



**REQUESTS FOR PROPOSALS FOR 2009 - 2011  
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**

## TABLE OF CONTENTS

I.	Proposal Submission	2
	A. General	
	B. Proposal Presentation	
II.	Proposal Format	3
	A. Agency Information Form	
	B. Statement of Certification	
	C. Table of Contents	
	D. Agency Profile	
	E. Statement of Need	
	F. Description of Services to be Funded	
	G. Cultural Competency	
	H. Budget Information	
	I. Quality Management Program	
	J. Documentation	
III.	Proposal Review and Selection	8
	A. Evaluation Process	
	B. Subgrant Award	
	C. Protests	

## ATTACHMENTS

A.	Attachment A - Application Checklist	11
B.	Attachment B - JHF Indemnification and Agency Information	12
C.	Attachment C - Sample Outcome-Based Objectives	13
D.	Budget Forms	
	a. Attachment D1 - Budget Narrative/Justification	14
	b. Attachment D2 - Budget Worksheet	15
	c. Attachment D3 - Cost of Unit of Service Breakdown	17
	d. Attachment D4 - Geographic Breakdown of Services Provided	18
E.	Attachment E - NQC Quality Management Plan Checklist	19
F.	Attachment F - Summary of Agency Funding Sources	21
G.	Attachment G - Prevention/Education Service Definitions	22
H.	Attachment H - HIV-Related Care and Support Service Definitions	24
I.	Attachment I - Grant Application Scoring Criteria	29

## 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 completeness and clarity of content.
3. Proposals must be complete in all respects as required in this section. A proposal will not be considered if it is conditional or incomplete. All documents must be submitted for each proposing agency, even if the agency has subcontracted with the Jewish Healthcare Foundation (JHF) in prior years.
4. Proposals must be received no later than **Friday, January 9<sup>th</sup> at 12 NOON.**

**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. One (1) 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 Applicant's name and "CONFIDENTIAL – RFP HIV/AIDS Services, Southwestern Pennsylvania." All proposals must be submitted on 8 ½" by 11" paper with no less than ½" 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. JHF Indemnification and Agency Information Form

Complete all information on ***Attachment B – JHF Indemnification and 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 Subgrant. Copies of the Subgrant 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

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 Applicant will provide the services as described in the proposal for a **24-month (2 year) period**.
3. 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.
4. A statement that the Applicant agrees to that all aspects of the RFP and the proposal submitted will be binding if the proposal is selected and a Subgrant awarded.
5. A statement that the Applicant agrees to provide JHF with any other information that JHF determines is necessary for an accurate determination of the Applicant's ability to perform services.
6. A statement that the Applicant, 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)

Describe your organization (including mission statement, length of existence, targeted population(s), significant accomplishments) and the geographic area in which you are proposing to provide services.

Describe how your organization solicits and utilizes input of the community you are proposing to serve.

Discuss the vision of your organization. Where does your organization expect to be in the next five years and if applicable how the agency is preparing for the potential that the Ryan White Care Act will not be reauthorized?

Please attach the following documents at the end of the agency profile:

1. Articles of Incorporation
2. IRS Determination Letter indicating 501(c)(3) status
3. Current Organizational By-laws
4. Current Organizational Chart
5. Current Board of Directors

**E. Statement of Need (MAXIMUM 2 PAGES)**

Please describe how the need was determined for the services proposed (include any local data, needs assessments or surveys used).

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.

**F. Description of Services to be Funded (MAXIMUM OF 2 PAGES PER SERVICE)**

Please describe each service category (i.e. Medical Case Management) for which funding is being requested. A separate description to distinguish Allegheny, Rural and WICY is not needed. The scope of each service description must include the following (1-4) for each service category. If the agency is applying for funding for more than one service category, please discuss each of the points listed below for each service category before proceeding.

1. Goals

Goals should clearly describe the overall intent of the service. Goals should be relevant to the scope of the overall solution proposed in the problem statement and to the scope of the proposed service.

2. Outcome-based Objectives

Outcome-based objectives clearly and reasonably define the measurable results that the service(s) expect(s) to accomplish. Objectives should be appropriate for set goals and be able to be evaluated. Outcome-based objectives are required for all contracted services. As guidance, sample outcome-based objectives are included in *Attachment C*. The outcome-based objectives listed in *Attachment C* are intended to be minimum standards. Agencies are advised not to copy the sample objectives and to establish higher standards by including more rigorous or additional outcome-based objectives in the proposal. Agencies requesting prevention funding for Diffusion of Effective Behavioral Interventions (DEBI) must include the outcomes specific to that intervention.

### 3. Service Description

The service description should explain, in detail, the target population, as well as the activities and events planned to achieve each stated objective and how these activities align with the Southwest Pennsylvania AIDS Planning Coalition Regional Services and Strategic Plan and/or the Pennsylvania Prevention Plan, as applicable.

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 thorough description of the steps taken to determine the effectiveness of the altered intervention.

Please include job titles of key administrative and programmatic personnel who will be engaged in the proposed service activity along with their education and qualifications.

### 4. Evaluation of Proposed Services

Evaluation of the proposed service(s) should clearly describe how the agency will measure and report the progress made towards the Outcome Based Objectives. The Evaluation will include tracking, indicators and benchmarks for each Outcome Based Objective.

