6

SUBJECT: RYAN WHITE CARE ACT – PART A / MINORITY AIDS INITIATIVE

BID #: ESC-0301-21 **OPEN DATE: 2021-01-13**

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: COMPETITIVE SEALED PROPOSAL SUPPLY CONTRACT – PERIOD OF SERVICE WILL BE FROM MARCH 1, 2021 THROUGH FEBRUARY 28, 2022, WITH TWO (2) ONE YEAR RENEWAL OPTIONS

AGENCY: SOCIAL SERVICES DVISION

BASIS OF AWARD: HIGHEST SCORING RESPONSIVE, RESPONSIBLE BIDDER BASED ON THE EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 28 **NUMBER RECEIVED:** 10 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to retroact the period of service from March 1, 2021 to date of award.

Recommend approval of award to all ten (10) highest scoring responsive, responsible bidders Community Aids Network, Aid Healthcare Foundation, University of Florida CARES, Lutheran Social Services, Jacksonville Area Legal Aid, Gateway Community Services, Northeast Florida AIDS Network, River Region Human Services, Florida Department of Health-Duval County and Community Rehabilitation Center in the amount of $1,349,654.00, which includes administrative cost of $493,771.00 for the RYAN WHITE CARE ACT – PART A / MINORITY AIDS INITIATIVE. Based on the allocation percentages approved by the Metropolitan Jacksonville Area HIV Health Services Planning Council, the initial distribution of funds is $1,349,654.00, it is anticipated that the full award will amount to an estimated six (6) million dollars. Upon receipt of the full award, all agencies would be funded and receive additional funding. Period of service will be from date of award through February 28, 2022.

Below are the bidders with the following scoring ranking and recommend award amount.

Community AIDS Network	97.66	$136,701.00
AIDS Healthcare Foundation	94.68	$112,726.00
University of Florida CARES	93.00	$125,961.00
Lutheran Social Services	92.66	$128,755.00
Jacksonville Area Legal Aid	92.33	$ 35,433.00
Gateway Community Services	91.67	$ 23,622.00
Northeast Florida AIDS Network	91.00	$219,523.00
River Region Human Services	89.33	$ 11,811.00
Florida Department of Health - Duval County	76.66	$ 61,351.00
Community Rehabilitation Center	73.33	$ 0.00

Funding to be encumbered by account 11406.164011.582001.010219.00000000.00000.0000000, to be executed by contract through the Office of General Counsel.

Attachments: Recommendation Memo, Bid Tabulation Sheet, Scoring Matrix, Terms and Conditions, Description of Services

Analyst: _____
RUBEN OLA

RESPECTFULLY SUBMITTED: _____
GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: Johnnetta Moore, Chief, Social Services Division

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(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING _____ MEMBERS DISAPPROVING _____ DATE: _____

_____ _____ OTHER: _____

_____ _____

_____ _____

_____ _____

_____ _____

ACTION OF AWARDING AUTHORITY DATE _____

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

ONE CITY. ONE.
JACKSONVILLE.

City of Jacksonville, Florida

Daryl Joseph, Director

Parks, Recreation and Community Services Department
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL 32207
(904) 255-3333
www.coj.net

MEMORANDUM

DATE: March 19, 2021

TO: Greg Pease, Chief
Procurement Division

FROM: Johnnetta Moore, Chief
Social Services Division

RE: Bid No. ESC-0301-21 Ryan White CARE Act Part A/Minority Aids Initiative

In reference to Bid No. ESC-0301-21 Ryan White CARE Act Part A/ Minority Aids Initiative, the Division recommends awards to the ten (10) responsive, responsible bidders based on the established criteria. The services will require a formal contract through the Office of General Counsel. The term of the agreement is for the period March 1, 2021 through February 28, 2022.

The bid opened on January 13, 2021 and the Procurement Division received 10 vendor responses. The Procurement Division forwarded the bid responses for our review.

The bidders ranking as follows:

Vendor	Score
Community AIDS Network	97.66
AIDS Healthcare Foundation	94.68
University of Florida CARES	93.00
Lutheran Social Services	92.66
Jacksonville Area Legal Aid	92.33
Gateway Community Services	91.67
Northeast Florida AIDS Network	91.00
River Region Human Services	89.33
Florida Department of Health - Duval County	76.66
Community Rehabilitation Center	73.33

On January 23, 2021, the Social Services Division received a Notice of Award from the US Department of Health and Human Services providing $1,349,654 in partial Ryan White Part A grant funding to the City of Jacksonville for grant period March 1, 2021 to February 28, 2022. The grant funds will provide HIV-related health and support services to persons living with HIV and residing in the Jacksonville Transitional Grant Area (TGA).

Based on allocation percentages approved by the Metropolitan Jacksonville Area HIV Health Services Planning Council, the Social Services Division is requesting approval of the initial distribution of funds for $1,349,654. It is anticipated that the full award will amount to an estimated six million dollars. Upon receipt of the full award, all agencies would be funded and receive additional funding.

Agency and Service Category	12-Month Partial Award
1. AIDS Healthcare Foundation	
Ambulatory/*Outpatient Medical Care*	$ 25,317
AIDS Pharmaceutical Assistance	$ 5,249
Medical Case Management	$ 78,992
Medical Transportation	$ 1,200
Outreach	$ 0.00
Emergence Financial Assistance	$ 1,968
Total Award	**$ 112,726**
2. Community AIDS Network	
Ambulatory/*Outpatient Medical Care*	$ 28,106
AIDS Pharmaceutical Assistance	$ 5,249
Oral Health	$ 56,102
Non-Medical Case Management	$ 35,433
Outreach	$ 11,811
Total Award	**$ 136,701**
3. Community Rehabilitation Center	
Mental Health	$ 0.00
Total Award	**$ 0.00**
4. Florida Department of Health - Duval County	
AIDS *Pharmaceutical Assistance*	$ 5,249
Emergency Financial Assistance	$ 0.00
Oral Health	$ 56,102
Total Award	**$ 61,351**
5. Gateway Community Services	
Substance Abuse – Residential	$ 23,622
Total Award	**$ 23,622**
6. Jacksonville Area Legal Aid	
Legal Services	$ 35,433
Total Award	**$ 35,433**
7. Lutheran Social Services	
Medical Case Management	$ 78,992
Mental Health	$ 19,685
Medical Nutrition Therapy	$ 0.00
Health Education/Risk Reduction	$ 1,968
Outreach	$ 11,811
Food Bank/Home Delivered Meals	$ 5,906
Housing & Community-Based Health Services	$ 551
Transitional Housing	$ 7,874
Psychosocial Support Services	$ 1,968
Total Award	**$ 128,755**

8. Northeast Florida AIDS Network	
Medical Case Management	$ 78,992
Health Insurance Premium Assistance	$ 118,109
Medical Nutrition Therapy	$ 0.00
Food Bank/Home Delivered Meals	$ 5,906
Outreach	$ 11,811
Medical Transportation Services	$ 4,705
Total Award	**$ 219,523**
9. River Region Human Services	
Substance Abuse – Residential	$ 11,811
Total Award	**$ 11,811**
10. University of Florida CARES	
Outpatient Medical Care	$ 25,316
Medical Case Management	$ 78,992
Medical Nutrition Therapy	$ 11,811
Mental Health	$ 9,842
Total Award	**$ 125,961**

The total amount of initial funding to be awarded for Bid No. ESC-0301-21 is $1,349,654, which includes Administrative Costs of $493,771.

Funding Source: RC RPBH1F6GA GRANT: RCB009/21 **Project 010219**

Thank you for your assistance in this process. If you need any additional information, please call me at 255-3322 or Sandy Arts at 255-3342.

Cc: Ruben Ola, Purchasing Analyst

BID TABULATION SHEET 1

TITLE: RYAN WHITE CARE ACT – PART A / MINORITY AIDS INITIATIVE

BID NO: ESC-0301-21

OPEN DATE: 1/13/2021

PURCHASING ANALYST: RUBEN OLA

NO. INVITED: (28) No. Received: (10) No Bids: (0)

RECORDED BY: R. BARNETT, BID ANNOUNCER: P. MITCHELL

	CAN COMMUNITY HEALTH, INC	FLORIDA DEPARTMENT OF HEALTH - DUVAL COUNTY	COMMUNITY REHABILITATION CENTER, INC.	JACKSONVILLE AREA LEGAL AID, INC.	NORTH EAST FLORIDA AIDS NETWORK
ITEM #1: MEDICAL CASE MANAGEMENT			$156,960.00		$477,400.00
ITEM #2: HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE					$767,708.00
ITEM #3: OUTPATIENT/AMBULATORY HEALTH SERVICES	$28,106.00				
ITEM #4: ORAL HEALTH CARE	$244,728.00	$590,485.00			
ITEM #5: AIDS PHARMACEUTICAL ASSISTANCE	$93,722.00	$78,850.00			
ITEM #6: MENTAL HEALTH SERVICES			$92,379.00		
ITEM #7: HOME AND COMMUNITY-BASED HEALTH SERVICES					
ITEM #8: MEDICAL NUTRITION THERAPY					$50,631.00
ITEM #9: NON-MEDICAL CASE MANAGEMENT(FINANCIAL ELIGIBILITY)	$197,063.00	$101,885.00			
ITEM #10: LEGAL SERVICES				$230,301.00	
ITEM #11: OUTREACH SERVICES	$135,971.00				$29,849.00
ITEM #12: SUBSTANCE ABUSE - RESIDENTIAL					
ITEM #13: FOOD BANK/HOME DELIVERED MEALS					$38,500.00
ITEM #14: PSYCHOSOCIAL SUPPORT SERVICES					
ITEM #15: HOUSING (TRANSITIONAL)					
ITEM #16: MEDICAL TRANSPORTATIONS SERVICES					$16,928.00
ITEM #17: EMERGENCY FINANCIAL ASSISTANCE	$6,000.00	$12,794.00			
ITEM #18: HEALTH EDUCATION/RISK REDUCTION					
TOTAL PRICE	$705,590.00	$784,014.00	$249,339.00	$230,301.00	$1,381,016.00

ITEM NO.	DESCRIPTION	POINTS					
1	SCOPE OF SERVICES: Scope of Services Strengths	20	19.33	17.33	14.67	19.00	18.67
2	QUALITY MANAGEMENT: Quality Management Strengths	20	20.00	16.00	13.33	18.33	18.33
3	COLLABORATION: Collaboration Strengths	20	19.33	13.00	16.67	19.00	18.33
4	ORGANIZATION EXPERIENCE AND STRUCTURE: Organization Experience and Structure Strengths	20	19.33	15.00	15.33	19.00	18.00
5	BUDGET WORK PLAN: Budget/ Work Plan Strengths	20	19.67	15.33	13.33	17.00	17.67
	Total Points	100	97.66	76.66	73.33	92.33	91.00
	Minimum Requirements:						
	Business/Corporate References:		✓	✓	✓	✓	✓
	Insurance Agent Acknowledgement Form:		✓	✓	✓	✓	✓
	Conflict of Interest:		✓	✓	✓	✓	✓
	Addendums (1,2,3,4,5):		✓	✓	✓	✓	✓
	COMMENTS:						

BID TABULATION SHEET 2

TITLE: RYAN WHITE CARE ACT – PART A / MINORITY AIDS INITIATIVE

BID NO: ESC-0301-21

OPEN DATE: 1/13/2021

PURCHASING ANALYST: RUBEN OLA

NO. INVITED: (28) No. Received: (10) No Bids: (0)

RECORDED BY: R. BARNETT, BID ANNOUNCER: P. MITCHELL

	AIDS HEALTHCARE FOUNDATION	RIVER REGION HUMAN SERVICES, INC	UNIVERSITY OF FLORIDA BOARD OF TRUSTEES	LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA, INC.	GATEWAY COMMUNITY SERVICES, INC.
ITEM #1: MEDICAL CASE MANAGEMENT	$243,313.00		$511,200.00	$733,268.00	
ITEM #2: HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE					
ITEM #3: OUTPATIENT/AMBULATORY HEALTH SERVICES	$520,273.00		$309,718.00		
ITEM #4: ORAL HEALTH CARE					
ITEM #5: AIDS PHARMACEUTICAL ASSISTANCE	$102,356.00				
ITEM #6: MENTAL HEALTH SERVICES		$191,736.48	$14,743.00	$176,832.00	
ITEM #7: HOME AND COMMUNITY-BASED HEALTH SERVICES				$3,500.00	
ITEM #8: MEDICAL NUTRITION THERAPY			$77,843.00	$19,005.00	
ITEM #9: NON-MEDICAL CASE MANAGEMENT(FINANCIAL ELIGIBILITY)			$229,515.00		
ITEM #10: LEGAL SERVICES					
ITEM #11: OUTREACH SERVICES	$73,180.00			$106,362.00	
ITEM #12: SUBSTANCE ABUSE - RESIDENTIAL		$230,301.00			$167,805.00
ITEM #13: FOOD BANK/HOME DELIVERED MEALS				$20,000.00	
ITEM #14: PSYCHOSOCIAL SUPPORT SERVICES				$12,794.00	
ITEM #15: HOUSING (TRANSITIONAL)				$48,424.00	
ITEM #16: MEDICAL TRANSPORTATIONS SERVICES	$1,200.00				
ITEM #17: EMERGENCY FINANCIAL ASSISTANCE	$12,794.00				
ITEM #18: HEALTH EDUCATION/RISK REDUCTION				$12,794.00	
TOTAL PRICE	$953,116.00	$422,037.48	$1,143,019.00	$1,134,979.00	$167,805.00

ITEM NO.	DESCRIPTION	POINTS					
1	SCOPE OF SERVICES: Scope of Services Strengths	20	19.67	18.33	18.00	18.33	19.00
2	QUALITY MANAGEMENT: Quality Management Strengths	20	19.67	14.33	19.67	19.00	18.33
3	COLLABORATION: Collaboration Strengths	20	17.67	18.67	13.00	19.33	17.67
4	ORGANIZATION EXPERIENCE AND STRUCTURE: Organization Experience and Structure Strengths	20	18.00	16.33	18.33	17.00	19.00
5	BUDGET WORK PLAN: Budget/ Work Plan Strengths	20	19.67	19.67	24.00	19.00	17.67
	Total Points	100	94.68	89.33	93.00	92.66	91.67
	Minimum Requirements:						
	Business/Corporate References:		✓	✓	✓	✓	✓
	Insurance Agent Acknowledgement Form:		✓	✓	✓	✓	✓
	Conflict of Interest:		✓	✓	✓	✓	✓
	Addendums (1,2,3,4,5):		✓	✓	✓	✓	✓
	COMMENTS:						

SCORING MATRIX ESC-0301-21

RYAN WHITE CARE ACT – PART A / MINORITY AIDS INITIATIVE

Total Points	20 Points	20 Points	20 Points	20 Points	20 Points	OVERALL	Rank
Criteria	SCOPE OF SERVICES: Scope of Services Strengths	QUALITY MANAGEMENT: Quality Management Strengths	COLLABORATION: Collaboration Strengths	ORGANIZATION EXPERIENCE AND STRUCTURE: Organization Experience and Structure Strengths	BUDGET WORK PLAN: Budget/ Work Plan Strengths	Total Points (100)	
CAN COMMUNITY HEALTH, INC							
Krystle Cherry	19.00	20.00	18.00	18.00	20.00	95.00	
Will Evans	19.00	20.00	20.00	20.00	19.00	98.00	
Errol Schell	20.00	20.00	20.00	20.00	20.00	100.00	
Average	19.33	20.00	19.33	19.33	19.67	97.67	1.00
FLORIDA DEPARTMENT OF HEALTH-DUVAL COUNTY							
Krystle Cherry	17.00	17.00	7.00	10.00	17.00	68.00	
Will Evans	16.00	11.00	14.00	16.00	9.00	66.00	
Errol Schell	19.00	20.00	18.00	19.00	20.00	96.00	
Average	17.33	16.00	13.00	15.00	15.33	76.67	9.00
COMMUNITY REHABILITATION CENTER, INC.							
Krystle Cherry	11.00	10.00	17.00	9.00	12.00	59.00	
Will Evans	15.00	10.00	13.00	17.00	11.00	66.00	
Errol Schell	18.00	20.00	20.00	20.00	17.00	95.00	
Average	14.67	13.33	16.67	15.33	13.33	73.33	10.00

