



**Solicitation Information
April 14, 2015**

RFP# 7549497

TITLE: HIV Provision of Care Consulting Services

Submission Deadline: Tuesday, May 12, 2015 at 11:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: No

MANDATORY:

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than **Friday, April 24, 2015 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Executive Office of Health and Human Services, Medicaid Division, HIV Provision of Care Unit is soliciting proposals from qualified firms to provide HIV treatment and care consulting services set forth by the requirements of the HIV and AIDS Bureau, Health Resources and Services Administration (HRSA); in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov.

The initial contract period will begin approximately on July 1 2015 and end 30 June 2016 for one year. Contracts may be renewed for up to four additional, 12-month periods based on vendor performance and the availability of funds at the sole discretion of the State.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price. There will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offers' who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 60 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.

6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the

business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2: BACKGROUND AND PURPOSE

Funding shall be made available for this initiative via federal funds associated with the HIV Provision of Care Unit, Medicaid Division, Executive Office of Health & Human Services. All applicants must adhere to requirements associated with the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Part B funds associated with the federal Ryan White HIV/AIDS Treatment Modernization Act (PL 109-415). Part B, via the granting agency, HRSA, provides grants to all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five (5) U.S. Pacific Territories or Associated Jurisdictions.

The emphasis of Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the 2009 reauthorization is on providing life-saving and life-extending services for low-income people living with HIV/AIDS (PLWH/A). Specifically, the purpose of this legislation is to develop and/or enhance access to a ***comprehensive continuum of high quality, community-based care*** for low-income PLWH/A. PL 111-87 requires Ryan White Part B Programs to develop strategies, coordinated as appropriate with other community strategies, and efforts for identifying PLWH/A who do not know their status, making such individuals aware of their status, and enabling such individuals to use the health and support services; with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities. It also retains the requirement that there is a current plan for finding PLWH/A not in care and getting them into primary care.

The selected consulting agency(ies) shall assist Rhode Island Executive Office of Health and Human Services, Medicaid Division, HIV Provision of Care Unit, program staff in carrying out several technical Ryan White tasks and delivering complex products as required by HRSA/HAB. The consulting agencies shall maintain the level of deliverables in place and will provide technical consultation services to implement specific tasks that must be completed throughout the grant year(s), including: assisting/training key staff/vendors/other stakeholders in delivering the HRSA /HAB grant requirements, assisting with writing and reporting components (including data analysis and interpreting how data drives programs), renewal/ maintenance of the current Comprehensive Plan and Statewide Coordinated Statement of Need (SCSN), assisting with evaluation and needs assessment activities (including unmet need), assisting with interpreting and maintenance of Quality Management, conducting ongoing planning body - related responsibilities (Rhode Island HIV Provision of Care Planning Body and the Rhode Island Consumer Advisory Board), and staff and sub-contractee training and development.

We shall offer these services herein with two distinct categories of deliverables (e.g., Category A and Category B described below). These categories may be bid upon solely, and/or together depending upon agency qualifications, preference, and capability. All aspects of the Category selected must be addressed and met to be eligible for acceptance.

SECTION 3: SCOPE OF WORK

General Scope of Work

The successful applicant(s) will be guided by the specific legislative requirements associated with the most recent Ryan White HIV/AIDS Treatment Extension Act and/or any federal requirements associated with the Ryan White Part B grant; as well as, HRSA/HAB policies, guidance, manuals, technical assistance materials, and other direction provided for Ryan White Part B grantees to help them achieve these requirements.

The selected consulting agency(ies) recognize that The HIV Provision of Care/Ryan White Part B Program staff expect these policies, guidance, manuals, and technical assistance materials to be used to provide a framework for structuring and completing this work. It is expected the applicants will seek necessary information to interpret and implement any HSRA/HAB requirements in order to ensure their work and deliverables meet HRSA/HAB requirements and expectations, as well as the specifications of this contract. In addition, it is essential that all applicants be familiar with the HRSA/HAB websites.

The work plan below states goals and objectives related to the aforementioned related consultant responsibilities. The selected consulting agency(ies) will provide technical support associated with interpretation and implementation of HRSA requirements. ***The consulting agency(ies) shall review other model Part B states and share, collaborate, and incorporate the highest program concepts and standards into the Rhode Island HIV Provision of Care/Ryan White Part B Program; seeking to establish adherence to and exceeding HRSA requirements.*** The

work plan also specifies tasks and deliverables, and the responsibilities of the consulting agency(ies) in collaboration with program staff.

The applicants' understand that contract responsibilities include providing technical support and assistance to the two planning bodies that advise the Ryan White, Part B program staff. The focus of working with these groups shall be upon meeting HRSA/HAB needs/gaps assessments, planning requirements and the maintenance and strengthening of a coordinated system of care. The groups, the HIV Provision of Care Planning Body (PCPB) and the Rhode Island Consumer Advisory Board (CAB), are valuable partners in meeting HRSA requirements and shall be integral to these activities. The selected consulting agency(ies) will help ensure that the PCPB/CAB have the training, logistical support, and facilitation needed to enable it to provide substantive consumer/stakeholder input into all planning processes and the HRSA/HAB requirements.

This contract is based on the following additional mutual assumptions and agreements:

1. The selected consulting agency's work will be based on the approved scope of work and the HIV Provision of Care/Ryan White Part B Program will pre-approve any changes in responsibilities in writing.
2. There will be a clear statement of what planned activities or tools require prior approval from the HIV Provision of Care/Ryan White Part B Program and which activities the selected consulting agency(ies) is expected to implement based on contract requirements but without further approvals.
3. The HIV Provision of Care/Ryan White Part B Program will keep the selected consulting agency(ies) informed about the proposed restructuring and/or relocation of some HIV/AIDS activities and the implications of such changes on the Part B program and the contract.
4. The HIV Provision of Care/Ryan White Part B Program will make appropriate contacts and request funded agency, providers and consumers participation, prior to the selected consulting agency's work associated with needs assessment, comprehensive planning or Statewide Coordinated Statement of Need (SCSN) activities. This pre-contact and continual Ryan White staff involvement shall ensure participating funded agencies, providers, and consumers, etc. are aware of the selected consulting agency's role and that its work is in support of the HIV Provision of Care/Ryan White Part B Program and the Part B program.
5. The selected consulting agency(ies) and the HIV Provision of Care/Ryan White Part B Program understand several key contract deliverables, have specified HRSA/HAB deadlines, and meeting these deadlines requires a joint effort on behalf of the consulting agency(ies) and the program staff. Training and development of consultants, program staff, and contracted agencies (vendors) may be done as needed to assure understanding, continuity and consistency of deliverables.
6. The HIV Provision of Care/Ryan White Part B Program will provide some specified data, documents, and reports that are necessary for writing and compiling required documents. For example, sharing in a timely manner with the selected consulting agency(ies) the Epidemiologic Report, RSR and/or other reporting data associated with Quality

Management, etc.; the FY 2015 Part B application, and any previous needs assessments. It will be the consulting agency's responsibility to use the information appropriately in delivering the requirements.

