



**THE RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT OF 2006
PART A**

FY2008

Contract Period: July 1, 2008 through February 28, 2009

REQUEST FOR PROPOSALS

APPLICATION MATERIALS

FOR

CASE MANAGEMENT SERVICES

RFP OPENING DATE: April 28, 2008

RFP CLOSING DATE: May 12, 2008

**City St. Louis Department of Health
Grants Administration Office
634 N. Grand, Suite 424
St. Louis, MO 63103
(314) 612-5177**

Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.

NOTICE

BIDDER'S PRE-APPLICATION CONFERENCE

THE RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT OF 2006
PART A

FY2008
APPLICATION

ATTENDANCE RECOMMENDED
PLEASE RSVP!

DATE: May 6, 2008

TIME: 2:00PM - 3:30PM

LOCATION: Metropolitan Center for STD/HIV & Hepatitis Services
City of St. Louis, Department of Health
634 N. Grand Blvd.
CONFERENCE ROOM 400
St. Louis, MO 63103

CONTACT: Ms. Victoria Carslick
City of St. Louis, Department of Health
Grants Administration Office
634 N. Grand Blvd., Suite 424
St. Louis, MO 63103
(314) 612-5177

RYAN WHITE PART A
APPLICATION FOR FUNDING
FOR
HIV CASE MANAGEMENT SERVICES

The HIV Case Management Services Request for Proposals Application reflects the components each Proposer must address to demonstrate their expertise and capacity to successfully fulfill the objectives and deliverables associated with assisting qualified St. Louis Transitional Grant Area (TGA) residents with HIV/AIDS to access Ryan White Part A funded and other appropriate services through case management. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

I. APPLICATION FORMATTING REQUIREMENTS

Request for Proposals (RFP) may be obtained beginning April 28, 2008 from Victoria Carslick at the City of St. Louis, Department of Health, Grants Administration, 634 N. Grand Blvd., Suite 424, St. Louis, MO 63103, or downloaded from the St. Louis City website at <http://stlouis.missouri.org>, or by contacting Ms. Carslick at (314) 612-5177.

All questions must be submitted in writing no later than May 6, 2008 to Victoria Carslick at the City of St. Louis, Department of Health, Grants Administration, 634 N. Grand Blvd., Suite 424, St. Louis, MO 63103. All questions will be addressed at the pre-application conference.

An original, six (6) paper copies, and one (1) CD in Microsoft Word and/or Adobe Acrobat (.pdf) of the proposal must be submitted to the HIV Programs and Grants Administration office by 3:00 p.m. Monday, May 12, 2008. ***Late or incomplete proposals will not be accepted.*** Proposers must adhere to the following:

- Applications must be in English
- Paper copies of the application must be bound
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double-spaced
- Each copy must contain a Table of Contents
- CD must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97, XP or Adobe Acrobat (.pdf). ***CD must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement,***

documentation of not for profit status, letters of support, current business license, etc.).

II. SERVICE CATEGORY DESCRIPTION, CONTRACTOR QUALIFICATION REQUIREMENTS

HIV CASE MANAGEMENT

TOTAL TO BE AWARDED TO MULTIPLE AGENCIES: \$192,000. (4 case managers will be awarded at a cost of \$48,000/case manager. Agencies may apply for funding of one or all of the case managers.)

Transitional Grant Area (TGA): The TGA consists of the following counties: Missouri - St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Lincoln and Warren

Illinois - Clinton, Jersey, Madison, Monroe and St. Clair

This is open to organizations and agencies that currently provide HIV case management services throughout the St. Louis TGA, and to agencies that currently have case managers on staff trained to provide HIV case management, trained to use the *FACTORS*TM data management system, and trained in the delivery of case management services as defined by both the State of Missouri and the City of St. Louis Department of Health or agencies that demonstrate the capacity to develop a case management program. Experienced, credentialed case managers are essential in assisting client's ability to gain or maintain access to HIV-related medical care, treatment, and other necessary social services. Special emphasis is placed on assistance for people living with HIV/AIDS (PLWH) including, but not limited to, substance users, youth, women and people of color, rural residents, and men who have sex with men. Multiple agencies will be funded.

Organization should be a part of or be willing to be part of the existing case management system to integrate and coordinate assistance for qualified clients in need in order to provide immediate access to available and appropriate services. Organization must develop a mechanism for client feedback regarding the effectiveness of the program. Services provided should be appropriate to the needs of the clients from unserved or underserved populations, including women and children, African-American MSM, adolescents, White/Anglo MSM, rural clients, and clients with mental health and/or substance abuse issues. Organization should have a plan for collaborating with other assistance programs, and for insuring that the use of Ryan White Part A funds for medical and social services is restricted to individuals and families who do not qualify for other assistance programs.

