan White Part B funded service providers and agencies must adhere to general provisions based on state and federal guidelines. These provisions will be part of the contract for awardees and the AIDS/HIV program, and are included as Appendix E.

### D. Allowable Costs

Grant recipients selected through this RFP will be required to comply with both federal and local cost policies. At the federal levels, Ryan White funds :

- Must be the payer of last resort, and
- Must be used for allowable services, in a manner consistent with the criteria outlined in Policy Notice 10-02 (<http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html>).

Local cost policies include:

- Those outlined in the Department of Health Services Allowable Cost Policy Manual, which is available online at <http://www.dhs.wisconsin.gov/grants/Administration/AllowableCost/ACPM.htm>, and
- The dental and transportation policies developed by the AIDS/HIV Program to be used for Ryan White Part B funded services. These policies can be accessed in the respective narrative sections.

### E. Cost Restrictions

- Funds used for reimbursement of medical, mental health and substance abuse services, may not exceed the current maximum allowable rates established by

the Wisconsin Medical Assistance Program. Funds used for dental services must also adhere to the Ryan White Part B dental reimbursement policy ([click here](#)).

- Ryan White Part B funds may not be expended to support syringe and needle exchange programs.
- Funds may not be used to make direct payments of cash to recipients of services. Where the direct provision of services is not possible or effective, vouchers, which may only be exchanged for a specific service or commodity (e.g., food or transportation), must be used to meet the need for such services. Funded agencies must ensure that vouchers cannot be readily converted to cash.
- Funds may not be used for alternative or complimentary therapies, such as acupuncture and massage therapy.
- Funds may not be used to purchase or improve land or to purchase, construct or make permanent improvements to any building.
- Funds may not be used to support international travel, fundraising expenses, lobbying expenses, or Pre-Exposure Prophylaxis (PrEP).

**F. Acceptance of Proposal Content**

Grant recipients receiving awards will be mandated to meet all requirements of this RFP.

### III. PREPARING AND SUBMITTING A PROPOSAL

All narrative sections (service narrative, budget narrative) should be typed in an easily readable font like Times New Roman or Arial, that is no smaller than 12 points, and single-spaced on 8.5 by 11 inch paper with one inch margins. Each service narrative and the budget narrative should be saved as individual documents and should be numbered consecutively within each document.

A complete proposal package must contain the sections listed in the table that follows. Responses within each part must be clearly labeled with the headings and subheadings listed in Table 2. Additional information on each section is provided after the table.

**Table 2. Proposal Elements**

Section	Content	Comments
<b>A. Required Forms</b>	A1. Proposal Checklist	Applicants should submit one set of required forms (A1-A4) regardless of the number of services for which they are applying.
	A2. Agency Profile and Application Form	
	A3. Cultural Competency Assessment Form	
	A4. Quality Management Program Assessment Form	
<b>B. Budget and Budget Narrative</b>	B1. Comprehensive Budget Template	Applicants should submit one comprehensive budget lists the proposed costs for each service for which they are applying.
	B2. Comprehensive Budget Narrative	Applicants must submit a budget narrative that justifies proposed costs for each service.
<b>C. Service Narrative(s)</b>	C1. Outpatient Medical Care C2. Medical Case Management C3. Mental Health Services C4. Outpatient AODA Services C5. Oral Health Services C6. Non-medical Case Management C7. Medical Transportation C8. Housing Services C9. Legal Services	Applicants applying for one or more services must submit an individual narrative for each service for which they are applying.

#### A. Required Forms

The following required forms must be completed and submitted with a proposal:

- A1. Proposal Checklist
- A2. Agency Profile and Application Form
- A3. Cultural Competency Assessment Form
- A4. Quality Management Program Assessment Form

Copies of the required forms and instructions for completing the forms are included in Appendix A of this document. The forms are also posted individually so they can be completed electronically, saved, and submitted with the final proposal.

Applicants should only submit one set of required forms (A1-A4) regardless of the number of services for which they are applying.

## **B. Budget and Budget Narrative**

Copies of the required budget template and instructions are included in Appendix B of this document. Budget narrative instructions are also in Appendix B.

- Applicants applying for one or more core and/or support service must submit a **single** comprehensive budget form. The budget form should contain a column for each core and support service that for which the agency is applying. Applicants should record the costs associated with each service for which they are applying in the column designated for that service.
- Applicants must also submit a comprehensive budget narrative, which describes each budget item. If applying for multiple services, the Budget Narrative should be organized by service and budget category.

## **C. Service Narratives**

Applicants must submit individual narratives for each service for which they are applying. The narrative content and page limit vary by service, so please carefully read the requirements for each service in the designated Appendix when completing the narrative. The narrative should briefly and concisely respond to each of the questions in the service-specific narrative instructions in Appendix C.

### **1. Outpatient Medical Care**

The service definition and narrative requirements for this service are described in Appendix C1, or click [here](#).

### **2. Medical Case Management**

The service definition and narrative requirements for this service are described in Appendix C2, or click [here](#).

### **3. Mental Health Services**

The service definition and narrative requirements for this service are described in Appendix C3, or click [here](#).

### **4. Outpatient AODA Services**

The service definition and narrative requirements for this service are described in Appendix C4, or click [here](#).

**5. Oral Health Services**

The service definition and narrative requirements for this service are described in Appendix C5, or click [here](#).

**6. Non-medical Case Management**

The service definition and narrative requirements for this service are described in Appendix C6, or click [here](#).

**7. Medical Transportation**

The service definition and narrative requirements for this service are described in Appendix C7, or click [here](#).

**8. Housing Services**

The service definition and narrative requirements for this service are described in Appendix C8, or click [here](#).

**9. Legal Services**

The service definition and narrative requirements for this service are described in Appendix C9, or click [here](#).

**D. Performance Measures**

At the time that awards are announced and contracts are issued, funded agencies will be required to develop and submit performance measures which correspond to each funded service. Performance measures can be used by the applicant and by the AIDS/HIV Program to assess whether services are being performed according to established standards, services are being provided efficiently, positive health outcomes are achieved, and clients are satisfied with services. Progress against performance measured will be reported to the AIDS/HIV Program twice per year.

Agencies funded for Outpatient Medical Care, Medical Case Management, Oral Health Services or Non-Medical Case Management will be required to use the uniform performance measures already developed by the HRSA HIV/AIDS Bureau or the AIDS/HIV Program and therefore performance measures will not need to be developed by the applicant. The performance measures for these services are included for reference in Appendix D. Applicants should review the required performance measures prior to submitting a proposal to ensure the applying organization has the capacity to collect and report the required data.

Agencies funded for Mental Health Services, Outpatient AODA Services, Medical Transportation, Housing Services or Legal Services will develop one to three performance measures as part of the contracting process. The AIDS/HIV Program Quality Assurance Coordinator will work with agencies to fine tune performance measures if necessary.

The AIDS/HIV Program reserves the right to implement and require additional or alternative performance measures at a later date based on performance measures recommended by the HRSA HIV/AIDS Bureau or new service guidelines developed by the Program.

**E. General Instructions**

The selection of grantees will be based on an evaluation of the information submitted in the proposal. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a proposal.

The Division does not desire elaborate proposals (e.g. extensive artwork). It is not necessary to submit more than what is sufficient to present a complete and effective proposal.

**F. Incurring Costs**

The State of Wisconsin is not liable for any cost incurred by applicants in replying to this RFP.

**G. Submitting the Proposal**

Applicants must submit one hard copy with original signature as well as an electronic version of the proposal. Electronic documents must be sent via electronic media (CD, DVD, flash drive, etc.). Do not email the proposal. The electronic documents may be submitted as Word or PDF formats, with the exception of the budget, which should be submitted in the original Excel format. Each section of the proposal should be included individually (instead of being compiled into one large document) using the naming conventions provided in the instructions for each section. The electronic media and one hard copy should be **postmarked no later than Friday, January 6, 2012** and sent to the address below. Materials may also be hand delivered to room 335 at the address below. Hand delivered proposals must be delivered **by 4:00 PM CST** on Friday, January 6, 2012. Send or deliver proposal materials to:

Mari Ruetten  
Ryan White Coordinator  
AIDS/HIV Program  
Division of Public Health  
1 W. Wilson St., Rm. 335  
PO Box 2659  
Madison WI 53701 - 2659  
[mari.ruetten@wisconsin.gov](mailto:mari.ruetten@wisconsin.gov)

Phone (for overnight mail) 608-261-6397

**Faxed or emailed proposals will not be accepted. Late proposals will be rejected.**

## **IV. PROPOSAL SELECTION AND AWARD PROCESS**

---

### **A. Technical Review of Proposals**

All proposals will be subject to an initial technical review for completeness and adherence to RFP specifications and requirements. Proposals will receive a pass or fail score for the initial technical review. Proposals that pass the initial technical review will be forwarded to the review panel for scoring. Proposals that fail the initial review will receive no further consideration.