## G. Cultural Competency (Maximum 1 page)

Briefly describe your agency’s capacity to provide services to a targeted population(s) while recognizing the role of culture in comprehensive and supportive care. Describe how clients’ language, cultural, educational and religious barriers to accessing services will be minimized by your program. Cite specific examples relating to cultural sensitivities of people living with HIV/AIDS (i.e. distrust, provider/medical community, gender inequalities and stereotyping).

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

## H. Budget Information

The subgrant(s) awarded will be funded on a cost reimbursement, or fee for service, basis. Budget formats are included as **Attachments D1-D4**.

In **Attachment D1 – Budget Narrative Template** 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 a reasonable relationship exists 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, consultants, subgrant, direct service expenses, equipment, supplies and other costs per each service line. Consider as well any technology, meeting and travel expenses.

In **Attachment D3 – Cost of Unit of Service Breakdown** show the number of units to be provided and the number of unduplicated clients to be served for each of the proposed services. Be sure to include the units and clients that will be funded, cost per unit of service and the total amount requested for each of the proposed services. Cost per unit of service is agency specific.

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 clients residence per service line.

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 Program**

Quality Management (QM) is a systematic process that ensures quality, or meeting/exceeding the expectations of users and established professional standards. This process utilizes quality improvements, or individual projects that work toward bettering a process, good or service to ensure quality. A successful HIV/AIDS QM structure must include the following:

1. Use of demographic, clinical and utilization data and measurable indicators to determine progress towards relevant, evidence-based outcomes;
2. Focus on efficiencies, link of supportive services to access and adherence to medical care and meeting provider and client expectations in addressing outcome improvement;
3. Continuous process that fits within the framework of other required quality activities;
4. Ability to adapt to change; and
5. Collection of demographic, clinical and utilization data to feed back information into the process to assure that goals are accomplished.

Lead responsibility for implementing all parts of the Ryan White HIV/AIDS Treatment Modernization Act belongs to the Health Resources and Service Administration's (HRSA) HIV/AIDS Bureau (HAB), an agency of the United States Department of Health and Human Services. HRSA has sent the above guidelines to all states for instituting a QM program. In turn, the Pennsylvania Department of Health (PA-DOH) set up a QM committee to implement these guidelines. JHF is charged with ensuring that each Subgrantee implements a QM plan.

The Applicants will provide a detailed description of the agency's quality management plan as a condition of receiving funding. This is to ensure that the

agency has a methodology in place to allow it to assess, evaluate and improve all aspects of the administrative, personnel, programmatic and fiscal components of the agency aside from day to day activities include but not limited to:

1. Implementing a quality management team;
2. Identifying leadership, accountability and roles and responsibilities;
3. Utilizing quality management methodologies to identify areas for improvement;
4. Creating quality improvement goals from identified areas;
5. Detailing work plans with deadlines that address who is responsible for tasks that will help to reach these quality improvement goals; and
6. Reviewing and updating the quality management plan at least annually.

The applicant must include a description of their agency's quality management plan per the detail requested in Attachment E - National Quality Center Quality Management Plan checklist. For applicants that are part of a larger agency, please limit the QM plan submitted to those program(s) the proposal is requesting to be funded.

## **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*. Acceptable proofs of evidence include a previous insurance coverage document or a confirmed quote of estimated insurance coverage.

### 2. Audit Review

An independent CPA will prepare the financial statements. Although it is in the best interest of the Applicant 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 **only for HIV portion of the program** and provide a brief narrative describing how those funds will be leveraged to benefit the agency in delivering programs including:

- Total program operating budget with breakdown of government and private grants and fundraising/donations.
- How the organization will ensure Ryan White funds will be used as a 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.

- A description of the agency's ability to continue service provision in an environment of decreasing funds for HIV/AIDS programs.

4. Complaint and Grievance Procedures

Submit a copy of the agency's established Complaint and Grievance procedures. Address a plan to implement such procedures and how the Applicant 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 version and level of implementation.

Please note that the computer system will need to be reliable and able to access the Internet and maintain the capacity for hosting CAREWare 4.1. To run data software collection system, agency's computer will need to be running Windows 2000 or Windows XP. Minimum requirements for the system: Your computer should have at least 256 MB of RAM, 20gb Hard-drive and a 3.00 GHz processor (Pentium 4) and "Microsoft .NET Framework version 1.1" installed on your computer which can be downloaded at the following address:

<http://www.microsoft.com/downloads/details.aspx?FamilyId=262D25E3-F589-4842-8157-034D1E7CF3A3&displaylang=en>

### III. PROPOSAL REVIEW AND SELECTION

#### A. Evaluation Process

An independent Procurement Panel will review and score all complete proposals. This score sheet is included for your reference as **Attachment I – Grant Application Scoring Criteria**. 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 the award will be solely determined by the independent Procurement Panel and will depend on the anticipated amount of Ryan White Part B, HOPWA and State 656 funds to be awarded to JHF and the evaluation of each proposal.

#### B. Subgrant Award

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

Applicant. As the procurement process is done by independent panel, the Jewish Healthcare Foundation bears no responsibility for funding amount decisions made by the Procurement Panel.

### **C. Protests**

Only the following issues may be grieved:

1. Matters related to deviation from an existing AIDS Service Organization (ASO) policy.
2. The implementation and/or interpretation of a Jewish Healthcare Foundation HIV/AIDS program policy.
3. Situations in which the procurement process and outcomes do not follow the allocations plan or are in contradiction to the service needs & priorities set by the Coalition. Except within this limited scope, decisions of the Independent Procurement Panel are final and may not be grieved.

