

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH (ADH)

Infectious Disease Branch
REQUEST FOR APPLICATIONS
RFA-16-0004

For
Ryan White Part B- HIV Services Program

Date Issued:

October 20, 2015

Schedule of Events

| Event | Due Date |
|---|-----------------------------|
| RFA Issued | Oct. 20, 2015 |
| Due date for receipt by the Issuing Officer of letters of intent | Oct. 27, 2015, by 3:30 P.M. |
| Question & Answers | Nov 5, 2015, by 4:30 P.M. |
| RSVP for Mandatory Workshop | Oct. 27, 2015, by 3:30 P.M. |
| Mandatory Workshop- Arkansas Department of Health- Lab Training Room; #2508 | Nov. 5, 2015, at 9:00a.m. |
| Question and Answer Addendum Posted | Nov. 6, 2015 |
| Due Date for Applications | Nov. 19, 2015, by 2:00p.m. |
| Anticipated Completion of Recipient Selection | Nov. 30, 2015 |
| Anticipated Notification of Award Recipients | Feb. 29, 2016 |
| Start Date of Sub-grant | April 1, 2016 |

Table of Acronyms

| | | | |
|-------------|---|--------------|--|
| ADAP | AIDS Drug Assistance Program | HIP | Health Insurance Premiums |
| ADH | Arkansas Department of Health | HPG | HIV Planning Group |
| CAB | Consumer Advisory Board | HOPWA | Housing Opportunities for Persons with AIDS |
| GY | Grant Year | HRSA | Health Resources and Services Administration |
| DHHS | Department of Health and Human Services | SAC | Service Access Center |
| RFA | Request for Application | | |

TABLE OF CONTENTS

| | |
|--------------------|--|
| Section I | Program Overview |
| A | Purpose |
| B | Background |
| C | Available Funding |
| D | Schedule of Events |
| Section II | Applicant Requirements |
| A | Eligible Applicants |
| B | Core Requirements for Receiving Funding for Comprehensive Projects |
| C | Applicant Commitments/Requirements |
| Section III | Instructions for Completing an Application |
| A | Letter of Intent |
| B | Grant Application Workshop |
| C | Submission Deadline |
| D | Where to Mail or Deliver Applications |
| E | Number of Copies & Application Format |
| F | Application Content |
| G | Application Deadline |
| Section IV | Review of Applications & Award Notifications |
| A | Review for Compliance with RFA Requirements |
| B | Evaluation & Scoring |
| C | Point Assignments |
| D | Award Notifications |
| Section V | General Information |
| A | Reimbursement Guidelines |
| B | Reporting Requirements |
| C | Program and Financial Monitoring |
| D | Cancellation |

Appendix

- I Letter of Intent
- II Grant Application Workshop Registration Form
- III Community Partners List
- IV Program Contact Information
- V Application Coversheet
- VI Declaration of Funding Resources
- VII Board Roster Form
- VIII Consumer Advisory Committee Roster Form
- IX Statement of Assurances and Commitments
- X Guidelines for Budget Preparation
- XI Arkansas Public Health Regions Map
- XII Ryan White Part B District Data & Map
- XIII Services Reimbursement Report
- XIV Allocation Report
- XV Application Checklist

SECTION I: PROGRAM OVERVIEW

A. Purpose

The purpose of this Request for Applications (RFA) is to solicit applications to provide HIV Service Access Centers (SAC), as part of the program funded by Ryan White Part B in the State of Arkansas. Service Access Centers are non-clinical locations throughout the state where HIV positive Arkansans can apply for and obtain Ryan White Part B services.

This guidance is provided to assist applicants in preparing their 2016 grant year application for funds under the Ryan White HIV/AIDS Treatment Modernization Act of 2006 – Part B serving the citizens of Arkansas. The funding period is April 1, 2016 through March 31, 2017. This guidance provides application instruction, background on reporting requirements and other documentation.

The Arkansas Department of Health receives limited funding to provide care for individuals living with HIV/AIDS. This guidance seeks to communicate the goal of improving the number of individuals living with HIV/AIDS in care with limited funding.

There will be a total of \$2,209,000 available for funding from the grantor for 12-month sub-grant(s) beginning April 1, 2016 and ending March 31, 2017. Ideally, Ryan White Grant funding should not exceed 60 % of a sub-grantee agency's total funding. Applications are due by 2:00 PM Wednesday, November 19, 2015. Applicants are encouraged to:

- Carefully review the RFA for all application details
- Follow all application instructions carefully

B. Background, Authority, and Goals

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was originally enacted on August 18, 1990. Reauthorization legislation was enacted in 2006 (the Ryan White HIV/AIDS Treatment Modernization Act) to improve the quality and availability of care for low-income, uninsured, underinsured individuals and families affected by HIV. The Ryan White Program is administered by the HIV/AIDS Bureau, Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS), and funds HIV/AIDS health care and support services under five Parts.

The Arkansas Department of Health (ADH), Infectious Disease Branch, administers the Ryan White Part B Program. The Arkansas Ryan White Part B Program's mission is to establish a coordinated system to deliver HIV-related health care services where a comprehensive continuum of care is sound, practical, and applicable across all regions in the state, and which maximizes limited resources. The goal is to assist low-income HIV-infected individuals with the cost of specific health care needs.

Six districts have been formed to ensure accessibility to HIV-related services and collaborative efforts within communities throughout the state. The ultimate goal is to create a well-defined network of community resources to provide a continuum of care for persons living with HIV

infection. ADH will contract with agencies throughout the state to provide coverage to persons with HIV/AIDS.

C. Available Funding

Funding will be provided in the form of a sub-grant agreement. The anticipated funding period is **April 1, 2016, through March 31, 2017**. The term of the agreement may be extended for up to six (6) one (1) year increments or a portion thereof dependent upon continued funding by the Arkansas Department of Health or other sources and upon mutual written agreement by both parties. The awarding of funding is contingent upon sufficient funding as determined by ADH. ADH reserves the right to negotiate funding as deemed necessary to meet program goals.

As a part of its program to provide HIV Service Access Centers, ADH will fund twelve (12) **Service Access Centers (SAC)** and four satellites in six (6) districts within the state. Applicants will provide services for all counties within the defined service area. Clients may elect to receive services from a SAC outside of the service area in which they reside. A client may only be enrolled in one (1) SAC at any given time.

Applicants applying for funding for more than one district should submit one application indicating each district in which they wish to provide services.

| District | Caseload GY15/16 | Projected Caseload GY 16/17 | Case Management and Support Services Anticipated Allocation | Core Services Anticipated Allocation | Total Anticipated Allocation |
|-----------------|-------------------------|------------------------------------|--|---|-------------------------------------|
| 1 | 316 | 340 | \$213,527.38 | \$263,684.34 | \$477,211.72 |
| 2 | 96 | 115 | \$113,414.94 | \$87,378.35 | \$200,793.29 |
| 3 | 239 | 275 | \$201,650.14 | \$183,016.19 | \$384,666.33 |
| 4 | 228 | 250 | \$146,454.01 | \$146,521.00 | \$292,975.01 |
| 5 | 563 | 600 | \$312,819.03 | \$331,534.62 | \$644,353.65 |
| 6 | 100 | 130 | \$118,896.00 | \$90,104.00 | \$209,000.00 |
| Total | 1542 | 1710 | \$1,106,761.50 | \$1,102,238.50 | \$2,209,000.00 |

Non-Appropriation (Funding-Out) Clause:

I. Notwithstanding any other provision of this RFA, all obligations of the Arkansas Department of Health (ADH) and the State of Arkansas under this RFA and subsequent contracts arising therefrom which require the expenditure of funds are conditioned on the availability of funds appropriated for that purpose by the Health Resources and Services Administration (HRSA).

II. This RFA shall be for a term of one year commencing on **April 1, 2016**, and ending on **March 31, 2017**; however, either party may terminate this agreement upon thirty (30) days written notice, in which event all reports required by the agreement

shall be submitted within thirty (30) days following the effective date of said termination.

III. Project Sponsor agrees that the ADH may at its sole option and with agreement of the Project Sponsor elect to extend the award in additional increments for a maximum of one (1) additional year, not to exceed seven (7) years beyond the initial start date. Additionally, the Project Sponsor agrees and understands that the ADH may require supplemental information to be submitted by Project Sponsor prior to any renewal of this Agreement. Extensions will depend on the availability of funds and the program's success toward meeting established goals.

D. Schedule of Events - See Page 2

Sealed applications must be **received** by the Issuing Officer no later than **2:00 P.M., Thursday November 19, 2015.**

SECTION II: APPLICANT REQUIREMENTS

A. Eligible Applicants

To be eligible an organization must meet the following criteria:

1. Applicants must be an Arkansas public or private, non-profit agency. Applicants claiming private, non-profit or public non-profit status must include, with the submission of their application, either certification from the State of Arkansas, Office of Secretary of State, or a letter from the Department of the Treasury, Internal Revenue Service (IRS), classifying the applicant administrative organization as a private, non-profit corporation.
2. Applicants or their principals must not be presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any State or Federal assistance programs. Applicants must be in good standing with, ADH, the IRS and Federal Excluded Parties List System (EPLS) at <http://epls.arnet.gov>.
3. Applicants must have passed their most recent external fiscal audit and must have been audited within the past twelve months. **Note: ADH requires agencies to forward a copy of all audits completed during the grant year. Agencies that have significant findings in updated audits will have funding suspended until such time findings are resolved.**
4. Individuals applying for or holding positions requiring current licensure must be in good standing with appropriate licensing bodies and must remain in good standing for the duration of the grant award. If licensure of a person or persons is a requirement of grant award such position(s) must be continuously filled with qualified licensed personnel for the duration of the grant without interruption. Copies of current licensure must be included with application and be provided as requested, required or renewed for the duration of the grant period.
5. Organizations are not considered eligible to apply unless the organization meets the eligibility conditions on the date proposals are due and continues to meet these conditions throughout the selection and funding process. ADH expressly reserves the right to review and analyze the documentation submitted and to request additional documentation to determine the applicant's eligibility to compete for the award.
6. Applicants must have policies and procedures to assure that no person in the State of Arkansas will, on the grounds of race, color, national origin, gender, sexual orientation, age, handicap or disability, medical condition or religion be excluded from employment with or participation in, be denied the benefit of, or otherwise subjected to discrimination under any program or activity performed as a result of a contract(s) entered into pursuant to this RFA.
7. Applicants must have sufficient resources or funding, independent of this agreement, to ensure the organization's ability to provide services under an actual cost reimbursement method up to sixty (60) days from the date of submission of an invoice. No advance payments will be made.
8. Private non-profit organizations which apply must have an active Board of Directors and Consumer Advisory Committee.