### **B. Review Panel and Funding Recommendations**

Proposals that pass the initial technical review will be evaluated and scored by a panel of reviewers with knowledge of health care or social service delivery. Proposals for each service category will be evaluated and scored independently and compared to other proposals within the same service category. The AIDS/HIV Program will make funding recommendations based on the review panel's scoring and evaluation, taking into consideration the other factors listed on page four of this guidance, and the funding targets outlined in Table 1. The AIDS/HIV Program will forward its funding recommendations to the Administrator of the Division of Public Health for final consideration.

### **C. Scoring**

Table 3 outlines the points assigned to each section of a complete proposal and briefly describes how each section will be evaluated.

Since some applicants may submit proposals for multiple services, scores will be calculated for each service in the following manner:

- The scoring of the Agency Profile and Application will result in an individual score for each service being applied for by an agency. The Agency Profile and Application score for each service will then contribute to the total score for each service applied for by an applicant.
- The Cultural Competency and Quality Management Program Assessments will be scored once and that score will be applied to the total score for each service applied for by an applicant.
- The budget column and corresponding budget narrative will be scored separately for each service. The budget/budget narrative score will then be applied to the total score for each service that is applied for by an applicant.
- Narratives for each service will be scored individually.
- A total score will be calculated for each service applied for by an agency. The maximum score possible for each service is 106 points.
- Individual service scores will be compared to other applicants who applied for the same service.

**Table 3. Proposal Points and Evaluation**

<b>Proposal Section</b>	<b>Points</b>	<b>Evaluation</b>
<b>A. Forms</b>	<b>40</b>	
<ul style="list-style-type: none"> <li>• A1. Checklist – not scored</li> <li>• A2. Agency Profile and Application form – 16 points</li> <li>• A3. Cultural Competency Assessment – 12 points</li> <li>• A4. Quality Management Program Assessment – 12 points</li> </ul>		All forms must be submitted. Points will be awarded based on scoring of the Agency Profile and Application and the Cultural Competency and Quality Management Program Assessments. The individual service scores from the Agency Profile and Application will be applied to the scores for each service for which the applicant is applying. The Cultural Competency and Quality Management Program Assessments will be scored once and that score will be applied to the total score for each service applied for by an applicant.
<b>B. Budget and Budget Narrative</b>	<b>12</b>	
		Budgets will be evaluated based on their accuracy and the extent to which charges are reasonable and allowable. Budget narratives will be evaluated based on the extent to which they justify costs. The budget column and corresponding budget narrative will be scored separately for each service. The budget/budget narrative score will then be applied to the total score for each service that is applied for by an applicant.
<b>C. Service Narrative</b>	<b>54</b>	
		Narratives will be evaluated based on the extent to which they reasonably, logically and effectively respond to the required elements.
<b>Total</b>	<b>106</b>	

**Example:**

An agency submits a proposal for funding to provide medical services, mental health services and non-medical case management. Table 4 shows how the review panel scores for each section of the agency’s proposal are added together for a total score for each service in the proposal.

**Table 4. Example Service Scores**

<b>Section</b>	<b>Outpatient Medical Care</b>	<b>Mental Health Services</b>	<b>Non-Medical Case Management</b>
<b>Total Forms Scores</b>	<b>28</b>	<b>24</b>	<b>26</b>
Agency Profile and Application	12	8	10
Cultural Competency Assessment (same score for all services)	9	9	9
Quality Management Program Assessment (same score for all services)	7	7	7
<b>Budget &amp; Budget Narrative Score</b>	<b>9</b>	<b>11</b>	<b>10</b>
<b>Service Narrative Score</b>	<b>48</b>	<b>30</b>	<b>52</b>
<b>Total Service Score</b>	<b>85</b>	<b>65</b>	<b>88</b>

Individual service scores will be compared to the scores for the same service from other applicants. Final recommendations for awards for individual services will be based on scores, but will also take into account the factors mentioned on page four of this guidance. Based on these factors, a selected agency may not be funded in all the categories for which it applied.

**D. Awards**

The Division reserves the right to reject any and all proposals, to withdraw the RFP, and to negotiate the terms of contracts, including the total award amount and/or the award amount for specific service categories, with the selected applicants prior to entering into a contract. If contract negotiations cannot be concluded successfully with a selected applicant for a particular category of service, the Division may negotiate a contract with another applicant in that service category or another category, or may maintain a contract with an existing grantee if it is determined that services provided by that grantee are more beneficial than any proposed through the RFP.

Should additional funding become available, the Division reserves the right to use the results of this RFP to increase funding to selected agencies or to fund additional agencies that applied but were not originally funded through the RFP.

The Division also reserves the right not to award funding for individual service categories if there are no acceptable proposals submitted for those categories.

**E. Notification of Intent to Award**

All applicants who respond to this RFP will be notified in writing of the Division’s intent to award contracts as a result of this RFP.

After official notification of the intent to award is made, copies of proposals will be available for public inspection by appointment from 8:00 AM to 4:00 PM at the State Office Building at 1 W. Wilson Street in Madison, under the supervision of AIDS/HIV

Program staff. Interested parties should schedule an appointment by contacting the AIDS/HIV Program at 608-267-5287.

**F. Appeals Process**

Proposers can only protest or appeal violation of procedures outlined in this RFP. Scoring by the review panel is not subject to protest or appeal. Notice of intent to protest and protests must be made in writing. Protestors should make their protests as specific as possible and should fully identify the procedural issue being contested.

The written notice of intent to protest must be filed with the:

Office of the Administrator  
Division of Public Health  
1 W. Wilson St., Rm. 250  
PO Box 2659  
Madison WI 53701-2659

Notices of intent to protest must be received in that office no later than five (5) working days after the notice of intent to award is postmarked. The written protest, fully identifying the procedural issue being contested, must be received in the Administrator's Office no later than ten (10) working days after the notice of intent to award is issued.

The decision of the Division Administrator may be appealed to the Secretary of the Department of Health Services, 1 W. Wilson St., Rm. 650, PO Box 7850, Madison, WI, 53707, within five (5) working days of issuance, with a copy of the appeal also filed with the Administrator of the Division of Public Health.

## **APPENDIX A: FORMS AND INSTRUCTIONS**

**Instructions for Forms  
Proposal Checklist Form  
Agency Profile and Application Form  
Cultural Competency Assessment Form  
Quality Management Program Assessment Form**

## **Instructions for Forms**

### **General**

The following forms associated with this RFP must be completed electronically, with the exception of the signature page on the Agency Profile and Application

- Proposal Checklist
- Agency Profile and Application
- Cultural Competency Assessment
- Quality Management Program Assessment

The forms listed above are included at the end of this appendix. The forms are also posted individually so they can be completed electronically, saved, and submitted with the final proposal.

### **Instructions for Fillable Forms**

All of the forms are fillable forms in Microsoft Word 2003. Each field that you must complete is shaded in gray. The forms are locked, which means you will only be able to enter information in the gray shaded fields.

1. To begin, use your mouse to place the cursor in the first shaded field.
2. Enter the requested information.
3. Do not press “enter” to advance the cursor.
4. To advance to the next field, press the “tab” key. By pressing the “tab” key repeatedly, you can advance through the entire form.
5. In fields that require a number as a response:
  - Enter numerals only (e. g, 3).
  - Do not type out the word for the number (e.g., do not type “three”).
  - Do not enter commas or decimal points
6. In fields that require monetary amounts for the response:
  - Use whole dollar amounts
  - Do not enter commas or decimal points. They will appear automatically when you press “tab” to advance to the next field.
  - Do not enter the dollar sign (\$). It will appear automatically when you press the “tab” key to advance to the next field.
7. When you have completed a form, use the “save as” function to save the completed form.

