

SOURCE OF FUNDS: Part B of the Ryan White Treatment and Modernization Act
Virginia Department of Health HIV Services Grant

PERIOD: Fiscal Year: April 1, 2009 – March 31, 2010

ELIGIBILITY: Any organization with the capacity to provide services to people with HIV is eligible to apply for funding.

ISSUING/LEAD AGENCY: Institute for Innovation in Health and Human Services
James Madison University
800 South Main Street
MSC 9009
Harrisonburg, Virginia 22807

RELEASE DATE February 4, 2009

DEADLINE: 5:00 PM, March 9, 2009

WORKPLAN, BUDGET, BUDGET JUSTIFICATION DUE MARCH 6, 2009

The Lead Agent, at the address noted above, will accept sealed proposals until **5:00 PM EST, March 9, 2009**. To be considered, all proposals must be received at this specific location on or before the hour stipulated. Emailed proposals in their entirety (as one document) will be accepted. Offerors should pay particular attention to ensure that the proposal is properly addressed. The Lead Agent is not responsible if the proposal does not reach the specific destination by the appointed time. Proposals received after the date and hour designated are automatically disqualified and will not be considered.

The response may be sent via U.S. Mail or other delivery service to the Post Office Box address listed below provided it is submitted in adequate time to allow for delivery to the specific office location. Offerors are responsible for assuring timely receipt of the proposal at the specific office location.

Ryan White Part B Program
Institute for Innovation in Health and Human Services
James Madison University
800 south Main Street
MSC 9009
Harrisonburg, Virginia 22807

James Madison University does not discriminate against faith-based organizations in accordance with the Code of Virginia, Section 11-35.1 or against a bidder or offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

For questions concerning this RFP, please contact:

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I. Purpose

The purpose of this request for proposals (RFP) is to solicit subcontractors to provide services to people with HIV who fall within the income eligibility guidelines. Additionally, the Consortium has agreed to cover the co-payments for individuals who have healthcare insurance for medical services and medications, including medications and vaccines currently on the Virginia AIDS Drug Assistance Program (ADAP) formulary.

The types of services to be funded must be related to HIV infection or the treatment of HIV infection. Priority services include 1) Primary Medical Care consistent with Public Health Service (PHS) Treatment Guidelines; 2) HIV Related Medications; 3) Mental Health Treatment; 4) Substance Abuse Treatment; 5) Oral Health; 6) Medical Case Management; 7) Health Insurance Assistance; and 8) Medical Nutritional Therapy. Other supported services include, food bank/home delivered meals/nutritional supplements, outreach/referral to primary care & related services, patient transportation, interpretive services, psychological support, health education/risk reduction and non-medical (limited) case management.

The focus of this RFP is for direct HIV/AIDS services with an emphasis on the six priority services. **Funds are not available for educational programming or prevention activities.** In addition, funds from the Ryan White Act can be used to supplement, but not supplant, existing sources of funding for direct service programs. Ryan White services are to be considered the payer of last resort after all other assistance funding.

II. Background

A. On August 4, 1990, Congress passed S. 2440, the Ryan White Comprehensive AIDS Resources Emergency Act of 1990. The purpose of the bill is to provide emergency assistance to localities that are disproportionately affected by the HIV epidemic. It also provides grants to states for the delivery of services to individuals and families with HIV through the formation of local Consortia. This RFP only pertains to Part B of the Ryan White Treatment and Modernization Act. The intent of the legislation is to develop and support a

continuum of care that will decrease hospitalization.

The purpose of the Northwest HIV Care Consortium is to provide an integrated, comprehensive response to the HIV epidemic in the Northwest region of Virginia through a coalition of both public and private agencies providing. The mission of the Northwest HIV Care Consortium is to improve the quality, availability and organization of health care and support services for individuals and families who are infected and affected by HIV. The Northwest HIV Care Consortium is dedicated to providing quality services to HIV infected individuals in Northwest Virginia.

- B. The Lead Agent anticipates, but is not guaranteed, a total of \$ 356,909.00 for the region for the budget period. Multiple awards will be made within the region.
- C. Eligible applicants are any agency/organization, government, or entities that provide direct services to people with HIV/AIDS. Eligible consumers are HIV positive individuals, whose documented gross income is 300% or less than the Federal poverty level, who are without health insurance, whose health insurance does not cover the service and/or whose health insurance has co-payments for covered services.
- D. It is the policy of the Commonwealth of Virginia to contribute to the establishment, preservation, and strengthening of small business and businesses owned by women and minorities and to encourage their participation in state procurement activities. The Lead Agency encourages subcontractors to provide for the participation of small business and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, or other contractual opportunities.

III. Scope of Work

- A. **Service Categories:** The Offeror shall provide medical or support services to persons living with HIV in at least one of the following:
 - 1. Health Care Services (*no less than 35% of requested funds*)
 - 2. Case Management Services (*no more than 45% of requested funds*)
 - 3. Support Services no more than 15%
- B. **Healthcare Resources and Services Administration (HRSA) Service Priorities:** HRSA has identified the following areas as a priority:
 - 1. **Outpatient and ambulatory health services consistent with Public Health Service (PHS) Treatment Guidelines;**
 - 2. **AIDS pharmaceutical assistance (non-ADAP);**
 - 3. **Mental Health Services;**
 - 4. **Substance Abuse Outpatient Care;**

5. Oral Health Care; and
 6. Medical Case Management including treatment adherence
 7. Health Insurance assistance
 8. Medical Nutritional Therapy
- C. VDH Service Priorities:
1. To provide access to essential primary medical and dental care
 2. To provide medication assistance
 3. To provide access to mental health and substance abuse treatment
 4. To provide access to efficient and effective medical case management services
 5. To provide a Continuous Quality Improvement Program
 6. To assure quality care services
- D. The following are the top unmet needs in the Northwest Region as referenced in the most recent needs assessment.