For ASO grievances arising from the aforementioned issues, concerns should be initially brought to the attention of the Program Director of the Jewish Healthcare Foundation for clarity and discussion in an attempt to resolve the problem. The grievance must be brought to the attention of the Program Director in writing within ten (10) business days of the date that the ASO reasonably should have become aware of the grieved event. The discussion must occur within ten (10) business days of the date the grievance is brought to the Program Director. The Program Director must respond in writing within ten (10) business days following the discussion.

If the ASO is not satisfied with the Program Director's response, he/she can formalize, in writing, no later than ten (10) business days after the Program Director's response, his/her concern(s) in writing to:

Jewish Healthcare Foundation  
HIV/AIDS Program  
650 Smithfield Street  
Suite 2400  
Pittsburgh, PA 15222

This document must 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 (or his/her designee) must respond, in writing, within ten (10) business days, to the person filing the grievance.

If the person is not satisfied with the resolution offered by the Program Director, he/she can appeal the decision to the President of the Jewish Healthcare Foundation within thirty (30) calendar days of the Program Director's decision. The President must respond, in writing, within ten (10) business days, to the person filing the grievance.

If the person is not satisfied with the resolution offered by the President, within ten (10) business days of the resolution offered, the appealing party should notify the Foundation, in writing, of the issue and request review by a Board-appointed Grievance Committee.

The Board of Trustees of the Jewish Healthcare Foundation will appoint a Grievance Committee. The Chairperson of the Board will ensure that there is no conflict of interest among appointed members. The Committee shall review the grievance and determine, within fifteen (15) business days after receiving the written appeal, how it will process the appeal. This process will include an investigation of the grievance, a hearing, and recommendation of solution.

The Committee Chair (or designee) will notify the appealing party, in writing, of the decision, within five (5) business days of the decision.

The grievance / appeals process shall be final based on the decision of the Grievance Committee.

## ATTACHMENT A – APPLICATION CHECKLIST

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

**Please complete and submit this checklist with the proposal application.**

- Attachment A – Application Checklist
- Electronic Copy of RFP sent to [murawski@jhf.org](mailto:murawski@jhf.org)
- RFP Hard Copy
- Attachment B – JHF Indemnification and Agency Information

### **Section 1:** Agency Description and Capacity

- Statement of Certification
- Table of Contents
- Agency Profile
  - Articles of Incorporation
  - IRS Determination Letter indicating 501(c)(3) status
  - Current Organizational By-laws
  - Current Organizational Chart
  - Current Board of Directors
- Statement of Need

### **Section 2:** Description of Services to be Funded (Per Service Category)

- Goals
- Outcome-based Objectives
- Service Description
- Evaluation of Proposed Services

### **Section 3:** 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 4:** Documentation

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

**ATTACHMENT B – JHF INDEMNIFICATION AND AGENCY INFORMATION**

**Indemnification Jewish Healthcare Foundation Release**

By submitting an Application in response to this Request for Proposals and in consideration of Jewish Healthcare Foundation accepting and processing Applicant's Application, Applicant hereby releases JHF, its officers, employees, agents and volunteers, from any and all claims, actions, losses, damages and/or liability, known or unknown, present or future, which may arise from the review or processing of the Application. This Release is equally applicable to any third party individual or entity, which may participate in the processing of the Application. Should JHF or any third party incur any legal expenses in defending a claim within the scope of this Release, Applicant shall be responsible for JHF's and/or the third party's legal fees and expenses.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*AGENCY INFORMATION*

Agency Name: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

**Agency Tax Status:** Agencies applying as non-profit agencies need to submit a copy of their IRS Determination Letter indicating 501 (c)(3) status.

Agency Director

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Email: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Fiscal Officer

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Email: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Project/Program Officer

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Email: \_\_\_\_\_ Email: \_\_\_\_\_

## ATTACHMENT C – SAMPLE OUTCOME-BASED OBJECTIVES

### CARE/SUPPORT SERVICES

#### Medical Case Management

Objectives:

- 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 as noted in case management notes.

#### Non-Medical Case Management

Objectives:

- 85% of clients will state in the quarterly client satisfaction survey that non-medical case management has facilitated their entry into or sustained their participation in medical care.

#### Supportive Services (including Peer Counseling, Food Bank, Medical Transportation and other supportive services)

Objective:

- 75% of the clients requesting services will indicate, through a survey, that these services facilitated their entry into or sustained participation in medical care.

### PREVENTION SERVICES

#### Community Level Intervention

Objective:

- Starting May 15, 2008, by December 15, 2008, our Mpowerment project will have held one M-group every two weeks through the week ending December 18, 2008.

#### Interventions Delivered to Individuals (IDI)

Objective:

- 100% of IDI participants will have an Individual Plan on file with the agency to track the progress made toward the client's goals.

#### Interventions Delivered to Groups (IDG)

Objective:

- 70% of the Street Smart intervention participants will be engaged in all 8 sessions of the Interventions Delivered to Groups.

#### Health Communication/Public Information (HC/PI)

Objective:

- 75% of the participants in presentations will indicate through the results of a pre-post test an 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. **Two (2) separate budget documents for each 1-year period need to be submitted (Budget documents include: Budget Narrative, Budget, Cost of Unit of Service Breakdown and Geographic Breakdown).**

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

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

In other categories, list the line item, the justification for each line item, the percentage devoted to the HIV/AIDS services funding request, and total amount requested in the Total Cost column.

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.