## **Brief Instructions for Individual Forms**

### ***Proposal Checklist***

This form is required to be completed and submitted with your proposal. The form serves two functions. First, it is a checklist that you can use to assure that you have prepared a complete proposal. Second, it will indicate to the reviewers the services for which you are applying.

1. Sections A and B: In Sections A and B, all forms, the budget, and budget narrative are required and therefore each box should be checked. To show the box as checked, use the mouse to single-click within the box.
2. Section C: In Section C, you should only check the boxes associated with the services for which you are applying. To show the box as checked, use the mouse to single-click within the box. For example, if you are only applying to provide outpatient medical care, you would only check the box for C1, Outpatient Medical Care Narrative.
3. Save the document so it can be included with the final proposal. Use the following naming rule for this form: Agency Name\_ Checklist.doc (or .pdf)

### ***Agency Profile and Application Form***

This form provides background information about your agency and summarizes the services you are applying for and the funding that you are requesting.

1. Enter your agency's legal name.
2. Enter your Federal Employer Identification Number, which is also known as your Tax Identification Number.
3. Enter the physical address of your agency. If your agency has multiple locations, enter the address that you consider to be your main or central office.
4. Enter the address where grant reimbursements should be sent if your agency is selected for funding. It is only necessary to enter a payee address if it is different than the address entered in section 3. If no address is entered, payments will be sent to the address in section 3.
5. In this section, in the "Service Provided" columns check the boxes associated with each type of service your agency is applying to provide.

In the "Years" columns, enter the number of full years you have provided each of the services you checked in the "Service Provided" column. Enter whole numbers only (e.g., 6, not 6.2). Since we are requesting the number of full years, you must round down (e.g., 8, not 8.7).

In the “Clients with HIV” columns, check the box that corresponds to a service if you knowingly provided the service to clients living with HIV infection.

6. In the table in this section you will enter the number and percent of clients you **anticipate** serving by race and ethnicity for each service for which you are applying, considering **all** funding sources for the service, not just Ryan White Part B dollars. Fill out only the rows associated with the services for which you are applying. Leave all other rows blank. In each row, the total for “Race” and the total for “Ethnicity” should be the same number.
7. In this table indicate the racial and ethnic make-up of the applying agency’s management, employees and Board of Directors (or other governing body). In each column the total for Race and the total for Ethnicity should be the same.
8. In this section print the name and title of the individual who is authorized by your agency to sign contracts on behalf of the agency, and have the individual sign the form in the space provided. The signed original must be mailed as part of your complete proposal.
9. Save the document so it can be included with the final proposal. Use the following naming rule for this form: Agency Name\_ Profile.doc (or .pdf)

***Cultural Competency Assessment***

Provide a narrative response to each of the three questions using the form provided. The total narrative response should total no more than three pages. Save the document so it can be included with the final proposal. Use the following naming rule for this form: Agency Name\_Cultural Competency Assessment.doc (or .pdf).

***Quality Management Program Assessment***

Provide a narrative response to each of the questions using the form provided. The total narrative response should total no more than two pages. Save the document so it can be included with the final proposal. Use the following naming rule for this form: Agency Name\_Quality Management Assessment.doc (or .pdf).

## Form A1. Proposal Checklist

### Section A. Required Forms

---

- A1. Proposal Checklist (this form)
- A2. Agency Profile and Application Form
- A3. Cultural Competency Assessment Form
- A4. Quality Management Program Assessment Form

### Section B. Budget and Budget Narrative

---

- B1. Comprehensive Budget Form
- B2. Comprehensive Budget Narrative

### Section C. Service Narrative(s)

---

#### Core Services

- C1. Outpatient Medical Care Narrative
- C2. Medical Case Management Narrative
- C3. Mental Health Services Narrative
- C4. Outpatient AODA Services Narrative
- C5. Oral Health Services Narrative

#### Support Services

- C6. Non-medical Case Management Narrative
- C7. Medical Transportation Narrative
- C8. Housing Services Narrative
- C9. Legal Services Narrative

**Form A2. Agency Profile and Application**

<b>1. Agency Legal Name:</b>	<b>2. FEIN (9 digit Federal Employer ID Number):</b> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>										
<b>3. Address:</b>	<b>4. Payee Address – if different:</b>										

**5. In the table below check the service(s) for which you are applying and indicate the number of years experience providing the service. Check the box to indicate whether the service was provided to persons with HIV.**

Service Provided	Years	Clients with HIV	Service Provided	Years	Clients with HIV
<input type="checkbox"/> Outpatient Medical Care		<input type="checkbox"/>	<input type="checkbox"/> Non-Medical Case Management		<input type="checkbox"/>
<input type="checkbox"/> Medical Case Management		<input type="checkbox"/>	<input type="checkbox"/> Medical Transportation		<input type="checkbox"/>
<input type="checkbox"/> Mental Health Services		<input type="checkbox"/>	<input type="checkbox"/> Housing Services		<input type="checkbox"/>
<input type="checkbox"/> Outpatient AODA Services		<input type="checkbox"/>	<input type="checkbox"/> Legal Services		<input type="checkbox"/>
<input type="checkbox"/> Oral Health Services		<input type="checkbox"/>			

**6. In the tables below, enter the number and percentage of persons by race and ethnicity anticipated to be served, considering all funding sources. Enter data in the row designated for each service that your agency is applying to provide. Leave all other rows blank. In each row, the total for race and the total for ethnicity should be the same.**

Race	White		African American		Asian/Pacific Islander		American Indian		Multi-Racial		Other/Unknown		Total	
	#	%	#	%	#	%		%	#	%	#	%	#	%
Medical Care														
Medical Case Man.														
Mental Health Svcs.														
AODA Services														
Oral Health Services														
Non-Medical Case Man.														
Medical Transportat.														
Housing Services														
Legal Services														
<b>Total</b>														

Ethnicity	Hispanic		Non-Hispanic		Unknown		Total	
	#	%	#	%	#	%	#	%
Medical Care								
Medical Case Management								
Mental Health Services								
AODA Services								
Oral Health Services								
Non-Medical Case Management								
Medical Transportation								
Housing Services								
Legal Services								
<b>Total</b>								

**A2. Agency Profile and Application**

**7. In the table below, enter the number and percent of management, employees and Board members (or other governing body) by race and ethnicity. In each column the total for race and the total for ethnicity should be the same.**

Race	Management		Employees		Board Members/Governing Body	
	#	%	#	%	#	%
White						
African American						
Asian/Pac Islander						
American Indian						
Multi-Racial						
Other/ Unknown						
<b>Total</b>						
<b>Ethnicity</b>						
Hispanic						
Non-Hispanic						
Unknown						
<b>Total</b>						

**8. In the table below, provide the name, title and signature of the individual who is authorized to sign contracts for the applicant agency. Include the signed original with the proposal.**

	Printed Name	Signature
<b>Name :</b>		
<b>Title:</b>		

**Form A3. Cultural Competency Assessment**

**Instructions:** Provide narrative responses to each of the questions using this form. The total narrative, which includes responses to all three questions, should be no more than three pages.

1. How does your agency demonstrate a commitment to support cultural competency within the agency and in the services delivered by the agency?
  
2. How has your agency institutionalized its commitment to recruiting and retaining a staff that is culturally diverse at all levels and reflective of the populations currently served or proposed to serve?
  
3. Describe how your agency involves individuals reflecting relevant differences, such as race/ethnicity, gender, sexual orientation and HIV status in the planning, design, implementation and evaluation of care services.

**Form A4. Quality Management Program Assessment**

**Instructions:** Provide narrative responses to each question using this form. The total narrative should be no more than two pages.

1. Describe the agency's or HIV program's quality management infrastructure, which may include roles and responsibilities of staff overseeing quality management, frequency of quality meetings, supporting documents, or dedicated resources.
2. Describe how consumers are involved in quality-related activities.

