

JEWISH HEALTHCARE FOUNDATION



**REQUEST FOR PROPOSALS FOR 2007-2009
RYAN WHITE CARE ACT, STATE 656 FUNDS,
AND
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) FUNDS
FOR
RELATED SERVICES IN SOUTHWESTERN PENNSYLVANIA**

PART II - Proposal Submission

PLEASE READ ALL INFORMATION THOROUGHLY AND CAREFULLY

**JEWISH HEALTHCARE FOUNDATION
CENTRE CITY TOWER, SUITE 2400
650 SMITHFIELD STREET
PITTSBURGH, PA 15222**

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I. PROPOSAL SUBMISSION

A. General

1. All interested and qualified Providers are invited to submit a proposal for consideration.
2. Proposals must be submitted in the format described below. Proposals are to be prepared in such a way as to provide a straightforward, concise description of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, etc., are neither necessary nor desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content.
3. Proposals must be complete in all respects as required in this Section. A proposal may not be considered if it is conditional or incomplete.
4. Proposals must be received no later than **Wednesday, January 10th at 5PM.**

LATE PROPOSALS WILL BE REJECTED REGARDLESS OF THE REASON.

5. All proposals submitted in response to this RFP become the property of JHF.

B. Proposal Presentation

1. An original and one (1) electronic copy of each written proposal are required. If discrepancies are found between the two copies of the Proposal, the Proposal may be rejected.
2. The package containing the original must be sealed and marked with the Proposer's name and "CONFIDENTIAL - RFP HIV/AIDS Services, Southwestern Pennsylvania ". All proposals must be submitted on 8 1/2" by 11" paper with no less than 1/2" top, bottom, left and right margins. Proposals must be typed or prepared with word processing equipment and single-spaced. Typeface must be no more than 12 characters per inch. Each page, including attachments and exhibits, must be clearly and consecutively numbered at the bottom center of the page.
3. Use **Attachment A - Application Checklist**, to assemble your proposal. Arrange pages in the order specified on the checklist. Verify that all components of your proposal are present and complete before submitting.

II. PROPOSAL FORMAT

A. Agency Information Form

Complete all information on **Attachment B - Agency Information**, which is included with this RFP. Use the **exact** legal/official agency name, address, telephone number, and federal identification number, etc. The name of the agency must remain **consistent** wherever it appears throughout the proposal. If funded, this will be the name and address that will appear on the ensuing Contract. Copies of the Contract requiring a signature will be sent to the legal/official agency address listed on this form. Provide the appropriate information for the primary contacts within the agency.

B. Statement of Certification

Statement of Certification: Submit a letter, on letterhead stationary, signed by a duly authorized officer, employee, or agent of the agency submitting the proposal that includes the following information:

1. A concise statement of the services proposed and the overall cost to provide each proposed service.
2. A statement that the Proposer will provide the services as described in the proposal for a **24-month (2 year) period**.
3. A statement that all aspects of the proposal, including cost, have been determined independently, without consultation with any other prospective Proposer or competitor for the purpose of restricting competition.
4. A statement that all declarations in the proposal and attachments are true and that this will constitute a warranty, the falsity of which will entitle JHF to pursue any remedy by law.
5. A statement that the Proposer agrees that all aspects of the RFP and the proposal submitted will be binding if the proposal is selected and a Contract awarded.
6. A statement that the Proposer agrees to provide JHF with any other information that JHF determines is necessary for an accurate determination of the Proposer's ability to perform services as proposed.
7. A statement that the Proposer, if selected, will comply with all applicable rules, laws, and regulations.

C. Table of Contents

A complete Table of Contents for the entire proposal with respective page numbers opposite each topic is to be included.

D. Agency Profile (MAXIMUM 2 PAGES)

Provide a brief history of the agency, including mission statement, date formed, length of existence, targeted population(s), services provided and major changes in the agency over the last 12-month (1 year) period.

Briefly describe the agency's experience in providing service(s) for which the applicant is requesting funding. Experience should show previous work done by individuals who will be assigned to the project, as well as that of the agency.

E. Statement of Need (MAXIMUM 2 PAGES)

Please state in succinct terms the applicant's understanding of the problem being addressed (*Part I of the RFP - Background, Page 9*) in the response to the RFP. Identify specific problems and/or needs that you want to solve in the areas of client care and education/prevention through the services you are proposing. Please include epidemiological data, needs assessment, and gap analysis as justification and **cite all sources used**. Applicants are encouraged to be brief and clear in their presentation of justification of need.

F. Description of Services to be Funded

(MAXIMUM 4 PAGES PER SERVICE)

Please describe only the service(s) for which funding is being requested. The scope of the service description must include the following for each activity per service. If the agency is applying for funding for more than one activity, please discuss each of the points listed below for each activity before proceeding to the next activity.

1. Goals

Goals should describe the overall intent of the service. They do not necessarily need to be measurable.

2. Outcome-Based Objectives

Objectives should be outcome-based and should address the desired effect(s) of the service(s) provided. The objectives should be realistic, measurable and able to be evaluated. Outcome-based objectives will be required for all contracted services. As guidance, sample outcome-based objectives are included in this RFP as **Attachment C**. The outcome-based objectives, listed in **Attachment C**, are intended to be minimum standards. It is expected that the agencies' outcome-based objectives will at least address the components listed in **Attachment C**. Agencies requesting funding for Diffusion of Effective Behavioral Interventions (DEBI) must include the outcomes specific to that intervention. Agencies are encouraged to establish higher standards by including more rigorous or additional outcome-based objectives in the proposal.

3. Service Description

The Service Description should explain, in detail, the activities and events planned to achieve each stated objective. So the Procurement Panel members reviewing the proposals may get a better sense of the services to be provided, please describe the activities in a detailed narrative form. Also, please describe the target population the agency hopes to reach with each care, support or prevention service.

