

**City of Chicago Request for Proposals (RFP) for
Part A and Minority AIDS Initiative (MAI)
of the Ryan White HIV/AIDS Treatment Extension Act of 2009
RFP # DA-41-3350-12-2014-005**

Key Dates

Release Date	December 17, 2014
Intent to Apply Form due	December 19, 2014
Pre-Proposal Conference	December 19, 2014
Application due	January 20, 2015 at 5:00 p.m.
Contract start date	March 1, 2015

PROPOSALS MUST BE SUBMITTED IN CYBER GRANTS BY

TUESDAY, JANUARY 20, 2015 at 5:00 PM CENTRAL TIME

THE CYBER GRANTS SYSTEM IS SET TO CLOSE AT EXACTLY 5:00 PM ON THE DUE DATE

The City may, in its sole discretion, extend the application deadline or reissue the application if insufficient qualified respondents are received. Applications received after the due date and time may be deemed non-responsive and, therefore, subject to rejection.

City of Chicago
Department of Public Health
STI/HIV/AIDS Division

Rahm Emanuel
Mayor

Bechara Choucair, M.D.
Commissioner

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Department of Public Health, STI/HIV Division
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I. Program Authority

The Part A program is authorized by Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTA).

II. Purpose

The Ryan White HIV/AIDS Program is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who have no health insurance (public or private), have insufficient health care coverage, or lack financial resources to get the care they need for their HIV disease. As such, the Ryan White HIV/AIDS Program fills gaps in care not covered by other funding sources. The Ryan White Program and funded providers are required to coordinate their services and seek payment from other sources before Ryan White funds are used. This makes the Ryan White HIV/AIDS Program the “payer of last resort,” meaning that funds are to fill gaps in care not covered by other resources. Major payers include, for example, Medicaid, Medicare, the Children’s Health Insurance Program (CHIP), and private health insurance. The comprehensive continuum of care to be funded through this request for proposals (RFP) are for both Part A and Minority AIDS Initiative (MAI) funded provision of services. The Part A funding includes 6 core medical services, 9 support services, and professional and technical support services that facilitate “People Living with HIV/AIDS” (PLWHA) ability to access and remain in primary medical care and improve their medical outcomes. All services must be consistent with U.S. Department of Health and Human Services (HHS) treatment guidelines and all other applicable professional regulations and licensure requirements. See <http://www.aidsinfo.nih.gov> for the recommended HHS treatment guidelines.

The Minority AIDS Initiative (MAI) was originally established by Congress as a supplemental component of Part A via appropriations legislation beginning in FY99 and continuing through FY06. This action was taken in response to the growing and disproportionate impact of the HIV/AIDS epidemic in communities of color.

When the Ryan White Program was amended in October 2009, Congress codified the previously existing MAI programs under Title XXVI of the PHS Act in Part F, Subpart III. However, in establishing a new competitive MAI grant program for the purpose described above, the legislation specifies that the MAI funding is to provide emergency assistance under Part A (Section 2693(b)(1)(A) of the PHS Act) and is to be implemented consistent with activities carried out under Part A (Section 2693(c) of the PHS Act), i.e. as an integral component of Part A continuum of HIV/AIDS care.

The MAI funds are designed to enhance access to comprehensive continuum of high quality care for low-income individuals and families of color who are living with HIV/AIDS. The comprehensive continuum of care to be funded through this RFP for MAI funding includes four (4) Core Medical Services Categories and three (3) Support Service Categories that facilitate people living with HIV/AIDS ability to access and remain in primary medical care and improve their medical outcomes. All services must be consistent with HHS treatment guidelines and all other applicable professional regulations and licensure requirements.

III. Background

The Chicago Department of Public Health receives federal funds from Part A and Minority AIDS Initiative (MAI) of the RWTA. A single Request for Proposal (RFP) is being released to identify providers for both these funds. This RFP describes eligible program activities, priority program activities, provides guidance in developing and submitting an application, and informs respondents of key dates.

The Chicago Area HIV Integrated Services Council (CAHISC) is the planning council in the Chicago EMA. CAHISC is one of the few planning councils in the nation that is fully integrated, meaning that the various programs that provide services in the Chicago EMA – Ryan White HIV/AIDS care, prevention and housing – are represented on the council. CAHISC has adopted the tenets of the National HIV/AIDS Strategy (NHAS) (<http://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>) as the foundation of its mission, decisions, recommendations and allocations. Additionally, CAHISC has organized its committee structure along the “cascade.” The HIV/AIDS treatment cascade is a way to show, in visual form, the numbers of individuals living with HIV/AIDS who are actually receiving the full benefits of the medical care and treatment they need. CDPH has developed a cascade (see **Appendix J** – Ryan White Continuous Care Plan) for the Chicago EMA that helps guide CDPH and the CAHISC committees in developing strategies and interventions to meet the needs of PLWHA in the Chicago EMA.

This RFP was developed in alignment with the (CAHISC) Chicago-Area Unified HIV Plan for Prevention, Care, Housing and Essential Services for 2014 – 2016 (http://www.cahisc.org/literature_125681/2014_CAHISC_Unified_Plan). The Unified Plan is the first plan developed for the Chicago area that integrates HIV prevention, care, and housing and support services. The Plan describes an ideal continuum of care and proposes the following four strategies be implemented to create a more integrated approach:

- To improve administrative systems to support coordination of planning and implementation of integrated services
- To develop a holistic HIV High Impact Prevention approach that helps both HIV-negative and HIV-positive individuals strive to meet their goals in preventing HIV transmission.
- To fully integrate the system of Early Intervention and Linkage and Retention services
- To closely monitor progress across the continuum of care toward decreasing community level viral load.

Eligible agencies will be submitting applications for the Service Category that they wish to provide. Based upon the respondent’s narratives and identification of population to be served, the CDPH will make funding allocations from either Part A or MAI funds as appropriate. The City reserves the right to fund eligible qualified respondents through either source of funds depending on availability of resources and need.

A. Overview of the Chicago Eligible Metropolitan Area

Chicago is the nation’s third largest city, located in the northeastern corner of Illinois along the shores of Lake Michigan. The Chicago EMA is comprised of nine Illinois counties: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, and Will. According to the 2013 US Census population estimates, the Chicago EMA’s combined population was 67% (8,664,043) of Illinois’ population (12,882,135). Sixty-one (60%) percent of the overall Chicago EMA population lives in Cook County, while 31% lives in the city of Chicago (2,718,782). Fifty-three (53%) percent of the Chicago EMA population is non-Hispanic (NH) White (single race, 4,587,256), 17% African American (single race, 1,460,733), 7% NH Asian (single race, 569,471), 22% Latino (any race, 1,916,245), and 1% other or multiple races (117,459). Fifty-one percent of African Americans, 25% for both Whites, 18% of Latinos, and 6% of others in the Chicago EMA live in the city of Chicago. Males and females are almost evenly distributed in the Chicago EMA: 49% male (4,240,450) and 51% female (4,423,593). Please see **Appendix H** – Unmet Need Rate of PLWHA in the Chicago EMA.

Demographics of HIV/AIDS Populations in the Chicago EMA

As of December 2013, there are 36,064 people living with HIV and AIDS (PLWHA) in Illinois. Within the State, eighty-four percent (30,328) reside in the Chicago EMA with 64% (23,089/36,064) residing in the city of Chicago. Within the Chicago EMA, the City of Chicago has the greatest burden of disease as it accounts for 77% of PLWHA in the Chicago EMA and only 31% of the total Chicago EMA population. Seventy-nine percent (79%) of PLWHA are male and 21% are female. Overall, 48% of PLWHA are African American, 27% are White, 19% are Latino, and 6% are other non-Hispanic. Approximately 1% of PLWHA are currently less than 20 years of age; 11% are between the ages of 20-29; 18% between the ages of 30-39, and 69% are 40 years of age or older.

B. Patient/Client Eligibility Requirements to Receive Ryan White Services

By statute, Ryan White funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source (Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act). Ryan White HIV/AIDS Program (RWHAP) funds may be used to complete coverage that maintains PLWHA in care when the individual is either underinsured or uninsured for a specific allowable service, as defined by the RWHAP. Grantees and subgrantees must assure that reasonable efforts are made to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their subgrantees are expected to vigorously pursue eligibility for other funding sources (e.g., Medicaid, CHIP, Medicare, other state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.) to extend finite RWHAP grant resources to new clients and/or needed services. Specifics may be found at: <http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1302clienteligibility.pdf> .

The RWHAP legislation requires that individuals receiving services through Ryan White must have a diagnosis of HIV/AIDS and be low-income as defined by the CDPH. In the Chicago EMA patient/client eligibility is defined as:

1. The recipient must have a confirmed medical diagnosis of HIV or AIDS.
2. The recipient must be a resident in the Chicago EMA as evidenced by one of the following:
 - a. Valid driver’s license or State Identification Card;
 - b. Mortgage or rental lease in recipient's name;
 - c. Utility bills in recipient's name;
 - d. Letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals;
 - e. Mail postmarked within the last 30 days and delivered to recipient's address.
3. The recipient must meet the income guidelines as established by the Chicago EMA:
 - a. Maximum gross monthly income less than or equal to 400% of current federal poverty level (for current FPL go to: <http://aspe.hhs.gov/poverty/14poverty.cfm>)

C. Key Program Changes

Affordable Care Act

The Affordable Care Act (ACA) has changed the nature of health insurance, health care delivery and access. Many changes are taking place at the federal and state level, although state changes are variable as some jurisdictions have moved more rapidly to implement reforms.

In 2013 and early 2014, much attention has been directed to changes in the health insurance coverage through Medicaid Expansion and Marketplace. The Marketplace opened for enrollment on October 1, 2013, and started offering coverage on January 1, 2014. The State of Illinois has a Marketplace wherein

eligible individuals and small businesses can shop for and purchase private health insurance plans or enroll in Medicaid and CHIP (Illinois' Comprehensive Health Insurance Plan) if eligible. The premise is that almost everyone will be required to have health insurance or pay a penalty if they do not. This is called the individual mandate (see the final rule on shared responsibility and exemptions and the IRS's Affordable Care Act Tax Provisions web pages). Subsidies and tax credits will be available to help lower income individuals afford health insurance (see below). Health care delivery reforms have been in progress since passage of ACA in 2010 and will continue for decades to come.

Key examples of health insurance market reforms, including provisions affecting people living with HIV/AIDS.

- Insurers can no longer deny coverage based on preexisting conditions.
- Higher premiums cannot be charged based on preexisting conditions.
- Insurers must cover "Essential Health Benefits" (EHBs, described below).
- Lifetime dollar limits on coverage have ended.
- Annual limits on EHBs will be phased out in 2014.
- Insurers cannot drop policyholders from coverage simply because they become sick or make mistakes on their applications.
- Certain preventive health services are covered at no charge.
- Premium variations based on age (age rating) are limited to 3:1.

With the ACA fully implemented on January 1, 2014, nearly all uninsured Illinois residents will have access to public or private health coverage and health care. Those under 138% of the Federal Poverty Level (FPL) (\$15,415 for an individual in 2014) will be eligible for public coverage in Medicaid.

The above ACA reforms support the goals of the National HIV/AIDS Strategy to reduce new HIV infections, increase access to care/improve outcomes, reduce disparities, and improve coordination of the nation's response to the U.S. HIV epidemic. Ryan White providers and consumers can support ACA and the National Strategy implementation by learning about ACA, getting involved in implementation activities and working to further improve HIV/AIDS services.

