

## Section 3 - A

### ALLOCATION AND CONTRACTING PROCESS

#### a. CARE COUNCIL PRIORITIES AND ALLOCATION PROCESS

The Priorities and Allocations (P&A) Committee approves a detailed work plan annually, which guides the P&A Process. The P&A Process begins in May and concludes in August with a verbal review and evaluation of the process. The CARE Council Support staff conducts an extensive orientation and review of the Part A Manual guidance on priority setting and resource allocation. All CARE Council committees have an opportunity to make recommendations to the P&A Committee during this process.

The FY15 P&A Process is described below.

The P&A work plan was based on the analyses of several data sets, including; FY13 final expenditure reports, FY13 client satisfaction survey report, Comprehensive Plan FY12-15, FY13 Part A utilization data, FY2015 service category priorities, previous three year Part A funding trends, Palm Beach County epidemiological data, Needs Assessment findings 2013-2016, other Part A funding in the area, and fiscal analyses of agency spending to support the P&A committee in making sound decisions. The P&A Committee utilized the latter tools to evaluate and vote on allocations for FY2015. The P&A Process began in May and concluded in July with a verbal review and evaluation of the process through three public forums covering the east, west, and south areas of Palm Beach County. The CARE Council Support staff conducted an extensive orientation and review of the Part A Manual guidance on priority setting and resource allocation. All CARE Council committees had an opportunity to make recommendations to the P&A Committee during this process.

It is from the FY2015 allocations where P&A members saw the opportunity to link health outcomes to the HIV CARE Continuum. P&A members conducted informed discussions on how best to prioritize and target available resources to service categories. The members also identified issues and opportunities related to improving the delivery of services to people living with HIV across the entire continuum of care which included; reviews of HIV diagnosis, clients linked to care, clients staying in care, and clients receiving medications. For example, allocations to the service category of medical nutrition therapy ensures a nutrition plan from a medical professional to be able to lessen the symptoms from diseases such as hypertension, diabetes, or chronic kidney disease. Health outcomes will be measured over time to examine the result of how the medical nutrition program can improve adherence to HIV care.

#### Description of the Community Input Process

a. The Priority Setting and Allocation (P&A) process is inclusive of the needs of PLWHA who are aware of their status but not in care through the review of epidemiological data from the Florida Department of Health (FDOH) informing the Planning Council (PC) members of the