If the agency is proposing to implement a Diffusion of Effective Behavioral Intervention (DEBI) and plans on altering any of the "core elements," please state what core elements are being altered and why. Also, give a brief description of the steps taken to insure the integrity of the intervention.

Please include job titles of key administrative and programmatic personnel who will be engaged in the proposed activity, as well as the number of staff members holding each job title. Include each staff person's education and employment experience. Indicate the responsibilities each person will have in this project and how long each employee has been with the agency. Also, please include an organizational chart of the entire agency.

4. Evaluation

Describe how the agency will measure and report the progress made in achieving the desired outcome(s). In addition, please describe how the applicant will determine the effectiveness of the activity. This section should include an outcome(s) evaluation, as defined below.

An **outcome evaluation** is used by management to identify the results of the program's efforts. It seeks to answer management's question, "What difference did the program make?" It provides management with a statement about the net effects of a funded service after a specified period of operation (i.e. quarterly, bi-annually, etc.). This type of evaluation provides management with knowledge about: (1) the extent to which the problems and needs that gave rise to the program still exist, (2) ways to improve adverse impacts and enhance desirable impacts and, (3) program design adjustments that may be indicated for the future.

G. Cultural Competency (MAXIMUM 1 PAGE)

Briefly describe your agency's capacity to provide services while functioning effectively and recognizing the role of culture in an individual's approach to comprehensive and support care. Describe how clients' language, cultural, educational and religious barriers will be minimized by training staff in the unique cultural needs of the target population. **Cite specific examples relating to cultural sensitivities of people living with HIV/AIDS (i.e. distrust provider/medical community, gender inequalities, stereotyping).**

If applicable, explain if any forms, brochures, medication instructions or other healthcare guidelines provided by your agency will be available in the language and reading level useful to the client. Also, discuss how increased cultural sensitivity will enable staff and board members who attend any cultural competency trainings to share lessons with the whole agency.

H. Budget Information

The contract(s) awarded will be funded on a cost reimbursement basis. Submit a budget narrative for each proposed services. See **Attachment D1- Budget Narrative Template** for format.

Include staffing and other resources that are appropriate to produce the type, quality and number of services proposed. Salary levels and other costs should be congruent with market rates. Special attention should be paid to ensure that there is a reasonable relationship between the Full Time Equivalency (FTE) being proposed and the number and/or amount of services to be provided by each service category. Proposed expenditures should be clearly justified to accomplish proposed services.

Using the **Attachment D2 - Budget Worksheet** give the breakdown of the total funding proposed among different line items such as personnel, consultant, contract, direct service expenses, equipment, supplies, travel and other costs per each service line.

In **Attachment D3 - Cost of Unit of Service Breakdown**, show the number units to be provided and the number of clients (unduplicated) to be served for each of the proposed services. Be sure to include the percentage of units and clients that will be funded by JHF, cost per unit of service and the total amount requested for each of the proposed services.

NOTE: The cost per unit is an agency's best estimate of the expense of providing the average unit of a specific service. It includes costs ranging from the care provider's time to render the service, to a portion of the landscaping contractor's bill for planting entryway flowers. To calculate cost per unit, simply divide the TOTAL budgeted costs for a particular service by the proposed number of units to be provided.

In **Attachment D4 - Geographic Breakdown of Services Provided** indicate the number of people to be served and the number of units to be provided per county of client residence.

The **grand total** of the budget narrative should be **equal** to the **grand total** of the dollars on the Budget Worksheet, Cost of Unit of Service Breakdown and Geographic Breakdown of Services Provided.

I. Quality Management Plan

Quality Management (QM) is a systematic process with identified leadership, accountability and dedicated resources that: (1) uses data and measurable outcomes to determine progress towards relevant, evidence-based benchmarks; (2) focuses on linkages, efficiencies and provider and client expectations in addressing outcome improvement; (3)

is continuous and adaptive to change and; (4) collects data to feed back into the process to assure that goals are accomplished.

The Health Resources and Service Administration's (HRSA) HIV/AIDS Bureau (HAB), an agency of the United States Department of Health and Human Services, has lead responsibility for implementing all titles of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. HRSA sent guidelines to all states for instituting a quality management (QM) process. The Pennsylvania Department of Health (PA-DOH), in turn, set up a QM committee to begin the process of implementing these guidelines. JHF is charged with insuring that each agency it contracts with implements a QM plan.

The goal of QM as defined by HRSA:

- To ensure that HIV/AIDS services adhere to Public Health Service (PHS) guidelines and established clinical practices. Quality is defined as the degree to which a health or social service meets or exceeds established professional standards and user expectations.”
- To ensure that program improvements include supportive services “linked to access and adherence to medical care.”
- To ensure that demographic, clinical and utilization data are used to evaluate and address characteristics of the local epidemic. “Evaluation of the quality of care...should consider the quality of outcomes in order to continuously improve systems of care for individuals and populations.”

The applicant will develop/implement/update an internal quality management (QM) plan, as a condition of receiving funding. This is to ensure that the agency has a methodology in place to allow it to step back from day-to-day activities and to assess, evaluate and improve all aspects of the administrative, personnel, programmatic and fiscal components of the agency. This can be done by setting up a QM plan that addresses each of these components by asking who, what, when, where and how. The applicant must include a QM Plan with its response to this RFP that, at a minimum, addresses the programs to be funded by JHF. For applicants that are part of a larger agency, please limit the QM submitted to those program(s) the proposal is requesting to be funded. Included in this RFP is **Attachment E - HRSA Sample Quality Management Plan** for reference.

At minimum, this QM plan will be a systematic process that includes:

- Identified leadership, accountability, and dedicated resources that use data and measurable outcome-based objectives to determine progress.
- Focus on linkages, efficiencies, and provider and client expectations as it addresses outcome-based objectives improvement.
- Ability to adapt to change.
- Continuous process that fits within the framework of other quality assurance and quality improvement activity, such as those required by Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

J. Documentation

Please provide the following supporting documentation in the order listed:

1. Insurance Review

Submit evidence of ability to insure in the amounts and coverage stated in *Part I of the RFP - Insurance, Page 20*.