## **APPENDIX B: BUDGET TEMPLATE AND BUDGET INSTRUCTIONS**

**Instructions for Budget and Budget Narrative  
Comprehensive Budget Template  
DHS Regional Map**

**INSTRUCTIONS FOR BUDGET TEMPLATE AND BUDGET NARRATIVE**

**Comprehensive Budget Template Instructions**

The budget template is created in Microsoft Excel 2003 and is available for download so it can be completed electronically, saved, and included with the final proposal. When completing this form, use whole dollar amounts only.

1. In the first line, enter the name of your agency in the space provided.
2. In Column B, row 2, replace the heading "Insert Service Name" with the name of the first service for which you are applying. Continue to add the service names for which you are applying in the remaining columns. You may delete unused columns or leave them blank. In addition, you may add columns to the budget table if the existing template does not have enough columns for each service for which you are applying.
3. In Column A identify the personnel, consultants, contractual agreements, supplies, and agency operations that will be charged to this grant.
4. For items in Column A, enter all costs to be charged to this grant in the column(s) that correspond to the service(s) for which that item will be used. Using formulas, provide a total cost for each item, across all relevant services, in the Total Column.
5. For each section of the budget (Personnel, Supplies, etc.), use the gray colored rows to provide subtotals for each budget section and service.
6. Provide the total direct costs for each service and overall in the designated row.
7. In the row for Administration/Indirect, provide the administration cost, which includes indirect costs, for each service and overall. The total administration cost may not exceed 10% of the total requested amount. Note that the Administration category is now the HRSA designated category for rent, telephone, utilities and other facility costs.
8. In the Geographic Allocation table, for each service for which you are applying, indicate the amount of funds that will be allocated to the DHS region(s) in which you propose to provide services. A map of the regions is provided later in this appendix. For example, if you are applying for a total of \$50,000 to provide Outpatient Medical Care in the northern and western regions, you must indicate how much of the total you will allocate to each of these regions. If you are applying to provide a service statewide, enter the requested amount in the statewide row in the column designated for the service. For each service, the Total of categories I to V in the first table should be the same as the Geographic Total in the second table.

***Appendix B. Budget Template and Budget Instructions***

9. When the budget is complete, save the document so it can be included with the final proposal. Use the following naming rule for this form: Agency Name\_Budget.xls.  
**Do not convert the budget to a PDF document.**

## Budget Narrative Instructions

**Note:** If applying for multiple services, the Budget Narrative should be organized by service and budget category. If applying to provide a service in multiple regions, within each category (personnel, consultant/contractual, etc.) provide a subheading indicating the charges for that region.

When the budget narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for the narrative: Agency Name\_Budget Narrative.doc (or .pdf).

For each service provide the following:

### **I. Personnel**

For each requested position, provide the following information:

Name of staff member occupying the position, if available; annual salary; total months of salary budgeted; percentage of time budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position.

### **Fringe Benefits**

Provide the rate at which fringe benefits are calculated and the total amount charged to the grant.

### **II. Consultant/Contractual**

List each subcontract/consulting agreement, the services to be provided and the time period of each subcontract/consulting agreement.

### **III. Program Supplies**

Provide a general description of the type of items classified as supplies.

### **IV. Agency Operations**

Include items such as postage, training and other allowable costs. Specifically detail any travel costs. **Note that rent, utilities, telephone and facility costs are no longer allowable agency operations according to HRSA and must instead be claimed as administration expenses.**

#### **Travel**

List all travel anticipated to occur during the budget/contract period. Be specific about who will travel, where, and why.

#### **Training**

List all trainings anticipated to occur during the budget/contract period. Be specific about the content of the training and anticipated number of attendees.

**V. Administration**

List all personnel, services, facility costs (e.g. rent, utilities, telephone), equipment and activities associated with agency administration. If a portion of the administration line is dedicated to indirect costs, indicate the percentage and base amount used to determine the indirect charges. The total amount budgeted for project administration, including indirect costs, cannot exceed 10% of the total grant award.

**Comprehensive Budget Template**

Applicant Agency:	Insert Service Name	Insert Service Name	Insert Service Name	Insert Service Name	Insert Service Name	Total
<b>I. Personnel</b>						
<b>Personnel Subtotal</b>						
<b>Fringe</b>						
<b>Total Personnel</b>						
<b>II. Consultant/Contractual</b>						
<b>Total Consultant/Contractual</b>						
<b>III. Supplies</b>						
<b>Total Supplies</b>						
<b>IV. Agency Operations</b>						
<b>Total Agency Operations</b>						
<b>Total Direct Costs</b>						
<b>V. Administration/Indirect</b>						
<b>TOTAL ALL CATEGORIES (I TO V)</b>						

<b>Geographic Allocation</b>						
<b>Northeastern Region</b>						
<b>Northern Region</b>						
<b>Southeastern</b>						
<b>Southern</b>						
<b>Western</b>						
<b>Statewide</b>						
<b>Total</b>						

**Map of DHS Regions**



<u>Southern</u>	<u>Southeastern</u>	<u>Northeastern</u>	<u>Western</u>	<u>Northern</u>
Adams	Jefferson	Brown	Barron	Ashland
Columbia	Kenosha	Calumet	Buffalo	Bayfield
Crawford	Milwaukee	Door	Burnett	Florence
Dane	Ozaukee	Fond du Lac	Chippewa	Forest
Dodge	Racine	Green Lake	Clark	Iron
Grant	Walworth	Kewaunee	Douglas	Langlade
Green	Washington	Manitowoc	Dunn	Lincoln
Iowa	Waukesha	Marinette	Eau Claire	Marathon
Juneau		Marquette	Jackson	Oneida
Lafayette		Menominee	La Crosse	Portage
Richland		Oconto	Monroe	Price
Rock		Outagamie	Pepin	Sawyer
Sauk		Shawano	Pierce	Taylor
Vernon		Sheboygan	Polk	Vilas
		Waupaca	Rusk	Wood
		Waushara	St. Croix	
		Winnebago	Trempealeau	
			Washburn	

## APPENDIX C: SERVICE NARRATIVE INSTRUCTIONS

- C1. Outpatient/Ambulatory Medical Care**
- C2. Medical Case Management**
- C3. Mental Health Services**
- C4. Outpatient Substance Abuse Services**
- C5. Oral Health Services**
- C6. Non-Medical Case Management**
- C7. Medical Transportation Services**
- C8. Housing Services**
- C9. Legal Services**

## **OUTPATIENT/AMBULATORY MEDICAL CARE**

### **HRSA Definition**

The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner or other health care professional who is certified in their jurisdiction to prescribe Antiretroviral (ARV) therapy in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, 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 (PHS) guidelines. Such care must include access to antiretroviral therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

### **Expectations/Requirements for Successful Applicants**

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Provide service in a medical setting or in coordination with a medical setting.
- Conduct an initial comprehensive clinical assessment.
- Provide HIV specialty medical care including administering and monitoring of antiretroviral therapy.
- Provide and/or coordinate primary medical care.
- Provide comprehensive care coordination including referral to specialty medical evaluation and care.
- Actively collaborate and have referral relationships with internal/external organizations providing core services (dental, mental health, AODA).
- Demonstrate active collaboration with community-based or other organizations for provision of additional supportive services (housing, transportation, etc.).
- Conduct regular risk assessment and appropriate harm reduction counseling services and referrals to Partner Services.
- Assess third party payor options and provide assistance with securing coverage/benefits.
- Bill third party payor sources.
- Providers must be certified, and in good standing, with the Wisconsin Medicaid Program.
- Demonstrate linkages with testing and counseling sites (public and private) for the purposes of facilitating treatment referrals.

- Demonstrate a referral base among emergency rooms, urgent care facilities and other acute care organizations offering HIV testing and counseling.
- Record, track, and report client specific data and service performance measurements following federal and state guidelines.

### **Applicant Response**

**Directions:** Responses to the Outpatient/Ambulatory Medical Care section are limited to a total of five (5) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, using an easily readable font like Times New Roman or Arial, and using 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_Medical Care.doc (or .pdf).