7. The applicant's shall provide a clear, pre-agreed-upon schedule for receiving documents and reports as well as approvals to proceed with specific tasks. It will be based on the timeline/effort/deliverables specified in the contract, and will be updated immediately after contract initiation to reflect the actual contract start date. Due dates for deliverables will include both HIV Provision of Care/Ryan White Part B Program staff and the consulting agency's responsibility. The consulting agency's due dates will provide its team a specified minimum amount of time for preparation once the team receives agreed-upon data or HIV Provision of Care/Ryan White Part B Program approvals. It is understood if the HIV Provision of Care/Ryan White Part B Program is unable to meet agreed-upon deadlines for providing materials or approvals, then the due date for the deliverable using those dates will also be extended. Thus, if material is received a week later than mutually agreed, the due date for the deliverable will be extended by a week.
8. The selected consulting agency(ies) and the HIV Provision of Care/Ryan White Part B Program will both identify one staff person to serve as primary liaison for the project(s) associated with successful proposals. The HIV Provision of Care/Ryan White Part B Program will arrange for the selected consulting agency(ies) access to staff that may not be Part B-funded but will provide needed information for the project, such as epidemiologic data.
9. Significant consumer participation in the planning process is necessary in order to meet HRSA/HAB guidelines for the comprehensive plan, and the CAB will play a key role, including helping to recruit consumers to participate in various activities and meetings, providing input regarding the current and "ideal" system of care, helping to formulate/review the goals and objectives for the plan, and providing feedback. The applicant bidding on the CAB portion of this proposal shall budget for at least one annual special statewide forum for consumers, to emphasize their role in HRSA requirements, acknowledge annual accomplishments of the group (performance outcomes associated with the CAB work-plan), train and brief consumers regarding new directions and/or requirements and outline process issues related to the CAB (such as recruitment needs, membership components, etc.) meaningful consumer participation.
10. The applicants should consider using local consultants, consumer peers and/or interns/academicians (researchers, etc.) from local colleges/universities as needed. The selected consulting agency(ies) and the HIV Provision of Care/Ryan White Part B Program will work together to ensure this planning occurs and costs are controlled.

Specific Activities/Tasks

Category: A

Summary: Category(A) outlines the need for facilitation, coordination, training, and EOHHS consultation on technical matters all pertaining to the delivery of specific deliverables related to the Rhode Island HIV Consumer Advisory Board (CAB) and the Rhode Island HIV Provision of Care Planning Body (PCPB).

The EOHHS seeks a consulting group that can effectively manage, coordinate, facilitate and train members of the CAB and PCPB as well as Ryan White Part B staff, vendors, and other stakeholders in the areas related to these significant groups (CAB, PCPB). The applicant must bid upon the entirety of this Category, and must be able to coordinate efforts associated with both bodies. Specifically, the applicant cannot select just one group to coordinate.

The capability and ability to respond to and produce HRSA/HAB related documents is essential. Knowledge of HRSA/HAB requirements pertaining to planning bodies, at least 3-5 years documented experience with Ryan White Part B planning bodies and consumer advisory groups, and solid training experience are all necessary prerequisites for applicants in this category.

In addition, the Consumer Advisory Board operates via a stipend (gift cards) mechanism, and the applicant bidding for this Category must be able to coordinate the purchasing, distribution, tracking, and documentation of stipends. Both groups have bylaws that must be referenced at meetings, updated annually, and used as a training tool (at least annually) for the purposes of defining the purpose and strategic intent of the groups.

Category A: Section I. Administrative Functions: Ongoing administrative support to maintain all the HRSA required elements of the consumer group (CAB) and the planning body (PCPB). This support shall be evident in the coordination, marketing, and visibility of the CAB and PCPB within the state, the interaction of the facilitator with the groups, and the ongoing communication with EOHHS staff, other consulting groups, and members of the groups. This context of this “administrative function” relates to the “business” components of the work, as well as the human resources aspects of keeping these groups alive and steady.

1. Management of agreement/contract, coordination of work with other consulting agencies and with Ryan White staff so as to insure strategic planning and timely product delivery.
2. Assist Ryan White staff in the reporting requirements associated with Part B and the contract deliverables.
3. Provide weekly support to the committee members as needed, via phone calls, electronic communication, and/or meetings.
4. Organizational creation and maintenance of all pertinent files; communications, key documents (e.g., charters, minutes, promotional materials, etc.), and key accomplishments of the groups so mentioned, and meetings with staff and other consultants.

Category A: Section II. SCSN/Comprehensive Plan: Assistance with Part B Statewide Coordinated Statement of Need and Comprehensive Planning Related to CAB and PCPB, such that this consulting group integrates the HRSA requirements into the consumer and planning body purpose and intent on a consistent and regular basis. In short, the successful consultant (applicant) must reveal that the groups so mentioned, shall participate actively in the HRSA requirements associated with SCSN and Comprehensive Planning; and the successful consultant must be able to document accomplishments in these areas.

1. Provide assistance/consultation in the areas of needs assessment (Statewide Coordinated Statement of Need) and Comprehensive Planning specifically as it relates to EOHHS staff and the CAB/PCPB.
2. Coordinate and facilitate trainings associated with statewide forums and other staff/stakeholder trainings as needed.
3. Document the successful integration of Comprehensive Plan/SCSN in the meeting agendas (other written reports), trainings and specific performance measures associated with active involvement of the consumer and the planning body members.
4. Document evidence of staff assistance in creating a marketing strategy that involves the promotion of the SCSN and Comprehensive Plan to the CAB/PCPB.

Category A: Section III. EOHHS Assistance Regarding Key HRSA/HAB Requirements: Provide direct assistance with interpretation of HRSA requirements, such that the consumer and planning body members are educated, trained, and knowledgeable of their roles and responsibilities across these HRSA requirements; and are involved in active input and participation in these areas. Must be experienced in implementing HRSA requirements of Part B initiatives and be knowledgeable of HRSA requirements, national data, state related survey and other data/ information. Must be an experienced facilitator and training specialist, and provide various trainings for staff and CAB/PCPB regarding data and information.

1. Review various tools that will assist EOHHS and other consultants to develop programmatic/funding prioritization exercises for the CAB and PCPB.
2. Review tools that assist in Monitoring and Review of contracted services and offer consultative services, recommendations to improve these monitoring tools.
3. Document involvement/participation of consumer and planning body members in these areas.
4. Preparation of training programs and written documents (materials) that can assist in the development of consumer and planning body members as well as staff.
5. Provide specific direction and information to both CAB and PCPB regarding: the implications of HRSA requirements, status of funded agencies (e.g., have funded agencies meet with CAB and PCPB to review and update program contracted components), and discuss/review/train groups regarding new and/or revised HRSA policies/requirements that coincide with Part B activities.

Category A: Section IV. To insure that Integration, Training and Development, Knowledge Transfer, CAB/PCPB Input/Needs Documentation, and other HRSA Requirements Associated with Consumer and Planning Body Groups, are met.