2. Audit Review

An independent CPA will prepare the financial statements. If the audit is of a parent firm, the parent firm will be party to any Contract awarded. Individuals who are personally performing the contracted services and governmental agencies are exempt from this requirement. Although it is in the best interest of the Proposer to submit audited financial statements, a compilation of financial statements will be accepted. Compilations must follow the same provisions as audited financial statements stated in this RFP.

3. Summary of Funding Sources

Using ***Attachment F - Summary of Agency Funding Sources***, summarize other funding sources utilized by the agency and provide a brief narrative describing how those funds will benefit the agency in delivering programs including:

- Total operating budget with breakdown of government and private grants and fundraising/donations.
- How Ryan White Care Act (RWCA) funds will be used as payor of last resort.

- A description of the agency's ability to continue service provision in a reimbursement system that requires a minimum of four (4) to six (6) weeks for reimbursement of expenditures.

4. Complaint and Grievance Procedures

Submit a copy of the agency's established Complaint and Grievance Procedures. If the agency process does not reflect the requirements as set forth in *Part I of the RFP - Grievance Procedure, Page 17*, describe how the Proposer will comply with these requirements. Address a plan to implement such procedures and how the Proposer will comply with these requirements, if no such procedures exist.

5. Data Collection and Information Technology Capacity

Describe the agency data collection systems currently being used and how these systems are utilized for reporting. If the agency is using CAREWare or Pennsylvania Uniform Data Collection System (PaUDS), describe the current level of implementation and activities.

III. PROPOSAL REVIEW AND SELECTION

A. Evaluation Process

An independent Procurement Panel will review all complete proposals submitted. Based upon federal requirements, persons with an apparent or actual conflict of interest are prohibited from participation as Procurement Panel members. This prohibits employees or agents of agencies or programs from reviewing proposals in any service category for which the agency has submitted an application for funding.

The amount of award will be solely determined by the independent Procurement Panel and will depend upon the amount of funds awarded to JHF and the evaluation of each proposal.

B. Contract Award

Based on the amount of funds available to JHF, the evaluation of each proposal, and any available supplemental information (Proposer's prior fiscal and reporting performance, compliance with previous contracts, etc.), the independent Procurement Panel will determine the amounts awarded to each Proposer.

C. Protests

Grounds for a protest are that JHF failed to follow the selection procedures and adhere to requirements specified in the RFP or any addenda or amendments or that there has been a violation of conflict of interest as provided or a violation of State or Federal law. Protests will not be accepted on any other grounds. In the event of a protest, all protests will be handled by the JHF Program Director. A discussion with the JHF Program Director must occur within ten (10) business days in an attempt to resolve this issue. If not satisfied with the Program Director's response, the Proposer can formalize, in writing, not later than thirty (30) days after the decision, his/her concern(s) in writing to:

**Jewish Healthcare Foundation
Attn: Marsha Shisman, Grants Administrator
Centre City Tower, Suite 2400
650 Smithfield Street
Pittsburgh, PA 15222**

This document should include a detailed description of the incident/decision (including date, name of person(s) or organization filing the grievance, and contact information).

The Program Director must respond, in writing, within five (5) business days, to the person filing the concern.

ATTACHMENT A - APPLICATION CHECKLIST

The following documents are required to complete a funding application. This list is provided as a tool to ensure that your agency submits all of the required documents of the application package.

Please complete and submit this checklist with the proposal application.

- Attachment A - Application Checklist

Section 1: Agency Tables and Certifications

- Attachment B - Agency Information

Section 2: Agency Description and Capacity

- Statement of Certification
- Table of Contents
- Agency Profile
- Statement of Need

Section 3: Description of Services to be Funded (**Per Service**)

- Goals
- Outcome-Based Objectives
- Service Description
- Evaluation

Section 4: Program

- Cultural Competency
- Budget Information
 - Budget Narrative/Justification
 - Budget Worksheet
 - Cost of Unit of Service Breakdown
 - Geographic Breakdown of Services Provided
- Quality Management Plan

Section 5: Documentation

- Insurance Review
- Audit Review
- Summary of Funding Sources
- Complaint and Grievance Procedures
- Data Collection and Information Technology Capacity

ATTACHMENT B - AGENCY INFORMATION

AGENCY INFORMATION: (Please type or print all information including **ZIP** and **Area Codes**.)

Agency Director:

Name: _____

Title: _____

Address: _____

ZIP Code: _____ Telephone: _____ Facsimile: _____

Email: _____

Agency Fiscal Officer:

Name: _____

Title: _____

Address: _____

ZIP Code: _____ Telephone: _____ Facsimile: _____

Email: _____

Agency Project/Program Officer:

Name: _____

Title: _____

Address: _____

ZIP Code: _____ Telephone: _____ Facsimile: _____

Email: _____

Agency Tax Status: Agencies applying as non-profit agencies need to submit a copy of their U.S. Federal 501(c)(3) tax exempt status.

{ } Public (Government/University)

{ } Private, Nonprofit

{ } Other (Specify)

ATTACHMENT C - SAMPLE OUTCOME-BASED OBJECTIVES

CARE SERVICES

Case Management

Objectives:

- 60% of the clients will either maintain or improve their scores on the Consumer Holistic Improvement Scale (CHIS) during each quarter.
- 30% of the clients that improve their scores on the CHIS will show at least a three-point improvement.
- 100% of new clients will be screened for dental problems as part of their initial assessment and will be given information about local resources for dental care.
- 100% of active clients, as part of each CHIS evaluation, will be assessed for risk behaviors for reinfection and/or transmission with documentation of ongoing risk reduction plan with follow up when indicated.
- 100% of clients as part of each CHIS evaluation will be assessed for medication adherence and will be referred if indicated.

Treatment Adherence

Objective:

- At least 60% of those receiving adherence counseling will exhibit stable, declining, or undetectable viral loads or increased CD4 counts at two intervals.