**Administrative Costs:** Costs associated with administrative personnel, including salaries and associated fringe benefits, travel, administration of subgrants and operating costs relating to the administrative function, which are not incurred in the provision of HIV program services. Examples of personnel whose cost would be administrative in nature include administrative directors, fiscal, data and their respective clerical staff. Indirect costs associated with the administration of the overall subgrant from the Jewish Healthcare Foundation (usually listed within *Other Costs* as Indirect or Administrative Costs) are considered to be a subset of administrative costs. **A 10% cap is placed on administrative costs for State and Ryan White funds and a 7% cap is placed on administrative costs for HOPWA funds.**

**Program Costs:** This category includes personnel costs, including salaries and fringe benefits associated with supervision and provision of services to clients including prevention, education, intervention, housing and care services, and related operational expenses of these individuals. **There is no cap placed on this category of expenses.**

**ATTACHMENT D2 - BUDGET WORKSHEET**

Budget Category/Line Item (inclusive of all services)	Narrative/Justification (please provide detail based on activities related to services)	Total Cost
Example:		
<b>Executive Director</b>	Oversees the day to day operations of a community action program serving economically disadvantaged families - 40 hrs/wk - \$40,000 annual - 25% HIV/AIDS.	<b>\$10,000</b>
<b>Case Manager</b>	Will provide 45 units of [face to face or non face to face] medical case management services to clients in FY 09-11. \$21.00/unit – 100% HIV/AIDS	<b>\$945</b>
<b>Office Supplies</b>	\$100 per month X 12 months = \$1,200 - 25% HIV/AIDS	<b>\$300</b>
	TOTAL:	<b>\$10,300</b>

Agency Name:  
 Budget Request Period

Category	Description	Service Name	Service Name	Service Name	Total
<b>PERSONNEL</b>	<b>Wages (By Individual Person)</b>				
	<b>Personnel Wage Subtotal</b>				
	<b>Fringe Benefits (@ ? %)</b>				
	<b>Total Personnel Services</b>				
<b>CONSULTANT</b>	(By Service, Total Hours, Hourly Rate)				
	<b>Total Consultant Services</b>				
<b>PATIENT SERVICES/DIRECT SERVICE</b>	As applicable:				
	<b>Total Patient Services/Direct Service Expense</b>				
<b>EQUIPMENT</b>					
	<b>Total Equipment</b>				
<b>SUPPLIES</b>					
	<b>Total Supplies</b>				
<b>TRAVEL</b>					
	<b>Total Travel</b>				
<b>OTHER COSTS</b>					
	<b>Total Other Costs</b>				
<b>PROPOSED BUDGET SUMMARY</b>	<b>Total Personnel</b>				
	<b>Total Consultant Services</b>				
	<b>Total Patient Services/Direct Service Expense</b>				
	<b>Total Equipment</b>				
	<b>Total Supplies</b>				
	<b>Total Travel</b>				
	<b>Total Other Costs</b>				
	<b>GRAND TOTAL by Service Line</b>				

### ATTACHMENT D3 - COST OF UNIT OF SERVICE BREAKDOWN

SERVICE	#CLIENTS/UNITS/SESSIONS	COST OF UNIT OF SERVICE Total Expenses, (including indirect and administrative), divided by total number of units to be provided in Subgrant period	\$ REQUESTED (Units to be funded by Subgrant Cost per Unit of Service)
<b>Example 1:</b>  Behavioral Health Services: Mental Health Counseling- Rural	_____ units (unit = 1 hour for either groups or individual)  _____ clients (unduplicated)	Cost per unit: _____	\$ _____
<b>Example 2:</b>  Behavioral Health Services: Mental Health Counseling- Allegheny	_____ units (unit = 1 hour for either groups or individual)  _____ clients (unduplicated)	Cost per unit: _____	\$ _____
<b>Example 3:</b>  Care Services: Oral Health (Dental) Care- Allegheny	_____ units (unit = 1 visit) *Units are visits for each type of service: diagnostic, therapeutic, prophylactic  _____ clients (unduplicated)	Cost per unit: _____	\$ _____

**ATTACHMENT D4 - GEOGRAPHIC BREAKDOWN OF SERVICES PROVIDED**

CATEGORY / SERVICE	Counties Served (Check as applicable)		TOTAL # PERSONS TO BE SERVED WITH FUNDING FOR THIS SERVICE <u>PER COUNTY</u>	TOTAL # UNITS TO BE PROVIDED WITH FUNDING FOR THIS SERVICE <u>PER COUNTY</u>	TOTAL REQUEST PER SERVICE
<b>EXAMPLE 1:</b>  Service Line #1	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"/>			
<b>GRAND TOTAL OF ALL COLUMNS FOR UNIT COST</b>					\$_____

## ATTACHMENT E – NATIONAL QUALITY COMMISSION QUALITY MANAGEMENT PLAN CHECKLIST

Subgrantee: \_\_\_\_\_

Date: \_\_\_\_\_

### How to use this checklist:

A Quality Management (QM) Plan defines a quality program's strategic direction and provides a **BLUEPRINT** for upcoming improvement activities for the HIV program. While there is no universal "how-to" template for creating a quality management plan, this document outlines the basic domains that should be covered in each plan: Quality statement, Quality improvement infrastructure, Quality Plan Implementation, Performance measurement, Annual quality goals, Participation of stakeholders, Evaluation, Capacity Building, Process to update the Plan, and Communication. This checklist has been created to assist those who are: 1) working with grantees to develop an HIV-specific Quality Management (QM) Plan; and/or 2) reviewing a QM Plan for completeness. Keep in mind that this checklist should be used as a reference and assessment tool and that the most important step is to get started.