1. Integration: Prepare and assist EOHHS for the projected integration of the Prevention planning body with the Care planning body (so noted in this RFP) such that a more efficient system of working with both bodies is apparent to the CDC and to HRSA.
2. Training and Development: Ongoing training and specific development activities that appear in meetings and written documentation across general and specific areas of need.
3. Knowledge Transfer: Assist staff with site visits so as to gain valuable information and perspectives on HRSA/HAB processes, procedures, policies and communicate those to CAB/PCPB in a knowledge transfer exercise that involves written documentation (e.g., fact sheets, steps, etc.).
4. Input/Needs Documentation: Ensure CAB/PCPB documented input/needs related to the HRSA/HAB processes and requirements (e.g., CAB/PCPB) are successfully completed.
5. Other HRSA Requirements Associated with Consumer and Planning Body Groups Are Met: This area shall be a responsibility of this consultant such that, all HRSA requirements pertaining to the consumer and planning body groups are met.

| CATEGORY A Tasks | Product Deliverables |
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| <p>CATEGORY A: SECTION I. Administrative Functions:</p> <p>1. Management of agreement/contract, coordination of work with other consulting agencies and with Ryan White staff so as to insure strategic planning and timely product delivery.</p> | <p>Meet regularly with RW Program Director, staff and other consultants, to develop detailed work plan.</p> <p>Work plan that details all components of the agreement, specifically outlining administrative functions and all other sections associated with this category.</p> <p>Scheduled meetings associated with administrative oversight and functions.</p> <p>Manage contract, coordinate with RW staff and other consulting agencies to ensure timely product delivery, administrative billing/ and participate in regular weekly and monthly telephone calls/meetings with the Ryan White staff to: a) review work, b) identify issues, c) obtain approvals, d) ensure continued coordinated, efficient, timelines, and implementation of tasks.</p> <p>Timely delivery of items.</p> |
| <p>CATEGORY A: SECTION I.</p> <p>2. Assist Ryan White staff in the reporting requirements associated with Part B and the contract deliverables.</p> | <p>Monthly reports to EOHHS regarding summary of meetings and status of meeting outcomes.</p> <p>Monthly billing, with rationale and corresponding documentation and related materials.</p> <p>Assist in preparing year-end summary report within 30 days of the close of the contract year</p> <p>Review and edit of draft HRSA summary report prepared by RW program staff.</p> |

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| <p>CATEGORY A: SECTION I.</p> <p>3. Provide weekly support to the committee members as needed, via phone calls, electronic communication and/or meetings.</p> | <p>Evidence of dedicated and consistent assistance to CAB/PCPB.</p> |
| <p>CATEGORY A: SECTION I.</p> <p>4. Organizational creation and maintenance of all pertinent files, reporting, communications and key documents (e.g., charters, minutes, promotional materials, etc.) of the groups so mentioned and of the key accomplishments of said groups and meetings with staff, and other consultants.</p> | <p>Record keeping of all pertinent files, reporting, communications and key documents quarterly and annual performance measures as set forth by this agreement, such that an annual report shall be submitted 30 days prior to the end of the agreement year.</p> |
| <p><u>Evaluation Measures for Category A.: Section I</u></p> | <p>Evaluation Measures:</p> <p>Deliverables/products met.</p> <p>Documented coordination of work with other consulting agencies and with Ryan White staff so as to ensure strategic planning and timely product delivery.</p> <p>PCPB/CAB administrative functioning is efficient and effective.</p> <p>Ongoing administrative support to maintain all the HRSA required elements of the consumer group and the planning body. This support shall be evident in the coordination and visibility of the planning and consumer groups within the state, the interaction of the facilitator with the groups and the ongoing communication with EOHHS staff, other consulting groups, and members of the groups.</p> |
| <p>CATEGORY A: SECTION II.</p> <p>1. Provide assistance/consultation in the areas of needs assessment (Statewide Coordinated Statement of Need) and Comprehensive Planning specifically as it relates to EOHHS staff and the CAB/PCPB.</p> | <p>Assist The HIV Provision of Care/Ryan White Part B Program in preparing and vetting the HAB/HRSA required SCSN and Comprehensive Plan to the CAB and PCPB. Oversee and manage the Comprehensive Plan process within the CAB and PCPB and ensure cooperation and engagement of all parties.</p> <p>Assist staff in ongoing implementation of the planning process associated with the SCSN and the Comprehensive Plan specifically by engaging the CAB and PCPB in such documents (SCSN and Comprehensive Plan on an ongoing basis.</p> <p>Continue to solicit information and input regarding HRSA/HAB requirements of needs and gap analysis from the CAB and PCPB.</p> <p>Continue (as evidenced through meeting agendas associated with these groups and performance measures) to engage CAB and PCPB in the substantive aspects of the SCSN and Comprehensive Plan.</p> <p>Assist CAB and PCPB members to implement consumer related elements of the SCSN and Comprehensive Plan.</p> |

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| <p>CATEGORY A SECTION II.</p> <p>2. Coordinate and facilitate trainings associated with Comprehensive Plan and SCSN via statewide forums and other staff/stakeholder trainings as needed.</p> | <p>Facilitate visibility of Comprehensive Plan and SCSN throughout the state by conducting meetings/forums in other (besides Providence) geographical venues to ensure maximum participation throughout the state.</p> <p>Coordinate two (2) statewide CAB and 2 statewide PCPB meetings (forums) yearly that pertain to the SCSN and the Comprehensive Plan.</p> |
| <p>CATEGORY A: SECTION II.</p> <p>3. Document the successful integration of Comprehensive Plan/SCSN in the meeting agendas (other written reports), trainings and specific performance measures associated with active involvement of the consumer and the planning body members.</p> | <p>Documentation that the SCSN/Comprehensive Plan was addressed thoroughly in the CAB/PCPB meetings and via forums.</p> |
| <p>CATEGORY A: SECTION II.</p> <p>4. Document evidence of staff assistance in creating a marketing strategy that involves the promotion of the SCSN and Comprehensive Plan to the CAB/PCPB.</p> | <p>Assist staff with a marketing strategy that specifically promotes the Comprehensive Plan and the SCSN to the CAB/PCPB/ Rhode Islanders and nationally via the internet/websites, etc.</p> |
| <p><u>Evaluation Measures for Category A. Section II</u></p> | <p>Demonstrate that the consultant did provide assistance with SCSN/Comprehensive Plan to CAB and PCPB, such that this consulting group integrates the HRSA requirements into the consumer and planning body purpose and intent on a consistent and regular basis.</p> <p>The consultant must be able to document that the groups so mentioned, have participated actively in the HRSA requirements associated with SCSN and Comprehensive Planning; and the successful consultant must be able to document accomplishments in these areas.</p> |
| <p>CATEGORY A: SECTION III.</p> <p>1. Review various tools that will assist EOHHS and other consultants in the consulting group in this Category to develop programmatic/funding prioritization exercises for the CAB and PCPB.</p> | <p>Research with other consulting groups and staff, the successes of other state Ryan White Part B prioritization processes/exercises.</p> <p>Meet with staff, consultants and CAB/PCPB to vet and decide upon appropriate exercises/tools techniques for the prioritization exercises.</p> <p>Coordinate and implement the HRSA training including prioritization of initiatives for PCPB and CAB. Co-Manage the process of prioritization with other consulting group(s).</p> <p>Assist in compiling final recommendations/targets for creating, maintaining and improving services along</p> |