9. Applicants must have a history of providing services in the State of Arkansas for at least three (3) years.

10. Applicant organizations' structure must provide for the following:

- Management staff
- Fiscal staff
- Data management staff
- Program staff
- Quality management program staff

B. Core Requirements for Receiving Funding for Comprehensive Projects

Applications submitted in responses to this RFA must include the following components:

1. Service Access Centers (SAC) must be physically located in the counties indicated for each district (marked by an * on pages 56-66) and must provide services for the counties indicated within that district. Satellite SAC's must be developed in the counties marked with "#".

2. Provide comprehensive client-centered HIV Care Coordination services by a multi-disciplinary team that includes, at a minimum, a non-medical case manager and a Medical Case Manager (MCM). Care coordination will include, but may not be limited to, the following duties:

A. Non-Medical Case Manager

- Intake and eligibility screening and registration into the Ryan White Part B Program
- Development of a non-Medical Case Manager Plan for each client within thirty (30) days of enrollment following standards and forms required by ADH completing an intake and screening form(s) upon admission.
- Coordination of non-medical services and activities.
- Make referrals to outside services and medical case managers to address intake screening, assessment and adherence findings as appropriate.
- Review of non-Medical Case Manager Plan every six (6) months that includes a documented Service Access Plan review interaction either face-to-face or via telephone with the client.
- Develop an outreach plan striving to achieve the goal of serving at least 40 % of the need in each district.
- Recertification of the client's income and residency eligibility every six (6) months or per ADH policy.
- Services administration, coordination and reporting.
- Conduct annual face-to-face non-medical case management screening.
- Provide referral and access to support services for HIV infected clients in the community.

- Provide/facilitate mental health support group(s) within service area on a monthly basis.
- Provide health education and risk reduction education and counselling.
- Facilitate client transfer and inactivation in compliance with ADH policies.
- Document client interaction in progress notes, on required forms and in the CAREWare database.
- Client-specific advocacy.
- Review of client utilization of services.
- Assist clients with applying for medical services payment programs, such as Medicare, Medicaid, the Health Insurance Marketplace or other third-party payers.
- Provide direct support services to assist clients to successfully remain in HIV medical care and treatment.

B. Medical Case Manager:

- Develop a Medical Services Plan, for all clients who are receiving on-going Medical Case Management, within thirty (30) days of enrollment following the standards and MCM Assessment form(s) required by ADH.
- Coordinate medical care and disease management activities
- Review Medical Services Plan for all active MCM clients based on their acuity level following the standards required by ADH.
- Conduct annual face-to-face Medical Case Management Assessment to include history taking and an appraisal of the general overall appearance, demeanor and affect of the client. (Medical Case Manager Assessment/Reassessment Form is required.)
- Participate in case conferencing with the client's medical services provider at a minimum of every six (6) months or as required by acuity level in the standards of care.
- Facilitate health education and risk reduction education and counselling.
- Facilitate client transfer and inactivation in compliance with ADH policies.
- Document client interacting in progress notes, on required forms and in the CAREWare database
- Provide referrals for medical evaluation and treatment.
- Schedule and coordinate medical appointments and follow up.
- Facilitate clinical care and treatment plan implementation.
- Conduct home visits as deemed necessary to improve adherence to treatment plan.
- Manage case consultation with physicians, dentists, Registered Nurses, Advanced Practices Nurses, Physician Assistants and Service Access Specialists.
- Provide education about HIV, its transmission, complications, risk reduction and harm education.
- Provide education and counseling about HIV disease process management.
- Provide case management of HIV medication therapy to include education of client concerning risks and side effects, monitoring disease process to include lab values; monitoring client adherence and tolerance of medications; and collaborating with the AIDS Drug Assistance Program (ADAP) Coordinator and

the ADAP contracted pharmacy to ensure accurate ordering and shipping of client medications.

- Conduct adherence assessment and interventions to include counseling, education and referral, as appropriate.
- Provide nutritional assessment and interventions to include counseling, education and referral, as appropriate.
- Provide interventions and education about a variety of issues, as appropriate to both client assessed need for intervention and the MCM's trained skills.

Interventions may include (but are not limited to):

- Healthful living habits
- Holistic approach to wellness
- Safer sex practices
- Partner notification and testing
- Prevention of exposure to opportunistic pathogens
- Teaching women to perform breast self-exam
- Needed immunizations

3. Participate in ALL ADH requested non-Medical and Medical Case Management trainings and meetings.

4. Inform clients, upon enrollment in Ryan White Part B of their rights and responsibilities, how information is confidentially shared, and explain SAC grievance procedures.

5. Obtain signed release of information forms from all clients receiving services so that clients understand the circumstances in which information about them will be shared with other service providers, including ADH.

6. Provide management, administration, and reporting for the following services as determined necessary to meet district needs:

A. Core Medical Services:

- Health Insurance Premium and Cost Sharing Assistance is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles. **Note: This service is currently provided by sub-grantees. However, this service may be moved to the central ADH office in the future. This is the only service in which payments can be made for services rendered in the previous grant year.**
- Mental health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

- Medical nutrition therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.
- Substance abuse services outpatient is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.
- Laboratory Services are professional analytical services ordered and provided by or under the direction of a physician or other licensed practitioner. Lab services must be provided by a laboratory certified under the Clinical Laboratory Improvement Amendments (CLIA) by the Centers for Medicaid and Medicare. **Note: This service is currently administered directly by ADH.**
- Oral Health Care Gap-filling Services may include diagnostic preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers. **Note: Oral Health Services are administered directly by ADH. However, ADH may approve local service reimbursements where there are special circumstances. If there are documented gaps in service utilizing providers enrolled with ADH, applicants may request to reimburse oral health services at the local level.**
- Medical Case Management. Includes the facilitation, coordination as well as follow-up of medical care and treatment of physician, dental and laboratory services. **Note: Service must be provided by a Registered Nurse (preferred) or a Licensed Practical Nurse / Licensed Vocational Nurse who is licensed in the State of Arkansas.**

B. Support Services:

- Case Management (Non-Medical) includes the provision of advice and assistance in obtaining medical case management, social, community, legal, financial, and other needed services.
- Food bank/home-delivered meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.
- Health education/risk reduction is led by medical case managers and is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.
- Linguistics services include the provision of interpretation and translation services.
- Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

- Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing for HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation. **Note: Outreach services are administered directly by ADH through its Minority AIDS Initiative.**
- Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements. Each vendor servicing each district must participate in training provided through ADH and develop support groups that meet a minimum of monthly.

7. Provide services that are equitably available and accessible to all eligible HIV/AIDS infected individuals needing services/care in the district served.

8. Respond to health and support needs of all sub-populations affected by HIV/AIDS infection (i.e., women, children, adolescents, families, persons from ethnic/racial minorities, drug users, gay and bisexual males, persons with disabilities, and homeless individuals).

9. Provide services so that cultural and language differences do not constitute a barrier to services.

10. Follow and use current ADH forms. All Ryan White Part B funded services provided under this application must be in accordance with the current ADH standard of care, policies and procedures. ADH approved and required forms are to be used at all times.

11. Complete required reports as required by ADH.

12. Develop and implement a Quality Management Program as specified in the application.

13. Maintain data by using a data management system specified by the Arkansas Department of Health. For best performance, ADH requires that any computer that accesses the data management system meet the following minimum criteria specifications:

A. Hardware:

Microsoft Windows certified computer

1 GHz processor

Minimum RAM 1Gigabyte for 32 bit processor or 2 Gigabyte for 64 bit processor

Minimum 20 GB hard disk space with 6 GB free space

Working and available USB 2.0 port

Network access to Internet via cable modem, DSL, wireless, or direct (telephone modems are not sufficient); minimum connection speed of 256 kbs upload and download

Each provider must have a static IP address

B. Software:

Minimum Microsoft Windows 7

Microsoft Internet Explorer v11; JavaScript and cookies must be enabled

Microsoft .NET Framework v1.1

Minimum Microsoft Office 2007

Latest version of Microsoft Data Access Components (MDAC), currently 2.8

Latest version of Sun Microsystems, Java Runtime, currently 1.6.0_07

Current and up-to-date anti-virus software

Current and up-to-date real-time anti-spyware software

Current and up-to-date Microsoft Windows patches

C. Firewall:

The local computer must be protected by a firewall.

CAREWare requires that the following ports be available: 80, 8124

D. Security:

A client digital security certificate must be installed on every computer that uses the data management system.

Data management usernames and passwords should not be shared. Each user must have an individual username and password

16. Maintain an individual client record/chart which will include, at a minimum, the following:

At a minimum, the RW and ADAP client file must contain the following information:

- Arkansas Screening/Re-Screening Form (re-screening completed within six (6) months of most recent enrollment per ADH policy)
- Non-Medical Case Manager Screening/Re-Screening Form as required
- Proof of Residency
- Proof of Income
- Proof of HIV-positive Diagnosis
- Clinical data to include CD4 Count and Viral Load
- Non-Medical Case Manager Acuity
- MCM Acuity (as needed)
- Care Plan

- Acknowledgement by client, in writing, of receipt of Arkansas HIV Services Rights and Responsibilities and grievance procedure
- Proof of insurance coverage (copy of health insurance card, including Medicaid and Medicare Cards)
- Case notes documenting the delivery of services. The dates of service and services delivered must match the data entered into CAREWare. Case notes must be printed, signed and placed in client record following each entry. (Not applicable for Electronic Health Record (EHR) Systems)
- Medicaid screening and/or letter of denial. (dated within the last year)
- Signed HIPAA statement
- Copy of signed contracted pharmacy HIPAA statement
- Picture ID (if obtainable)
- Consent Forms
- Release of Information (ROI) forms (if applicable)
- Current demographic (sheet printed from CAREWare)
- Copy of Social Security card (if obtainable)
- Medication Request Form (MRF)/Medication Prescriptions (ADAP)
- All applicable ADAP forms: Medication Distribution Authorization (MDA); Medication Prior Authorization; Medicaid Prior Authorization; Laboratory Prior Authorization

During an initial screening of a new client, the Non-Medical Case Manager provides the client with the following:

- Grievance procedures for the lead agency
- Information describing the HIV Services Program and client responsibilities
- A copy of their signed Health Care Pharmacy Privacy Practice form
- A copy of their signed Release of Information form
- Any other required lead agency specific forms
- Clients reporting no income or resources must provide a Transcript of Income Reported and a Transcript of Tax Return (Form 4506). This information can be obtained by calling the IRS at 1-800-829-1040.

C. Applicant Commitments– The applicant must assure compliance with requirements as described in the Statement of Assurances and Commitments, Assurances-Non-Construction Programs (424B) and Certifications (PHS 5161-1). (See Attachment # 9)

Applicants are strongly advised to attend training workshops/conferences organized or approved by ADH, participate with the AR HIV Planning Group (HPG), participate with the Consumer Advisory Board, and participate with the Ryan White Cross Parts Care Collaborative.

SECTION III: INSTRUCTIONS FOR COMPLETING AN APPLICATION

A. Letter of Intent

Interested applicants are required to send a Letter of Intent to the Issuing Officer. A Letter of Intent does not obligate the submission of an application for funds, but it will provide information needed to plan for proposal review. **The Letter of Intent must be received by the Issuing Officer no later than 3:30 P.M., October 27, 2015.** See Appendix # 1 Letter of Intent. Letter of Intent forms should be mailed to the Issuing Officer listed in Section III, D.