### Definition of terms:

The term Quality Management Program encompasses all systematic and continuous quality processes, including the formal organizational quality infrastructure and quality improvement related activities, consistent with other QI and QA programs with identified leadership, accountability and resources to develop a strategy for using and measuring data to determine progress toward evidence-based benchmarks with a focus on linkages and provider and client expectations using data collection practices to ensure that goals are accomplished and result in improved outcomes.

Quality Management Plan: is a written document that outlines how the quality management program will be implemented, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program.

Domain in QM Plan	Description	Comments
Quality Statement	<ul style="list-style-type: none"> <li>• <u>Provides brief purpose</u> describing the end goal of the HIV quality program and a <u>shared vision</u> to which all other activities are directed; assume an ideal world and ask yourselves, "What do we want to be for our patients and our community?"</li> </ul>	
Quality Infrastructure	<p>The quality infrastructure includes the following elements:</p> <ul style="list-style-type: none"> <li>• <u>Leadership</u>: Identifies who is responsible for the quality management initiatives.</li> <li>• <u>Quality committee(s) structure</u>: Documents who serves on the quality committee, who chairs the committee, and who coordinates the QM activities</li> <li>• <u>Roles and Responsibilities</u>: Defines all key persons, organizations, and major stakeholders and clarifies their expectations for the quality management program.</li> <li>• <u>Resources</u>: Identifies the resources for the QM program Annual quality goals</li> </ul>	
Annual Quality Goals	<ul style="list-style-type: none"> <li>• Quality goals are endpoints or conditions toward which quality program will direct its efforts and resources</li> <li>• Selects <u>only a few measurable and realistic goals</u> annually (not more than 5); uses a broad range of goals</li> <li>• Indicates that those annual goals are <u>established priorities</u> for the QM Program</li> <li>• <u>Establishes thresholds</u> at the beginning of the year for each goal</li> </ul>	
Participation of stakeholders	<ul style="list-style-type: none"> <li>• Lists <u>internal and external stakeholders</u> and specify their engagements in the QM program</li> <li>• Provides <u>opportunities for learning about quality</u> for staff</li> <li>• <u>Includes community representatives</u>, as appropriate</li> <li>• Specifies how feedback is gathered from key stakeholders</li> </ul>	

Performance measurement	<ul style="list-style-type: none"> <li>Identifies and <u>quantifies the critical aspects of care and services</u> provided in the organization; ensures integration with other Titles or accrediting bodies, GPRA, Program Assessment Rating Tool (PART) measures and unmet need</li> <li><u>Identifies indicators</u> to determine the progress of the QM Program</li> <li>Indicates who will collect, and analyze data</li> <li>Indicates who is <u>accountable for collecting, analyzing, and reviewing performance data</u> results and for articulation of findings</li> <li>Includes strategies on how to <u>report and disseminate</u> results and findings; communicate information about quality improvement activities</li> <li>Processes in place to <u>use data</u> to develop new QI activities to address identified gaps</li> </ul>	
Capacity Building	<ul style="list-style-type: none"> <li>QI <u>capacity building of providers</u> and spread of QI performance measurement systems and QI activities.</li> <li>Identifies methods for QI training opportunities</li> <li>Provision of <u>technical assistance on QI</u> and support for QI activities</li> <li><u>Indicates how data are being fed back</u> to providers and key stakeholders</li> </ul>	
Evaluation	<ul style="list-style-type: none"> <li><u>Evaluates the effectiveness of the QM/QI infrastructure</u> to decide whether to improve how quality improvement work gets done</li> <li><u>Evaluates QI activities</u> to determine whether the annual quality goals for quality improvement activities are met</li> <li><u>Reviews performance measures</u> to document whether the measures are appropriate to assess the clinical and non-clinical HIV care</li> </ul>	
QM Plan implementation	<ul style="list-style-type: none"> <li><u>Specifies timelines</u> for implementation to accomplish those goals – workplan</li> <li><u>Specifies accountability</u> for implementation steps</li> <li>Provides milestones and associated measurable implementation objectives</li> </ul>	
Process to update QM Plan	<ul style="list-style-type: none"> <li>Identifies routine <u>schedule to at least annually update</u> QM Plan</li> <li><u>Specifies accountability</u> – indicates who will initiate process to update/revise plan.</li> <li><u>Indicates a sign-off process</u> to finalize plan; potentially include internal/external stakeholders; include signatures of key stakeholders</li> </ul>	
Communication	<ul style="list-style-type: none"> <li><u>Outlines process to share information</u> with all stakeholders at appropriate intervals</li> <li>Identifies <u>format</u> for communication</li> <li>Identifies <u>communication intervals</u></li> </ul>	
Formatting	<ul style="list-style-type: none"> <li>Clear and easy to follow <u>layout and organization of content</u></li> <li><u>Clear dating of document</u>, including date of 'expiration'; page numbers</li> </ul>	



## ATTACHMENT G – PREVENTION/EDUCATION SERVICE DEFINITIONS

As previously mentioned, prevention services are funded with State 656 dollars. Following is a description of services allowable under State 656 funding. A list of the Diffusion of Effective Behavioral Interventions (DEBIs) can be found at <http://www.effectiveinterventions.org>.