Support Services (including Peer Counseling, Food Bank, Transportation and other Supportive Services)

Objective:

- At least 70% of the clients requesting services will indicate, through a survey, that their needs were met.

Psychosocial - HIV Support Groups

Objectives:

- At least 65% of the members of the support groups will report, through a survey, that they learned new information about living with HIV/AIDS.
- At least 65% of the participants in such groups will report, through a survey, that they received the desired emotional support from the group.

PREVENTION SERVICES

Outreach

Objective:

- 20% of the outreach contacts will be recruited to a structured ILI or GLI.

Individual-Level Intervention

Objective:

- 25% of the structured proposed ILIs will be completed.

Group-Level Intervention

Objective:

- 20% of the participants engaged in structured proposed GLIs will be completed.

Health Communication/Public Information

Objective

- At least 75% of the participants in such presentations will indicate in a pre- and post-test that the discussion was of value and increased knowledge of HIV/AIDS and methods of prevention.

ATTACHMENT D1 - BUDGET NARRATIVE/JUSTIFICATION

Using the following form, show further detail of the proposed budget request by category. Include itemized expenses and justification. If you need additional pages, copy the form and insert as needed.

For each position in the wage section of Personnel for which you are requesting funds, list each of the following:

- Individual position.
- The total wage of the position.
- A brief description of the tasks for which the position is responsible.
- Hours per week of employment.
- Total wage.
- The percentage of the position devoted to HIV/AIDS.
- In the Total Cost column list the amount you are requesting.

In the other categories, list the line item, the justification for each line item (or how you arrived at the cost), the percentage devoted to the HIV/AIDS Program and in the Total Cost column list the amount you are requesting.

Please total the sheet. The **grand total** of the budget narrative should be **equal** to the **grand total** of the dollars on the Budget Worksheet, Cost of Unit of Service Breakdown and Geographic Breakdown of Services Provided.

Budget Category/Line Item (inclusive of all services)	Narrative/Justification (please provide detail based on activities related to services)	Total Cost
Example: Executive Director	Oversees the day to day operations of a community action program serving economically disadvantaged families. 25% HIV/AIDS: 40 hrs/wk. - \$40,000 annual salary	\$10,000
Case Manager	Will provide (#_____) units of [face-to-face or non-face to-face] case management services to clients in FY 07-08 and FY 08-09	
Example: Office Supplies	\$100 per month x 12 months = \$1,200 - 25% HIV/AIDS	\$300
	TOTAL:	\$10,300

ATTACHMENT D2 - BUDGET WORKSHEET

Agency Name:

Budget Request Period

		Service Name	Service Name	Total	
Category PERSONNEL	Description Wages (By Individual Person)			-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
		PERSONNEL WAGE SUBTOTAL	-	-	-
		Fringe Benefits (@ ?? %)			-
				-	
				-	
	TOTAL PERSONNEL SERVICES	-		-	
CONSULTANT	(By Service, Total Hours, Hourly Rate)			-	
				-	
				-	
				-	
	Total Consultant Services	-		-	
CONTRACT	As applicable: (By Service, Total Hours, Hourly Rate)			-	
				-	
				-	
				-	
	Total Contract Services	-		-	
DIRECT SERVICES EXPENSES	As applicable:			-	
				-	

Total Equipment	-			-
Total Supplies	-			-
Total Travel	-			-
Total Other Costs	-			-
GRAND TOTAL of this Request by Service Line & Total	-			-

ATTACHMENT D3 - COST OF UNIT OF SERVICE BREAKDOWN

SERVICE	#CLIENTS/UNITS/SESSIONS (total units the agency will provide)	PERCENTAGE FUNDED BY JHF [eligible units] (the % of units to be provided with the State or Federal funding requested)	COST OF UNIT OF SERVICE (Total Expenses, including administrative, divided by total number of units to be provided in Contract period)	\$ REQUESTED (units to be funded by Contract X Cost per Unit of Service)
Behavioral Health Services: Mental Health Counseling	_____ units (unit = 1 hour for either groups or individual) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Behavioral Health Services: Substance Abuse & Treatment	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	Cost per unit: _____	\$ _____
Care Services: Medications/Pharmacy Assistance	_____ units (unit = \$1.00) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	Cost per unit: _____	\$ _____
Care Services: Oral Health (Dental) Care	_____ units (unit = 1 visit) *Units are visits for each type of service: diagnostic, therapeutic, prophylactic _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Care Services: Treatment Adherence/Compliance	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____

SERVICE	#CLIENTS/UNITS/SESSIONS (total units the agency will provide)	PERCENTAGE FUNDED BY JHF [eligible units] (the % of units to be provided with the State or Federal funding requested)	COST OF UNIT OF SERVICE (Total Expenses, including administrative, divided by total number of units to be provided in Contract period)	\$ REQUESTED (units to be funded by Contract X Cost per Unit of Service)
Case Management	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Support Services: Client Advocacy	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Support Services: Congregate Meals	_____ units (unit = 1 meal.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	Cost per unit: _____	\$ _____
Support Services: Counseling (Individual)	_____ units (unit = 15 min.) _____ participants	_____% _____ units _____% _____ participants	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Support Services: Direct Emergency Financial Assistance	_____ units (unit = \$1.00) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Support Services: Food Bank	_____ units (unit = 1 visit) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____