The ACA has many implications for Ryan White programs. A significant number of clients will be enrolled in public and private health insurance, providing them with a new source of coverage. Many will be eligible for assistance to help pay for the cost of coverage such as through the Ryan White Part B program administered by the Illinois Department of Public Health. Ryan White funding will continue to provide support for necessary services that are not covered by other insurance.

Service delivery systems are undergoing many changes to improve outcomes and cut costs. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau has prepared Ryan White & the Affordable Care Act: What You Need to Know, highlighting ACA issues with particular relevance to Ryan White grantees and people living with HIV/AIDS. For more information go to:

<http://hab.hrsa.gov/affordablecareact/>

Program Model Requirements

The Chicago EMA Unified Plan calls for implementation of a single *continuous* care plan that follows all individuals living with HIV/AIDS as they progress along the HIV continuum of care to meet their evolving needs towards reaching viral suppression. In order to achieve this, prevention, care, housing and support services must be population-based, clearly defined and coordinated to ensure that people who are

infected with HIV are aware of their status, are linked to and actively engaged in care. In conjunction with all service categories funded in the RFP, the following four service categories have been designed to address the multiple stages along the care continuum as illustrated in **Appendix J** and further described below and further defined in *Section VII - C - Service Category Definitions, Allowable Activities and Units of Service*.

- a) The role of **Ambulatory Care** is to provide eligible people living with HIV/AIDS with primary medical care services. Ambulatory/Outpatient Medical Care, with co-located Early Intervention Services (EIS) and Medical Case Management (MCM) services will provide a client-centered medical home for PLWHA from HIV diagnosis to full engagement in HIV primary care. EIS should peer-based and designed to engage newly diagnosed or to re-engage out of care patients. Clients who are lost to care for 6 months or more will be located by EIS staff and re-engaged in care with the assistance of MCM. EIS services will supplement MCM services by providing peer-based support to clients in an effort to establish a strong linkage and engagement in care.
- b) The purpose of **Medical Case Management (MCM)** services is to work with clients, to develop a care and treatment adherence plan, monitor the plan, link to necessary supportive services and track engagement in care to ensure ART adherence and viral suppression. MCM will be co-located with Ryan White-funded Ambulatory/Outpatient Medical Care (AOMC) sites. In order to ensure a client-centered approach, clients at AOMC sites will receive support from a designated MCM to navigate the care continuum
- c) The purpose of **Non-Medical Case Management** is to assist people living with HIV/AIDS (PLWHA) who do not receive primary care at a Ryan White funded (Parts A, B, C, and/or D) outpatient setting with linkage to care and other support services (e.g., housing, food, etc.) needed to stay engaged in care. Non-Medical Case Management staff will collaborate with Outreach Services to assist in the identification of those “out of care” and in need of re-engagement in care.
- d) **Outreach Services** will seek to re-engage previously diagnosed people living with HIV/AIDS who have been identified as “out of care” using surveillance data provided by CDPH and whose last primary care provider was not a Ryan White-funded clinic with EIS capabilities. These services will help those patients/clients in getting re-established at a primary care setting and linked into ongoing case management services.

Additionally, the Service Types will be defined for each service category.

- a) **Service Types** to determine the Units of Service for each Service Category are now identified for each Service Category. Providers do not necessarily have to provide all of these sub-categories; however, they may not add additional Service Types in the calculation of their total Units of Service provided for the Service Category. The only exception being Early Intervention Services which must provide all Service Types as noted in *Section VII - C - Service Category Definitions, Allowable Activities and Units of Service* for the EIS service category.

D. Unspent Funds

RWTA includes guidelines and requirements about the consequences of unobligated Ryan White funds. These changes limit an EMA’s ability to carry over unspent funds and stipulate that some of the unspent funds will result in reductions in future awards. In order to avoid the loss of any Ryan White funds in the Chicago EMA, the City will closely monitor all Ryan White spending and instituting relinquishment

procedures. For more information on the new RWTA requirements regarding Unobligated Balances please go to:

<http://hab.hrsa.gov/manageyourgrant/pinspals/habpartaubpolicypdf.pdf>

IV. Eligibility Requirements for Respondents

Funds for the provision of Core Medical and Support Service categories are available to public and private not-for-profit organizations located within the Chicago EMA. Private for-profit entities may apply for these funds if they can document they are the only available providers of quality HIV services for a specific service category in the geographic area they intend to serve. Eligible recipients include hospitals, community-based organizations, hospices, ambulatory care facilities, community health centers, migrant health centers, homeless health centers, substance abuse treatment and mental health programs (42USC 300ff-14(b)(2)). Funds for the provision of Clinical Quality Management Technical Assistance may be either a public or private not-for-profit organization or a private for-profit entity.

Respondents must have at least one year of experience in providing direct services within the category to which they apply. Agencies located outside of the City of Chicago and in areas in the Chicago EMA with high HIV/AIDS morbidity (e.g., Aurora, Elgin, Joliet and Waukegan) are encouraged to apply, and providers within the City of Chicago are encouraged to establish linkages with suburban HIV/AIDS, and other health and social service providers. These linkages should be documented through formal memoranda of agreement.

An Intent to Apply form (**Appendix A**) or a reasonable facsimile that includes all the information requested on the form should be completed and returned by Wednesday, December 19, 2014. The form may be submitted via e-mail, fax, mail or in person to:

Brenda Fair
Chicago Department of Public Health
333 South State Street, Room 200
Chicago, IL 60604
Telephone: 312-745-1041
Fax: 312-747-9663
E-mail: Brenda.Fair@cityofchicago.org

The Intent to Apply form is not mandatory; however, those organizations interested in responding to this RFP are strongly encouraged to submit the form as it assists CDPH in planning for proposal evaluation.

V. Pre-Proposal Conference

Two in-person Bidders' Conferences have been scheduled for this RFP. The purpose of the Pre-Proposal Conference is to provide an overview of this RFP, describe the application review process, and answer prospective respondents' questions. Organizations planning to apply for funding are strongly encouraged to participate in a Pre-Proposal Conference. The Pre-Proposal Conferences will be held at the following location, date and times:

In-person Pre-Proposal Conference, Friday, December 19, 2014, from 10:00 AM - Noon

Location:

University Center
525 South State Street, Chicago, Il. 60605
2nd Floor – Lake Room

In-person Pre-Proposal Conference, Friday, December 19, 2014, from 1:30 PM – 3:30 PM

Location:

University Center

525 South State Street, Chicago, IL 60605

2nd Floor – Lake Room

VI. Available Funding

Approximately \$23 million in RWTA Part A funds and \$2 million in Minority AIDS Initiative (MAI) funds will be available in 2015 through this RFP. Agreements are expected to begin on March 1, 2015 and will be made for a 12-month period. The City may extend the term of the Agreement by up to two additional periods, each period not to exceed 12 months, based upon the availability of funds and acceptable contract performance.

VII. Eligible Part A and Minority AIDS Initiative (MAI) Program Activities and Priorities

Sixteen Part A service categories and seven (7) MAI service categories, identified through the Chicago Area HIV Services Planning Council's (CAHISC) 2014-15 priority setting resource allocation process, will be funded through this RFP. Definitions and allowable activities for each service category can be found Section C below.

A. Service Categories

The service categories, estimated funding, and estimated number of awards are listed in the table below.

Planned Funded Service Categories	Part A		MAI		Total Estimated Funding by Service Category
	Estimated Funds Available	Estimated # of Awards	Estimated Funds Available	Estimated # of Awards	
Core Medical Services:					
1. Ambulatory/Outpatient Medical Care Services	\$6,266,415	10 – 15	\$1,269,894	3 – 6	\$7,536,309
2. Early Intervention Services (EIS)	\$1,497,405	10 – 15	\$154,431	3 – 6	\$1,651,836
3. Medical Case Management	\$4,442,303	1	N/A	N/A	\$4,442,303
4. Mental Health Services	\$1,701,597	10 – 15	\$287,753	3 – 5	\$1,989,350
5. Oral Health Care	\$1,406,653	6 – 10	N/A	N/A	\$1,406,653
6. Substance Abuse Services- Outpatient	\$1,701,597	6 – 10	\$132,211	3 – 5	\$1,833,808
Core Medical Services Totals:	\$17,015,970		\$1,844,289		\$18,860,259
Support (Essential) Services:					
1. Case Management (Non-medical)	\$567,199	1	N/A	N/A	\$567,199
2. Emergency Financial Assistance	\$90,751	1 - 2	N/A	N/A	\$90,751
3. Food Bank/Home-Delivered Meals	\$1,179,774	2 – 5	N/A	N/A	\$1,179,774
4. Housing Services	\$338,050	1 - 2	N/A	N/A	\$338,050
5. Legal Services	\$909,787	2 – 5	N/A	N/A	\$909,787
6. Medical Transportation Services	\$480,984	1 – 2	N/A	N/A	\$480,984
7. Outreach Services	\$344,857	2	\$158,875	1	\$503,732
8. Psychosocial Services	\$1,082,215	10 – 15	\$99,991	3 – 5	\$1,182,206
9 Substance Abuse Services- Residential	\$678,370	3 – 6	\$118,879	3 – 5	\$797,249
Support Services Totals:	\$5,671,987		\$377,745		\$6,049,732
Quality Management Services:					
1. Quality Management Technical	\$450,000	1	N/A	N/A	\$450,000

Assistance Provider				
Funding & Award Totals:	\$23,137,957		\$2,222,034	\$25,359,991

B. Funding Requirements

All Part A clients must be linked to or receiving ambulatory/outpatient medical care. All respondents must describe how they will ensure and document this requirement.

Respondents must describe how they ensure the medical care they provide is consistent with the most current HHS standards of care and treatment guidelines and all other applicable professional standards. For more information about the most recent HHS guidelines visit:

<http://www.aidsinfo.nih.gov/Guidelines>. Program specific clinical protocols must be updated accordingly as changes occur in the HHS guidelines. The following publications are available online at <http://www.aidsinfo.nih.gov/> or may be obtained by calling: 1-800-HIV-0440.

- Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents
- Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents
- Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection
- Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Exposed and HIV-Infected Children
- Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States

Program and Fiscal Monitoring Standards

HRSA expectations are that all Part A / MAI successful respondents are required to meet all responsibilities outlined in the National Monitoring Standards for Ryan White Part A / MAI expectations for fiscal, programmatic and universal monitoring of Part A / MAI programs. Any grantee found to be non-compliant with the standards at any time will be held responsible and required by the City of Chicago to restore any damages and/or costs associated with grantee non-compliance.

Data Collection and Reporting

All Part A / MAI providers must be able to track and report unduplicated client-level demographic, medical and other service data. Beginning in FY15, all Part A and MAI providers in the Chicago EMA will be required to use the Provide Enterprise (PE) system to collect client level data. All providers will be required to complete HRSA’s annual Ryan White HIV/AIDS Program Services Report (RSR) and any other HRSA-identified reports that may be required. All providers will be required to collaborate with and share clinical information with the coordinated case management system. In addition, all providers will be required to provide CDPH with timely and accurate client level data. Failure to comply with data requirements can result in the termination of an agency's Ryan White contract with the City of Chicago.

Quality Management

HRSA's expectations of Ryan White Program grantees with respect to improving the quality of care and establishing quality management programs may be found online at: <http://hab.hrsa.gov/deliverhivaidscares/qualitycare.html> .

HRSA technical assistance in selecting appropriate service- and client-level outcomes is also available online at: <ftp://ftp.hrsa.gov/hab/oehowfin.pdf> or <http://careacttarget.org> . Grantees are also required to meet local Quality Management standards. QM standards for the Chicago EMA can be found at: http://www.cityofchicago.org/city/en/depts/cdph/supp_info/hiv/quality_managementstandards.html .