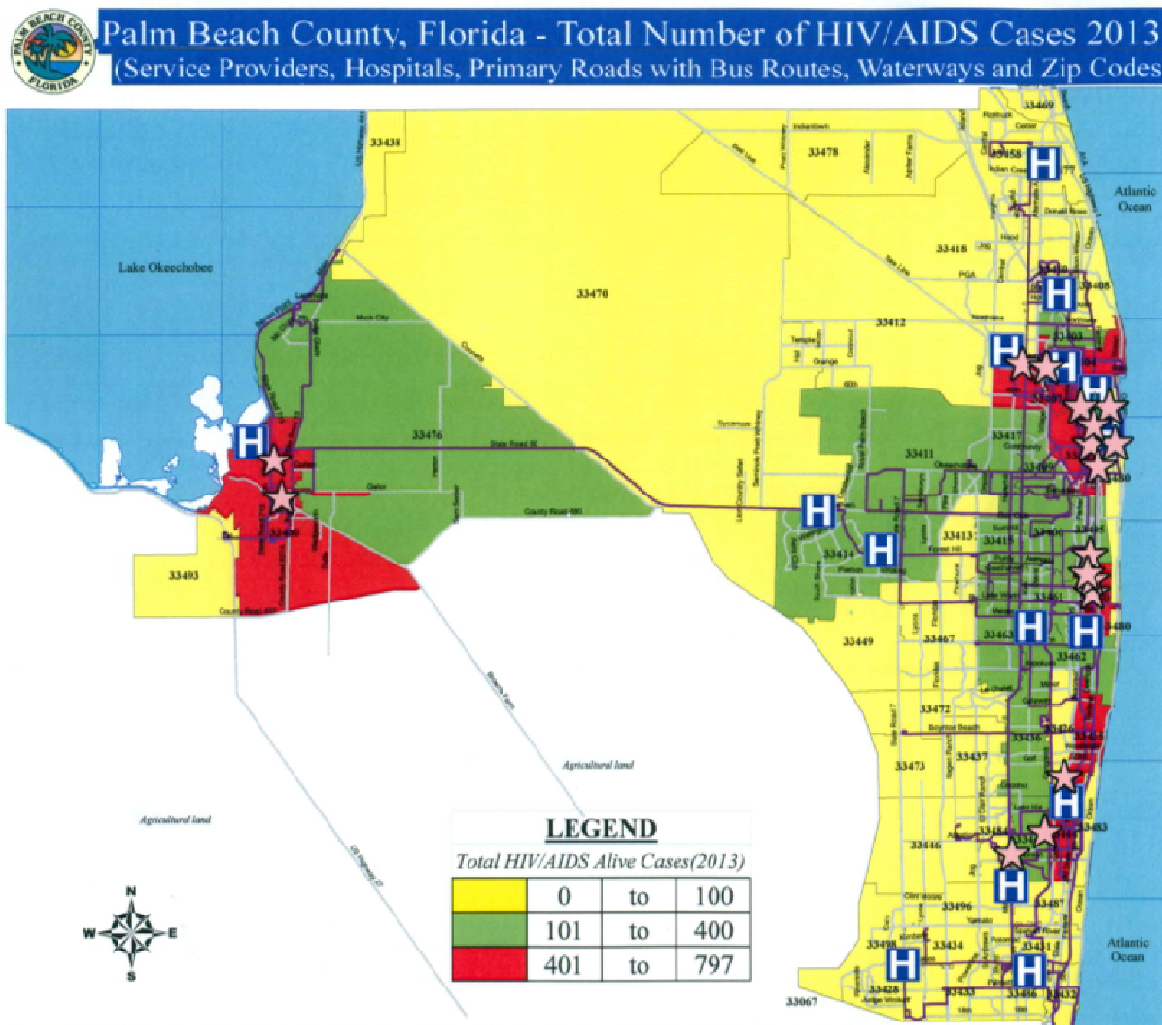
number of PLWHA aware and not in care. Additionally, the Needs Assessment 2013-2016 was reviewed and includes data from PLWHA who are aware but not in care, as well as PLWHA who are currently in care but have been out of care over the past 5 years. The needs of PLWHA who are unaware of their HIV status were considered through a review of the epidemiological data from the FDOH. The local PC has been reviewing these data for several years. Over many years, one of the PC's strategies for bringing people into care has been to determine where and when PLWHA are becoming aware of their status and linking to care. An analysis of disaggregated demographic data of PLWHA provides information on PLWHA testing positive, who are not linking to care within 30 days. The needs of PLWHA from historically underserved populations were considered through the review of unmet need, unaware, needs assessment, and epidemiological data sets, as well as 3 public forums. These data display where the disparities are, as well as where the EMA needs to focus efforts to bring PLWHA into care. The P&A Committee, as well as the CARE Council, continued to follow the plan they developed during a 2006 workshop conducted by the Academy of Educational Development entitled, CARE Act Planning in a Changing Environment. The CARE Council chose to plan based on the Justice Paradigm of Utilitarianism (greatest good for the greatest number) and secondly with the Justice Paradigm of Compassion (assisting the neediest first). The Planning Council also developed three main values to guide decision making. These values include (1) Access to Services for all who need services; (2) Compassion & Respect – treating all clients with respect and care; and (3) Accountability. While this workshop took place several years ago the decision criteria continue to be relevant.

b. The CARE Council involved PLWHA in the P&A process to gather qualitative data through the following: 3 community forums, PLWHA surveys among in and out of care populations, focus groups among special populations, and a permanent representation of PLWHA membership on the CARE Council and its committees as defined by the Bylaws. Fifty percent (50%) of the CARE Council members are PLWHA, and sixty percent (60%) of the P&A Committee members are PLWHA. The three public forums were held in areas disproportionately impacted by HIV/AIDS, including Belle Glade (western, rural area), Riviera Beach (north/central eastern area), and Palm Springs (south/central eastern area). Demographics of the attendees are collected and reviewed by the P&A Committee. There were fifty-four (54) attendees. Sixty-five percent (65%, 35 of 54 respondents) of the participants identified themselves as being HIV positive. Black and Hispanic/Latin/Multi-racial persons accounted for 70% (38 of 54 respondents) of the participants, and 57% (31 of 54 respondents) of the participants were female. When asked to rank the service categories, public forum participants selected Case Management and Food as the #1 priority, followed by Primary Medical, Laboratory Diagnostic Testing, Medications, Oral Health, and Health Insurance.