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| | with integration information into a model process. |
| CATEGORY A: SECTION III. 2. Review tools that assist in Monitoring and Review of contracted services and offer consultative services, recommendations to improve these monitoring tools, and; involve CAB/PCPB in the release of Monitoring/Review information/data. | <p>Research, with other consulting groups and staff, other successful RI Ryan White Part B Monitoring and Review tools/processes.</p> <p>Meet with staff, consultants and CAB/PCPB to vet and decide upon appropriate Ryan White Part B Monitoring and Review tools/processes/tools/techniques.</p> <p>Review tools and reports for consistency with HRSA/HAB monitoring standards and information generated.</p> <p>Assist in compiling final recommendations/targets for creating, maintaining and improving RI Ryan White Part B Monitoring and Review tools/processes/tools/techniques.</p> <p>Assist with site visits, protocols, managing data received as a result of the monitoring agencies and other agreed upon tasks</p> <p>Annually, provide CAB and PCPB with presentation (with staff assistance) associated with these Monitoring Standards/Outcomes.</p> |
| CATEGORY A :SECTION III 3. Document involvement/participation of consumer and planning body members in these areas. | <p>Create a record keeping file that can easily be accessed for documents so stated.</p> <p>Provide distribution of documents as requested and needed to the CAB/PCB and staff.</p> |
| CATEGORY A: Section III. 4. Preparation of training programs and written documents (materials) that can assist in the training/ development of consumer and planning body members as well as staff. | <p>Assist in the preparation of specific training materials associated with the contracted consultant agreement.</p> |
| CATEGORY A. SECTION III. 5. Provide specific direction and information to both CAB and PCPB regarding: the implications of HRSA requirements, status of funded agencies (e.g., have funded agencies meet with CAB and PCPB to review and update program contracted components), and discuss/review/train groups regarding new and/or revised HRSA policies/requirements that coincide with Part B activities. | <p>Documented evidence that: a) the implications of HRSA requirements, b) status of funded agencies (e.g., have funded agencies meet with CAB and PCPB to review and update program contracted components), and c) that the CAB/PCPB did discuss/review and d) these groups were trained regarding new and/or revised HRSA policies/requirements that coincide with Part B activities.</p> |
| <u>Evaluation Measures for Category A. Section III.</u> | <p>Deliverables/products met.</p> <p>The consultant offers EOHHS staff specific products and assistance regarding Key HRSA/HAB Requirements.</p> <p>Provide direct assistance with interpretation of HRSA requirements, such that the consumer and planning body members are educated, trained and knowledgeable of their roles and responsibilities</p> |

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| | <p>across these HRSA requirements; and are involved in active input and participation in these areas.</p> <p>Consultant must reveal that they continue to have knowledge of HRSA requirements, national data, state related survey and other data/ information.</p> <p>Must continue to exhibit evidence of an experienced facilitator and training specialist, and provide various trainings for staff and CAB/PCPB regarding data and information.</p> |
| <p>CATEGORY A SECTION IV.</p> <p>1. Integration: Prepare and assist EOHHS for the inevitable integration of the prevention plan with the care plan such that a more efficient system of integrating care and prevention plans is apparent to the CDC and to HRSA.</p> | <p>Provide support and assistance in developing integration concepts, and processes such that the EOHHS meets the HRSA requirements of integrating the prevention and care plans.</p> |
| <p>CATEGORY A SECTION IV.</p> <p>2. Training and Development: Ongoing training and specific development activities that appear in meetings and written documentation across general and specific areas of need.</p> | <p>Provide and document a scheduled set of training and development events for EOHHS staff and CAB/PCPB.</p> |
| <p>CATEGORY A. SECTION IV.</p> <p>3. Knowledge Transfer: Assist staff with site visits so as to gain valuable information and perspectives on HRSA/HAB processes, procedures, policies and communicate those to CAB/PCPB in knowledge transfer exercises that involve written documentation (e.g., fact sheets, steps, etc.).</p> | <p>Document approaches and methods associated with how staff and CAB/PCB are educated regarding HRSA/HAB processes, procedures, policies (requirements).</p> |
| <p>CATEGORY A .SECTION IV</p> <p>4. Input/Needs Documentation: Ensure CAB/PCPB documented input/needs related to the HRSA/HAB processes and requirements (e.g., CAB/PCPB) are successfully completed.</p> | <p>Determine CAB needs and outline a work plan that is reviewed quarterly. Assist CAB with implementation.</p> <p>Provide comprehensive coordination and support of all CAB activities.</p> |

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| <p>CATEGORY A. SECTION IV.</p> <p>5. Other HRSA Requirements Associated with Consumer and Planning Body Groups Are Met: This area shall be the responsibility of this consultant such that, all HRSA requirements pertaining to the consumer and planning body groups is met.</p> | <p>Consultant must demonstrate a regular review of HRSA/HAB requirements as noted in policy updates, process, and/or procedural changes/updates.</p> <p>These reviews/updates must be communicated in a timely manner to the staff and the CAB/PCPB.</p> |
| <p><u>Evaluation Measures for Category A. Section IV</u></p> | <p>Deliverables/products met.</p> <p>The consultant shall demonstrate that Integration, Training and Development, Knowledge Transfer, CAB/PCPB Input/Needs Documentation, and Other HRSA Requirements Associated with Consumer and Planning Body Groups are effectively and efficiently addressed.</p> |

Category B. Section I. Administrative Functions: Ongoing administrative support to maintain all the HRSA required elements of technical components of Part B, policies, procedures, translation of data, information, and reports to the EOHHS team responsible for Ryan White Part B.

This support shall be evident in the coordination and visibility of expert technical skills, translation, and training associated with both the consumer group (CAB) and the Provision of Care Planning Body (PCPB), as well as the ongoing communication with EOHHS staff, other consulting groups, and members of the aforementioned groups. This context of this “administrative function” relates to the “business” components as well as the human resources aspects of instituting compliance with HRSA/HAB requirements in a seamless and efficient manner.

1. Coordination of work with other consulting agencies and with Ryan White staff to ensure implementation of all HRSA/HAB Part B requirements. Key attention shall be given to prioritization exercises associated with Part B services, provider capacity and capability

assessment and its application to program improvement, Statewide Coordinated Statement of Need (associated needs and gaps analysis), Comprehensive Plan, and technical translation of vendor products as they coincide with necessary HRSA/HAB requirements.

2. Assist Ryan White staff in the reporting requirements associated with Part B and the contract deliverables.
3. Provide weekly support to the EOHHS staff and other consultants as needed, via phone calls, electronic communication, and/or meetings.
4. Organizational creation and maintenance of all pertinent files; communications, key documents (e.g., charters, minutes, promotional materials, etc.), and key accomplishments of the groups so mentioned, and meetings with staff and other consultants.
5. Record keeping of quarterly and annual measures as set forth by this agreement, such that an annual report shall be submitted 30 days prior to the end of the agreement year.

Category B: Section II. Consultants shall offer *specific product research, development and training* to staff and other planning and consumer bodies, such that national themes associated with HIV (e.g., National HIV/AIDS Strategy, Continuum of Care, Healthy People, etc.) are understood and translated to staff and members groups (CAB, PCPB). The following specific areas are required:

1. Provide translation of and knowledge transfer regarding national themes as set forth by the funding agency HRSA and/or by significant stakeholders in the HIV field (e.g., National HIV/AIDS Strategy, Continuum of Care, Healthy People, etc.).
2. Work with Category A consulting group to present at trainings associated with statewide forums and other staff/stakeholder trainings as needed. Train staff, planning body, and consumer body members as needed.