In addition, all grantees are required to participate in local Quality Management activities and/or learning collaboratives.

Payer of Last Resort

The Ryan White Program and funded providers are required to coordinate their services and seek payment from other sources before Ryan White funds are used. This makes the Ryan White HIV/AIDS Program the “payer of last resort,” meaning that funds are to fill gaps in care not covered by other resources. Major payers include, for example, Medicaid, Medicare, the Children’s Health Insurance Program (CHIP), and private health insurance.

All Ryan White funds must be used as the payer of last resort. All Medicaid eligible providers must be certified as a Medicaid provider. For more information on how a provider can enroll in Medicaid go to: <http://enrollhfs.illinois.gov/> .

Handbooks have been prepared for the information and guidance of providers who participate in the Illinois Medical Assistance Program and other health care programs funded or administered by the Illinois Department of Public Aid. These handbooks provide guidelines to enable providers to: know which services provided to eligible participants are covered; submit proper billings for services rendered; and make inquiries to the proper source when it is necessary to obtain clarification and interpretation of department policy and coverage. The handbooks can be obtained from: <http://www2.illinois.gov/hfs/MedicalProvider/Handbooks/Pages/default.aspx> or by calling 217-782-0538.

Cultural and Linguistic Competence

Respondents are advised that all service providers should deliver services in a manner that is culturally and linguistically competent, which includes addressing the limited English proficiency (LEP) and health literacy needs of clients. HRSA defines cultural and linguistic competence as “a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural and linguistically diverse situations.”

Healthcare providers funded via HRSA grants need to be alert to the importance of cross-cultural and language appropriate communications and general health literacy issues. HRSA supports and promotes a unified health communication perspective that addresses cultural competency, limited English proficiency, and health literacy in an integrated approach in order to develop the skills and abilities needed by HRSA-funded providers and staff to deliver the best quality health care effectively to the diverse populations they serve.

For additional information on HHS guidelines on cultural competency, see the Office of Minority Health National Standards on Culturally and Linguistically Appropriate Services (CLAS) at: https://www.thinkculturalhealth.hhs.gov/content/about_tch.asp .

Joint Proposals

In order to ensure a seamless HIV Care Continuum, CDPH encourages linkages and collaborations between service providers and to promote co-location of services, an organization may submit a proposal on behalf of other organizations, consortia, or coalition. The organization that submits the proposal will be designated as the lead organization to contract with the City of Chicago, should funding be awarded. Subject to prior approval by the City, other participating organizations will be subcontractors to the lead organization. All subcontractors must demonstrate that they meet all of the eligibility criteria as stated in

this RFP. Per HRSA Division of Service Systems policy regarding Clarification of Legislative Language Regarding Contracting with For Profit Entities, Ryan White funds cannot be passed through from a non-profit entity to a for-profit entity. Non-profit contractors are prohibited from serving as conduits that pass on their awards to for profit corporations. If an organization is sub-contracting with another organization to provide services detailed in the RFP and will have a financial arrangement or subcontracting relationship with the organization, the lead respondent is required to have an executed Memorandum of Understanding (MOU) with its subcontractor(s) specific to the proposed services to be provided that specifically delineates the details for the relationship and the responsibilities of both parties. This MOU must be signed by the Executive Directors of all parties and must be current. This MOU(s) should be included as an attachment to the application.

An organization that submits a proposal as the lead agency on behalf of multiple providers must not submit another proposal within that same service category. An organization that is included as a subcontractor or non-lead participant in a multi-provider proposal must not submit a proposal as a lead or sole respondent in that service category.

C. Service Category Definitions, Allowable Activities and Units of Service

The estimated available 2015 funding by service category, a definition of each allowable service category and additional guidance follow. All objectives should be quantified using the established Units of Service. These units are defined by service category on the following pages.

The following requirements apply to all service categories:

- All Part A / MAI clients must be linked to or currently receiving HIV care. Linkage to care includes referral to care, as well as, follow-up with clients and providers to ensure clients are engaged and maintained in care.
- All providers must screen and obtain documentation for client proof of eligibility for all Part A / MAI clients.
- All providers must ensure that Part A / MAI funds are used as the payer of last resort.

Service Types are those activities or tasks within each Service Category that may be provided to achieve the scope(s) of the services. The Service Types serve as the operating steps for the provision of the Service Category. Providers must describe the Service Types that will be offered as defined in each Service Category defined below. Use the defined units of service to quantify all activities. Providers do not necessarily have to provide all Service Types (sub-categories); however they may not add additional Service Types in the calculation of their total Units of Service provided for the Service Category. The identified Service Types will also serve as the data collection fields in the Provide Enterprise system.

Core Medical Services

Core medical services are specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009. They are a set of essential, direct health care services provided to Ryan White HIV/AIDS Program clients who are HIV positive or HIV indeterminate, with one exception. HIV-negative clients may receive HIV counseling and testing (HC&T) services under Early Intervention Services for Parts A.. The service category descriptions are relevant for both Part A and MAI funding.

Category # 1 - Ambulatory/Outpatient Medical Care

Ambulatory/Outpatient Medical Care (AOMC) includes the provision of professional diagnostic and therapeutic services directly to a client by a physician, physician assistant, clinical nurse specialist, nurse practitioner, or other health care professional certified in the Chicago EMA jurisdiction to prescribe

antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings.

Allowable components within the defined Service Types 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
- Referral to and provision of specialty care (includes all medical subspecialties)
- Provision of laboratory tests integral to the treatment of HIV infection and related complications.

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the HHS guidelines. Such care must include access to combination antiretroviral (ARV) and other drug therapies, including prophylaxis and treatment of opportunistic infections and other comorbidities and health conditions.

Respondents wishing to provide Ambulatory/Outpatient Medical Care are required to also provide Early Intervention Services (EIS). Respondents are instructed to submit one proposal in which they will describe their plans for delivery of both Ambulatory/Outpatient Medical Care services and EIS.

Service Types are limited to:

1. **Primary Medical Care (inclusive of Labs)**
2. **Medication Monitoring Visit (inclusive of Labs)**
3. **Nurse Visit**
4. **Lab Visit**
5. **Telephone consultation**

One (1) unit of service = **one visit** or **one encounter** lasting a minimum of 20 minutes in duration and/or one lab test visit

Range of Average Unit Cost: \$264 - \$422

Estimated amount of funding = \$7,536,309

Category # 2 - Early Intervention Service (EIS)

Early Intervention Services (EIS) should be provided by Ambulatory/Outpatient Medical Care providers funded by this RFP and should include the identification of individuals at points of entry and access to services. EIS should include the provision of the following components:

1. HIV testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures) and targeted counseling of individuals with respect to HIV/AIDS (In cases where testing cannot be charged to third-party billers or covered through grant-funded program);
2. Referral services;
3. Linkage to, and re-engagement in care
4. Health education and literacy training that enables clients to navigate the HIV system of care.

NOTE: All 4-program components must be present for a program to be considered an Early Intervention Services program.

EIS is co-located in AOMC settings and assists Medical Case Management with early linkage to retention in care services by providing medical appointment accompaniment/navigation, peer support, and locating clients identified by the provider's clinical records and/or surveillance data as being lost to care. The provision of EIS services for a patient will cease after the second ambulatory visit has been completed; however, there should be some allowance for extensions. Hand-off from EIS to Medical Case Management services will occur at the point of disengagement from EIS.

Key HRSA HAB Monitoring Standards:

1. Part A / MAI EIS funds are considered payer of last resort, for HIV testing services
2. Individuals who test positive are referred for and linked to health care and supportive services
 - a. The number of HIV tests conducted and the number of positives found are systematically monitored and reported
 - b. Referrals into care and treatment are continuously monitored at the patient and systems level
3. Health education and literacy training is provided that enables clients to navigate the HIV system
4. EIS is provided at or in coordination with documented key points of entry in an effort to target based on latest available data
5. EIS services are coordinated with HIV prevention efforts and programs and coordination with providers of prevention services is required

Providing health education and literacy to newly positive HIV individuals is required with respect to HIV treatment and prevention, testing, and referrals to care and supportive services. In addition, linking clients who have tested positive to a HIV clinical provider for their 1st medical visit should occur within 90 days of HIV testing date.

EIS should include:

- An intervention for the client (such as ARTAS) confirmation of linkage to care as per HRSA guidelines and/or Ryan White Chicago EMA Standards (i.e. verified medical visit)
- Confirmation of retention in care per HRSA guidelines and/or Ryan White Chicago EMA Standards (i.e. CD4 and/or VL)

Please note that some services are partially covered under the ACA (Medicaid, Medicare or marketplace insurance). Testing and medical evaluations can be covered, but other services provided under this category that are not covered would be allowable under Ryan White.

EIS must be co-located at and provided by Ryan White-funded AOMC sites.

Service Types are limited to:

1. **HIV testing and counseling**
2. **Referral services**
3. **Linkage to care and/or Re-engagement in care**
4. **Health education and literacy training**

One (1) unit of service = **one visit** or **one encounter** with a duration of at least 20 minutes which provide for one or more of the required EIS components

Range of Average Unit Cost: \$41 - \$140

Estimated amount of funding = \$1,651,836

Category # 3 - Medical Case Management Services

Medical Case Management Services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff. The coordination and follow-up of medical treatments are 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 needs and personal support systems of the client and other key family members. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities must include the following:

- Initial assessment of service needs;
- Development of a comprehensive, individualized service/care plan;
- Coordination of services required to implement the service/care plan;
- Continuous client monitoring to assess the efficacy of the service/care plan; and
- Periodic re-evaluation and adaptation of the service/care plan, at least every 6 months, 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 meetings, telephone calls, and any other forms of communication;
- Coordinate services with EIS to ensure linkage, retention and re-engagement in care..

Service components may include the following:

- A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/ entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services);
- Coordination and follow up of medical treatments;
- Ongoing assessment of the client's and other key family members' needs and personal support systems;
- Treatment adherence counseling to ensure readiness for, and adherence to complex HIV/AIDS treatment therapies;
- Client-specific advocacy and/or review of utilization of services.

Medical Case Management services will be co-located at Ryan White-funded Ambulatory/Outpatient Medical Care service sites.