c. In order to increase access to the core medical services, reduce disparities in access to the Continuum of Care, and address the unmet need and gaps found in the needs assessment, the CARE Council asked for more dollars to restore funding allocations based on need, despite cuts

in total funding. The West Palm Beach EMA anticipates an increase in persons utilizing all medical services over the next fiscal year through efforts that are made in increasing access to underserved and special populations in the EMA. According to the Needs Assessment data from PLWHA who are out of care, these survey respondents were poorer and less educated than PLWHA who are in care. PLWHA survey respondents who are out of care were more likely to be homeless, have substance abuse and mental health issues, and be without disability benefits. The allocations reflect an increase across all services for PLWHA coming into care as it is anticipated they will likely need and use most of the available services. The 2013-2016 Needs Assessment was reviewed, and included the EMA's epidemiological profile, out of care responses, in care respondents' service priorities, utilization, gaps and barriers, and GIS maps discussed below.

d. Changes and trends in HIV/AIDS epidemiology data were used in the P&A Process to ensure the service delivery system is meeting the changing needs of the HIV/AIDS community. Epidemiological data from the FDOH was also reviewed. The data displayed trends for the entire PLWHA population, as well as disaggregated data for sub-populations (e.g. MSM, Heterosexual,



Map of Palm Beach County, Florida with Service Providers, Hospitals, Primary Roads with Bus Routes, Waterways and Zip Codes included as a layer of information. Map indicates number of HIV/AIDS cases between 2012 & 2013. Data presented compiled with Florida HIV/AIDS Bureau policy. Zip Code of residence at time of diagnosis may not correspond to current zip code. Homeless count are not reflected on map however data is contained on the spreadsheet. For further information contact: Geoffrey Downie, Ryan White Program Manager at (561) 355-4730. Map and data is for planning purposes only. Printed August 12, 2014

IDU, male, female, age groups). The data is also displayed on GIS maps for all of the special populations. These data allowed the PC to make informed decisions.

The GIS map was prepared as a guide for decision making. The map displays PLWHA cases by zip code through 2013, HIV/AIDS service locations, and public transportation routes. A comparison of service locations with ZIP Codes of PLWHA demonstrates that services are available in the most heavily impacted ZIP Codes and that Palm Tran, the public transportation system, connects residents of most ZIP Codes with all service locations, including all case management and public health clinics.

e. Cost data were used by the PC in making allocation and funding decisions. These data included the following sources:

- Expenditure Trends FY2008-FY2013
- Funding Sources-FY 2014: Part A, Part B, HOPWA, General Revenue Patient Care and Network [Florida state matching funds] allocations
- Number of PLWHA Served FY03 through FY13
- Service Utilization (RDR)
- Service Category Definitions and Priorities FY2015

The CARE Council's allocations were based on a demonstrated need funding worksheet that estimates costs for services over the next fiscal year. The demonstrated need funding worksheet provided cost estimates for each service category by adding the following expenses:

- Estimated annual cost per patient currently in care
- Estimated cost for a 6% increase of PLWHA in care
- Estimated cost to fill service gaps found in the Needs Assessment 2013-2016
- 3% increase added to the estimated annual cost per patient currently in care

These estimated increases were multiplied by the number of clients indicated in the FY13 service category utilization report. The PC wanted to take into account all possible scenarios in this year's P&A process and reviewed Ryan White RSR reports, system wide eligible clients with notice of eligibility (NOE) renewals, epidemiological data for West Palm Beach, and the number of clients that would be affected by a change in allocations providing support for health insurance premiums.