Northwest Virginia

- Transportation
- Dental Care
- Medication Cost
- Counseling Services
- Food

- E. **Service Categories** Core medical services.—For purposes of this subsection, the term 'core medical services', with respect to an individual with HIV/AIDS (including the co-occurring conditions of the individual), means the following services:

Outpatient and ambulatory health services.

AIDS Drug Assistance Program treatments in accordance with section 2616 (see <http://hab.hrsa.gov/law/0703.htm>).

AIDS pharmaceutical assistance.

Oral health care.

Health insurance premium and cost sharing assistance for low-income individuals.

Mental health services.

Substance abuse outpatient care.

Medical Nutritional Therapy.

Medical case management, including treatment adherence services.

1. Health Care Services (should include a minimum of 35% of funds requested). The following services may be provided under the scope of this proposal either directly “on-site” or as a “third party” reimbursement for services delivered off-site. All health care services must be in compliance with the US Department of Health and Human Services Standards of Care for HIV Infected Individuals. All service provided under this proposal must be related to HIV infection.

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

NOTE: Funding preference will be given to direct providers of outpatient and ambulatory health services.

b. AIDS Drug Assistance Program (ADAP treatments) is a State-administered program authorized under Part B of the Ryan White Program that provides FDA approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.

- c. **AIDS pharmaceutical assistance (NOT ADAP):** *AIDS Pharmaceutical Assistance (local)* includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding. Part B funds providing pharmaceutical assistance must support drugs on the approved Virginia State Formulary.
- d. **Oral health care:** *Oral health care* includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
- e. **Health Insurance Premium & Cost Sharing Assistance** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
- f. **Mental health services** are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.
- g. **Medical nutrition therapy** is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.
- h. **Medical Case management services** (*including treatment adherence*) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV / AIDS treatments.

Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

- i. **Substance abuse services outpatient** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

2. Support Services

- a. **Case Management (Limited) (non-Medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. No more than 10% of case management total
- b. **Food or meals.** It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.
- c. **Linguistics services** include the provision of interpretation and translation services.
- d. **Medical transportation services** include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services. **(Patient Transportation:** Conveyance services provided to a consumer in order to access (Part B of the Ryan White Treatment and Modernization Act allowable) health care or psychosocial support services (may be provided routinely or on an emergency basis). Restrictions are as follows: Reimbursement for travel is limited to the state mileage reimbursement rate. Charges for wait time may not exceed \$5.50 per hour.

e. **Outreach services** are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case funding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation. **WICY:** The lead Agency of the Consortium has further identified Youth, aged 18 to 24, as the highest priority target for outreach. After youth, women fall as the second highest priority. Outreach plans must focus efforts on both populations in order of importance to help the Consortium comply with the federal requirement that 37% of services must target Women, Infants, Children and Youth.

f. **Psychosocial support services** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements

g. **Health education/risk reduction** is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

h. **Treatment adherence counseling** is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

F. Allowable fees:

Services Fees: Service costs that do not come directly through salaries or client bills may be covered as a services fee. For example, travel to and from a client's home for a face-to-face contact may be charged as a service fee under case management, while travel to and from consortia meetings would not.

- G. All services must be delivered in a consumer centered and culturally appropriate manner.
- H. If the application is accepted and the applicant funded as a subcontractor, the agency/organization must become an active member in good standing of the Northwest HIV Care Consortium, which includes participation in Consortia meetings.
- I. Subcontractors must verify that any service or tangible item for which Part B of the Ryan White Treatment and Modernization Act funds are expended is:
 - 1. Related to the consumer's HIV infection and/or its treatment (side effects)
 - 2. Complies with the federal Standards of Care for the treatment of HIV
 - 3. Complies with the Consortia's Policy and Procedures Manual
 - 4. That Ryan White is the payer of last resort.Failure to verify this information prior to invoicing the Lead Agency may result in the charge being rejected. If a subcontractor has paid for a service or item that does not comply with the list above, they may be liable for the cost as an exception may not be granted. Such exceptions are not always the sole discretion of the Lead Agency and may require approval from the Virginia Department of Health and/or the Healthcare Resources and Services Administration.
- J. Subcontractors who do not provide services directly may be funded under the scope of this proposal. Such subcontractors paying for services as a "third party," however, are still reviewed through the Peer Review process as if they provide services "on site." The subcontractor must gather documentation regarding the services rendered, including, but not limited to care plans, laboratory/diagnostic test results, and mental health and progress reports.
- K. Subcontractors must insure that all providers of health care services are informed of the HIV status of the referred consumers to ensure appropriate planning for the continuity of care.
- L. Subcontractors will ensure that funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item of service:

1. under any state compensation program, under an insurance policy or under any federal or state health benefits program; or
 2. by any entity that provides health services on a prepaid basis.
- M.** All services must be provided in a setting that is accessible to low-income individuals with HIV disease and consistent with the Americans with Disabilities Act (ADA).
- N.** Subcontractors may offer outreach to identify persons who have tested positive for HIV but are not currently in care.
- O.** Subcontractors may not utilize funds to make cash payments to intended recipients of services or issue commodity vouchers that can be readily turned into cash or items not deemed essential and allowable under this agreement.
- P.** Subcontractors shall ensure that written authorization is obtained from each consumer prior to provision of service and that this is updated annually.
- Q.** Subcontractors will participate in the annual peer review process. Reviews are typically schedule once every other year with each subcontractor. These reviews are conducted on site by the Virginia Department of health with the assistance of the Lead Agency.
- R.** Subcontractors will participate in surveys and assessments conducted by the Lead Agency, including, but not limited to, the Regional Needs Assessment and the Consumer Satisfaction Survey.
- S.** Subcontractors will report fiscal data to the Lead Agency in the approved format within the timeline given.
- T.** Subcontractors will participate in the Consortiums cost analysis process, submitting all required data as requested
- U.** Subcontractors will participate in the statewide data collection system using an acceptable format within the timeline given.
- V.** Subcontractors must keep all fiscal and program documentation, including time and effort accounting for any personnel compensated in whole or in part through this agreement and generated by Part B of the Ryan White Treatment and Modernization Act services for a period of not less than five years.
- W.** Subcontractors will permit and cooperate with any federal or state investigations regarding programs conducted under Part B of the Ryan White

Treatment and Modernization Act .

- X.** Subcontractors currently providing services under Part B of the Ryan White Treatment and Modernization Act and for whom administrative or service provision deficiencies have been identified by the peer review team must be making meaningful progress toward the correction of any identified deficiencies within the timeframe specified by the Lead Agency.

- Y.** Part B of the Ryan White Treatment and Modernization Act funds charged to administration can not exceed 10% of the requested funds and must be included within each budget line item for which Part B of the Ryan White Treatment and Modernization Act funds are requested.

IV. Reporting:

A. Monthly Narrative Reports: Subcontractors are required to submit monthly data and narrative reports to the Lead Agency on the 15th day after the end of a month unless that day is on a weekend or holiday, in which case the report is due the following business day. Reports are to be in the following format:

- Highlights
- Problems and barriers encountered
- Progress Toward Each Objective and the activities undertaken to fulfill that objective
- Problems and barriers encountered
- Billing support information (which is to include personnel time and effort reports)
- Waiting List for any Ryan White Part B funded service

B. Client Level Data: Client level data for which services supported by Ryan White Part B funds are used must be entered monthly into the Virginia Client Reporting System managed by Virginia Commonwealth University.

C. Modifications of Annual Workplan and Budget: Request for budget and workplan modifications must be made in writing. The Lead Agency shall be responsible for determining the legitimacy of the extenuating circumstances and the acceptability of revised budgets and workplans. Budget categories may be increased, decreased or eliminated. Budget categories not requested through either the RFP process or initial budget requests (in the case of a subcontract extension) may not be created during the course of the year, except in the case of a second open RFP.

D. Failure to attain objectives or demonstrated progress toward meeting peer review cited deficiencies may impact payment of monies requested by the contractor.

E. Personnel Time & Effort (T&E) records for each employee paid in full or in part through this proposal must be kept on file at the subcontractor's site and submitted to the Lead Agency as required by the Virginia Department of Health.

V. Lead Agency Activities

A. The Lead Agency staff will provide subcontract monitoring and offer technical assistance to contractors.

- B. The Lead Agency staff will facilitate an orientation session within 60 days of notification of subcontractor award to provide information on the state system, resources, financial disbursement procedures and other consortium, state, or federal requirements.
- C. The Lead Agency will review and provide feedback to the monthly reports.
- D. The Lead Agency may conduct site visits at any time to review expenditures and observe project activities in order to ensure appropriate expenditure of funds. Programs are required to participate in a scheduled formal peer review process as directed by the Virginia Department of Health. Programs not subject to formal peer in a particular grant year are required to participate in an administrative review with the Lead Agent and a representative from the Virginia Department of Health.

VI. **Proposal Preparation and Submission Requirements**

A. General Requirements: In order to be considered, organizations must:

1. **RFP Response:** In order to be considered for selection, Offerors must submit a complete response to this RFP. Five (5) copies of the proposal shall be submitted. Proposals shall be submitted in accordance with instruction on the first page of this RFP.

2. **Proposal Preparation:**

- a. An authorized representative of the offeror shall sign proposal. All information requested must be submitted. Failure to submit all information requested may result in the purchasing agency requiring prompt submission of missing information and or giving a lowered evaluation of the proposal. Proposals that are substantially incomplete or lack key information may be rejected by the purchasing agency. Mandatory requirements are those required by law or regulation and they cannot be waived and are not subject to negotiation.
- b. Proposals should provide a straightforward, concise and clear description of capabilities to satisfy requirements of the RFP. Emphasis should be placed on completeness and clarity of content. Please double-space all pages.
- c. Proposals should be organized in the SAME order that the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to site the paragraph number, sub-letter, and repeat the text of the requirement as it appears in the RFP. The

proposal must contain a table of contents, which cross-references the RFP requirements. Information that the offeror desires to present that does not fall within any of the requirement of the RFP should be inserted at an appropriate place or attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to locate where the RFP requirements are specifically addressed.

- d. Each copy of the proposal should be bound or contained in a single volume. All documentation submitted with the proposal should be contained in that single volume.
- e. Ownership of all data, materials, and documentation originating and prepared for the State pursuant to the Lead Agency RFP shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by an offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the offeror must invoke the protection of Section 11-52D of the *Code of Virginia*, in writing, either before or at the time the data is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures or paragraphs that constitute trade secrets or proprietary information. The classification of the entire proposal document, line item prices and or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection and return of the proposal.

The signed proposal should be returned in an envelope or package, sealed and identified. The envelope should be addressed as directed on page 1 of this solicitation. Faxes will not be accepted.