Service Types are limited to:

- 1. Face-to-face office visit**
- 2. Face-to-face medical appointment accompaniment**
- 3. Face-to-face home visit**
- 4. Face-to-face discharge**
- 5. Face-to-face case management care conference**
- 6. Telephone/Text/Email contact**
- 7. Face-to-face other visit**
- 8. Care Coordination with Primary Care Provider**
- 9. Other type of contact or referral service provided**

One (1) unit of service = one 30 minute face-to-face visit or one 15 minute phone contact which addresses the key activities as described above

Range of Average Unit Cost: \$45 - \$60

Estimated amount of funding = \$4,442,303
Category # 4 - Mental Health Services
Mental Health Services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. Services are conducted in a group or individual setting based on a detailed treatment plan and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.
Service Types are limited to:
<ol style="list-style-type: none"> 1. Individual face-to-face counseling session 2. Group counseling session 3. Assessment/Reassessment 4. Discharge
One (1) unit of service = one individual or group session with a licensed professional
Range of Average Unit Cost: \$99 - \$143
Estimated amount of funding = \$1,989,350
Category # 5 - Oral Health Care
Oral Health Care includes diagnostic, preventive, and therapeutic dental services that are in compliance with state dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, are based on an oral health treatment plan, adheres to specified service caps, and is provided by a dental health care professional licensed and certified to provide health care in the State of Illinois / Chicago EMA, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.
Service Types are limited to:
<ol style="list-style-type: none"> 1. Diagnostic visit 2. Preventive visit 3. Therapeutic visit
One (1) unit of service = one diagnostic, preventive or therapeutic visit with an oral health professional
Range of Average Unit Cost: \$150 - \$225
Estimated amount of funding = \$1,406,653
Category # 6 - Substance Abuse Services - Outpatient
Substance Abuse Services - Outpatient are 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/licensed personnel. Services are limited to the following:
<ul style="list-style-type: none"> • 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 • Neuro-psychiatric pharmaceuticals • Relapse prevention • Limited acupuncture services with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists • Services provided must include a treatment plan that calls only for allowable activities and includes: <ul style="list-style-type: none"> - The quantity, frequency, and modality of treatment provided

<ul style="list-style-type: none"> - The date treatment begins and ends - Regular monitoring and assessment of client progress - The signature of the individual providing the service and or the supervisor as applicable
Service Types are limited to: <ol style="list-style-type: none"> 1. Individual counseling session 2. Group counseling session 3. Methadone treatment 4. Assessment/Reassessment 5. Discharge
One (1) unit of service = one outpatient visit; one methadone treatment; and/or one 30 minute or more acupuncture therapy session
Range of Average Unit Cost: \$94 - \$125
Estimated amount of funding = \$1,833,808

Support (Essential) Services

Essential (Support) Services are a set of services needed to achieve health outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Support services may also be provided to HIV-affected clients. However, the services provided to HIV-affected clients must always support a health outcome for the HIV-positive client or HIV-indeterminate infant. The service category descriptions are relevant for both Part A and MAI funding.

Category # 1 - Case Management (Non-medical)

Case Management Services (Non-medical) include providing advice and assistance to clients/patients in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management assists with linkage to HIV primary care as needed and does not involve coordination and follow-up of medical treatments. Services may include the following:

- Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible
- All types of case management encounters and communications (face-to-face, telephone contact, other)
- Transitional case management for incarcerated persons as they prepare to exit the correctional system.

Case Management services will be co-located at Community-based organizations and available throughout the Chicago EMA to assist with re-engagement to care and other support services. Case Management Services provider will work collaboratively with Outreach Services, as well as with HIV Prevention services to assist with linkage to care. The Case Management provider should ensure that patients/clients/ are only receiving support from one case manager across the Ryan White system in order to leverage available funding and to prevent duplication of efforts.

Service Types are limited to:

1. **Face-to-face office visit**
2. **Face-to-face medical appointment accompaniment**
3. **Face-to-face home visit**
4. **Face-to-face discharge**
5. **Face-to-face case management care conference**
6. **Telephone contact**
7. **Face-to-face other visit**

<p>8. Care Coordination with Primary Care Provider 9. Other type of contact or referral service provided</p>
<p>One (1) unit of service = one 30 minute face-to-face visit or one 15 minute phone contact</p>
<p>Range of Average Unit Cost: \$45 - \$60</p>
<p>Estimated amount of funding = \$567,199</p>
<p>Category # 2 - Emergency Financial Assistance</p>
<p>Emergency Financial Assistance is the provision of one-time or short-term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation, and medication. Part A and Part B programs must allocate, track, and report these funds under specific service categories, as described under 2.6 in Division of Service Systems Program Policy Guidance No. 2 (formerly Policy No. 97-02).</p> <p>It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White HIV/AIDS Program funds for these purposes will be the payer of last resort, and for limited amounts, use and periods of time. Continuous provision of an allowable service to a client should be reported in the applicable service category.</p>
<p>Service Types are limited to:</p> <ol style="list-style-type: none"> 1. Food voucher 2. Utility assistance 3. Rent assistance 4. Mortgage assistance
<p>One (1) unit of service = one grant for food vouchers, groceries, utilities, housing, and food stamps</p>
<p>Range of Average Unit Cost: \$300 - \$337</p>
<p>Estimated amount of funding = \$90,751</p>
<p>Category # 3 - Food Bank / Home-delivered Meals</p>
<p>Food Bank / Home-delivered Meals involve the provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies should also be included in this item. The provision of food or nutritional supplements by someone other than a registered dietician should be included in this item as well.</p> <p>Food vouchers provided as an ongoing service to a client should be reported in this service category. Food vouchers provided on a one-time or intermittent basis should be reported in the Emergency financial assistance category.</p>
<p>Service Types are limited to:</p> <ol style="list-style-type: none"> 1. Bag of food 2. Food voucher 3. Home-delivered meal
<p>One (1) unit of service = one bag of food for food pantry services, one meal for home delivered meals and one package for non-food items as allowed</p>
<p>Range of Average Unit Cost: \$8 - \$15</p>
<p>Estimated amount of funding = \$1,179,774</p>
<p>Category # 4 - Housing Services</p>
<p>Housing Services are 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 provides some type of medical or supportive services (such as residential substance abuse or mental health services, residential foster care, or assisted living residential services) and housing</p>

that does not provide direct medical or supportive services but is essential for an individual or family to gain or maintain access to and compliance with HIV-related medical care and treatment.

Housing funds cannot be in the form of direct cash payments to recipients for services and cannot be used for mortgage payments. Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Therefore, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation. For more information, see the policy “The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs” at <http://hab.hrsa.gov/manageyourgrant/policiesletters.html> .

Service Types are limited to:

1. **Emergency hotel**
2. **Rent assistance**
3. **Mortgage assistance**
4. **Utility assistance**

One (1) unit of service = one grant

Range of Average Unit Cost: \$600 - \$1,000

Estimated amount of funding = \$338,050

Category # 5 - Legal Services

Legal Services are services to individuals with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program.

Legal services to arrange for guardianship or adoption of children after the death of their primary caregiver should be reported as a permanency planning service.

Permanency planning includes services to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them. It includes the provision of social service counseling or legal counsel regarding (1) drafting of wills or delegating powers of attorney; and (2) preparation for custody options for legal dependents, including standby guardianship, joint custody, or adoption.

Service Types are limited to:

1. **Face-to-face office visit/consultation**
2. **Telephone consultation**
3. **Training session**

One (1) unit of service = one 30 minute in-person provision of service or one 15 minute telephone consultation

Range of Average Unit Cost: \$581 - \$625

Estimated amount of funding = \$909,787

Category # 6 - Medical Transportation Services

Medical Transportation Services are conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.

Service Types are limited to:

1. **Bus pass**
2. **Cab ride**
3. **CTA card**
4. **Gasoline card**

- 5. Gas voucher
- 6. Metra card
- 7. Pace card

One (1) unit of service = one one-way trip

Range of Average Unit Cost: \$5 - \$35

Estimated amount of funding = \$480,984

Category # 7 - Outreach Services

Outreach Services in this RFP are programs that have as their principal purpose identification of people who know their status (i.e., case finding) so that they may be enrolled in care and support services. These services should target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs and CDPH to avoid duplication of effort, identify those out of care as identified through surveillance data provided by CDPH, and conducted at times and in places where there is a high probability of reaching individuals with HIV infection, and designed with quantified program reporting that will accommodate local effectiveness evaluation. RWHAP-funded Outreach services cannot be delivered anonymously. Client-level data must be reported for every individual that receives this service.

For more information, see HRSA’s Policy for Outreach Services and which can be found at: <http://hab.hrsa.gov/manageyourgrant/pinspals/outreachpolicy2012.pdf> .

Outreach services are designed to identify persons at high risk for HIV and provide an array of early intervention and prevention services. Outreach services include services to both HIV-infected persons who know their status and are not in care and HIV-infected persons who are unaware of their status and are not in care.

The goal of outreach services continues to be to link individuals into care that would ultimately result in ongoing primary care and increased adherence to medication regimens. Outcome measures need to be defined by grantees that reflect the goal to evaluate the success of outreach activities.

Outreach activities supported with Ryan White HIV/AIDS Program funds must continue to be:

1. Planned and delivered in coordination with State and local HIV prevention outreach activities and CDPH to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes;
2. Directed to populations known, through local surveillance data, to be out of care.;
3. Conducted in such a manner, (i.e., time of day, month, events, sites, method, culturally/linguistically appropriate) among those known to have delayed seeking care relative to other populations, etc., and continually reviewed and evaluated in order to maximize the probability of reaching individuals infected with HIV who are unaware of their serostatus or know their status but are not actively in care;
4. Designed to:
 - a. Establish and maintain collaborations with CDPH, medical case management and/or other agencies that have effective contact with persons found to be disproportionately impacted by HIV or disproportionately differ in local access to care, e.g., prisons, homeless shelters, substance abuse treatment centers, etc.
 - b. Direct individuals to early intervention services (EIS) or primary care.
 - c. Include appropriately trained and experienced workers to deliver the access to care message when applicable.
 - d. Provide quantifiable outcome measures (tracking and data collection) such as the number of

<p>individuals reached who are not in care and the number subsequently re-engaged in care;</p> <p>Prohibited Use of Funds</p> <ol style="list-style-type: none"> 1. Outreach activities should supplement, and not supplant, such activities that are carried out with amounts appropriated under Section 317 of the Public Health Service Act, "Project Grants for Preventive Health Services" administered by the CDC or with other Federal, State or local funds.
<p>Service Types are limited to:</p> <ol style="list-style-type: none"> 1. Face-to-face office visit 2. Face-to-face clinic visit 3. Face-to-face home visit 4. Face-to-face discharge 5. Face-to-face care conference 6. Telephone contact 7. Face-to-face other visit 8. Telephone care conference 9. Other type of contact or referral service provided to promote re-engagement for those lost to care
<p>One (1) unit of service = one encounter</p>
<p>Range of Average Unit Cost: \$17 - \$28</p>
<p>Estimated amount of funding = \$503,732</p>
<p>Category # 8 - Psychosocial Support Services</p>
<p>Psychosocial Support Services are support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Nutrition counseling services provided by a non-registered dietitian are reported in this service category.</p> <p>Nutritional services and nutritional supplements provided by a licensed, registered dietician are considered a core medical service and should be reported as Medical nutrition therapy. The provision of food and/or nutritional supplements by someone other than a registered dietician should be reported in the Food bank/home-delivered meals service category.</p>
<p>The defined Service Types are limited to:</p> <ol style="list-style-type: none"> 1. Individual counseling session 2. Group counseling session 3. Nutritional counseling session 4. Pastoral care counseling session 5. Bereavement counseling session
<p>One (1) unit of service = one individual or one group session</p>
<p>Range of Average Unit Cost: \$80 - \$125</p>
<p>Estimated amount of funding = \$1,182,206</p>
<p>Category # 9 - Substance Abuse Services – Residential</p>
<p>Substance Abuse Services (Residential) include treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term care). They include limited support of acupuncture services to HIV-positive clients, provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.</p>
<p>The defined Service Types are limited to:</p> <ol style="list-style-type: none"> 1. One day of treatment in a residential setting
<p>One (1) unit of service = one day</p>
<p>Range of Average Unit Cost: \$125 - \$160</p>
<p>Estimated amount of funding = \$797,249</p>

Quality Management Technical Assistance Provider

Section 2604(h)(5) of the Ryan White HIV/AIDS Program legislation requires that the chief elected official (CEO) of a Part A eligible metropolitan area/transitional grant area (EMA/TGA): "shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection and, as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services."

Category # 1 –Quality Management Technical Assistance Provider

Quality Management Technical Assistance Provider

The respondent must describe how it will successfully coordinate all quality management activities and logistics including but not limited to: scheduling and coordinating site visits with the CDPH Quality Management team, Standards of Care (SOC) meetings, training and technical assistance activities, provider communications, written reports, presentations and attendance at Planning Council meetings and Medical Advisory meetings relevant to the Quality Management effort and technical assistance/staff support for the Chicago EMA.