Qualifications: Agencies must be a part of the FY 2007/2008 Case Management network, and have current staff providing HIV case management to eligible clients or demonstrate the capacity to develop a case management program. Agencies must have or employ current HIV case managers who meet all state and local credentialing and licensing requirements for the delivery of case management for people living with HIV disease or have the capacity to hire case managers that meet the existing requirements. Additionally, applicant agencies must agree to fully implement and utilize the *FACTORS* data management software as a key aspect of service delivery.

Evaluation Criteria: Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization.
- B. A brief description of your organizations' existing programs or services designed to serve people living with HIV (PLWH).
- C. A summary of the proposed program's major objectives and budget request.

IV. PROGRAM NARRATIVE (Maximum of 21 double-spaced pages)

The program narrative should be a minimum of ten pages and a maximum of 20 double-spaced typewritten pages numbered consecutively. Proposers must respond to each of the required narrative proposal components (IV. A through H). The order of the responses must follow exactly the order provided below. The Proposer's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Proposers may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material.

A. Critical Issues (10 Points)

Your proposal must demonstrate the impact of how your organization has responded or will respond to the following four critical issues relative to:

1. The growing impact of the HIV/AIDS epidemic among underserved minority and hard-to-reach populations

How has your organization assessed the shifting demographics of new HIV/AIDS cases and adapted services to address the needs of emerging communities and populations?

2. Changes in the financing of HIV/AIDS care, particularly Medicaid/Medicare Managed Care

Describe your program's knowledge of changes in MO and/or IL Medicaid and the federal Medicare program, and discuss the impact of those services on clients. Describe your program's strategy and plans to adjust to this environment of change. Demonstrate your program's ability to coordinate with other funding sources and established payer mechanisms to maximize use of Part A funds within the context of other available resources.

3. Documentation of outcomes from the investment of Ryan White Part A resources in the TGA

Describe the outcomes your proposal will achieve through providing case management. How does this service complete and support the St. Louis TGA continuum of care and support services? How will your case managers assure clients are linked to appropriate medical and ancillary services? How does your program integrate co-location of HIV case management services in a primary care setting?

4. Describe in detail how the services you propose to provide will support access to and maintenance in primary care.

Detail your program's plans for assessing and meeting the particular needs of newly diagnosed individuals. Describe your program's process for identifying individuals who have fallen out of care. What activities are implemented to re-engage these clients in care? What evaluation measures will be implemented to assess the extent to which your strategies are successful?

B. Target Population (10 Points)

Identification and assessment of the needs of target populations

Describe in detail the population(s) you intend to serve. What are the demographic, psychosocial and health-related characteristics of the target populations, and what measures will you employ to identify, reach, serve and measure impact in targeted populations?

C. Identified Service Needs (10 Points)

1. Knowledge of service gaps

Identify gaps in services to un-insured and under-insured persons with HIV infection and describe how this proposal will attempt to fill those gaps.

2. Statement of program objectives and linkage to HIV Health Services Planning Council goals

State three objectives specific to your program and how they support the HIV Health Services Planning Council's program goals. Program goals can be downloaded from website www.stlpc.org or by calling the Planning Council office at (314) 977-8160. All objectives should be measurable and time-phased, and results should be described in realistic terms. For example, "75% of all clients enrolled in case management will be actively receiving primary medical care, based on written physician office notes."

D. Program Approach and Methods (20 Points)

Description of program methodology

Describe your proposed approach to service delivery and explain why the approach was chosen. Demonstrate how your organization is in a position to reach clients in need of services, and meet the unique needs of PLWH. Describe in detail major activities you will use to meet your objectives and the specific methods you will use. Identify major barriers that you have encountered in achievement of program objectives. Highlight proposed changes in your program to address these barriers for FY2008.

E. Collaboration and Coordination (15 Points)

1. Description of involvement in systems of HIV care and support within the TGA

Identify existing HIV systems of care and support services in which you actively participate. Describe the role of your organization in these systems and methods of participation.

2. Description of plans to coordinate with other providers

Describe your plan to integrate and/or coordinate the delivery of service with other HIV services and providers. Describe the linkage and/or cooperative agreements which place your organization in a position to accept referrals to your program, obtain outcome measures from care providers to document progress in meeting outcome objectives, and the feedback to case management regarding client access to services. Include letters of support, letters of intent to collaborate, and updated memoranda of agreements or linkage agreements. Form letters of support that have been composed by the applicant are not acceptable.

F. Reporting and Evaluation (10 Points)

1. Adherence to reporting requirements

Describe generally the actions that will be taken to comply with program reporting requirements. This includes:

1. Unduplicated number of new clients accessing services for the month.
2. Unduplicated number of established clients accessing services.
3. Total of unduplicated clients receiving services.
4. Demographic breakdown of all clients receiving assistance for the month.
Data must be reported by sex, age, and race/ethnicity. Data must be reported utilizing the format authorized by the Ryan White Part A Grantee.

Demonstrate the ability to collect, analyze, and report client demographics, utilization and outcome data. Describe your organization's invoicing and reporting history regarding timeliness, accuracy, and completeness of reports and

invoices. Detail strategies and activities your organization has implemented to improve in this area.