JACKSONVILLE AREA LEGAL AID, INC.							
Krystle Cherry	19.00	17.00	20.00	17.00	18.00	91.00	
Will Evans	18.00	18.00	17.00	20.00	15.00	88.00	
Errol Schell	20.00	20.00	20.00	20.00	18.00	98.00	
Average	19.00	18.33	19.00	19.00	17.00	92.33	5.00
NORTH EAST FLORIDA AIDS NETWORK							
Krystle Cherry	19.00	17.00	17.00	19.00	20.00	92.00	
Will Evans	17.00	18.00	18.00	15.00	15.00	83.00	
Errol Schell	20.00	20.00	20.00	20.00	18.00	98.00	
Average	18.67	18.33	18.33	18.00	17.67	91.00	7.00
AIDS HEALTHCARE FOUNDATION							
Krystle Cherry	20.00	20.00	17.00	19.00	20.00	96.00	
Will Evans	19.00	19.00	16.00	17.00	19.00	90.00	
Errol Schell	20.00	20.00	20.00	18.00	20.00	98.00	
Average	19.67	19.67	17.67	18.00	19.67	94.67	2.00
RIVER REGION HUMAN SERVICES, INC							
Krystle Cherry	18.00	12.00	18.00	18.00	20.00	86.00	
Will Evans	17.00	14.00	18.00	17.00	19.00	85.00	
Errol Schell	20.00	17.00	20.00	20.00	20.00	97.00	
Average	18.33	14.33	18.67	18.33	19.67	89.33	8.00
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES							
Krystle Cherry	19.00	20.00	17.00	15.00	25.00	96.00	
Will Evans	17.00	19.00	17.00	20.00	22.00	95.00	
Errol Schell	18.00	20.00	5.00	20.00	25.00	88.00	
Average	18.00	19.67	13.00	18.33	24.00	93.00	3.00

LUTHERAN SOCIAL SERVICES OF NORTHEAST FLORIDA, INC.							
Krystle Cherry	17.00	18.00	20.00	18.00	20.00	93.00	
Will Evans	18.00	19.00	18.00	15.00	20.00	90.00	
Errol Schell	20.00	20.00	20.00	18.00	17.00	95.00	
Average	18.33	19.00	19.33	17.00	19.00	92.67	4.00
GATEWAY COMMUNITY SERVICES, INC.							
Krystle Cherry	20.00	19.00	18.00	19.00	19.00	95.00	
Will Evans	17.00	18.00	16.00	20.00	14.00	85.00	
Errol Schell	20.00	18.00	19.00	18.00	20.00	95.00	
Average	19.00	18.33	17.67	19.00	17.67	91.67	6.00

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H89OO039
Federal Award Date 01/13/2021

Recipient Information

1. Recipient Name
   CITY OF JACKSONVILLE
   1809 Art Museum Dr
   Jacksonville, FL 32207-2507
2. Congressional District of Recipient
   05
3. Payment System Identifier (ID)
   159600034484
4. Employer Identification Number (EIN)
   596000344
5. Data Universal Numbering System (DUNS)
   004076998
6. Recipient's Unique Entity Identifier
7. Project Director or Principal Investigator
   Sandy Arts
   Program Manager
   sarts@coj.net
   (904)255-3342
8. Authorized Official
   Lenny Curry
   lcurry@coj.net

Federal Agency Information

9. Awarding Agency Contact Information
   Marie E Mehaffey
   Grants Management Specialist
   Health Resources and Services Administration
   MMehaffey@hrsa gov
   (301) 945-3934
10. Program Official Contact Information
    Melody Barry
    Health Resources and Services Administration
    mbarry@hrsa.gov
    (301) 945-9827

Federal Award Information

11. Award Number
    2 H89HA00039-27-00
12. Unique Federal Award Identification Number (FAIN)
    H89OO039
13. Statutory Authority
    42 U.S.C. § 300ff-11-20; 300H-121
14. Federal Award Project Title
    HIV EMERGENCY RELIEF PROJECT GRANTS
15. Assistance Listing Number
    93.914
16. Assistance Listing Program Title
    HIV Emergency Relief Project Grants
17. Award Action Type
    Competing Continuation
18. Is the Award R&D?
    No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	$1,349,654.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21 Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$1,349,654.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$1,349,654.00
26. Project Period Start Date 03/01/2021 - End Date 02/28/2022	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	$1,349,654.00

28. Authorized Treatment of Program Income
    Addition
29. Grants Management Officer – Signature
    Brad Barney on 01/13/2021

30. Remarks

This award includes the following sources of funding:

FY21 MAI - $114,984

FY21 FRML - $1,234,670

Total Funding - $1,349,654

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET weekdays.

HRSA
Health Resources & Services Administration

Notice of Award
Award Number: 2 H89HA00039-27-00
Federal Award Date 01/13/2021

Health Resources and Services Administration

31. APPROVED BUDGET: (Excludes Direct Assistance)

(X) Grant Funds Only

[ ] Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$0.00
b. Fringe Benefits	$0.00
c. Total Personnel Costs	$0.00
d. Consultant Costs	$0.00
e. Equipment	$0.00
f. Supplies	$0.00
g. Travel	$0.00
h. Construction/Alteration and Renovation	$0.00
i. Other	$0.00
j. Consortium/Contractual Costs	$0.00
k. Trainee Related Expenses	$0.00
l. Trainee Stipends	$0.00
m. Trainee Tuition and Fees	$0.00
n. Trainee Travel	$0.00
o. TOTAL DIRECT COSTS	$1,349,654.00
p. INDIRECT COSTS (Rate: % of S&W/TADC)	$0.00
q. TOTAL APPROVED BUDGET	$1,349,654.00
i. Less Non-Federal Share	$0.00
ii. Federal Share	$1,349,654.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	$1,349,654.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$0.00
ii. Offset	$0.00
c. Unawarded Balance of Current Year's Funds	$0.00
d. Less Cumulative Prior Award(s) This Budget Period	$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	$1,349,654.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Award(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	$0.00

35. FORMER GRANT NUMBER
BRH890039

36. OBJECT CLASS
41.15

37. BHCMIS#

38. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 3772306	93.914	21H89HA00039	$1,234,670.00	$0.00	FRML	21H89HA00039
21 - 3772305	93.914	21H89HA00039	$114,984.00	$0.00	MAI	21H89HA00039

RYAN WHITE PART A Grant Year 2021 Funds Distribution

Services/Providers	Krystle Cherry	Will Evans	Errol Schell	Average	Rank	% Available	Amount Available	Amount Available	Amount Requested	Partial Award	Remaining Request
Core Medical Services							Part A	MAI			
Ambulatory/Outpatient Medical Care						10.00%	$ 78,739.00				$ -
AHF	96	90	98	94.67	2				$ 520,273.00	$ 25,316.50	$ 494,956.50
CAN	95	98	100	97.67	1				$ 28,106.00	$ 28,106.00	$ -
UF	96	90	83	89.67	3				$ 309,718.00	$ 25,316.50	$ 284,401.50
Subtotal									$ 858,097.00	$ 78,739.00	$ 779,358.00
AIDS Pharmaceutical Assistance						2.00%	$ 15,748.00				
AHF	96	90	98	94.67	2				$ 102,356.00	$ 5,249.33	$ 97,106.67
CAN	95	98	100	97.67	1				$ 93,722.00	$ 5,249.34	$ 88,472.66
DOH	68	72	96	78.67	3				$ 78,850.00	$ 5,249.33	$ 73,600.67
Subtotal									$ 274,928.00	$ 15,748.00	$ 259,180.00
Medical Case Management						31.43%	$ 247,478.00	$ 68,489.00			
AHF	96	90	98	94.67	1				$ 243,313.00	$ 78,991.75	$ 164,321.25
CRC	59	72	88	73.00	5				$ 136,960.00		$ 136,960.00
LSS	95	90	95	93.33	2				$ 733,268.00	$ 78,991.75	$ 654,276.25
NFAN	92	83	98	91.00	3				$ 477,400.00	$ 78,991.75	$ 398,408.25
UF	96	90	83	89.67	4				$ 511,200.00	$ 78,991.75	$ 432,208.25
Subtotal									$ 2,122,141.00	$ 315,967.00	$ 1,806,174.00
Mental Health						3.75%	$ 29,527.00				
CRC	59	72	88	73.00	4				$ 92,379.00	$ -	$ 92,379.00
LSS	93	90	95	92.67	1				$ 176,832.00	$ 19,684.67	$ 157,147.33
River Region	86	85	97	89.33	3				$ 191,736.48	$ -	$ 191,736.48
UF	96	90	83	89.67	2				$ 14,743.00	$ 9,842.33	$ 4,900.67
Subtotal									$ 475,690.48	$ 29,527.00	$ 446,163.48
Oral Health						14.25%	$ 112,204.00				
CAN	95	98	100	97.67	1				$ 244,728.00	$ 56,102.00	$ 188,626.00
DOH	68	72	96	78.67	2				$ 590,485.00	$ 56,102.00	$ 534,383.00
Subtotal									$ 835,213.00	$ 112,204.00	$ 723,009.00
Home & Community Based						0.07%	$ 551.00				
LSS	93	90	95	92.67	1				$ 3,500.00	$ 551.00	$ 2,949.00
Subtotal									$ 3,500.00	$ 551.00	$ 2,949.00
Medical Nutrition Therapy						1.50%	$ 11,811.00				
LSS	93	90	95	92.67	1				$ 19,005.00	$ -	$ 19,005.00
NFAN	92	83	98	91.00	2				$ 50,631.00	$ -	$ 50,631.00
UF	96	90	83	89.67	3				$ 77,843.00	$ 11,811.00	$ 66,032.00
Subtotal									$ 150,979.00	$ 11,811.00	$ 139,168.00
Health Insurance Premium						15.00%	$ 118,109.00				
NFAN	92	83	98	91.00	1				$ 767,708.00	$ 118,109.00	$ 649,599.00
Subtotal									$ 767,708.00	$ 118,109.00	$ 649,599.00
TOTAL CORE SERVICES						78.00%	$ 614,367.00	$ 68,489.00	$ 5,488,256.48	$ 682,656.00	$ 4,805,600.48
Support Services							5682,656.00				
Non-Medical Case Management						4.50%	$ 35,433.00				
CAN	95	98	100	97.67	1				$ 197,063.00	$ 35,433.00	$ 161,630.00
DOH	68	72	96	78.67	3				$ 101,885.00	$ -	
UF	96	90	83	89.67	2				$ 229,515.00	$ -	
Subtotal										$ 35,433.00	
Substance Abuse - Residential						4.50%	$ 35,433.00				
Gateway	95	85	95	91.67	1				$ 167,805.00	$ 23,622.00	$ 144,183.00
River Region	86	85	97	89.33	2				$ 230,301.00	$ 11,811.00	$ 218,490.00
Subtotal										$ 35,433.00	
Medical Transportation						0.75%	$ 5,905.00				
AHF	96	90	98	94.67	1				$ 1,200.00	$ 1,200.00	$ -
NFAN	92	83	98	91.00	2				$ 16,928.00	$ 4,705.00	$ 12,223.00
Subtotal										$ 5,905.00	
Legal Services						4.50%	$ 35,433.00				
IALA	91	88	98	92.33	1				$ 230,301.00	$ 35,433.00	$ 194,868.00
Subtotal										$ 35,433.00	
Outreach						4.50%	$ 35,433.00				
AHF	96	90	98	94.67	2				$ 73,180.00	$ -	$ 73,180.00
CAN	95	98	100	97.67	1				$ 135,971.00	$ 11,811.00	$ 124,160.00
LSS	95	90	95	93.33	2				$ 108,362.00	$ 11,811.00	$ 96,551.00
NFAN	92	83	98	91.00	4				$ 29,849.00	$ 11,811.00	$ 18,038.00
Subtotal										$ 35,433.00	
Health Educational/Risk Reduction						0.25%	$ 1,968.00				
LSS	94	90	95	93.00	1				$ 12,794.00	$ 1,968.00	$ 10,826.00
Subtotal										$ 1,968.00	
Emergency Financial Assistance						0.25%	$ 1,968.00				
AHF	96	90	98	94.67	2				$ 12,794.00	$ 1,968.00	$ 10,826.00
CAN	95	98	100	97.67	1				$ 6,000.00		$ 6,000.00
DOH	68	72	96	78.67	3				$ 12,794.00		$ 12,794.00
Subtotal										$ 1,968.00	
Food Bank/Home Delivered Meals						1.50%	$ 11,811.00				
LSS	94	90	95	93.00	1				$ 20,000.00	$ 5,905.50	$ 14,094.50
NFAN	92	83	98	91.00	2				$ 38,500.00	$ 5,905.50	$ 32,594.50
Subtotal										$ 11,811.00	
Psychosocial Support Services						0.25%	$ 1,968.00				
LSS	93	90	95	92.67	1				$ 12,794.00	$ 1,968.00	$ 10,826.00
Subtotal										$ 1,968.00	
Transitional Housing						1.00%	$ 7,874.00				
LSS	93	90	95	92.67	1				$ 48,424.00	$ 7,874.00	$ 40,550.00
Subtotal										$ 7,874.00	
TOTAL SUPPORT SERVICES						22.00%	$ 173,226.00	$ -	$ -		$ -
TOTAL REQUESTED FUNDS									$ 5,488,256.48	$ 173,226.00	$ 5,315,030.48
AVAILABLE FUNDS						100.00%	$ 787,393.00	$ 68,489.00		$ 855,882.00	$ -

