SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: **12/17/14**

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 NUMBER RECEIVED: 10 OTHER: 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to ratify the period of service from March 1, 2017 through date of award.

Recommend approval to utilize the second and final renewal option with the contractors listed below from date of award through February 28, 2018. Total annual expenditure requested in the amount of $2,172,029.00, for a contract not to exceed expenditure amount of $12,865,941.00.

AIDS Healthcare Foundation - $362,063.00, not to exceed $1,604,749.00
Community Rehabilitation Center - $47,640.00, not to exceed $339,528.00
Florida Department of Health in Duval County - $386,907.00, not to exceed $2,508,511.00
Gateway Community Services - $65,936.00, not to exceed $374,587.00
Jacksonville Area Legal Aid - $66,069.00, not to exceed $408,927.00
Lutheran Social Services - $302,048.00, not to exceed $1,641,442.00
Northeast Florida AIDS Network - $278,687.00, not to exceed $1,885,543.00
River Region Human Services - $70,206.00, not to exceed $479,257.00
UF Board of Trustees - $592,473.00, not to exceed $3,623,397.00

Funding Source: RPBH1F6GA-08201-RCB009-17 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Vendor Letters, Scope of Services and Previous Awards

ANALYST: _____ CHELSEY RENFROE

RESPECTFULLY SUBMITTED _____ GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

(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 _____

SOCIAL SERVICES DIVISION

MEMORANDUM

DATE: March 30, 2017

TO: Greg Pease, Chief, Procurement Division

FROM: Johnnetta Moore, Chief, Social Services Division

RE: Request to Renew Contracts Bid No. ESC-0325-15 (FY 17-18)

The above mentioned bid is for the second renewal option on March, 2017. The Social Services Division has been awarded $2,752,210 and wishes to renew contracts totaling $2,172,029 for Bid No. ESC-0325-15 for the Ryan White Part A/MASI grant period March 1, 2017 to February 28, 2018 with the following agencies as listed below. Changes in recommended award amounts from the previous year are a result of a partial grant award that provides for 6 months of funding. Additional funding is anticipated on or before July 1, 2017.

Agencies	Month Contract Amount
AIDS Healthcare Foundation	$362,063
Community Rehabilitation Center	$ 47,640
Florida Department of Health (Duval)	$386,907
Gateway Community Services	$ 65,936
Jacksonville Area Legal Aid	$ 66,069
Lutheran Social Services	$302,048
Northeast Florida AIDS Network	$278,687
River Region Human Services	$ 70,206
University of Florida Board of Trustees	$592,473

The total amount for ESC-0325-17 is ~~$2,752,210.00~~ $2,172,029.00 for a revised not to exceed expenditure amount of ~~$8,168,909.~~ $12,865,941.00. Attached are agency letters requesting that the City renew contracts for grant period March 1, 2017 to February 28, 2018. The funding index code for this project is RPBH1F6GA RCB009-17 08201.

Thank you for your assistance in this process. If you need any additional information, please call me at 630-4720 or Sandy Arts at 630-3957.

Cc: Annette L. Burney, Buyer
Sandy Arts, Program Manager

OK

December 21, 2016

Sandy Arts, Program Manager
Ryan White Part A Program
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Re: FY 2017 – 2018 Ryan White Part A/MAI Renewal Proposal
Local Pharmaceutical Assistance

Dear Ms. Arts:

AIDS Healthcare Foundation is currently operation under the subject bid to deliver Ryan White eligible services to persons living with HIV/AIDS from our Riverside Healthcare Center (HCC) in Jacksonville. The current contract will expire February 28, 2018.

Per your request, enclosed is our renewal proposal for Local Pharmaceutical Assistance.

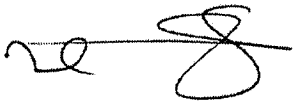
We wish to extend our contract from March 1, 2017 to February 28, 2018.

Your favorable consideration of this request is appreciated. Please contact Charity Chandler, Director of Contracts Administration, for inquiries regarding this renewal application. Charity can be reached at:

AIDS Healthcare Foundation
6255 W. Sunset Blvd., 21st Floor
Los Angeles, CA 90028

Phone: 323-860-5341 Fax: 323-962-8513
Email: charity.chandler@aidshealth.org

Sincerely,



Michael Weinstein
President

Enclosure

OK

December 21, 2016

Sandy Arts, Program Manager
Ryan White Part A Program
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Re: FY 2017 – 2018 Ryan White Part A/MAI Renewal Proposal
Ambulatory/Outpatient Medical Care

Dear Ms. Arts:

AIDS Healthcare Foundation is currently operation under the subject bid to deliver Ryan White eligible services to persons living with HIV/AIDS from our Riverside Healthcare Center (HCC) in Jacksonville. The current contract will expire February 28, 2018.

Per your request, enclosed is our renewal proposal for Ambulatory/Outpatient Medical services.

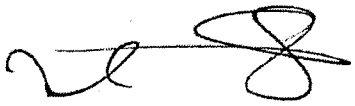
We wish to extend our contract from March 1, 2017 to February 28, 2018.

Your favorable consideration of this request is appreciated. Please contact Charity Chandler, Director of Contracts Administration, for inquiries regarding this renewal application. Charity can be reached at:

AIDS Healthcare Foundation
6255 W. Sunset Blvd., 21st Floor
Los Angeles, CA 90028

Phone: 323-860-5341 Fax: 323-962-8513
Email: charity.chandler@aidshealth.org

Sincerely,



Michael Weinstein
President

Enclosure

December 21, 2016

Sandy Arts, Program Manager
Ryan White Part A Program
Behavioral and Human Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Re: FY 2017 – 2018 Ryan White Part A/MAI Renewal Proposal
Medical Case Management

Dear Ms. Arts:

AIDS Healthcare Foundation is currently operation under the subject bid to deliver Ryan White eligible services to persons living with HIV/AIDS from our Riverside Healthcare Center (HCC) in Jacksonville. The current contract will expire February 28, 2018.

Per your request, enclosed is our renewal proposal for Medical Case Management.

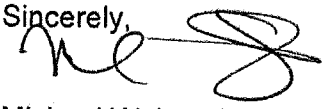
We wish to extend our contract from March 1, 2017 to February 28, 2018.

Your favorable consideration of this request is appreciated. Please contact Charity Chandler, Director of Contracts Administration, for inquiries regarding this renewal application. Charity can be reached at:

AIDS Healthcare Foundation
6255 W. Sunset Blvd., 21st Floor
Los Angeles, CA 90028
Phone: 323-860-5341 Fax: 323-962-8513

Email: charity.chandler@aidshealth.org

Sincerely,



Michael Weinstein
President

Enclosure

CRC
Community Rehabilitation Center
623 Beechwood Street
Jacksonville, Florida 32206
904.358.1211 (ofc) 877.561.3541 (fax)
www.communityehabcenter.org
MAKING LIVES WHOLE

Sandy Arts
City of Jacksonville
Social Services Division
1809 Art Museum Drive
Suite 100
Jacksonville, Florida 32207

Re: Community Rehabilitation Center's request for Medical Case Management contract renewal for grant year March 1, 2017 to February 28, 2018.

It is with pleasure and anticipation that I submit the attached Ryan White Part A request renewal for Medical Case Management for grant year March 1, 2017 to February 28, 2018. I certify that CRC is qualified to do business in the state of Florida and any subcontractors we employ are the same. CRC's federal tax identification is 59-3198739.