- 3. **Offerors** who submit a proposal in response to this RFP may be required to give an oral presentation of the proposal to the Lead Agency. This is a fact finding and explanation session only and does not include negotiation. The issuing Lead Agency will schedule the time and location of these presentations if held. Oral presentations are an option of the Lead Agency and may or may not be conducted.

B. Specific Proposal Requirements: Offerors are required to submit the

following, in order, as a complete proposal:

1. Signed grant cover page (Attachment 1).
2. Northwest Consortia Budget request (Attachment 2)
Agency Budget for current year (annual or fiscal)
3. Table of contents
4. Proposals should contain 1" margins and 12 pt. font in either Times New Roman, or Calibri.
5. **Narrative Statement**, no more than three (5) pages in length, which will include:
 - a. Description of applicant agency to include:
Mission statement of the organization, which clearly denotes the intent to serve the health care needs of people with HIV.
 - b. **History** of the organization's experience providing services to people with HIV. Include issues of staff/volunteer/board of director/supervisory system's cultural competency, experience and/or training. A list of all deficiency and recommendations resulting from administrative and peer reviews and progress made in resolving those issues for the prior two years
 - c. **Previous activities and programmatic accomplishments** including development and delivery of medical and support services, outreach activities intended to link people with HIV infection to appropriate care, and participation in community coalitions. The ongoing plan outlining the Continuous Quality Improvement process in your agency.
 - d. **Coordination and Collaboration with other agencies or organizations** in the delivery of services or the attainment of operational efficiencies in the delivery of services to eligible individuals
 - e. **Current agency budget** and a specific Ryan White Part B Budget for all HIV related services. Budget should include all income for programs associated with HIV, including prevention, education, health care, housing or other support programs. Please identify the funding source, the fiscal year, and duration of current contract.
6. **Statement of Need**, no more than two (2) pages in length, which will include:

description of the geographic area(s) to be served under this proposal, noting any unique challenges.

 - a. Estimated number of Ryan White eligible consumers to be served under this proposal.

- b. Epidemiological data of the region to be served.
 - c. Current demographic data of the population(s) to be served, including, minorities, Women, Infants Children Youth (WICY) and high risk populations
7. **Listing of personnel**, no more than one (1) page in length, Including:
- a. All paid and volunteer staff, paid under Ryan White or not, responsible for the delivery and/or supervision of services under this proposal, including all relevant experience and qualifications.
8. **Proposed Workplan** (See sample, Attachment 3):
- a. **Service Category** (Healthcare, Case Management and/or Support Services)
 - b. **Objectives** for each service
 - c. **Activity/Activities** for each service or subservice
 - d. **Measurable outcomes** for each objective.
 - e. An **evaluation plan to measure the effectiveness** of the objectives based upon the criteria in the 2003-2003 Northwest Consortia service plan.
 - f. A **planned process and activities for consumer input on the program**.
9. **Proposed budget plan**, which will include:
- a. **Line justification of services** for each budgeted category. Including information about how many people will be served, any unique conditions to providing services and costs of:
 - i. Medical services, tests and treatments
 - ii. Transportation reimbursement rates
 - iii. Hourly pay/salaries, fringe benefits (including FICA) for any personnel
 - iv. Service fees, such as case manager travel or nursing fees.
 - v. Administrative fees such as secretarial, telephone costs or travel to meetings.
 - b. **Priority of budgeted services**, in the event the proposal is not funded in its entirety, to ensure the most urgent service needs are met.
10. **Attachments:**
- a. Proof of **501(c) 3 status** or statement from governing body regarding the organizations intent not to profit financially from the funding.
 - b. Proof of required insurance and indemnification (See General Terms and Conditions)
 - c. **Job Descriptions** of all positions to be funded under this proposal.
 - d. **Bio-sketches** of all persons **directly funded** under this proposal. In the case of a position to be filled until after the award of the funding, resumes may be submitted after hire.

- e. **Memoranda of Understanding** from all primary collaborative partners, subcontractors or providers, for services under this grant.
- f. **Additional attachments as necessary**

VII. Evaluation and Award Criteria:

A. Proposals shall be evaluated by an Independent Review Panel selected by the Lead Agency and consisting of a member of the Lead Agency, a Virginia Department of Health Representative, a person infected/affected by HIV and human services professionals with no conflict of interest, using the following criteria:

1. Technical soundness, feasibility and cost effectiveness of workplan and budget:

- a. Services delivered through the workplan must be in compliance with:
 - i. US Department of Health and Human Services Standards of Care for the Treatment of HIV infection
 - ii. Virginia Department of Health Case Management Standards
 - iii. Healthcare Resources and Services Administration Policy Notices
 - iv. Policy and Procedures Manual of the Northwest HIV Care Consortium.
- b. The objectives of the workplan should be realistic and capable of being reached by the proposed procedures.
- c. The budget and budget justification should demonstrate that the services proposed are cost effective. Services are to be prioritized to ensure program feasibility should full funding not be available. This also includes "in-kind" or "additional" services not funded by Part B of the Ryan White Treatment and Modernization Act but provided by the subcontractor.

2. Evaluation: Provisions are made for adequate evaluation of the effectiveness of the project and for determining the extent to which the objectives are accomplished.

3. Geographic Impact: Dispersion of awards across the Northwest Region, duplication and/or gaps in available services, and current and projected consumers receiving services and the number of cases reported for the proposed region.

4. Demonstrated Collaboration: The extent to which the Offeror demonstrates cooperation, collaboration and linkages to other service providers (both within and outside the Consortium) as evidenced by Memoranda of Understanding (MOU's).