RYAN WHITE PART A Grant Year 2021 Funds Distribution

Services/Providers	Krystle Cherry	Will Evans	Errol Schell	Average	Rank	% Available	Amount Available	Amount Available	Amount Requested	Partial Award	Remaining Request
Core Medical Services							Part A	MAI			
Ambulatory/Outpatient Medical Care						10.00%	$ 78,739.00				$ -
AHF	96	90	98	94.67	2				$ 520,273.00	$ 25,316.50	$ 494,956.50
CAN	95	98	100	97.67	1				$ 28,106.00	$ 28,106.00	$ -
UF	96	90	83	89.67	3				$ 309,718.00	$ 25,316.50	$ 284,401.50
Subtotal									$ 858,097.00	$ 78,739.00	$ 779,358.00
AIDS Pharmaceutical Assistance						2.00%	$ 15,748.00				
AHF	96	90	98	94.67	2				$ 102,356.00	$ 5,249.33	$ 97,106.67
CAN	95	98	100	97.67	1				$ 93,722.00	$ 5,249.34	$ 88,472.66
DOH	68	72	96	78.67	3				$ 78,850.00	$ 5,249.33	$ 73,600.67
Subtotal									$ 274,928.00	$ 15,748.00	$ 259,180.00
Medical Case Management						31.43%	$ 247,478.00	$ 68,489.00			
AHF	96	90	98	94.67	1				$ 243,313.00	$ 78,991.75	$ 164,321.25
CRC	59	72	88	73.00	5				$ 156,960.00		$ 156,960.00
LSS	95	90	95	93.33	2				$ 733,268.00	$ 78,991.75	$ 654,276.25
NFAN	92	83	98	91.00	3				$ 477,400.00	$ 78,991.75	$ 398,408.25
UF	96	90	83	89.67	4				$ 511,200.00	$ 78,991.75	$ 432,208.25
Subtotal									$ 2,122,141.00	$ 315,967.00	$ 1,806,174.00
Mental Health						3.75%	$ 29,527.00				
CRC	59	72	88	73.00	4				$ 92,379.00	$ -	$ 92,379.00
LSS	93	90	95	92.67	1				$ 176,832.00	$ 19,684.67	$ 157,147.33
River Region	86	85	97	89.33	3				$ 191,736.48	$ -	$ 191,736.48
UF	96	90	83	89.67	2				$ 14,743.00	$ 9,842.33	$ 4,900.67
Subtotal									$ 475,690.48	$ 29,527.00	$ 446,163.48
Oral Health						14.25%	$ 112,204.00				
CAN	95	98	100	97.67	1				$ 244,728.00	$ 56,102.00	$ 188,626.00
DOH	68	72	96	78.67	2				$ 590,485.00	$ 56,102.00	$ 534,383.00
Subtotal									$ 835,213.00	$ 112,204.00	$ 723,009.00
Home & Community Based						0.07%	$ 551.00				
LSS	93	90	95	92.67	1				$ 3,500.00	$ 551.00	$ 2,949.00
Subtotal									$ 3,500.00	$ 551.00	$ 2,949.00
Medical Nutrition Therapy						1.50%	$ 11,811.00				
LSS	93	90	95	92.67	1				$ 19,005.00	$ -	$ 19,005.00
NFAN	92	83	98	91.00	2				$ 50,631.00	$ -	$ 50,631.00
UF	96	90	83	89.67	3				$ 77,843.00	$ 11,811.00	$ 66,032.00
Subtotal									$ 150,979.00	$ 11,811.00	$ 139,168.00
Health Insurance Premium						15.00%	$ 118,109.00				
NFAN	92	83	98	91.00	1				$ 767,708.00	$ 118,109.00	$ 649,599.00
Subtotal									$ 767,708.00	$ 118,109.00	$ 649,599.00
TOTAL CORE SERVICES						78.00%	$ 614,167.00	$ 68,489.00	$ 5,488,256.48	$ 682,656.00	$ 4,805,600.48
Support Services							$682,656.00				
Non-Medical Case Management						4.50%	$ 35,433.00				
CAN	95	98	100	97.67	1				$ 197,063.00	$ 35,433.00	$ 161,630.00
DOH	68	72	96	78.67	3				$ 101,885.00	$ -	
UF	96	90	83	89.67	2				$ 229,515.00	$ -	
Subtotal										$ 35,433.00	
Substance Abuse - Residential						4.50%	$ 35,433.00				
Gateway	95	85	95	91.67	1				$ 167,805.00	$ 23,622.00	$ 144,183.00
River Region	86	85	97	89.33	2				$ 230,301.00	$ 11,811.00	$ 218,490.00
Subtotal										$ 35,433.00	
Medical Transportation						0.75%	$ 5,905.00				
AHF	96	90	98	94.67	1				$ 1,200.00	$ 1,200.00	$ -
NFAN	92	83	98	91.00	2				$ 16,928.00	$ 4,705.00	$ 12,223.00
Subtotal										$ 5,905.00	
Legal Services						4.50%	$ 35,433.00				
JALA	91	88	98	92.33	1				$ 230,301.00	$ 35,433.00	$ 194,868.00
Subtotal										$ 35,433.00	
Outreach						4.50%	$ 35,433.00				
AHF	96	90	98	94.67	2				$ 73,180.00	$ -	$ 73,180.00
CAN	95	98	100	97.67	1				$ 135,971.00	$ 11,811.00	$ 124,160.00
LSS	95	90	95	93.33	2				$ 108,362.00	$ 11,811.00	$ 96,551.00
NFAN	92	83	98	91.00	4				$ 29,849.00	$ 11,811.00	$ 18,038.00
Subtotal										$ 35,433.00	
Health Educational/Risk Reduction						0.25%	$ 1,968.00				
LSS	94	90	95	93.00	1				$ 12,794.00	$ 1,968.00	$ 10,826.00
Subtotal										$ 1,968.00	
Emergency Financial Assistance						0.25%	$ 1,968.00				
AHF	96	90	98	94.67	2				$ 12,794.00	$ 1,968.00	$ 10,826.00
CAN	95	98	100	97.67	1				$ 6,000.00		$ 6,000.00
DOH	68	72	96	78.67	3				$ 12,794.00		$ 12,794.00
Subtotal										$ 1,968.00	
Food Bank/Home Delivered Meals						1.50%	$ 11,811.00				
LSS	94	90	95	93.00	1				$ 20,000.00	$ 5,905.50	$ 14,094.50
NFAN	92	83	98	91.00	2				$ 38,500.00	$ 5,905.50	$ 32,594.50
Subtotal										$ 11,811.00	
Psychosocial Support Services						0.25%	$ 1,968.00				
LSS	93	90	95	92.67	1				$ 12,794.00	$ 1,968.00	$ 10,826.00
Subtotal										$ 1,968.00	
Transitional Housing						1.00%	$ 7,874.00				
LSS	93	90	95	92.67	1				$ 48,424.00	$ 7,874.00	$ 40,550.00
Subtotal										$ 7,874.00	
TOTAL SUPPORT SERVICES						22.00%	$ 173,226.00	$ -	$ -		$ -
TOTAL REQUESTED FUNDS									$ 5,488,256.48	$ 173,226.00	$ 5,315,030.48
AVAILABLE FUNDS						100.00%	$ 787,393.00	$ 68,489.00		$ 855,882.00	$ -

(24) 02-22-2021

City of Jacksonville, Florida
Request for Budget Transfer Form

Parks, Recreation & Community Services / Social Services
Department or Area Responsible for Contract / Compliance / Oversight

Countywide
Council District(s)

Reversion of Funds: (if applicable)
Fund / Center / Account / Project * / Activity / Interfund / Future

2021-2022
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable):

CIP (yes or no):

Justification for Waiver

Justification for / Description of Transfer:

Appropriate initial (partial) grant funds from the US Department of Health and Human Services for Ryan White HIV/AIDS Program Part A in the amount of $1,349,654.00. This award received for Grant Year 2021/2022. The Grant provides HIV related health and support services to persons living with HIV/AIDS and residing in the Jacksonville Transitional Grant Area composing Duval, Nassau, Clay and St. Johns Counties. Provide service in targeted zip codes to increase persons who know their HIV Status, by providing Outpatient Ambulatory Medical Care, Pharmaceutical Assistance, Mental Health and Oral Health, etc. These funds will expire at the end of February 28, 2022. Grant is authorized in Ord 2020-0504-E B1a Schedule. Related KC21-069

Net Amount Appropriated and/or Transferred: $1,349,654.00

* This element of the account string is titled project but it houses both projects and grants.

CITY COUNCIL

Requesting Council Member:

CM's District:

Requesting Council Member:

CM's District:

Prepared By:

Ordinance:

OFFICE OF THE MAYOR

☒ BUDGET ORDINANCE ☒ TRANSFER DIRECTIVE

TD / BT Number: TD21-

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head				
Mayor's Office		FEB 2 2021		
Accounting Division		2/22/21		
Budget Division	2-22-21			

Date of Action By Mayor: FEB 2 2 2021

Approved:

Division Chief: Johnnetta Moore

Date Initiated: 2/9/21

Prepared By: Sandy Arts

Phone Number: 255-3342

Initiated / Requested By (if other than Department):

APPROVED BY:
MAYOR'S BUDGET REVIEW COMMITTEE
FEB 2 2 2021
DATE

Budget Transfer Line Item Detail

* This element of the account string is titled project but it houses both projects and grants.

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Total: $1,349,654.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Rev	Community Services Grants	Ryan White HIV/AIDS Program Part A	Department of Health and Human Services	$1,349,654.00	11406	164011	331690	010219	00000000	00000	0000000

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: $1,349,654.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Subobject Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Permanent and Probationary Salaries	$190,529.00	11406	164011	512010	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Salaries Part Time	$28,000.00	11406	164011	513060	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Special Pay - Pensionable	$3,100.00	11406	164011	515110	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Medicare Tax	$2,814.00	11406	164011	521020	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Pension Contribution	$8,700.00	11406	164011	522010	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	GEPP DB Unfunded Liability	$37,274.00	11406	164011	522011	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Disability Trust Fund-ER	$581.00	11406	164011	522070	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	GEPP Defined Contribution DC-ER	$4,891.00	11406	164011	522130	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Group Dental Plan	$480.00	11406	164011	523010	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Group Life Insurance	$470.00	11406	164011	523030	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Group Hospitalization Insurance	$22,291.00	11406	164011	523040	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	City Employees Worker's Compensation	$556.00	11406	164011	524001	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Travel Expense	$2,000.00	11406	164011	540020	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Local Mileage	$400.00	11406	164011	540210	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Rentals - Land & Buildings	$57,283.00	11406	164011	544010	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	General Liability Insurance	$877.00	11406	164011	545020	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Miscellaneous Services & Charges	$5,120.00	11406	164011	549040	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	ISA-Copy Center	$1,200.00	11406	164011	549512	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	ISA-Mailroom Charge	$500.00	11406	164011	549529	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	ISA-OGC Legal	$1,500.00	11406	164011	549532	010219	00000000	00000	0000000

Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Office Supplies - Other	$3,000.00	11406	164011	551010	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Food	$4,000.00	11406	164011	552060	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Employee Training Expenses	$100.00	11406	164011	555001	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Subsidies & Contributions To Private Org	$935,882.00	11406	164011	582001	010219	00000000	00000	0000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Indirect Cost - Grants	$38,106.00	11406	164011	599030	010219	00000000	00000	0000000

Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H89000039
Federal Award Date 01/13/2021

Recipient Information

1. Recipient Name
CITY OF JACKSONVILLE
1809 Art Museum Dr
Jacksonville, FL 32207-2507

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1596000344B4

4. Employer Identification Number (EIN)
596000344

5. Data Universal Numbering System (DUNS)
004076998

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator
Sandy Arts
Program Manager
sarts@coj.net
(904)255-2342

8. Authorized Official
Lenny Curry
lcurry@co_.net

Federal Agency Information

9. Awarding Agency Contact Information
Marie E Mehalley
Grants Management Specialist
Health Resources and Services Administration
MMehalley@hrsa.gov
(301) 945-3934

10. Program Official Contact Information
Melody Barry
Health Resources and Services Administration
mbarry@hrsa.gov
(301) 945-9827

Federal Award Information

11. Award Number
2 H89HA00039-17-00

12. Unique Federal Award Identification Number (FAIN)
H89000039

13. Statutory Authority
42 U.S.C. § 300ff-11 20; 300ff-121

14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS

15. Assistance Listing Number
93.914

16. Assistance Listing Program Title
HIV Emergency Relief Project Grants

17. Award Action Type
Competing Continuation

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	$1,349,654.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	$0.00
22. Offset	$0.00
23. Total Amount of Federal Funds Obligated this budget period	$1,349,654.00
24. Total Approved Cost Sharing or Matching, where applicable	$0.00
25. Total Federal and Non-Federal Approved this Budget Period	$1,349,654.00
26. Project Period Start Date 03/01/2021 - End Date 02/28/2022	
27. Total Amount of the Federal Award Including Approved Cost Sharing or Matching this Project Period	$1,349,654.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Brad Barney on 01/13/2021

30. Remarks

This award includes the following sources of funding:

FY21 MAI - $114,984

FY21 FAMI - $1,234,670

Total Funding - $1,349,654

City Department/ Division	Grantor	Grant Name	Grant Description	2020-504-E Schedule of Continuation Grants				
				Estimated Grant Award	Total Match Requested	In Kind Contribution	FTE Positions	Part Time Hours
Neighborhoods - Environmental Quality	U.S. Environmental Protection Agency	Particulate Matter 103 Grant	Funding to operate an ambient air quality monitoring network for particulate matter 2.5 microns or less. Staff in this activity operates standard and continuous monitoring for this pollutant. All data collected at these sites must comply with EPA's Quality Assurance Plan.	$85,661	$0	$0	1	0
Neighborhoods - Mosquito Control	Florida Department of Transportation	Clean It Up - Green It Up	Promotion of Great American Cleanup/Drive It Home-Keep Our Paradise Liter Free Trash Off. Provides funding for cleanup supplies and materials for community and countywide cleanups.	$15,000	$0	$15,000	0	0
Neighborhoods - Mosquito Control	Florida Inland Navigation District	Water Way Cleanup Program	Neighborhood Cleanup Support - Organized volunteer groups cleaning public rights-of-ways or other public areas are eligible for planning assistance and free support materials, such as bags and gloves. Annual Community Cleanups; Adopt-A-Road Groups make a long-term commitment to perform monthly cleanups on city roadways and Litter Free Events.	$5,000	$0	$300	0	0
Parks, Rec and Community Services	State Department of Elder Affairs/Elder Source	EHEAP	Funding to provide crisis assistance to eligible low-income households with at least one individual aged 60 or older experiencing a heating or cooling emergency. The program allows for payments to utility companies, the purchase of blankets, portable heaters and fans, repairs of existing heating or cooling equipment, and the payment of reconnection fees.	$195,000	$0	$0	1	0
Parks, Rec and Community Svcs - Senior Services	State Department of Elder Affairs	Senior Companion Program	Funding for center-based group respite, educational activities and events for elders with first-stage memory loss along with their caregivers as well as stipends to low-income volunteers. Stipends are paid by the State.	$3,000	$0	$0	0	0
~~Parks, Rec and Community Svcs: Social Services~~	~~Department of HHS~~	~~Ryan White Part A~~	~~Health Resources and Services Administration - HIV/AIDS Programs~~	~~$6,000,000~~	~~$0~~	~~$0~~	~~(4)~~	~~(832)~~
Parks, Rec and Community Svcs: Social Services	Department of Justice	Training and Services to end Violence Against women with Disabilities	Training and Services to End Violence Against Women with Disabilities	$425,000	$0	$0	0	0
Parks, Rec and Community Svcs: Social Services	Department of Justice	Jacksonville Safety First	Funding to provide supervised visitation services to protect children affected by domestic violence.	$550,000	$0	$0	0	0
Parks, Rec and Community Svcs: Social Services	DOJ / Office of the Florida Attorney General	Victims of Crime Act (VOCA)	Information and Referrals for Crime Victims.	$301,852	$0	$75,463	4	0

Department	Fund	1Cloud Account String [subfund-center-project-activity-interfund-future]	FY21 Proposed	Description of each Service/Event that requires the purchase of food/beverage	Explanation that the Service/Event serves a public purpose
Parks, Recreation, and Community Services	11406	11406-162111-010089-00000000-00000-0000000	2,050	Food and water are provided at the Annual RSVP volunteer recognition event for volunteers and community representatives and smaller events throughout the year to recognize the special efforts of RSVP volunteers.	Food and water are provided at the Annual RSVP volunteer recognition event for volunteers and community representatives and smaller events throughout the year to recognize the special efforts of RSVP volunteers.
Parks, Recreation, and Community Services	11406	11406-164011-010003-00000000-00000-0000000	4,000	Ryan White Care Act grant	Provide food for clients and contracted agencies that attend public meetings or events related to the grant program
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	500	Art Receptions for DCPS students at the library.	These receptions engage students, teachers, school administrations, and families in a celebration of their work at the library. Fruit, snacks, and punch for children and their families.
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	6,000	Summer Learning Program: The summer learning program engages youth in an incentive program to encourage daily reading, to fight the summer slide.	Six-week summer learning programs engage youth who are out of school in learning activities and encourage the development of the big five academic skills, with a focus on literacy. Various six week programs have edible crafts imbedded into the program. Weekly incentives, like snacks and candy are also provided. The kick off and closing parties for summer engages our community in a celebration of reading.
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	300	Volunteer training	Quarterly JPL new volunteer training and annual volunteer conference further engage our volunteers in supporting JPL. Light snacks and beverages are provided to participants.
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	200	Graduation Ceremonies for Center for Adult Learning.	Celebrates the accomplishments of Center for Adult Learning students who have received their GED or High School Diploma through our services. Cake water and tea are served at two ceremonies.
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	2,000	Library Programs (Adult and Youth)	Numerous system-wide programs and series of programs held throughout the year that promote reading and literacy. Incentives such as candy and snacks are used in youth programs. Adult programming, such as BookFest, occasionally have light refreshments
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	150	Library Programs @ Regency Branch (Adult and Youth)	Food/Beverage- Support of ongoing and one off programs for children, teens and adults that encourages reading, learning and community building
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	400	Library Programs @ Beaches Branch (Adult and Youth)	Food/Beverage- Support of ongoing and one off programs for children, teens and adults that encourages reading, learning and community building
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	500	Library Programs @ Pablo Creek Branch (Adult and Youth)	Food/Beverage- Support of ongoing and one off programs for children, teens and adults that encourages reading, learning and community building
Public Libraries	11521	11521-185101-549006-000000-00000000-00000	150	Library Programs @ University Park Branch (Adult and Youth)	Food/Beverage- Support of ongoing and one off programs for children, teens and adults that encourages reading, learning and community building

City of Jacksonville, Florida

Daryl Joseph, Director

Parks, Recreation and Community Services Department
214 N Hogan Street, 4th Floor
Jacksonville, FL 32202
(904) 255-7903
www.coj.net

ONE CITY. ONE JACKSONVILLE.