#### **1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide outpatient/ambulatory medical care? \_\_\_\_\_
- b. Of the clients who received outpatient/ambulatory medical care in 2010 how many had (a client with multiple plans may be counted in more than one category)
  - i. Medicaid \_\_\_\_\_
  - ii. Medicare \_\_\_\_\_
  - iii. Other Public Insurance \_\_\_\_\_
  - iv. Private Insurance \_\_\_\_\_
  - v. No health insurance \_\_\_\_\_
- c. Of the clients who received outpatient/ambulatory medical care in 2010 how many were
  - i. ≤ 100% Federal Poverty Level \_\_\_\_\_
  - ii. 101% - 200% Federal Poverty Level \_\_\_\_\_
  - iii. 201% - 300% Federal Poverty Level \_\_\_\_\_
  - iv. >300% Federal Poverty Level \_\_\_\_\_
- d. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

#### **2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. Within your response, be sure to address the following:

- a. Which services will be provided in-house and which will be provided by sub-contractors?
- b. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service supports the Prevent-Test-Link-Treat-Retain model of coordinating client care. Within your response, be sure to address the following:

- a. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- b. Describe the relationship that the medical providers have with sites that may identify new positives (e.g. hospitals, emergency departments, CBOs, HIV testing sites, etc)?
- c. How are clients' medical needs coordinated with other medical and non-medical services the client may be receiving, including both internal and external providers?
- d. How are clients' non-medical (e.g. AODA, Mental Health, housing) needs identified and coordinated?
- e. What role do regular risk assessments, Partner Services, and harm reduction counseling play in the organization's provision of outpatient/ambulatory medical care?
- f. Describe current efforts among medical providers to ensure clients are retained in medical care.

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved (e.g. wait times, number of clients), if funded. Within your response, be sure to address the following:

- a. What other funding sources (grants, insurances, etc) are available to assist in providing outpatient/ambulatory medical care and how will the organization coordinate across funding sources to ensure Ryan White is the payor of last resort?
- b. How does the applying organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client care?

## MEDICAL CASE MANAGEMENT

### HRSA Definition

A range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

### Expectations/Requirements for Successful Applicants

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Provide service in a medical setting or in coordination with a medical setting.
- Conduct an initial comprehensive assessment.
- Develop and maintain a multidisciplinary, *shared* care plan that all key members of the Medical Case Management (MCM) team can access. Members of the MCM team must include at a minimum:
  - √ Prescribing primary care or specialty care provider
  - √ Medical case manager/care coordinator (eg. social worker, RN, MA, etc.)
  - √ Treatment readiness and adherence counselor (eg. pharmacist, RN, etc.)
- Additional members of the MCM team may include:
  - √ Non-medical case manager
  - √ Mental health provider
  - √ AODA provider
  - √ Dentist
- Provide comprehensive care coordination including referral to specialty medical evaluation and care.
- Provide on-going assessment of patient risk behavior and active referral to Partner Services program as appropriate.
- Provide risk reduction counseling and access to harm reduction materials.
- Actively collaborate and have referral relationships with internal/external organizations providing core services (medical, dental, mental health, etc)
- Actively collaborate with community-based or other organizations for provision of additional supportive services (housing, transportation, etc.).

- Demonstrate linkage with testing and counseling sites (public and private) for the purposes of facilitating treatment referrals.
- Assess third party payor options and assist with securing coverage/benefits.
- Bill third party payor when applicable.
- Record, track, and report client specific data and service performance measurements following federal and state guidelines.

**Applicant Response**

**Directions:** Responses to the Medical Case Management section are limited to a total of five (5) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, use an easily readable font like Times New Roman or Arial, and use 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_Medical Case Management.doc (or .pdf).

**1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide medical case management? \_\_\_\_\_
- b. Of the clients who received medical case management in 2010 how many had (a client with multiple plans may be counted in more than one category)
  - i. Medicaid \_\_\_\_\_
  - ii. Medicare \_\_\_\_\_
  - iii. Other Public Insurance \_\_\_\_\_
  - iv. Private Insurance \_\_\_\_\_
  - v. No health insurance \_\_\_\_\_
- c. Of the clients who received medical case management in 2010 how many were
  - i. ≤ 100% Federal Poverty Level \_\_\_\_\_
  - ii. 101% - 200% Federal Poverty Level \_\_\_\_\_
  - iii. 201% - 300% Federal Poverty Level \_\_\_\_\_
  - iv. >300% Federal Poverty Level \_\_\_\_\_
- d. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

**2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. In your response be sure to address the following:

- a. What is the intake and assessment process for new clients?
- b. What is the role of treatment adherence in medical case management model?

- c. Which services will be provided in-house and which will be provided by sub-contractors?
- d. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service supports the Prevent-Test-Link-Treat-Retain model of coordinating client care. In the response be sure to address the following:

- a. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- b. Describe the relationship that the medical case managers have with sites that may identify new positives (e.g. hospitals, emergency departments, CBOs, HIV testing sites, etc)?
- c. How are clients medical needs coordinated with other medical and non-medical services the client may be receiving, including both internal and external providers?
- d. How are clients' non-medical (e.g. AODA, Mental Health, housing) needs identified and coordinated?
- e. What role do regular risk assessments, Partner Services, and harm reduction counseling play in the organization's provision of medical case management?
- f. Describe current efforts among medical case managers to ensure clients are retained in medical care.

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved (e.g. wait times, number of clients), if funded. In your response be sure to address the following:

- a. What other funding sources (grants, insurances, etc) are available to assist in providing medical case management and how does the organization coordinate with these sources to ensure Ryan White is the payor of last resort?
- b. Describe the impact of this funding on the case load capacity for medical case managers?
- c. How does the applying organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client care?

## MENTAL HEALTH SERVICES

### **HRSA Definition**

Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are 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.

### **Expectations/Requirements for Successful Applicants**

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Provide service in a medical setting or in coordination with a medical setting.
- Provide an initial comprehensive intake and assessment.
- Provide on-site medication therapy management or demonstrate a collaboration with outside organizations providing psychotropic medication management.
- Provide on-going assessment of patient risk behavior and active referral to Partner Services program as appropriate.
- Provide on-going provision of harm reduction counseling.
- Have and maintain access to and management of neuropsychiatric and psychotropic medications.
- Assess third party payor options and provide assistance with securing coverage/benefits.
- Ability to bill third party payor sources.
- Providers must be certified, and in good standing, with the Wisconsin Medicaid Program.
- Demonstrate active collaboration with community-based or other organizations for provision of additional supportive services (housing, transportation, etc.).
- Demonstrate linkages with testing and counseling sites (public and private) for the purposes of facilitating treatment referrals.
- Record, track, and report client specific data and service performance measurements following federal and state guidelines.

### **Applicant Response**

**Directions:** Responses to the Mental Health Services section are limited to a total of five (5) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, use an easily readable font like Times New Roman or Arial, and use 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_Mental Health.doc (or .pdf).

**1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide mental health services? \_\_\_\_\_
  
- b. Of the clients who received mental health services in 2010 how many had (a client with multiple plans may be counted in more than one category)
  - i. Medicaid \_\_\_\_\_
  - ii. Medicare \_\_\_\_\_
  - iii. Other Public Insurance \_\_\_\_\_
  - iv. Private Insurance \_\_\_\_\_
  - v. No health insurance \_\_\_\_\_
  
- c. Of the clients who received mental health services in 2010 how many were
  - i. ≤ 100% Federal Poverty Level \_\_\_\_\_
  - ii. 101% - 200% Federal Poverty Level \_\_\_\_\_
  - iii. 201% - 300% Federal Poverty Level \_\_\_\_\_
  - iv. >300% Federal Poverty Level \_\_\_\_\_
  
- d. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

**2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. In your response be sure to address the following:

- a. Which services will be provided in-house and which will be provide by sub-contractors?
- b. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service fits with the Prevent-Test-Link-Treat-Retain model of coordinating client care. Within your response, be sure to address the following:

- a. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- b. Describe the relationship that the mental health providers have with sites that may identify new positives (e.g. hospitals, emergency departments, CBOs, HIV testing sites, etc)?
- c. How are clients' mental health needs coordinated with other services the client may be receiving, including both internal and external providers?
- d. How are clients' non-mental health (e.g. AODA, housing) needs identified and coordinated?

