



REQUEST FOR PROPOSAL GUIDELINES AND INSTRUCTIONS

Service Category	Proposed Amount *	Contract Period	Funding Source
Home and Community-Based Health Services (HCBHS) for Medi-Cal Waiver Program (MCWP) HCBHS Waiver (ca.gov)	Fee-for-service on Medi-Cal reimbursement schedule	March 1, 2023 – February 28, 2024	Medi-Cal Waiver Program
Home and Community-Based Health Services for Ryan White Program (RW)	Fee-for-service on Ryan White reimbursement schedule	March 1, 2023 – February 28, 2024	Ryan White Treatment & Modernization Act, Part A

Applicants may apply to provide HCBHS for MCWP or RW reimbursement rates or both. Only MCWP-ECM providers for Contra Costa County (CCC) will be reimbursed with MCWP rates regardless of client enrollment in MCWP or RW. Finalized contracts will include caps in reimbursement. The maximum annual reimbursement amount for MCWP and RW subcontracted services will be determined after responses have been reviewed and federal notice of awards have been received.

Proposed Amount for HCBHS Medi-Cal Waiver Program*

The Medi-Cal Provider Manual found on the Department of Health Care Services’ website listed under *AIDS Waiver Program (AID)* is the primary administrative manual which describes the procedures related to billing for AIDS Waiver services. The chapter listing the billing codes and rates (*AIDS Medi-Cal Waiver Program Billing Codes and Rates [aids bil cd]*) does not include the Proposition 56 supplemental funds that are added to the Base Rate, nor does it provide an explanation of how the Proposition 56 funds are applied. The grid below has the current base rates listed, plus the Proposition 56 supplemental payments if applicable for each service category. Rates are subject to change.

Procedure Code	Service Category	Base (Maximum) Rate plus Proposition 56 Supplemental, if Applicable
G0156	Services of home health/hospice aide in home health or hospice setting, each 15 minutes	\$5.01 plus supplemental of \$4.51 = \$9.52 per 15 minutes
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	\$12.66 plus supplemental of \$6.61 = \$19.27 per 15 minutes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	\$9.46 plus supplemental of \$4.51 = \$13.97 per 15 minutes
S5130	Homemaker service, nos; per 15 minutes	\$3.72 plus supplemental of \$3.35 = \$7.07 per 15 minutes



Proposed Amount for Ryan White Program*

This is a fee-for-service contract that is reimbursed up to the limit designated by the Ryan White Part A fund allocations for the Part A 2023-2024 contract period and may decrease or increase depending on the actual federal award received. For 2023-24, we are anticipating a cap of \$60,000. However, agencies receiving an award must be able to modify their budgets and proposed programs should the actual allocation be different than the amount proposed. Final contract amounts will be determined after responses have been reviewed and the federal notice of award has been received from Alameda County's Office of HIV Care. Rates are subject to change.

Service Category	Description	Fee/visit	Fee/UOS
Skilled Nursing Initial Assessment (1 hr.)	Total evaluation of patient's function and home care needs. Physician conference call, counseling and/or coordination of care with other providers/agencies, health education including treatment information and adherence, and assist with referral to support services.	\$175.00	\$43.75
Skilled Nursing Re-assessment (1 hr.)	Check vitals, educate, and instruct patients regarding their medications, nutritional needs, and evaluation of home health aide performance.	\$175.00	\$43.75
Physical Therapy (1 hr.)	Evaluate and assist clients in maintaining progress as clients improve movement and manage pain.	\$175.00	\$43.75
Occupational Therapy (1 hr.)	Treat injured, ill, or disabled clients through the therapeutic use of everyday activities. Help clients develop, recover, improve, as well as maintain the skills needed for daily living.	\$175.00	\$43.75
Speech Therapy/Pathology (1 hr.)	Assessment and treatment of communications problems and speech impairments. Assist client's problems with speaking, language, and swallowing.	\$175.00	\$43.75
Home Health Aide	Bathing, meal preparation, assistance with ADLs, personal care services, light housekeeping, treatment adherence and medication reminders, and accompany to doctor appointments.	\$100.00	\$25.00



Date	Time	Activity
January 17 th 2023		Announcement of funding opportunity
January 27 th 2023	1pm-2pm	Informal informational meeting for potential applicants via Zoom
February 17 th 2023	By 6pm	Proposals Due: an electronic PDF version (only) of the proposal must be received in the HIV/AIDS & STD Program Email PDF to eva.lodetti@cchealth.org . There will be no exceptions to this deadline.
Week of February 20 th 2023		Review panel(s) will meet to evaluate proposals and develop funding recommendations
February 27 th 2023		Approximate date of announcement for awards and initiation of contract negotiations

General questions about this RFP may be directed to the Deputy Director, April Langro at (925-313-6730), HIV/AIDS and STD Program Office, Contra Costa Health Services Department, 597 Center Avenue, Suite 200, Martinez, CA 94553.