SERVICE	#CLIENTS/UNITS/SESSIONS (total units the agency will provide)	PERCENTAGE FUNDED BY JHF [eligible units] (the % of units to be provided with the State or Federal funding requested)	COST OF UNIT OF SERVICE (Total Expenses, including administrative, divided by total number of units to be provided in Contract period)	\$ REQUESTED (units to be funded by Contract X Cost per Unit of Service)
Support Services: Health Education / Risk Reduction	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____ % _____ units _____ % _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Support Services: HIV Support Groups	_____ units (unit = 15 min.) _____ participants	_____ % _____ units _____ % _____ participants	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Support Services: Housing Assistance	_____ units (unit = \$1.00) _____ clients (unduplicated)	_____ % _____ units _____ % _____ clients	Cost per unit: _____	\$ _____
Support Services: Housing Support	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____ % _____ units _____ % _____ clients	Cost per unit: _____	\$ _____
Support Services: Peer Counseling (Individual)	_____ units (unit = 15 min.) _____ participants	_____ % _____ units _____ % _____ participants	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Support Services: Transportation by Agency Staff Member	_____ units (unit = \$1.00) _____ clients ALSO: _____ Trips	_____ % _____ units _____ % _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____

SERVICE	#CLIENTS/UNITS/SESSIONS (total units the agency will provide)	PERCENTAGE FUNDED BY JHF [eligible units] (the % of units to be provided with the State or Federal funding requested)	COST OF UNIT OF SERVICE (Total Expenses, including administrative, divided by total number of units to be provided in Contract period)	\$ REQUESTED (units to be funded by Contract X Cost per Unit of Service)
WICY Behavioral Health Services: Mental Health Counseling	_____ units (unit = 1 hour for either groups or individual) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
WICY Case Management	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
WICY Support Services: Client Advocacy	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
WICY Support Services: Direct Emergency Financial Assistance	_____ units (unit = \$1.00) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
WICY Support Services: Food Bank	_____ units (unit = 1 visit) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
WICY Support Services: Health Education / Risk Reduction	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____

SERVICE	#CLIENTS/UNITS/SESSIONS (total units the agency will provide)	PERCENTAGE FUNDED BY JHF [eligible units] (the % of units to be provided with the State or Federal funding requested)	COST OF UNIT OF SERVICE (Total Expenses, including administrative, divided by total number of units to be provided in Contract period)	\$ REQUESTED (units to be funded by Contract X Cost per Unit of Service)
WICY Support Services: Housing Support	_____ units (unit = 15 min.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	Cost per unit: _____	\$ _____
WICY Support Services: Transportation by Agency Staff Member	_____ units (unit = \$1.00) _____ clients ALSO: _____ Trips	_____% _____ units _____% _____ clients	(Allegheny County) Cost per unit: _____ (Rural Counties) Cost per unit: _____	\$ _____
Minority AIDS Initiative (MAI) Service Outreach Encounter <input type="checkbox"/> Referrals <input type="checkbox"/> Follow-up <input type="checkbox"/>	_____ units (unit = 15 min) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	Cost per unit: _____	\$ _____
Prevention				
Individual Level Intervention (ILI) HIV Prevention <input type="checkbox"/> Minority Prevention <input type="checkbox"/>	_____ units (unit = 15 min.) _____ participants	_____% _____ units _____% _____ participants	Cost per unit: _____	\$ _____
Group Level Intervention (GLI) HIV Prevention <input type="checkbox"/> Minority Prevention <input type="checkbox"/>	_____ units (unit = 15 min.) _____ participants	_____% _____ units _____% _____ participants	Cost per unit: _____	\$ _____

SERVICE	#CLIENTS/UNITS/SESSIONS (total units the agency will provide)	PERCENTAGE FUNDED BY JHF [eligible units] (the % of units to be provided with the State or Federal funding requested)	COST OF UNIT OF SERVICE (Total Expenses, including administrative, divided by total number of units to be provided in Contract period)	\$ REQUESTED (units to be funded by Contract X Cost per Unit of Service)
Outreach HIV Prevention <input type="checkbox"/> Minority Prevention <input type="checkbox"/>	_____ units (unit = 15 min.) _____ participants	_____% _____ units _____% _____ participants	Cost per unit: _____	\$ _____
Health Communications/Public Information (HC/PI) HIV Prevention <input type="checkbox"/> Minority Prevention <input type="checkbox"/>	_____ units (unit = 15 min.) _____ participants	_____% _____ units _____% _____ participants	Cost per unit: _____	\$ _____
Healing Weekend	_____ units (unit = scholarships.) _____ clients (unduplicated)	_____% _____ units _____% _____ clients	Cost per unit: _____	\$ _____
HOPWA				
Short Term Rent, mortgage or utility assistance (City of Pittsburgh)	_____ units (unit = \$1.00) _____ individuals ALSO: # households _____	_____% _____ units _____% _____ individuals	Cost per unit: \$1.00 _____	\$ _____
Short Term Rent, mortgage or utility assistance (State)	_____ units (unit = \$1.00) _____ individuals ALSO: # households _____	_____% _____ units _____% _____ individuals	Cost per unit: \$1.00 _____	\$ _____

SERVICE	#CLIENTS/UNITS/SESSIONS (total units the agency will provide)	PERCENTAGE FUNDED BY JHF [eligible units] (the % of units to be provided with the State or Federal funding requested)	COST OF UNIT OF SERVICE (Total Expenses, including administrative, divided by total number of units to be provided in Contract period)	\$ REQUESTED (units to be funded by Contract X Cost per Unit of Service)
Tenant-based rental assistance (City of Pittsburgh)	_____ units (unit = \$1.00) _____ individuals ALSO: # households _____	_____% _____ units _____% _____ individuals	Cost per unit: <u>\$1.00</u>	\$ _____
Tenant-based rental assistance (State)	_____ units (unit = \$1.00) _____ individuals ALSO: # households _____	_____% _____ units _____% _____ individuals	Cost per unit: <u>\$1.00</u>	\$ _____
Information & Referral (City of Pittsburgh)	_____ units (unit = 15 min.) _____ individuals	_____% _____ units _____% _____ individuals	Cost per unit: _____	\$ _____
Information & Referral (State)	_____ units (unit = 15 min.) _____ individuals	_____% _____ units _____% _____ individuals	Cost per unit: _____	\$ _____

GRAND TOTAL OF ALL COLUMNS FOR UNIT COST	\$ _____
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ATTACHMENT D4 - GEOGRAPHIC BREAKDOWN OF SERVICES PROVIDED