B. Grant Application Workshop

To assist applicants interested in applying for these funds, a **Grant Application Workshop** will be held on Thursday November 5, 2015 at the Arkansas Department of Health Lab Training Room #2508 at 9:00 a.m. The **Grant Application Workshop** will provide grant application instructions and technical assistance. See Appendix II for a registration form. Registration to attend the Grant Application Workshop must be received by the Issuing Officer listed in Section III, D no later than 3:30 P.M., Tuesday October 27, 2015. Attendance will be recorded at the workshop.

NOTE: Additional information may be accessed by use of links provided elsewhere on the ADH/Bid Opportunities website.

C. Submission Deadline

Applications must be received by the Issuing Officer by no later than 2:00 P.M., Thursday November 19, 2015. **Applications received after this date and time will NOT be accepted and will be returned to the applicant.**

D. Where to Mail or Deliver Applications

Sealed application must be mailed to the following address in time to be received by the Issuing Officer:

Arkansas Department of Health,
Procurement Branch
RFA 16-0004
Attention: Bob Broughton
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

For sealed applications to be hand delivered use the following address:

Arkansas Department of Health
Bob Broughton
RFA 16-0004
Procurement Branch
4815 West Markham Street, Room L156

E. Number of Copies and Application Format

1. **Pages Required** – The application must include the abstract (1 page), project and budget narratives, cover page, attachments, any appendices and letters of commitment and support. Pages must be numbered consecutively. Pages should not exceed 100 pages.
2. **Numbers of Copies** – Please submit one (1) original application (marked “*ORIGINAL*”), four (4) copies and one (1) CD-ROM copy. All signatures must be in **blue ink**. All attachments must be provided with every copy. Please do not bind or staple original or application copies. Applications must be single-sided.
3. **Font** – Applications must be written in English and easily readable serif typeface, such as Times New Roman, Courier, or CG Times. Use a standard size black type that is no less than 12 characters per inch. Use a minimum 1.5 or double-spaced lines in the text. Applications not adhering to the font size, font color or line spacing requirements may be returned.
4. **Paper Size and Margins** – For scanning purposes, please submit the application on 8 ½” x 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.
5. **Numbering** – Please number the pages of the application sequentially from page 1 (after the cover page) to the end of the application, including charts, figures, tables and appendices.
6. **Headings** – Please format all headings left-justified and in bold type.
7. **Table of Contents** – Provide a table of contents for the application with page numbers.
8. **Software/Format** – Application and supporting documentation must be in a minimum of Microsoft Word 2007 but Microsoft Word 2010 is preferred.

The application must be organized in the following order:

1. Ryan White Part B Application Cover Sheet (Attachment # 5)
2. Table of Contents
3. Program Contact Information (Attachment # 4)
4. Project Abstract
5. Project Plan
6. Budget
7. Narrative Budget Justification

8. Description of Organization Capacity
9. Current Organization Chart
10. Resumes of Program Staff
11. Board Roster Form (Attachment # 7)
12. Authorization Letter for Application from Board
13. Board Meeting Minutes
14. Experience Providing Supportive Services to Persons Living with HIV/AIDS
15. Description of Collaborative Relationships
16. Two Letters of Support
17. Community Partners List (Attachment # 3)
18. Consumer Advisory Roster Form (Attachment # 8)
19. Statement of Assurance and Commitments (Attachment # 9)
20. Nonprofit Status Documentation (If applicable)
21. Proof of Liability Insurance
22. HIPAA Policy and Procedures
23. Grievance Policy and Procedures
24. External Audit Report (Insert but don't number) **Note: This should be the audit completed at the end of the last fiscal year. ADH requires agencies to forward a copy of all audits completed during the grant year. Agencies that have significant findings in updated audits will have funding suspended until such time findings are resolved.**
25. Service Reimbursement Report (Attachment # 13)
26. Allocations Report (Attachment #14)
27. Summary of Funding Sources (Attachment # 6)
28. Supporting and miscellaneous documentation (i.e., license, collaborative agreements, etc.)
29. Application Checklist (Attachment # 15)
30. Signed Addendum(s) (If applicable)

Attachments Included in Request for Applications Packet for Reference

Attachment # 1 – Letter of Intent

Attachment # 2 – Grant Application Workshop Registration Form

Attachment # 3 – Community Partners List

Attachment # 4 – Program Contact Information

Attachment # 5 – Application Cover Sheet

Attachment # 6 – Declaration of Funding Sources

Attachment # 7 – Board Roster Form

Attachment # 8 – Consumer Advisory Committee Roster Form

Attachment # 9 – Statement of Assurances and Commitments

Attachment # 10 – Guidelines for Budget Preparation

Attachment # 11 – Arkansas Public Health Regions Map

Attachment # 12 – Ryan White Part B-HIV Services Districts Data and Map

Attachment #13- Service Reimbursement Report

Attachment #14- Allocation Report

Attachment #15- Application Checklist

The page limit does not include (insert information such as commitment letters, or required forms). A 12-point font is recommended for all sections. All pages should be numbered except page 1 (cover page), and single-sided.

F. Application Content

Applications **must** include the following sections:

Application Cover Sheet

A cover sheet must be included with each copy (Attachment # 5). The copy with the original signature of the individual authorized to legally bind the application must be signed in blue ink and in the packet marked “Original”.

Program Contact Information

A Program Contact Information form (Attachment # 4) must be included with each copy.

Abstract

Each application must include a one (1) page abstract. The purpose of the abstract is to provide a brief overview of the application. It should be clear, concise and specific. It should describe your organization, the scope of your project and the amount of funding being requested.

Organizational Capacity

The application must include information regarding the length of time the organization has been providing services within the proposed district, the types of services provided and the number of clients served, the education and qualifications of providers to provide services and the length of time they have provided these services. Demonstration of how the organizational history strengthens the organization’s ability to perform the Project Plan should be included.

Board of Directors

The application must include an organizational chart with names and titles of officers, executives and key staff as part of the application. Include a letter from the organization’s Board authorizing application for funding and a list of Board Members, their positions on the Board and their contact information (Attachment # 7).

The application shall describe the organization’s Board of Directors and include a minimum of five active members as well as a minimum of three organizational officers.

The organization’s Board of Directors shall be reflective of the community that it serves and must include consumers of the applicant’s services. The board will meet at least quarterly. Staff members, including the executive director, shall not serve

as voting members on their employer's Board of Directors. The organization shall not employ persons related to board members by consanguinity or affinity within the third-degree. This includes child, father, mother, brother, sister, grandparent, aunt, uncle, niece, nephew, mother-in-law, father-in-law, brother-in-law, and sister-in-law.

The Board must meet at least quarterly and minutes of the Board's most recent two (2) meetings are to be submitted with the application. Minutes of future meetings will be submitted to ADH quarterly.

Consumer Advisory Committee

The Board will maintain a Consumer Advisory Committee to allow for systematic client involvement and feedback on the organization's services. The committee shall meet at least quarterly or have other mechanisms to obtain consumer recommendations regarding the delivery of services. The organization will provide a roster of committee members.

Financial Management

Describe the organization's capacity for sound fiscal management. Include the following information:

- Experience with financial administration of federal and state funds.
- Knowledge of federal and state laws and regulations regarding effective control over and accountability for all funds, property and other assets, and assurance that they are used solely for authorized purposes.
- Financial management system that includes accurate, correct, and complete payroll, accounting, and financial reporting records; cost source documentation; effective internal and budgetary controls; determination of reasonableness, allowability, and allocability of costs; and timely and appropriate audits and resolution of any findings.
- Applicants must describe the organization's planned efforts to assure that Ryan White monies are the payer of last resort through third-party billing for all professional services, enrollment in available prescription plans, and any other appropriate alternate payers.
- Fiscal responsibilities must be clearly identified and there must be a separation of responsibilities between programmatic and fiscal management.

Sustainability

It is important for applicant organizations to have strategies for sustainability in place. Describe the organization's existing funding sources and plans for activities such as:

- Exploring funding opportunities to maintain an effective organization.
- Building and maintaining relationships with policymakers and organizations to enhance relationships and funding opportunities.
- Strategic planning that includes a long-range fund development strategy.

- Sharing decisions and workloads with volunteers and non-paid staff to promote ownership of the project in order to decrease the dependency on paid staff.

Nondiscrimination

The organization must have policies and procedures that assure no person in the State of Arkansas will, on the grounds of race, color, national origin, gender, sexual orientation, age, handicap or disability, medical condition or religion, be excluded from employment with or participation in, be denied the benefit of, or otherwise subjected to discrimination under any program or activity performed as a result of a contract(s) or agreement(s) entered into pursuant to this RFA.

A copy of the organization's nondiscrimination policies and procedures must be attached to this application.

Client Grievance and Complaint Process

Organizations must inform clients upon enrollment in Ryan White Part B of the client's rights and responsibilities, how information is confidentially shared and the organization's grievance and complaint procedures.

The application should include a copy of the organization's client grievance and complaint policy and process, timeframes for resolving client complaints and any formal grievances filed by a client. Include the organization's policy and procedures.

The organization will submit to ADH quarterly copies of reports regarding grievances or use of the complaint system.

Project Plan

Applicants should provide a comprehensive framework and description for all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. The application must contain a clear and detailed description of the activities and/or services to be funded as the result of this application, including proposed staffing and support systems. The description should relate to the district for which the organization is applying.

- Describe your proposed program clearly. Identify which district you propose to cover (coverage area).
- Provide measurable objectives with time frames and describe how state/federal goals and objectives will be met. Describe what will be done, how it will be done, who will do it and when will it be done.
- Indicate if the requested funding will support new activities to be developed by the organization or support existing operations.
- Describe the relationship of the services being proposed to other services currently provided by the applicant.

- Provide a logical process for documenting outcomes and success of strategies and methods.
- Provide a description of data collection capabilities.
- Describe proposed program evaluation methods.

Financial Requirements

Describe plans to fulfill the following financial requirements:

Applicants are required to maintain a financial management system that will identify the receipt and expenditure of funds and will record expenditures by the budget cost categories in the approved budget. This requires establishing a separate set of accounts for the contract within the chart of accounts and general ledger. In order to ensure the fiscal integrity of accounting records, the contractor must utilize an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

No amounts received under the contract will be used to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.

Federal Financial Requirements

Applicants are required to follow applicable Office of Management and Budget Circulars and Uniform Grant Management Standards (UGMS) for administration of contract funds. Applicants will develop, implement, and maintain financial management and control systems that meet or exceed the requirements of UGMS. Those requirements include at a minimum:

- Financial planning including the development of budgets that adequately reflect all functions and resources necessary to carry out authorized activities and the adequate determination of costs.
- Financial management system including accurate, correct, complete payroll, accounting, and financial reporting records; cost source documentation; effective internal and budgetary controls; determination of reasonableness, allowability, and allocability of costs; and timely and appropriate audits and resolution of any findings.