Category B: Section III. Provide Specific Assessment of Funded Vendors, Key Stakeholders, and CAB/PCPB of HRSA/HAB across (selected) Requirements/National Themes/Contracted Services:

1. Provide research and development as well as, product assistance in the areas of developing tools and products such as, prioritization exercises, provider capacity, and capability assessment as it relates to the application of the program improvement processes, Statewide Coordinated Statement of Need (needs assessment/gaps analysis), comprehensive planning, and technical translation of vendor products as they coincide with necessary HRSA/HAB requirements. Provide survey monkey tools (assessments) that shall monitor the level of knowledge associated with selected HRSA requirements/national themes/contracted services, such that the funded vendors for Part B services are polled once per year (a pretest and a posttest) regarding documentation of increased awareness of these requirements/themes/contracted services.

2. Provide survey monkey tools (and/or other assessment tools) that effectively measure the knowledge of the CAB/PCPB regarding their roles, responsibilities, and basic HRSA requirements. In addition to the knowledge assessment, develop tools that will assist the Category A consultant and staff in monitoring CAB/PCPB involvement, input, and participation in the HRSA requirements and national themes.

Category B: Section IV. Provide research and development in the areas of prioritization exercises, provider capacity, and capability assessment and its application to program improvement, needs assessment/gaps analysis, Statewide Coordinated Statement of Need, comprehensive planning, and technical translation of vendor products as they coincide with necessary HRSA/HAB requirements.

1. Revise and develop with direct assistance from EOHHS staff tools that assist in Monitoring and Review of contracted services and offer consultative services, recommendations to improve these monitoring tools.
2. Preparation of training programs and written documents (materials) that can assist in the development of training across the areas so identified.

Category B: Section V. Provide specific product development across all areas of the HRSA defined need assessment process. Whereas the aforementioned Section IV. Note research and development of these HRSA requirements, this Section noted the product assembly and deliverables associated with those requirements. The consultant must consider the HRSA/HAB Manual related to needs assessment production.

1. Specifically, the consultant must deliver comprehensive needs assessment, such that the specific HRSA/HAB components/requirements are met. On an annual basis, select components should be expanded and/or updated, depending on trends and special issues facing the EMA. To develop a needs assessment in a timely and efficient manner, begin by outlining a needs assessment process. The typical steps in needs assessments are as follows:
 - Plan for the needs assessment
 - Design the needs assessment methodology
 - Collect the information required for the needs assessment
 - Analyze the information and present the results in useful formats

Assessing Unmet Need

CDC estimates over 1 million Americans are living with HIV/AIDS, of which 21% do not know it. As such, they are not getting care for their HIV disease. Other estimates suggest about one-third of those who know their status are not receiving regular HIV-related primary health care.

These data demonstrate the need to get more PLWHA into primary health care. The Ryan White legislation requires assessment of the unmet needs of PLWHA who "know their HIV status and are not receiving HIV-related services," particularly those from "disproportionately affected and historically underserved populations". This targeting is intended to keep Ryan White HIV/AIDS Program resources focused on early intervention and care delivery to fill gaps in care and away from expansion into such prevention areas as general outreach and HIV counseling and testing for non-infected populations.

Data Limitations: Limitations in data availability and access to existing databases include the following:

- HIV reporting. The total number of individuals who are HIV-positive and know their status is the starting point for estimating unmet need for this population. HIV-reporting states have these data, although concerns may exist about data completeness. Most states have name-based HIV reporting. All states collect data on HIV prevalence, but challenges exist around methodologies, reporting delays, and other technical factors. Also, it takes several years after reporting begins before a state has accurate data on HIV prevalence (living cases).
- Limitations of surveillance data/databases. CDC surveillance data provide information from all states about reported AIDS cases and deaths, as well as information on HIV from reporting states and facilities. However, available data vary by state and EMA/TGA. Many States and cities have supplemental data available through CDC's Medical Monitoring Project (MMP).
- Need for agreed-upon key questions and "core variables." To address the variability in markers used to measure unmet need in terms of what constitutes being "in care", HAB has provided a standard "operational definition" to be used in the estimate provided in the Part A application each year. This definition was developed because it can be used in every county and state. However, some EMAs/TGAs also use more demanding criteria for internal use.
- Cross-Part issues regarding data collection and data sharing. Ryan White data reporting has been revised to improve comparability and sharing of data across Parts. However, Part A programs may still face challenges in obtaining information about people receiving primary care or other services through other Ryan White Parts.
- Lack of access to data from non-Ryan White HIV/AIDS Program sources/providers including other Federal agencies. Many people who receive Ryan White HIV/AIDS Program services obtain their primary care from other sources and/or through providers using other funding, such as Medicaid and Medicare, private physicians, health maintenance organizations (HMOs), or Veterans Affairs. Some PLWHA, including the incarcerated and individuals with both private insurance and relatively high incomes, receive no Ryan White HIV/AIDS Program services. They are in care, but grantees may have no access to data about them. Ryan White HIV/AIDS Program grantees often face great difficulties in obtaining access to primary care data on clients whose medical care is not supported through the Ryan White HIV/AIDS Program, even if the primary care provider receives other funding through the Ryan White HIV/AIDS Program or if the individual obtains medications through ADAP.

- Incomplete laboratory reporting or data entry. Some states require all CD4 counts and viral load test results to be reported to and entered into the surveillance system. In such states, it is relatively straightforward to estimate unmet need. However, many states require reporting only of CD4 counts below 200 or of detectable viral loads. In such cases, given the data access issues mentioned above, it is difficult to determine whether people with higher CD4 counts or undetectable viral loads are in or out of care.

- Lack of client-level data. A client-level database greatly facilitates efforts to estimate and assess unmet need/service gaps. It provides a unique client identifier and the ability to determine the unduplicated number of clients receiving primary care and other specific services through Ryan White. Lack of client-level data will diminish over time because all Ryan White HIV/AIDS Program grantees are collecting client-level data as of January 2009.

- Non-generalizable data. Because surveillance data are often incomplete and a variety of data sources must generally be used to estimate and assess unmet need, grantees typically are not able to base their estimates on random samples of defined populations. Sometimes, estimates are drawn from non-random samples of individuals with HIV/AIDS throughout an EMA/TGA. Sometimes they are based on estimates of the size of the HIV population within a larger population of unknown size, such as the population of men who have sex with men in a specific geographic area. As a result, such estimates are not statistically reliable.

- Problems in matching data from different databases. One way to estimate unmet need is to compare client data with surveillance data from CDC consumer and provider surveys or to link Medicaid, ADAP, and Ryan White client-level data. However, to match data from different databases is challenging, even if they use common client identifiers, because of differences in definitions, the exclusion of individuals who received anonymous testing, and difficulties with matching and un-duplicating clients who may be included in more than one database.

- Confidentiality concerns. Database matching, access to client-level data, and many other aspects of needs assessment may be complicated by concerns about client confidentiality. The U.S. Department of Health and Human Services (HHS) has provided considerable guidance with regard to client confidentiality and the disclosure of client data for reporting and evaluation purposes. However, some providers are unwilling to provide access to any information that might permit client identification, despite these protections. Sharing of data is complicated by the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which includes new security standards protecting the confidentiality and integrity of "individually identifiable health information," past, present or future. Confidentiality is often a factor in cross-part data sharing problems and in difficulties in obtaining data on Ryan White clients who receive their primary care from non-Ryan White sources.

- Use of Multiple Data Sets. Given data limitations, many grantees estimate and assess need by using information from multiple data sources. They may, for example, combine general surveillance data on HIV and AIDS cases and other data from the CDC with their own surveys of PLWHA, and other special studies of particular populations or geographic areas. This

approach typically involves a number of estimations, with the result that estimates may be incomplete or imprecise.

