



***Division of Operations***

***Office of Procurement***

1740 West Adams Street, Room 303  
Phoenix, Arizona 85007-2670  
(602) 542-1040  
(602) 542-1741 Fax

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, DIRECTOR

March 31, 2011

Gila County Division of Health and Emergency Services  
Attn: Malinda Williams  
5515 S. Apache Avenue, Suite 100  
Globe, AZ 85501

RE: Request for Proposal (RFP) No. ADHS11-00000347, HIV Care and Services

Dear Ms. Williams:

Gila County Division of Health and Emergency Services (Contractor) has been awarded a Contract pursuant to the Arizona Department of Health Services (ADHS) Solicitation ADHS11-00000347 to provide HIV Care and Services for the HIV Program. Enclosed is a copy of the executed Offer Acceptance and Contract Award.

The Contract requires the following Verification of insurance be provided to ADHS prior to commencement of work being performed by the Contractor. Therefore, a certificate of insurance must be submitted to ADHS within ten (10) days of receipt of this correspondence. The certificate of insurance must exactly match all the requirements and language provided in the Solicitation, Special Terms and Conditions, Insurance Requirements.

The Contractor must not begin work pursuant to the enclosed award notice until the ADHS Procurement Officer assigned to your Contract issues a written notice to proceed or a Purchase Order is executed. Such notice may be provided by email. The Purchase Order and final contract award amount will be dependent on final receipt of federal grant funds. The final grant funding may result in a budget amendment.

We look forward to a mutually beneficial Contract. Thank you for doing business with the ADHS. If you would like to review the procurement file associated with this solicitation, or if you have any questions please contact, Cindy Sullivan at 602-542-2934.

Sincerely,

A handwritten signature in cursive script that reads "Christine Ruth".

Christine Ruth  
Chief Procurement Officer

Enclosure

Cc: Contract File



**Offer and Acceptance**

SOLICITATION NO: ADHS11-00000347

PAGE

32

OFFEROR:

OF

64

**ARIZONA DEPARTMENT OF HEALTH SERVICES**

1740 West Adams Street

Phoenix, Arizona 85007

(602) 542-1040

(602) 542-1741 Fax

**OFFER**

**TO THE STATE OF ARIZONA:**

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer. Signature also certifies Small Business status.

Arizona Transaction (Sales) Privilege Tax License No

86-6000444

Federal Employer Identification No:

Phone:

Fax:

*Michael A. Pastor* 2/1/11  
Signature of Person Authorized to Sign Offer

Gila County

Company Name

1400 E. Ash Street

Address

Michael A. Pastor

Printed Name

Globe

AZ

85501

City

State

Zip

Chairman, Board of Supervisors

Title

By signature in the Offer section above, the Offeror certifies:

- 1 The submission of the Offer did not involve collusion or other anticompetitive practices
- 2 The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 75.5 or A.R.S. §§ 41-1461 through 1465
- 3 The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
- 4 The Offeror certifies that the above referenced organization    IS/  IS NOT a small business with less than 100 employees or has gross revenues of \$4 million or less
- 5 In accordance with A.R.S. §§35-397, the offeror hereby certifies that the Offeror does not have scrutinized business operations in Iran
- 6 In accordance with A.R.S. §§35-397, the offeror hereby certifies that the Offeror does not have scrutinized business operations in Sudan

**ACCEPTANCE OF OFFER**

The Offer is hereby accepted

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by the State

This Contract shall henceforth be referred to as Contract No.                     . The Contractor has been cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contact release document or written notice to proceed

State of Arizona  
Awarded this

31<sup>st</sup> day of March 20 11

*Bryan Chambers*

Bryan Chambers  
Chief Deputy  
Gila County Attorney

Procurement Officer

*Christine Ruten*

## 4.1 Executive Summary

The Mission of the Gila County HIV/AIDS Case Management Program is to increase knowledge and awareness of HIV/AIDS, and improve the quality of life for those who are HIV positive and their affected caregivers. The program provides them with resources within their communities and assists with barriers that would prevent them from receiving medical care and maintaining a safe environment in which to live.

The Gila County HIV/AIDS Case Management program has provided services to our targeted population since 1998 with the same level of excellence and equality. The service area of our three counties is 25,875 square miles. The current Case Manager has been providing service to this area for almost 4 years now and has built a rapport and trust with clients and providers that are important to the success of the program. Confidentiality is one of the top priorities for people living with HIV/AIDS in a small rural community and continuity of care is also important for adherence to treatment.