All applicants shall follow applicable cost principles, audit requirements, and administrative requirements as follows:

Financial and Administrative Requirements

| Applicable Cost Principles | Audit Requirements | Administrative Requirements |
|--|---------------------------|------------------------------------|
| OMB Circular A-87, State and Local Governments | OMB Circular A-133* | UGMS |
| OMB Circular A-21, Educational Institutions | OMB Circular A-133* | OMB Circular A-110 |

| | | |
|--|--|-------------|
| <p>OMB Circular A-122, Non-Profit Organizations</p> <p>48 CFR Part 31, For-Profit Organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular</p> | <p>OMB Circular A-133* and UGMS*</p> <p>Program audit conducted by an independent certified public accountant shall be in accordance with Governmental Auditing Standards.</p> | <p>UGMS</p> |
|--|--|-------------|

Payer of Last Resort

The applicant must assure that Ryan White monies are the payer of last resort. The applicant must pursue third party billing for all professional services, enrollment in available prescription plans and any other appropriate alternate payers.

Whether the applicant provides the service directly or makes payments with Ryan White funds on behalf of patients to other providers, Ryan White funds must be accepted as payment in full and charges may not be made to the patient.

Actual Cost Reimbursement

The applicant organization will be reimbursed monthly upon submission of an invoice/expenditure report. Expenses will be reimbursed on an “Actual Cost” method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses. These expenses must be within the approved budget’s itemized listing of allowable program costs. No advance payments are allowed.

The project plan should also include the following components:

A. Psychosocial Support Services Plan

A psychosocial support services plan that offer provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements. Each district must participate in training provided through ADH and develop support groups that meet a minimum of monthly.

B. Quality Management Plan

A Quality Management Plan is included in the application. The applicant will describe its efforts to ensure that quality services are provided under the Project Plan for this funding. Quality service is defined as all HIV-infected Arkansans served, regardless of ethnicity, religion, disability, gender, socioeconomic status,

geographic location, sexual orientation or language will receive services in a complete, timely, confidential, respectful, and cost-effective manner.

The applicant's quality management plan must include the following information:

- Mission statement of the organization quality management plan.
- Quality infrastructure (staff/positions responsible for the QM program in the organization).
- Performance measures to include both process and outcome measures will be reported on a quarterly basis.
- Plan for collecting and reporting data to measure identified criteria, including timeline.
- Quality Improvement activities undertaken in the past year and any planned QI activities.

Applicants will be required to conduct an annual internal Client Chart Review utilizing a protocol provided by ADH and to submit a summary report of the findings on an annual basis. Applicants will be expected to participate in ADH Quality Management Program activities and attend Quality Management Committee meetings convened by ADH.

Costs for carrying out the quality management plan shall be considered administration.

Budget Justification and Narrative

Include an itemized list of requested purchases, estimated costs and a clear description of how the items will be used. All items must be justified. Include amounts for in-kind (federal and non-federal) contributions as well.

The budget justification and narrative must explain the amounts requested for each line item in the budget and should specifically describe how each item would support the achievement of proposed objectives. The budget period is for twelve (12) months. A budget preparation guideline is included as Attachment # 10 and an Excel budget template will be provided upon the agency receiving an applicant's letter of intent.

Individuals enrolled in Ryan White Part B are eligible for services described based upon district needs. Client services must be fully justified. Include who will deliver the service, the number of clients to be served for each service, and the proposed units to be delivered and the projected cost. When referring to "units" be sure to define the units of measure.

Line Item budgets will be based upon three Budget Categories:

- A. Administration: Include all funds allocated to administration and quality management activities.
- B. Core Medical Services: Include all funds allocated to Core Medical Services.
- C. Support Services. Include all funds allocated to Support Services.

All line items must be assigned to the appropriate service category as described above. The applicant must ensure that administrative costs *do not exceed 10%* of direct costs awarded.

Allowable items include, but are not limited to, postage, printing, advertising, travel expenses, meeting expenses, general office supplies and educational materials. Include the following categories in the budget justification and narrative:

A. Administration

Administrative costs may not exceed ten percent (10%) of the total budget including indirect costs.

Personnel Costs

Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, percent funded through other funding sources, annual salary and the exact amount requested.

A specific job description must be included for each individual who will receive payment from grant funds and any other source of funding for each position listed on the grant. The application should show the percentage of time (based on a 40 hour work week) that will be spent on grant activity.

The Application should include the resume of key program staff including but not limited to the program coordinator.

Fringe Benefits

List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans and tuition reimbursement. The fringe benefits should be directly proportional to that portion of the personnel costs allocated for the project.

Travel

List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Travel cannot exceed State per diem.

Equipment

List equipment costs and provide justification for the need of the equipment to carry out the program's goals. All equipment purchased with these funds must be used only for the purposes and intent of the work proposed. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$2,500 and a useful life of more than one (1) year). Written prior approval from ADH for equipment purchases is required. Purchased equipment must be tagged and maintained on a property inventory.

Applicants may be required to return to ADH any assets purchased with these funds if the organization is not funded for additional periods, if they do not re-apply for funding, or if the agreement is terminated. The Department of Health – HIV Services Program Manager must grant approval prior to the purchase of equipment.

Supplies

List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Educational supplies may be pamphlets and educational videotapes. General office supplies include equipment such as a computer with an acquisition cost of less than \$2,500. Microsoft Office Word 2010 software is required.

Other

Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

B. Core Medical

Ryan White Part B clients are eligible for services described in Required Application Components as described in number 6 A on page 16. The application budget should be based on district needs.

Core Medical Services must be budgeted and reimbursed at the current rate determined by ADH, whether provided directly by the applicant or through a subcontract. The reimbursed rate will be established by ADH to reflect rates of Medicaid or Medicare.

During periods of limited funding, determined by ADH, the Ryan White Part B has established the following expenditure caps per client per year and should be based on district need:

- Health Insurance and Co-Pay Premiums - \$1,500.00*
- Oral Health – \$200.00 (Program is currently on Emergency only status.)
- Medical Transportation -- \$250.00
- Laboratory Services - \$1,000.00 *
- Substance Abuse- \$1,200.00
- Mental Health - \$1,200.00
- Medical Nutrition Therapy - \$100.00
- Food Bank - \$100.00

*These service may later be moved to/from the central office at ADH for direct payment. ADH may determine at any time to increase the expenditure cap for any service based upon funding for the grant period.

C. Support Services

A project sponsor will provide services directly or implement a sub-contract to provide required services. If a project sponsor enters into a sub-contract, a copy of the sub-contract must be provided to ADH-HIV Services. All end-recipients of these funds (subcontractors, partner organizations, consultants, and other business associations) to be used by the applicant in performance of the Project Plan must be identified. If the applicant plans to subcontract any or all of the services to be provided, procedures for selecting subcontractors should be concisely and clearly described. Provide a clear explanation as to the purpose of each contract or agreement, how the costs were determined, and the specific contract deliverables. The applicant shall be liable for the contractual performance of any subcontractor. Applicants need not have pre-selected subcontractors, but the information must be provided to ADH prior to awarding a contract or initiating any written agreement.

Service Coordination

Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, percent funded through other funding sources, annual salary and the exact amount requested.

Fringe Benefits

List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans and tuition reimbursement. The fringe benefits should be directly proportional to that portion of the personnel costs allocated for the project.

Travel

List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Travel cannot exceed State per diem.

Other

Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

Collaborative Relationships

The application should address the organization's collaborative relationships with mainstream providers related to meeting the medical, dental, mental and emotional needs of low-income persons with HIV/AIDS.

At least two letters of commitment are required from community partners. A list of community partners should be provided on the form included as Attachment # 3.

In addition to the budget justification and narrative, a summary report of the proposed client services to be funded through this application and by other sources must be provided using Attachment # 13 (Service Reimbursement Report). The report documents the applicant's organization's anticipated reimbursement for core medical and support

services from all sources. The budgeted number of clients to be served and the number of units of services to be delivered must be indicated.

An Allocation Report Form is also required. This report is used to provide a summary of the amounts allocated to Administration, Core Medical, and Support Services. The Allocation Report form is included as Attachment # 14.

Other Documentation Required

The application must include a signature (in ink) and include a Statement of Assurances and Commitments as seen in Attachment # 9. The copy with the original signature by an individual authorized to legally bind the applicant organization must be in the copy marked "Original."

The applicant must submit its most recent external audit summary report. The applicant must have had an external audit within the past twelve (12) months. **Note: This should be the audit completed at the end of the last fiscal year. ADH requires agencies to forward a copy of all audits completed during the grant year. Agencies that have significant findings in updated audits will have funding suspended until such time findings are resolved.**

Documentation of the applicant agency's reimbursement for core medical and support services during the current grant cycle, i.e. prior to the RFA contract period, must be provided. All sources of reimbursement for a service category must be included. The number of clients to be served and the number of units of services to be delivered must be indicated. The applicant must submit a summary of all funding sources, using the Declaration of Funding Sources form, Attachment # 6.

Applicants must be an Arkansas public or private, non-profit organization. Applicants claiming private, non-profit status must include with the submission of their application, either certification from the State of Arkansas, Office of Secretary of State, or a letter from the Department of the Treasury, Internal Revenue Service (IRS) classifying the applicant administrative organization as a private, non-profit corporation. If applicable, this documentation is to be included.

Copies of current licensure for those positions or officials requiring state licensure must be included with the application and available for review as needed. Renewal of licensure should be forwarded to ADH to be placed in agencies grant file for reference. Licensure must be maintained without lapse or sanctions during the grant period.

G. APPLICATION DEADLINE

Sealed applications must be received by the Issuing Officer no later than 2:00 P.M., Wednesday, November 19, 2015. Applications received after this date and time will NOT be reviewed and will be returned to the applicant. An original and 4 copies must be submitted for a complete application.

SECTION IV: REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS

A. Review for Compliance with RFA Requirements

Applications will be date and time stamped upon receipt, and must be received by or before the deadline. Omission of any required document or form, or failure to respond to any requirement may lead to rejection of the application prior to the review.

B. Evaluation and Scoring

Each application will be evaluated and scored by a review committee on a scale of 0 to 100 total possible points.

C. Points Assignments

| CRITERIA | POSSIBLE POINTS |
|---|------------------------|
| Organizational Capacity | 25 |
| Applicant Experience | 10 |
| Project Plan | 30 |
| Budget and Narrative Budget Justification | 20 |
| Collaborative Relationships | 15 |
| Total Points | 100 |

D. Award Notifications

The grant will be awarded to the respondent(s) considered by the Arkansas Department of Health- Infectious Disease Branch to propose the most effective and comprehensive plan. Grant awarding and signing will be contingent upon the Infectious Disease Branch receiving approval from the Department of Finance and Administration (DF&A) and review from the Legislative Council or Joint Budget Committee, if appropriate, and appropriation of necessary funding.