CATEGORY / Service	Counties Served (Check or list as applicable)		TOTAL # PERSONS TO BE SERVED WITH FUNDING FOR THIS SERVICE	TOTAL # UNITS TO BE PROVIDED WITH FUNDING FOR THIS SERVICE	TOTAL REQUEST CLIENT CARE (\$)
List Service Category / Service Line here	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			
Service Line #2	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			

CATEGORY / Service	Counties Served (Check or list as applicable)		TOTAL # PERSONS TO BE SERVED WITH FUNDING FOR THIS SERVICE	TOTAL # UNITS TO BE PROVIDED WITH FUNDING FOR THIS SERVICE	TOTAL REQUEST CLIENT CARE (\$)
Service Line #3	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			
Service Line #4	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			

CATEGORY / Service	Counties Served (Check or list as applicable)		TOTAL # PERSONS TO BE SERVED WITH FUNDING FOR THIS SERVICE	TOTAL # UNITS TO BE PROVIDED WITH FUNDING FOR THIS SERVICE	TOTAL REQUEST CLIENT CARE (\$)
Service Line #5	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			
Service Line #6	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			

CATEGORY / Service	Counties Served (Check or list as applicable)		TOTAL # PERSONS TO BE SERVED WITH FUNDING FOR THIS SERVICE	TOTAL # UNITS TO BE PROVIDED WITH FUNDING FOR THIS SERVICE	TOTAL REQUEST CLIENT CARE (\$)
Service Line #7	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			
Service Line #8	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			

CATEGORY / Service	Counties Served (Check or list as applicable)		TOTAL # PERSONS TO BE SERVED WITH FUNDING FOR THIS SERVICE	TOTAL # UNITS TO BE PROVIDED WITH FUNDING FOR THIS SERVICE	TOTAL REQUEST CLIENT CARE (\$)
Service Line #9	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			
Service Line #10	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			

CATEGORY / Service	Counties Served (Check or list as applicable)		TOTAL # PERSONS TO BE SERVED WITH FUNDING FOR THIS SERVICE	TOTAL # UNITS TO BE PROVIDED WITH FUNDING FOR THIS SERVICE	TOTAL REQUEST CLIENT CARE (\$)
Service Line #11	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			
Service Line #12	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			

CATEGORY / Service	Counties Served (Check or list as applicable)		TOTAL # PERSONS TO BE SERVED WITH FUNDING FOR THIS SERVICE	TOTAL # UNITS TO BE PROVIDED WITH FUNDING FOR THIS SERVICE	TOTAL REQUEST CLIENT CARE (\$)
Service Line #13	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			
Service Line #14	Allegheny	<input type="checkbox"/>			
	Armstrong	<input type="checkbox"/>			
	Beaver	<input type="checkbox"/>			
	Butler	<input type="checkbox"/>			
	Cambria	<input type="checkbox"/>			
	Fayette	<input type="checkbox"/>			
	Greene	<input type="checkbox"/>			
	Indiana	<input type="checkbox"/>			
	Somerset	<input type="checkbox"/>			
	Washington	<input type="checkbox"/>			
	Westmoreland	<input type="checkbox"/>			

GRAND TOTAL OF ALL COLUMNS FOR UNIT COST	\$ _____
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ATTACHMENT E - HRSA SAMPLE QUALITY MANAGEMENT PLAN

Agency Name _____

I. Purpose

The purpose of this plan is to set forth a coordinated approach to addressing **quality assessment and process improvement**. The program has established as its mission (insert mission statement; i.e. excellence in HIV/AIDS related patient care, education and research).

II. Goals and Objectives

A systematic, department-wide process for planning, designing, measuring, assessing and improving performance with the following components:

- A. Develop a planning mechanism** incorporating baseline data from external and internal sources (list data sources) and input from department leadership, staff and patients. Clinical, operational and programmatic aspects of patient care will be reviewed.
- B. Emphasize design** needs associated with new and existing services, patient care delivery, work flows and support systems which maximize results and satisfaction on the part of the patients and their families, physicians and staff.
- C. Evolve and refine measurement** systems for identifying trends in care and sentinel events by regularly collecting and recording data (through a valid sampling program when appropriate) and observations relating to the provision of patient care across the continuum.
- D. Employ assessment** procedures to determine efficacy and appropriateness and to judge how well services are delivered and whether opportunities for improvement exist.
- E. Focus on improving** quality in all of its dimensions by implementing multidisciplinary, data driven project teams and encouraging participatory problem solving.
- F. Promote communication**, dialogue and information exchange across the department and throughout the organizations reporting structure, with regard to findings, analyses, conclusions, recommendations, actions and evaluations pertaining to performance improvement.
- G. Strive to establish collaborative relationships** with diverse community agencies for the purpose of collectively promoting the general health and welfare of the community served.

III. Structure

A. Framework

The **department's leadership group**, INSERT TITLES is **accountable, responsible and answerable** for planning, directing, coordinating and improving healthcare services in the HIV Program. This leadership group approves the performance improvement plan, and reviews quality improvement activities during its regular meetings. **A Quality Committee (QC)** has been established, under the direction of the (medical director, administrator, etc.) (See QC Goals and Objectives).

The program's **Consumer Advisory Board** was established to assist in the quality improvement activities and will participate in specific projects as appropriate.

The department's quality activities are reported through the hospital's **Total Quality Council** which oversees, prioritizes and directs planning, designing, measuring, assessing and improving organizational performance.

Through the **Division of Medicine**, the HIV/AIDS program also provides ongoing Quality improvement reports to the Division Chiefs meeting (Infectious Diseases, Internal Medicine).

B. Content

The program is designed to address QA/PI content regarding the following major functional areas and important aspects of care:

- Clinical Primary Care
- Patient and Staff Education
- Continuity of Care
- Patient Satisfaction
- Case Management
- Medical Record/Information Systems
- Managed Care/Utilization Review

Special attention will be given to high volume, high risk and problem prone areas as well as areas with external regulatory requirements.