Thank you in advance for your consideration in our efforts to continue these much needed services. If you have any questions, please feel free to contact:

Dr. Erakal Goodman
623 Beechwood Street
Jacksonville, Florida 32206
904.358.1211 (ofc) 877.561.3541 (fax)
egoodman@communityrehabcenter.org

Sincerely,

Leon B Seymore

Dr. Leon Seymore
Board Chair
Community Rehabilitation Center, Inc.

12-20-16
Date

December 21, 2016

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

Dear Ms. Moore,

The Florida Department of Health in Duval County (DOH-Duval) wishes to renew our funding for Pharmacy Services for the grant year March 1, 2017 to February 28, 2018. The annual funding requested is $226,057.

DOH-Duval is committed to providing a comprehensive, coordinated, and integrated delivery system that includes collaboration and linkage to all needed and funded services for Ryan White clients.

DOH-Duval will perform all duties as a single contractor. In addition, the entry of this proposal confirms the commitment of DOH-Duval to willingly comply with all terms and conditions of the contract. DOH-Duval federal tax identification number is 593502843.

Authorized person to discuss and negotiate for the submitted proposal is:

Sandra Ellis, Patient Care Contract Manager
Area Four Regional AIDS Program Office
Phone: (904) 253-2986
Email: sandra.ellis@flhealth.gov

Sincerely,

for Kelli T. Wells

Kelli T. Wells, M.D.
Director, Florida Department of Health in Duval

December 21, 2016

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

Dear Ms. Moore:

The Florida Department of Health in Duval County (DOH-Duval) wishes to renew our funding for Oral Health Services for the grant year March 1, 2017 to February 28, 2018. The annual funding requested is $768,032.

DOH-Duval is committed to providing a comprehensive, coordinated and integrated delivery system that includes collaboration and linkage to all needed and funded services for Ryan White Clients.

DOH-Duval will perform all duties as a single contractor. In addition, the entry of this proposal confirms the commitment of DOH-Duval to willingly comply with all terms and conditions of the contract. DOH-Duval federal tax identification number is 593502843.

Authorized person to discuss and negotiate for the submitted proposal is:

Sandra Ellis, Patient Care Contract Manager
Area Four Regional AIDS Program Office
Phone: (904) 253-2986
Email: sandra.ellis@flhealth.gov

Sincerely,

Kelli T. Wells, M.D.
Director, Florida Department of Health in Duval

December 16th, 2016

Johnetta Moore, Chief
City of Jacksonville
Social Services Division
1809 Art Museum Drive
Jacksonville, Florida 32207

Re: Cover Letter for Ryan White Part/Minority AIDS Initiative for Outpatient Substance Use Disorder Treatment Continuation Grant

Gateway Community Services is pleased to submit this renewal proposal for Outpatient Substance Use Disorder (SUD) Treatment Services for Persons Living with HIV/AIDS in response to the renewal of the Ryan White Part A and Minority AIDS Initiative (MAI) RFP # ESC-0325-15.

Amount Requested: $7,276.00 for a 12 month period

Agency: Gateway Community Services
555 Stockton Street
Jacksonville, Florida 32204
(904) 387-4661
(904) 384-5753 FAX

Point of Contact for Proposal:
Michael W. Bennett, MBA CAP CPP ICADC CCCJS CCFC
(904) 387-4661 x1059
mbennett@gatewaycommunity.com

Authorized Person:
Candace Hodgkins, PhD, LMHC, Chief Executive Officer
(904) 387-4661 x1004
chodgkins@gatewaycommunity.com

As Chief Executive Officer of Gateway Community Services, I confirm that Gateway Community Services, Inc. desires to renew our contract to provide services for the Ryan White Grant initiative for the year March 1, 2017 through February 28, 2018. This

application constitutes a firm acknowledgement and acceptance of all the terms and conditions of this Continuation RFP and any RFP addenda thereto.

Gateway Community Services, Inc. will perform this project as a single contractor.

Gateway Community Services, Inc. is qualified to do business in Florida. Our Corporate Charter Number is: 744621.

Gateway Community Services' Federal Tax Identification Number is: 59-1881828

Sincerely,

Candace Hodgkins, PhD, LMHC

Candace Hodgkins, PhD, LMHC
Chief Executive Officer
Gateway Community Services

December 16th, 2016

Johnetta Moore, Chief
City of Jacksonville
Social Services Division
1809 Art Museum Drive
Jacksonville, Florida 32207

Re: Cover Letter for Ryan White Part/Minority AIDS Initiative for Residential Substance Use Disorder Treatment Continuation Grant

Gateway Community Services is pleased to submit this renewal proposal for Residential Substance Use Disorder (SUD) Treatment Services for Persons Living with HIV/AIDS in response to the renewal of the Ryan White Part A and Minority AIDS Initiative (MAI) RFP # ESC-0325-15.

Amount Requested: $170,105.00 for a 12 month period

Agency: Gateway Community Services
555 Stockton Street
Jacksonville, Florida 32204
(904) 387-4661
(904) 384-5753 FAX

Point of Contact for Proposal:
Michael W. Bennett, MBA CAP CPP ICADC CCCJS CCFC
(904) 387-4661 x1059
mbennett@gatewaycommunity.com

Authorized Person:
Candace Hodgkins, PhD, LMHC, Chief Executive Officer
(904) 387-4661 x1004
chodgkins@gatewaycommunity.com

As Chief Executive Officer of Gateway Community Services, I confirm that Gateway Community Services, Inc. desires to renew our contract to provide services for the Ryan White Grant initiative for the year March 1, 2017 through February 28, 2018. This

application constitutes a firm acknowledgement and acceptance of all the terms and conditions of this Continuation RFP and any RFP addenda thereto.

Gateway Community Services, Inc. will perform this project as a single contractor.

Gateway Community Services, Inc. is qualified to do business in Florida. Our Corporate Charter Number is: 744621.

Gateway Community Services' Federal Tax Identification Number is: 59-1881828

Sincerely,

Candace Hodgkins, PhD, LMHC

Candace Hodgkins, PhD, LMHC
Chief Executive Officer
Gateway Community Services

Jacksonville Area Legal Aid, Inc.

A Wealth of *Justice* for Those Who Have Neither

❑222 San Marco Avenue
St. Augustine, FL 32084
(904) 827-9921
FAX: (904) 827-9978

✓126 W. Adams Street
Jacksonville, FL 32202-3849
(904) 356-8371
FAX: (904) 224-1587

❑P. O. Box 1999
Green Cove Springs, FL 32043
(904) 284:8410
FAX: (904) 284-8485

December 6, 2016

Sandy Arts
City of Jacksonville
Social Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, Florida 32207

Re: *FY 2017 – FY 2018 Ryan White Part A/MAI - Contract Renewal*

Dear Ms. Arts:

Jacksonville Area Legal Aid, Inc. is requesting renewal of the Ryan White Part A/MAI contract for the grant year March 1, 2017 to February 28, 2018 in the Legal Services Category.

As the CEO/President, I have contractual capacity and authority for our agency. Heather Kilpatrick, Esquire, is the Project Director and primary contact person for Jacksonville Area Legal Aid's Ryan White Project.