All respondent must have the ability to perform clinical site visits, chart audits, technical assistance related to quality management and site visit findings, meta analysis and other topical research or identify and subcontract with organizations that possess demonstrated expertise in these areas with guidance and consultation with the Ryan White Program Director or his/her designee.

The following categories illustrate general and specific types of responsibilities the respondent organization must perform. These activities are illustrative in nature and should not serve as a complete list of expected activities. Further negotiation with the Ryan White program regarding additional activities can be expected during the contractual phase of procurement.

General Responsibilities

Quality Management (up to \$200,000):

1. Conduct webinars to provide updates to delegate agencies on National agenda items such as NQC, NHAS and HIV treatment cascade. Quarterly webinars should be developed and offered. All training content must be reviewed and approved by CDPH at least two weeks prior to the training event.
2. Provide technical expertise and capacity building to Ryan White funded agencies for essential support services such as Ambulatory/Outpatient Medical Care, Outreach, Legal and Food Bank
3. Respondent should on an annual basis, in consultation with the Ryan White Program and CAHISC, prioritize two to three service categories that will be assessed for revision or development of standards, based upon data collection, the identification of trends and the development of improvement and provide a report on this activity.
4. Conduct clinical quality site reviews and other quality site reviews by providing technical experts to target core service categories for Ryan White delegate agencies. Respondent should be able to conduct up to 30 site visit reviews of delegate agencies, including the provision of technical clinical experts, the development of summary narrative reports and data dashboards for each agency reviewed. The site visit preparation which includes training for delegate agency, coordinate with program site visit schedule, weekly site visit preparation meetings (via telephone or face to face).The site visits must include full or sampled chart audits and provide an

assessment of service provider capacity to collect and report Health Resources and Services Administration/ HIV/AIDS Bureau (HRSNHAB) performance measures.

5. Utilize the Associates in Process Improvement *Model for Improvement* to develop Learning Collaboratives based upon findings of site visit reviews of delegate agencies. Learning Collaboratives for delegate agencies will include planning, agenda development in cooperation with Ryan White Program staff, training, topic presentations, content experts and summary report of action items and next steps for those delegate agencies participating in the Learning Collaborative.
6. Provide grievance access for consumer complaints through a hotline. Respondent must develop marketing materials for all delegate agencies (e.g. palm cards) to make available to consumers. Must provide 2 annual trainings on grievance procedures and conflict resolution skills.
7. Provide quarterly narrative reports to CDPH on respondent's activities, challenges and barriers (i.e. grievance data, scope of services, etc.)
8. Conduct up to four (4) surveys and companion narrative reports as defined by the Ryan White Program (e.g. CAHISC membership satisfaction and delegate agency evaluation of CDPH services).
9. Conduct periodic review and revision of existing service standards using a peer review model. Develop new standards based upon best practices in collaboration with the CDPH Quality Management team.
10. Conduct assessments and/or program evaluation services to support and inform successful respondents to Outreach Services, Supportive and Medical Case Management.

Trainings (up to \$100,000):

1. Provide training and technical assistance to Quality Management CDPH staff as defined by Ryan White Program staff (e.g. data abstraction and reporting).
2. Provide 12 to 15 clinical quality improvement training sessions to delegate agency staff and CDPH staff (e.g. Provider Education Sessions, Multidisciplinary Training, Cultural Competency, etc.) and other topics as identified by program needs.
3. Train delegate agency staff on as needed basis regarding Quality Management standards.

Correspondence:

1. Prepare minutes, handouts, agendas and visuals, transcription and reports (i.e. for learning collaboratives, site visit training, etc.).
2. Prepare correspondence on behalf of Ryan White Program, as directed.
3. Develop and distribute quarterly electronic newsletters on quality improvement processes and featured agencies.

Communications:

1. Facilitate communication between Ryan White Program (Grantee) and service providers and other stakeholders.

Administration:

1. Manage meeting and training logistics
2. Provide monthly invoices based on actual deliverables for previous month with appropriate documentation
3. Purchase of food for meetings as necessary and approved by Ryan White Program staff
4. System assessment of the Grantee and funded agencies

Program Evaluator (up to \$150,000):

The successful respondent to assist the delegate agencies funded for Medical Case Management, Case Management and Outreach by developing process and outcome measures. The primary goal is to support the accumulation of credible evidence on what aspects of these service categories work and do not work to ensure clients are identified, linked and retained in care and to be better able to apply lessons learned in program practice.

In collaboration with these funded agencies and CDPH, the successful Respondent will help further refine the implementation plans, as well as, develop and execute comprehensive evaluation plans. The Evaluator's expectations are to

- inform and support final development of implementation plan;
- develop comprehensive process and outcome evaluation plans;
- develop program instruments to support regular program monitoring as well as evaluation data collection;
- collect data for process and outcome evaluations; and
- analyze data and write interim and final evaluation reports.

During a three-month planning period, the successful Respondent must collaborate with all medical case management, case management and outreach funded delegate agencies and CDPH to: 1) identify and invite consultants with content expertise in each of the demonstration project areas to advise and help inform the intervention and implementation plan; and 2) further develop and incorporate program monitoring and evaluation into the intervention design. The successful Respondent will work with delegate agency staff to create a more detailed evaluation and performance measurement plan. These detailed evaluation plans will build upon elements included in the delegate agency's initial work plan and will refine these into performance measures and finalize the evaluation plans. The final evaluation plans developed with funded agencies should address the following questions:

- What will be evaluated? (i.e., what is "the program" and in what context does it exist?)
- What aspects of the program will be considered when assessing program performance?
- What standards (i.e., type or level of performance) must be reached for the program to be considered successful?
- What evidence will be used to indicate how the program has performed?
- What conclusions regarding program performance are justified by comparing the available evidence to the selected standards?
- How will the lessons learned from the inquiry be used to improve public health effectiveness?

The successful Respondent will also work with CDPH to assist agencies funded to adhere to HRSA and CDPH standards of care, develop tools to monitor implementation process and outcomes to ensure the implementation is consistent the service category expectations and that the same outcomes are achieved. More specifically, the successful Respondent will assist CDPH in determining the extent to which the delegate agencies successfully identify, link and retain clients in care.

Estimated amount of funding = \$450,000

VIII. Instructions for Completing an Application

This section provides information on application requirements and submission guidelines. Applicants must address all items in this section for each service category. Additional questions and/or descriptions required for specific service categories follow this section. Each application must be complete and narrative responses should be self-explanatory. Only documents requested in this RFP or directly related

to the RFP should be submitted. Any unsolicited material submitted with a proposal will be discarded before review.

There is no limit on the total number of proposals that a single respondent may submit for consideration. However, a respondent must submit a separate and complete proposal for each service category for which they are applying. If a respondent is proposing multiple sites for the same service category within the same funding source only one narrative is required but a separate and complete budget must be submitted for each site.

Respondents must submit proposals for the **Core Medical and Support Services** categories using the Cyber Grants system at the following link:

http://www.cybergrants.com/pls/cybergrants/ao_login.login?x_gm_id=5130&x_proposal_type_id=36946

Respondents must submit proposals for **Quality Management Technical Assistance** using the Cyber Grants system at the following link:

http://www.cybergrants.com/pls/cybergrants/ao_login.login?x_gm_id=5130&x_proposal_type_id=37004

A. Intent to Apply

All respondents are requested to complete and submit the Intent to Apply form by 4:00p.m. on Wednesday, December 19, 2014. (See **Appendix A**). This form is for informational purposes only and will not be used to determine eligibility or funding.

B. Application Guidelines

This section outlines requirements for application narrative and supporting documents. Respondents are asked to describe their ability to provide services in the category for which they are applying, in accordance with program requirements and in response to the needs of PLWH/A in the Chicago EMA. Page limits for each section are noted. Follow these instructions and outline when preparing and submitting an application. Include a table of contents reflecting major categories and corresponding page numbers. Use headings and subheadings to ensure that your application covers all the required elements.

Note: All respondents will be required to complete and submit an Economic Disclosure Statement and Affidavit annually through the City's on-line EDS system. Its completion will be required for those respondents who are awarded contracts as part of the contracting process. Instructions for submission can be found at:

http://www.cityofchicago.org/city/en/depts/dps/provdrs/comp/svcs/economic_disclosurestatementseds.html . All respondents are required to complete and submit an Economic Disclosure Statement and Affidavit. This document can be found at:
<http://www.cityofchicago.org/content/dam/city/depts/dps/EDS/EDS11012005FINAL.pdf> .

The following documents must be submitted with the application:

- Internal Revenue Service 501(c)3 tax exempt determination letter
- Copy of the respondent's Articles of Incorporation
- Copy of the respondent's most recent Financial Statement
- If respondent has received \$500,000 or more in federal funds during the fiscal year, submit a copy of an audit conducted in accordance with OMB Circular A-133 Audit
- List of Board of Directors (must include place of employment for each member)

- Completed City of Chicago Economic Disclosure Statement
- Proof of Insurance
- Memoranda of Agreement (for joint proposals only). Agreements must be time-phased, project specific, and provide details of the arrangement. Documentation of these agreements should be on agency letterhead and signed by representatives of the respondent and the respondent's proposed subcontractors who are authorized to commit their agency to provide services. These documents should specify the service(s) to be provided, the number of participants to be served, the period in which the service(s) will be provided, and, if known, the monetary value of the service(s).

Title Page

Must be completed as part of the Cyber Grants application process. See **Appendix B** for items that are to be included.

Project Abstract (questions included in Cyber Grants as part of the application process)

The Project Abstract provides a brief description of the respondent's organization and its experience relevant to this application. The Project Abstract should include the following information.:

- Name of Organization
- Description of the organization's history and experience, and how it is applicable to the proposed project(s)
- Description of the project for which funds are being requested
- Description of the target populations' HIV/AIDS and other service needs
- Description of the project's major goals/objectives

Agency Experience (questions included in Cyber Grants as part of the application process)

- Provide a narrative describing your experience in providing the service category, and your experiences and linkages within the targeted geographic area. Identify the populations your agency has previously served and briefly discuss the demographic, social and behavioral characteristics of the population. Explain briefly how this experience is applicable to the proposed project. Briefly describe the geographic area to be served and location of services of the proposed project
- Describe the different types of insurance coverage of the population currently being served and the types of HIV services offered by your agency
- Describe how your agency proposes to use the service(s) category (ies) to contribute to linkage and retention in care
- Site Location(s) Table in **Appendix C** and include it with your application as an attachment.
- Describe how your agency assures clients have access to HIV-related and other services
- Discuss how the proposed program will be linked to other programs offered by your organization
- Describe how your agency assures the quality of its services including a continuous quality improvement plan.
- Describe how your agency documents that all clients are linked to or receiving ambulatory/outpatient medical care
- Describe how your agency ensures the proposed service is consistent with HHS guidelines and all other applicable professional standards and requirements. Upload relevant certifications and licenses as an attachment to your application.
- Describe how your agency assures the confidentiality of all client information and records
- Include supporting documentation that supports the agency's programmatic and administrative abilities such as management staff resumes, certifications, licenses, in-house training, or other evidence.