- e. What role do regular risk assessments, Partner Services, and harm reduction counseling play in the organization's provision of mental health services?
- f. Describe current efforts among mental health providers to ensure clients are retained in care.
- g. Describe the mechanisms the organization has in place to handle crisis situations.

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved (e.g. wait times, number of clients), if funded. In your response be sure to address the following:

- a. What other funding sources (grants, insurances, etc) are available to assist in providing mental health services and how does the organization coordinate with these sources to ensure Ryan White is the payor of last resort?
- b. How does the applying organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client care?

## **OUTPATIENT SUBSTANCE ABUSE SERVICES**

### **HRSA Definition**

The 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 by a physician or under the supervision of a physician, or by other qualified personnel.

Services should be limited to the following:

- Pre-treatment/recovery readiness programs,
- Harm reduction,
- Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse,
- Outpatient drug-free treatment and counseling,
- Opiate Assisted Therapy,
- Neuropsychiatric pharmaceuticals, and
- Relapse prevention.

### **Expectations/Requirements for Successful Applicants**

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Provide service in a medical setting or in coordination with a medical setting.
- Conduct an initial comprehensive intake and assessment including pre-treatment evaluation and provision of recovery readiness programming.
- Provide outpatient treatment and counseling services, including opiate assisted therapy.
- Conduct on-going risk assessment and harm reduction counseling.
- Provide referrals to HIV Partner Services Programs.
- Provide mental health and relapse prevention counseling and services.
- Have access to and management of neuropsychiatric and psychotropic medications.
- Assess third party payor options and provide assistance with securing coverage/benefits.
- Bill third party payor sources.
- Provider must be certified, and in good standing, with the Wisconsin Medicaid Program.
- Demonstrate active collaboration with community-based or other organizations for provision of additional supportive services (housing, transportation, etc.).
- Demonstrate linkages with testing and counseling sites (public and private) for the purposes of facilitating treatment referrals.
- Record, track, and report client specific data and service performance measurements following federal and state guidelines.

## **Applicant Response**

**Directions:** Responses to the Outpatient Substance Abuse Services section are limited to a total of five (5) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, use an easily readable font like Times New Roman or Arial, and use 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_AODA Services.doc (or .pdf).

### **1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide outpatient substance abuse services? \_\_\_\_\_
  
- b. Of the clients who received outpatient substance abuse services in 2010 how many had (a client with multiple plans may be counted in more than one category)
  - i. Medicaid \_\_\_\_\_
  - ii. Medicare \_\_\_\_\_
  - iii. Other Public Insurance \_\_\_\_\_
  - iv. Private Insurance \_\_\_\_\_
  - v. No health insurance \_\_\_\_\_
  
- c. Of the clients who received outpatient substance abuse services in 2010 how many were
  - i. ≤ 100% Federal Poverty Level \_\_\_\_\_
  - ii. 101% - 200% Federal Poverty Level \_\_\_\_\_
  - iii. 201% - 300% Federal Poverty Level \_\_\_\_\_
  - iv. >300% Federal Poverty Level \_\_\_\_\_
  
- d. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

### **2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. In your response be sure to address the following:

- a. Which services will be provided in-house and which will be provide by sub-contractors?
- b. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service supports the Prevent-Test-Link-Treat-Retain model of coordinating client care. In the response be sure to address the following:

- c. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- d. Describe the relationship that the substance abuse providers have with sites that may identify new positives (e.g. hospitals, emergency departments, CBOs, HIV testing sites, etc)?
- e. How are clients' substance abuse service needs coordinated with other services the client may be receiving, including both internal and external providers?
- f. How are clients' non-AODA (e.g. mental health, housing) needs identified and coordinated?
- g. What role do regular risk assessments, Partner Services, and harm reduction counseling play in the organization's provision of substance abuse services?
- h. Describe current efforts among AODA providers to ensure clients are retained in care.
- i. Describe the mechanisms the organization has in place to handle crisis situations.

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved (e.g. wait time, number of clients), if funded. In your response be sure to address the following:

- a. What other funding sources (grants, insurances, etc) are available to assist in providing outpatient substance abuse services and how does the organization coordinate with these sources to ensure Ryan White is the payor of last resort?
- b. How does the applying organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client care?

## ORAL HEALTH CARE

### **HRSA Definition**

Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

### **Expectations/Requirements for Successful Applicants**

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Organizations funded to provide oral health care must abide the Dental policy issued by the AIDS/HIV Program in January 2009. [Click here](#) to view the policy.
- Provide service in a medical setting or in coordination with a medical setting.
- Provide regular cleanings and other preventative care in accordance with national treatment guidelines.
- Develop comprehensive treatment plans.
- Provide screening and appropriate referral to specialty care.
- Assess third party payor options and provide assistance with securing coverage/benefits.
- Bill third party payor sources.
- Provider must be certified, and in good standing, with the Wisconsin Medicaid Program.
- Record, track, and report client specific data and service performance measurements following federal and state guideline.

### **Applicant Response**

**Directions:** Responses to the Oral Health Care section are limited to a total of five (5) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, use an easily readable font like Times New Roman or Arial, and use 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_Oral Health.doc (or .pdf).

#### **1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide oral health care? \_\_\_\_\_

- b. Of the clients who received oral health care in 2010 how many had (a client with multiple plans may be counted in more than one category)
  - i. Medicaid \_\_\_\_\_
  - ii. Medicare \_\_\_\_\_
  - iii. Other Public Insurance \_\_\_\_\_
  - iv. Private Insurance \_\_\_\_\_
  - v. No health insurance \_\_\_\_\_
  
- c. Of the clients who received oral health care in 2010 how many were
  - i. ≤ 100% Federal Poverty Level \_\_\_\_\_
  - ii. 101% - 200% Federal Poverty Level \_\_\_\_\_
  - iii. 201% - 300% Federal Poverty Level \_\_\_\_\_
  - iv. >300% Federal Poverty Level \_\_\_\_\_
  
- d. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

**2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. In your response be sure to address the following:

- a. Which services will be provided in-house and which will be provide by sub-contractors?
- b. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service supports the Prevent-Test-Link-Treat-Retain model of client care. In the response be sure to address the following:

- a. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- b. How are clients' oral health needs coordinated with other services the client may be receiving, including both internal and external providers?
- c. Describe current efforts among oral health providers to ensure clients are retained in medical care.

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved (e.g. wait time, number of clients), if funded. In your response be sure to address the following:

- a. What other funding sources (grants, insurances, etc) are available to assist in providing oral health care and how does the organization coordinate with these sources to ensure Ryan White is the payor of last resort?
- b. How does the applying agency organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client care?

## **NON-MEDICAL CASE MANAGEMENT SERVICES**

### **HRSA Definition**

The provision of advise and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.

### **Expectations/Requirements for Successful Applicants**

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Provide service in a medical setting or in coordination with a medical setting.
- Provide information and referral (brief services) for community members living with HIV.
- Conduct comprehensive assessments.
- Complete the Wisconsin Acuity Index rating and determine service eligibility;
- Provide service planning.
- Facilitate referrals and referral follow up.
- Link clients to core and support services as indicated in service plan.
- Provide comprehensive care coordination including referral to specialty medical evaluation and care.
- Coordinate with primary care facility and/or medical case management services.
- Conduct treatment adherence screening.
- Support and engage linkage and retention to care activities.
- Assess third party payor options and assist with securing coverage/benefits.
- Bill third party payor sources when applicable.
- Demonstrate linkage with testing and counseling sites (public and private) for the purposes of facilitating referrals.
- Record, track, and report client specific data and service performance measurements following federal and state guidelines.

### **Applicant Response**

**Directions:** Responses to the Non-Medical Case Management section are limited to a total of five (5) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, use an easily readable font like Times New Roman or Arial, and use 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_NonMedical Case Management.doc (or .pdf).