February 9, 2021

MEMORANDUM

TO: Brian Hughes, Chief Administrative Officer and Chair
Mayor's Budget Review Committee

FROM: Johnnetta Moore, Chief
Social Services Division

THRU: Daryl Joseph, Director
Parks, Recreation and Community Services

RE: **Request to Appropriate Ryan White Part A Program Grant Funds**

The Social Services Division respectfully requests that the Mayor's Budget Review Committee approve the initial FY 2021 Department of Health and Human Services funds for $1,349,654. This appropriation constitutes a partial award of funds for grant year March 1, 2021 to February 28, 2022. Grant funds will provide HIV-related health and support services to persons living with HIV and residing in the Jacksonville Transitional Grant Area (TGA). Funds will be expended during the grant year. No city matching funds are required. Grant funds for $6,000,000 are authorized in Ordinance 2020-504-E.

If additional information is required, please do not hesitate to contact me at jmoore@coj.net or 255-3322.

Thank you for your assistance.

Attachments: Transfer Directive
Ordinance 202-504--E
Notice of Award
White paper

Health and Human Services
Health Resources and Services Administration

Department: Parks, Recreation and Community Services
Division: Social Services
Program: Ryan White Part A

Date: January 26, 2021

Purpose: The City of Jacksonville has received initial (partial) grant funds from the US Department of Health and Human Services for Ryan White HIV/AIDS Part A Program for $1,349,654.00. This award received is for Grant Year 2021/2022. The Grant provides HIV related core medical and support services to persons living with HIV/AIDS and reside in the Jacksonville Transitional Grant Area composed of Duval, Nassau, Clay and St. Johns Counties. Provide service in targeted zip codes to increase persons who know their HIV Status, by providing Outpatient Ambulatory Medical Care, Pharmaceutical Assistance, Mental Health, Oral Health, etc. These funds will expire at the end of February 28, 2022.

Background: The City of Jacksonville, Social Services Division, Ryan White Part A Program serves as the Administrative Agency for the Jacksonville Transitional Grant Area (JTGA). The JTGA includes the four counties of Duval, St. Johns, Clay, and Nassau. The population of the TGA is approximately 1.4 million with an HIV prevalence of 7,558. HIV Planning and Programmatic Activities are done in collaboration with the Area 4 Ryan White Part B AIDS Program Office which provides services for the same counties with the addition of Baker County.

Duval County remains the epicenter of the local epidemic and is one of 48 counties in the nation with the highest burden of HIV, disproportionately affecting African Americans, and concentrated in a cluster of zip codes within the Jacksonville urban core punctuated by excess poverty which affects all levels of social determinants of health from housing, nutrition, transportation, and barriers to accessing care

Status: Initial (partial) Grant award $1,349,654.00

Funding Period : March 1, 2021 to February 28, 2022

Benefits to the Community: The JTGA HIV system of care proposes a comprehensive response to the HIV epidemic. It begins by working across multiple funding streams and stakeholders to design solutions that close gaps in the lower end, of the Health Care Continuum.

Saulo, Marcia

From: Basilio, Bella
Sent: Monday, February 22, 2021 7:48 AM
To: Boston, Philip; Regueiro, Jose
Cc: Saulo, Marcia
Subject: FW: TD21-119
Attachments: EQD.pdf

Approved

Thank you,

Bella M. Basilio
Manager of Accounting Services-Grants
Finance – General Accounting
117 W. Duval St, Suite 375
Jacksonville, FL 32202
bbasilio@coj.net
(904)255-5244
Fax (904)255-5282

-----Original Message-----
From: Boston, Philip <PBoston@coj.net>
Sent: Friday, February 19, 2021 3:37 PM
To: Basilio, Bella <BBASILIO@coj.net>
Cc: Regueiro, Jose <JRegueiro@coj.net>; Saulo, Marcia <MSaulo@coj.net>
Subject: TD21-119

-----Original Message-----
From: P0000@coj.net <P0000@coj.net>
Sent: Friday, February 19, 2021 3:15 PM
To: Boston, Philip <PBoston@coj.net>
Subject: EQD

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.

Attachment File Type: pdf, Multi-Page

Multifunction Device Location: St James 3rd Floor
Device Name: P0070

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REQUEST FOR PROPOSAL

RYAN WHITE CARE ACT - PART A / MINORITY AIDS INITIATIVE

For

City of Jacksonville, Florida

SECTION 1
(Specific Information Regarding this RFP)

1.1 Introduction

The City of Jacksonville ("**Buyer**") intends to hire one or more firms ("**Contractor, Consultant, Bidder or Recipient**") to provide the services described in Section 1.2 of this Request for Proposal ("**RFP**"). Persons interested in submitting a response to this RFP (a "**Response**") should carefully review this RFP for instructions on how to respond and for the applicable contractual terms. This RFP is divided into the following sections:

Section 1	Specific Information Regarding This RFP
Section 2	General Instructions
Section 3	General Terms and Conditions of Agreement
Section 4	Description of Services and Deliverables
Section 5	Eligibility to Apply
Section 6	General Terms and Conditions
Section 7	Instructions for responding to the RFP
Section 8	Core Medical Service Categories
Section 9	Support Service Categories
Attachment A	Response Format
Attachment B	Evaluation Criteria
Attachment C	Equal Business Opportunity Program (Set-Aside)
Attachment D	Service Contract
Attachment E	Disqualified/Probationary Vendors List
Attachment F	Indemnification
Attachment G	Insurance Requirements
Attachment H	Protest Procedures
Attachment I	Budget and Budget Narrative Justification Preparation
Table 1	Work Plan for Fiscal Year 2021/2022
Table 2	Summary of Funding Sources
Table 3	Application Checklist
Form 1	Proposal Cover Sheet
Form 2	Conflict of Interest Certificate
Form 3	Insurance Agent Acknowledgment
Form 4	Business/Corporate References
Form 5	No Bid Form

In the event of conflicting provisions, the following sections of this RFP will have priority in the order listed: Section 1, Section 4, Section 2, Section 3, the Attachments, and the Forms.

1.2 Scope of Services.

The services sought under this RFP are generally described as follows: The City of Jacksonville, Parks, Recreation and Community Services Department, Social Services Division is currently accepting bids to obtain source(s) of supply for the item(s) / service(s) as outlined in the bid documents provided. The purpose of this bid invitation is to obtain information about your firm and its ability to provide these items and to obtain pricing commitments for RYAN WHITE CARE ACT - PART A/ MINORITY AIDS INITIATIVE as listed in the RFP, see additional information on page 29-30 (Program Account By Service Category).

1.3 Term of Agreement.
The term of this agreement will be from March 1, 2021 through February 28, 2022. Buyer will have the option to renew and negotiate such agreement for an additional two (2) one-year period of service up on satisfactory performance by Contractor and if mutually agreed upon by both parties. The contract is subject to early termination as set forth elsewhere in this RFP.

1.4 Minimum Vendor Requirements
Contractors must satisfy the following mandatory minimum requirements in order to have their Responses evaluated. By submitting a Response, Contractor warrants and represents that it satisfies these requirements. Failure to meet these requirements will result in the Response not being evaluated and being rejected as non-responsive:

A. 501(c)(3) exempt state letter (if applicable).
B. Business licensures as proof of eligibility to do business in the State of Florida.
C. Federal Tax Identification Number.
D. Agency Medicaid Number and/or Individual Employee Medicaid Number, if applicable.

1.5 Equal Business Opportunity Program.
It is an official policy of the City of Jacksonville to encourage the maximum participation of Jacksonville Small and Emerging Businesses (JSEBs) in its contract awards based upon availability. To participate as a JSEB on Buyer projects, a company must be certified as a JSEB with the City's Equal Business Opportunity Office.

This RFP and the resulting Contract are subject to requirements of the "Equal Business Opportunity Program (Set-Aside)," which is fully described on Attachment C to this RFP.

Contractors may contact Buyer's Equal Business Opportunity Office at 904-255-8840 or find the JSEB directory on Buyer's website. Please contact the Contact Person identified in Section 1.12 if you are uncertain of Buyer's website address or if you experience problems accessing it.

1.6 Documents Available for Inspection.
N/A

1.7 Federal Funds.
Federal funds will be used as part of this solicitation.

1.8 Pre-Proposal Meeting Non-Mandatory.
There will be a non-mandatory pre-proposal meeting scheduled for this RFP on December 15, 2020, at 10:30 am, located at 214 N. HOGAN STREET, SUITE 851, JACKSONVILLE, FL 32202

1.9 Response Due Date.
The deadline for submitting responses to this RFP is January 13, 2021 at 2:00 p.m. ET. Please see Sections 2.3 and 2.4 for more details.

1.10 Response Delivery Location.
Responses must be delivered to the following location:

City of Jacksonville
Procurement Division
214 N. Hogan Street, Room 105
Jacksonville, Florida 32202

It is the sole responsibility of each Contractor to assure all copies are EXACT duplicates of the original Response. Photocopies or CD copies will be used for the purpose of evaluating the Responses. Any information contained in the original Response which has not been transferred to the CDs or photocopies will NOT be considered. The original document will be used solely for official record keeping and auditing purposes.

2.5 **Evaluation of Responses.**

A. Buyer will determine the qualifications, interest and availability of Contractors by reviewing all Responses and, when deemed necessary in the sole discretion of Buyer, by conducting formal interviews of selected Contractors.

B. Before making an award, Buyer reserves the right to seek clarifications, revisions, and information it deems necessary for the proper evaluation of Responses. Failure to provide any requested clarifications, revisions or information may result in rejection of the Response.

C. Buyer reserves the right to accept or reject any and all Responses, or separable portions thereof, and to waive any minor irregularity, technicality, or omission if Buyer determines that doing so will serve Buyer's best interests. Buyer may reject any Response not submitted in the manner specified by the RFP.

2.6 **Award of Contract.**

A. The process for contract award is set forth in Jacksonville Ordinance Code Sections 126.204. Generally, Buyer will award the Contract to the responsible and responsive proposer whose Response is determined in writing to be the most advantageous to the City of Jacksonville, based solely on the relative importance assigned to price and of the criteria set forth in Attachment B. The award may be contingent on the outcome of direct negotiations under Section 126.201(d)(4) and 126.201(n), *Ordinance Code*. If an agreement cannot be reached with the highest ranked Contractor, Buyer reserves the right to make an award to the next highest ranked Contractor or subsequent Contractor(s) until an agreement is reached.

B. Buyer may make an award within sixty (60) days after the date of the Responses are due, during which period the Responses shall remain firm and shall not be withdrawn. Any Response that expresses a shorter duration may, in Buyer's sole discretion, be accepted or rejected. If award is not made within sixty (60) days, the Response shall remain firm until either the Contract is awarded or Buyer receives from Contractor written notice that the Response is withdrawn. [Note: Withdrawal of a Response may be requested within 72 hours (excluding State holidays, Saturdays and Sundays) after the date and time Responses are due. Buyer will not accept an amended Response after the date and time Responses are due.]

C. Except as may otherwise be expressly set forth in the RFP, Buyer intends to award one contract, but reserves the right to enter into a contract with multiple Contractors or to reject all Responses.

D. Based on the evaluation results, Buyer shall electronically post a notice of intended award at Buyer's website. Please contact the Contact Person if you are uncertain of Buyer's website address or if you experience problems accessing it. Any person who is adversely affected by the decision shall file with Buyer a notice of protest in accordance with the Protest provisions of the RFP. Buyer does not intend to provide tabulations or notices of award by telephone.

2.7 **Terms of Agreement.** After award to the successful Contractor, Buyer and Contractor will promptly enter into a written agreement (the "Contract") incorporating the terms of the RFP, the successful Response, and other terms and conditions as may be agreed to between the parties. To the extent the Response contains exceptions to or modifications of the RFP, such exceptions or modifications are stricken unless Buyer affirmatively accepts the exceptions or modifications in the Contract. The Contract will be substantially in the form set forth in an attachment to the RFP. Buyer will not be obligated to pay Contractor for the RFP services until the Contract is signed by both parties. Buyer retains the right to reject all bids and/or amend its notice of award at any time prior to the full execution of the Contract.

If the successful Contractor fails to perform the Services as agreed, Buyer reserves the right to (i) issue a new solicitation for the Services; (ii) reopen the RFP for the purpose of awarding a second contract to

another Contractor in accordance with the criteria and processes set forth herein; and/or (iii) take such other actions permitted by law.

2.8 **Public Meetings and Special Accommodations.** Any meetings of the RFP evaluation committee (i.e., the Competitive Sealed Proposal Evaluation Committee), shall be noticed on Buyer's website and shall comply with Florida's Open Meetings Laws. Please contact the Contact Person if you are uncertain of Buyer's website address or if you experience problems accessing it. Persons requiring a special accommodation because of a disability should contact the Contact Person identified in Section 1 at least forty-eight (48) hours prior to the meeting.

2.9 **Ex-Parte Communications.** Communications regarding the RFP by a potential vendor, service provider, bidder, lobbyist or consultant to city employees, staff, or hired consultants are prohibited. This prohibition includes communications with the Buyer's Office of General Counsel unless the Contact Person has authorized those communications in advance. Violations may result in the rejection/disqualification of a Response.

These prohibitions on ex-parte communications do not apply to the following:

- communications regarding the RFP to the Chief of the Procurement Division or the Contact Person, provided the communication is limited strictly to matters of process or procedure already contained in the RFP.
- communications with the city employee responsible for administering the Jacksonville Small Emerging Business Program, provided the communication is limited strictly to matters of programmatic process or procedures.
- communications at any pre-proposal conferences.
- communications with the Office of Inspector General and his/her staff regarding any perceived inefficiency, misconduct or abuse by City employees.
- presentations before publicly noticed committee meetings.
- contract negotiations during any duly noticed public meeting.
- any duly noticed site visits to determine competency of contractors during the period between RFP opening and issuance of the Chief of Procurement Division's written recommendation.
- communications that are necessary for, and solely related to, the ordinary course of business concerning Buyer's existing contract(s) for the materials or services addressed in the RFP.

The period for these prohibitions commences upon the advertisement of the RFP and terminates after the Chief of the Procurement Division issues a written recommendation to the corresponding awarding committee. If the awarding committee refers the Chief's recommendation back for further review, the prohibitions shall be reinstated until such time as the Chief issues a subsequent recommendation.

2.10 **Cost of Developing RFP Response.** All costs related to the preparation of Responses and any related activities are the sole responsibility of Contractor. Buyer assumes no liability for any costs incurred by Contractors throughout the entire selection process.

2.11 **Response Ownership.** All Responses, including attachments, supplementary materials, addenda, etc., shall become property of Buyer and shall not be returned to Contractor. Buyer will have the right to use any and all ideas or adaptation of ideas presented in any Response. Acceptance or rejection of a Response shall not affect this right.