The grant is also contingent upon the U.S. Department of Health and Human (DHHS) giving approval to the Arkansas Department of Health to administer the Ryan White program in Arkansas.

The Arkansas Department of Health – Infectious Disease Branch reserves the right to make additional awards under this RFA (Request for Application) throughout the grant period should the need arise and funding be available.

SECTION V: GENERAL INFORMATION

A. Reimbursement Guidelines

The recipient will be reimbursed monthly on an “Actual Cost” method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses. These expenses must be within the approved budget’s itemized listing of allowable program cost. No advance payments are allowed. Reimbursement will be paid for services rendered during the funding year; with exception to Health Insurance Premium (HIP) Assistance. Due to the health care changes in the state of Arkansas and the implementation of the Health Insurance Marketplace and Medicaid Expansion; to ensure clients do not have gaps in medical services it is allowable for premiums, co-pay and deductible balance to be paid for services rendered to clients from the previous grant year.

ADH reserves the right to make changes in the type and level of client services funded under this application based upon available funding and program goals.

B. Reporting Requirements

Successful applicants must comply with all ADH reporting requirements which include but are not limited to the following:

- The project sponsor will be required to attend/participate in all Arkansas HIV Services Partnership meetings.
- The project sponsor will be required to follow Arkansas Department of Health (ADH) standard accounting practices.
- ADH Internal Audit and HIV Services will conduct financial and programmatic audits.
- The project sponsor will be required to meet Health and Human Services reporting requirements.

Program Reporting

Uniform Reporting System

Participation in the Uniform Reporting System (URS) is mandatory. Currently, the URS system is CAREWare 5.0. ADH provides access to the URS at no cost to contracting organizations. Providers are required to participate in the URS quality assurance activities. All key personnel responsible for data entry are required to participate in trainings by ADH. All services provided to clients will be reported by the ADH URS service delivery categories and unit measurements. Providers must follow ADH data management policies and are required to develop organization-specific policies regarding the entry, reporting, oversight, and quality assurance of the data as required by ADH. All

data must be reviewed for accuracy and completeness. Any discrepancies found in the data must be corrected within the time frame specified by ADH. Any reports or requests for data as needed to fulfill program requirements must be submitted within the timeframe required by ADH.

Ryan White HIV/AIDS Program Data Report

The Ryan White HIV/AIDS Program Data Report is required to be submitted to HRSA each year. Instructions on the Program Data Report submission will be issued by ADH. Entities that receive Ryan White funding from multiple Parts are responsible for any additional registration that might be necessary to submit their data report due to their multiple sources of funding.

HIV Services Quarterly Reports

Organizations are required to collect and maintain relevant data documenting the progress toward the goals and objectives of their project as well as any other data requested by ADH. The organization will submit to ADH outreach and quality management plan reports on a quarterly basis. Additionally, the organization will submit quarterly copies of reports regarding grievances or use of the complaint system, minutes of Board of Director meeting's and minutes of the Consumer Advisory Committee.

Providers must demonstrate in the reports continuing efforts to assure Ryan White monies are the payer of last resort through third-party billing for all professional services, enrollment in available prescription plans and any other appropriate alternate payers. Reports, instructions, and sample reports will be provided to successful applicants. The progress toward meeting the program objectives for Ryan White must be reported. Failure to comply with deadlines and content requirements may result in an interruption of monthly reimbursements.

C. Program and Financial Monitoring

Program Monitoring

The organization will allow the evaluation and monitoring of performance through periodic on site work reviews, review of reports, audits of client charts, fiscal records, CAREWare data, provider policies and procedures and scheduled consultations with ADH Internal Audit.

Records and Financial Audit

The organization shall maintain complete financial records, which indicate the nature of services rendered during the term of the Agreement and retain them for a period of five (5) years from date of final payment. The records shall be subject to inspection by ADH and other state organizations as it may request and shall be sufficient to show that the billed services have been provided. ADH shall have the right to audit billings before and after payment; payment under this Agreement shall not foreclose the right of ADH to recover excessive or illegal payments.

Client Records and Information

The organization shall maintain complete client records for the benefit of clients, sufficient to fulfill the provisions of the Project Plan and to document the services rendered under the Agreement. Such records shall be available for inspection by ADH and its designees.

The organization shall protect the confidentiality of all client information and records and shall not release any client information to any other third-party without the express written authorization of the client and/or ADH and its designees.

The organization shall comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 and applicable regulations and all other State and Federal rules, regulations and laws protecting the confidentiality of information.

Financial Reporting

Monthly Financial Status Reports

Organizations are required to submit a monthly reporting of expenditures and requests for reimbursement due by the 10th of every month. Failure to comply can result in disapproval of the expense report and delay of payment for the related period. Supporting documentation for expenditures must accompany requests for reimbursement. Financial Status Reports must be filed regardless of whether or not expenses were incurred. Supporting documentation includes monthly check register and/or bank statement.

Organizations are expected to pay close attention to expenditures and request budget amendments and/or reallocation requests in a timely manner. ADH will not reimburse for expenses exceeding the amounts allocated in the approved budget.

Note: Pursuant to Arkansas Code Annotate 19-4-1206, the agency shall certify that services have been performed or the goods received prior to payment being authorized and processed.

Final Report

A final Financial Status Report is required within thirty (30) days following the end of the contract period. The same documentation and report forms are due with the final report as required for monthly reports. ADH may also require additional information as deemed necessary to evaluate allowability of costs incurred. ADH will reimburse providers for allowable expenditures upon receipt of complete and correct forms and accompanying documentation within the timeframe required. Any final reports not received within forty-five (45) days following the end of the contract period will not be paid.

Equipment Inventory

All equipment purchased with these funds must be inventoried each year and reported to ADH. Equipment is defined as an item having a single unit cost of \$2,500 or greater and an estimated useful life of more than one (1) year. Applicants may be required to return to ADH any assets purchased with these funds if the organization is not funded for additional periods, if they do not re-apply for funding, or if the agreement is terminated.

D. Cancellation

ADH and the applicant agree that ADH may cancel the agreement that results from this RFA unilaterally at any time by giving the applicant thirty (30) calendar day's written notice and delivering notice of cancellation either in person or by certified mail.

ATTACHMENTS

- I Letter of Intent
- II Grant Application Workshop Registration Form
- III Community Partners List
- IV Program Contact Information
- V Application Coversheet
- VI Declaration of Funding Resources
- VII Board Roster Form
- VIII Consumer Advisory Committee Roster Form
- IX Statement of Assurances and Commitments
- X Guidelines for Budget Preparation
- XI Arkansas Public Health Regions Map
- XII Ryan White Part B District Data & Map
- XIII Services Reimbursement Report
- XIV Allocation Report
- XV Application Checklist

Letter of Intent for RFA-16-0004

Complete and return if you intend to apply for funding under the Ryan White Program Request for Application.

Completion of this form does not obligate the submission of an application for funds. It does, however, provide information on the geographical distribution of potential applications. It will also provide us with information to plan for proposal review.

Please submit this form to:

Arkansas Department of Health,
Procurement Branch
Attention: Bob Broughton
RFA 16-0004
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

Intent to Apply for funding:

District(s) – (check all that apply):

_____ District 1 – Benton, Boone, Carroll, Crawford, Franklin, Johnson, Logan, Madison, Newton, Pope, Scott, Sebastian, Washington, Yell.

_____ District 2 – Baxter, Cleburne, Fulton, Independence, IZard, Jackson, Lawrence, Lonoke, Marion, Prairie, Searcy, Sharp, Stone, Van Buren, White, Woodruff.

_____ District 3 – Clay, Craighead, Crittenden, Cross, Greene, Lee, Mississippi, Monroe, Phillips, Poinsett, Randolph, St. Francis.

_____ District 4 – Calhoun, Clark, Columbia, Dallas, Garland, Hempstead, Hot Spring, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Pike, Polk, Ouachita, Sevier, Union.

_____ District 5 – Conway, Faulkner, Grant, Perry, Pulaski, Saline.

_____ District 6 – Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson, Lincoln.

Applicant (Name of Public or Non Profit Agency):

Mailing Address:

City: _____ State: _____ Zip: _____

Physical

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

E-mail

Address: _____

Phone: _____ Fax: _____

I acknowledge the obligations of any grant awarded in connection with this proposal and affirm that the Applicant Organization is a legal entity that will meet the specifications set forth in the RFA.

Signature (in blue ink) of Individual authorized to legally represent the Applicant Organization

GRANT APPLICATION Workshop
REGISTRATION FORM
For RFA-16-0004
Ryan White Part B-HIV Services Program

Name: _____

Organization: _____

Address: _____

City/Town: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Number of Attendees: _____

Please return this form to the Issuing Officer:

Arkansas Department of Health,
Procurement Branch
Attention: Bob Broughton
RFA 16-0004
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

Or, a signed copy may be emailed to: bob.broughton@arkansas.gov

Location for the Workshop will be as follows:

Arkansas Department of Health Lab Training Room
Room #2508
4815 West Markham Street
Little Rock, AR 72205
Thursday November 5, 2015
9:00a.m. to 1:00p.m.

Community Partners List

Provide a list of Community Partners and identify those that will be providing a key role in the development and implementation of your Project Plan. Letters of commitment are required from key community partners that describe, in detail, their role in the proposed Project Plan.

| Name of Organization | Name of Contact | Phone number and address of contact person | Role of Organization |
|----------------------|-----------------|--|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Program Contact Information

Legal Name of Applicant:

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on the Application Cover Sheet. If any of the following information changes during the term of the contract, please notify the ADH.

Executive Director: **Mailing Address (incl. street, city, county,**
Title:
Phone:
Fax:
E-mail:

Project/Program **Mailing Address (incl. street, city, county,**
Title:
Phone:
Fax:
E-mail:

Financial Reporting **Mailing Address (incl. street, city, county,**
Title:
Phone:
Fax:
E-mail:

Data Reporting **Mailing Address (incl. street, city, county,**
Title:
Phone:
Fax:
E-mail:

Q M Contact: **Mailing Address (incl. street, city, county,**
Title:
Phone:
Fax:
E-mail:

Applications for HIV Services Programs Application Cover Sheet for RFA-16-0004

Applicant Organization Information

Name: _____

Organization Contact Person and Title: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Telephone: () _____ Fax: () _____

Email: _____

Program Coordinator Name: _____

Address: _____ City: _____ Zip: _____

Telephone: () _____ Fax: () _____

Email: _____

District covered (check one):

____ One ____ Two ____ Three ____ Four ____ Five ____ Six

Maximum funding requested: \$ _____

I acknowledge the obligations of any grant awarded in connection with this proposal and affirm that the Applicant Organization is a legal entity that will meet the specifications set forth in the RFA.