**1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide non-medical case management? \_\_\_\_\_
- b. Of the clients who received non-medical case management in 2010 how many had: (a client with multiple plans may be counted in more than one category)
  - i. Medicaid \_\_\_\_\_
  - ii. Medicare \_\_\_\_\_
  - iii. Other Public Insurance \_\_\_\_\_
  - iv. Private Insurance \_\_\_\_\_
  - v. No health insurance \_\_\_\_\_
- c. Of the clients who received non-medical case management in 2010 how many were:
  - 1. < 100% Federal Poverty Level \_\_\_\_\_
  - 2. 101% - 199% Federal Poverty Level \_\_\_\_\_
  - 3. 201% - 299% Federal Poverty Level \_\_\_\_\_
  - 4. >300% Federal Poverty Level \_\_\_\_\_
- d. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

**2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. In your response be sure to address the following:

- a. Which services will be provided in-house and which will be provided by sub-contractors?
- b. How does the applying organization facilitate and support long-term, client self-management?
- c. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service supports the Prevent-Test-Link-Treat-Retain model of client care. In the response be sure to address the following:

- a. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- b. Describe the relationship that the non-medical case managers have with sites that may identify new positives (e.g. hospitals, emergency departments, CBOs, HIV testing sites, etc)?
- c. How are clients' needs coordinated among all services the client may be receiving, including both internal and external providers?

- d. How are clients' core and support (e.g. AODA, Mental Health, housing) needs identified and coordinated?
- e. What role do regular risk assessments, Partner Services, and harm reduction counseling play in the organization's provision of non-medical case management?
- f. Describe current efforts among non-medical case managers to ensure clients are retained in care.

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved, if funded. In your response be sure to address the following:

- a. What other funding sources (grants, insurances, etc) are available to assist in providing medical case management and how does the organization coordinate with these sources to ensure Ryan White is the payor of last resort?
- b. If applicable, describe the impact of this funding on the case load capacity of case managers?
- c. How does the applying organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client care?

## MEDICAL TRANSPORTATION SERVICES

### HRSA Definition

Conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

### Expectations/Requirements for Successful Applicants

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Organizations funded to provide medical transportation must abide the Transportation policy issued by the AIDS/HIV Program in April 2009. [Click here](#) to view the policy. Included in this policy are the following requirements:
  - Establish eligibility criteria
  - Coordinate with other payor sources when applicable
  - Ensure funds are only used to convey a client to an AIDS/HIV Program approved service appointments
  - Ensure that appointments were kept before additional assistance is provided
  - Ability to track mileage, gas card balance, and/or bus tickets
- Provider must be certified with the Wisconsin Medicaid Program.
- Record, track, and report client specific data and service performance measurements following federal and state guidelines.

### Applicant Response

**Directions:** Responses to the Medical Transportation Services section are limited to a total of three (3) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, use an easily readable font like Times New Roman or Arial, and use 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_Medical Transportation.doc (or .pdf).

#### **1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide medical transportation services? \_\_\_\_\_
  
- b. Of the clients who received medical transportation services in 2010 how many had (a client with multiple plans may be counted in more than one category)
  - i. Medicaid \_\_\_\_\_
  - ii. Medicare \_\_\_\_\_
  - iii. Other Public Insurance \_\_\_\_\_
  - iv. Private Insurance \_\_\_\_\_
  - v. No health insurance \_\_\_\_\_

- c. Of the clients who received medical transportation services in 2010 how many were
- i. ≤ 100% Federal Poverty Level \_\_\_\_\_
  - ii. 101% - 200% Federal Poverty Level \_\_\_\_\_
  - iii. 201% - 300% Federal Poverty Level \_\_\_\_\_
  - iv. >300% Federal Poverty Level \_\_\_\_\_
- d. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

**2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. In your response be sure to address the following:

- a. Which services (volunteer drivers, bus tickets, etc) will be provided in-house and which will be provide by sub-contractors?
- b. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service supports the Prevent-Test-Link-Treat-Retain model of client care. In the response be sure to address the following:

- a. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- b. How are clients' transportation needs coordinated with other services the client may be receiving, including both internal and external providers?

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved, if funded. In your response be sure to address the following:

- a. What other funding sources (grants, insurances, etc) are available to assist in providing medical transportation services and how does the organization coordinate with these sources to ensure Ryan White is the payor of last resort?
- b. How does the applying agency organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

**Appendix C7: Medical Transportation Services Narrative**

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client services?

## HOUSING SERVICES

### HRSA Definition

The 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.

### Expectations/Requirements for Successful Applicants

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Provide housing counseling/case management-type services for the purpose of limiting or eliminating unstable housing;
- Provide financial assistance for the purpose of securing stable housing and/or prevention loss of stable housing.
- Demonstrate active collaboration with community-based or other organizations for provision of additional supportive services.
- Record, track, and report client specific data and service performance measurements following federal and state guidelines.

### Applicant Response

**Directions:** Responses to the Housing Services section are limited to a total of three (3) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, use an easily readable font like Times New Roman or Arial, and use 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_Housing Services.doc (or .pdf).

#### **1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide housing services? \_\_\_\_\_
  
- b. Of the clients who received housing services in 2010 how many were (if known)
  - i. ≤ 100% Federal Poverty Level \_\_\_\_\_
  - ii. 101% - 200% Federal Poverty Level \_\_\_\_\_
  - iii. 201% - 300% Federal Poverty Level \_\_\_\_\_
  - iv. >300% Federal Poverty Level \_\_\_\_\_

- c. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

**2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. In your response be sure to address the following:

- a. Which services will be provided in-house and which will be provide by sub-contractors?
- b. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service supports the Prevent-Test-Link-Treat-Retain model of client care. In the response be sure to address the following:

- a. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- b. How are clients' housing needs coordinated with other services the client may be receiving, including both internal and external providers?
- c. How are housing services coordinated when subcontractors are involved, or when the case is referred to another organization?

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved, if funded. In your response be sure to address the following:

- a. What other funding sources (e.g. other local grants or federal programs) are available to assist in providing housing services and how does the organization coordinate with these sources to ensure Ryan White is the payor of last resort?
- b. How does the applying agency organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client services?

## LEGAL SERVICES

### **HRSA Definition**

The provision of legal services directly necessitated by an individual's HIV/AIDS serostatus. These services include but are not limited to:

- Preparation of Powers of Attorney, Living Wills,
- 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 HIV/AIDS program, and
- Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually 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.

Funds may NOT be used for any criminal defense, or for class-action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program.

### **Expectations/Requirements for Successful Applicants**

**The applicant must be able to meet all criteria by April 1, 2012 when contracts would begin.**

- Provide service in a medical setting or in coordination with a medical setting.
- Provide the services defined above by HRSA.
- Coordinate activities with other legal providers for services that are beyond the scope of the applying organization.
- Record and track services referred to other legal providers to ensure client needs were met.
- Record, track, and report client specific data and service performance measurements following federal and state guidelines.
- Be licensed to practice law in Wisconsin.

### **Applicant Response**

**Directions:** Responses to the Legal Services section are limited to a total of three (3) pages. Pages are to be single spaced on 8.5 x 11 inch paper with one (1) inch margins, use an easily readable font like Times New Roman or Arial, and using 12-point font size. Each service narrative should have independent page numbers. When the narrative is complete, save the document so it can be included with the final proposal. Use the following naming rule for this narrative: Agency Name\_Legal Services.doc (or .pdf).

**1. Client Composition:**

- a. During Calendar Year 2010, to how many clients did the applying organization provide legal services? \_\_\_\_\_
- b. Of the clients who received legal services in 2010 how many were (if known)
  - i. ≤ 100% Federal Poverty Level \_\_\_\_\_
  - ii. 101% - 200% Federal Poverty Level \_\_\_\_\_
  - iii. 201% - 300% Federal Poverty Level \_\_\_\_\_
  - iv. >300% Federal Poverty Level \_\_\_\_\_
- c. If funded, how many clients do you anticipate being able to serve using Ryan White Part B funds during the grant year? *(If the service receives multiple funding sources, calculate the percentage of total funds that would be Ryan White Part B, and then apply the calculated percentage to the total number of active clients anticipated to be served during the grant year?)*

**2. Service Overview**

Provide an overview of the services that will be supported with Ryan White Part B funds. In your response be sure to address the following:

- a. Which services will be provided in-house and which will be provide by sub-contractors?
- b. Describe the geographic boundaries of the service.

**3. Care Coordination**

Describe how this service supports the Prevent-Test-Link-Treat-Retain model of client care. In the response be sure to address the following:

- a. Is the organization a medical clinic or how is the organization coordinating this service with a medical clinic?
- b. How are clients' legal needs coordinated with other services the client may be receiving, including both internal and external providers?
- c. How are legal services coordinated when subcontractors are involved, or when the case is referred to another organization?