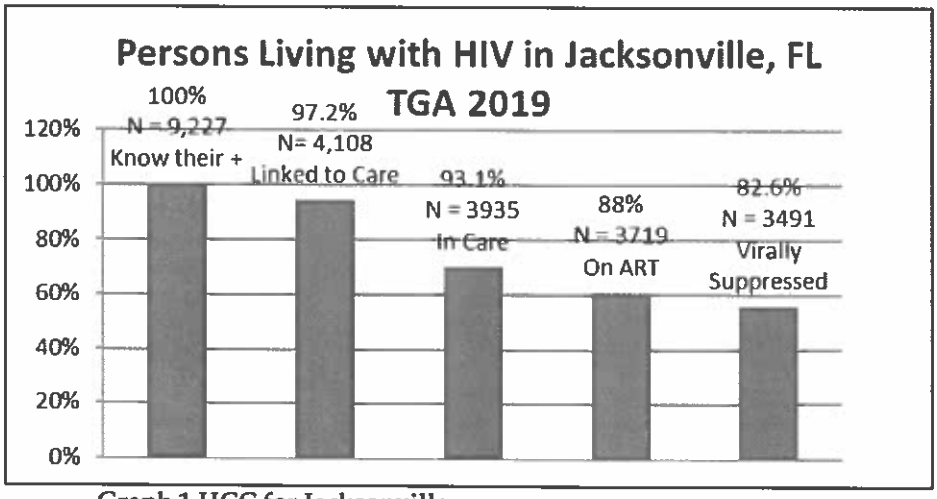
Section 4
Description of Services and Deliverables

Contents

4.1 Purpose
4.2 Background
4.3 Services to be Funded
4.4 Funding Sources
4.5 Time Line
4.6 Definition of Terms

4.1 PURPOSE

This announcement solicits applications for Jacksonville Transitional Grant Area (JTGA) Ryan White Part A Program Grant Funds, hereinafter referred to as the "Ryan White Part A Program". The City of Jacksonville receives federal funds pursuant to the Ryan White Part A HIV/AIDS Treatment Extension Act of 2009, including Minority AIDS Initiative (MAI) funds. Further information regarding Part A of Title XXVI of the Public Service Health Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) can be found at https://hab.hrsa.gov/about-ryan-white-hivaids-program/ryan-white-hivaids-program-legislation. The Ryan White Part A Program provides services to people living with HIV/AIDS (PLWHA) in the JTGA which is made up of Clay, Duval, Nassau, and St. Johns Counties. The purpose of this funding is to improve the quality and availability of healthcare of the PLWHA and establish services for people with HIV who would otherwise have no access to healthcare and other support services. Expectations are that eligible providers will apply for funds who can demonstrate capacity to support and further develop and/or expand systems of comprehensive and integrated care to meet the urgent needs of PLWHA within the jurisdiction to achieve the HIV Continuum of Care (HCC) milestones that either equals or exceeds the area's 2019 HCC results. The JTGA HCC below was developed from Florida Department of Health HIV/AIDS Surveillance data, eHARS (Enhanced HIV/AIDS Reporting System), and state and national estimates available online.[1,2,3] The JTGA utilizes the *diagnosis-based* HIV care continuum approach to monitor progress in suppressing viral load in PLWHA and identifying key HIV prevention and care needs to accomplish this goal. Graph 1 below represents the HCC for Jacksonville in 2019 provided by the Florida Department of Health:



Graph 1 HCC for Jacksonville

[1] http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/partnership-slide-sets1.html
[2] http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-slide-sets.html
[3] http://www.cdc.gov/hiv/pdf/research_mmp_stagesofcare.pdf

4.2 BACKGROUND

For the past twenty six years, the City of Jacksonville has been the Administrative Agency (recipient) responsible for administering the Ryan White Part A Program including MAI funding in Northeast Florida. These federal funds represent a large investment by the federal government specifically for the provision of services for the poor and underserved members of the community who live with HIV/AIDS. A coordinated plan and response to the diverse needs of PLWHA is carried out through the activities of the the Metropolitan Jacksonville Area HIV Health Services Planning Council (Planning Council) which was established under the authority of the Public Health Service Act – Public Law 101-381. The Planning Council is representative of the demographics of the local epidemic and ensures that the goals of all the Ryan White Part A Programs are in line with the National HIV/AIDS Strategy (NHAS) for the United States. The NHAS goals are to 1) Reduce new HIV infections 2) Increase access to care and improve health outcomes for people living with HIV 3) Reduce HIV-related disparities and health inequities 4) Achieve a more coordinated national response to the HIV epidemic. (See https://hab.hrsa.gov/about-ryan-white-hivaids-program/national-hivaids-strategy-updated-2020 for more information.)

The Ryan White Part A Program NHAS goals also align with the new national initiative announced in February 2019 "Ending the HIV Epidemic: A Plan for America" (EHE). The primary goal of EHE is to "reduce new HIV infections" in the United States to less than 3,000 by the year 2030. Part A and MAI funding focuses on Pillar Two (Treat) and Pillar Four (Respond) of the EHE Plan to reduce the new infections. For more information on the EHE initiative, see https://www.hrsa.gov/ending-hiv-epidemic.

All subrecipients (proposers) receiving funding through the Ryan White Part A Program are expected to work towards addressing the NHAS and EHE goals.

4.3 SERVICES TO BE FUNDED

a. **Core Medical Services**
   - i. Medical Case Management, including Treatment Adherence Services
   - ii. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
   - iii. Outpatient/Ambulatory Health Services
   - iv. Oral Health Care
   - v. AIDS Pharmaceutical Assistance (Not Florida AIDS Drug Assistance Program (ADAP))
   - vi. Mental Health Services
   - vii. Home and Community-Based Health Services
   - viii. Medical Nutrition Therapy

b. **Support Services**
   - i. Non-Medical Case Management (Financial Eligibility)
   - ii. Legal Services
   - iii. Outreach Services
   - iv. Substance Abuse – Residential
   - v. Food Bank/Home Delivered Meals
   - vi. Psychosocial Support Services
   - vii. Housing (Transitional)
   - viii. Medical Transportation Services
   - ix. Emergency Financial Assistance
   - x. Health Education/Risk Reduction

More information about allowable costs and descriptions of services can be found in HRSA Policy Notice 16-02 https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

4.4 FUNDING SOURCES

The JTGA Ryan White Part A Program is funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The JTGA was awarded $5,871,578 in FY 2020-2021. All program funding is federal and there is no non-governmental or local government funding awarded to the Ryan White Part A Program. The City of Jacksonville as the Recipient anticipates awarding multiple contracts because of the RFP solicitation process, for an initial one-year period, plus two,

one-year options to renew, at the City's sole discretion and subject to the availability of funds. The initial funding cycle is from March 1, 2021 through February 28, 2022. The options to renew would be for 12-month budget periods beginning in March and ending in February of each subsequent grant fiscal year of the options to renew, up to two years. Contracts are awarded when the City of Jacksonville receives the Notice of Award from HRSA. Requests for funding must include all required elements of the respective service category(s) – Core or Support, for which the subrecipient is applying for funding under this RFP.

The City of Jacksonville has not received the notification of award for Fiscal Year (2021-2022) from the HHS, HRSA as of the release of this RFP solicitation. Therefore, award recommendations are contingent on the final award, which is expected by March 2021. Three other legislative matters may majorly affect this funding. First, the Ryan White Act has not been reauthorized since 2009. The reauthorization continues beyond 2020 as long as Congress continues to appropriate funds. No reauthorization is scheduled, but future changes to legislation may affect local funding, allowable fundable services and other program guidelines. Secondly, the Patient Protection and Affordable Care Act (ACA) is currently in effect, however changes to the ACA may significantly affect service provision and reimbursement for services including Outpatient/Ambulatory Health Services, Local Pharmaceutical Assistance, Health Insurance Premium and Cost Sharing Assistance and other programs. Lastly, while the Florida Legislature currently is not expanding Medicaid, any expansion of Medicaid services and coverage could affect services. It is important that all potential proposals to this RFP understand these unresolved issues.

4.5 TIMELINE

The anticipated schedule for this solicitation is indicated in the table below. Any and all dates may be extended at the City of Jacksonville's sole discretion.

12/8/2020	RFP # ESC-0301-21 Released
12/15/2020	Pre-Bid Conference
1/4/2021	Deadline for Written Questions
1/13/2021	Proposal Submission Deadline
TBD	Staff Review and Sorting of Proposals
TBD	Review/Selection Committee Process
TBD	Approval of Grant Awards
3/1/2021	Contract Period Begins

4.6 DEFINITIONS OF TERMS

Service category definitions are included in this RFP by category in Sections 8 and 9. In addition, the following terms are defined as follows:

a. Administrative Agency or Recipient - The City of Jacksonville, Social Services Division is the Administrative agency (Recipient) for Ryan White Part A and MAI funding.

b. Allocation - The total dollar amount that may be expended for a service category.

c. Client/Consumer - An individual who has made application for, and who has been determined eligible for, Ryan White services utilizing the eligibility criteria set forth in the Ryan White HIV/AIDS Treatment Extension Act and written policies approved by the Part A and B Planning Council.

d. Contract Manager - An individual designated by the Administrative Agency to be responsible for contract compliance.

e. Health Resources and Services Administration (HRSA) - The division of the federal Department of Health and Human Services responsible for Ryan White funding.

f. The Ryan White HIV/AIDS Treatment Extension Act of 2009 - The federal legislation passed by Congress in 2009 reauthorizing Ryan White funding. The purpose of Part A funding is to provide emergency assistance to localities (EMAs/TGAs) disproportionately affected by the HIV/AIDS epidemic.

g. Ryan White Planning Council - The HIV/AIDS planning body for Part A and MAI funds is the Metropolitan Jacksonville Area HIV Health Services Planning Council.

h. Ryan White Part A/MAI Contract Period - March 1, 2021 - February 28, 2022.

i. Subrecipient or Provider - An organization funded to provide direct services to people living with HIV/AIDS.

j. Transitional Grant Area (TGA) - The Part A service area in Jacksonville as defined by HRSA that includes Clay, Duval, Nassau and St Johns Counties.

k. Unique Client Identifier (UCI) - An identification number substituted for a client name to preserve confidentiality for billing and reporting purposes. CAREWare generates this number.

l. Unduplicated Client Count – A client is only counted once in each period of time regardless of the number of times client was seen or received services in the same given period of time.

Section 5
Eligibility to Apply

Contents

5.1 Organizations/Agencies Eligible to Apply
5.2 Funding: Dollar Values
5.3 Current Service Population/Target Population
5.4 Client Eligibility Criteria

Successful applicants will specifically do four things:

1. Present a work plan that describes a program strategy, through a narrative, that meets the NHAS/EHE goals and is measured using the HCC measures.

2. Demonstrate a history of professional standards of care and service as evidenced by external evaluation reports, implementation of competency based staff training and evaluation of employee performance, utilization of Peer Navigators as client linkage specialists, and case notes that document the progress of clients in achieving treatment goals that align with HCC milestones and Health and Human Services common indicators (seehttps://www.healthypeople.gov/2020/Leading-Health-Indicators) for funded HIV programs and services.

3. Show at least three years of competencies using state of the art disease management methodologies for successfully addressing HIV infection as a chronic disease.

4. Present an objectively verifiable record of systematic, ongoing improvements in quality and outcomes of HIV/AIDS care and services at multiple levels of the service ecology: Policy, Community, Institutional, and Client.

This RFP asks for a plausible program plan that will reduce unmet needs and close gaps in the HCC, especially for historically, disadvantaged populations now living with HIV. Therefore, organize applications logically so that a multidisciplinary team of external reviewers can understand your proposed strategy. Applications that fail to meet the aforementioned standards will not be considered fundable.

The expected service delivery model in the JTGA is "client-centered" services for all population subgroups. Applications must illustrate how services are organized to meet the needs of all in-care clients in ways that are consistent with their needs, values and preferences. Specifically identify what you plan to do for whom and support your description with a succinct rationale.

Ryan White funds **may not** be used to make payments for any items or services to the extent that payment has been made, or can reasonably be expected to be made, by another third party benefit program or by an entity that provides services on a prepaid basis. Ryan White Part A Program funds under this RFP are to be used as monies of LAST RESORT and applicants are required to return monies when clients are found to qualify for other funding sources such as Medicaid, Medicare, or private insurance.

5.1. ORGANIZATIONS/AGENCIES ELIGIBLE TO APPLY

Agencies/organizations meeting the following criteria are eligible to apply for funding under this RFP:

1. Able to deliver two months of service through its own financial resources prior to reimbursement by the City.
2. Conduct full criminal background checks on all employees providing services funded as a result of this RFP.
3. Willing to serve all eligible clients.
4. Must not currently be debarred from doing business with the City of Jacksonville. Any bid or proposal submitted by a person, agency or affiliate that has been placed on the **convicted vendor list** shall be rejected as an unresponsive bid or proposal and shall not be further evaluated.

Applicants are required to submit copies of the following:

1. 501(c)(3) exempt state letter (if applicable).
2. Business licensures as proof of eligibility to do business in the State of Florida.
3. Federal Tax Identification Number.
4. Agency Medicaid Number and/or Individual Employee Medicaid Number (if applicable).

In order to be eligible for **MAI funding**, an agency/organization must meet the following definition of "MAI Service Provider":

1. Be located in the same zip code or within a 10-mile radius of the African-American community the agency is intending to serve;
2. Have a documented history of at least three years of providing service to the African-American community;
3. Have African-Americans either on the agency's Board of Directors and/or the agency's Advisory Group or in a management position within the agency that serves the African-American community;
4. Have a history of evaluating services provided to African-Americans to ensure that service delivery is culturally and linguistically appropriate for recipients.

All services funded by MAI dollars must be used for African-American consumers. MAI funding may be delayed, reduced or cancelled at any time an agency ceases to qualify as a MAI provider.

5.2 FUNDING: DOLLAR VALUES REFERRED TO IN THIS RFP

Agency Executive Director/Chief Executive Officers should know and understand that the dollar values referred to in this RFP do not constitute a guarantee of the level of effort that may be requested of the successful applicants or a guaranteed payment of the maximum amount payable. All available funding is contingent upon federal funding awarded to the JTGA in any grant year. The following chart exhibits the percentage of funding per category and the ranking determined by the 2020 Planning Council applied to the amount the JTGA was eligible to apply for:

Program Account by Service Category

Part A Application Amount 6,164,590	Percent	Part A	MAI	Total
Total Grant Amount	100.00%	5,641,934	522,656	6,164,590
Core Medical Services				
Medical Case Management	31.43%	1,608,523	476,161	2,084,684
Health Insurance Premium & Cost Sharing Assistance for Low income individuals	15.00%	767,669	-	767,669
Outpatient/Ambulatory Health Services	10.00%	511,780	-	511,780
Oral Health	14.25%	729,286	-	729,286
AIDS Pharmaceutical Assistance (not ADAP)	2.00%	102,356	-	102,356
Mental Health Services	3.75%	191,917	-	191,917
Medical Nutrition Therapy	1.50%	76,767	-	76,767
Home & Community-Based Health Services	0.07%	3,582	-	3,582
Subtotal	**78.00%**	3,991,880	476,161	4,468,041

Support Services				
Non-Medical Case Management (Financial Eligibility)	4.50%	230,301	-	230,301
Legal Services	4.50%	230,301	-	230,301
Outreach Services	4.50%	230,301	-	230,301
Substance Abuse - Residential	4.50%	230,301	-	230,301
Food Bank/Home-Delivered Meals	1.50%	76,767	-	76,767
Psychosocial Support Services	0.25%	12,794	-	12,794
Housing	1.00%	51,178	-	51,178
Medical Transportation Services	0.75%	38,383	-	38,383
Emergency Financial Assistance	0.25%	12,794	-	12,794
Health Educational/Risk Reduction	0.25%	12,794	-	12,794
Subtotal	**22.00%**	1,125,915	-	1,125,915
TOTAL	100.00%	5,117,795	476,161	5,593,956
AVAILABLE FUNDS		5,117,795	476,161	5,593,956
		5,117,795	476161	5,593,956

Additional conditions of funding are as follows:

1. The City of Jacksonville reserves the right to award all or part of the funds under each service category in this RFP.

2. The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that federal funds be utilized in a cost-effective manner that is immediately responsive to demonstrated need. To ensure that this objective is met, the applicant agrees to voluntarily participate in the reallocation of funds authorized if the applicant is unable, for any reason, to fully utilize their awarded amount.

3. Federal law imposes a 10% limit on the amount of Ryan White funding that can be used for administrative purposes including staff salaries and benefits.

4. Contracts will be entered into for an initial period from March 1, 2021 through February 28, 2022 with an option to renew some or all of the services requested in the RFP for two (2) additional one (1) year periods, at terms mutually agreeable to both parties. Unless renewed or extended, contracts shall end on February 28, 2022 for all Ryan White Part A and MAI contract awards. Any renewals or extensions shall be contingent upon satisfactory evaluations of the applicant's performance in delivering services as specified in the signed contract and annual quality management plans, the availability of funds, and approval according to the City's Purchasing Code.

5. Acceptance of a contract obligates the provider to budget funds to allow for continuous service throughout the Ryan White Part A and MAI fiscal year. Failure to provide continuous services may be grounds to discontinue all services with a provider and bar the provider from participation in funding during the next fiscal year cycle.