Signature (in blue ink) of Individual authorized to legally bind the Applicant Organization

Declaration of Funding Sources

Applicant: _____

Date: _____

List below all other sources of funds –

Code all listed fund sources either as **(F)** Federal Government, **(S)** State Government, **(L)** Local City/County Government, **(LP)** Local Private/Charity Agency, or **(TP)** Third Party Payer.

| Funding Agency | Code | Funding Cycle | Amount |
|----------------|------|---------------|--------|
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| Total | | | |

Statement of Assurances and Commitments

As the duly authorized representative of the applicant organization, I certify that the organization:

Meets the following eligibility requirements –

1. Is either an Arkansas public or private non-profit community-based organization with a 501c (3) tax exempt status.
2. Complies with all parts of the federal OMB Circular A-110, Uniform Administrative Requirements for Grants and other Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations (codified by HHS in 45 CFR Part 74).
3. Complies with the audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations.
4. Complies with Office of Management and Budget Circulars and Uniform Grant Management Standards (UGMS) for administration of funds.
5. Accepts that no amounts received as a result of this RFA will be used to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.
6. Accepts that funds are not utilized to make payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program, or by an entity that provides health services on a prepaid basis.
7. Has policies and procedures that assure that no person in the State of Arkansas will, on the grounds of race, color, national origin, gender, sexual orientation, age, handicap or disability, medical condition or religion be excluded from employment with or participation in, be denied the benefit of, or otherwise subjected to discrimination under any program or activity performed as a result of a contract(s) entered into pursuant to this RFA.
8. Maintains appropriate relationships with entities in the service area that constitute key points of access to the health care system for individuals with HIV/AIDS including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, STD clinics, HIV counseling and testing sites, mental health programs, and homeless shelters.
9. Has a Board of Directors that is reflective of the target population and shall include consumers of the applicant's services. Staff members, including the executive director, shall not serve as voting members on their employer's Board of Directors. The organization shall not employ persons related to board members by consanguinity or affinity within the third degree. This includes

child, father, mother, brother, sister, grandparent, aunt, uncle, niece, nephew, mother-in-law, father-in-law, brother-in-law, and sister-in-law.

10. Is in good standing with the IRS and Federal Excluded Parties List System (EPLS) at <http://epls.arnet.gov>.

Commits to the following:

1. Will integrate HIV/AIDS services with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV/AIDS is enhanced.
2. Will maintain a fiscal management system and an information management system that have the capacity to track, store and report required fiscal and client level data.
3. Will assure that Housing Opportunities for Persons with AIDS (HOPWA) monies are utilized as the payer of last resort and will make reasonable efforts to pursue coverage by any other appropriate alternate payers.
4. Will assure that payments made by the organization with HOPWA funds on behalf of the patients to providers are accepted as payment in full and charges are not made to the patient.
5. Will cooperate with the Arkansas Department of Health, HIV Services Program, to conduct periodic reviews to assess the quality and appropriateness of health and support services provided by contractors.
6. Will accept that the public health organization that is administering the contract for the State periodically convenes a meeting that includes individuals with HIV/AIDS, representatives of grantees under each part of the Ryan White CARE Act, HOPWA Project Sponsors, providers, and public organization representatives, in developing the statewide coordinated statement of need (SCSN).
7. Will participate in planning and evaluation conducted by the Department of Health, HIV Services Program, to include needs assessments, development of a comprehensive plan and implementation of the plan.
8. Will participate in trainings and conferences as required by the Department of Health in order to fulfill the requirements of the HOPWA Program.
9. Will provide a computer and printer for the local project staff with adequate capabilities for email, internet, and at minimum Microsoft Office 2007 programs.
10. Will submit financial and programmatic reports by deadlines established by ADH.
11. Will use CAREWare client software and have the capability to meet the following minimum criteria specifications for use and maintenance:

Hardware:

- Microsoft Windows certified computer
- 1 GHz processor
- Minimum RAM 1Gigabyte for 32 bit processor or 2 Gigabyte for 64 bit processor
- Minimum 20 GB hard disk space with 6 GB free space
- Working and available USB 2.0 port
- Network access to Internet via cable modem, DSL, wireless, or direct (telephone modems are not sufficient); minimum connection speed of 256 kbs upload and download
- Each provider must have a static IP address

Software:

- Minimum Microsoft Windows 7
- Microsoft Internet Explorer v11; JavaScript and cookies must be enabled
- Microsoft .NET Framework v1.1
- Minimum Microsoft Office 2007
- Latest version of Microsoft Data Access Components (MDAC), currently 2.8
- Latest version of Sun Microsystems, Java Runtime, currently 1.6.0_07
- Current and up-to-date anti-virus software
- Current and up-to-date real-time anti-spyware software
- Current and up-to-date Microsoft Windows patches

Firewall:

- The local computer must be protected by a firewall.
- CAREWare requires that the following ports be available: 80, 8124

Security:

- A client digital security certificate must be installed on every computer that uses the data management system.
- Data management usernames and passwords should not be shared. Each user must have an individual username and password

Signature (in blue ink) of Individual authorized to legally bind the Applicant Organization

Applicant Organization

Date

Guidelines for Budget Preparation

INTRODUCTION

Guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by insuring that the required or needed information is provided. (An Excel budget template will be provided to you upon receipt of Letter of Intent.)

A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample budget

| | | | | |
|---------------------------------------|-------------|------|-----------|------------------|
| Personnel | | | | Total \$_____00 |
| Position Title and Name | Annual | Time | Months | Amount Requested |
| Program Coordinator Susan Taylor | \$45,000.00 | 100% | 12 months | \$45,000.00 |
| Finance Administrator John Johnson | \$28,500.00 | 50% | 12 months | \$14,250.00 |
| Outreach Supervisor (Vacant*) | \$27,000.00 | 100% | 12 months | \$27,000.00 |

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Program Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to ADH. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Sample Budget

Fringe Benefits Total \$_____.

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

Example: Project Coordinator - Salary \$45,000.00

| | | |
|---------------------------|---|-------------|
| Retirement 5% of \$45,000 | = | \$ 2,250.00 |
| FICA 7.65% of \$45,000 | = | 3,443.00 |
| Insurance | = | 2,000.00 |
| Workers Compensation | = | _____. |

Total:_____.

C. Consultant Costs

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the grantee organization. Written approval must be obtained from ADH prior to establishing a written agreement for consultant services.

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services to Be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and

6. The Expected Rate of Compensation (travel, per Diem, other related expenses) - list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

D. Equipment

ADH considers computers as supplies and can be listed under the supply category as illustrated below. Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the “Other” category.

Sample Budget

| | | | | |
|-----------------------|-----------------|------------------|-----------------|----------------|
| Equipment | | | | Total \$_____. |
| <u>Item Requested</u> | <u>How Many</u> | <u>Unit Cost</u> | <u>Amount</u> | |
| Computer Workstation | 2 ea. | \$5,500.00 | \$11,000.00 | |
| Computer | 1 ea. | \$6,000.00 | <u>6,000.00</u> | |
| | | Total | \$17,000.00 | |

Sample Justification

Provide complete justification for all requested equipment, including a description of how it will be used in the program.

Note: All equipment purchased with these funds must be used only for the purposes and intent of the work proposed. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$2,500 and a useful life of more than one (1) year). Written prior approval from ADH for equipment purchases is required. Purchased equipment must be tagged and maintained on a property inventory. Applicants may be required to return to ADH any assets purchased with these funds if the organization is not funded for additional periods, if they do not re-apply for funding, or if the agreement is terminated.

E. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

| | | |
|--|---|---------------|
| Supplies | | Total \$_____ |
| General office supplies (pens, pencils, paper, etc.) | | |
| 12 months x \$240/year x 10 staff | = | \$2,400.00 |
| Educational Pamphlets (3,000 copies @) \$1 each | = | \$3,000.00 |
| Educational Videos (10 copies @ \$150 each) | = | \$1,500.00 |
| Word Processing Software (@ \$400-specify type) | = | \$ 400.00 |

Sample Justification

Provide complete justification for all requested supplies, including a description of how it will be used in the program. General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the **Other** category.

In-State Travel - Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Sample Budget

| | | |
|--|---|----------------|
| Travel (in-State and out-of-State) | | Total \$_____. |
| In-State Travel: | | |
| 1 trip x 2 people x 500 miles r/t x .42/mile | = | \$420.00 |

| | |
|---|-------------------|
| 2 days per Diem x \$37/day x 2 people | = \$148.00 |
| 1 nights lodging x \$67/night x 2 people | = \$134.00 |
| 25 trips x 1 person x 300 miles avg. x .42/mile | = \$3,150.00 |
| | <hr/> |
| Total | \$3,852.00 |

Refer to this website <http://www.gsa.gov/portal/content/104877> for the most current mileage and lodging reimbursements. The current authorized rate per mile established by the Chief Fiscal Officer of the state is \$0.42 per mile. Reimbursement for travel cannot exceed established state rate at the time of travel.

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

G. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

Other Total \$_____.

Telephone

(\$ ___ per month x ___ months x #staff) = \$ Subtotal

Postage

(\$ ___ per month x ___ months x #staff) = \$ Subtotal

Printing

(\$ ___ per x ___ documents) = \$ Subtotal

Equipment Rental (describe)

(\$ ___ per month x ___ months) = \$ Subtotal

Internet Provider Service

(\$ ___ per month x ___ months) = \$ Subtotal

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

Contractual Costs

Recipients must obtain written approval from ADH prior to establishing a third-party contract to perform program activities. Approval to initiate program activities through the services of a contractor requires submission of the following information to ADH.