I. DESCRIPTION OF AVAILABLE FUNDING

Federal Health Resources and Services Administration (HRSA) Ryan White Treatment & Modernization Act funds are available through the Contra Costa Health Services Department HIV/AIDS & STD Program. Services funded through this RFP are intended to help stabilize clients' lives, reduce barriers to receiving medical attention, and improve health outcomes. More information on HRSA's expectations can be found at <http://hab.hrsa.gov>.

The County of Alameda is the Oakland Transitional Grant Area (OTGA) Federal grantee for HRSA Ryan White Part A funds. CCC is a Part A subrecipient and service provider. CCC contracts with community agencies to provide services throughout CCC. Applicants must be willing to serve clients throughout the entire OTGA region. Applicant agencies should outline the geographic distribution of personnel based on projected caseloads, funding, and epidemiologic information. The HIV/AIDS and STD Program may determine that a single agency will receive the full amount of available funding within a service category to provide services throughout the entire county or that an agency's project for services be provided only within a specific geographic region, such as West or East County. Ongoing funding is contingent on the subcontractor's successful completion of their objectives and the continued availability of federal funding.

II. QUALIFICATIONS, ELIGIBILITY, AND FUNDING RESTRICTIONS

Eligibility is limited to not-for-profit (as determined by Internal Revenue Service) community-based organizations and hospitals or public agency service providers. Applicants need not be based in CCC to be eligible; however, agencies must demonstrate their deep familiarity of CCC as well as established business relationships that would bolster the agency's capacity to meet programmatic objectives. Services that are



reimbursable through other means such as Medi-Cal or other funding streams **MUST** be billed to those sources first and documentation of denial of service or other ineligibility for service must be on file and available for audit review purposes.

Applicants may not use a fiscal agent and must demonstrate fiscal stability. An agency with unresolved outstanding federal/state tax obligations is **not** eligible to apply for funding. Funds may not be spent on the purchase of or improvement to buildings or office facilities or to make payments to recipients of services. Funds may not be used to provide items or services for which payment has already been made, or can reasonably be expected to be made, by third-party payers, including private insurance, Medi-Cal, Medicare, or other programs. Services are intended for low-income people living with HIV and AIDS (PLWHA) who reside in CCC. Agencies funded through this RFP must have the capacity to fulfill all contractual obligations outlined below in Section III.

Agencies not already under contract with the Contra Costa Health Department HIV/AIDS and STD Program are strongly encouraged to apply.

Applicants should specifically address in their proposal how their agency meets qualifications and eligibility requirements and how their proposed program will fit into a continuum of care in Section VIII, numbers 3 and 4.

III. CONTRACTUAL OBLIGATIONS

Award of funds will result in a contract for services after final work plan and budget negotiations with the HIV/AIDS and STD Program. There are general conditions, including Health Insurance Portability and Accountability Act (HIPAA) and insurance and indemnity requirements, which are common to all County contracts. A copy of these conditions is available upon request from the HIV/AIDS and STD Program office. HIV/AIDS and STD Program contracts also require budgets to adhere to federal requirements and that contractors submit financial backup documentation with their invoices for payment. Contractors will also need to be registered in the System for Award Management (SAM.GOV) database and provide the agency's Data Universal Numbering System (DUNS) and Employer Identification Number (EIN). SAM.gov | [Home](#).

All Subcontractors are required to:

1. Subcontractors must agree to the current approved Medi-Cal and Ryan White rates for services. Rates that are higher than Medi-Cal rates cannot be approved, and the Contractor cannot subsidize the standard Medi-Cal rates with other funding sources. Under no circumstances may any Contractor augment rates for the Waiver program or bill for more than the Medi-Cal rate. Additionally, contractor must not pay subcontractors rates lower than the approved Medi-Cal rates for services.
2. After referral from a medical case manager, offer services **free of charge to participants and** without regard to **past or present health condition**.
3. Abide by the legal requirements to maintain the **confidentiality of clients**.
4. Document **HIV status** of the clients. Clients must establish their eligibility through medical verification of HIV serostatus to an HIV Medical Case Manager, who must resubmit this proof of HIV status with referrals for services outlined in this RFP. Acceptable proof includes positive HIV and/or AIDS-defining laboratory results, medical records, and physician statements on original letterhead. A viral load lab of >20 copies per cubic millimeter or a CD4 count of 200 or fewer cells per cubic millimeter is insufficient by themselves to document HIV status.