5.3 CURRENT SERVICE POPULATION/TARGET POPULATION

Proposals shall be expected to target services to populations that are recognized as having a high incidence of HIV/AIDS.. The AIDS epidemic continues to severely impact the four counties of Northeast Florida. Situated in the upper Northeast corner of Florida, the area is populated by approximately one million people. The epicenter of the AIDS epidemic in Area 4 is the core City of Jacksonville. Zip codes in Duval County with the highest concentration of reported AIDS cases are zip codes 32202, 32204, 32206, 32208, 32209, and 32254. Other population centers include St. Augustine in St. John's County, Orange Park in Clay County, and Fernandina Beach in Nassau.

Most providers of HIV related services in the JTGA are based in Jacksonville and most of the persons receiving services live in Jacksonville. The estimated HIV/AIDS prevalence (the number of people living with HIV/AIDS) in the four-county area including Clay, Duval, Nassau and St. Johns Counties is 9,227 cases as of December 2019. Demographically, the highest prevalence in the area is among African American men, aged 45 to 50 who have sex with men.

In reauthorizing the Ryan White HIV/AIDS Treatment Extension Act of 2009, Congress included language requiring TGAs receiving Ryan White funds to set aside funds to provide services to women, infants, children, and youth in proportion to the percentage of reported AIDS cases among women, infants, children and youth in a TGA. Women, infant, children and youth make up 38.56% of the living AIDS cases in the JTGA. The definition of *women* is females aged 25 years and older, *infants* as birth through 24 months of age, *children* as 2 through 12 years of age, and *youth* as 13 through 24 years of age.

5.4. CLIENT ELIGIBILITY CRITERIA

Client eligibility criteria for services under this RFP shall be determined as outlined in Policy Notice #13-02 (see https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf) which states that "individuals receiving services through the HRSA RWHAP must have a diagnosis of HIV and be low-income". Low income is defined as the individual having a gross household income that does not exceed 400% of the Federal Poverty Level. Additionally, the client must live in Florida and have HIV/AID services, tests, and/or procedures etc. that are not covered by private insurance, ADAP, Medicaid, Medicare or any other third-party funding source. Policy Notice #16-02 states that "affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWHA. The services for affected individuals are explained in Policy Notice #16-02 (see https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf). The services provided to affected individuals must enable the affected individual to participate in care of a PLWHA (i.e. caregiver support groups, respite care, caregiver training), the service directly enables a PLWA to receive needed medical or support services by removing an identified barrier to care (i.e. paying health insurance or childcare to receive HIV/AIDS medical care or support services), and the service promotes family stability for coping with the unique challenges posed by HIV. Eligible clients will be residing in Duval, St. Johns, Nassau or Clay County.

Client eligibility shall be determined in accordance with requirements of the Ryan White HIV/AIDS Treatment Extension Act of 2009, Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual (see http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/eligibility-information1.html), and eligibility criteria established by the Planning Council.

Service providers contracted under this RFP shall assume the financial risk for providing services to individuals who do not meet the eligibility criteria. Service providers shall also assume the financial risk for providing services for which other sources of funding could reasonably have been anticipated or determined. The Planning Council has the authority to develop additional eligibility requirements for recipients of services, provided that the eligibility requirements are in accordance with state and federal laws, rules, and regulations.

SECTION 6
General Terms and Conditions

Contents

6.1 General Terms and Conditions

All agencies/organizations selected for funding under this RFP shall be required to comply with the terms and conditions of City of Jacksonville contracts. Providers should understand and be prepared to comply with the following key provisions that will be included, along with other provisions, in the contract agreements:

1. Participate in an HCC as defined by the Metropolitan Jacksonville Area HIV Health Services Planning Council.

2. Participate in case conferences with other core medical and support service providers where necessary. Typical cases would be clients who appear to be suffering from mental health and/or substance abuse problems or clients who are not adherent to their medical regimens.

3. Medical and non-medical case management staff shall participate in the monthly Jacksonville TGA Case Management Cooperative and maintain an agency level training program for case managers. In addition, case management agencies will conduct intra-and-interagency case conferencing, share data, and collaboratively develop and implement care plans.

4. The Sub recipient Executive Directors are required to attend all, scheduled monthly provider meetings and any other meetings that may be necessary to convey and collect information as required by the federal or state governments. .

5. Record all fiscal and programmatic data, including demographic and service utilization data on consumers served through CAREWare.

5. Participate in continuous quality improvement activities, which have been developed in partnership and consultation with core service providers.

6. Provide information for the completion of federal and state reports.

7. Comply with all current and subsequent HRSA policies. See https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters for more information.

9. Comply with all Ryan White Part A/MAI policies and procedures as developed by the Administrative Agency, City of Jacksonville Social Services Division.

10. Recipients of an award will submit a revised work plan, proof of insurance and Civil Rights compliance within 30 days of notice of grant award. The Work Plan shall be submitted electronically.

11. Agencies/organizations may bill for up to 10% of their total grant award in any given month, but not more than 25% within a given quarter, without the written permission of the City.

12. Before execution of the contract by the City and commencement of the operations and/or services to be provided, and during the duration of the contract, the agencies receiving awards shall obtain or possess the insurance coverages listed in **Attachment G**, if applicable, and will provide current Certificates of Insurance to the City, with Certificate Holder listed as the City of Jacksonville, to verify such coverage.

13. Ryan White Part A and MAI funds will be used as a payor of **last resort** in the payment of services for a consumer. Applicants must have established policies and procedures for seeking to obtain other funding sources for all consumers served and for documenting such efforts. Ryan White funding may not be used to pay for Medicaid covered services for Medicaid beneficiaries, Medicare covered services for Medicare beneficiaries, or services covered under a private health insurance plan. The only exceptions will be health insurance premium assistance including dental insurance premiums, medical office visit co-payment assistance, dental co-payment assistance, mental health visit co-payment assistance, and medication co-payment assistance for eligible clients. Under the Ryan White Part A funded Health Insurance Premium Assistance Program; eligible clients may receive assistance in paying monthly health insurance premiums, dental insurance premiums, medical visit co-payments, dental visit co-payments and mental health visit co-payments. Under the Ryan White Part A funded Local Pharmacy Assistance Program, eligible clients with Medicare Part D or private health insurance may receive assistance with medication co-payments.

14. Applicants must establish internal grievance procedures. The agency's/organization's internal grievance procedure must include, at a minimum, the following: written notification to the Administrative Agency at the time a consumer grievance is received; the agency's/organization's written response to the consumer; and consumer opportunity to meet with the agency's/organization's Executive Director, board member, or their designee. The grievance process must be posted in a public common area.

15. Applicants will have in place a quality assurance and continuous quality improvement program. The agency/organization will cooperate with the Administrative Agency's quality assurance staff and consultants, reporting requirements and quality management activities. Agencies/organizations will be expected to develop and measure program outcomes and service performance and submit the results to the Administrative Agency.

16. Applicants must agree to participate in needs assessments requested by the Administrative Agency, Health Resources and Services Administration (HRSA), or the Planning Council to evaluate the effect of consumer service activities, or the appropriateness of quality of services. Furthermore, the applicant agrees to participate in on-going meetings or task forces aimed to increase, enhance and maintain coordination and collaboration among HIV/AIDS related health and support service providers.

17. Applicants must demonstrate a method for provision of services in case of emergencies occurring outside of regular business hours. Applicants must provide a copy of their Emergency Plan to include Hurricane/tropical storm and epidemic procedures for review by the Administrative Agency which includes continuity of operations should regular business be impacted.

18. Indemnification. See **Attachment F.**

SECTION 7
Instructions for responding to the RFP

Contents

7.1 How to Prepare the Proposal
7.2 Proposal Elements

7.1. HOW TO PREPARE THE PROPOSAL

In preparing proposals, please adhere to the following technical guidelines:

a. **Submit one (1) proposal which includes all service categories for which funding is being requested.**
b. Submit the one (1) original and three (3) copies of each proposal UNBOUND.
c. Use Arial font and a black type size of 12 with left sided justification.
d. Ensure that margins are not less than one inch each.
e. Use double-spaced lines in text.
f. Submit a Table of Contents at the beginning of each proposal.
g. Number all pages of proposal consecutively.
h. Do not submit double-sided copies.
i. Do not use photo reduction or include photos, pamphlets, or over-sized documents.
j. No bolding or underlining unless what is being bolded or underlined is a title for a particular section.

In addition, agencies are urged to consider the following recommendations:

a. Follow the written instructions in this RFP carefully and completely. Put required information in the sections specified and limit responses to only the information requested.
b. Use the **Table 3 Application Checklist** to organize the proposal, to plan and monitor proposal preparation and to verify completion of all materials before submission.
c. Keep in mind when responding to questions in each sub-section that the proposal will be read as a single narrative document.
d. Provide accurate and honest information. A candid account of problems and creative plans to address them is better than glossing over potential problems.
e. Eliminate potential internal inconsistencies by ensuring that the information provided in each table is consistent with the narrative and information included in other tables.
f. If you omit any required information or data, explain why.
g. Your proposal should be self-explanatory. Remember, the person reviewing your proposal may not know anything about your agency or the work it has done in the past.
h. Where instructed, provide the specific documentation required (e.g., audit reports, tax identification certifications, agency Bylaws). Do not provide information that has not been requested.
i. Prepare the application with the reader in mind.
j. Proofread and edit the proposal before submission. Poorly written proposals reflect negatively on the agency's credibility as a quality services provider.

7.2 PROPOSAL ELEMENTS

1. GENERAL INFORMATION

a. Proposal Cover Letter

Applicant is to submit **one (1) original** cover letter signed in **blue ink**. The proposal cover letter must be on the applicant's letterhead and be executed by: 1) an owner, if applicant is a sole proprietorship; 2) an authorized officer if applicant is a corporation; or 3) an authorized general partner, if applicant is a general or limited partnership. A proposal signed by an agent other than the above, must include a power of attorney authorizing the

signature. In addition, all persons signing on behalf of the applicant are required to warrant that they are authorized to sign for and on behalf of the applicant. Otherwise the proposal shall be rejected as non-responsive.

The proposal cover letter should be addressed to:

Johnnetta Moore, Chief
City of Jacksonville
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207

The Proposal cover letter must include the following items:

(1) A statement that the proposal is submitted in response to the "Ryan White Part A and Minority AIDS Initiative (MAI) **RFP #ESC-0301-21**;"

(2) Identify the total dollar amount of funding requested for each service category based on a 12 month period.

(3) Applicant's name and title, agency name, address, telephone number, fax number, and e-mail address of 1) applicant's point of contact for the proposal; and 2) person authorized to represent the applicant during contract negotiations;

(4) A statement that the applicant understands and agrees that its submission of a proposal constitutes a firm and irrevocable offer and an acknowledgment and acceptance of, and a willingness to comply with, all the terms and conditions of this RFP and any RFP addenda thereto, the Sample Contract and Additional Provisions, Statement of Work, Exhibits, Forms, and Attachments of the RFP;

(5) A statement indicating whether applicant intends to perform this project as a single contractor or as a prime contractor with one or more subcontractors. If partnering, consulting, or subcontracting with other agencies, include names of the subcontracting agencies. If the proposal is not a single Contractor proposal, the letter shall clearly indicate the other entity(ies) proposed to be involved and the nature of its/their proposed role(s);

(6) If partnering, consulting, or subcontracting, identify the amount of all work to be done by each subcontractor, a description of the work to be performed, and a statement that each proposed subcontractor is willing to work with applicant as a subcontractor and agrees to sign a formal subcontract agreement with the applicant as a result of any resultant contract;

(7) A statement confirming that applicant is qualified to do business in Florida and including its corporate charter number, and an assurance that any subcontractor proposed is also qualified to do business in Florida;

(8) Applicant's Federal Tax Identification Number;

(9) Provide a separate sheet of paper on agency/organization letterhead stating that all information contained in the application is true and correct and that the person signing the letter (Executive Director, Chief Executive Officer, or Board of Directors Chair) has the contractual authority to sign contracts on behalf of the agency. This is a mandatory requirement and failure to provide this cover letter with signed statement could cause applicant to forfeit the opportunity to be funded.

(10) The **Proposal Cover Sheet Attachment A** must be completed and included with the cover letter. In the Proposed Service(s) and Total Request ($) section list each service category you are applying for and the amount you are requesting.

b. **Table of Contents**

A Table of Contents should be included with the application in response to this RFP. The Table of Contents should outline in sequential order the major areas of the proposal. All pages of the proposal including the attachments must be clearly and consecutively numbered and keyed to the Table of Contents. Appendices can be numbered differently/separately from the narrative (e.g., A-1), however, each page should be numbered sequentially (e.g., A-1, A-2, A-3, etc.).

c. **Executive Summary (1 page limit)**

Provide a brief summary of the service to be delivered, number of clients to be served, goals and objectives, expected outcomes, and strategies for client recruitment and retention in care. Include a description of the roles and responsibilities of a multidisciplinary team of clinicians delivering patient centered care. The summary should clearly present the application in summary form so that reviewers can see how the multiple parts fit together to form a coherent whole.

d. Applicants are required to submit copies of the following:

1. 501(c)(3) exempt state letter (if applicable).
2. Business licensures as proof of eligibility to do business in the State of Florida.
3. Federal Tax Identification Number.
4. Agency Medicaid Number and/or Individual Employee Medicaid Number (if applicable).

2. **PROGRAMMATIC REQUIREMENTS**

Responses to this Section should describe all aspects of the proposed project. They should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant.

a. **Scope of Services**

This section must include a complete description of applicant's plan to carry out the program expectations and requirements as described in **Sections 8 and 9**. Description will articulate care coordination to achieve short- medium and long term goals (3-6-9 months respectively). Focus on the planning process, expected implementation, desired deliverables, and roles and responsibilities of a multidisciplinary team of clinicians providing client centered care. Focus on monitoring HIV Continuum of Care (HCC) milestones with emphasis on how these data will be used for clinical and programmatic outcomes. Link the services you plan to provide and the way in which you plan to provide them to achieve the goals, objectives, and expected outcomes for the number of clients projected to serve.

Table 16: HIV Care Continuum Percentages 2016, and 2019

	HIV Diagnosed	Linked to Care	Retained In Care	On ART	Suppressed Viral Load
2016	100%	95.5%	89.7%	85%	76.1%
2019	100%	97.2%	93.1%	88%	82.6%

The chart above shows the JTGA Network HCC for all clients infected with HIV in 2016 compared to the National HIV Continuum of Care for 2019:

Using the data from this chart, create a narrative which discusses the following:

(1) How the HCC will be used in care planning (short-term goals).

(2) What activities you plan to undertake to support PLWHA movement across the stages of the HCC (medium-term goals).

(3) Utilize Specific, Measureable, Attainable, Realistic and Time-Bound (SMART) objectives to describe the percentage of clients to transition between stages of the HCC after 11 months of program implementation (long-term goals).

(4) Describe anticipated challenges delivering outcomes-focused HIV care and how those challenges might be addressed to ensure planned HIV care achieves intended outcomes especially for high-risk groups.

This section is the foundation of care and services for the next 12 months. You must discuss who will be served, what are the characteristics of care that will be provided, how the care/services will be delivered, how you will identify services are having intended effects, and how you plan to make course corrections, if and when intended effects are not on tract. Narratives must present a complete description of your agency's plan to achieve HCC milestones as referenced throughout this RFP. Charts and graphics may be used to illustrate your processes.

Business Incubator Relationship (applicant is not required to respond)

For five additional points, applicants are invited to propose a business incubator relationship with an agency that has not received Ryan White Part A funding in the past 12 months. Business incubators are comprehensive business assistance programs targeted to early stage organizations with the goal of improving their chances to grow into healthy, sustainable organizations. Prospective targets are either start-up or reengineered and non-affiliated agencies that are located in communities most severely impacted by HIV. The aim is to share intangible resources with an agency to facilitate two Early Identification of Individuals with HIV/AIDS (EIIHA) goals: 1) early identification of persons with HIV infection and 2) enhanced linkage of persons with HIV to HIV primary medical care. Provide a clear description of the relationship between parent organization and start-up organization. You may configure the relationship by means of corporate social responsibility and/or quid-pro-quo. Propose a minimum of two measurable goals and objectives. Describe how start-up organization's location will provide additional access to services to meet the needs of populations severely impacted by HIV.

b. **Quality Management**

The Ryan White Part A Program quality management programs are required to have programs that assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for treatment of HIV and related opportunitistic infections; and develop strategies for ensuring that such servcies are consistent with the guidelines for improvement in the access to and qulaity of HIV services. HRSA/HAB define quality as "the degree to which a health or social service meets or exceeds established professional standards and user expectations" Quality, efficient, and effective quality management plans are a requirement as a Ryan White Part A Program funded subrecipient. (for more information see: https://www.nastad.org/sites/default/files/resources/docs/44_HRSA_Quality_Management_Technical_Assistance.pdf).