The Case Management services provided through our Program include but are not limited to intake, needs assessment, education, risk reduction, counseling, and referral services. Staff also locates and coordinates with available resources in the effort to meet specific needs of our clientele. We make every effort to tailor the services to the clients need and ensure our referrals are appropriate and confidentiality is maintained. In our rural service area, HIV medical care often requires the burden of distant travel, the access to care is at a minimum of 50 miles or greater in most cases. As many of our clients do not have transportation it is essential for the Case Manager to travel to them for much of the needed documentation when time is a factor.

The HIV/AIDS Program staff has established strong interagency linkages to the County Health Departments and Indian Health Service Units in our service area to ensure that newly diagnosed clients and clients who move into our area are aware of our services and they are afforded the opportunity to obtain those services. Area Dentists and Physicians are also working with our program to coordinate care in a comfortable environment. This program assists in the continuum of care that is necessary for individuals who are infected with HIV/AIDS in maintaining medical and medication adherence, and a good quality of life.

Our clients provide feedback that is vital to the adaptation of our program; we have been able to increase our resource list of services due to this collaboration. The clients interact with each other as a result of Support Groups that have been developed by the current Case Manager enabling them to have a feeling of belonging and reduce the loneliness factor that can be felt in these small rural communities.

The entire Division of Health and Emergency Services, including the HIV/AIDS Department provides services to a diverse and targeted population with the same level of commitment to excellence and equality. Cultural diversity is taken into consideration when services are offered. Bilingual staff is available within the department to assist the non-English and monolingual population and a sign language interpreter and a Spanish language translator is available if the need arises. For our Native American clients we have a liaison from the Apache and Navajo tribes that will assist us with translation. Most program brochures are available in English and Spanish. The HIV/AIDS program provides “family focused” services because the family is an essential element in the clients treatment program. The HIV/AIDS program does not discriminate on any basis. Program staff provides services to our targeted population with attention and consideration of cultural issues with various groups within our services area. In addition, staff has received training regarding multi-cultural awareness and will continue to seek future trainings to assure cultural sensitivity is ongoing.

This Proposal is submitted in the effort to afford our program the opportunity to continue to provide much needed Case Management Services and to provide funding for the support services needed to maintain a healthy lifestyle. Services will be provided to all eligible individuals who are living with HIV/AIDS and their affected caregivers in our service area, which is Gila, Apache, and Navajo counties. There are also services provided to the Navajo and Apache Reservations within this area.

The program staff is well trained and has extensive experience and expertise. The Gila County HIV/AIDS Case Management Program team is devoted to identifying the immediate and unmet needs of our clientele and in providing quality services.

## Method of Approach

### 4.2. Written Narrative

The Gila County HIV Care and Services Program provides support services to low-income individuals with HIV infection who do not have sufficient health care coverage or financial resources for coping with HIV/Aids. All HIV positive clients and family members affected by the HIV diagnosis in Gila, Apache, and Navajo county are entitled to non-medical case management services through the Gila County HIV case manager.

There are several clinics available for HIV positive clients living in Gila, Apache, and Navajo County. Dr. Downing of Northland Cares is the HIV M.D. that covers all three counties. North Country has Federally Qualified Health Care Centers located in Springerville, Show Low, Holbrook and Winslow. North Country works via telemedicine with Dr. Downing. The Gila County Office of Health also collaborates with Dr. Downing to provide an additional satellite outpatient clinic in Payson for HIV clients only. This clinic is held once a month and is available to all clients in Gila, Apache and Navajo Counties, making it more convenient for these clients to access HIV Care. Northland Cares and North Country provide the core medical services to HIV positive clients in these three counties. The Gila County Office of Health provides all of the supportive services to the HIV positive clients residing in these three counties.

### Support Services

#### Case Management (non-medical)

The Case Manager provides assistance and guidance to the clients in obtaining medical, social, community, legal, financial, and other needed services. Case management services are provided in a manner that is culturally and linguistically appropriate for the client. The Case Manager meets with each client in an environment that provides confidentiality, privacy and a sense of security for that client. Initial meetings are often held outside the client's home until a rapport is established between the client and Case Manager. Meetings may take place at the client's home, the local Health Department, a restaurant, or even on the side of the road. The Case Manager has an unmarked vehicle containing a locked brief case to ensure patient confidentiality.