C. Data Collection Plan

1. Selection of performance measures for the major functional areas and the important aspects of care and service.
2. Regular review of data for performance measures from a variety of sources will occur as per the attached schedule. The Data Manager and the Quality Management Coordinator will coordinate these activities. Data reports will be presented for review to the Quality Committee and designated teams. Data sources will include but will not be limited to:
 - Clinical Measures utilizing HIVQUAL software program and based on established HIV/AIDS care guidelines
 - Patient Satisfaction Survey results administered through the Office of Public Relations
 - Demographic data, visit frequency and missed appointment data from CAREware and unit based database
 - Utilization pattern and pharmacy use prepared by Managed Care Organizations
3. Data collection will be implemented utilizing appropriate sampling methodology and will include both concurrent and retrospective review.

D. Assessment and Evaluation

Assessment and evaluation of the data will be performed by various existing teams who will determine if the data warrants further evaluation. Based on this ongoing review, priorities will be set and opportunities for improvement identified.

E. Multidisciplinary Team and Development of Improvement Plan

Once an opportunity for improvement has been identified a multidisciplinary team will be convened to analyze the process and develop improvement plans. These teams will include those staff members closely associated with the process under study. Every attempt will be made to include individuals from other departments who may be impacted by changes made by the team and to help promote collaboration between departments.

Continuous Quality Improvement Methodology will be utilized and will include but not be limited to the following:

- PDSA (Plan/Do/Study/Act)
- Flow Chart Analysis
- Cause-and-Effect Diagrams
- Brainstorming
- Observational Studies/Patient Flow
- Activity Logs

Quality Committee/Team Meeting Record Improvement Plans will be developed and implemented by the teams. Improvements may include:

- System Redesign
- Education (Staff/Patients)
- Clinical Guidelines review, revision or development
- Procedure and policy changes
- Form development or revision

All improvement plans will be communicated to all staff and to patients if deemed appropriate. Meetings, e-mail, memos, informal verbal communication are all considered appropriate methods to communicate the team's activities and improvement plans.

F. Sustaining Improvements

Regular feedback regarding improvement projects is critical to its success in sustaining improvements over time. Once an improvement plan has been successful, a regular monitoring schedule will be implemented to determine whether the plan remains successful over time. A calendar for ongoing monitoring is attached.

G. Communicate results to relevant individuals and groups

As described in Section III, Structure, all performance activities of the HIV Program will be reported to the appropriate inter- and intra-departments.

Signatures: (leadership group)

Executive Director _____ Date _____

Medical Director _____ Date _____

ATTACHMENT F - SUMMARY OF AGENCY FUNDING SOURCES

Please supply the following information for operating budget and sources of revenue. For sources of revenue, list only the amount designated for the HIV/AIDS portion of your program.

Total operating budget for agency \$ _____

Sources of revenue:

Private Donations (total) \$ _____

Other Grants (Specify source and dollar amount)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Fundraising Activities (List each and amount raised)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Third Party Payments (i.e. Targeted Case Management, Managed Care contracts, Insurance, etc.) List source and amount.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

COMMENTS: Please use an additional sheet to explain how the Ryan White Care Act (RWCA) will be payor of last resort and a description of the agency's ability to continue service provision in a reimbursement system.

ATTACHMENT G - PREVENTION/EDUCATION SERVICE DEFINITIONS

IV. Individual-Level Interventions (ILI)

Health education and risk-reduction counseling provided to one individual at a time. ILIs, as defined in the Pennsylvania Department of Health, Division of HIV/AIDS prevention standards (the standards) contain screening and recruitment protocols, are multiple sessions with documentation of an Individual Prevention Plan (IPP), referrals and planned client objectives to be met. ILIs assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior and include skills building activities. These interventions also facilitate linkages to services in both clinic and community settings (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and they help clients make plans to obtain these services. The completion of an ILI is defined as when an individual identifying a personal barrier and committing to a strategy to reduce the barrier and/or identifying a strategy and committing to a risk reduction activity and/or formulating and committing to a risk reduction plan.

Excludes: Outreach and comprehensive risk counseling and services (formerly known as prevention case management). Each intervention constitutes its own category. Also excludes HIV counseling and testing.

V. Group-Level Interventions (GLI)

Health education and risk-reduction counseling (see above) that shifts the delivery of service from the individual to groups of varying sizes. The standards define GLIs as planned, structured interventions with screening procedures, curricula, and documentation of learning objectives, using evaluation tools and making referrals. A GLI uses peer and non-peer models involving a wide range of skills, information, education, and support. GLIs occurring one time must contain ten (10) or fewer participants; whereas, groups with more than ten participants will be classified as health communications/public information (HC/PI). Furthermore, groups which meet more than once with the same participants must consist of fifteen (15) or fewer participants to be classified as a GLI; and groups with more than fifteen (15) participants will be classified as a HC/PI. The completion of a GLI is defined as an individual identifying a personal barrier and committing to a strategy to reduce the barrier and/or identifying a strategy and committing to a risk reduction activity and/or formulating and committing to a risk reduction plan.

Excludes: Any group education that lacks a skills component (e.g., information only education such as “one-shot” presentations). These types of interventions should be included in the HC/PI category.

VI. Outreach

HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the clients' neighborhoods or other areas where clients typically congregate. The CDC's HIV Prevention Program Performance Indicators state the "essential element of all outreach activity is the outreach worker having contact with a prospective client and making a referral for any of the following services: Counseling & Testing, Sexually Transmitted Infection Screening and Treatment, Individual Level and Group Level Interventions or Comprehensive Risk Counseling and Services." Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials. It includes peer opinion leader models.

Excludes: Condom drop offs, materials distribution, and other outreach activities that lack face-to-face contact with a client.