5. Document **unmet service needs of clients** and include this documentation in all Home and Community-Based Health Services service plans.
6. Provide **culturally and linguistically appropriate services**.
7. Document the **provision and evaluation of all services, collect and maintain client level service data, enter and regularly update client demographics and service data into the system database (ARIES) including units of service provided to each client and write progress reports**. Progress reports must include advancement in fulfilling contract specifications, trends in service delivery, problems encountered in the provision of services, and applicable fiscal reports. Data reports must be submitted monthly and narrative reports submitted quarterly. Agencies not currently using the ARIES services database will be provided training and access to ARIES upon notification of award. For more information on ARIES go to [OA ARIES Resources \(ca.gov\)](#).
8. **Work collaboratively** with all existing HIV service providers within the HIV network of care and with other providers in other systems of care as applicable to assure coordination and utilization of existing services.
9. Participate in the Contra Costa HIV Consortium by attending quarterly meetings, attend annual HIV/AIDS and STD training/overview, and attend annual subcontractor meetings.
10. **Track all related contract expenses** in keeping with generally accepted accounting principles.
11. **Submit monthly payment demands along with grant expenditure reports and back-up documentation** regarding services provided to each client by the 10th of the following month.
12. **Retain all documents** pertaining to this contract for five years from the date of submission of the contractor's final payment demand or fiscal cost report.
13. Ensure that the goods and services provided by this program will be **available to all qualified persons** regardless of age, sex, race, religion, color, national origin, ethnic background, disability, or sexual orientation, and that no grant funds shall be used, in whole or in part, for religious worship or instruction.

For additional detail on the Ryan White Standards of Care for the Oakland Transitional Grant Area refer to: [Part-A-Standards-of-Care ForFinalApproval.pdf \(oaklandtga.org\)](#)

IV. DESCRIPTION OF SERVICES TO BE FUNDED

HOME AND COMMUNITY-BASED HEALTH SERVICES

The objective of Home and Community-Based Health Services is to supply services in the home and prevent the need for hospitalization or entry into a skilled nursing facility while improving the quality of health for functionally impaired individuals enrolled in AIDS Medi-Cal Waiver Program and Ryan White Medical Case Management Program. Home and Community-Based Health Services must be offered in a way that addresses barriers to accessing needed care and uses resources to support clients remaining in their own homes for as long as possible. The provision of these services is limited to clients who are homebound, either for a period of time or ongoing. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Activities provided under Home and Community-Based Health Services must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g., intravenous and aerosolized treatment, and parenteral feeding);



- Preventive and specialty care;
- Wound care;
- Routine diagnostics testing administered in the home;
- Other medical therapies;
- Home health aide services and personal care services in the home;
- Comprehensive assessment and regular reassessment of the client's service needs; and
- Development and ongoing revision of a comprehensive, individualized service plan, initially 30 days after the referral and ongoing every 6 months.

All staff providing Home and Community-Based Health Services must complete an initial training session related to their job description and serving those with HIV. HIV training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge such as transmission, care, and prevention.
- Privacy requirements and HIPAA regulations.
- Navigation of the local system of HIV care, including ADAP.

AIDS MEDI-CAL WAIVER PROGRAM (MCWP)

The AIDS Medi-Cal Waiver Program (MCWP) provides comprehensive case management and direct care services to persons living with HIV as an alternative to nursing facility care or hospitalization. Case management is a participant centered, team approach consisting of a registered nurse and social work case manager. Case managers work with the participant and primary care provider(s), family, caregiver(s), and other service providers, to assess care needs to keep the participant in their home and community. The goals of the MCWP are to: (1) provide home and community-based services for persons with HIV who may otherwise require institutional services; (2) assist participants with HIV health management; (3) improve access to social and behavioral health support; and (4) coordinate service providers and eliminate duplication of services.

More information on the AIDS Medi-Cal Waiver Program can be found at https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_mcwp.aspx

UNITS OF SERVICE

The standard unit of service (UOS) depends on the service category. For Home and Community-Based Health Services, a UOS is a 15-minute interval of time.

Services include all activities that are conducted with or on behalf of the client, i.e., face-to-face and telephone encounters, appointment arrangements, referral follow-up, case conferencing, and meeting with a landlord or other providers, etc. Multiple units of service per client are possible per encounter. The threshold number of units for required services will be described in the scope of work as outlined by the Contra Costa HIV/AIDS and STD Program.

ELIGIBILITY/SUPERVISION OF PROGRAM PERSONNEL

All Providers must maintain:

1. Certification of annual tuberculosis clearance on file for all program staff who interface with PLWHA.
2. Staff who are diverse in ethnicity, culture, gender, sexual orientation, and language and have received cultural competency training.
3. Links to community-based organizations prioritizing the population groups they are serving.
4. Memorandum of Understanding (MOU) or other arrangements for interpretation services that are not



provided on-site.

5. Staff with experience in the specific service category being funded.
6. Supervisory staff who are experienced in the relevant service being delivered.
7. Providers may either be a Paraprofessional staff. (Home Health Aides, Attendants, Homemakers), Licensed Vocational Nurse (LVN), Registered Nurse (RN) and hold appropriate and valid California licensure or certification.
 - a. Paraprofessional staff should be experienced in providing the services required and have any certifications required by State regulations (e.g., Home Health Aide Certification issued by the State of California). Individual supervision and guidance must be routinely provided to all staff.
 - b. Paraprofessional staff may provide services appropriate for their level of training/education, as part of a care team under the supervision of a licensed or certified clinician.