<p><b>A. Counseling, Testing and Referral (CTR)</b></p>	<p>Client centered HIV prevention counseling. An interactive risk-reduction counseling model usually conducted with HIV testing, in which the counselor helps the client identify and acknowledge personal HIV risk behaviors and commit to a single, achievable behaviors change step that could reduce the client's HIV risk.</p> <p><b>Prevention counseling:</b> An interactive process between client and counselor aimed at reducing risky sex and needle-sharing behaviors related to HIV acquisition (for HIV-uninfected clients) or transmission (for HIV-infected clients).</p> <p><b>HIV-related testing:</b> Any laboratory test or series of tests for any virus, antibody, antigen or etiologic agent whatsoever thought to cause or to indicate the presence of HIV infection.</p> <p><b>Referral:</b> The process through which a client is connected with services to address prevention needs (medical, prevention, and psychological support).</p>
<p><b>B. Partner Counseling and Referral Services (PCRS)</b></p>	<p>A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.</p>
<p><b>C. Health Education/Risk Reduction Activities (HE/RR)</b></p>	<p>Organized efforts to reach people at increased risk of becoming HIV-infected, or if already infected, of transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual level interventions to broad, community-based interventions. <i>1 Unit = 15min (Interventions Delivered to Individuals are 1 Unit= 15min per person and Community Level Interventions are 1 Unit = 15 min session not number of individuals attended)</i></p> <p>Evidence-based/science-based: Behavioral, social, and structural interventions that are relevant to HIV risk-reduction, have been tested using a methodologically rigorous design, and have been shown to be effective in a research setting.</p> <p>The Fiscal Agent expects its Subgrantees to deliver interventions based on a range of evidence. These evidence-based interventions may include:</p> <ul style="list-style-type: none"> <li>• Interventions found in the CDC's <i>Procedural Guidance for Selected Strategies and Interventions for Community Based Organizations Funded Under Program Announcement 04064</i> (2003) or in the CDC's <i>Compendium of HIV Prevention Interventions with Evidence of Effectiveness</i> (1999)</li> </ul> <p>Interventions with insufficient evidence of effectiveness based on prior outcome monitoring data suggesting positive effects, but that cannot be rigorously proven must be based on: sound science and theory; a logic model that matches the science and theory to the intended outcomes of interest; and a logic model that matches relevant behavioral-epi data from their community and target population.</p>
<p><b>C-1. Interventions Delivered to Individuals (IDI)</b></p>	<p>Health education and risk-reduction counseling provided to one individual at a time. IDIs 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. <i>1 Unit = 15min per person</i></p> <p>Note: According to a strict categorization, outreach and prevention case management also are interventions delivered to individuals. However, for the purposes of this reporting, IDI does <i>not</i> include outreach or Comprehensive Risk Counseling and Services (CRCS), which each constitutes their own intervention categories.</p>

<b>C-2. Interventions Delivered to Groups (IDG)</b>	<p>Health education and risk-reduction counseling (see above) that shifts the delivery of service from the individual to groups of varying sizes. IDGs use peer and non-peer models involving a wide-range of skills, information, education and support. <i>1 Unit = 15min per session</i></p> <p>Note: Many providers may consider general education activities to be group-level interventions. However, for the purposes of this reporting, IDG does <i>not</i> include “one-shot” educational presentations or lectures (that lack a skills component). Those types of activities should be included in the Health Communication/Public Information category.</p>
<b>C-3. Outreach (OR)</b>	<p>HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the client’s neighborhoods or other areas where clients typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials. Includes peer opinion leader models. <i>1 Unit = 15min per person</i></p>
<b>C-4. Comprehensive Risk Counseling Services (CRCS, formerly PCM)</b>	<p>Intensive, individualized client-centered counseling for adopting and maintaining HIV risk-reduction behaviors. CRCS is designed for HIV-positive and HIV-negative individuals who are at high risk for acquiring or transmitting HIV and STDs and struggle with issues such as substance use and abuse, physical and mental health, and social and cultural factors that affect HIV risk. The core elements of CRCS are described in detail in the 1997 PCM Guidance (<a href="http://www.cdc.gov/hiv/pubs/hivpcm.htm">www.cdc.gov/hiv/pubs/hivpcm.htm</a>). CRCS staff do not conduct case management if a client has been or can be referred to other case management.</p>
<b>C-5. Health Communications and Public Information (HC/PI)</b>	<p>The delivery of planned HIV/AIDS prevention messages through one of 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.</p> <p><b>Electronic Media:</b> Means by which information is electronically conveyed to large groups of people; includes radio, television, public service announcements, news broadcasts, infomercials, etc., which reach a large-scale (e.g., city-, region-, or statewide) audience.</p> <p><b>Print Media:</b> These formats also reach a large-scale or nationwide audience; includes any printed material, such as newspapers, magazines, pamphlets, and “environmental media” such as billboards and transportation signage.</p> <p><b>Hotline:</b> Telephone service (local or toll-free) offering up-to-date information and referral to local services, e.g., counseling/testing and support groups.</p> <p><b>Clearinghouse:</b> Interactive electronic outreach systems using telephones, mail, and the Internet/Worldwide Web to provide responsive information service to the general public as well as high-risk populations.</p> <p><b>Presentations/Lectures:</b> These are information-only activities conducted in-group settings; often called “one-shot” education interventions.</p> <p><i>1 Unit = 15 min session not number of individuals attended</i></p>
<b>C-7. Other HE/RR Interventions</b>	<p>Category to be used for those interventions that cannot be described by the definitions provided for the other types of HE/RR interventions. This category includes community-level interventions (CLI) and structural interventions.</p> <p>CLI are interventions that seek to improve the risk reductions and behaviors in a community through a focus on the community as a whole, rather than by intervening with individuals or small groups. This is often done by attempting to alter social norms, policies, or characteristics of the environment. Examples of CLI include community mobilizations, social marketing campaigns, community-wide events, policy interventions, and structural interventions.</p> <p>Structural interventions are interventions designed to implement or change laws, policies, physical structures, social or organizational structures, or standard operating procedures to affect environmental or societal change.</p>

## ATTACHMENT H – HIV-RELATED CARE AND SUPPORT SERVICE DEFINITIONS

The following pages describe the care and supportive services eligible under Ryan White Part B, as funded in Southwestern Pennsylvania.