Proposers to this RFP must provide a Quality Management Plan that describes the systematic process with identified leadership, accountability, and dedicated resources and uses data and measureable outcomes to determine progress toward relevant, evidence-based benchmarks. The plan should also focus on linkages, efficiences, and provider and client expectations in addressing outcome improvement and be adaptive to change. The

narrative of the Quality Management Plan should describe the specific policies and procedures of the proposing organization regarding quality of care in the provision of the proposed service, and describe all processes established to ensure the quality services to people with HIV.

c. **Collaboration**

Describe how your agency/organization cooperates or collaborates with other HIV/AIDS service providers in the JTGA to provide the proposed service. In the description, include the following:

1. List the collaborating agencies and services provided.
2. Explain your agency's business relationship with the other agencies. Include as an attachment written collaboration agreements (Memorandum of Agreement) your agency has with other agencies.
3. For agencies/organizations collaborating on funding for **Medical Case Management,** clearly describe the roles and responsibilities of each agency in providing the service.
4. Explain how clients benefit from the cooperation/collaboration.
5. Describe how your agency cooperates/collaborates with **non-HIV/AIDS organizations** to deliver services to people living with HIV/AIDS.
6. Describe the process utilized by your agency to ensure that duplication does not occur in serving clients between your agency and other providers. Provide a plan of action if there are gaps in your agency's current collaborative processes.

d. **Organization Experience and Structure**

1. Provide a detailed history of the agency/organization and its core business services.

2. State how long the agency/organization has been in existence, how many clients are served annually, and how long the agency has been providing the proposed service(s). Attach documentation verifying the number of clients served for each year going back no more than three (3) years. Documentation may be copy of the Agency's Ryan White HIV/AIDS Program Services Report (RSR) for 2019 or copy of Medicaid/Medicare billing statements.

3. Describe to what extent this experience was directed toward HIV target populations and the process or procedure agency shall use to facilitate entry of new clients.

4. Describe your existing and proposed staffing levels (staff to client ratio) and how that level shall ensure maximum continuity of care for your enrolled clients. Describe the staff's experience providing the proposed service(s), including the length of time that key staff have provided services, especially services to persons living with HIV/AIDS.

5. Provide up to **three (3)** letters of support from HIV/AIDS affected individuals as attachments to support the agency's service delivery reputation.

6. Indicate the number of agency's Board of Directors who represent racial minorities and the number of agency employees who represent racial minorities.

7. Attach an organizational chart of your agency clearly illustrating the relationship between the proposed program, its components, and the reporting relationship for the Project Director, paid and volunteer staff, advisory councils, boards of directors, and umbrella agencies/organizations.

8. Provide a staffing plan for the proposed service. Indicate what percentage of time each position will be dedicated to the proposed service. Ensure that no full-time equivalent agency position is allocated for more than 100% of its available time.

9. Provide job descriptions for the agency's Project Director and all program staff related to providing the proposed services as Attachments. Each job description should include the primary responsibilities, minimum training and experience required, and the salary range for the position that are commensurate with the level of responsibility.

10. Provide documentation indicating the agency is fully qualified to provide the proposed service(s). Attach a copy of tax-exempt certification letter if agency is non-profit and a copy of professional licensure from the State of Florida to do business. Also include any professional licensure as required by the State of Florida.

11. Include one (1) copy of the organization's most recent independent audit and a copy of the management letter as an attachment.

12. Provide copies of the two most recent independent site visits monitoring reports issued by applicable funding sources (not Part A) or an explanation of why such a report is not available.

13. Provide copies of Certificates of Insurance and other evidence of insurance coverage that meets or exceeds the requirements of the proposal. Include as an Attachment.

e. **Budget/Work Plan**

Complete **Table 1 Work Plan**. Program expenses will be reimbursed at the published Ryan White unit cost rate, Medicaid rate, or approved fee for service rate. Rates will be reflected in the Work Plan. If reimbursement is fee for service, attach schedule of services and fees to Work Plan. The Work Plan should reflect all of the significant activities for which proposer expects to be reimbursed. Proposers are advised to thoroughly check the mathematical accuracy of the figures submitted. The Work Plan must identify the following:

1. Name of Service Procedure/Category (Column 1). Identify which service category your agency is proposing to provide. If the service you are providing is mental health, substance abuse, or any other service that is reimbursable by Medicaid, Medicare, or private insurance, then list services by subcategory (i.e. in-depth assessment, individual therapy, residential treatment, etc.).

2. In-House versus Subcontract (Column 2). Indicate whether the service will be solely provided by your agency's staff or if a portion of the service will be sub-contracted to another Provider. If a service is provided both in-house and through sub-contract, complete a separate line on the work plan for each.

3. Total Number of Unduplicated Ryan White Clients to be Served (Column 3). List the total number of unduplicated Ryan White clients that you anticipate your agency shall serve during the program year by service category/subcategory.

4. Total Number of Units of Service to be provided (Column 4). List the total number of units of service to be provided in the program year for each service category/subcategory you plan to provide.

5. Unit Type/Procedure Code (Column 5). List each unit type/procedure code to be used when billing for each service category/subcategory.

6. Cost per Unit to be charged to Ryan White (Column 6). Indicate the rate to be charged for the service category/subcategory. Indirect and administrative expenses are incorporated into the unit, Medicaid and fee for service rates for direct services. Administration is not recognized as a separate service category.

7. Unit Rate Origination (Column 7). List the source of the rate listed in Column 6 (i.e. Medicaid, Medicare, private insurance, fee for service, Ryan White unit cost, etc.).

8. Total Cost for the Service Category (Column 8). List the total cost to provide the service category/subcategories.

3. SUMMARY OF FUNDING SOURCES

Complete and submit **Table 2 Summary of Funding Sources**. Provide agency's other funding resources by amounts allocated to personnel salaries, fringe benefits, travel, equipment, supplies, contractual, and other expenses. Make sure to include any program income sources including 340B Programs.

4. APPLICATION CHECKLIST

Complete **Table 3 Application Checklist** to assist in organizing the proposal.

SECTION 8
Core Medical Service Categories

Contents

8.1 Medical Case Management Including Treatment Adherence Services (Part A and Mai)
8.2 Health Insurance Premium and Cost Sharing Assistnace For Low-Income Individuals (Part A)
8.3 Outpatient/Ambulatory Health Services (Part A)
8.4 Oral Health Care (Part A)
8.5 AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – IPAP) (Part A)
8.6 Mental Health Services (Part A)
8.7 Medical Nutrition Therapy (Part A)
8.8 Home and Community-Based Health Services (Part A

The Core Medical Services are listed in prioritization order as determined by the Planning Council Priority and Allocations Committee.

8.1 MEDICAL CASE MANAGEMENT INCLUDING TREATMENT ADHERENCE SERVICES (PART A AND MAI)

Medical Case Management is the provision of a range of client-centered services focused on improving health outcomes in support of the HIV care continuum. These health outcomes include retention in care, access to HIV medications, and viral suppression. Medical Case Managers must be able to analyze the care that the client receives to ensure that the client is obtianing the services necessary to improve their health outcomes towards viral suppression. Client visits to a Medical Case Manager ensure readiness for, and adherence to, complex treatments and outpatient/ambulatory health service visits.

Activities in this service category may be provided by an interdisciplinary team that includes other specialty care providers. Services will be provided through all types of encounters including face-to-face, phone contact, and any other form of communication. Medical Case Management, is outlined in Policy Notice #16-02 (see https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf) including: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) timely and coordinated access to medically appropriate levels of health and support services and continuity of care (4) continuous client monitoring to assess the efficacy of the plan; (5) re-evaluation of the care plan at least every 6 months with adaptations as necessary; (6) ongoing assessment of the client's and other key family members' needs and personal support systems (7) treatment adherence counseling to ensure readiness for, and adherence to complex HIV/AIDS treatments; (8) client-specific advocacy and/or review of utilization of services.

In addition to providing the medically – oriented activities above, Medical Case Managers may also provide benefits counseling and referrals to core medical and support services by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (i.e. Medicaid, Medicare, Medicare Part D, State Pharmacy Assistance Programs (ADAP), Pharmaceutical Manufacturer's Patient Assistance Program, other state or local health care and supportive services and insurance plans through the health insurance marketplace/exchanges.

By submitting a bid for Medical Case Management services under this RFP, applicants consent to the following stipulations:

a. Utilize the JTGAMedical Case Management Policies and Procedures in the provision of case management services. These policies and procedures are hereby included by reference and are available from the Administrative Agency Office upon request.

b. Participate as an active member in the Jacksonville Case Management Cooperative including allowing all case managers providing Ryan White funded services to attend meetings, receive training from and work on activities of the Case Management Cooperative.

Reimbursement for this category is based on unit costs as outlined in the JTGAMedical Case Management Policies and Procedures and reasonable cost principles laid out in 24 CFR 75.

The maximum anticipated annualized funding for **Medical Case Management, including Treatment Adherence Services**, is estimateed to be approximately **$1,608,523**, under Part A and approximately **$476,161** under MAI. Separate service narratives, line item budgets, narrative budget justifications, and price forms must be submitted for these two distinct funding streams (Part A versus MAI).

8.2 HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS (PART A)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance (including dental insurance) or receive medical and pharmacy benefits under a health care coverage program. This is a core medical service under Ryan White Part A. No payments or reimbursements can be made directly to the client. The service provision includes:

1. Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
    a. Monthly premium payments must not exceed $600 per month per person.
    b. Office visit copays must not exceed $100 per visit.
2. Paying standalone dental insurance premiums to provide comprehensive oral health care service for eligible clients; and/or
3. Paying cost sharing on behalf of the client.

Agencies funded for this category must ensure the following:

1. Ensure an annual cost benefit analysis that includes an illustration of the greater benefit of using Ryan White funds for Insurance/Costs-Sharing Program versus paying for the full cost of medication and other appropriate HIV outpatient/ambulatory health services; If stand alone health insurance is covered, it must include a cost benefit analysis of paying standalone dental insurance option vs paying for the full cost of HIV oral health care services.

2. Where funds are used to cover the costs associated with insurance premiums, ensure that comprehensive primary care services and a full range of HIV medications are available to clients.

Further information can be found in Policy Notice #18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance (see https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf) Assistance under this service category is available to program-eligible HIV positive clients only. If a family plan is selected, the Ryan White Part A Program will only provide assistance, where applicable, for the program eligible person(s) with HIV in the household. No HIV negative persons in a Family Plan will receive this assistance.

The maximum anticipated annualized funding for **Health Insurance Premium and Cost Sharing Assitance for Low-Income Individuals**, is estimated to be approximately **$767,669** under Part A.

This service category will be limited to one (1) subrecipient.

8.3 OUTPATIENT/AMBULATORY HEALTH SERVICES (PART A)

This core medical service provides diagnostic and therapeutic-related activities directly to a client by a licensed healtcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilites for HIV-related

visits. Non-HIV related visits to urgent care facilities and emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services category. The provision of care in this service category must be consistent with the Public Health Service (PHS) guidelines. The care must include access to antiretroviral (ARV) medications and other prescription drug therapies, including prophylaxis and treatment of opportunistic infections (OI) and combination ARV therapies. To be considered Ryan While allowable, the services must be provided in relation to the clients HIV+ diagnosis, co-morbidity, or complication related to HIV treatment.

Allowable activities include: 1) medical history taking 2) physical examination 3) diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing (only cover JTGA approved lab tests) 4) treatment and management of physical and behavioral health conditions
5) behavioral risk assessment, subsequent counseling, and referral 6) preventative case and screening 7) pediatric development assessment 8) prescription and management of medication therapy 9) treatment adherence 10) education and counseling on health and prevention issues11) referral to and provision of specialty care related to HIV diagnosis including audiology and opthalmology.

Services must be rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center).

Reimbursement is based on service unit cost including medical supplies, labs, specialty care, and medications/immunizations given during a medical visit, specialty care. The cost of the approved labs will be reimbursed based on the negotiated rate of the lab.

The maximum anticipated annualized funding for **Outpatient/Ambulatory Health Services**, is estimated to be approximately **$511,780** under Part A.

8.4 ORAL HEALTH CARE (PART A)

Oral Health Care is a core medical service. Services include outpatient diagnoses, prevention, and therapy provided by dental health care professionals who are licensed to provide dental care in the State of Florida, including general dental practitioners, dental specialists, dental hygenists, and licensed dental assistants. Evidence based clinical decisions must be informed by the Amercian Dental Association Dental Practice Parameters (See https://ebd.ada.org/en/evidence/guidelines). Units of service are one dental procedure by procedure code. Providers selected to deliver this service must comply with the client eligibility criteria. **To be eligible to apply for this category, applicant must have at least one full-time dentist employed by the applicant agency on March 1, 2020 dedicated to providing services to persons living with HIV/AIDS.**

The maximum anticipated annualized funding for **Oral Health Care**, is estimated to be approximately **$729,286** under Part A.

8.5 AIDS PHARMACEUTICAL ASSISTANCE (LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM – LPAP) (PART A)

The Local Pharmaceutical Assistance Program (LPAP) is a core medical service that provides a supplemental means of providing ongoing medication assistance when an AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, and/or restricted financial eligibility criteria. This service category provides medications and copayment assistance to Ryan White Part A eligible clients who are not covered by a state-operated Part B or other state-funded drug reimbursement program. The provision of medications and related supplies must be prescribed or ordered by a Physician or other licensed medical practitioner to prolong life, improve health, or prevent deterioration of health for HIV+ persons who are ineligible for Medicaid, Medicare Part D, ADAP, and other public sector funding, or have private insurance with limited or no prescription drug coverage. LPAP funds are not be used for emergency or short-term financial assistance and must comply with the Ryan White Part A Program's requirement of payer of **last resort**. Medications dispensed as a result or component of a primary medical visit **will not** be billed under

this service category. Eligible providers must be certified to participate in the 340B Drug Discount Program.

Reimbursement is the 340B price for medication plus a dispensing fee of $7.70 per prescription.

The maximum anticipated annualized funding for **AIDS PHARMACEUTICAL ASSISTANCE**, is estimated to be approximately **$102,356** under Part A. Proposers applying for **AIDS PHARMACEUTICAL ASSISTANCE** must also apply for **EMERGENCY FINANCIAL ASSISTANCE**.

8.6 MENTAL HEALTH SERVICES (PART A)

Mental Health Services are a core medical service that provide outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan and are conducted in an outpatient group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to render such services. Typically this includes psychiatrists, psychologists, and licensed clinical social workers. Direct service providers shall possess postgraduate degrees in psychology, psychotherapy, counseling, or appropriate education in nursing science, and must be licensed by the State of Florida Department of Health. Services may also be provided by interns authorized to practice clinical social work, marriage and family therapy, or mental health counseling under the provisions of Chapter 491, Florida Statutes.

Applicants submitting a bid to deliver Mental Health services shall be enrolled in Medicaid's community Mental Health Services Program as an approved vendor. Any monitoring report produced after October 1, 2012 on behalf of the Agency for Health Care Administration (AHCA) by their subcontracted monitoring agency in relation to the provision of mental health services must be attached to this application to provide mental health services through this RFP.

All of the Medicaid limitations and restrictions as defined in the *Medicaid Community Mental Health Services Coverage and Limitations Handbook* shall apply to the provision of this service category by selected providers with the exception that client eligibility for this service category will be determined based upon Ryan White eligibility guidelines. Application of Medicaid criteria includes, but is not limited to, staff qualification requirements, unit cost maximums, unit definitions, procedural definitions and qualifying Diagnostic and Statistical Manual V (DSM VIV) classifications to determine eligible mental health diagnosis by procedure code.

Mental Health Services are allowable only for PLWHA who are eligible to receive Ryan White Part A Program services.