The case manager meets with clients on an individual basis to help prioritize client needs and set long and short term goals based on those needs. An initial face-to-face meeting with the client is scheduled for an assessment of client service needs. The case manager conducts an eligibility screening and coordination of benefits for all applicants. Information is gathered regarding the

individual's eligibility for Ryan White services including identity, income, residency, HIV status and a denial from AHCCCS are obtained. The case manager assists the client with the application process for insurance. This screening determines the payment source only; it does not impact the non-medical case management services provided. The Case Manager and client discuss available outpatient care in their area. Once the client decides upon a particular site, the Case Manager contacts the physician's office to schedule an appointment. Paperwork for lab work is either faxed directly to the lab or faxed to the Case Manager to give to the client. It is essential that the client see a physician as soon as possible. This visit provides education, direction and support for the client; basically, this visit provides the client with hope.

Once the client has seen the physician a comprehensive, individualized care plan can be developed based on client needs. The Gila County Case Manager works with the client to ensure they have the necessary insurance to obtain their medications. If the client has insurance, the case manager assists them in obtaining their medication from a pharmacy that can provide their HIV medications. If they do not have insurance, than an ADAP application is completed, and a 30 day supply of medications will be provided until AHCCCS eligibility is determined. If the client does not have dental insurance, the Case Manager assists the client complete the Delta Dental application and the paperwork is submitted to SAAF in Tucson for approval.

Together the client and Case Manager establish a plan of action to work toward the client's goals. Some clients just need a sounding board to organize their thoughts; others need additional assistance to obtain their goals. Some clients can make their own appointments, keep their appointments, get their lab work and refill their prescriptions with a minimum amount of assistance. These clients require less face-to-face contact. Communication does occur in other forms such as telephone, email, fax, text, and regular mail. Other clients require a great deal of non-medical case management. They may need to have the Case Manager assist them through every step of each process. A periodic reevaluation and adaptation of the plan is done at a minimum of every six months on all clients.

Case management is constantly changing and evolving based on the client's medical and personal needs. Clients are assisted with coordination of doctor's appointments, lab work, and pharmacy needs. Coordination of additional referrals is also handled such as for vision screenings, influenza vaccines, and oral health care. For example, if the client requires dental work and is enrolled in Delta Dental, the Case Manager provides the client with a list of eligible contracted dentists within their area and assists the client in making an appointment. A pretreatment estimate is sent to the Case Manager by the dentist. The Case Manager schedules a follow-up visit with the client to review the estimate and determine what the program can pay and what amount is the client's responsibility. A referral letter is sent to the dentist stating the amount that will be paid by the program and that any additional amounts will need prior authorization.

The Case Manager keeps up-to-date on the services available within their communities. The clients are provided assistance in obtaining those resources necessary to obtain the client's goals. Assistance provided may include, but are not restricted to, helping the client obtaining a job, ensuring the client resides in a nurturing environment that is safe, and ensuring that the client can obtain essential needs such as food, clothing, and utilities. The overall goal of these services is to ensure that the client has access to care and to optimize health outcomes for people living with HIV/AIDS.

### Emergency Financial Assistance

Program clients experience the same "emergencies" as all other individuals do. Because of their health status these emergencies may have a severe impact on their financial situation. It is the responsibility of the case manager to provide assistance during these times. When other resources are not available, this assistance may include emergency financial assistance such as utility assistance, housing, food cards, medications, and unexpected medical expenses directly related to HIV care. Individuals who are underinsured or uninsured can be provided temporary medications until insurance is obtained. If an individual is on AHCCCS and it is not covered under the formulary, then the Case Manager can pay for the medication. Emergency Financial Assistance is a short term solution, not an ongoing service.

HIV clients that are eligible and have a need for assistance can receive financial assistance to pay their premiums to extend their health insurance for a transitional period until they obtain new coverage. Low income clients that qualify can also receive assistance with copayments and deductibles on an emergency basis. It is the case manager's responsibility to determine the client's eligibility according to program guidelines. Due to the current economic situation, there has been an increase in the number of clients that need co-pay assistance.

### Psychosocial Support Services

Clients in Apache and Navajo Counties have a support group that meets once a month. The group is facilitated by a Psychiatric Mental Health Nurse Practitioner and the Case Manager also participates in these meetings. These support meetings are a time for social interaction in addition to education for the HIV positive client and any affected care givers who wish to participate. A topic regarding living with HIV is discussed such as medication, reading lab work, herbal therapy, side effects of medication, and social concerns such as loneliness and living with HIV in a small community. Members have an opportunity to attend two retreats each year. The case manger is currently trying to organize a support group in Gila County.