TRAINING AND EDUCATION FOR ALL SERVICE STAFF

All staff should have at minimum:

1. HIV/AIDS training and education to increase sensitivity of administrative support staff and practitioners to the issues of those living with HIV/AIDS;
2. HIV/AIDS prevention and education to enable providers to promote HIV risk reduction activities that will halt the spread of the disease;
3. Cultural competency training to provide appropriate services to the populations served. Gender sensitivity training or similar training focused on issues pertaining to the LGBTQ+ community is also strongly recommended; and
4. Infection control training to enable providers to understand how pathogens can be transmitted in the work environment and among those with compromised immune systems.
5. HIPAA training is required for all employees.

V. FISCAL

The Contra Costa Health Services Department will reimburse the contractor for actual costs monthly. This funding must not exceed 60% of the agency's total annual contractual cap. Indirect charges are not allowed in the budget. Agencies with an approved federal indirect rate may petition the HIV/AIDS and STD Program for a waiver of this stipulation, but any allowed indirect charges will be included in the overall 10% cap on administration. The agency is responsible for meeting all obligations outlined in the contract. **All services funded through this RFP process are to be provided free of charge to eligible individuals.**

Contracted agencies must comply with an annual fiscal audit from the county in addition to or as part of the annual program site visit.

VI. HOW TO APPLY

Applicants may request an electronic version of this RFP by either emailing their request to Eva.Lodetti@cchealth.org or by downloading a copy in PDF format from the Contra Costa Health Services Department website at [HIV/AIDS & STD Program :: Public Health :: Contra Costa Health Services \(cchealth.org\)](#). All submissions are to be submitted electronically and **only in Portable Document Format (PDF)**. Pages must be submitted in the same order as required in the RFP and numbered sequentially. **Late proposals will not be accepted. Facsimile (fax) copies will not be accepted.** Proposals must be complete when submitted; changes and additions will not be accepted after submission.

A comprehensive and specific proposal narrative should not exceed fifteen (15) pages, including the Project



Budget and Justification (see "Required Format," Section VIII). Supporting documentation is **not** included in the maximum page count.

Please submit your proposal via email to Eva.Lodetti@cchealth.org, electronically time stamped no later than 6:00pm on 2/17/2023 and only in standard (8 x 11 letter sized) PDF format.

If signature pages and attachments cannot be scanned into the application, they must be delivered to the following address below by 2/17/23.

Contra Costa Public Health Department
HIV/AIDS and STD Program
Attn: Eva Lipke
597 Center Ave. Suite 200
Martinez, CA 94553

Please note:

1. Contents should be in the order outlined here with the pages numbered sequentially throughout the proposal, including the forms and attachments.
2. Only the attachments identified in Section VIII will be accepted.
3. Proposals should be as concise as possible, must be in 12-point font with 1-inch margins on letter sized paper and must not exceed page limitations where specified. Do not assume that the reader knows your agency or program.
4. Issuing an RFP does not obligate the HIV/AIDS & STD Program to award a contract to any provider, nor is the HIV/AIDS & STD Program liable for any costs incurred by the organizations in the preparation of proposals. The HIV/AIDS & STD Program retains the right to award parts of the contract to several bidders, to not select any bidders, and/or to re-solicit proposals.

VII. REVIEW PROCESS

The review/selection process is comprised of the following steps:

1. **Administrative Review:** CCC's HIV/AIDS and STD Program staff will review all submitted proposals to ensure proposals are complete according to instructions, in compliance with instructions in this RFP, and the agency is eligible to receive federal funding. Proposals not conforming to these basic standards will be considered as not meeting the application requirements. Agencies that file incomplete proposals will be notified of their ineligibility.
2. **Review of Proposed Program:** A panel of experienced people, including individuals outside the Public Health Department with experience in the service category included in this RFP, will evaluate and determine a preliminary score for each proposal based on the guidelines listed in "Review and Award Criteria". Preliminary scores will be combined to determine a ranking for all proposals. The panel will discuss merits and weaknesses of each proposal and finalize the rankings.
3. **County HIV/AIDS and STD Program Review:** CCC's HIV/AIDS and STD Program will review the recommendations and rationale for funding decisions and will determine the award amount. All final funding decisions will be made by the HIV/AIDS and STD Program.
4. **Notification of Award:** Each agency submitting a proposal will be informed in writing of the funding decision. Final awards are subject to the federal notice of grant award.



5. **Appeals:** Applicants may appeal the process but may not appeal funding outcomes. Appeals must be submitted in writing to the HIV/AIDS and STD Program Director within five (5) business days of receiving written notification of the funding decision. Appeals must identify what part of the RFP process is being appealed and the reasons for the appeal. CCC's HIV/AIDS and STD Program Director will make decisions regarding appeals within five (5) working days of appeal receipt.