2. Plans for evaluating program effectiveness

Identify means for monitoring accomplishments of program activities and determining if objectives have been met. Describe your plan and method for measuring program effectiveness. At a minimum, an evaluation plan addressing all program components and outcome measures must be included. In addition, a client satisfaction survey must be conducted annually and should be described in your evaluation plan.

G. Capability of the Applicant (10 Points)

Provide a listing of the services currently provided by your organization, the numbers and sociodemographic characteristics of the persons served, and the geographic distribution of your clients. Program descriptions may be appended. Describe the management and staffing plan of your organization and how case management fits into your organizational structure. Provide a description of staff skills and experience in providing services to people living with HIV/AIDS. Describe the organization's process to train/orient staff and strategies to prevent staff attrition. If applicable, describe the process by which you apply your sliding fee scale, if any, including how decisions are made to waive the requirements. Include an organizational chart and resumes of key staff.

H. Statement of Need (20 Points)

Describe current case management caseload levels. Provide a description of how the additional case manager position(s) will be beneficial to alleviating the current caseload burden as well as how it will benefit the St. Louis TGA as a whole.

V. BUDGET AND FINANCIAL DATA

Budget Narrative and Budget (15 Points)

1. Develop and submit the program budget. In developing your budget, keep in mind that administrative charges may not exceed 8% of the total direct service charges to the contract.
2. Financial Information to include:
 - a. A copy of your program/organization budget for the most recent fiscal year.
 - b. A summary of your current 2007/2008 contracts, including the funding sources.
 - c. A list of outside funds applied for to provide partial support for the proposed project and the status of those applications.
3. Supporting Documentation:

Please attach the following documentation:

- a. Listing of governing body members and officers, as applicable.
- b. Most recent audited financial report. Report must be from within the previous three years.
- c. Not for Profit organizations should attach evidence of 501 (c) 3 status which includes the following documents:
 - IRS Tax Determination Letter
 - Articles of Incorporation
 - Organizations Bylaws
- d. The successful bidders must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.
- e. M/W/DBE Participation: It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company.

VI. RFP TERMS

- A. The City reserves and may exercise one or more of the following rights and options regarding this RFP:
 - To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
 - To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
 - To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
 - To modify specific terms and conditions in this document prior to execution.
 - The City reserves the right to renew the contract for an additional one year term for up to two consecutive years.

- B. Contents of Proposals:** All materials submitted in accordance with this RFP will become and remains the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

APPLICATION COVER SHEET

Program/Organization Name: _____

Contact and Address: _____

Telephone #: _____ **Fax:** _____

Email Address: _____

Type of Application i.e., Case Management, Housing, etc: _____

_____ **New**

_____ **Continuing**

**RYAN WHITE PART A
REQUEST FOR PROPOSALS**

APPLICATION CHECKLIST

Please review and enclose this checklist to ensure that your application is complete. Applications that do not contain a copy of each of the items below will be considered incomplete and will not be reviewed. The inclusion of letters of support and any other requested documentation is strongly suggested.

Application Cover Sheet _____

III. Project Abstract _____

IV. Program Narrative _____

A. Critical Issues

- 1. Epidemic Impact** _____
- 2. Changes in Financing** _____
- 3. Outcomes** _____
- 4. Access and Maintenance in Care** _____

B. Target Population _____

C. Identified Needs

- 1. System Gaps & Solutions** _____
- 2. Management Objectives/
Support for Part A Objectives** _____

D. Approach and Methodology _____

E. Systems Collaboration & Coordination

- 1. Role in Coordination** _____
- 2. Service Integration/Letters of Support/
Memorandums of Understanding/
Letters of Intent
(May be included as attachment(s))** _____

F. Reporting and Evaluation

- 1. Adherence to Reporting Requirements** _____
- 2. Plans for Evaluating Program
Effectiveness** _____

G. Capability of Applicant

- **Services/Experience** _____
- **Organization Structure** _____
(Attach organizational chart and resumes of key staff.)
- **Staff Training/Orientation** _____

H. Statement of Need _____

V. Budget and Financial Data _____

Budget Narrative and Budget

- 1. Description and Administrative Budget** _____
- 2. Financial Information**
 - a. **Organization's Budget** _____
 - b. **Contracts-Sources (2007/2008)** _____
 - c. **Outside Funding** _____
- 3. Supporting Documentation**
 - a. **Listing of Board Members** _____
 - b. **Current Financial Report** _____
 - c. **If applicable, 501(c) 3** _____
(Attach documentation)
 - d. **Current Business License** _____
 - e. **Statement of M/W/DBE Participation** _____

ATTACHMENTS

- **Draft RFP's and Resulting Contracts**
- **Draft Participation Agreements and Sole Source Contracts**
- **Organizational Chart**
- **Resumes of Key Staff**
- **Most Current Financial Statement**
- **Documentation of Not for Profit Status**
- **Letters of Support**
- **Current Business License**