5. Consortium's Mission and Continuation of Existing Services: The proposed project would contribute to the achievement of state policy objectives and the overall objective of the Consortium. Previous accomplishments and positive peer reviews.

B. Scoring Scale: The following 100 point scale is assigned for review of the

applications:	
Narrative Technical Soundness,	30
points	
Feasibility & Cost effectiveness of Work-plan/ Budget	20
points	
Provisions for Effective Evaluation of the Program	20 points
Geographic Impact	15 points
Demonstrated Collaboration with other Services Providers	10 points
Mission of the Consortium and Continuation of Existing Services	5 points

- C. Award Criteria:** Selection shall be made of one or more Offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation criteria included in the Request for Proposals, including price, if so stated in the RFP. Negotiations shall be conducted with the Offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each Offeror so selected, the Lead Agency shall select the Offeror(s), which in its opinion has made the best proposal, and shall award the subcontract(s) to those Offeror(s). The Lead Agency reserves the right to make multiple awards as a result of this solicitation. The Lead Agency may cancel this Request for Proposals or reject proposals at any time prior to an award, and is not required to furnish a statement of the reason why a particular proposal was not deemed to be the most advantageous. (Section 11-65D, Code of Virginia) Should the Lead Agency determine in writing and in its sole discretion that only one Offeror is fully qualified, or that one Offeror is clearly more highly qualified than the others under consideration, a subcontract may be negotiated and awarded to that Offeror. The award document will be a subcontract incorporating by reference all the requirements, terms and conditions of the solicitation and the subcontractor's proposal as negotiated.

VIII. General Terms and Conditions:

- Please note the following conditions of the award of funds from the Northwest HIV Care Consortium. **Failure to abide by these terms and conditions, as well as any others listed in the subcontract, may result in termination of subcontract and loss of funding.**
- A. Vendors Manual:** This solicitation is subject to the provisions of the Commonwealth of Virginia Vendor's Manual and any revisions thereto, which are hereby incorporated into this subcontract in their entirety. A copy of the manual is normally available for review at the purchasing office and, in addition, a copy also can be obtained by calling the Division of Purchasing and Supply at (804) 786-3842.

- B. Applicable Laws and Courts:** This solicitation and any resulting subcontract

shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The subcontractor shall comply with applicable federal, state and local laws and regulations.

- C. Anti-Discrimination:** By submitting their bids or proposals, Bidders or Offerors certify to the Lead Agency and the Commonwealth of Virginia that they will conform to the provisions of the Federal Civil Rights Act of 1964 as amended, as well as the Virginia Fair Employment Contracting Act of 1975 as amended, where applicable, the Virginia Disabilities Act, the Americans With Disabilities Act, and section 11-51 of the Virginia Public Procurement Act. Furthermore, if the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services or disbursements made pursuant to the (sub)contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that (sub)contract with public bodies to account for the use of the funds provided; however, if faith-based organizations segregates public funds into separates accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*Code of Virginia, 11-35.1E*).

In every subcontract over \$10,000.00 the provisions below apply:

1. The Subcontractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or disabilities, except where religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the Subcontractor. The Subcontractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.
 2. The Subcontractor, in all solicitations or advertisements for employee's places by or on the behalf of the Subcontractor, will state that such Subcontractor is an Equal Opportunity Employer (EOE).
 3. Notices, advertisements and solicitations placed in accordance with Federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- F. Ethics in Public Contracting:** By submitting their bids or proposals, Bidders or Offerors certify that their bids or proposals are made without collusion or fraud and they have not offered or received any kickbacks or inducements form any other Bidder/Offeror, supplier, manufacturer or subcontractor in connection with their bid or proposal, and that they have not conferred on any public employee having official responsibility for this procurement

transaction and payment, loan, subscription, advice, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.

- G. Immigration Reform and Control Act of 1986:** By submitting their bids or proposals, the Bidder or Offeror certify that they do not and will not employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986 during the performance of this subcontract.
- H. Debarment Status:** By submitting their bids or proposals, Bidders and Offerors certify that they are not currently debarred from submitting bids or proposals on contracts by any agency of the Commonwealth of Virginia, nor are they an agent of any person or entity that is currently debarred from submitting bids or proposals on contracts by any agency of the Commonwealth of Virginia.
- I. Anti-trust:** By entering into a subcontract, the Subcontractor conveys, sells assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now or hereinafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said subcontract.
- J. Mandatory Use of Consortium Form and Terms and Conditions:** Failure to submit a proposal on the official consortium form for that purpose may be cause for rejection of proposal. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the Lead Agency reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.
- K. Clarification of Terms:** If any prospective Bidder or Offeror has questions about the specifications or other solicitation documents, the prospective Bidder or Offeror should contact the buyer whose name appears on the face of the solicitation no later than five (5) working days before the due date. Any Revisions to the solicitation will be made only by addendum issued by the buyer.
- L. Payment:** James Madison University (Lead Agency) is a contractor with the Virginia Department of Health for the purchase of services under Title II of the Ryan White Emergency CARE Act of 1990 as the Lead Agency. The lead Agency is hereby obligated:
1. To pay subcontractor(s) within seven (7) days of the contractor's receipt of payment from the Commonwealth of Virginia for the proportionate

share of the payment received for work performed by the subcontractor(s) under the contract; or

2. To notify the agency and the subcontractor(s), in writing, of the Contractor's intention to withhold payment and the reason.

M. Precedence of Terms: Paragraphs A – L of these **General Terms and Conditions** shall apply in all instances. In the event there is a conflict between any other General Terms and Conditions and the Special Terms and Conditions in all the Solicitation the Special Terms and Conditions apply.