James A. Kowalski, Jr. CEO/President
Jacksonville Area Legal Aid, Inc.
126 West Adams Street
Jacksonville, Florida 32202
Tel: (904) 356-8371, Ext. 325

Heather Kilpatrick, Esquire
Jacksonville Area Legal Aid, Inc.
126 West Adams Street
Jacksonville, Florida 32202
Tel: (904) 356-8371, Ext. 360

Should you have any questions or need additional information regarding this request, please contact me at your convenience. I can be reached by phone at 356-8371 ext 325, or by e-mail, Jim.Kowalski@jaxlegalaid.org .

Sincerely,

Jim Kowalski

James A. Kowalski, Jr.
Executive Director and CEO

JK/keb

United Way
United Way of Northeast Florida

Jacksonville

LUTHERAN SOCIAL SERVICES

LUTHERAN SOCIAL SERVICES
OF NORTHEAST FLORIDA, INC
4615 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207

Sandy Arts
Program Manager
Ryan White Part A Program
Social Services Division

December 14, 2016

Mrs. Arts,

Lutheran Social Services of Northeast Florida has had the pleasure of working alongside the Ryan White community in providing quality, coordinated care to individuals living with HIV and AIDS for the past 24 year. Please consider this letter as our intention to renew our Ryan White Part A and Minority AIDS Initiative contract for grant year March 1, 2017 to February 28, 2018.

Heather Vaughan is the Director of Human Services at LSS and provides direct supervision of our AIDS Care & Education Program. Mrs. Vaughan will be your direct contact for this proposal and can respond to any inquire that you may have. Mrs. Vaughan's contact information is below.

Heather Vaughan MS, CRC
4615 Philips Highway
Jacksonville Fl, 32207
Office: (904)739-7016
Fax: (904) 730-8296
Email: Heather.Vaughan@LSSJAX.ORG

I look forward to another successful year in our agencies ability to provide you with the highest quality in service, and consumer driven care.

Sincerely,

Mary R. Strickland

Mary Strickland
President & CEO
Lutheran Social Services of Northeast Florida

904.448.5995
FAX 904.448.6044
WWW.LSSJAX.ORG
AN EO UNITED WAY AGENCY

NFAN

NORTHEAST FLORIDA AIDS NETWORK

Serving the community since 1989

Board of Directors

Kenneth Bargar
Consumer Advocate
Chair

Veronica Tutt, USN, Ret.
TSM Corporation
Secretary

Stephen Baker, PhD
Jacksonville University

Todd Colson
Hamburger Mary's

Heather Kilpatrick, Esq.
Jax Area Legal Aid

Gordon Nicol, Esq.
Attorney

Jerry Rosenberg
Owner, The Metro

Steven Spitale
Swisher International

Executive Director

Donna M. Fuchs

United Way
of Northeast Florida

December 16, 2016

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

Dear Ms. Moore:

Northeast Florida AIDS Network, Inc. (NFAN) is submitting the following 2017/2018 renewal request for Outreach in response to the Ryan White Part A and Minority AIDS Initiative (MAI) RFP #ESC-0325-15.

The total amount of annual funding requested is $27,083, based on a 12-month period beginning on March 1, 2017 and ending on February 28, 2018.

The following person is the point of contact and person authorized to represent NFAN during the contract negotiations:

Donna M. Fuchs
Executive Director
Northeast Florida AIDS Network, Inc.
2715 Oak Street
Jacksonville, FL 32205
904-356-1612
904-356-7095 (fax)
dfuchs@nfanjax.org

I understand that the submission of this proposal constitutes a firm and irrevocable offer. Furthermore, I accept and acknowledge a willingness to comply with all the terms and conditions of this RFP and RFP addenda thereto, the Sample Contract and Additional Provisions, Statement of Work, Exhibits, Forms and Attachments of this RFP.

NFAN will perform this project as a single contractor.

NFAN is qualified to do business in Florida under corporate number N34994.

Our Federal Tax Identification Number is 59-2974694.

Sincerely,

Donna M. Fuchs
Executive Director

NFAN

NORTHEAST FLORIDA AIDS NETWORK

Serving the community since 1989

Board of Directors

Kenneth Bargar
Consumer Advocate
Chair

Veronica Tutt, USN, Ret.
TSM Corporation
Secretary

Stephen Baker, PhD
Jacksonville University

Todd Colson
Hamburger Mary's

Heather Kilpatrick, Esq.
Jax Area Legal Aid

Gordon Nicol, Esq.
Attorney

Jerry Rosenberg
Owner, The Metro

Steven Spitale
Swisher International

Executive Director

Donna M. Fuchs

United Way
of Northeast Florida

December 16, 2016

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

Dear Ms. Moore:

Northeast Florida AIDS Network, Inc. (NFAN) is requesting to renew our contract for grant year March 1, 2017 to February 28, 2018 for Medical Case Management under Ryan White Part A and Minority AIDS Initiative (MAI) RFP #ESC-0325-15.

The total amount of annual funding requested is $ 322,847, based on a 12-month period beginning on March 1, 2017 and ending on February 28, 2018.

The following person is the point of contact and person authorized to represent NFAN during the contract negotiations:

Donna M. Fuchs
Executive Director
Northeast Florida AIDS Network, Inc.
2715 Oak Street
Jacksonville, FL 32205
904-356-1612 ext. 118
904-356-7095 (fax)
dfuchs@nfanjax.org

I understand that the submission of this renewal request constitutes a firm and irrevocable offer. Furthermore, I accept and acknowledge a willingness to comply with all the terms and conditions of this contract.

NFAN will perform this project as a single contractor.

NFAN is qualified to do business in Florida under corporate number N34994.

Our Federal Tax Identification Number is 59-2974694.

Sincerely,

Donna M. Fuchs
Executive Director

NFAN

NORTHEAST FLORIDA AIDS NETWORK

Serving the community since 1989

Board of Directors

Kenneth Bargar
Consumer Advocate
Chair

Veronica Tutt, USN, Ret.
TSM Corporation
Secretary

Stephen Baker, PhD
Jacksonville University

Todd Colson
Hamburger Mary's

Heather Kilpatrick, Esq.
Jax Area Legal Aid

Gordon Nicol, Esq.
Attorney

Jerry Rosenberg
Owner, The Metro

Steven Spitale
Swisher International

Executive Director

Donna M. Fuchs

United Way
of Northeast Florida

December 16, 2016

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

Dear Ms. Moore:

Northeast Florida AIDS Network, Inc. (NFAN) is requesting to renew our contract for grant year 3, March 1, 2017 to February 28, 2018 for Health Insurance in response to the Ryan White Part A and Minority AIDS Initiative (MAI) RFP #ESC-0325-15.

The total amount of annual funding requested is $606,696, based on a 12-month period beginning on March 1, 2017 and ending on February 28, 2018.

The following person is the point of contact and person authorized to represent NFAN during the contract negotiations:

Donna M. Fuchs
Executive Director
Northeast Florida AIDS Network, Inc.
2715 Oak Street
Jacksonville, FL 32205
904-356-1612
904-356-7095 (fax)
dfuchs@nfanjax.org

I understand that the submission of this proposal constitutes a firm and irrevocable offer. Furthermore, I accept and acknowledge a willingness to comply with all the terms and conditions of this RFP and RFP addenda thereto, the Sample Contract and Additional Provisions, Statement of Work, Exhibits, Forms and Attachments of this RFP.

NFAN will perform this project as a single contractor.

NFAN is qualified to do business in Florida under corporate number N34994.