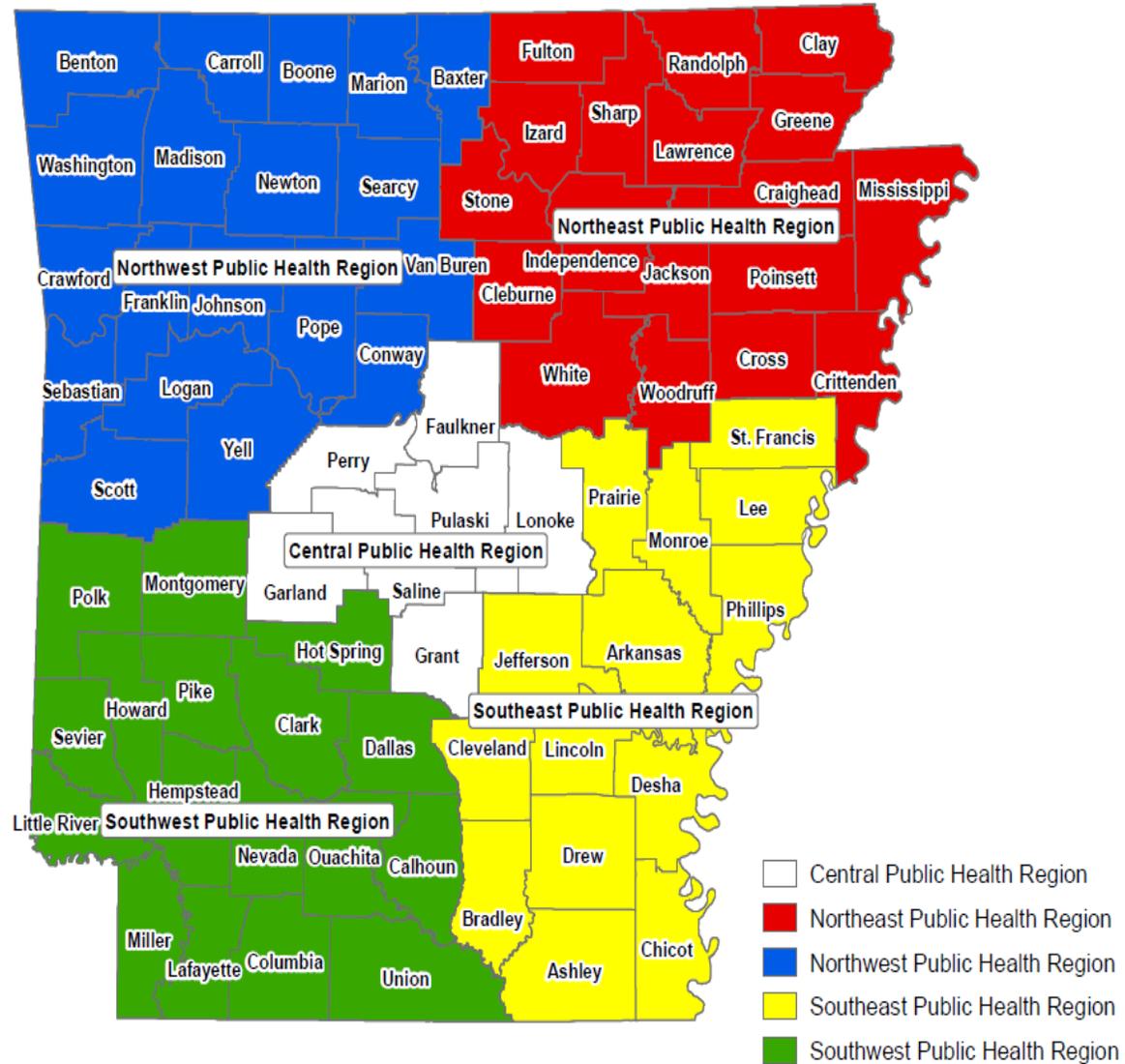
1. Name of Contractor;
2. Method of Selection;
3. Period of Performance;
4. Scope of Work;
5. Method of Accountability; and
6. Itemized Budget and Justification.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to ADH, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

Total Direct Costs \$ _____ .00

Reimbursement request must include copies of time sheets, travel receipts, cash journal and bank statements that coincide with the agency reimbursement form (issued with the subgrant if awarded).

Arkansas Public Health Regions (PHR) Map



Date: January 7, 2011
 Source: Arkansas Department of Health
 Map created by: Amanda Worrell, GISP

Ryan White Part B- HIV Services Districts Map

Attachment XII

Ryan White Part B- HIV Services service areas are divided according to districts. Applications will be accepted for districts 1, 2, 3, 4, 5, and 6. An applicant may propose to provide services in one or more of the districts but must provide services for all counties within the chosen district(s). The map of Arkansas' Ryan White Part B districts is attached for reference. In addition, requirements for each Service Access District is illustrated on the following pages (56-61). ADH reserves the right to re-align districts as deemed necessary to meet program goals.

Districts are defined below and shown on the map on page sixty-two (62). Districts listed as NA have cases at or below five (5).

District 1

| Counties | Prevalence** | Current Caseload*** | Proposed Caseload | SAS FTE | SAC Hours Open Per Week | Medical Case Load | MCM's FTE's | Total FTE's |
|---------------|--------------|---------------------|-------------------|-------------|-------------------------|-------------------|-------------|-------------|
| Benton * | 218 | 105 | | | 40 | | | |
| Boone | 23 | 13 | | | | | | |
| Carroll | 37 | 27 | | | | | | |
| Crawford | 44 | 17 | | | | | | |
| Franklin | 12 | 4 | | | | | | |
| Johnson | 7 | 5 | | | | | | |
| Logan | 10 | 1 | | | | | | |
| Madison | 17 | 3 | | | | | | |
| Newton | 6 | 3 | | | | | | |
| Pope | 55 | 5 | | | | | | |
| Scott | NA | 0 | | | | | | |
| Sebastian * | 203 | 101 | | | 40 | | | |
| Washington * | 335 | 119 | | | 40 | | | |
| Yell | 18 | | | | | | | |
| Totals | 985 | 403 | 500 | 3.00 | 120 | 262 | 2.00 | 5.00 |

* Location of Required Service Access Centers

**Prevalence data as of December 31, 2013

*** Caseload data as of August 27, 2015

#Satellite Service Access Centers locations and hours of operation are negotiable to meet program goals. However the application should address plans to operate SAC's described above.

District 2

| Counties | Prevalence** | Current Caseload*** | Proposed Caseload | SAS FTE | SAC Hours Open Per Week | Medical Case Load | MCM's FTE's | Total FTE's |
|-----------------|---------------------|----------------------------|--------------------------|----------------|--------------------------------|--------------------------|--------------------|--------------------|
| Baxter | 28 | 17 | | | | | | |
| Cleburne | 15 | 8 | | | | | | |
| Fulton | 6 | 1 | | | | | | |
| Independence * | 40 | 21 | | | 32 | | | |
| Izard# | 8 | 1 | | | 8 | | | |
| Jackson | 22 | 4 | | | | | | |
| Lawrence | 7 | 1 | | | | | | |
| Lonoke | 43 | 11 | | | | | | |
| Marion | 10 | 7 | | | | | | |
| Prairie | 8 | 1 | | | | | | |
| Searcy | NA | 3 | | | | | | |
| Sharp | 8 | 6 | | | | | | |
| Stone | 6 | 2 | | | | | | |
| Van Buren | 7 | 0 | | | | | | |
| White * | 62 | 31 | | | 40 | | | |
| Woodruff | NA | 2 | | | | | | |
| Totals | 270 | 116 | 129 | 1.00 | 80 | 87 | 1.00 | 2.00 |

*Location of Required Service Access Centers

**Prevalence data as of December 31, 2013

*** Caseload data as of August 27, 2015

#Satellite Service Access Centers locations and hours of operation are negotiable to meet program goals. However the application should address plans to operate SAC's described above.

District 3

| Counties | Prevalence** | Current Caseload*** | Proposed Caseload | SAS FTE | SAC Hours Open Per Week | Medical Case Load | MCM's FTE's | Total FTE's |
|-----------------|---------------------|----------------------------|--------------------------|----------------|--------------------------------|--------------------------|--------------------|--------------------|
| Clay | 14 | 4 | | | | | | |
| Craighead * | 138 | 73 | | | 40 | | | |
| Crittenden * | 219 | 74 | | | 32 | | | |
| Cross | 31 | 11 | | | | | | |
| Greene | 27 | 22 | | | | | | |
| Lee | 34 | 5 | | | | | | |
| Mississippi | 80 | 26 | | | | | | |
| Monroe# | 21 | 5 | | | 8 | | | |
| Phillips | 60 | 17 | | | | | | |
| Poinsett | 17 | 2 | | | | | | |
| Randolph | 9 | 2 | | | | | | |
| St. Francis | 72 | 25 | | | | | | |
| Totals | 722 | 266 | 300 | 3.00 | 80 | 192 | 1.00 | 4.00 |

*Location of Required Service Access Centers

**Prevalence data as of December 31, 2013

*** Caseload data as of August 27, 2015

#Satellite Service Access Centers locations and hours of operation are negotiable to meet program goals. However the application should address plans to operate SAC's described above.

District 4

| Counties | Prevalence** | Current Caseload*** | Proposed Caseload | SAS FTE | SAC Hours Open Per Week | Medical Case Load | MCM's FTE's | Total FTE's |
|-----------------|---------------------|----------------------------|--------------------------|----------------|--------------------------------|--------------------------|--------------------|--------------------|
| Calhoun | 9 | 0 | | | | | | |
| Clark | 32 | 14 | | | | | | |
| Columbia# | 34 | 14 | | | 8 | | | |
| Dallas | NA | 0 | | | | | | |
| Garland * | 194 | 80 | | | 40 | | | |
| Hempstead | 25 | 7 | | | | | | |
| Hot Springs | 24 | 11 | | | | | | |
| Howard | 17 | 5 | | | | | | |
| Lafayette | 6 | 4 | | | | | | |
| Little River | 16 | 12 | | | | | | |
| Miller * | 119 | 38 | | | 32 | | | |
| Montgomery | NA | NA | | | | | | |
| Nevada | 9 | 6 | | | | | | |
| Ouachita | 53 | 17 | | | | | | |
| Pike | NA | 6 | | | | | | |
| Polk | 15 | 6 | | | | | | |
| Sevier | 10 | 0 | | | | | | |
| Union # | 139 | 46 | | | | | | |
| Totals | 702 | 266 | 300 | 2.00 | 80 | 213 | 1.00 | 3.00 |

*Location of Required Service Access Centers

**Prevalence data as of December 31, 2013

*** Caseload data as of August 27, 2015

#Satellite Service Access Centers locations and hours of operation are negotiable to meet program goals. However the application should address plans to operate SAC's described above.

District 5

| Counties | Prevalence** | Current Caseload*** | Proposed Caseload | SAS FTE | SAC Hours Open Per Week | Medical Case Load | MCM's FTE's | Total FTE's |
|-----------------|---------------------|----------------------------|--------------------------|----------------|--------------------------------|--------------------------|--------------------|--------------------|
| Conway | 19 | 6 | | | | | | |
| Faulkner * | 119 | 70 | | | 40 | | | |
| Grant | 21 | 2 | | | | | | |
| Perry | NA | 0 | | | | | | |
| Pulaski * | 1766 | 584 | | | 40 | | | |
| Saline | 45 | 22 | | | | | | |
| Totals | 1970 | 684 | 700 | 5.00 | 80 | 551 | 3.00 | 8.00 |

*Location of Required Service Access Centers

**Prevalence data as of December 31, 2013

*** Caseload data as of August 27, 2015

#Satellite Service Access Centers locations and hours of operation are negotiable to meet program goals. However the application should address plans to operate SAC's described above.