Service Category	Service Definitions	Sub-Service Name	Sub-Service Description	1 Unit =	
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.	Diagnostic		1 Visit	
		Therapeutic		1 Visit	
		Prophylactic		1 Visit	
Mental Health Services	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.	Professional Counseling - Individual		1 hour	
		Professional Counseling - Couples		1 hour Per Person	When more than 1 person is attending a Session: Charge each person for the time spent in the session. Example: If the session is 2 hours, then charge 2 units per person. 1/4/02
		Professional Counseling - Groups		1 hour Per Person	When more than 1 person is attending a Session: Charge each person for the time spent in the session. Example: If the session is 2 hours, then charge 2 units per person. 1/4/02
		Professional Counseling - Family		1 hour Per Person	When more than 1 person is attending a Session: Charge each person for the time spent in the session. Example: If the session is 2 hours, then charge 2 units per person. 1/4/02
		Psychiatric - Out-Patient, Individual		\$1.00	
		Psychiatric - In - Patient, Individual		\$1.00	
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.	Local Pharmacy Assistance		\$1.00	
Substance Abuse Services - Outpatient	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.	Counseling		15 minutes	
		Methadone		1 dose	
		Neuro Psychiatric		\$1.00	
Medical Face - to - Face Case Management Services (including Treatment Adherence)	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	Intake		15 minutes	
		Assessment		15 minutes	
		Reassessment		15 minutes	

	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.	Follow - Up	Problem Solving / General Support	15 minutes	
		Referral		15 minutes	
Medical Non Face - to - Face Case Management Services (including Treatment Adherence)	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.	-	-	-	-
		-	-	-	-
		-	-	-	-
		Follow - Up	Phone Contact Problem Solving / General Support	15 minutes	
		Referral		15 minutes	
Case Management Face - to Face (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.	Intake		15 minutes	
		Assessment		15 minutes	
		Reassessment		15 minutes	
		Follow-Up	Problem Solving/General Support	15 minutes	
		Referral		15 minutes	
Case Management Non Face - to - Face (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.	Follow-Up	Phone Contact Problem Solving / General Support	15 minutes	
		Referral		15 minutes	
Treatment Adherence Counseling	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 settings.	Education on Treatment - Individual	General Education on available treatments	15 minutes	
		Education on Treatment - Group	General Education on available treatments	15 minutes Per Person	When more than 1 person is attending a Session: Charge each person for the time spent in the session. Example: If the session is 1/2 hour, then charge 2 units per person. 1/4/02
		Adherence - Individual	Support of adherence to a specific treatment regimen	15 minutes	
		Adherence - Group	Support of adherence to a specific treatment regimen	15 minutes Per Person	When more than 1 person is attending a Session: Charge each person for the time spent in the session. Example: If the session is 1/2 hour, then charge 2 units per person. 1/4/02
Health Insurance Premium & Cost Sharing Assistance	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.	Health Insurance Premium & Cost Sharing Assistance		\$1.00	

Emergency Financial Assistance	The provision of short term payments 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.  NOTE: Part A and Part B programs must allocate, track, and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formally Policy No. 97-02)	Utilities		\$1.00	
		Prescriptions		\$1.00	
		Food		\$1.00	
		Housing support - RW Only	Provides short-term financial assistance to support temporary or transitional housing required in order to gain or maintain medical care. Does not include on-going rental subsidies or mortgage payments.	\$1.00	
Food Bank/Home delivered Meals	The provision of actual 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.	Home Delivered Meals	The number of meals and deliveries of meals to HIV+ clients. This does not reflect finances to purchase food or meals.	1 meal	
		Congregate Meals	The number of meals provided in a group setting.	1 meal	
		Food Bank	This represents the number of visits to the agency's food bank.	1 Visit	
		Water Filter		1 Water Filter	-
		Water Filter Replacement		1 Water Filter Replacement	-
Health education / risk reduction	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.	Risk Reduction/Education		15 minutes	
Housing Services	The provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.	Housing Assistance/ Information Services - RW	Assistance provided to locate and obtain suitable, ongoing or transitional housing. Includes counseling, information, and referral services to assist a client to locate, acquire, finance and maintain housing. May also include fair housing counseling.	15 minutes	
		Housing Assistance/ Information Services - HOPWA	Assistance provided to locate and obtain suitable, ongoing or transitional housing. Includes counseling, information, and referral services to assist a client to locate, acquire, finance and maintain housing. May also include fair housing counseling.	15 minutes	