Our Federal Tax Identification Number is 59-2974694.

Sincerely,

Donna M. Fuchs
Executive Director

RIVER REGION
Human Services, Inc.

Administrative Offices
2055 Reyko Rd., Suite 101
Jacksonville, Florida 32207

904.899.6300
904.899.6380 fax
www.rrhs.org

December 16, 2016

Sandy Arts
City of Jacksonville
Social Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Dear Ms. Arts:

River Region Human Services, Inc. wishes to renew its contract to provide mental health treatment services for grant year March 1, 2017 to February 28, 2018. To that end, please see the attached proposal to provide these services. As Chief Executive Officer, I hereby confirm that all information in the proposal is true and correct and that I have the contractual authority to sign contracts on behalf of the agency.

I understand and agree that the submission of this proposal constitutes a firm and irrevocable offer and an acknowledgement and acceptance of, and a willingness to comply with all the terms and conditions of the proposal guidance and any addition thereto, including the contract and any additional provisions, Statement of Work, and proposal attachments and forms. Should you have any questions, I can be reached at (904) 899-6300, ext. 4114.

Thank you for your consideration in this matter.

Sincerely,

Tiffany Galvin Green, Ph.D.
Chief Executive Officer
2055 Reyko Rd., Suite 101
Jacksonville, FL 32207

RIVER REGION
Human Services, Inc.

Administrative Offices
2055 Reyko Rd., Suite 101
Jacksonville, Florida 32207

904.899.6300
904.899.6380 fax
www.rrhs.org

December 16, 2016

Sandy Arts
City of Jacksonville
Social Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Dear Ms. Arts:

River Region Human Services, Inc. wishes to renew its contract to provide outpatient substance abuse treatment services for grant year March 1, 2017 to February 28, 2018. To that end, please see the attached proposal to provide these services. As Chief Executive Officer, I hereby confirm that all information in the proposal is true and correct and that I have the contractual authority to sign contracts on behalf of the agency.

I understand and agree that the submission of this proposal constitutes a firm and irrevocable offer and an acknowledgement and acceptance of, and a willingness to comply with all the terms and conditions of the proposal guidance and any addition thereto, including the contract and any additional provisions, Statement of Work, and proposal attachments and forms. Should you have any questions, I can be reached at (904) 899-6300, ext. 4114.

Thank you for your consideration in this matter.

Sincerely,

Tiffany Galvin Green, Ph.D.
Chief Executive Officer
2055 Reyko Rd., Suite 101
Jacksonville, FL 32207

RIVER REGION
Human Services, Inc.

Administrative Offices
2055 Reyko Rd., Suite 101
Jacksonville, Florida 32207

904.899.6300
904.899.6380 fax
www.rrhs.org

December 16, 2016

Sandy Arts
City of Jacksonville
Social Services Division
1809 Art Museum Drive, Suite 100
Jacksonville, FL 32207

Dear Ms. Arts:

River Region Human Services, Inc. wishes to renew its contract to provide residential substance abuse treatment services for grant year March 1, 2017 to February 28, 2018. To that end, please see the attached proposal to provide these services. As Chief Executive Officer, I hereby confirm that all information in the proposal is true and correct and that I have the contractual authority to sign contracts on behalf of the agency.

I understand and agree that the submission of this proposal constitutes a firm and irrevocable offer and an acknowledgement and acceptance of, and a willingness to comply with all the terms and conditions of the proposal guidance and any addition thereto, including the contract and any additional provisions, Statement of Work, and proposal attachments and forms. Should you have any questions, I can be reached at (904) 899-6300, ext. 4114.

Thank you for your consideration in this matter.

Sincerely,

Tiffany Galvin Green, Ph.D.
Chief Executive Officer
2055 Reyko Rd., Suite 101
Jacksonville, FL 32207

Table of Contents

Table of Contents....2

1. Cover Letter....1

2. HCC Narrative....3

3. Revised Scope of Services....5
   - Table 1: Narrative of Content....5
   - Table 1: Service Delivery Work Plan....7

4. Table 2: Service Delivery Annual Budget....8
   - Budget Narrative/Justification....9

5. Demonstrate Service Coordination....10
   - Memorandums of Understanding....10
   - Minutes of Integrated CQM Meetings....72

6. Third Party Reimbursement Policy....75

7. Program Income Policy....76

8. Continuous Quality Management Policy....77

9. Sub-providers....85

10. Contract Renewal Assurances....86
    - Table 4....86
    - Table 5....87
    - Table 6....88

11. HRSA/HAB Assurances and Certifications....89
    - Non-construction Programs SF 424B....89
    - Certifications PHS-5161-1....91
    - Conflict of Interest....94

12. Medicaid Certification....95

13. IRS Form 990 and Insurance Certificates....96
    - IRS Form 990....96
    - Insurance Certificates....139

UF | UNIVERSITY of FLORIDA

College of Medicine - *Jacksonville*
Department of Pediatrics

653-1 West 8th Street, L-16
Jacksonville, FL 32209
904-244-3027 Phone
904-244-3028 Fax

The University of Florida, Board of Trustees wishes to renew our contract to continue to provide Ambulatory Outpatient Medical Services for grant year March1, 2017 to February 28, 2018.

Agency:

University of Florida
Center for HIV/AIDS Research, Education and Service (UF CARES)
653-1 West Eighth Street
LRC, 3rd Floor
Jacksonville, FL 32209

Point of Contact:

Kendall Guthrie
Program Director
(904) 244-4424
(904) 244-5341(Fax)
kendall.guthrie@jax.ufl.edu

Contract Negotiation Representative:

Tina Bottini
Assistant Dean
The University of Florida, College of Medicine,
On Behalf of the Board of Trustees
580 West 8th Street
Tower II, 9th Floor
Jacksonville, Florida 32209
(904) 244-9693
(904) 244-9035 (Fax)
tina.bottini@jax.ufl.edu

Tina Bottini
Assistant Dean, UF BOT

UF | UNIVERSITY of FLORIDA

College of Medicine - *Jacksonville*
Department of Pediatrics

653-1 West 8th Street, L-16
Jacksonville, FL 32209
904-244-3027 Phone
904-244-3028 Fax

The University of Florida, Board of Trustees wishes to renew our contract to continue to provide Non-Medical Case Management Services for grant year March1, 2017 to February 28, 2018.

Agency:

University of Florida
Center for HIV/AIDS Research, Education and Service (UF CARES)
653-1 West Eighth Street
LRC, 3rd Floor
Jacksonville, FL 32209

Point of Contact:

Kendall Guthrie
Program Director
(904) 244-4424
(904) 244-5341(Fax)
kendall.guthrie@jax.ufl.edu

Contract Negotiation Representative:

Tina Bottini
Assistant Dean
The University of Florida, College of Medicine,
On Behalf of the Board of Trustees
580 West 8th Street
Tower II, 9th Floor
Jacksonville, Florida 32209
(904) 244-9693
(904) 244-9035 (Fax)
tina.bottini@jax.ufl.edu

Tina Bottini
Assistant Dean, UF BOT

UF | UNIVERSITY of FLORIDA

College of Medicine - *Jacksonville*
Department of Pediatrics

653-1 West 8th Street, L-16
Jacksonville, FL 32209
904-244-3027 Phone
904-244-3028 Fax

The University of Florida, Board of Trustees wishes to renew our contract to continue to provide Medical Case Management Services for grant year March1, 2017 to February 28, 2018.