N. Qualifications of Bidders and Offerors: James Madison University (Lead Agency), as a Contractor with the Commonwealth of Virginia, may make such reasonable investigations as deemed proper and necessary to determine the ability of the Offeror to perform the work/furnish the item(s) and the Offeror shall furnish to the Council all such information and data for this purpose as may be requested. The Council reserves the right to inspect the offeror's physical facilities prior to award to satisfy questions regarding the Offeror's capabilities. The Council further reserves the right to reject any Proposal if the evidence submitted by or investigations of such Offeror fails to satisfy the Council that such Offeror is properly qualified to carry out the obligations of the subcontract and to complete the work/furnish the item(s) contemplated herein.

O. Testing and Inspection: James Madison University, as a Contractor of the Commonwealth of Virginia, reserves the right to conduct any test/inspection it may deem advisable to assure the supplies and services conform to the specification.

P. Assignment of Contract: A Contract shall not be assigned by the Subcontractor in whole or in part without the written consent of the Lead Agency.

Q. Changes to the Subcontract: Changes may be made if the parties agree in writing to modify the scope of the Subcontract. An increase or decrease in the price of the subcontract resulting from such modification shall be agreed to by the parties as part of their written agreement to modify the scope of the subcontract.

R. Default: In case of failure to deliver goods or services in accordance with Subcontract Terms and Conditions, the Institute for Innovation in Health and Human Services/JMU, after due oral or written notice, may procure them from other sources and hold the Subcontractor responsible for any resulting additional purchasing and administrative costs. This remedy shall be in addition to any other remedies, which the Council may have.

S. Insurance: By signing and submitting a bid or proposal with the Commonwealth of Virginia, the Institute for Innovation in Health and Human Services/JMU as the Lead Agency certifies that if awarded the contract, the Council and its subcontractors will have the following insurance coverage at the time of the Contract is awarded if services are performed on state owned or state leased property. Furthermore, the Council, as the Lead Agency and contractor with the Commonwealth of Virginia, requires all subcontractors to maintain these insurance coverages during the entire term of the subcontract and that all insurance coverage will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission. The insurance coverages and limits required are as follows:

1. **Worker's Compensation:** Statutory requirements and benefits; require that the Commonwealth of Virginia be added as an additional named insured on Subcontractor's policy.
2. **Employers Liability** - \$100,000.00
3. **Commercial General Liability** - \$500,000.00 combined single limit The Commonwealth of Virginia and the Institute for Innovation in Health and Human Services/JMU are to be named as an additional named insured with respect to the services being procured. These coverages are to include Products and Completed Operations Coverage.
4. **Automotive Liability** - \$500,000 – Combined single limit
5. **Medical Malpractice Insurance:** Subcontractors providing medical care must carry medical malpractice insurance.

The Lead Agency will require proof that insurance is obtained before the issuance of any subcontract.

T. Drug-Free Workplace: During the performance of this subcontract, the Subcontractor agrees to:

1. Provide a drug-free workplace for the contractor's employees;
2. Post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
3. State in all solicitations or advertisements for employees placed by or on behalf of the contractor that the contractor maintains a drug-free workplace; and
4. Include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor. For the purposes of this section, "drug-free workplace" means a site for the performance of work done in

connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract

U. Nondiscrimination of Contractors: A bidder, offeror, or subcontractor shall not be discriminated against in the solicitation or award of this subcontract because of race, religion, color, sex, national origin, age, or disability or against faith-based organizations. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

IX. Special Terms and Conditions:

A. Availability of Funds: It is understood and agreed between the parties herein that the agency shall be bound hereunder only to the extent of the funds available of which hereafter become available for the purpose of this agreement.

B. Audit: The Grantee shall comply with the audit and reporting requirements defined by the Federal Office of Management and Budget (OMB) Circular A-133 (Audits of State, Local Governments, and Non-Profit Organizations) as applicable.

1. In accordance with the above Circular, the Grantee shall, if grant funds expended are \$300,000 or more in a year, have a single or program-specific financial statement audit conducted for that annual period in compliance with General Accounting Office audit standards. If grant funds expended are less than \$300,000 for a year, the Grantee must meet the General Accounting Office audit standards and maintain financial records for such audit that are available for review or audit by appropriate officials of the granting Federal agency, Virginia Department of Health, and the General Accounting Office.
2. As a condition of receiving funds, the independent auditor shall have access to all records and financial statements as may be necessary under the circumstance; and, all personnel costs allocated to any contract must be substantiated by individual records of staff time and effort (T & E) devoted to the contract. All audits are to be conducted within one year of the close of the grant fiscal year end in accordance with the Standards for Audit of Governmental Organizations, Programs, Activities, and Functions

issued by the Comptroller General. The Grantee must submit its audit report and corrective action plan to the Virginia Department of Health, Attention: Casey W. Riley, within thirty (30) days after the completion of the audit report. Failure to provide an audit report within the specified time period or failure to complete corrective actions will be considered a breach in the terms of contract, and as such may lead to termination of the grant or discontinuation of future funding until such time as an audit report is provided.