If the client needs more personalized services, the Case Manager provides them with numbers for local Counseling Centers, or, with the clients consent, will request the closest Counseling Center to contact the client. In Show Low there is Community Counseling Center and in Springerville there is Little Colorado Counseling Center. In Gila County clients can receive services from Horizon Human Services, Chicanos Por La Causa, Inc., Rim Guidance, and Arizona Children's Association. Financial assistance can be provided for those clients that are uninsured or underinsured in Gila County only.

### Treatment Adherence Counseling

The case manager reinforces the impact medical compliance provides on the client's health status. The case manager supports the doctor's advice and ensures that all the clients concerns have been addressed by the physician. Communication between the physician and the case manager is essential in order to enable the case manager to address any questions the client may have. The case manager also provides guidance and support to family members affected by the clients condition, and ensures they understand the medical plan. Treatment Adherence Counseling involves collaborative team effort between the physician, client, family members and the case manager. The case manager addresses the concerns and side effects that may affect the client's compliance to treatment and works with the physician to find a solution. Memory loss is an issue for many clients and the case manager assists these clients in remembering critical medical appointments. The Case Manager is an essential piece in the support network of the client.

### Food Bank/Home-Delivered Meals

There are various food banks located in Gila, Apache and Navajo Counties. The Case Manager ensures that the clients are aware of local food banks and advises the clients when an additional food box service becomes available. Store gift cards may be provided for individuals to purchase household supplies and hygiene items. The Case Manager may purchase a community value food box for a client from a local food bank or provide a gift card to a local supermarket for the purchasing of groceries.

### Housing Services

The Case Manager can provide short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. If the client does not qualify for the Community Action Program, the Northern Association of County Governments, or any other resources, and qualifies for Ryan White Services; the Case Manager may provide financial assistance for utility deposits, housing deposits, propane, and other utilities on a short term basis as the payer of last resort.

### Medical Transportation Services

All three counties are rural, and transportation is a major issue for many clients. Those who are uninsured or underinsured are provided with gas cards or access to public transportation by means of bus passes, taxi or van services to enable them to get to their core medical services and support services. AHCCCS provides transportation for enrolled clients whose appointments are over 50 miles from their home. The Gila County case manager will provide gas cards for Gila County clients for medical and support services; gas cards for support services will be provided to clients in Apache and Navajo Counties. All individuals in all counties will be provided with assistance in coordinating and scheduling their transportation needs when necessary.

### **Administrative Support**

The Gila County Case Manager will be a member of the Northern Consortium which consists of Gila, Apache, Navajo and Coconino Counties. This consortium has meetings scheduled on a quarterly basis to discuss the statewide needs assessment as well as regional concerns. Local resource inventories are updated as needed by the Gila County Case Manager. The Case Manager travels to different regions of the state to take part in regional group meetings, and will work with the ADHS Ryan White Part B Program Data Manager to provide local groups with epidemiological support and data analysis as needed in the development of local needs assessments. The program will be assessed continuously by the Case Manager in collaboration with the Deputy Director of Prevention Services to ensure clients receive accurate health education, interventions and support with respect and integrity.

### **4.3 Program Implementation Plan**

**See Attachment 1**

### **Case Management (Non-Medical)**

The case manager provides advice and assistance in obtaining medical, social, community, legal, financial, and other needed services to individuals in Gila, Apache and Navajo Counties who are diagnosed with HIV/AIDS. Case management will be provided to all clients regardless of the federal poverty level needed for eligibility of support services. Clients who are newly diagnosed, have relocated to our area, or have dropped out of care and would like to resume services will be contacted within 7 days of notification of the case manager. New clients will be evaluated for eligibility and made aware of the services available to them within 14 days from the initial contact with the case manager. Each client will have a current comprehensive individualized care plan, and clients will be provided with a comprehensive list of appropriate community resources.

The referrals into case management can be obtained from several different sources including; doctors, health departments both local and state, hospitals, testing facilities, other case management facilities and client recommendation. The case management contact information is

also available on the Arizona Department of Health Services website, local county websites, and ADHS provided Care Planners. A referral base with a list of contacts must be established by the case manager. Once notified of a new HIV/AIDS's positive client by these various sources, the Case Manager will contact the individual within 7 days to schedule an initial visit.