- Resource Limitations. Grantees and providers often have financial and personnel limitations in documenting unmet need, as follows.

- Limited financial and personnel resources. Many EMA's/TGA's have small staffs assigned to Ryan White planning and administration. Planning councils and grantees can budget funds for needs assessment out of their administrative funds.

- Limitations of surveys addressing unmet need. Assessing unmet needs and service gaps of those not in care is more complex than for individuals already in the Ryan White or other public care systems because out-of-care individuals are difficult to find. Locating such individuals requires, for example, coordinating with HIV counseling and testing facilities and using outreach workers to link with providers of services other than direct HIV/AIDS services. Such other services might include homeless shelters and drug treatment facilities. Surveys based on random samples drawn from the population of PLWHA are generally feasible only in States with full laboratory reporting, through links with the CDC surveillance system. Without such links, it is difficult to use probability sampling (probability sampling gives every person in the population a known chance of being included in the sample and makes it possible to generalize from the sample to the total population). This means that EMA's/TGA's cannot use sampling to project unmet needs for primary health care or other services for an entire HIV population. Even with access to HIV case data, grantees may lack the resources to conduct such large-scale surveys.

- Burden of developing methodologies. Assessing unmet need has been especially difficult because of the lack of recommended methodologies, agreed-upon definitions, or agreed-upon "core variables". This situation has changed as such methodologies have been developed with support from HRSA/HAB and made available to grantees and planning councils.

METHODOLOGIES FOR ESTIMATING UNMET NEED

Consult the TARGET Center Web site at <http://careacttarget.org> to obtain methodologies and other resources to aid programs in assessing unmet need. Materials include resources developed by HRSA/HAB as well as grantee-developed materials.

| CATEGORY B TASK | PRODUCT DELIVERABLES |
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| CATEGORY B: SECTION I. Administrative Functions. Ongoing administrative support to maintain all the HRSA | Meet with the Ryan White ("RW") Program Director, staff and other consultants to identify team and develop detailed work plan. |

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| <p>required elements of technical components of Part B, policies, procedures, translation of data, information and reports to the EOHHS team responsible for Ryan White Part B. This support shall be evident in the coordination and visibility of expert technical skills, translation and training associated with both the consumer group (CAB) and the Provision of Care Planning Body PCPB) as well as the ongoing communication with EOHHS staff, other consulting groups, and members of the aforementioned groups. This context of this “administrative function” relates to the “business” components as well as the human resources aspects of instituting compliance with HRSA/HAB requirements in a seamless and efficient manner.</p> <ol style="list-style-type: none"> 1. Coordination of work with other consulting agencies and with Ryan White staff so as to insure implementation of all HRSA./HAB Part B requirements. Key attention shall be given to prioritization exercises associated with Part B services, provider capacity and capability assessment and its application to program improvement, Statewide Coordinated Statement of Need (and associated needs and gaps analysis), Comprehensive Plan, and technical translation of vendor products as they coincide with necessary HRSA/HAB requirements. | <p>Documented evidence that coordination across all key areas so mentioned is completed, such that and effective and efficient process of meeting the requirements is done.</p> |
| <p>CATEGORY B: SECTION I. Administrative Functions.</p> <ol style="list-style-type: none"> 2. Assist Ryan White staff in the reporting requirements associated with Part B and the contract deliverables. | <p>Meeting notes and follow-up. Documented assistance with reporting requirements.</p> |
| <p>CATEGORY B: SECTION I. Administrative Functions.</p> <ol style="list-style-type: none"> 3. Provide weekly support to the EOHHS staff and other consultants as needed, via phone calls, electronic communication and/or meetings. Manage contract, coordination, administrative and billing | <p>Monthly reports to EOHHS regarding summary of monthly billing, with rationale and corresponding documentation and related materials.</p> <p>For this task and throughout, participate in regular weekly and monthly telephone calls/meetings with the Ryan White staff, HIV Prevention Staff, EOHHS/Medicaid staff and to review work, identify issues, obtain approvals, ensure regular communication and to ensure continued coordinated and efficient implementation of tasks.</p> |
| <p>CATEGORY B. SECTION I. Administrative Functions.</p> <ol style="list-style-type: none"> 3. Organizational creation and maintenance of all pertinent files, communications and key documents (e.g., data files, assessments, communications, reports, etc..) of the trainings, meetings, and of the key accomplishments of said groups and meetings with staff, and other consultants. | <p>Documented evidence that consultant has adhered to organizational creation and maintenance of all pertinent files, communications and key documents</p> |

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| <p>Evaluation Measures for Category B. Section I</p> | <p>Documented evidence that the ongoing administrative support to maintain all the HRSA required elements of technical components of Part B, policies, procedures, translation of data, information and reports to the EOHHS team responsible for Ryan White Part B. This support shall be evident in the coordination and visibility of expert technical skills, translation and training associated with both the consumer group (CAB) and the Provision of Care Planning Body PCPB) as well as the ongoing communication with EOHHS staff, other consulting groups, and members of the aforementioned groups. This context of this "administrative function" relates to the "business" components as well as the human resources aspects of instituting compliance with HRSA/HAB requirements in a seamless and efficient manner.</p> |
| <p>CATEGORY B SECTION II. Category B. Section II. Consultants shall offer specific product research, development and training to staff and other planning and consumer bodies, such that national themes associated with HIV (e.g., National HIV/AIDS Strategy, Continuum of Care, Healthy People, etc.) are developed, understood and translated to staff and member groups (CAB, PCPB).</p> <p>1. Provide research and development as well as product assistance in the areas of developing tools and products such as, prioritization exercises, provider capacity and capability assessment and its application to program improvement, needs assessment/gaps analysis (Statewide Coordinated Statement of Need),Comprehensive Planning, and technical translation of vendor products as they coincide with necessary HRSA/HAB requirements.</p> | <p>Timeline reflective of research and development as well as product assistance/development in the areas of prioritization exercises, provider capacity and capability assessment and its application to program improvement, needs assessment/gaps analysis (Statewide Coordinated Statement of Need),Comprehensive Planning, and technical translation of vendor products as they coincide with necessary .</p> <p>Prepare and assist EOHHS for the inevitable integration of the prevention plan with the care plan such that a more efficient system of integrating care and prevention plans is apparent to the CDC and to HRSA.</p> |
| <p>CATEGORY B SECTION II.</p> <p>2. Provide translation of and knowledge transfer regarding national themes as set forth by the funding agency HRSA and/ or by significant stakeholders in the HIV filed (e.g., National HIV/AIDS Strategy, Continuum of Care, Healthy People, etc.)</p> | <p>Evidence of research associated with national themes and the consultant ability and documentation that transference of this information is in real time and reflective of national themes.</p> |
| <p>CATEGORY B SECTION II.</p> <p>3. Work with Category (A) consulting group to present at trainings associated with statewide forums and other staff/stakeholder trainings as needed.</p> | <p>Documented trainings of staff and planning body/consumer body members as needed.</p> |
| <p>Evaluation Measures for Category B. Section II</p> | <p>Documented evidence that consultant offered specific product research, development and training to staff and other planning and consumer bodies, such that HRSA/HAB requirements are met/ and national themes associated with HIV (e.g., National HIV/AIDS Strategy, Continuum of Care, Healthy People, etc.) are understood and translated to staff and member groups (CAB, PCPB).</p> |
| <p>Category B Section III. EOHHS Assistance Regarding Assessment of Staff, Key Stakeholders and CAB/PCPB of</p> | |