Reimbursement is according to Medicaid rates for individual services. See *Medicaid Community Mental Health Services Coverage and Limitations Handbook* for approved procedures and codes.

The maximum anticipated annualized funding for **Mental Health Services** is estimated to be approximately **$191,917** under Part A.

8.7 MEDICAL NUTRITION THERAPY (PART A)

Core medical services in the Medical Nutrition Therapy service category include nutrition assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, and nutrition education and/or counseling. The activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All activities must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other license nutrition professional. Activities not provided by a registered/licensed dietician should be considered Psychosocial Support Services.

Reimbursement is based on unit cost of a face to face visit.

The maximum anticipated annualized funding for **Medical Nutrition Therapy** is estimated to be approximately **$76,767** under Part A.

8.8 HOME AND COMMUNITY-BASED HEALTH SERVICES (PART A)

Home and Community-Based Health Services are core medical services that are provided to eligible clients in an integrated setting appropriate to the clients needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. The services include: 1) appropriate mental health, developmental, and rehabilitation services 2) day treatment or other partial hospitalization services 3) durable medical equipment and 4) home health aide services and personal care services in the home. In the JTGA Ryan White Part A Program the funds are used solely to purchase durable medical equipment. Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposed of providing home and community-based health services.

Reimbursement is based on the cost of durable medical equipment and requires eligible individuals to have a prescription to receive services.

The maximum anticipated annualized funding for **Home and Community-Based Health Services** is estimated to be approximately **$3,582** under Part A.

Section 9
Support Service Categories

Contents

9.1. NON-MEDICAL CASE MANAGEMENT (ELIGIBILITY) (PART A)
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9.7 HOUSING (PART A)
9.8 MEDICAL TRANSPORTATION SERVICES (PART A)
9.9 EMERGENCY FINANCIAL ASSISTANCE (PART A)
9.10 HEALTH EDUCATION/RISK REDUCTION (PART A)

9.1. NON-MEDICAL CASE MANAGEMENT (ELIGIBILITY) (PART A)

Non-Medical Case Management services is the provision of a range of client centered activities. In the JTGA, Non-medical case management funds are utilized to provide eligibility screening and enrollment services. Screening and enrollment into the Ryan White Part A Program will be centralized under one agency to ensure that clients accessing services in the JTGA are screened centrally and thoroughly for eligibility, properly enrolled in the program, assessed for eligibility for other insurance benefits and entitlement programs, and are referred and linked to care and treatment services. Individuals shall be fully-screened for program eligibility using *Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual (See* http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/eligibility-information1.html) Individuals who are determined to be eligible will be entered into CAREWare and program eligibility cards will be issued to eligible clients. Services must be provided in multiple locations throughout Duval County and successful applicants will ensure their abilitiy to provide culturally and linguistically appropriate services for racial and ethnic minorities.

By submitting a bid for Non-Medical Case Management services under this RFP, agencies consent to participate as an active member in the J TGA Case Management Cooperative including allowing all Ryan White funded staff to attend meetings, receive training from and work on activities of the Case Management Cooperative.

Reimbursement is based on unit cost to provide eligibility services.

The maximum anticipated annualized funding for **Non-medical Case Management** is estimated to be approximately **$230,301** under Part A.

This service category will be limited to one (1) subrecipient.

9.2 LEGAL SERVICES (PART A)

Legal Services is a support service that includes the provision of services to HIV-infected individuals to address legal matters directly necessitated by the individual's HIV status. Services include: preparation of powers of attorney – healthcare and durable and living wills, interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Part A Program; and permanency planning. Permanency planning includes helping clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them and social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney. It does not include criminal defense or class-action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program.

All legal assistance under the Ryan White Part A Program funding will be provided under the supervision of an attorney licensed by the Florida Bar Association.

Reimbursement is based on unit cost of one-hour increments.

The maximum anticipated annualized funding for **Legal Services** is estimated to be approximately **$230,301** under Part A.

9.3 OUTREACH SERVICES (PART A)

The Outreach Services support service category has the principal purpose to identify PLWHA who either do not know their HIV Status, or who know their status but are not currently in care. These services may target high-risk communities or individuals who are unaware of their status. Outreach services provide identification of people who do not know their HIV statues and/or linkage or re-engagement of PLWHA who know their status in Ryan White Part A Program services. Peer Navigators shall be retained as community outreach Coordinators. Peer Navigators shall all receive identical training of position and services to maintain knowledge and skills. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Outreach services must not include outreach activities that exclusively promote HIV prevention education.

Reimbursement is based on provided work plan.

The maximum anticipated annualized funding for **Outreach Services** is estimated to be approximately **$230,301** under Part A.

9.4 SUBSTANCE ABUSE SERVICES – RESIDENTIAL (PART A)

The Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Services are to be provided in accordance with a treatment plan. Agency sites must possess appropriate occupational licensing from Duval County/City of Jacksonville and the Florida Department of Children and Families as Substance Abuse Treatment programs, as required. All counselors providing substance abuse counseling services must possess postgraduate degrees in the appropriate counseling-related field or be a Certified Addiction Professional (CAP). Non-certified counselors providing substance abuse counseling services must be supervised by a qualified professional as identified in 65D-30 of the Florida Administrative Code. See *Medicaid Community Mental Health Services Coverage and Limitations Handbook* for approved procedures and codes.

1. Agencies submitting a bid to provide Substance Abuse Services (Residential) must be enrolled in Medicaid's Community Mental Health Services Program as an approved vendor. Any monitoring report produced after October 1, 2012 on behalf of the Agency for Health Care Administration (AHCA) by their subcontracted monitoring agency in relation to the provision of substance abuse treatment services must be attached to Providers' application to deliver substance abuse services through this RFP.

2. All of the Medicaid limitations and restrictions as defined in the *Medicaid Community Mental Health Services Coverage and Limitations Handbook* shall apply to the provision of this service by selected applicants with the exception that client eligibility for this service category will be determined based upon Ryan White eligibility guidelines as outlined in the Client Eligibility Criteria in this

RFP. Application of Medicaid criteria includes but is not limited to staff qualification requirements, unit cost maximums, unit definitions, procedural definitions, and qualifying DSM V classifications to determine eligible substance abuse related diagnosis by procedure code.

Ryan White Part A funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Reimbursement is unit cost based on the cost of a bed per night.

The maximum anticipated annualized funding for **Substance Abuse Services - Residential** is estimated to be approximately **$230,301** under Part A.

9.5 FOOD BANK/HOME DELIVERED MEALS (PART A)

Food Bank/Home Delivered Meals is a support services that includes the provision of actual food items, hot meals, or a voucher program to purchase food. In the JTGA, the services are primarily the purchase of gift cards to purchse food. Essential non-food items that may also be purchased including personal hygience products, household cleaning supplies, and water filtration/purification systems in community where issues of water and safety exist.

Reimbursement is based on the cost of the voucher or non-food item.

The maximum anticipated annualized funding for **Food Bank/Home Delivered Meals** is estimated to be approximately **$76,767** under Part A.

9.6 PSYCHOSOCIAL SUPPORT SERVICES (PART A)

Psychosocial Support Services provide group or individual support and counseling services to assist eligible PLWHA to address behavioral and physical health concerns. Activities may include:
1) Bereavement counseling 2) child abuse and neglect counseling 3) HIV support groups 4) nutrition counseling provided by a non-registered dietitian 5) pastoral care/counseling services. Pastoral care and counseling must be available to all eligible clients regardless of their religious denominational affiliation. In the JTGA, Psychosocial Support Services have typically been provided by peer navigators to be eligible expenses in this service category.

The funds under this service category may not be used to provide nutritional supplements and may not be used for social/recreational activities or to pay for client's gym memberships.

Reimbursement is based on the work plan provided.

The maximum anticipated annualized funding for **Pyschosocial Support Services** is estimated to be approximately **$12,794** under Part A.

9.7 HOUSING (PART A)

The JTGA provides housing to those individuals who are transitioning out of the county jail systems to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. This helps to prevent homelessness and along with medical case management provides access to gain and maintain health care. Subrecipients must have mechanims in place to assess and document the housing status and housing service needs of new clients and evaluate existing clients at least monthly. Clients must have a housing plan and will be provided up to three months of rental assistance.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits.

Reimbursement is based on the cost of the rent per mornth.

The maximum anticipated annualized funding for **Housing** is estimated to be approximately **$51,178** under Part A.

9.8 MEDICAL TRANSPORTATION SERVICES (PART A)

Medical Transportation is a support service that is the provision of non-emergency transportation that enables an eligible client to access or be retained in core and support services. In the JTGA, medical transportation is provided through gas cards and bus passes for eligible clients. Unallowable costs for transportation services include: 1) direct cash payments or cash reimbursements to clients 2) direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle 3) any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license or registration fees. Clients must have at least three HIV specific appointments in a month to receive transportation assistance.

If an organization has a contract with a provider of transportation services, this is reimbursable under the Ryan White Part A Program. Starting in FY 2021, the JTGA will be accepting proprosals for contract transportation services such as taxi, Uber, or Lyft. The proposed method must be sufficiently detailed, the coast and reimbursement methodology is clearly explained, the utilization of services can be easily documented and monitored to ensure the transportation is only used by the client to attend HIV specific appointments and the process is shown to be effective. Providing contract transportation services must lower the no-show rate and ultimately raise the viral suppression rate.

Reimbursement is based on the cost of the bus pass or gas card. Gas cards are given in $10 increememnts. For the proposed contract transportation services, reimbursement will be based on the cost of the ride to the appropriate, eligible HIV services.

The maximum anticipated annualized funding for **Medical Transportation Services** is estimated to be approximately **$38,383** under Part A.

9.9 EMERGENCY FINANCIAL ASSISTANCE (PART A)

Emergency Financial Assistance is a support service in the Ryan White Part A Program. In the JTGA, Emergency Assistance provides a limited one-time payment to assist with an urgent need for medication. This may include medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance. Sub recipients must be a Ryan White Part A Program funded subrecipient who is also receiving AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program) funding and must have a current Public Health Service 340B certification from the federal Office of Pharmacy Affairs.

The reimbursement is a direct payment to the pharmaceutical provider. Direct cash payments to clients are not permitted.

The maximum anticipated annualized funding for **Emergency Financial Assistance** is estimated to be approximately **$12,794** under Part A.

9.10 HEALTH EDUCATION/RISK REDUCTION (PART A)

Health Education/Risk Reduction is a support service that is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. The topics covered may include: 1) education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partner and treatment as prevention

2) Education on health care coverage options (i.e. qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage) 3) health literacy 4) treatment adherence education. General support group meetings and related activities are not allowable functions of Health Education/Risk Reduction. In the JTGA, these services are typically provided by trained and educated peer navigators.

The maximum anticipated annualized funding for **Health Education/Risk Reduction** is estimated to be approximately **$12,794** under Part A.

Attachment A

Response Format

To maintain comparability and facilitate the evaluation process, Responses shall be organized in the manner set forth below. Tab delineations for each of the sections would be helpful.

Please defer to Section 7 for specific Response Formatting instructions.

Attachment B

Evaluation Criteria

The evaluation of this RFP will be based on the following criteria. Reviewers will use this scoring system to determine the score for each proposal. If a Proposer applies for multiple categories, the same score may be given to sections (b) Quality Management, (c) Collaboration, and (d) Organization Experience and Structure; and the score may change for (a) Scope of Services, and (e) Budget/Work Plan depending on the service category. There is a maximum for 100 points for all scored categories.

Criteria	Description of Criteria		Maximum Points Available
Scope of Services	**Scope of Services Strengths**		20 Points
	Incomplete or limited response	*0-3 points: The response is missing and/or cannot be found in the appropriate section.*	
		4-6 points: Limited information provided with vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.	
		7-9 points: The response includes sporadic details that are very disjointed and do not connect with the main point.	
	Acceptable Response	*10-13 points: General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.*	
		14-17 points: The information provided answers the question(s) and is informative but does not provide clear details.	
	Excellent Response	*18-20 points: The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The Proposer describes:* • *How the HIV Continuum of Care milestones will be used for clinical and programmatic outcomes including short-term, medium-term, and long-term goals.* • *Link between the services planned to provide and how plan to achieve the goals, objectives, and expected outcomes for the number of clients projected to serve.* • *Describe anticipated challenges to outcomes-focused HIV Care and how challenges might be addressed* • *Business Incubator – additional 5 points may be given to those who propose to a business incubator relationship*	
	Scope of Services Strength Notes		
	Scope of Services Weaknesses Notes		

Quality Management	**Quality Management Strengths**		20 Points
	Incomplete or limited response	*0-3 points: The response is missing and/or cannot be found in the appropriate section.*	
		4-6 points: Limited information provided with vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.	
		7-9 points: The response includes sporadic details that are very disjointed and do not connect with the main point.	
	Acceptable Response	*10-13 points: General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.*	
		14-17 points: The information provided answers the question(s) and is informative but does not provide clear details.	
	Excellent Response	*18-20 points: The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The Proposer describes a quality management plan with:* • a systematic process with identified leadership, accountability, and dedicated resources • data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks • focuses on linkages, efficiencies, and provider and client expectations in addressing outcome improvement and adaptations to change • policies and procedures regarding quality of care in proposed services	
	Quality Management Strength Notes		
	Quality Management Notes		

Collaboration	**Collaboration Strengths**		20 Points
	Incomplete or limited response	*0-3 points: The response is missing and/or cannot be found in the appropriate section.*	
		4-6 points: Limited information provided with vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.	
		7-9 points: The response includes sporadic details that are very disjointed and do not connect with the main point.	
	Acceptable Response	*10-13 points: General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.*	
		14-17 points: The information provided answers the question(s) and is informative but	

		does not provide clear details.	
	Excellent Response	*18-20 points: The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The Proposer provides and describes:* • Collaborating agencies and services provided • Your agencies business relationship with other agencies • How clients benefit from the cooperation/collaboration • How your agency collaborates with non-HIV/AIDS organizations to deliver services to people with HIV/AIDS. • The process utilized by your agency to ensure that duplication of services down not occur. • Plan of action if there are gaps in agency's current collaborative processes	
	Collaboration Strength Notes		
	Collaboration Weaknesses Notes		

Organization Experience and Structure	**Organization Experience and Structure Strengths**		20 Points
	Incomplete or limited response	*0-3 points: The response is missing and/or cannot be found in the appropriate section.*	
		4-6 points: Limited information provided with vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.	
		7-9 points: The response includes sporadic details that are very disjointed and do not connect with the main point.	
	Acceptable Response	*10-13 points: General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.*	
		14-17 points: The information provided answers the question(s) and is informative but does not provide clear details.	
	Excellent Response	*18-20 points: The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The Proposer describes and provides:* • Detailed history of the agency and its core business services • Number of clients served for last three years. • To what extent experience was directed toward HIV target population and the process agency will use to facilitate entry of new clients • Existing and proposed staffing levels and staff's experience providing key services • Three letters of support from HIV/AIDS affected individuals • Number of agency's Board of Directors and agency employees who represent racial	

		minorities • Organizational chart of agency • A staffing plan for the proposed service. Including the percentage of time each position will be dedicated to the proposed service • Job descriptions for agency's Project Director and all program staff relation to providing the proposed services • Documentation that the agency is fully qualified to provide the proposed service(s) • Organizations most recent independent audit • Two of most recent independent site visit monitoring reports by applicable funding sources, if unable to provider explain why it is not available	
	Organization Experience and Structure Strength Notes		
	Organization Experience and Structure Strength Weaknesses Notes		

Budget/Work Plan	**Budget/ Work Plan Strengths**		20 Points
	Incomplete or limited response	*0-3 points: The response is missing and/or cannot be found in the appropriate section.*	
		4-6 points: Limited information provided with vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.	
		7-9 points: The response includes sporadic details that are very disjointed and do not connect with the main point.	
	Acceptable Response	*10-13 points: General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.*	
		14-17 points: The information provided answers the question(s) and is informative but does not provide clear details.	
	Excellent Response	*18-20 points: The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The Proposer describes and provides:* • *Table 1: Work Plan* • *Reimbursement rates* • *Significant activities for which the Proposer expects to be reimbursed.*	
		Budget/Work Plan Strength Notes	
		Budget Work Plan Weaknesses Notes	
		TOTAL POINTS	100 Points