f. The CARE Council will prospectively address potential funding fluctuations in the Part A award by discussing and planning for three scenarios, increased, level or decreased Part A funding. The P&A Committee work plan includes a meeting in November 2014 to develop and vote on budgets for all three scenarios. The committee will then meet after receipt of the FY2015 award to amend the allocations, if necessary. An ongoing challenge in planning for the local system of care relates to the notice of grant awards arriving later in the grant year.

g. The CARE Council historically has allocated most, if not all, of the MAI funds to case management services. Their philosophy is that medical case management services work to

decrease the health disparities for disproportionately impacted minority populations by getting people into care sooner and increasing the likelihood of clients staying in care. The PC has reevaluated how MAI dollars are allocated and is seeking to better focus MAI efforts for EIIHA populations by funding Medical Case Management and EIS services.

h. Data from other federally funded HIV/AIDS programs was used through reviewing a table displaying FY 2014 funding information by service category with the P&A Committee. Reviewing the data in a table format assisted the P&A Committee in ensuring that the appropriate service categories were funded at appropriate levels, system-wide. The sources include: Ryan White Part A and B, Medicaid, HOPWA, VA, SAMHSA, CDC, Florida Health Department, and the Health Care District of Palm Beach County. Each source indicated funding for the following areas; Ambulatory/Outpatient Medical Care, State AIDS Drug Assistance Programs, Home and Community Based Services, Oral Health Care, Substance Abuse/Mental Health, and HIV Counseling and Testing Services.

i. Anticipated changes due to the Affordable Care Act were considered in developing priorities by reviewing the demonstrated need worksheet. October 1, 2014, open enrollment for the health insurance marketplace will affect Ryan White clients who will need assistance with paying the health insurance premiums from these plans. The demonstrated need worksheet allowed the P&A committee to anticipate the cost per person for the health insurance service category line and provide this category with additional funding. Also, estimates were made for all Ryan White clients for the cost of premiums according to FPL percentage.

j. To integrate prevention and care planning at the Part A level, the West Palm Beach EMA collaborates with area STD and HIV prevention programs as well as with community-based organizations. The CARE Council works collaboratively with the Community Prevention Partnership (CPP), and many of the CARE council are also members of the CPP. The CARE Council includes “CPP Updates” as a standing agenda item in order to inform CARE Council members of local prevention and testing activities. The Ryan White CARE Council support and grantee staffs frequently attend CPP meetings. PBCHD staffs participate in CARE Council activities, and update the members on HIV testing and prevention efforts through the EMA. The EIS program (funded by Ryan White Part A) links HIV treatment with community-based prevention programs through joint planning across the HIV prevention/service continuum.

#### b. RFP PROCESS

The Palm Beach County Board of County Commissioners (BCC) has determined the Department of Community Services (DCS) to be the Grantee of the Federal Health Resources and Services Administration (HRSA), Ryan White grant. HRSA requires that funding for services be contracted through a competitive bid process. To meet this requirement the DCS utilizes a solicitation request process, defined as a Request for Proposal (RFP). An RFP solicits offers from service providers to provide specified services. The RFP is accompanied by criterion by

which the proposal will be evaluated. This policy better ensures a fair RFP process is consistently implemented.

The Ryan White Program Manager shall implement this policy. If another staff is designated to implement this policy, the Ryan White Program Manager shall provide oversight for the implementation of these procedures.

This process shall ensure an open and competitive process.

This process shall reflect and incorporate all HRSA Ryan White policies and guidelines.

Agencies submitting proposals shall be private not-for-profit corporations, duly chartered and registered with the Florida Department of State, Division of Corporations, or a public (governmental) entity, prior to the submission of a proposal. Exceptions may be made when it is determined there is no not-for-profit or governmental provider available to provide necessary services.

Agencies must demonstrate their accountability through the submission of acceptable financial audits performed by independent auditors, adequate attainment of measurable outcomes related to services and (if appropriate) be able to show proof of accreditation from other regulatory organizations (e.g., Nonprofits First, Department of Children and Families, JCAHO, CARF, etc.).

Agencies must demonstrate their ability to adhere to administrative guidelines, including but not limited to, the implementation of a sliding fee scale.

Agencies must describe their participation in the Early Identification of Individuals with HIV/AIDS (EIIHA) efforts.