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| <p>Key HRSA/HAB Requirements:</p> <p>1. Provide survey monkey tools (assessments) that shall monitor the level of knowledge associated with the key HRSA requirements/national themes, such that the consumer and planning body members are pre and post tested and documentation of increased awareness of these requirements is achieved. The consultant applying for Category B must be experienced in implementing HRSA requirements of Part B initiatives and be knowledgeable of HRSA requirements, national data, state related survey and other data/ information. Must be an experienced facilitator and training specialist, and provide various trainings for staff and CAB/PCPB regarding data and information pertaining to the technical aspects of the HRSA/HAB requirements.</p> | <p>Documented assessment tools administered and pre post analysis is done to reveal changes in knowledge and awareness across the selected HRSA requirements and national themes Trainings associated with the key HRSA/HAB requirements are set forth to staff and member groups (CAB/PCPB) resulting in materials and/or fact sheets distributed across key stakeholders.</p> <p>Increased knowledge of CAB/PCPB roles, responsibilities are also key assessment areas of focus. In addition, monitoring CAB/PCPB involvement, input and participation in these areas is important.</p> <p>Assist in the articulation of the implications of HRSA requirements to staff, funded agencies, CAB/PCPB and review and update program contracted components as requested, and discuss/review/train staff, stakeholders and groups regarding new and/or revised HRSA policies/requirements that coincide with Part B activities.</p> <p>Evidence of providing direct assistance with interpretation of HRSA requirements, such that the consumer and planning body members are educated, trained and knowledgeable of their roles and responsibilities across these HRSA requirements; and are involved in active input and participation in these areas.</p> <p>Develop tools that will assist EOHHS and other consultants in the consulting group in Category A across programmatic/funding prioritization exercises for EOHHS use with key groups (CAB/PCPB, other).</p> <p>Reveal ongoing experience in implementing HRSA requirements of Part B initiatives and be knowledgeable of HRSA requirements, national data, state related survey and other data/ information via distribution of information and trainings. (Provide various trainings for staff and CAB/PCPB regarding data and information pertaining to the technical aspects of the HRSA/HAB requirements).</p> <p>Must reveal ongoing facilitation.</p> |
| <p>Category B Section III.</p> <p>2. Provide survey monkey tools (and/or other assessment tools) that effectively measure the knowledge of CAB/PCPB regarding their roles, responsibilities and basic HRSA requirements. In addition to the knowledge assessment, develop tools that will assist the Category A consultant and staff in monitoring CAB/PCPB involvement, input and participation in the HRSA requirements and national themes.</p> | <p>Evidence of production of tools regarding programmatic/funding prioritization exercises for EOHHS use with key groups (CAB/PCPB, other).</p> <p>Revise and develop tools that will assist EOHHS and other consultants in the consulting group in Category A across programmatic/funding prioritization exercises for EOHHS use with key groups (CAB/PCPB, other).</p> |
| <p>Evaluation Measures for Category B. Section III</p> | <p>All deliverables are met with specific focus regarding assessments so noted, analysis of those assessments, trainings regarding the assessments and reports associated with the assessments and final conclusions (inclusive of pre/post testing results).</p> |

Category B: Section V. Provide specific product development across all areas of the HRSA defined Needs Assessment process. Whereas the aforementioned Section IV. Notes research and development of these HRSA requirements; this Section describes the need for comprehensive product assembly and deliverables associated with those requirements. The consultant must consider the HRSA/HAB Manual related to needs assessment production.

1. Specifically, the consultant must deliver comprehensive needs assessment, such that the specific HRSA/HAB components/requirements are met. On an annual basis, select components should be expanded and/or updated, depending on trends and special issues facing the EMA. To develop a needs assessment in a timely and efficient manner, begin by outlining a needs assessment process. The typical steps in needs assessments are as follows:

- Plan for the needs assessment
- Design the needs assessment methodology
- Collect the information required for the needs assessment
- Analyze the information and present the results in useful formats.

- Consultant shall work with the Department of Health and EOHHS staff to analyze the state's HIV/AIDS **Epidemiologic profile**. The profile analysis should describe trends in the HIV epidemic for the EMA/MSA.
- **Conduct an Assessment of Service Needs** among affected populations, including barriers that prevent PLWHA from receiving needed services. A needs assessment should gather an array of information in order to identify trends and common themes. EMAs should collect this information from multiple sources, among them PLWHA and other community members, health departments, the State Medicaid agency, community-based providers and, where applicable, grantees of other Ryan White Parts. Information must be obtained from and about HIV-positive individuals who know their status and are not in care.
- **Complete a Resource Inventory**, which describes organizations and individuals providing the full spectrum of services accessible to PLWHA. The goal of the resource inventory is to develop a comprehensive picture of services, regardless of funding source. At a minimum, the resource inventory includes for each provider a description of the types of services provided, number of clients served, and funding levels and sources. (Note: A resource inventory can often be turned into a resource for clients and providers to use in locating services, especially online. In this format, data on clients served and funding levels is usually removed.)
- **Complete a/and or Revise a Profile of Provider Capacity and Capability**, which identifies the extent to which services identified in the resource inventory are accessible, available, and appropriate for PLWHA, including specific subpopulations. Estimates of capacity describe how much of which services a provider can deliver. **Perform an Assessment of Unmet Need/Service Gaps**, which brings together the quantitative and qualitative data on service needs (including core services and support services), resources, and barriers. This should include an assessment of unmet needs for PLWHA who know their HIV status but are not in care and an assessment of service gaps for all PLWHA—both in and out of care. A needs assessment sets the stage for the planning process by identifying the needs of the community, the services available to meet those needs, and the gaps between needs and services.