District 6

| Counties | Prevalence** | Current Caseload*** | Proposed Caseload | SAS FTE | SAC Hours Open Per Week | Medical Case Load | MCM's FTE's | Total FTE's |
|-----------------|---------------------|----------------------------|--------------------------|----------------|--------------------------------|--------------------------|--------------------|--------------------|
| Arkansas | 30 | 11 | | | | | | |
| Ashley | 20 | 10 | | | | | | |
| Bradley | 11 | 2 | | | | | | |
| Chicot | 27 | 9 | | | | | | |
| Cleveland | 13 | 1 | | | | | | |
| Desha | 18 | 6 | | | | | | |
| Drew # | 13 | 9 | | | 8 | | | |
| Jefferson * | 359 | 80 | | | 32 | | | |
| Lincoln | 16 | 3 | | | | | | |
| Totals | 507 | 131 | 157 | 1.00 | 40 | 85 | 1.0 | 2.00 |

*Location of Required Service Access Centers

**Prevalence data as of December 31, 2013

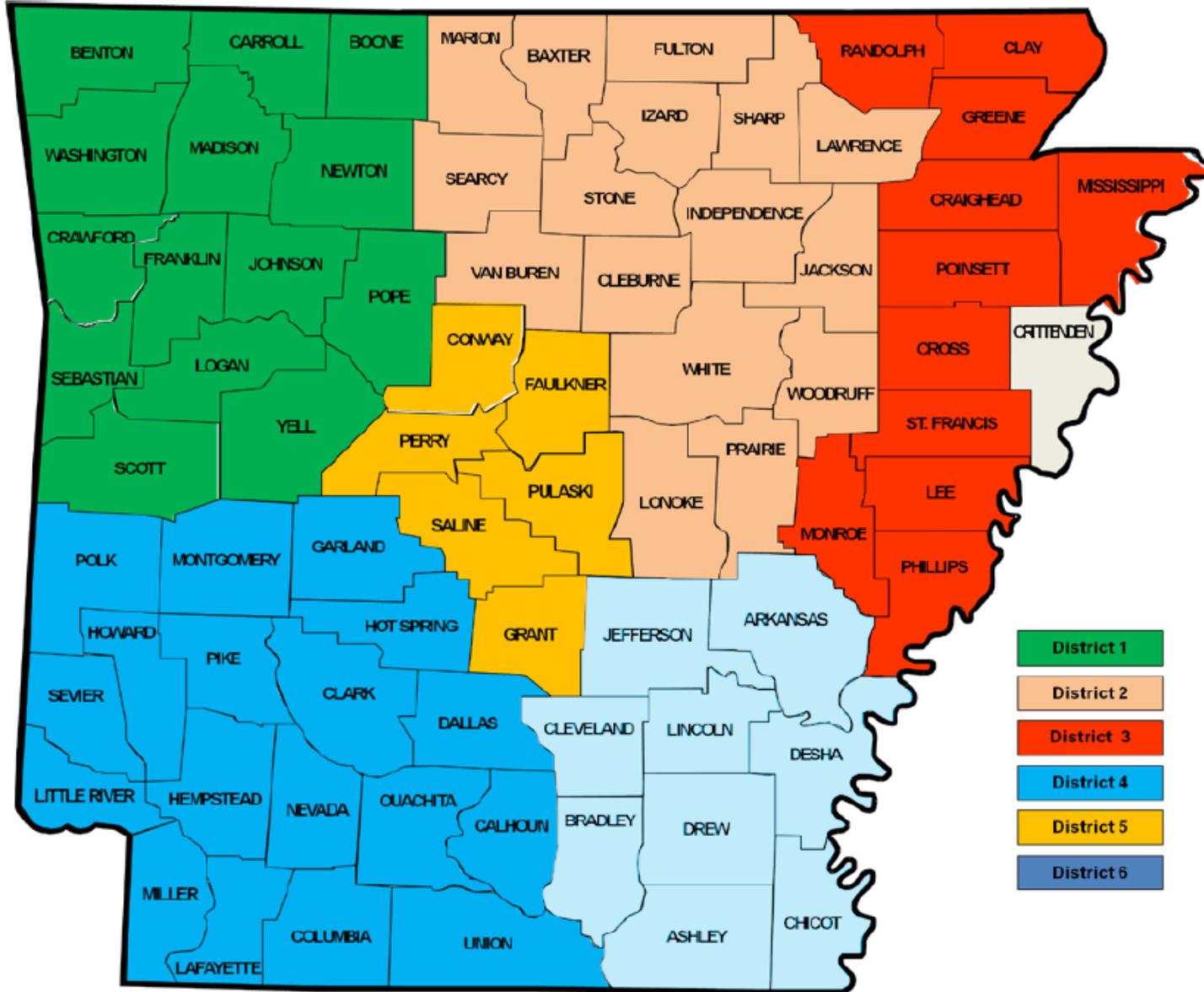
*** Caseload data as of August 27, 2015

#Satellite Service Access Centers locations and hours

of operation are negotiable to meet program goals.

However the application should address plans to operate SAC's described above.

Ryan White Part B- HIV Services Program



Service Reimbursement Report

Attachment XIII

Because all applicant agencies must assure that Ryan White monies are the payer of last resort and must assure that the same services are not being reimbursed from multiple funding streams, applicants must complete this report to document their agency’s reimbursement for core medical and support services. All sources of reimbursement for a service category must be included and the budgeted number of clients to be served and number of units to be delivered must be indicated. The dollar amount to be reimbursed from each payer should be listed below each service category. Agencies that do not receive Ryan White Program Part C or Part D funding will leave those columns blank.

Two versions of this report should be prepared.

1. As part of the Budget, the funding listed below should be reflected in the overall proposed agency budget for the application period (April 1, 2016 to March 31, 2017).
2. As the funding listed below should reflect the agency’s budget for the current grant cycle, i.e. the period preceding the application period.

Report Period: _____

| Service Category | Medicaid | | Private Insurance | | Part C | | Part D | | Part B (provided directly by agency) | | Part B (subcontracted outside of agency) | |
|------------------|-----------|---------|-------------------|---------|-----------|---------|-----------|---------|--------------------------------------|---------|--|---------|
| | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units |
| Laboratory | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Oral Health Care | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Health Insurance Premium & Cost Sharing Assistance | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| Service Category | Medicaid | | Private Insurance | | Part C | | Part D | | Part B (provided directly by agency) | | Part B (subcontracted outside of agency) | |
|------------------------|-----------|---------|-------------------|---------|-----------|---------|-----------|---------|--------------------------------------|---------|--|---------|
| | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units |
| Mental health services | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Medical nutrition therapy | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Medical Case Management | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Case Management (non-Medical) | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Food bank/home-delivered meals | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Linguistics services | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Medical transportation services | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |

| Service Category | Medicaid | | Private Insurance | | Part C | | Part D | | Part B (provided directly by agency) | | Part B (subcontracted outside of agency) | |
|-------------------|-----------|---------|-------------------|---------|-----------|---------|-----------|---------|--------------------------------------|---------|--|---------|
| | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units | # Clients | # Units |
| Outreach services | | | | | | | | | | | | |
| \$ Amount | | | | | | | | | | | | |
| Total \$ | | | | | | | | | | | | |

| |
|--------------------------|
| ALLOCATION REPORT |
|--------------------------|

| | Amount | Percentage |
|---------------------------------|--------|------------|
| Administration Sub-total | \$0.00 | |
| General Administration | \$0.00 | |
| Quality Management | \$0.00 | |

| | Amount | Percentage |
|--|--------|------------|
| Client Services | | |
| Core Medical Services Sub-total | \$0.00 | |
| Medical Case Management | \$0.00 | |
| Laboratory Services | \$0.00 | |
| Oral Health Care | \$0.00 | |
| Health Insurance Premium and Cost Sharing Assistance | \$0.00 | |
| Mental Health Services | \$0.00 | |
| Medical Nutrition Therapy | \$0.00 | |
| Substance Abuse Services - Outpatient | \$0.00 | |

| | | |
|-----------------------------------|--------|--|
| Support Services Sub-total | \$0.00 | |
| Case Management (Non-Medical) | \$0.00 | |
| Food Bank/Home-Delivered Meals | \$0.00 | |
| Linguistics Services | \$0.00 | |
| Medical Transportation Services | \$0.00 | |

| | | |
|------------------------------|---------------|--|
| Total Client Services | \$0.00 | |
|------------------------------|---------------|--|

| | |
|--------------|---------------|
| TOTAL | \$0.00 |
|--------------|---------------|

Instructions

- a) In the Administration Section, enter the amount of funds allocated for general administration and quality management. The total for Administration cannot exceed 10% of direct costs.
- b) In Client Services Section, enter the amount allocated to each core medical and support service.
- c) The totals and percentages in the worksheet will populate automatically.

Application Checklist

Attachment XV

Legal Name of Applicant:

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and forms have been submitted. Please include the corresponding page numbers for the location of each item within your application packet.

***Any forms that are not applicable must still be included in the application and marked “Not Applicable”.**

| | Included | N/A | Page # |
|--|--------------------------|--------------------------|--------|
| Table of Contents | <input type="checkbox"/> | <input type="checkbox"/> | |
| Project Abstract | <input type="checkbox"/> | <input type="checkbox"/> | |
| Project Plan | <input type="checkbox"/> | <input type="checkbox"/> | |
| Budget | <input type="checkbox"/> | <input type="checkbox"/> | |
| Narrative Budget Justification | <input type="checkbox"/> | <input type="checkbox"/> | |
| Description of Organizational Capacity | <input type="checkbox"/> | <input type="checkbox"/> | |
| Current Organizational Chart | <input type="checkbox"/> | <input type="checkbox"/> | |
| Resume of Program Staff | <input type="checkbox"/> | <input type="checkbox"/> | |
| Authorization Letter for Application from Board | <input type="checkbox"/> | <input type="checkbox"/> | |
| Board Meeting Minutes | <input type="checkbox"/> | <input type="checkbox"/> | |
| Experience Providing Supportive Services to Persons Living with HIV/AIDS | <input type="checkbox"/> | <input type="checkbox"/> | |
| Description of Collaborative Relationships | <input type="checkbox"/> | <input type="checkbox"/> | |
| Letters of Support (Minimum of Two) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nonprofit Status Documentation (If Applicable) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Proof of Liability Insurance | <input type="checkbox"/> | <input type="checkbox"/> | |
| HIPAA Policy and Procedures | <input type="checkbox"/> | <input type="checkbox"/> | |
| Grievance Policy and Procedures | <input type="checkbox"/> | <input type="checkbox"/> | |
| External Audit Report (Insert but don't number) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Additional and Supporting Documentations/Licenses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Signed Addendum(s) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Letter of Intent (Attachment #1) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Grant Application Workshop Registration Form (Attachment #2) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Community Partners List (Attachment #3) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Program Contact Information (Attachment #4) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Application Cover Sheet (Attachment #5) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Declaration of Funding Sources (Attachment #6) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Board Roster Form (Attachment #7) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Consumer Advisory Committee Roster Form (Attachment #8) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Statement of Assurances and Commitments (Attachment #9) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Guidelines for Budget Preparation (Attachment #10) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |

| | | | |
|--|--------------------------|--------------------------|-----|
| Arkansas Public Health Regions Map (Attachment #11) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Ryan White Part B-HIV Services Districts Data and Map (Attachment #12) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Service Reimbursement Report (Attachment #13) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Allocation Report (Attachment #14) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Application Checklist (Attachment #15) | <input type="checkbox"/> | <input type="checkbox"/> | N/A |