- E. Award:** Reference Evaluation and Award Section VI.
- F. Cancellation of Subcontract:** The Lead Agency reserves the right to cancel and terminate any resulting subcontract, in part or in whole, without penalty, upon 30 days written notice to the Subcontractor. Any subcontract cancellation notice shall not relieve the Subcontractor of the obligation to deliver and/or perform on all outstanding orders prior to the effective date of cancellation. The Subcontractor shall credit the Lead Agency and VDH for the applicable decrease in service. The Lead Agency reserves the right to add similar equipment/system at same contract rate or negotiated maintenance service under this contract. Subcontractor should provide pricing, the reasonable time required to obtain spare parts, and training for any product or service.
- G. Confidentiality**
- 1. Commonwealth:** The Commonwealth agrees that neither it nor its employees, representatives, or agents shall knowingly divulge any proprietary information with respect to the operation of the software, the technology embodied therein, or any other trade secret or proprietary information related thereto, except as specifically authorized by the contractor in writing or as required by the Freedom of Information Act or similar law. It shall be the contractor's responsibility to fully comply with Section 11-52 D of the *Code of Virginia*. All trade secrets or proprietary information must be identified in writing or other tangible form and conspicuously labeled as proprietary either prior to or at the time of submission to the Commonwealth.
 - 2. Lead Agency:** The Lead Agency agrees that neither it nor its employees, representatives, or agents shall knowingly divulge any proprietary information with respect to the operation of the software, the technology embodied therein, or any other trade secret or proprietary information related thereto, except as specifically authorized by the contractor in writing or as required by the Freedom of Information Act or similar law. The Lead Agency shall fully comply with Section 11-52 D of the *Code of Virginia*. All trade secrets or proprietary information must be identified in writing or other tangible form and conspicuously labeled as

proprietary either prior to or at the time of submission to the Lead Agency. Additionally, the Lead Agency shall not divulge information or data related to clients or patients obtained through the execution of this agreement, and will not be divulged without the individuals' and the subcontractor's written consent. All communication between the Lead Agency and any subcontractor regarding issues pertaining to an individual consumer shall be done using consumer code numbers in the approved format. Furthermore, any Lead Agency representative conducting any review of files outside of the Peer Review process must sign a confidentiality statement to be kept on file at the subcontractor site.

- 3. Subcontractor:** The subcontractor assures that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individuals' and the agency's written consent. Any information to be disclosed, except to the agency, must be in summary, statistical, or other form which does not identify particular individuals. Subcontractors and their employees/volunteers working on this project will be required to sign a confidentiality statement annually. Such statements must be in compliance with the Policy manual of the Northwest Region HIV Care Consortium.

H. Identification of Bid/Proposal Envelope: Reference Proposal Preparation and Submission Requirements Section V.

I. Indemnification:

- 1. Commonwealth:** The subcontractor agrees to indemnify, defend, and hold harmless the Commonwealth of Virginia, its officers, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of the materials, goods, or equipment furnished of any kind or nature by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the Contractor on the materials, good, or equipment delivered.
- 2. Lead Agency:** The subcontractor agrees to indemnify, defend, and hold harmless the Institute for Innovation in Health and Human Services/JMU, its officers, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of the materials, goods, or equipment furnished of any kind or nature by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole

negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the Contractor on the materials, good, or equipment delivered.

- J. Independent Subcontractor:** When providing the services specified under this contract the contractor shall not be deemed an employee or agency of the Virginia Department of Health or the Institute for Innovation in Health and Human Services/JMU. The subcontractor shall act as an independent contractor and is responsible for obtaining and maintaining appropriate liability insurance, payment of all FIC, State and Federal taxes, and complying with other similar requirements that are customary in the industry.
- K. Lobbying Costs:** Associated costs with lobbying efforts are not allowed under this contract and will not be reimbursed.
- L. Small Businesses and Businesses Owned by Women and Minorities Reporting:** Where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the contractor is encouraged to offer such business to minority and/or women-owned businesses. Names of firms may be available from the buyer and/or from the Division of Purchasing and Supply. When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office the following information: name of firm, phone number, total dollar amount subcontracted and type of product/service provided.
- M. Ownership of Intellectual Property:** All copyright and patent rights to all papers, reports, forms, materials, outreach and training efforts, creations, or inventions created or developed in the performance of this contract shall become the sole property of the Commonwealth. On request, the contractor shall promptly provide an acknowledgment or assignment in a tangible form satisfactory to the Commonwealth to evidence the Commonwealth's sole ownership of specifically identified intellectual property created or developed in the performance of the contract.
- N. Renewal of Subcontract:** This contract may be renewed by the Lead Agency for one an additional one year period, within a reasonable time (approximately 60 days) prior to the expiration date, under the terms and conditions of the original contract except as stated below. If the Lead Agency elects to exercise the option to renew the contract for an additional one-year period, the budget for the additional years may be renegotiated based on resubmitted budget figures, funds available, and subcontractor performance for the most recent completed year, and other important factors. In the event that the Commonwealth of Virginia issues a new regional Request For

Proposals, this subcontract will not be renewed and will be put forth for competitive bid.

M. Cost Principles: Certify that that there are no mathematical errors in the budget and proposed costs have been determined allowable according to principles and standards established by OMB in the following Circulars:

1. A-122, Cost Principles for Non-Profit Organizations
2. A-87, Cost Principles for State, Local Governments, and Indian Tribal Governments
3. A-21, Cost Principles for Education Institutions
4. 48 CFR Part 31.2, Federal Acquisition Regulations for for-profit organizations

X. Method of Payment:

The Subcontractor shall be paid on the basis of invoices submitted, completion of objectives, and submission of required reports. Failure by the Subcontractor to submit invoices within the prescribed time frame shall forfeit its right to payment from the Lead Agency. The Subcontractor shall submit monthly invoices with attached itemized statement of charges by **the 15th day of the following month**, to the address specified by the Lead Agency.