Agency:

University of Florida
Center for HIV/AIDS Research, Education and Service (UF CARES)
653-1 West Eighth Street
LRC, 3rd Floor
Jacksonville, FL 32209

Point of Contact:

Kendall Guthrie
Program Director
(904) 244-4424
(904) 244-5341(Fax)
kendall.guthrie@jax.ufl.edu

Contract Negotiation Representative:

Tina Bottini
Assistant Dean
The University of Florida, College of Medicine,
On Behalf of the Board of Trustees
580 West 8th Street
Tower II, 9th Floor
Jacksonville, Florida 32209
(904) 244-9693
(904) 244-9035 (Fax)
tina.bottini@jax.ufl.edu

Tina Bottini
Assistant Dean, UF BOT

UF | UNIVERSITY of FLORIDA

College of Medicine - *Jacksonville*
Department of Pediatrics

653-1 West 8th Street, L-16
Jacksonville, FL 32209
904-244-3027 Phone
904-244-3028 Fax

The University of Florida, Board of Trustees wishes to renew our contract to continue to provide Medical Nutrition Therapy for grant year March1, 2017 to February 28, 2018.

Agency:

University of Florida
Center for HIV/AIDS Research, Education and Service (UF CARES)
653-1 West Eighth Street
LRC, 3rd Floor
Jacksonville, FL 32209

Point of Contact:

Kendall Guthrie
Program Director
(904) 244-4424
(904) 244-5341(Fax)
kendall.guthrie@jax.ufl.edu

Contract Negotiation Representative:

Tina Bottini
Assistant Dean
The University of Florida, College of Medicine,
On Behalf of the Board of Trustees
580 West 8th Street
Tower II, 9th Floor
Jacksonville, Florida 32209
(904) 244-9693
(904) 244-9035 (Fax)
tina.bottini@jax.ufl.edu

Tina Bottini
Assistant Dean, UF BOT

UF | UNIVERSITY of FLORIDA

College of Medicine - *Jacksonville*
Department of Pediatrics

653-1 West 8th Street, L-16
Jacksonville, FL 32209
904-244-3027 Phone
904-244-3028 Fax

The University of Florida, Board of Trustees wishes to renew our contract to continue to provide Mental Health Services for grant year March1, 2017 to February 28, 2018.

Agency:

University of Florida
Center for HIV/AIDS Research, Education and Service (UF CARES)
653-1 West Eighth Street
LRC, 3rd Floor
Jacksonville, FL 32209

Point of Contact:

Kendall Guthrie
Program Director
(904) 244-4424
(904) 244-5341(Fax)
kendall.guthrie@jax.ufl.edu

Contract Negotiation Representative:

Tina Bottini
Assistant Dean
The University of Florida, College of Medicine,
On Behalf of the Board of Trustees
580 West 8th Street
Tower II, 9th Floor
Jacksonville, Florida 32209
(904) 244-9693
(904) 244-9035 (Fax)
tina.bottini@jax.ufl.edu

Tina Bottini
Assistant Dean, UF BOT

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.

2. PROGRAMMATIC REQUIREMENTS

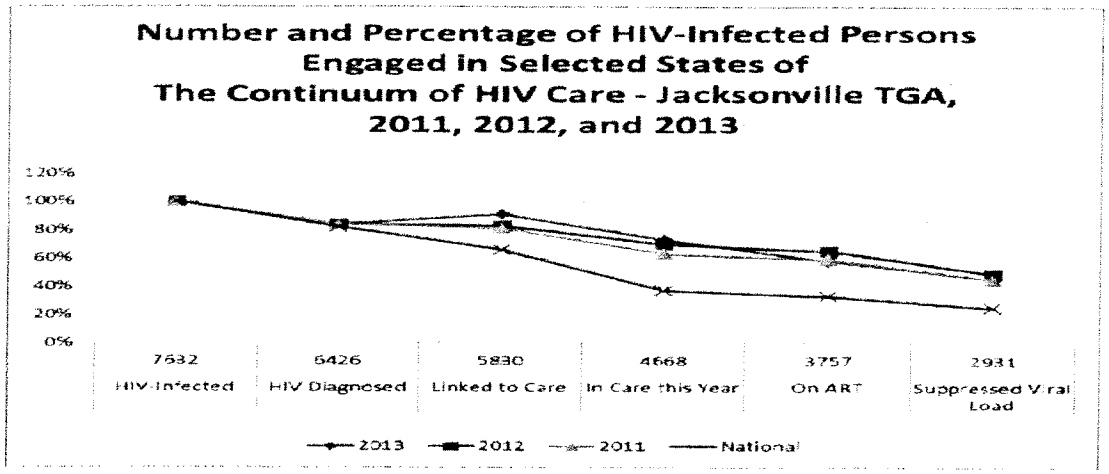
Responses to this Section should describe all aspects of the proposed project. They should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant.

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 III, IV and V *Service Categories*.** Description will articulate care coordination to achieve short-term (3 months), medium-term (6 months), and long-term (7 to 12 months) goals. In the short-term, focus on the planning process. In the medium-term, focus on expected implementation, deliverables, and roles and responsibilities of a multidisciplinary team of clinicians delivering client centered care. In the long-term focus on monitoring HIV Continuum of Care (HCC) milestones with emphasis on how these data will be used for clinical and programmatic fine-tuning. Thus, 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 to be served.

To assist in your description of care coordination to achieve short-term, medium-term, and long-term goals, provide multiple graphs of the HCC for your agency's client census. One graph will aggregate HCC outcomes for all clients, a second graph for client by gender, a third graph for clients by race, and a fourth graph for clients by age.

Each graph must identify on the x-axis, four categories: Linked to Care, Retained in Care, On-ART and Viral Suppression. On the y-axis, show percentage of patient/client census in each category. Include the size of the client census in the title of the graph using 12-months of the most recently available data. See example below, which represents the Jacksonville TGA Network HIV Continuum of Care for all clients infected with HIV in 2011, 2012 and 2013 compared to the National HIV Continuum of Care for 2012:



Utilizing the data from the graphs, 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.

In other words, this section is the backbone/foundation of care and services for the next 12 months. In it, you must communicate who will be served, what are the characteristics of care that will be provided, how the care/services will be delivered, what will be observed to signify that the care/services are having intended effects, and how you plan to make course corrections, if and when indicated. Narrative must present a complete description of your agency's plan to achieve HCC milestones and HHS Common Indicators as referenced throughout this RFP and/or described in **Sections III, IV and V**.

Business Incubator Relationship (applicant is not required to respond)

For eight additional points, applicants are invited to propose a business incubator relationship with an agency that has not received Ryan White 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

Link your Quality Management plan to the scope of services described in the previous section. Descibe your agency's process for selection of quality management priorities and how those priorities are operatinalized into action plans for systematic improvement. In your Quality Management plan, describe the systematic and continuous actions you intend to take that should lead to measureable improvements in health care services and the health of targeted client groups. Articulate strategies that will ensure health and social services meet established professional standards and user expectations. Be sure to identify specific quality initiatives that will assure clients and other stakeholders that improvement in the structure, processes, outputs and outcomes of care will be achieved. Complete and submit **Table 1 Quality Management Plan.**

(1) Describe the agency's quality management vision, mission and values.