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| <p>1. a. The consultant shall specifically address unmet need in a detailed methodological manner following the HRSA/HAB requirements/guidance for creating this product.</p> | <p>Assessing Unmet Need</p> <ul style="list-style-type: none"> The goal of the unmet need product and strategy is to identify those people living with HIV that are out of care. Ultimately the unmet need results should assist the EMA in getting more PLWHA into primary health care. The Ryan White legislation requires assessment of the unmet needs of PLWHA who "know their HIV status and are not receiving HIV-related services," particularly those from "disproportionately affected and historically underserved populations." This targeting is intended to keep Ryan White HIV/AIDS Program resources focused on early intervention and care delivery to fill gaps in care and away from expansion into such prevention areas as general outreach and HIV counseling and testing for non-infected populations. <p><u>The consultant must review the Data Limitations. Limitations in data availability and access to existing databases include the following:</u></p> <ul style="list-style-type: none"> HIV reporting. The total number of individuals who are HIV-positive and know their status is the starting point for estimating unmet need for this population. HIV-reporting States have these data, although concerns may exist about data completeness. Most states have name-based HIV reporting. All states collect data on HIV prevalence, but challenges exist around methodologies, reporting delays, and other technical factors, and it takes several years after reporting begins before a State has accurate data on HIV prevalence (living cases). Limitations of surveillance data/databases. CDC surveillance data provide information from all States about reported AIDS cases and deaths, as well as information on HIV from reporting States and facilities. However, available data vary by State and EMA/TGA. Many States and cities have supplemental data available through CDC's Medical Monitoring Project (MMP). Need for agreed-upon key questions and "core variables." To address the variability in markers used to measure unmet need in terms of what constitutes being "in care," HAB has provided a standard "operational definition" to be used in the estimate provided in the Part A application each year. This definition was developed because it can be used in every county and state. However, some EMAs/TGAs also use more demanding criteria for internal use. Cross-Part issues regarding data collection and data sharing. Ryan White data reporting has been revised to improve comparability and sharing of data across Parts. However, Part A programs may still face challenges in obtaining information about people receiving primary care or other services through other Ryan White Parts. Lack of access to data from non-Ryan White HIV/AIDS Program sources/providers including other Federal agencies. Many people who receive Ryan White HIV/AIDS Program services obtain their primary care from other sources and/or through providers using other funding, such as Medicaid and Medicare, private physicians, health maintenance organizations (HMOs), or Veterans Affairs. Some PLWHA, including the incarcerated and individuals with both private insurance and relatively high incomes, receive no Ryan White HIV/AIDS Program services. They are in care, but grantees may have no access to data about them. Ryan White HIV/AIDS Program grantees often face great difficulties in obtaining access to primary care data on clients whose medical care is not supported through the Ryan White HIV/AIDS Program, even if the primary care provider receives other funding through the Ryan White HIV/AIDS Program or if the individual obtains medications through ADAP. |
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| | <ul style="list-style-type: none">• Incomplete laboratory reporting or data entry. Some States require all CD4 counts and viral load test results to be reported to and entered into the surveillance system. In such States, it is relatively straightforward to estimate unmet need. However, many States require reporting only of CD4 counts below 200 or of detectable viral loads. In such cases, given the data access issues mentioned above, it is difficult to determine whether people with higher CD4 counts or undetectable viral loads are in or out of care.• Lack of client-level data. A client-level database greatly facilitates efforts to estimate and assess unmet need/service gaps. It provides a unique client identifier and the ability to determine the unduplicated number of clients receiving primary care and other specific services through Ryan White. Lack of client-level data will diminish over time because all Ryan White HIV/AIDS Program grantees are collecting client-level data as of January 2009.)• Non-generalizable data. Because surveillance data are often incomplete and a variety of data sources must generally be used to estimate and assess unmet need, grantees typically are not able to base their estimates on random samples of defined populations. Sometimes, estimates are drawn from non-random samples of individuals with HIV/AIDS throughout an EMA/TGA. Sometimes they are based on estimates of the size of the HIV population within a larger population of unknown size, such as the population of men who have sex with men in a specific geographic area. As a result, such estimates are not statistically reliable.• Problems in matching data from different databases. One way to estimate unmet need is to compare client data with surveillance data from CDC consumer and provider surveys or to link Medicaid, ADAP, and Ryan White client-level data. However, to match data from different databases is challenging, even if they use common client identifiers, because of differences in definitions, the exclusion of individuals who received anonymous testing, and difficulties with matching and unduplicating clients who may be included in more than one database.• Confidentiality concerns. Database matching, access to client-level data, and many other aspects of needs assessment may be complicated by concerns about client confidentiality. The U.S. Department of Health and Human Services (HHS) has provided considerable guidance with regard to client confidentiality and the disclosure of |
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client data for reporting and evaluation purposes. However, some providers are unwilling to provide access to any information that might permit client identification, despite these protections. Sharing of data is complicated by the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which includes new security standards protecting the confidentiality and integrity of "individually identifiable health information," past, present or future. Confidentiality is often a factor in cross-Part data sharing problems and in difficulties in obtaining data on Ryan White clients who receive their primary care from non-Ryan White sources.

- Use of Multiple Data Sets. Given data limitations, many grantees estimate and assess need by using information from multiple data sources. They may, for example, combine general surveillance data on HIV and AIDS cases and other data from the CDC with their own surveys of PLWHA, and other special studies of particular populations or geographic areas. This approach typically involves a number of estimations, with the result that estimates may be incomplete or imprecise.
- Resource Limitations. Grantees and providers often have financial and personnel limitations in documenting unmet need, as follows.
- Limited financial and personnel resources. Many EMAs/TGAs have small staffs assigned to Ryan White planning and administration. Planning councils and grantees can budget funds for needs assessment out of their administrative funds. total population.) This means that EMAs/TGAs cannot use sampling to project unmet needs for primary health care or other services for an entire HIV population. Even with access to HIV case data, grantees may lack the resources to conduct such large-scale surveys.
- Burden of developing methodologies. Assessing unmet need has been especially difficult because of the lack of recommended methodologies, agreed-upon definitions, or agreed-upon "core variables." This situation has changed as such methodologies have been developed with support from HRSA/HAB and made available to grantees and planning councils.
- The consultant must determine the specific methodology for determining unmet need in the EMA and consult the TARGET Center Web site at <http://careacttarget.org> to obtain methodologies and other resources to aid programs in assessing unmet need. Materials include resources developed by HRSA/HAB as well as grantee-developed materials.

SECTION 4: TECHNICAL PROPOSAL (For both Categories so noted above)

Narrative and format

The separate technical proposal should address specifically each of the required elements:

1. **Staff Qualifications** - Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project, including their experience in the provision of consulting services associated with Ryan White Part B services.
2. **Capability, Capacity, and Qualifications of the Offeror** - Please provide a detailed description of the applicant's experience as a consultant to provide essential services listed within the Category(ies) selected herein. Here we ask that the applicant convey their capability to perform the so-noted services and deliverables; focusing upon technical knowledge, skills and experience. The applicant's capacity, including such items as the applicant's overall capacity to meet the goals and objectives. The applicant's qualifications that may separate them from all other applicants, specifically noting direct qualifications to complete the tasks herein.
3. **Work Plan** - Please describe in detail, the time and effort required to get the job done. Specifically we are looking for a timeline with specific deliverables to be prepared as a spreadsheet and/or table that references goals/objective/activities, month, time, effort and deliverables. These areas associated with the work plan must coincide with all the required elements in the Category(ies) described herein.

SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative

Provide a separately sealed cost proposal in keeping with a budget and a budget justification (narrative) that details hourly wages/benefits associated with each staff listed in the project, as well as a line item description associated with the deliverables (travel, materials, stipends (if applicable), food (if applicable) and any other line item-based requirements.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Executive Office of Health and Human Services reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

| Criteria | Possible Points |
|--|------------------------|
| Staff Qualifications | 20 Points |
| Capability, Capacity, and Qualifications of the Offeror | 30 Points |
| Quality of the Work Plan | 20 Points |
| | |
| Total Possible Technical Points | 70 Points |
| Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points * | 30 Points |
| Total Possible Points | 100 Points |

*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal. Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP#7549497** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7549497 HIV Provision of Care Consulting Services**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other state locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. A completed and signed three-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. **A separate Technical Proposal** describing the qualifications and background of the applicant, experience with similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. **A separate, signed, and sealed Cost Proposal** reflecting the hourly rate; or other fee structure, proposed to complete all of the requirements of this project.
5. In addition to the multiple hard copies of proposals required, respondents are requested to provide their proposal in **electronic format (CD-ROM, disc, or flash drive)**. Microsoft Word/Excel or PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations, and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>