VIII. REQUIRED FORMAT

1. **Funding Application Cover Sheet (Attachment A) (not counted in page limit)**

The Funding Application Cover Sheet contains the applicant's name, mailing address, telephone and fax numbers, the service category and amount requested. It must be signed by the applicant's Chief Executive Officer **and** the President of the applicant's Board of Directors.

2. **Agency Capability - maximum one (1) page (counted in page limit)**

- a. Provide a brief agency history and description.
- b. Explain the agency's involvement with its target community.
- c. Describe the direct services currently provided for People Living with HIV/AIDS (PLWHA) or affected others and the length of time these services have been offered by the agency. Describe how the agency links clients to primary care services.
- d. Describe any PLWHA involvement in the agency's governance and planning of services.
- e. Describe the qualifications of project personnel, including direct service and supervision staff.

3. **Agency Outreach and Collaboration - maximum one (1) page (counted in page limit)**

- a. Describe the ways in which the agency publicizes its services to its target population, including service providers within the system of care, and ensures client access to provided services.
- b. Describe the agency's experience with collaborative service planning and service coordination with other agencies. Provide concrete examples.
- c. Specify how the agency links clients to other services (e.g., medical case management, medical/social services, transportation, etc.).
- d. Describe any changes that will be made to existing service delivery to ensure the success of the proposed project.
- e. Describe how providers will assist "historically underserved" clients, including those with mental health or substance abuse issues, individuals experiencing or with histories of homelessness, criminal histories, or limited work/income.
- f. Describe how the agency views its role in the community and the Contra Costa system of HIV care.

4. **Target Population and Needs Assessment - maximum two (2) pages (counted in page limit)**

- a. Identify the population you intend to serve, including the geographic community area(s) and the extent of HIV/AIDS in this population.
- b. Describe and compare the demographic, social, and behavioral characteristics of your agency's target population to the HIV-positive or AIDS-diagnosed population in the region.
- c. Describe the need for services for this population, including major gaps in the provision of HIV/AIDS direct services to this population and geographic area.
- d. Explain your assessment of the service needs of African American and/or Latinx men who have sex with men, women (particularly women of color), and individuals identifying injection drug use



as their method of HIV transmission in your region. Identify successful strategies used by your agency to reach these populations.

- e. Describe barriers to the provision of HIV/AIDS direct services for this population within the geographic area.
 - i. Describe actions taken recently by the agency to address these barriers.

5. Proposed Project Objectives – maximum two (2) pages (counted in page limit)

- a. Indicate the proposed project's objectives. These must be specific, time-phased, measurable, and adhere to the service definitions in this RFP. Refer to the service category descriptions, especially the service standards and requirements, **(Section IV)** for guidance in developing your proposed project objectives.
- b. Define for each objective the number of clients you will serve (UDC) and any specific characteristics. Be specific in projected numbers of clients who are Black/African American and/or Latinx men who have sex with other men (MSM), women (particularly women of color), and people who inject drugs (particularly MSM who also inject drugs). Describe how your program will ensure access to services for these populations. *Note that average number of clients referred to this service each contract year ranges between 2-5 clients.*
- c. Describe your agency's plan for quality assurance and evaluation: how will your agency evaluate program effectiveness, and how will the results from this evaluation be used to improve the provision of services?

6. Proposed Program - maximum six (6) pages (counted in page limit)

- a. For each objective listed above, describe the primary steps, activities, and milestones, in chronological order, that are designed to lead to the successful accomplishment of your objectives. Make sure the plan specifies how your activities will support access to primary care and how follow up on referrals to ensure completion will be done. In your response, provide an answer to the "who, what, where, when and why" of the proposed project. Who will manage the proposed project? Who will carry out the program? What will your agency do? Where and when will these activities be conducted? Why did you select this approach?
- b. Describe the ways in which these activities and strategies are developmentally appropriate, culturally competent, and linguistically specific for the target population(s) and community area(s) to be served. Include in your answer the role of volunteers as well as the involvement of PLWHA in program development, execution, and management.
- c. Explain how your agency will evaluate the services you provide, the service delivery system, internal monitoring, and progress towards meeting contractual objectives. Include in this explanation a description of how supervision will be provided to direct service staff, and how evaluation will be used to improve services.
- d. Describe how the agency will avoid duplication of services. Describe how the agency will maximize the use of other resources where applicable.

7. Proposed Project Budget - maximum one (1) page and Budget Justification - maximum two (2) pages (counted in page limit)

The application must include a budget detailing the cost reimbursement schedule to be utilized by the agency. Costs such as mileage to and from clinics or clients' homes and other similar charges should be assigned as program expenses, not administrative. The project budget should include information on other sources of revenue. Applicants will be required to maintain written documentation, including legible invoices and canceled checks.