**4. Organizational Capacity**

Describe how the applying organization's capacity to provide this service will be maintained or improved, if funded. In your response be sure to address the following:

- a. What other funding sources are available to assist in providing legal services?
- b. How does the applying agency organization address the needs of non-English speaking clients for this service?

**5. Quality Assurance**

Describe the activities that have been implemented to assess and monitor the quality of services provided (including those provided by subcontractors). Within your response, be sure to address the following:

- a. What specific performance standards are monitored and how are they measured?
- b. How does the organization use quality measures to direct and improve client services?

## APPENDIX D: PERFORMANCE MEASURE INFORMATION

### **Performance Measure Information Required Performance Measures**

## **PERFORMANCE MEASURE INFORMATION**

Included below are the performance measures that will be required for agencies that are funded to provide Outpatient Medical Care, Medical Case Management, Oral Health Services, or Non-Medical Case Management. Applicants do not need to report on these performance measures as part of the proposal process; the measures are only included with the guidance so that applicants can ensure, prior to applying for any of these services, that they have the capacity to collect and report the necessary data.

Agencies funded to provide Mental Health Services, Outpatient AODA Services, Medical Transportation, Housing Services, or Legal Services will need to develop one to three performance measures for each service at the time contracts are issued. Guidance on developing performance measures will be provided during the contracting process.

## **REQUIRED PERFORMANCE MEASURES**

### **Outpatient Medical Care**

- Percentage of clients who had two or more CD4 T-cell counts performed during the 12 month measurement period
- Percentage of clients with AIDS who are on HAART
- Percentage of clients who had two or more medical visits in an HIV care setting during the during the 12 month measurement period
- Percentage of clients with a CD4 T-cell count below 200 cells/mm<sup>3</sup> who were taking PCP prophylaxis
- Percentage of pregnant women with HIV who are prescribed antiretroviral therapy

### **Medical Case Management**

- Percentage of clients who had two or more CD4 T-cell counts performed during the 12 month measurement period
- Percentage of clients who had two or more medical visits in an HIV care setting during the during the 12 month measurement period
- Future measurement, to be developed by a Medical Case Management work group, regarding treatment plans

### **Oral Health Services**

- Percentage of clients with an initial or updated health history assessment during the 12 month measurement period
- Percentage of clients who had a documented dental treatment plan during the 12 month measurement period
- Percentage of clients who received oral health education at least once during the 12 month measurement period
- Percentage of clients who had a periodontal exam at least once during the 12 month measurement period

**Non-Medical Case Management**

- Percentage of clients with a current assessment
- Percentage of clients with a current service plan
- Percentage of new clients with a completed service plan within 7 days of assessment

**APPENDIX E: GENERAL PROVISIONS FOR ALL RYAN WHITE PART B  
FUNDED AGENCIES**

**General Provisions for all Ryan White Part B Funded Agencies**

- The primary use of funds received under this grant shall be provision of services allowable under the Ryan White CARE Act, including health care and support services that are needed for individuals with HIV/AIDS to achieve their medical outcomes (Please see attachment B for a list of Ryan White eligible services).
- Funded agencies assure that Ryan White funds are not utilized to make payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, under an insurance policy, under any Federal or State health benefits program, or by an entity that provides health services on a prepaid basis.
- Funded agencies must assure that no federal Ryan White Part B funds are expended to support needle exchange.
- Ryan White Part B funds may not be used to make direct payments of cash to recipients of services. Where the direct provision of services is not possible or effective, vouchers, which may only be exchanged for a specific service or commodity (e.g., food or transportation) must be used to meet the need for such services. Funded agencies must ensure that vouchers cannot be readily converted to cash.
- Ryan White Part B funds may not be used to pay incentives or stipends to recipients of services.
- If grant funds are used for reimbursement of medical services, the reimbursement cannot exceed the current maximum allowable rates established by the Wisconsin Medical Assistance Program.
- Funded agencies must assure that the total amount expended for administrative expenses, including indirect costs, does not exceed 10 percent of the total grant award.
- Funded agencies will maintain appropriate relationships with entities, within the designated service area, that constitute key points of access to the health care system for the purpose of identifying individuals who know their HIV status but are not in care. Key points of access include but are not limited to emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, STD clinics, HIV counseling and testing sites, Partner Counseling and Referral Services programs, mental health program, homeless shelters.
- Ryan White funded services must be reasonably available and accessible to all Wisconsin residents infected with HIV who request services and who reside in the designated service area, regardless of the individual's ability to pay and regardless of whether the individual is case managed by the funded agency. Emotional support

services may be provided to friends, family members and significant others of persons with HIV infection.

- Funded agencies will assure that clients receiving Ryan White funded services are eligible beneficiaries.
- Ryan White funded services shall be provided to all eligible clients without discrimination in regard to age, race, ethnicity, religion, color, handicap, sex, marital status, sexual orientation or national origin.
- If an entity receiving Ryan White Part B funds charges for services, it must do so on a sliding fee schedule that is available to the public. Individual, annual aggregate charges to clients receiving Part B services must conform to statutory limitations. The term, "aggregate charges," applies to the annual charges imposed for all such services under Part B of the CARE Act without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges for services. This requirement applies to UallU service providers from which an individual receives Part B-funded services. Please refer to the following table for allowable charges:

<b>INDIVIDUAL/FAMILY ANNUAL GROSS INCOME</b>	<b>TOTAL ALLOWABLE ANNUAL CHARGES</b>
Equal to or below the Federal Poverty Guideline	No charges permitted
101 to 200 percent of the Federal Poverty Guideline	5% or less of gross income
201 to 300 percent of the Federal Poverty Guideline	7% or less of gross income
More than 300 percent of the Federal Poverty Guideline	10% or less of gross income

- Funded agencies must comply with all Health Resources and Services Administration (HRSA) issued guidelines as well as any policy and/or procedure updates issued by the Wisconsin Department of Health Services and/or the AIDS/HIV Program.
- Services may be suspended or denied to clients who threaten or perpetrate physical harm to staff of any agencies who provide Ryan White funded services under this grant agreement.

Funded agencies must maintain individual electronic client files which completely document all communication, contacts, and interventions, pertaining to the provision of care, for persons receiving any services.

- Any identifying client information, client files, or client records shall be maintained in strict confidentiality according to the funded agency's policy approved by the AIDS/HIV Program. The funded agency's policy shall include a provision for a confidentiality statement signed by agency staff and volunteers who have access to client files, records or identifying information. The confidentiality policy shall be conveyed to all agency staff and volunteers, and signed confidentiality statements shall be kept on file within the agency.
- Funded agencies shall develop and maintain a system to track client assistance requests and the outcomes of these requests, including documentation of the date of request, date and type of assistance provided and date and reason for denial of services for denied requests.
- All records pertaining to funded services shall be made available to the AIDS/HIV Program or its agents upon request for purposes of conducting program monitoring, evaluation, consultation and/or technical assistance.
- Progress and other reports shall be submitted to the AIDS/HIV Program by the specified due date in a format provided by the AIDS/HIV Program.
- CARS reports will be prepared according to AIDS/HIV Program instructions and a copy will be submitted to the contractor monitor at the same time it is submitted for payment.
- A copy of the annual audit report shall be sent to the contract monitor at the same time it is submitted to the Division of Enterprise Services.
- Funded agencies shall notify the AIDS/HIV Program of any staff changes relevant to grant funded programs.
- Funded agencies shall develop and implement a quality assurance program to insure that their services meet client needs. This should include strategies to obtain client input regarding services on a regular basis. Strategies should be inclusive and reflective of the diversity of the agency's client population.
- Agencies shall maintain policies and procedures for all grant related activities. This should include a written grievance policy and procedure. The procedure shall detail the grievance system, how it operates, the process for grievance investigation and specific contact persons.
- Funds used to provide legal services must be spent in accordance with the Health Resources and Services Administration's (HRSA) Division of Service Systems Policy Guidance No. 2 Allowable Uses of Funds for Discretely Defined Categories of Services issued on June 1, 2000.