Collaboration (questions included in Cyber Grants as part of the application process)

In order to maximize resources and ensure clients receive comprehensive services, CDPH encourages respondents to collaborate with other agencies to achieve the goals of the proposed project. Please see Section VII.B for information on joint proposals. Provide a narrative addressing the following:

- Describe how you will make your services known to the target population(s) and other service providers. This may include advertisements, newsletters, brochures, and other printed materials, as well as individual or community outreach activities.
- Discuss how the agency will link clients to ambulatory/outpatient medical primary care and other HIV/AIDS health care services.
- Complete and upload the table in **Appendix D** describing the coordination and collaborations your agency has established in order to ensure comprehensive services. All successful respondents will be required to submit Memorandum of Agreements or Linkage Agreements signed by all parties.
- Reflect in your application other service categories that your agency is applying for in this RFP and describe how these services will be coordinated.

Target Population(s) (questions included in Cyber Grants as part of the application process)

Describe your experience providing services to the target population(s) and describe how you assess the HIV/AIDS and other support services needs of this population to promote retention in care.

- Identify and describe the characteristics of the target population(s) this project will serve, including race/ethnicity, gender, sexual orientation, and age.
- Describe the needs of the population to be served.
- Justify the need for proposed services.
- Describe your agency's capability to reach and serve the target populations under your proposed program.
- Describe how unmet needs and barriers to linkage and retention in care will be addressed by the proposed project (e.g., bilingual staff, extended and weekend hours of service, child care, and transportation).

Cultural and Linguistic Capacity (questions included in Cyber Grants as part of the application process)

Please see Section VII. B. for HRSA's definition and expectations for cultural and linguistic capacity.

Describe the agency's involvement and relationship with its target population(s) and within its geographic area.

- Discuss the extent to which the target population(s) was involved in developing the proposed program or providing meaningful input into its development
- Does the respondent have a consumer advisory group? If so, please describe how the group is supported by the agency, how often the group convenes, and the scope of the group's work.
- Describe any innovative or successful activities your agency has undertaken in order to improve its cultural and linguistic capacity.
- Describe the extent to which the demographic make-up of the agency's frontline staff, management and the board of directors is reflective of the target population(s)

Client Eligibility (questions included in Cyber Grants as part of the application process)

Describe the process that will be employed to determine client eligibility. Eligible beneficiaries of Part A and MAI services are individuals or families of individuals with HIV/AIDS living in the Chicago EMA. Services are to be provided to eligible individuals regardless of their ability to pay for services, their current or past health condition, or their residence (as long as they live within the Chicago EMA).

- Describe the agency's intake process, including behavioral assessments.
- Describe all criteria used or to be used to determine eligibility for this service category. Include a rationale for these criteria.
- Describe the methods used to screen clients for financial eligibility.
- Address the agency's ability to serve individuals who have co-occurring health issues such as substance use or mental illness.

Payer of Last Resort (questions included in Cyber Grants as part of the application process)

Explain your agency's procedures for utilizing third party reimbursement and assuring that RWTA funds are the payer of last resort.

- State whether or not your agency is a Medicaid certified provider. If your agency is certified please list the services that are billed to Medicaid. If your agency is not certified please explain why not.
- List all other public and private sources of payment the respondent's organization bills or otherwise utilizes.
- Describe how your agency assures that clients are enrolled in all possible public and private insurance or benefit programs.
- Describe any other efforts your agency undertakes to assure RWTA funds are the payer of last resort
- Attach a copy of your agency's relevant policies and procedures for assuring the RWTA is the payer or last resort.

Program Description / Scope of Services (questions included in Cyber Grants as part of the application process and attachment of Program Scope of Services form) Describe the scope(s) of the proposed program, Service Types to be used from the defined list for each service category, and specific activities within each Service Type that will be used to achieve the scopes(s). The activities serve as the operating steps for the project and must be specific, measurable, realistic, and time-phased. Use the defined Service Types to calculate the units of service to quantify all activities. The Service Types are listed with each service category on pages 10 - 19. The scope(s) must indicate: 1) the number of clients to be served and 2) specify the number of service units to be provided (e.g., a dental services provider might develop an objective to "provide 1500 visits to 1,000 Part A / MAI eligible clients by February 29, 2016"). A Work Plan must be completed for all proposed scope(s) of service. Complete the individual service category Scope of Service (**Appendix E**) and upload.

- Describe the basis for designing the proposed program(s)
- Discuss the scope(s) of the program and describe in detail how it will be implemented and how it will ensure that the patient's/client's needs are met. Identify activities that will be used to achieve the program scopes and overall goals
- Describe the roles and responsibilities of staff as it relates to activities outlined in the narrative
- Describe how the proposed service program(s) directly contribute to linkage, retention in care, adherence and viral load (VL) suppression
- Develop a Scope of Service using the template in the service category-specific **Appendix E**.

Unit Costs (question included in Cyber Grants as part of the application process): Indicate the per-unit cost to provide the proposed services and the number of clients to be served, and explain how this figure is derived. At a minimum, show roughly how quantified program goals and anticipated costs are used. For example: For the Ambulatory/Outpatient Medical Care service category the unit of service = 1 visit of at least 20 minutes in duration. If there are 4 ambulatory physician office visits proposed for each of ten

clients identified, this totals 40 units of service. The agency total cost for this program is \$10,800: \$10,800 divided by 40 units yields a cost of \$252 per visit (unit cost).

Additional Program Descriptions – Respondents are required to answer the following questions based on the Service Category(ies) for which the respondent is/are applying.

If applying for Ambulatory/Outpatient Medical Care Services and Early Intervention Services, answer the following questions:

Ambulatory/Outpatient Medical Care specific:

1. Describe why the populations to be served are eligible for Ryan White Ambulatory/Outpatient Medical Care and not covered under other funding services (e.g. Medicare or Marketplace) as provided for by the Affordable Care Act.
2. Describe the program activities and roles that Early Intervention Services and Medical Case Management will play within your program to provide client-centered, wrap-around services to achieve the following:
 - a. Linkage to care;
 - b. Adherence;
 - c. Retention in care activities;
 - d. Re-engagement in care; and
 - e. Appointment reminders and follow-up on missed appointments to ensure retention in care.
3. Describe how your program, in collaboration with EIS and Medical Case Management staff, will identify those out of care and activities that will be taken to re-engage them in care and the role that medical case management will play within your program to ensure retention

Early Intervention Services specific:

1. Describe the role and coordination that EIS will conduct within the Ambulatory/Outpatient Medical Care setting and with staff providing medical case management services to ensure clients are linked to care within three months.
2. Describe, and provide the basis for, the process EIS will follow to identify, locate and re-engage clients who have fallen out care (e.g. missed two or more medical visits within 6 months)
3. Description of staff qualifications. If a peer navigation model is being proposed, provide a description of rationale, activities to be conducted, training provided and supervision provided.

If applying for Medical Case Management, answer the following questions:

1. Description of process and rationale for placement of Medical Case Managers at Ryan White funded Ambulatory/Outpatient Medical Care Services and other HIV primary care sites provider sites;
2. Description of the respondent's protocol to ensure retention, re-engagement and adherence;
3. Description of the coordination or hand-off of clients from medical case management to EIS and/or non-medical case management;
4. Description of staff qualifications;

5. Description of training of medical case managers;
6. If a peer navigation model is being proposed, provide a description of rationale, training provided and supervision provided; and
7. Describe how these services will be coordinated with Non-medical case management.
8. How would you ensure that clients are not receiving case management from multiple sources?

If applying for Non-Medical Case Management, answer the following questions:

1. Description of process and rationale for placement of non-Medical Case Managers at community-based organizations and activities conducted at these sites to assist with linkage, retention and re-engagement in care.
2. Describe process by which clients outside of community-based organizations who are in need of support services can access case management and how their needs will be determined
3. Description of the respondent’s protocol for linkage and re-engagement in care;
4. Description of the coordination or hand-off of clients from case management to EIS and medical case management;
5. Description of staff qualifications;
6. Description of training of case managers;
7. If a peer navigation model is being proposed, provide a description of rationale, activities to be conducted, training provided and supervision provided; and
8. Describe how these services will be coordinated with medical case management.
9. How would you ensure that clients aren’t receiving case management from multiple sources?

If applying for Outreach Services, answer the following questions:

1. Describe methods and process for locating, interviewing, and sharing information with clients who have been out of care in order to re-engage them into care;
2. Describe previous experience locating and contacting hard to reach populations to offer social services.
3. Describe the role and coordination with AOMC, medical and non-medical case management to re-engage people into care.
4. Description of staff qualifications. If a peer navigation model is being proposed, provide a description of rationale, activities to be conducted, training provided and supervision provided;

If applying for Quality Management Technical Assistance, utilize the following response format.

The Quality Management Technical Assistance respondent is asked to submit a description of qualifications to carry out the activities specified above. The proposal should clearly demonstrate the respondent’s experience in and knowledge of Continuous Quality Improvement (CQI) activities for HIV/AIDS or other relevant health care delivery systems. Additionally, respondents must be able to travel throughout the Chicago EMA. The format to be followed is:

Title Page	Must be completed as part of the Cyber Grants application process. See Appendix B for items that are to be included.
Agency Background	Provide a brief description of the following:

(questions included in Cyber Grants as part of the application process)	<ul style="list-style-type: none"> a) The organization’s prior experience with Continuous Quality Improvement (CQI); b) Prior experience with HIV/AIDS issues and/or any other public health issues; and c) Provide examples of working with community-based and/or clinically based interdisciplinary teams on quality management initiatives.
Technical Capabilities (questions included in Cyber Grants as part of the application process)	<p>Discuss resources both inside and outside the organization that will enhance its ability to carry out the proposed program objectives.</p> <p>Provide examples that demonstrate the respondent’s abilities in the following areas:</p> <ul style="list-style-type: none"> a) Continuous quality improvement activities; b) Database development and management; c) Data collection and analysis; d) Staffing planning groups, including meeting preparation and logistics; e) Communication (oral, written, electronic, translation); f) Budget/fiscal management; g) Performing evaluations, studies, needs assessments and surveys; and h) Experience with submission of federal grant applications.
Work Plan:	
<ul style="list-style-type: none"> • Standards of Care (questions included in Cyber Grants as part of the application process) 	<p>1) Refinement of existing Standards of Care (SOC) and/or Development of Standards of Care for two (2) services categories per year.</p> <p>Develop the SOC for HIV/AIDS service programs. Specific standards to be evaluated in FY15 will be determined by CAHISC. Plan for and budget for at least two (2) service categories. Respondents must use a small group of providers and persons living with HIV/AIDS to develop Standards of Care. Indicators and narrative fraction must be discussed.</p> <ul style="list-style-type: none"> a) Develop audit tools to measure SOC compliance; b) Conduct site visits to test the standards with a representative sample of existing service provider sites; c) Assist in revising care standards, including appropriate outcome indicators based on results of site visits; d) Population-based data analysis of standards and outcome measures; and e) Revise and monitor benchmarks related to the Standards of Care and evaluate ongoing Continuous Quality Improvement activities with funded agencies.
<ul style="list-style-type: none"> • Data Collection / Analysis (questions included in Cyber Grants as part of the application process) 	<p>2) Data Collection/Analysis</p> <p>Assist funded providers to utilize data collected via the Provide Enterprise (PE) data system to improve client and system level outcomes.</p>
<ul style="list-style-type: none"> • Training and Technical Assistance – Service Providers (questions 	<p>3) Technical Assistance for Service Providers</p> <p>Assist with technical assistance (TA) to contracted providers to support the activities described in items above.</p>

included in Cyber Grants as part of the application process)	
<ul style="list-style-type: none"> • Training and Technical Assistance – Ryan White Program (questions included in Cyber Grants as part of the application process) 	<p>4) Technical Assistance Ryan White Program</p> <p>The goal of the Ryan White Collaborative Quality Management Program is to systematically monitor, evaluate and continuously improve the quality of HIV care and services provided to all Ryan White patients/clients in the Chicago EMA through the combined efforts of all Ryan White parts in conjunction with guidelines for care.</p> <p>a) Describe the strategy for assisting in this effort.</p>
<ul style="list-style-type: none"> • Staff Support (questions included in Cyber Grants as part of the application process) 	<p>5) Staff Support</p> <p>a) Describe how the respondent will successfully coordinate all quality management activities and logistics, including, but not limited to: scheduling site visits, SOC review/revision meetings, technical assistance activities, provider communications, written reports, presentations and attendance at CAHISC and Quality Improvement meetings; and</p> <p>b) Provide a description of the means and frequency the staff will communicate activities as defined above.</p>
Personnel (questions included in Cyber Grants as part of the application process)	<p>Provide qualifications of individuals who will be involved in the project and the percentage of their time they will spend on the project.</p> <p>a) Resumes or curriculum vitae of Project/Program Director and all staff associated with the program; and</p> <p>b) Letter of Commitment is required from any subcontractors cited in the proposal who will be working with the contracted provider and whose role is essential to the program and deliverables.</p>
Budget (questions included in Cyber Grants as part of the application process)	<p>See Budget template (Appendix F). The amounts specified in the Sample Budget should be used as guideline amounts per activity planned. The maximum amount of the bid may not be increased after the proposal is received. The proposed budget is subject to change during contract award negotiations.</p>
Required Attachments	Respondent must complete all required attachments.