(2) Describe the roles of staff members or committees/quality management team responsible for overseeing and managing the quality management activities, including

allocated resources and the number of staff FTEs assigned to quality management.

(3) For the proposed service, succinctly describe **one (1)** quality management goal, **one (1)** objective and at least **three (3)** activities or strategies that support the objective. Remember that an objective must be specific, measurable, attainable, realistic and time-bound (SMART). Therefore, let the reader know about the baseline and desired performance levels for each measurement indicator (data element) by funded service category. In the description include a discussion of the outputs (tangible deliverables to clients and/or the targets of improvement initiatives) and anticipated outcomes.

(4) Explain how the agency has used the Plan, Do, Check/Study and Act (PDC/SA) methodology in the past three to five years for achieving quality management objectives. Based on lessons learned, describe how PDC/SA might help each funded service make improvements in the future.

(5) For the proposed service, identify the HAB Performance measures (see http://hab.hrsa.gov "How to deliver care") that will be continuously monitored as a routine part of HIV/AIDS care and logically associated with programmatic and quality improvement activities. Discuss how improvements in the delivery of services will improve the health outcomes of HIV clients.

c. **Evaluation**

Describe how your agency proposes to evaluate the effectiveness of its quality management program.

(1) Describe specific activities that have been implemented to assess the quality of activities conducted.

(2) Describe the process used to implement, monitor and evaluate the impact of your quality management program on client outcomes. Specify baseline values of data elements (program performance indicators), anticipated thresholds (expected performance levels), frequency of data collection, storage and analysis, distribution of findings to stakeholders, consensus decision reached and actions taken based on interpreted results and clinical experience.

(3) Describe how the proposed program will incorporate staff and client feedback to improve services. At a minimum, discuss how consumer satisfaction survey results have been used in the last three to five years to improve service delivery and what are the next steps. Also include a discussion of the role the agency's Consumer Advisory Board (CAB) has played in historical service improvement and where you see this process leading in the future.

(4) Describe results of CAREWare data completeness reports for the past two years. Using that historical data, articulate strategies to ensure that CAREWare data submitted to the Administrative Agency is accurate, complete and submitted in a timely manner. Include in this discussion specific objectives for data completeness, particularly for the top five data elements with the highest error rates in the last two years.

(5) Describe how the proposed program will ensure that services are delivered in a culturally and linguistically competent manner.

d. <u>Collaboration</u>

Describe how your agency/organization cooperates or collaborates with other HIV/AIDS service Providers in the Jacksonville TGA 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 applying for **Medical Case Management funding,** clearly describe the roles and responsibilities of each agency in providing the service.

(4) Explain how clients/consumers 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.

e. **Organization Experience and Structure**

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

(1) 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 five years. Documentation may be copy of Ryan White Data Report for 2013 or copy of Medicaid/Medicare billing statements.

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

(3) Describe your existing and proposed staffing level (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.

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

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

(6) 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.

(7) 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.

(8) 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.

(9) 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.

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

(11) 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.

f. Budget/Work Plan

Complete **Table 2 Work Plan**. Program expenses will be reimbursed at the published Ryan White unit cost rate, Medicaid rate, or approved fee for service rate. Ryan White unit cost rates can be found with the service categories in **Sections III, IV, and V**. 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 applicant expects to be reimbursed. Applicants 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. indepth 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, PAC Waiver, 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 3 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.

4. APPLICATION CHECKLIST

Complete **Table 4 Application Checklist** to assist in organizing the proposal. Include in the proposal after Table 3.

5. **ASSURANCES AND CERTIFICATIONS**
Sign, date and submit the following forms:

a. Assurances—Non-Construction Programs, Standard Form 424B (Attachment E)

b. Certifications, PHS-5161-1 (Attachment F)

c. Conflict of Interest Certificate. Section 112.313(12) of the Florida Statutes requires that a public official who has a financial interest in a bid or contract make a disclosure at the time that the bid or contract is submitted or at the time that the public official acquires a financial interest in the bid or contract, including but not limited to the public official's name, public office or position held, bid or proposal number, and the position or relationship of the public official with the bidder (Attachment G).

G. AWARD SELECTION CRITERIA

Proposal awards will be made to the agency/organization whose response best illustrates the interests of the HIV population, the Metropolitan Jacksonville Area HIV Health Services Planning Council, and the City of Jacksonville. Proposals will be ranked within each service category in accordance with the attached rating sheet. (See Attachment H), *Proposal Elements Rating Sheet*).

Any bid or proposal not meeting the **mandatory requirements** stated in the *"Proposal Elements Rating Sheet,"* Attachment H, shall be rejected as an unresponsive bid or proposal and shall not be further evaluated.

An external Evaluation Committee will review each proposal submitted. Recommendations for award will be made for one or more applicants who receive a "passing score" of 54 out of 77 points or 70% (not to include bonus points for business incubator). Recommendations of the Evaluation Committee will be forwarded to the City of Jacksonville Procurement Division. Funds will be awarded based on a formula to at least one applicant agency receiving a passing score per category. The funding formula was developed by the Formula Committee of the Part A and B Planning Council and may be found in Attachment I.

The procedure for filing a grievance in protest to the RFP process may be found in Attachment J "Jacksonville TGA Grantee Grievance Procedure."

The evaluation criteria are broken down into seven parts:

1. **General Information (4 points)**

2. **Scope of Services (20 points)**
   - Clear description of how HIV Continuum of Care (HCC) will be used in care planning.
   - Activities agency will utilize to support PLWHA movement across the stages of the HCC.
   - Objectives that specify percentages of clients expected to transition between stages of the HCC in the long term.
   - Anticipated challenges in delivering outcomes-focused HIV care.
   - How challenges in service delivery will be addressed to ensure planned HIV care achieves intended outcomes.

   Business Incubator (8 bonus points)
   - Clear description of the relationship between parent organization and startup organization.
   - Measurable goals and objectives that relate to EIIHA.
   - Organization location and service sites to meet needs of populations to be served.

3. **Quality Management (12 points)**
   - Clear description of agency's Quality Management structure, vision/mission, and goals.
   - Measurable goals and objectives.
   - Discussion of deliverables and targets of improvement initiatives.
   - Clearly identified HAB Performance Indicators.

4. **Evaluation (12 points)**
   - Clear description of methods for measuring programmatic objectives.
   - Description of how agency will use client feedback to improve services.
   - Strategies to ensure CAREWare data is accurate complete and submitted in a timely manner.
   - Evidence that services will be delivered in a culturally and linguistically competent manner.

5. **Collaboration (8 points)**
   - Discussion of how cooperation and collaboration with other Jacksonville area Ryan White network providers has benefitted clients.
   - Description of cooperation and collaboration with non-HIV Providers.
   - Copies of MOAs.
   - For agencies applying for Medical Case Management funding, clearly define agency and staff roles and responsibilities.

6. Organizational Experience/Structure (13 points)

- Description of agency's experience and history of working with HIV/AIDS clients.
- Description of staff experience with the proposed service.
- Three letters of support from clients.
- Copy of organizational chart.
- Copies of staffing plan and job descriptions.

7. Budget/Work Plan (8 points)

- Program activities, number of unduplicated clients to be served, units of service to be provided, and unit type/procedural codes are clearly identified.
- Total cost for services is reasonable and supports proposed activities.

SECTION III.