		Housing support - RW Only	Provides short-term financial assistance to support temporary or transitional housing required in order to gain or maintain medical care. Does not include on-going rental subsidies or mortgage payments.	\$1.00	
		Resource Identification - HOPWA Only	Activities intended to establish, coordinate and develop housing assistance resources. Includes conducting research to determine feasibility of housing related initiatives.	1 Hour	
		Rental Assistance Payments - HOPWA Only	Costs related to the payments made for support of ongoing, monthly project or tenant-based rental assistance/rent subsidies.	\$1.00	
		Short-term rent, mortgage and utility payments - HOPWA Only	Costs related to payments to prevent the homelessness of a tenant or mortgagor of a dwelling.	\$1.00	
Psychosocial Support Services	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 <u>but excludes</u> the provision of nutritional supplements.	HIV Support Group	Group meeting for individuals with HIV, conducted by a non-licensed counselor	30 minutes Per Person	When more than 1 person is attending a Session: Charge each person for the time spent in the session. Example: If the session is 1 hour, then charge 2 units per person. 1/10/02
		Peer Counseling - Individual	Individual one to one session conducted by a non-licensed HIV+ individual	15 minutes	
Medical Transportation Services	Include conveyance services provided, directly or through voucher, to a client so that he/she may access health care services.	1 - Bus Pass, Train Token, Taxi Voucher	Amount paid for public transportation of clients to health care locations	\$1.00	
		Transportation by Agency Staff Member	Account for the time spent by an agency staff member who transports clients to health care locations.	15 minutes	
		Medically Assisted Transport	Non-emergency transport of non-ambulatory clients to health care locations (i.e. Care Coach)	\$1.00	
		Reimbursement - Consumer/Staff/Volunteer	Per mile reimbursement to clients transporting themselves or volunteers transporting clients to health care locations. Staff reimbursement only for use of a personal vehicle.	\$1.00	

## ATTACHMENT I – GRANT APPLICATION SCORING CRITERIA

Section 1 - Required Elements		
<input type="checkbox"/> Statement is on agency letterhead and signed by agency official <input type="checkbox"/> Provides a table of contents with corresponding page numbers <input type="checkbox"/> Agency Profile <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> IRS Determination Letter 501(c)(3) <input type="checkbox"/> Current Organizational By-laws <input type="checkbox"/> Current Organizational Chart <input type="checkbox"/> Current Board of Directors <input type="checkbox"/> Insurance Review <input type="checkbox"/> Audit or Financial Review <input type="checkbox"/> Summary of Funding Sources <input type="checkbox"/> Complaint and Grievance Procedures <input type="checkbox"/> Data Collection and Information Technology Capacity	<u>      </u> / 13	
Section 2 – Statement of Need		
The Statement of Need, in <u>2 pages or less</u> , presents a summary of the problem being addressed and identifies a solution that appropriately addresses that problem. It should include local data to support the problem and solution, and sources of data used should be cited.	<u>      </u> / 4	
Section 3 – Description of Services		
The goals set forth should clearly describe the overall intent of the service. All goals should be relevant to the scope of the overall solution proposed in the problem statement and to the scope of the proposed service.	<u>      </u> / 3	
Outcome Based objectives should be clearly defined and reasonable. They should be able to be measured and evaluated. Outcome Based objectives should be appropriate for set forth goals and meet the baseline standards that were provided in the RFP.	<u>      </u> / 4	
The Service Description should clearly, in detail, explain the activities and events planned to achieve the stated objectives. These planned activities and events should appropriately address the statement of need. Key staff members and their qualifications should be identified. If applicable, the Pennsylvania Prevention Plan Update 2008 and CRSSP should be used.	<u>      </u> / 4	
Evaluation of the proposed service(s) should clearly describe how the agency will measure and report the progress made towards the Outcome Based Objectives. The Evaluation will include tracking, indicators and benchmarks for each Outcome Based Objective.	<u>      </u> / 4	
Section 4 – Cultural Competency		
The statement of cultural competency should clearly describe the agency's ability to provide services to their targeted population. The cultural competency statement should include a description of how cultural barriers will be minimized and cite specific examples of relating to cultural sensitivities of person living with HIV/AIDS and how they will be addressed.	<u>      </u> / 2	
Section 5 – Budget		
Budget (D1-D4) should be submitted for 2009-2010 & 2010-2011. The budget must have clear justification of all items and include the following: ➤ Completed Attachment D1 – Budget Narrative Template ➤ Completed Attachment D2 – Budget Worksheet ➤ Completed Attachment D3 – Cost of Unit Service Breakdown ➤ Completed Attachment D4 – Geographic Breakdown of Services Provided All totals concerning clients, units and costs should match across the board from document to document. Appropriate costs and units must be displayed for the funding requested.	<u>      </u> / 8	
Section 6 – Quality Management		
Included in the proposal should be a Quality Management plan that clearly shows understanding of quality management processes. The Quality Management plan must comply with the National Quality Commission Checklist that is provided.	<u>      </u> / 3	
Section 7 – Discretionary		
Procurement Panel Members can award up to <u>5</u> points per proposal based on the relative strength of the proposal compared to others in the applicant pool and the members' belief in the agency's ability to accomplish the services outlines in the proposal. Please provide justification for the awarded discretionary points	<u>      </u> / 5	
Total Score		
Section	Awarded Points	Total
1 – Required Elements	<u>      </u> / 16	<u>      </u> / 50
2 – Statement of Need	<u>      </u> / 5	
3 – Description of Services	<u>      </u> / 12	
4 – Cultural Competency	<u>      </u> / 2	
5 – Budget	<u>      </u> / 7	
6 – Quality Management	<u>      </u> / 3	
7 – Discretionary	<u>      </u> / 5	