Budget and Justification (questions included in Cyber Grants as part of the application process and submission of budget forms)

All respondents must provide a narrative description of the proposed project budget. Your narrative must address the following questions:

- Describe the agency’s fiscal capacity and stability to manage the proposed project.
- All contracts will be paid on a reimbursement basis. Describe your agency’s demonstrated capacity to operate on a reimbursement basis.
- Describe and justify all costs proposed in the budget. The budget and narrative must meet all requirements set forth in this section.

This section provides the format for the required 12-month item budget explaining how each line item will be expended. Refer to **Appendix F** for required budget forms. The policies, guidelines and requirements of 2 CFR Chapter I, and Chapter II, Parts 200, 215, 220, 225, and 230, also known as the “Super Circular” as applicable with respect to acceptance and use of funds under this program. The final guidance supersedes and streamlines requirements from OMB Circulars A–21, A–87, A–110, and A–122 (which have been placed in OMB guidances); Circulars A–89, A–102, and A–133; and the guidance in Circular A–50 on Single Audit Act follow-up.

In general, respondents may request funds through this RFP to support the following costs:

- Personnel
- Fringe Benefits
- Operating Costs
- Professional and Technical Costs
- Materials and Supplies
- Educational Supplies
- Medical Supplies
- Equipment
- Transportation and Travel Expense
- Administrative Expenses

A description of each expense category is presented below.

Personnel: For these costs, provide the following information: the job title, number of positions, monthly salary, percent of time to be charged to this project, the amount of the Part A / MAI share, other share, and in-kind share, and the total cost. Provide a brief budget justification explaining the duties of each employee assigned to the project. If the respondent has not yet identified individuals to fill salaried positions, indicate that these individuals are yet to be hired.

(1) Position Title	(2) No.	(3) Rate (\$)	(4) Number of Pay Periods	(5) % Time spent on Project	(6) Grant Share	(7) Other Share	(8) Total Cost	(9) Job Responsibilities
Program manager	1	\$35,000.00	24	75.00%	\$26,250	\$8,750	\$35,000	Provides overall management and supervision for the Ryan White Program
Behavior Health Administrator	1	\$45,000.00	24	100.00%	\$45,000	\$0	\$45,000	Provides program oversight and patient care

Fringe Benefits: For these costs, provide the following information: the amount of fringe benefits requested (which should also include the percentage rate for FICA); medical insurance; including dental and vision coverage, if applicable; worker's compensation and disability insurance; life insurance, if applicable; and, vacation and sick pay benefits, etc. Please include elements that are included in the fringe benefit amount. Fringe benefits must be based on the respondent’s established personnel policies.

Operating Costs: Respondents must delineate expenditures for items related directly to any programmatic activities integral to this project (e.g., telephone, advertising, printing, duplication, equipment leasing/maintenance, insurance premiums, dues, subscriptions, memberships, messenger services, facility maintenance, technical meeting costs and postage). The CDPH will allow funding for rent and utilities related to program space if these expenses are required for this particular program and are sufficiently justified. Delineate expenditures for furniture, furnishings, materials and supplies, justifying these costs in terms of the proposed program. For clarification on allowable rent costs, please refer to:

<http://hab.hrsa.gov/manageyourgrant/files/rent2013.pdf> .

Note: Agencies funded through this RFP will be required to comply with various insurance specifications established by the City of Chicago: these include workers' compensation, auto liability, commercial liability and professional liability. These requirements also apply to all subcontractors and consultants.

Professional and Technical Costs: List and justify all fees to be paid to consultants and subcontractors, noting the number of hours to be devoted to the project and specific responsibilities. Consultant fees will be allowed on a limited basis only, and should not to be used in place of staff support. This category may include sub-contractual services that facilitate program delivery, as well as services that increase client access or to assess client satisfaction. However, regardless of the function, the consultant must not have been a member of the respondent's Board of Directors during the 12-month period preceding the date of the respondent's request for funding. Additionally, the consultant may not serve as a Board member during the 12-month period following the completion of the funded project period. Accounting, Auditing, Legal, Professional and Consulting Services would fall under this budget line. Note that Accounting and Payroll services must be included in the agency's Administrative costs.

Note: The City of Chicago will require all successful respondents to identify any consultants and subcontractors that will be part of the proposed program. If they are not yet been identified indicate that in the budget and budget justification. They must be identified and pre-approved by the project officer before they begin any services to be funded through this proposal.

Materials and Supplies: Itemize and justify programmatic materials (e.g., brochures, videos) essential to the project. Be certain to request sufficient funding for special risk reduction materials (e.g., non-English or ethnic-specific brochures or audiovisual items). Include office supplies that will be used by program staff in service delivery. Additionally, food vouchers that have received prior approval by Ryan White Program Director should be included in this budget line. **Purchased** travel cards (e.g. bus cards, rail cards) should be in this category and NOT the Transportation budget line.

Educational Supplies: Itemize and justify programmatic educational materials essential to the project.

Medical Supplies: Itemize and justify medical supplies, emergency medications and vaccines, such as non-ADAP drugs and medicines, syringes, blood tubes, plastic gloves and supplies that are medically related and essential.

Equipment: Equipment and/or furniture costing more than \$5,000 and must be justified as necessary to carrying out the program's goal, provide useful life of item(s) and get prior approval from Ryan White Program Director.

Transportation and Travel Expenses: Funding for transportation should be requested only as appropriate for program needs. This is not a general substitute for the centralized transportation system operated through the Case Management or Transportation service categories.

Charges for Clients and/or staff transportation; including bus, rail, taxi fares, parking fee and mileage reimbursement not to exceed the per mile rate as established annually as established by the City of Chicago.

- **Local Travel:** Delineate amounts for public transportation and mileage reimbursement at the rate established in the agency's policies. If the agency does not have a mileage reimbursement rate established, use the current federal rate available at <http://www.gsa.gov/mileage> . Include here the

expenses to operate agency-owned vehicles that are used in program delivery. All drivers and vehicles used for this program must have valid licenses and insurance. If an agency employee would like to request reimbursement for mileage, then the City of Chicago must be listed as an additional insured.

- **Out of Town Travel:** Expenses for out of town travel are allowed for pre-approved conferences and meetings directly related to the services funded through this RFP. Out of town travel costs may not exceed five-percent of your total budget and must be approved by the Ryan White Program Director.

Administrative Expenses: Administrative expenses of up to 10% of direct costs are allowable in every category, but these must be specifically delineated and justified in the application. **A separate Administrative budget, including justification, must be submitted with the application.** The respondent must provide a brief narrative justification for the amount requested. Example of administrative and indirect costs include; rental costs for administrative office space, office utilities, insurance, payroll, personnel, voucher processing and financial reporting and audit expenses. Administrative costs may also include partial salaries of administrative staff (e.g. executive director or office manager). Providers must retain records of the expenses actually charged against any contract that is awarded as a result of the RFP. Funds may be used to support specific HIV staff training that enhances an individual's or an organization's ability to improve the quality of services to affected clients. These dollars, however, are considered to be administrative in nature and are subject to the aggregate 10% administrative cost cap. An agency may claim a 10% indirect rate as their administrative costs and can only be used if accompanied by a current federally approved (HHS and/or HRSA or any Federal Cognizant Agent) indirect cost rate.

Total Request Recap: The sum of all line items.

Unallowable Expenses: Stipends are not an allowable expense for either Part A or MAI program funds. Funds may not be used to make cash payments to recipients of services. Funds may not be used to make payment for any item or service if payment has already been made or can be paid under any State compensation program, any insurance policy or any Federal or State health benefits program or by an entity that provides health services on a pre-paid basis (42USC 300ff-15(a)(6)). Funds may not be used to supplement third-party reimbursement. Funds may not be used to purchase or improve land or to purchase, construct or make permanent improvement to any building. Minor remodeling is allowed (42USC 300ff-14(g)).

IX. Submission Guidelines

There is no limit on the total number of proposals that a single respondent may submit for consideration. However, a respondent must submit a separate and complete proposal for each service category.

Failure to follow any of the instructions related to content will result in the application being eliminated from consideration. Other than late submission, the most common reasons that applications are rejected include: missing sections of the application and failure to include requested documents.

All programmatic questions regarding this RFP (i.e., objectives, review criteria, work plan, budget components, etc.), and assistance with the application guidelines should be referred to:

Christopher Widmer
Chicago Department of Public Health
Email: Christopher.Widmer@cityofchicago.org

The proposal must be submitted in Cyber Grants System by 5:00 p.m. on Tuesday January 20, 2015. No extension will be permitted unless published by CDPH for all prospective Respondent's attention. The Cyber Grants System shut downs promptly at 5:00 PM on January 20, 2015 for this proposal. No late submissions will be accepted.

X. Evaluation of Applications

All proposals that are received on time will undergo a technical review to determine whether all required components have been addressed and included. Proposals that are determined by the City to be incomplete will not be further considered. The City reserves the right to waive irregularities that, within its sole discretion, determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived. Proposals that are determined to be complete will be forwarded to a Review Panel.

The Review Panel will evaluate and rate all remaining proposals based on the Evaluation Criteria listed below. The Review Panel forwards its recommendations and comments to the Deputy Commissioner of Chicago Department of Public Health STI/HIV Division. Past contractual performance may also be considered for respondents that have previously received funding from the Department. Final funding decisions are made by the Deputy Commissioner, 1st Deputy Commissioner and Commissioner of the Chicago Department of Public Health. All respondents will be notified of the results in writing.

Evaluation Criteria:

- Respondent's relevant experience in providing the proposed service
- Respondent's plan to ensure clients and providers know about available services
- Documented coordination and collaboration with other providers
- Identification and description of the socio-demographic characteristics of the target population; assessment of the HIV/AIDS and health care services needs of the target population
- Respondent's cultural capability and linguistic capacity
- Soundness and adequacy of client program eligibility requirements
- Respondent's ability to ensure that RWTA Part A / MAI is the payer of last resort
- Comprehensiveness and soundness of proposed program approach and Workplan
- Cost effectiveness as evidenced in respondent's Workplan/Scopes of Services
- Respondent's ability to track and report client level information
- Soundness of proposed budget and respondent's financial capacity and stability to manage a program of the size and scope contemplated

The City of Chicago reserves the right to recommend qualified funding proposals out of rank in order to ensure adequate geographic distribution. If an insufficient number of qualified proposals are submitted in any particular service category, the City reserves the right to directly solicit and select appropriate community-based providers to fill the gaps.