SERVICE CATEGORIES--AMBULATORY/OUTPATIENT MEDICAL CARE, LOCAL PHARAMCEUTICAL ASSISTANCE AND ORAL HEALTH

A. AMBULATORY/OUTPATIENT MEDICAL CARE

Ryan White Funds Available	$994,034.00
MAI Funds Available	$190,312.00
Recommended Number of Providers	2

Reimbursement at a rate of $193.43 per visit to include medical supplies, labs, specialty care, and medications/immunizations given during a medical visit, specialty care.

Definition of Ambulatory/Outpatient Medical Care: Provision of professional diagnostic and therapeutic services consistent with the Public Health Service's guidelines 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). Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: **12/17/14**

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016 WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 **NUMBER RECEIVED:** 10 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to amend the award with the contractors listed below to redistribute funds to UF Board of Trustees in the amount of $81,862.00 for the period ending February 28, 2017. Total revised estimated expenditure in the amount of $5,357,091.00 for a not to exceed expenditure amount of $10,693,912.00.

Gateway Community Services - decrease by $5,547.00, not to exceed $308,651.00
Lutheran Social Services - decrease by $56,827.00, not to exceed $1,339,394.00
River Region Human Services - decrease by $19,488.00, not to exceed $409,051.00
UF Board of Trustees - Increase by $81,862.00, not to exceed $3,030,924.00

Funding remains unchanged for:
AIDS Healthcare Foundation - Increase by $315,175.00, not to exceed $1,242,686.00
Community Rehabilitation Center - Increase by $64,011.00, not to exceed $291,888.00
Duval County Health Department - Increase by $501,395.00, not to exceed $2,121,604.00
Jacksonville Area Legal Aid - Increase by $85,349.00, not to exceed $342,858.00
Northeast Florida AIDS Network - Increase by $402,331.00, not to exceed $1,606,856.00

Funding Source: RPBH1ZF6GA-08201-RCB009-16 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Vendor Letters and Previous Awards

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

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

MEMBERS APPROVING 5 MEMBERS DISAPPROVING Ø DATE: 2/09/17

OTHER:

Teresa R. Eichner

ACTION OF AWARDING AUTHORITY DATE 2/09/17

APPROVED DISAPPROVED

OTHER

SIGNATURE OF AUTHENTICATION

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: **12/17/14**

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 **NUMBER RECEIVED:** 10 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to increase the award with the contractors listed below in the amount of $2,641,344.00 through the period ending February 28, 2017. Total revised estimated expenditure in the amount of $5,357,091.00, for a not to exceed expenditure amount of $10,693,912.00.

AIDS Healthcare Foundation - Increase by $315,175.00, not to exceed $1,242,686.00
Community Rehabilitation Center - Increase by $64,011.00, not to exceed $291,888.00
Duval County Health Department - Increase by $501,395.00, not to exceed $2,121,604.00
Gateway Community Services - Increase by $92,238.00, not to exceed $314,198.00
Jacksonville Area Legal Aid - Increase by $85,349.00, not to exceed $342,858.00
Lutheran Social Services - Increase by $374,873.00, not to exceed $1,396,221.00
Northeast Florida AIDS Network - Increase by $402,331.00, not to exceed $1,606,856.00
River Region Human Services - Increase by $84,314.00, not to exceed $428,539.00
UF Board of Trustees - Increase by $721,658.00, not to exceed $2,949,062.00

Funding Source: RPBH1F6GA-08201-RCB009-16 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Vendor Letters and Previous Award

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

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

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE: 6/30/16

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 7/01/16

APPROVED ✓ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of
Executive Order No. 2015-05

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: 12/17/14

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 **NUMBER RECEIVED:** 10 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Original award was approved 3/5/15 with a term of March 1, 2015 through February 28, 2016, which omitted the renewal options. Recommend approval to amend the award to include the renewal options as two (2) one (1) year renewal options.

Recommend approval to ratify the period of service from March 1, 2016 to date of award.

Recommend approval to utilize the first of two renewal options with the contractors listed below from date of award through February 28, 2016. Total revised estimated expenditure in the amount of $2,715,747.00, for a not to exceed expenditure amount of $8,052,568.00.

AIDS Healthcare Foundation - $326,941.00, not to exceed $927,511.00
Community Rehabilitation Center - $70,263.00, not to exceed $227,877.00
Duval County Health Department - $492,694.00, not to exceed $1,520,209.00
Gateway Community Services - $84,072.00, not to exceed $221,960.00
Jacksonville Area Legal Aid - $90,291.00, not to exceed $257,509.00
Lutheran Social Services - $381,086.00, not to exceed $1,021,712.00
Northeast Florida AIDS Network - $414,029.00, not to exceed $1,204,525.00
River Region Human Services - $103,025.00, not to exceed $241,200.00
UF Board of Trustees - $753,346.00, not to exceed $2,227,404.00

Funding Source: RPBH1F6GA-08201-RCB009-16 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Vendor Letters and Previous Award

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

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

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE: 3/10/16

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 3/10/16

APPROVED ____ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION ____

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15

OPEN DATE: 12/17/14

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 NUMBER RECEIVED: 10 OTHER: 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to amend the award with the contractors listed below in the amount of $63,833.00 for the initial period ending February 28, 2016. Total revised estimated expenditure in the not to exceed amount of $5,336,821.00.

Decrease in the total amount of $326,461.00:
AIDS Healthcare Foundation - decrease by $114,073.00, not to exceed $600,570.00,
Community Rehabilitation Center decrease by $128,852.00, not to exceed $157,614.00
Jacksonville Area Legal Aid decrease by $8,422.00, not to exceed $167,218.00
UF Board of Trustees decrease by $75,114.00, not to exceed $1,474,058.00

Increase in the total amount of $390,294.00:
Duval County Health Department increase by $161,382.00, not to exceed $1,127,515.00
Gateway Community Services increase by $35,041.00, not to exceed $137,888.00
Lutheran Social Services increase by $101,370.00, not to exceed $640,262.00
Northeast Florida AIDS Network increase by $71,765.00, not to exceed $790,496.00
River Region Human Services increase by $20,736.00, not to exceed $241,200.00

Funding Source: RPBH1F6GA-08201-RCB009-15 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Contract Amendments and Previous Award

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED: GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

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

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE: 12/17/15

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 12/17/15

APPROVED ✓ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION ____

Samir Mousa
Chief Administrative Officer
For Mayor Lenny Curry
Under Authority of
Executive Order No. 2015-05

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: 12/17/14

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 NUMBER RECEIVED: 10 OTHER: 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to amend and increase the award with the contractors listed below in the amount of $930,189.00 for the initial period ending February 28, 2016. Total revised estimated expenditure in the not to exceed amount of $5,272,988.00.