VII. Health Communications/Public Information (HC/PI)

The delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection how to obtain specific services. The policy developed states that one-time group presentations to more than ten (10) people and multiple sessions with the same group of more than fifteen (15) will be considered a HC/PI. (Smaller groups with a risk reduction counseling component are considered GLIs.)

Excludes: Group interventions with a skills-building component, which constitutes a separate intervention category.

ATTACHMENT H - HIV-RELATED CARE AND SUPPORT SERVICE DEFINITIONS

As mentioned previously, please keep in mind that JHF is the payor of last resort for Ryan White funding, as per Federal and State regulations. Invoices for services to clients who have private insurance, Medicaid or Medicare within the 11-county region cannot be reimbursed by Title II funds. As a general statement, medical services must be directly related to HIV disease. Following is a description the services eligible under Title II.

I. Care Services:

A. Medications/Pharmacy Assistance:

HIV medications will be accessible and affordable for clients to maintain adherence to HAART and receive symptomatic treatment.

B. Mental Health Services:

Psychological and psychiatric treatment and counseling services, including individual and group counseling, directly related to coping with HIV disease, provided by a mental health professional licensed or authorized to practice within the State, including psychiatrists, psychologists, clinical nurse specialists, social workers, and counselors.

Minority AIDS Initiative (MAI):

A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV disease within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

C. Oral Health (Dental) Care:

Diagnostic, prophylactic, and therapeutic services rendered by dentists, dental hygienists, and similar professional practitioners.

D. Service Outreach:

Include programs that have as their principal purpose identification of people with HIV disease so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. Outreach programs must be planned and delivered in coordination with local HIV prevention programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be 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.

- E. Substance Abuse Services:
Provision of treatment and/or counseling to address substance-abuse issues (including alcohol, legal and illegal drugs), provided in an outpatient or residential health service setting.
 - F. Treatment Adherence/Compliance
Provision of counseling or special programs to ensure readiness for and adherence to complex HIV/AIDS treatments.
- II. Case Management:
A range of client-centered services that links clients with primary medical care, psychosocial and other services to insure timely, coordinated access to medically-appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities. Key activities include initial comprehensive assessment of the client's needs and personal support systems; development of a comprehensive, individualized service plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; and periodic reevaluation and revision of the plan as necessary over the life of the client. May include client-specific advocacy and/or review of utilization of services.
- III. Support Services:
- A. Client Advocacy:
Advice or assistance obtaining medical, social, community, legal, financial, and other needed services. Advocacy does not involve coordination and follow up on medical treatments, as case management does.
 - B. Direct Emergency Financial Assistance:
Short-term payment to agencies, or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.
 - C. Food Bank:
Provision of food, meals, or nutritional supplements.

- D. Health Education/Risk Reduction:
(1) Provision of information, including the dissemination about medical and psychosocial support services and counseling or (2) preparation/distribution of materials in the context of medical and psychosocial support services to educate clients with HIV/AIDS about methods to reduce the spread of HIV/AIDS.
- E. Housing Assistance:
Includes assessment, search, placement, and advocacy services provided by professionals who possess an extensive knowledge of local, State and Federal housing programs and how they can be accessed.
- F. Housing Support:
Support available with HOPWA funding:
1. Acquisition, rehabilitation, conversion, lease and repair of facilities to provide housing and services.
 2. New construction (for single room occupancy [SRO] dwellings and community residences only).
 3. Operating costs for housing, including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs.
 4. Short-term rent, mortgage and utility payments to prevent the homelessness of the eligible tenant or mortgage holder living in a dwelling.
 5. Tenant-based rental assistance, including assistance for shared housing arrangements.
 6. Supportive services including, but not limited to, health, mental health, assessment, case management services, permanent housing placement including security deposits and first month rent, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State and Federal government benefits and services, except that health services may only be provided to individuals with HIV/AIDS, or related diseases, and not to family members of these individuals.

Support available with Ryan White Title II funding:

This assistance is limited to short-term or emergency financial assistance to support temporary and/or transitional housing to enable the individual or family to gain and/or maintain medical care. Use of Title II funds for short-term or emergency housing must be linked to medical and/or healthcare services or be certified as essential to a client's ability to gain or maintain access to HIV/AIDS-related medical care or treatment.

G. Psychosocial Support Services:

Individual and/or group counseling, other than mental health counseling, provided to clients, family, and/or friends by non-licensed counselors. May include psychosocial providers, peer counseling/support group services, caregiver support/bereavement counseling, drop-in counseling, benefits counseling, and/or nutritional counseling or education.

Guidance:

1. Groups should be co-facilitated.
2. Case managers and/or peers should be used as support group leaders or facilitators only when appropriate (for emotional and educational groups, not therapeutic groups) and should involve close supervision.
3. Meaningful outcomes should be developed based on the specific structure and content of the group. For example, for an educational group, an outcome based on pre- and post-test scores would be reasonable.

Requirements:

1. Groups must be closed and for a specified time frame, meaning that for the fixed duration of the group, new members will not be admitted. Duration and size of groups should be determined by the facilitator(s) based on the type of support group.
2. Group leaders must be trained facilitators. For therapeutic groups, facilitators must be certified and/or licensed.

In addition to demonstrating that support groups meet the above criteria, please be sure to include the following in the description of the proposed support group(s):

1. Identify the type of support group:
 - a. therapeutic
 - b. educational – please specify the range of subject matters to be discussed during the upcoming grant year (e.g., adherence, nutrition, back-to-work issues, dating)
 - c. emotional
 - d. educational and emotional
2. Group facilitated by (and their training):
 - a. outside facilitators
 - b. agency staff
 - c. peers

3. Describe target population(s) by:
 - a. gender
 - b. race/ethnicity
 - c. infected/affected
 - d. age
 - e. geographic area served

4. Other pertinent information

H. Transportation Services:

Includes conveyance services provided, directly or through voucher, to a client so that he or she may access care or support services.

I. Other Support Services:

Direct support services not listed above, such as translation/interpretation services and congregate meals.