Agencies must submit a detailed budget following the provided budget template. The budget template shall delineate program and administrative costs, limiting administration costs to no more than 10% of total program costs. The budget shall detail individual staff salaries accompanied by the percentage covered by Ryan White Part A funding. All expenses contained within the budget shall be allowable per HRSA guidelines. The budget shall not include rent and utilities as program expenses. Additionally, agencies shall be required to submit a total agency budget displaying all funding, following the provided total agency budget template.

Agencies must provide details pertaining to how the service they provide addresses the unmet needs of the HIV/AIDS population in Palm Beach County.

Agencies must provide details regarding corrective action/s issued by the Ryan White program within past two (2) years, if applicable.

Recommendations for funding shall consider the following:

- The availability of funds.
- Demonstration that the funding for services enhances, supports, and/or maintains the quality of life of Palm Beach County citizens.
- Demonstration that the proposed services meet a “need” and “priority”, as recognized by the Palm Beach County HIV CARE Council.
- Demonstration that the proposed services maximize the use of available dollars by minimizing duplication of services in Palm Beach County.
- The score and ranking of proposal.
- Evidence supporting the capability of the agency to provide quality services, meet service goals and objectives, and manage their resources in a cost effective manner.
- Demonstration that service is accessible, available and acceptable to the citizens of Palm Beach County.

The total amount of available funds for the RFP will be determined jointly by the DCS Director, DCS Director of Finance and Support Services, DCS Manager of Planning and Evaluation, and the Ryan White Program Manager based upon grant funds awarded by HRSA.

The Palm Beach County HIV CARE Council (CARE Council) shall approve allocations for each service category totaling a budget consistent with the amount of funds for the RFP as determined by DCS. The allocations shall be the result of a thorough review of information including but not limited to the following: recent, local HIV/AIDS needs assessment and epidemiological data, Ryan White Part A utilization and funding trends, and local, state and federal environmental impacts. The CARE Council shall not make any recommendations regarding funding to any agency.

The Ryan White Program Manager, and/or designated staff shall develop an RFP reflective of the allocations approved by the CARE Council.

The Ryan White Program Manager and/or designated staff shall develop the RFP. The RFP may include, but is not limited to, the following criteria:

- Title page identifying the source of the solicitation including the following:  
Board of County Commissioners, DCS, Ryan White Program, title of the RFP and opening and closing dates of the solicitation.
- Schedule of events, including but not limited to, the dates, times and locations of the proposal workshop, proposal due date, applicant interviews and proposal quality reviews,

timeframe for receipt of written questions, notification of funding recommendations to be sent to the BCC, and term of the initial contract period.

- Table of Contents with section headings and page numbers
- Introduction stating the purpose of the solicitation including a description of the Ryan White Program and the service categories, funding amount for each service category and types of entities eligible to apply
- General information including the contractual terms, method of reimbursement, staff contact information
- Requirement for agencies to provide data, including but not limited to, the following:
  - a) Agency Service Area Boundaries as relevant to the proposal
  - b) Agency License(s)/Accreditation Certificates
  - c) Agency Staffing Complement as relevant to the proposal
  - d) Budget data for both the program and entire agency: revenue, expenditures, budget narrative
  - e) Program data: including evaluation plan/logic model
- Evaluation criteria for scoring
- RFP checklist

The complete RFP package with all accompanying forms and attachments shall be provided to the following County staff and/or their designee allowing for at least a two (2) week time frame for review and approval: Assistant County Administrator overseeing DCS, Chief Assistant County Attorney, DCS Director, DCS Director of Finance, DCS Planning and Evaluation Manager.

The Ryan White Program Manager and/or designee shall create a Public Notice informing the general public of the title of the RFP; the source and amount of funds available to address the needs of county residents living with HIV/AIDS. DCS shall publish notice of the RFP at least thirty (30) but no more than sixty (60) days before the proposals are due for submission.

The Ryan White Program Manager and/or designee shall prepare a memo to the Board of County Commissioners (BCC) notifying them of the release of the RFP. The memo and all accompanying documents shall be approved by the Assistant County Administrator overseeing DCS, Chief Assistant County Attorney, DCS Director, DCS Director of Finance, DCS Planning and Evaluation Manager prior to sending.