Community Rehabilitation Center increase by $65,466.00, not to exceed $286,466.00
Duval County Health Department increase by $87,793.00, not to exceed $966,133.00
Gateway Community Services increase by $14,748.00, not to exceed $102,847.00
Jacksonville Area Legal Aid increase by $33,151.00, not to exceed $175,640.00
Lutheran Social Services increase by $96,720.00, not to exceed $538,892.00
Northeast Florida AIDS Network increase by $326,120.00, not to exceed $718,731.00
River Region Human Services increase by $52,478.00, not to exceed $220,464.00
UF Board of Trustees increase by $253,713.00, not to exceed $1,549,172.00

Funding will remain unchanged for:
AIDS Healthcare Foundation - $714,643.00

Funding Source: RPBH1F6GA-08201-RCB009-15

Attachments: Recommendation Memo, Contract Amendments and Previous Award

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED: GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

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

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE: 07/16/15

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 7/17/15

APPROVED ✓ DISAPPROVED ____

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

OTHER ____

SIGNATURE OF AUTHENTICATION ____

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15

OPEN DATE 12/17/14

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 NUMBER RECEIVED: 10 OTHER: 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend to reject Quality Specialty Pharmacy for being a for-profit organization in which they were not the only available provider for this RFP. The Ryan White CARE Act, Program Policy Guidance No. 4, Clarification of Legislative Language Regarding Contracting with Profit Entities state the City can fund a for-profit organization when there are no other qualified not-for-profit bidders. There were two other not-for profit bidders who were qualified and recommended for award. AIDS Healthcare Foundation, Jacksonville Area Legal Aid, Community Rehabilitation Center, University of Florida, Lutheran Social Services and River Region Human Services failed to timely acknowledge Addendum One. Recommend approval to waive as a minor irregularity.

Recommend approval to award Ryan White Part A and Minority Aids Initiative (MAI) for the period of March 1, 2015 through February 28, 2016 in the total not to exceed amount of $4,342,799.00.

AIDS Healthcare Foundation

Outpatient Medical Care -	$321,405
Pharmaceutical Assistance -	$249,159
Medical Case Management -	$142,579
Medical Transportation -	$ 1,500
Total	$714,643

Duval County Health Department

Pharmaceutical Assistance	$458,149
Oral Health	$420,191
Total	$878,340

Jacksonville Area Legal Aid

Legal Services	$142,489
Total	$142,489

Northeast Florida AIDS Network

Medical Case Management	$198,083
Health Insurance Prem. Asst	$168,590
Outreach	$ 21,929
Medical Transportation	$ 4,009
Total	$392,611

University of Florida CARES

Outpatient Medical Care	$ 617,392
Medical Case Mgmt.	$ 440,319
Non-Medical Case Mgmt.	$ 108,685
Medical Nutrition Therapy	$ 34,198
Mental Health	$ 79,889
Child Care	$ 14,976
Total	$1,295,459

Community Rehabilitation Center

Medical Case Management -	$147,295
Mental Health -	$ 72,805
Medical Transportation -	$ 900
Total	$221,000

Gateway Community Services

Substance Abuse – Outpatient	$23,523
Substance Abuse – Residential	$64,576
Total	$88,099

Lutheran Social Services

Medical Case Management	$291,715
Mental Health	$ 96,756
Medical Nutrition Therapy	$ 15,866
Outreach	$ 30,274
Medical Transportation	$ 7,561
Total	$442,172

River Region Human Services

Substance Abuse – Outpatient	$ 23,972
Substance Abuse – Residential	$ 89,466
Mental Health	$ 52,258
Medical Transportation	$ 2,290
Total	$167,986

FUNDING SOURCE: RPBH1F6GA-08201-RCB009-15 – To be executed by formal contract through Office of General Counsel

ATTACHMENTS: Recommendation Memo, Rejection Notice, Evaluation Criteria and Scoring Sheet

ANALYST: _____ ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED _____ GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

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

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE 03/05/15

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE 3/9/15

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

Cleveland Ferguson III
Deputy Chief Administrative Officer
For Mayor Alvin Brown
Under Authority of
Executive Order No. 2015-01

VENDORS	AWARD 3/9/15	INCREASE AWARD 7/17/15	DECREASE / INCREASE AWARD 12/17/15	1ST RENEWAL AWARD 3/10/16	INCREASE AWARD 7/1/16	DECREASE / INCREASE AWARD 2/9/17	*PENDING 2ND RENEWAL*	Revised Total Award
AIDS Healthcare Foundation	$ 714,643.00	$ -	$ (114,073.00)	$ 326,941.00	$ 315,175.00	$ -	$ 362,063.00	$ 1,604,749.00
Community Rehabilitation Center	$ 221,000.00	$ 65,466.00	$ (128,852.00)	$ 70,263.00	$ 64,011.00	$ -	$ 47,640.00	$ 339,528.00
Duval County Health Department / Florida Department of Health (Duval)	$ 878,340.00	$ 87,793.00	$ 161,382.00	$ 492,694.00	$ 501,395.00	$ -	$ 386,907.00	$ 2,508,511.00
Gateway Community Services	$ 88,099.00	$ 14,748.00	$ 35,041.00	$ 84,072.00	$ 92,238.00	$ (5,547.00)	$ 65,936.00	$ 374,587.00
Jacksonville Area Legal Aid	$ 142,489.00	$ 33,151.00	$ (8,422.00)	$ 90,291.00	$ 85,349.00	$ -	$ 66,069.00	$ 408,927.00
Lutheran Social Services	$ 442,172.00	$ 96,720.00	$ 101,370.00	$ 381,086.00	$ 374,873.00	$ (56,827.00)	$ 302,048.00	$ 1,641,442.00
Northeast Florida AIDS Network	$ 392,611.00	$ 326,120.00	$ 71,765.00	$ 414,029.00	$ 402,331.00	$ -	$ 278,687.00	$ 1,885,543.00
River Region Human Services	$ 167,986.00	$ 52,478.00	$ 20,736.00	$ 103,025.00	$ 84,314.00	$ (19,488.00)	$ 70,206.00	$ 479,257.00
University of Florida Cares / UF Board of Trustees	$ 1,295,459.00	$ 253,713.00	$ (75,114.00)	$ 753,346.00	$ 721,658.00	$ 81,862.00	$ 592,473.00	$ 3,623,397.00
	$ 4,342,799.00	**$ 930,189.00**	**$ 63,833.00**	**$ 2,715,747.00**	**$ 2,641,344.00**	**$ -**	**$ 2,172,029.00**	**$ 12,865,941.00**

QWS3270X 3/31/2017 3:42 PM
FAML6350.V5.1 ** NW COJ FAMIS PRODUCTION ** 03/31/2017
LINK TO: ACCOUNT SUMMARY INQUIRY 3:37 PM

FISCAL MO/YEAR : 06 2017 CURRENCY CODE :
INDEX CODE : RPBH1F6GA RYAN WHITE CARE ACT OF 1990 TITLE 1
SUBOBJECT : 08201 SUBSIDIES & CONTRIBUTIONS TO PRIVATE ORG
PROJECT :
PROJECT DETAIL :
GRANT : RCB009 RYAN WHITE CARE ACT OF 1990 TITLE I
GRANT DETAIL : 17 RYAN WHITE CARE ACT OF 1990 TITLE I
USER CODE :

S	MAR 2017	ANNUAL BALANCE	ALL YEARS BALANCE
ESTIMATED REVENUES	.00	.00	.00
REVENUES	.00	.00	.00
UNREALIZED REVENUES	.00	.00	.00
BUDGET	2,354,295.00	2,354,295.00	2,354,295.00
EXPENDITURES	.00	.00	.00
ENCUMBRANCES	.00	.00	.00
PRE-ENCUMBRANCES	.00	.00	.00
REMAINING BALANCE	2,354,295.00	2,354,295.00	2,354,295.00

F1-HELP F2-SELECT F4-PRIOR F5-NEXT
F9-LINK F10-PRIOR-MO F11-NEXT-MO

G014 - RECORD FOUND