8. Quality Assurance Plan - maximum one (1) page (counted in page limit)

The proposal must include a summary of the agency's quality assurance plan that demonstrates how the agency will ensure that the services provided will improve clients' health status. Outcome indicators (including those detailed in Section IV, Description of Services to Be Funded) show direct linkages between the services provided and access to medical care. The agency will measure progress towards meeting the indicators during the contract period. The quality assurance plan must describe how Continuous Quality Improvement activities will be conducted and how the agency will use the results to improve the provision of services.

9. Service Continuity Plan: maximum one (1) page (counted in page limit)

The applicant must describe in detail how and with what frequency services will be conducted when a staff vacancy or other disruption occurs within the program. What will be done to minimize interruption? Which services will be prioritized during the period and why? Who will be responsible for which aspects of service delivery? Who will provide supervision? How will clients be notified? How will communication with other providers and the HIV/AIDS and STD Program be handled?

The applicant will also describe the process for agency oversight to ensure timely submission of data and other deliverables, and attendance at required meetings. How will the agency ensure that individuals funded by the HIV/AIDS and STD Program (or other funders listed as grant references) for other activities will not be deployed from those activities to cover new vacancies? What process will be used if the proposed plan must be redesigned due to other unforeseeable events?

10. Additional Supporting Documentation (not counted in page limit):

- a. **Tax-exempt status** determination letters from the Internal Revenue Service and/or the State of California.
- b. **Medicare certification required for Home and Community-Based Health Services for Ryan White Program.**
- c. **Job Descriptions** for any primary positions to be funded under the proposed project. These should include educational/experiential qualifications for the position, as well as job duties and responsibilities.
- d. **Resumés or statements of qualifications** of primary staff, consultants, or subcontractors whose positions will be funded under the proposed project as well as any supervisory staff—even if not funded under this grant. If a prospective candidate has been identified, but not yet hired for any position to be funded, include the resumé in the attachments. Resumés should reflect an individual's current job status. Proposals should not include resumés of individuals not involved in the proposed project.
- e. **Memoranda of Understanding and Letters of Collaboration** may be included but must be project specific.
- f. **Service Provider Profiles** (Attachments D, E, F) report financial information on the agency, including HIV composite and total agency budgets, and provide demographic information on the agency's Board of Directors, volunteers, program staff, and HIV/AIDS clientele. Self-disclosure of HIV status is voluntary and is not required.
- g. **Past Performance/References** (Attachment G) provides contact information on contracts held with the applicant agency. Those individuals listed will be contacted for an evaluation of the applicant agency's performance. Applicants are encouraged to list those contracts that are most relevant to the service category for which they are applying. **Applicants may list only one contract held with Contra Costa HIV/AIDS and STD Program.**



- h. **Program Procedural Protocols** (optional): Several service providers have developed service manuals outlining procedures and protocols. This additional information may provide the independent review panel with a better perspective of an applicant's program. A maximum of 20 pages is allowable. If your manual exceeds this amount, provide a representative sample with an explanatory cover sheet.
- i. **List of Board of Directors** including affiliations and city of residence.
- j. **Organization Chart** including the name of staff currently in each position and the FTE of each position.
- k. **A copy of the agency's most recent audited financial statement** including the auditor's management letter and all notes.

Additional documentation may be required to complete the contracting process.

IX. REVIEW AND AWARD CRITERIA

Complete applications will be reviewed and evaluated as follows:

1. Applicant Capability, Outreach and Collaboration - 16 points

- a. Does the applicant describe sufficient relevant experience in the successful provision of services similar to those it proposes to provide? Does the applicant have a history of working with the target population?
- b. Does the applicant demonstrate that it has established links with its target community area(s) and population(s) and with other service providers in this community?
- c. Are PLWHA serving on the applicant's Board of Directors or otherwise involved in agency governance? Does the applicant employ PLWHA as paid staff in any positions of authority? Is there a consumer advisory board? If the applicant's Board of Directors and its staff are not reflective of the target population(s), has the applicant taken substantive steps to increase such representation? Does the makeup of the Board of Directors and/or staff reflect the community being served?
- d. Has the applicant identified qualified individuals to carry out the proposed activities? Does the applicant currently employ them, or do they need to be hired?
- e. Does the applicant describe reasonable methods to identify new clients and ensure they understand how to access services?
- f. Is the referral and coordination process clear?
- g. Is the plan to provide services to population(s) clear and consistent with needs of individuals with mental health or substance use issues, homelessness, criminal histories, limited employment/income histories, or other extenuating issues?
- h. Has the proposal convincingly demonstrated that the applicant has the administrative and programmatic abilities necessary to successfully administer this program?