XI. Reporting and Other Requirements for Successful Respondents

All successful respondents will be required to submit monthly service utilization data, quarterly program reports, voucher on a monthly basis, and participate in all CDPH-sponsored site visits, mandatory evaluation and quality assurance activities. In addition, agencies must be Medicaid certified (if applicable) and document a system to ensure that Part A-funded and MAI-funded services rendered are the payer of last resort.

All Part A / MAI providers must be able to track and report unduplicated client-level demographic, medical and other service data. Beginning in FY15, all Part A and MAI providers in the Chicago EMA will be required to use the Provide Enterprise (PE) system to collect client level data. All providers will be required to complete HRSA's annual Ryan White HIV/AIDS Program Services Report (RSR) and any other HRSA-identified reports that may be required. All providers will be required to collaborate with and share clinical information with the coordinated case management system. In addition, all providers will be required to provide CDPH with timely and accurate client level data. Failure to comply with data requirements can result in the termination of an agency's Ryan White contract with the City of Chicago.

The Provide Enterprise software is certified to run on PC's running Windows XP, Vista, Windows 7 or 8 operating systems. The Provide Enterprise software also requires the Microsoft Windows .Net Framework software which is free from Microsoft and comes pre-installed on almost all PC's. The agency's PC's must also have installed the Business Objects/SAP Crystal Reports Run Time Engine which is also free. Both the .Net Frameworks and Crystal Reports Run Time engine software are automatically installed on PC's as part of the installation of the Provide Enterprise software. High speed Internet service is recommended (5 MB/sec transfer rates) and a static IP address for the router at the site where the end user PC will be running the Provide Enterprise software.

Note: Agencies that will be scanning in documentation into patient charts (e.g. proof of income, residency, and health benefits for Eligibility Assessments) will want to have connectivity with a TWAIN compliant scanner either directly attached to their PC or available over their local area network.

XII. Compliance with Laws, Statutes, Ordinances and Executive Orders

Grant awards will not be final until the City and the respondent have fully negotiated and executed a grant agreement. All payments under grant agreements are subject to annual appropriation and availability of funds. The City assumes no liability for costs incurred in responding to this RFP or for costs incurred by the respondent in anticipation of a grant agreement. As a condition of a grant award, respondents must comply with the following and with each provision of the grant agreement:

1. Conflict of Interest Clause: No member of the governing body of the City of Chicago or other unit of government and no other officer, employee, or agent of the City of Chicago or other government unit who exercises any functions or responsibilities in connection with the carrying out of the project shall have any personal interest, direct or indirect, in the grant agreement.

The respondent covenants that he/she presently has no interest, and shall not acquire any interest, direct, or indirect, in the project to which the grant agreement pertains which would conflict in any manner or degree with the performance of his/her work hereunder. The respondent further covenants that in the performance of the grant agreement no person having any such interest shall be employed.

2. Governmental Ethics Ordinance, Chapter 2-156: All respondents agree to comply with the Governmental Ethics Ordinance, Chapter 2-156 which includes the following provisions: a) a representation by the respondent that he/she has not procured the grant agreement in violation of this order; and b) a provision that any grant agreement which the respondent has negotiated, entered into, or performed in violation of any of the provisions of this Ordinance shall be voidable by the City.
3. Selected respondents shall establish procedures and policies to promote a Drug-free Workplace. The selected respondent shall notify employees of its policy for maintaining a drug-free

workplace, and the penalties that may be imposed for drug abuse violations occurring in the workplace. The selected respondent shall notify the City if any of its employees are convicted of a criminal offense in the workplace no later than ten days after such conviction.

4. Business Relationships with Elected Officials - Pursuant to Section 2-156-030(b) of the Municipal Code of Chicago, as amended (the "**Municipal Code**") it is illegal for any elected official of the City, or any person acting at the direction of such official, to contact, either orally or in writing, any other City official or employee with respect to any matter involving any person with whom the elected official has a business relationship, or to participate in any discussion in any City Council committee hearing or in any City Council meeting or to vote on any matter involving the person with whom an elected official has a business relationship. **Violation of Section 2-156-030(b) by any elected official with respect to the grant agreement shall be grounds for termination of the grant agreement.** The term business relationship is defined as set forth in Section 2-156-080 of the Municipal Code.

Section 2-156-080 defines a "business relationship" as any contractual or other private business dealing of an official, or his or her spouse or domestic partner, or of any entity in which an official or his or her spouse or domestic partner has a financial interest, with a person or entity which entitles an official to compensation or payment in the amount of \$2,500 or more in a calendar year; provided, however, a financial interest shall not include: (i) any ownership through purchase at fair market value or inheritance of less than one percent of the share of a corporation, or any corporate subsidiary, parent or affiliate thereof, regardless of the value of or dividends on such shares, if such shares are registered on a securities exchange pursuant to the Securities Exchange Act of 1934, as amended; (ii) the authorized compensation paid to an official or employee for his office or employment; (iii) any economic benefit provided equally to all residents of the City; (iv) a time or demand deposit in a financial institution; or (v) an endowment or insurance policy or annuity contract purchased from an insurance company. A "contractual or other private business dealing" shall not include any employment relationship of an official's spouse or domestic partner with an entity when such spouse or domestic partner has no discretion concerning or input relating to the relationship between that entity and the City.

5. Compliance with Federal, State of Illinois and City of Chicago regulations, ordinances, policies, procedures, rules, executive orders and requirements, including Disclosure of Ownership Interests Ordinance (Chapter 2-154 of the Municipal Code); the State of Illinois - Certification Affidavit Statute (Illinois Criminal Code); State Tax Delinquencies (65ILCS 5/11-42.1-1); Governmental Ethics Ordinance (Chapter 2-156 of the Municipal Code); Office of the Inspector General Ordinance (Chapter 2-56 of the Municipal Code); Child Support Arrearage Ordinance (Section 2-92-380 of the Municipal Code); and Landscape Ordinance (Chapters 32 and 194A of the Municipal Code).
6. If selected for grant award, respondents are required to (a) execute and notarize the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the grant agreement between the City and the successful respondents.
7. Prohibition on Certain Contributions, Mayoral Executive Order 2011-4. Neither you nor any person or entity who directly or indirectly has an ownership or beneficial interest in you of more than 7.5% ("Owners"), spouses and domestic partners of such Owners, your Subcontractors, any person or entity who directly or indirectly has an ownership or beneficial interest in any Subcontractor of more than 7.5% ("Sub-owners") and spouses and domestic partners of such Sub-

owners (you and all the other preceding classes of persons and entities are together, the "Identified Parties"), shall make a contribution of any amount to the Mayor of the City of Chicago (the "Mayor") or to his political fundraising committee during (i) the bid or other solicitation process for the grant agreement or Other Contract, including while the grant agreement or Other Contract is executory, (ii) the term of the grant agreement or any Other Contract between City and you, and/or (iii) any period in which an extension of the grant agreement or Other Contract with the City is being sought or negotiated.

You represent and warrant that since the date of public advertisement of the specification, request for qualifications, request for proposals or request for information (or any combination of those requests) or, if not competitively procured, from the date the City approached you or the date you approached the City, as applicable, regarding the formulation of the grant agreement, no Identified Parties have made a contribution of any amount to the Mayor or to his political fundraising committee.

You shall not: (a) coerce, compel or intimidate your employees to make a contribution of any amount to the Mayor or to the Mayor's political fundraising committee; (b) reimburse your employees for a contribution of any amount made to the Mayor or to the Mayor's political fundraising committee; or (c) bundle or solicit others to bundle contributions to the Mayor or to his political fundraising committee.

The Identified Parties must not engage in any conduct whatsoever designed to intentionally violate this provision or Mayoral Executive Order No. 2011-4 or to entice, direct or solicit others to intentionally violate this provision or Mayoral Executive Order No. 2011-4.

Violation of, non-compliance with, misrepresentation with respect to, or breach of any covenant or warranty under this provision or violation of Mayoral Executive Order No. 2011-4 constitutes a breach and default under the grant agreement, and under any Other Contract for which no opportunity to cure will be granted. Such breach and default entitles the City to all remedies (including without limitation termination for default) under the grant agreement, under any Other Contract, at law and in equity. This provision amends any Other Contract and supersedes any inconsistent provision contained therein.

If you violate this provision or Mayoral Executive Order No. 2011-4 prior to award of the Agreement resulting from this specification, the Commissioner may reject your bid.

For purposes of this provision:

"Other Contract" means any agreement entered into between you and the City that is (i) formed under the authority of Municipal Code Ch. 2-92; (ii) for the purchase, sale or lease of real or personal property; or (iii) for materials, supplies, equipment or services which are approved and/or authorized by the City Council.

"Contribution" means a "political contribution" as defined in Municipal Code Ch. 2-156, as amended.

"Political fundraising committee" means a "political fundraising committee" as defined in Municipal Code Ch. 2-156, as amended.

- 8) (a) The City is subject to the June 24, 2011 “City of Chicago Hiring Plan” (the “2011 City Hiring Plan”) entered in *Shakman v. Democratic Organization of Cook County*, Case No 69 C 2145 (United States District Court for the Northern District of Illinois). Among other things, the 2011 City Hiring Plan prohibits the City from hiring persons as governmental employees in non-exempt positions on the basis of political reasons or factors.
- (b) You are aware that City policy prohibits City employees from directing any individual to apply for a position with you, either as an employee or as a subcontractor, and from directing you to hire an individual as an employee or as a subcontractor. Accordingly, you must follow your own hiring and contracting procedures, without being influenced by City employees. Any and all personnel provided by you under the grant agreement are employees or subcontractors of you, not employees of the City of Chicago. The grant agreement is not intended to and does not constitute, create, give rise to, or otherwise recognize an employer-employee relationship of any kind between the City and any personnel provided by you.
- (c) You will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under the grant agreement, or offer employment to any individual to provide services under the grant agreement, based upon or because of any political reason or factor, including, without limitation, any individual's political affiliation, membership in a political organization or party, political support or activity, political financial contributions, promises of such political support, activity or financial contributions, or such individual's political sponsorship or recommendation. For purposes of the grant agreement, a political organization or party is an identifiable group or entity that has as its primary purpose the support of or opposition to candidates for elected public office. Individual political activities are the activities of individual persons in support of or in opposition to political organizations or parties or candidates for elected public office.
- (d) In the event of any communication to you by a City employee or City official in violation of paragraph (b) above, or advocating a violation of paragraph (c) above, you will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General (“IGO Hiring Oversight”), and also to the head of the Department. You will also cooperate with any inquiries by IGO Hiring Oversight related to this Agreement.

9) False Statements

(a) 1-21-010 False Statements

Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly falsifies any statement of material fact made in connection with an application, report, affidavit, oath, or attestation, including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the city for a civil penalty of not less than \$500.00 and not more than \$1,000.00, plus up to three times the amount of damages which the city sustains because of the person's violation of this section. A person who violates this section shall also be liable for the city's litigation and collection costs and attorney's fees.

The penalties imposed by this section shall be in addition to any other penalty provided for in the municipal code. (Added Coun. J. 12-15-04, p. 39915, § 1)

(b) 1-21-020 Aiding and Abetting.

Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation. (Added Coun. J. 12-15-04, p. 39915, § 1)

(c) 1-21-030 Enforcement.

In addition to any other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings. (Added Coun. J. 12-15-04, p. 39915, § 1)