A Proposal Workshop shall be held approximately one week after the release of the RFP. The Ryan White Program Manager and/or designee shall review the RFP with prospective applicants in attendance, and respond to their verbal inquiries about the RFP. The Proposal Workshop shall be publicly noticed and recorded.

The Proposal Workshop shall be the only time whereby questions related to the RFP will be answered verbally. All questions and responses from the Proposal Workshop shall be put in writing and posted on the designated website for the Ryan White program.

From the RFP release date through the submission date all questions related to the RFP may be submitted to the designee only in the RFP. All questions and responses shall be posted on the designated website for the Ryan White program. Responses shall be posted within forty-eight (48) hours of receipt of the questions.

#### Cone of Silence:

The RFP guidance shall include notification of the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance), a copy of which can be accessed at: [www.pbcgov.com/legislativeaffairs/pdf/PL\\_04Ord.pdf](http://www.pbcgov.com/legislativeaffairs/pdf/PL_04Ord.pdf). The notification shall ask that the respondents read and familiarize themselves with all of the provisions of said Ordinance. The "Cone of Silence" means a prohibition on any non-written communication regarding this RFP between any respondent or respondent's representative and any County Commissioner or Commissioner's staff, or member of the review panel. A respondent's representative shall include but not be limited to the respondent's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the respondent.

The Cone of Silence is in effect as of the RFP submittal deadline. The provisions of the Ordinance shall not apply to oral communications at any public proceeding, including the Proposal Workshop, oral presentations before selection committees, and contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, rejects all proposals or otherwise takes action which ends the solicitation process.

#### Submission of RFP:

The due date for submission of the RFP shall be the date specified in the Public Notice. The date shall be at least thirty (30) days but no more than sixty (60) days after the advertisement is published. Any submission received after the date and hour of closing for receipts shall be rejected.

The RFP submission shall include an original, four (4) paper copies, and an electronic copy.

All submissions shall be time stamped and given to the Ryan White Program Manager.

#### RFP Review Process:

The first business day following the due date, staff designated by the Ryan White Program Manager shall open and organize the RFPs in the order received, and review for compliance with the RFP Checklist.

Within two (2) business days following the due date, all RFPs shall be forwarded to designated financial staff whereby they will complete a financial review of all RFPs. The financial review shall include, but is not limited to, a review of the applicant's audited financial statements and proposed budget form response/s. The financial review shall be completed by financial staff at or above Financial Analyst I level. The financial review shall be completed within five (5) business days.

Once the financial review is completed, all proposals shall be forwarded to staff designated by the Ryan White Program Manager for a Quality Review. Quality Reviewers, to the extent possible, shall consist of one (1) member of the Palm Beach County Ryan White Part A Grantee staff, and outside stakeholders who are knowledgeable in the field of services being requested, and whose participation will not present a conflict of interest with any agency submitting an RFP for the service being reviewed. This review shall be completed within ten (10) business days. Quality Review panel sessions will be publically-noticed, and shall be open to the public.

The Ryan White Program Manager shall ensure that approximately three (3) Quality Reviewers are available for each service category.

All proposals shall be reviewed using the evaluation criteria contained in the RFP.

#### Funding Decisions:

The Ryan White Program Manager shall inform the DCS Director, DCS Director of Finance and Support Services, and DCS Planning and Evaluation Manager if any proposal is identified for removal from consideration for funds at any stage of the review process.

All proposals that have not been removed from funding consideration shall be considered for funding. The numerical score ranking is one consideration, but does not by itself indicate that the proposal will be funded.

The Ryan White Program Manager and/or designated staff shall compile the following information for each applicant: a list of proposed service category, the proposed funding request for each service category, the score for each service category, and DCS recommendations for funding levels for each service category. The list shall be accompanied by a detailed rationale supporting the recommendations. This package shall be forwarded to the BCC for approval.

A decision by the BCC is considered final, unless subsequently overturned by the Board.

Following BCC approval, the Ryan White Program Manager shall notify the applicants of the outcome and begin contract negotiations.

Evaluation of RFP Process:

Following the conclusion of the RFP Process the Ryan White Program Manager shall consider revisions to the forms and the process leading to improvements in future RFPs.