2. Target Population and Needs Assessment - 10 points

- a. Does the applicant adequately describe how the agency will serve the population(s) impacted by HIV/AIDS? Are the specific needs of African American and Latinx men who have sex with other men, women of color, and injection drug users identified?
- b. Does the applicant identify the demographic, social, and behavioral characteristics of the target population(s)?



- c. Does the applicant adequately describe challenges to providing services to PLWHA and methods to overcome them?
- d. Does the applicant explain how and why this agency's service model is different from others serving this community?
- e. Does the applicant convincingly state the need for this program?

3. Proposed Program - 39 points

- a. Are the applicant's objectives and proposed activities appropriate, culturally competent, and linguistically specific for the target population(s) and community area(s) to be served? Does the applicant explain why these strategies were selected?
- b. Does the applicant present a realistic plan to deliver proposed services relevant to the needs of the target population and the specific populations identified in Section IV?
- c. Are proposed objectives specific, measurable, and time-phased? Does each objective have related activities and evaluation measures?
- d. Does the applicant explain where/when services will be provided, including hours of service?
- e. Does the applicant adequately substantiate that it possesses the cultural sensitivity and competency necessary for successful program delivery to the target population(s)?
- f. Do resumés reflect specific training, prior work, or other evidence of appropriate experience that meet the service standards?
- g. Is appropriate supervision for service staff described?
- h. Does the applicant specify how the agency will coordinate with other HIV/AIDS services and general medical/social services to ensure client success in implementing plans and attaining positive health outcomes?
- i. Has the applicant included a reasonable evaluation component in its program plan, including a description of how findings will be used to improve the program?
- j. Does the proposed service meet the service standards and requirements outlined in this RFP?
- k. Does the quality assurance plan adequately describe how the agency will ensure that a high level of service will be provided?
- l. Does the applicant describe how duplication of services will be avoided and that federal dollars will be used only as "funds of last resort"?
- m. Overall, will this project be an effective use of Ryan White Part A funds?

4. Financial Information - 8 points

- a. Is the applicant's proposed project budget appropriate and reasonable given the services to be provided and stated staffing levels?
- b. Does the requested budget amount reflect the total cost of the proposed project? If not, does the applicant identify other resources that will support this program?
- c. Does the budget justification provide a basis for the level of service proposed and the number of clients targeted?
- d. Does the applicant's project appear to be cost effective?
- e. Is the annualized program budget less than 60% of the agency's total annual budget?
- f. Are the Administrative Expenses at 10% or less of the total budget?
- g. Were there any financial audit findings?

5. Service Continuity - 20 points

- a. Does the applicant have a plan in place that describes how the agency will provide services to clients during any period when the funded position is vacant?

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- b. Does the plan adequately describe how the applicant will ensure that clients and system of care providers will be notified of a change in staffing and that no clients fall through the cracks?
- c. Does the plan adequately address how the applicant will meet contract deliverables without using staff funded for other services?
- d. Does the plan describe how other system of care service providers will be notified about how referrals are to be made to the applicant during this vacancy?

Applicants are encouraged to use the questions listed above to guide, in part, the content of their proposal. Keep in mind that reviewers may not be aware of your proposed program or your agency's experience in Contra Costa County.

NOTE: ALL FORMS (ATTACHMENTS A - G) MAY BE DUPLICATED IN LIKE FASHION ON THE APPLICANT'S OWN COMPUTER IF DESIRED

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Attachment A

**CONTRA COSTA HEALTH SERVICES DEPARTMENT
PUBLIC HEALTH DIVISION
HIV/AIDS & STD PROGRAM**

FUNDING APPLICATION COVER SHEET

(Use one sheet for each service category proposal)

Service Category: Home and Community Based Health Services
 Ryan White Part A Medi-Cal Waiver Program

Amount Requested: \$ _____

Targeted Region(s) (Circle as many as appropriate):

**West
County**

**Central
County**

**East
County**

**Entire
County**

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Agency Website: _____

Project Director: _____

Telephone Number of Project Director: _____ email: _____

Program Site Address(es): _____
(If different than address above)

Program Operating Days/Hours: _____

Are services provided on-site, off-site or both? _____

Applicant's Chief Executive Officer

**President, Applicant's Board of
Directors**

Name: _____
(Type or print)

Name: _____
(Type or print)

Signature: _____

Signature: _____



Attachment B

USE THIS FORMAT WHEN COMPLETING THE PROPOSED BUDGET

Agency Name

March 1, 2023 to February 28, 2024

Name of Service

PERSONNEL

	Percent FTE	Number of Months	Code	Rate/Min	Total Cost
position 1	xx%	12		\$xx.xx	\$aa+\$bb
position 2	xx%	12		\$xx.xx	\$aa+\$bb
position 3	xx%	12		\$xx.xx	
position 4	xx%	12		\$xx.xx	
total Salaries				\$x,xxx	\$x,xxx
Fringe Benefits estimated at (xx%)				\$xx	\$xx
Total salaries and Benefits				\$x,xxx	\$x,xxx