In the event that the 15th day of the month is on a weekend or holiday, the invoice must be received by the next business day

XI. Attachments:

1. RFP Packet Cover Sheet
2. Proposed Budget Form
3. Workplan Template
4. Reporting requirements
5. Health Districts of the Northwest region
6. Current Income Eligibility Scale

Attachment 1 – Cover Page

<p>Northwest Region HIV Care Consortium Funding Application 2008-2009 Cover Page</p>

In compliance with this request for proposals and to all the conditions imposed therein and hereby incorporated by reference, the undersigned agrees to furnish the goods/services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Organization Name:	
Mailing Address:	
City/State/Zip:	
Phone:	
Fax:	
Email:	
Proposed Coverage Area:	
Name of Authorized Representative:	
Title:	
Signature of Authorized Representative:	
Date:	

Attachment 2 - Proposed Budget

Agency Name:	Proposed Expenditures
Health Care Services (Minimum of 35%)	
a.Ambulatory/Outpatient Medical Care*	
b.Medications/Pharmacy Assistance (NOT ADAP)*	
c.Oral Health (Dental) Care*	
d.Provision of Health Insurance (consortia and EC only)	
e.Mental Health Services*	
f. Nutritional Counseling	
g. Substance Abuse Services*	
Medical Case Management* (Maximum of 45%)	
Support Services	
a. Psychosocial Support services	
b. Food Bank/Home Delivered Meals/Nutritional Supplements	
c.Health Education/Risk Reduction	
d. Outreach/ Linguistic Services	
f.Transportation Services	
g. Treatment Adherence counseling	
g. Non-Medical Case Management (Limited)	
17. Total Funds	

* HRSA Core Service Priorities

Attachment 3 - Workplan

(Adopted from the Logic Model)

Source: <http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf>

SERVICE CATEGORY	RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
From Budget Form	<p>Resources or factors, or barriers which potentially enable or limit program effectiveness. Enabling protective factors or resources may include funding, existing organizations/partners, staff and volunteers, time, facilities, supplies, etc. Limiting risk factors or barriers may include such things as attitudes, lack of resources, policies, laws, etc.</p> <p>In order to accomplish your set of activities you will need the following:</p>	<p>Activities are the processes, techniques, tools, events, technology, and actions of the planned program. These may include services such as counseling/case management and infrastructure – structure, relationships, and capacity to bring about the desired results.</p> <p>In order to address your issue or asset you will accomplish the following activities:</p>	<p>Outputs are the direct results of program activities. They are usually described in terms of the size and/or scope of the services and product delivered or produced by the program.</p> <p>You expect that once accomplished, these activities will produce the following evidence or service delivery (in quantifiable terms, i.e. # of clients)</p>	<p>Outcomes are specific changes in attitudes, behaviors, knowledge, skills, status, or level of functioning expected to result from program activities and which are most often expressed at an individual level.</p> <p>You expect that if accomplished, these activities will lead to the following changes during the grant year:</p>	<p>Impacts are organizational, community, and/or system level changes expected to result from program activities, which might include improved conditions, increased capacity and/or changes in the policy arena</p> <p>You expect that if accomplished, these activities will lead to the following changes during the grant year and beyond:</p>

Attachment 4 - Lead Agency Reporting Requirements**Outpatient/Ambulatory medical care:** Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing outpatient care services each month
- The number of consumers by unique identifier accessing outpatient care services for co-pays each month
- The number of new AIDS diagnosis for consumers accessing this service each quarter.

AIDS Pharmaceutical Assistance (local): Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing medication assistance each month
- The number of consumers by unique identifier accessing medication assistance for co-pays each month

Oral Health Care: Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing dental care each month.

Mental Health Services: Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing mental health care each month.

Treatment Adherence/Counseling: Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing treatment adherence services each month

Medical Case Management Services: Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.

- The total number of consumers by unique identifier accessing case management services each month
- The number of referrals made per consumer and the rate of consumer follow through.

Day/Respite Care: Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing client advocate services each month
- The feedback of caregivers' level of stresses that access this service each quarter.

Food Bank/Home Delivered Meals/Nutritional Supplements: Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing nutritional support services each month
- The number of consumers who maintain or increase body weight while accessing this service each quarter.

Outreach: Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers identified and reached each month
- The number of consumers who enter services.

Medical Transportation: Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing transportation services each month
- The appointment "show/no-show" rate for consumers accessing this service.

Support Services (Other): Subcontractors will report:

- The amount of funds spent each month with an itemized log of detailed expenditures.
- The total number of consumers by unique identifier accessing services each month

Attachment 5

Health Districts of the Northwest Virginia Region:

Central Shenandoah Health District:

Augusta County, Staunton, Bath County, Buena Vista, Harrisonburg, Rockingham County, Highland County, Lexington, Rockbridge County, Waynesboro

Lord Fairfax:

Winchester, Clarke County, Frederick County, Page County, Shenandoah County, Page County, Warren County

Rappahannock-Rapidan Health District:

Culpeper County, Fauquier County, Orange County, Madison County

Thomas Jefferson Health District:

Albemarle County, Fluvanna County, Greene County, Nelson County, Louisa County, Charlottesville

Rappahannock Health District:

Fredericksburg, Spotsylvania County, Caroline County, King George County, Stafford County

Attachment 6 – Federal Poverty Guidelines

2008 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,400	\$13,000	\$11,960
2	14,000	17,500	16,100
3	17,600	22,000	20,240
4	21,200	26,500	24,380
5	24,800	31,000	28,520
6	28,400	35,500	32,660
7	32,000	40,000	36,800
8	35,600	44,500	40,940
For each additional person, add	3,600	4,500	4,140

SOURCE: *Federal Register*, Vol. 73, No. 15, January 23, 2008, pp. 3971–3972