* Note - Administrative costs are not allowable



Attachment C

PROPOSED PROGRAM BUDGET JUSTIFICATION (SAMPLE)

Agency Name
Dates of Services
Name of Services

1. PERSONNEL

Salaries

A. Job Title 1 (___) FTE, 12 months) Fee for Service Rate: \$(X.XX)/15min

Insert Code
Insert Job Description

B. Job Title 2 (___), FTE 12 months) Fee for Service Rate: \$(X.XX)/15min

Insert Code
Insert Job Description

C. Fringe Benefits and Taxes \$xx,xxx

A rate of xx% for benefits and payroll taxes, which includes FICA, medical insurance and disability insurance, has been applied to total salaries.

2. OPERATING EXPENSES \$x,xxx

Program Travel: Mileage reimbursement for _____ and _____ calculated at \$100 miles/mo x \$0.xx /mile x ___ FTE

3. OTHER EXPENSES \$x,xxx

Administrative: Other Expenses include annual agency audit estimated at \$xxxx

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Attachment D

SERVICE PROVIDER PROFILE

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

COMMUNITY AREAS SERVED BY HIV/AIDS & STD PROGRAMS:

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) _____

DUNS NUMBER: _____

SAM REGISTRATION STATUS: _____

FISCAL YEAR 2020-2021

TOTAL FISCAL YEAR 2020-2021 AGENCY REVENUE (ACTUAL): _____

TOTAL FISCAL YEAR 2020-2021 AGENCY EXPENSE (ACTUAL): _____

SURPLUS/DEFICIT: _____

TOTAL FY Year 2020-2021 HIV/AIDS & STD PROGRAM EXPENSE (ACTUAL): _____
(This amount should not be equal to the total 2020-2021 agency expense)

Explain how deficit was resolved or how surplus was expended, whichever situation is applicable:

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Summary of HIV/AIDS-Related Funding Sources for FY 2022-2023 (projected)

Travel										
Equipment										
Supplies										
Mileage										
Contractual										
Total Direct Costs										
Indirect Costs										
TOTAL COSTS										

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AGENCY'S CURRENT YEAR TOTAL OPERATING BUDGET (SAMPLE) Attachment F

Time Period (select the fiscal year most appropriate to your agency)

Agency Name

**EXPECTED REVENUE:
 TOTAL**

Service Area 1 **Service Area 2** **Service Area 3**

(i.e. Housing) (i.e. Education) (i.e. HIV Services)

Public Funds:			
CDBG:	\$ xx,xxx		
Ryan White (Part A):			\$ xxx,xxx
City of XXX:	\$ xx,xxx	\$ x,xxx	\$ xx,xxx
Foundation Grants:		\$ xx,xxx	\$ xx,xxx
Contributions:	\$ xx,xxx		\$ x,xxx
Fee for Services:		\$ x,xxx	
Special Event Revenue:		\$ x,xxx	

TOTAL REVENUE: \$ xx,xxx \$ xxx,xxx

EXPECTED EXPENSES:

Salaries:	\$ xx,xxx	\$ xxx,xxx
Fringe Benefits:	\$ x,xxx	\$ xx,xxx

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Occupancy/Rental:	\$ x,xxx	\$ x,xxx	\$ xx,xxx
Supplies:	\$ xx,xxx	\$ x,xxx	\$ xx,xxx
Postage:	\$ xxx	\$ xxx	
Equipment:	\$ xx,xxx		\$ xx,xxx
Travel:	\$ x,xxx	\$ xxx	\$ xxx
Telephone:	\$ x,xxx	\$ xxx	\$ x,xxx
Printing:	\$ x,xxx	\$ x,xxx	\$ xxx
Staff Training/Conferences:	\$ xxx	\$ xxx	\$ xxx
TOTAL EXPENSES:	\$xxx,xxx	\$ x,xxx	\$xxx,xxx
**** Share of Federally Approved Indirect Costs:		\$ x,xxx	\$ x,xxx
		\$xxx,xxx	
TOTAL EXPENSES INCLUDING DIRECT COSTS:	\$xxx,xxx	\$xxx,xxx	\$xxx,xxx

****NOTE: There are no allowable administrative costs in this contract.

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PAST PERFORMANCE/REFERENCES

Attachment H

AGENCY NAME: _____

COMPLETE THE TABLE BELOW FOR UP TO FIVE (5) PREVIOUS (NOT CURRENT) CONTRACTS YOU CONSIDER PERTINENT TO THIS PROPOSAL. YOU MAY LIST ONLY ONE CONTRACT HELD WITH THE CONTRA COSTA HIV/AIDS & STD PROGRAM.

Contract Title	Grantor or Funder	Contract Period	# Of Clients Expected to Be Served	# Of Clients Served	Program Monitor & Phone Number
1.					
2.					
3.					
4.					
5.					