The implementation of case management has many tasks to ensure all clients' needs are met. The Case Manager must have a complete understanding of the necessary paperwork required for proof of eligibility for the Ryan White Program. All documentation must be gathered and completed as needed. An initial face-to-face intake with the client is scheduled for an assessment of client service needs within fourteen days from referral date in an environment that provides confidentiality, privacy and a sense of security for that client. The case manager will screen all clients for Ryan White Part B support services and determine eligibility for additional medical and social services. Client's will acknowledge their rights and responsibilities. The case files and non-medical care plan are established. The case manager along with the client meets on a regular basis to help prioritize client needs and set long and short term goals based on those needs. The care plan is re-evaluated at a minimum of every 6 months.

Networking with local service providers and other service groups is an important part of case management. The case manager compiles a list of local resources and keeps up-to-date on the services available. The clients are provided assistance in obtaining resources necessary to obtain their goals. The case manager assists the client in obtaining the resources by making phone calls, providing contact information such as name and phone number, educate the client on the eligibility requirements for the service requested, fax appropriate paperwork if needed, and provide access to on-line computer applications. The client may also required assistance from the Case manager in completing necessary paperwork and documentation needed for additional services.

The evaluation of case management will consist of client follow up, eligibility of Ryan White Part B enrollment, quality assurance of case files, data entry into CAREWare HRSA approved data system, and client satisfaction with the program. Quality assurance will consist of the case manager and the Deputy Director reviewing all case files on a quarterly basis. The Deputy Director and the Registered Nurse back up will be available to assist the case manager on a case by case basis as situations arise. The CAREWare HRSA approved data system will be utilized to produce reports to ensure service encounter evaluation. Clients will be provided a client satisfaction survey annually to obtain feedback from the client to improve program and meet client needs.

Budgeting for case management is produced by timesheets for salary costs, travel reimbursements and general office supplies. The county accounting system tracks the expenditures on a monthly basis to ensure contractors expenditure report is completed

accurately. The internal charges are billed each month for telephone, cell phone usage, postage, internet access charges, gas and maintenance of vehicles, and employee related expenses. The accounting clerk is responsible to complete the state quarterly contractors expenditure report. The case manager and the accounting clerk will review quarterly expenditures and project budget for the remainder of the funding year.

Staffing for this program will consist of one full time case manager and one accounting clerk at 10% of her time. The program will also have in-kind staff of a Deputy Director and Registered Nurse to perform duties as assigned.

Wrap up for case management will consist of review of client satisfaction surveys for potential areas of improvement. The case manager and the accounting clerk will analyze expenditures on a quarterly basis and project future expenditures. The CAREWare HRSA approved data system will be updated fifteen days after activity and a monthly report will be generated. Client records will be evaluated to ensure that new clients are contacted within 7 days and receive an intake visit within 14 days of referral. Local resources will be reviewed and updated as needed. Quality assurance of case files will ensure accuracy of case management. The overall goal of case management is to provide services to ensure that the client has access to care and to optimize health outcomes for people living with HIV/AIDS.

### **Emergency Financial Assistance**

The case manager takes the appropriate steps to provide short-term payments to agencies or establishes voucher programs to assist with emergency expenses related to essential utilities, housing, food and medication when other resources are not available. Emergency financial assistance consists of determining the clients eligibility for Emergency Financial Assistance, locating all resources available to the client within the service areas, providing the client with the list of resources, and assisting the client in eliminating any barriers to receiving financial assistance from sources other than Ryan White.

The case manager will contact all resources for financial assistance to determine eligibility criteria for each program and create a directory of available services. Emergency financial assistance will consist of eligibility for Ryan White Part B services, client needs, resource directory, verification of services used within grant year, allowable services, payment of services, and documentation as payer of last resort. The case manager will meet with the client to obtain necessary documentation for eligibility for Ryan White Part B services which will verify HIV Status, residency, and household income. Once the case manager has determined the client meets at or below 300% of poverty level requirement then documentation as payer of last resort must be obtained. Case manager and the client will review the care plan and the budget to determine what services the client needs. The client submits a request for emergency financial services and the case manager provides available resources to contact initially. The case

manager can provide emergency financial assistance for utilities, housing, food, medication not covered by AHCCCS or pending ADAP approval, unexpected medical expenses related to HIV condition, health insurance premiums and co-pays and deductibles. If the client has utilized all other resources the case manager will assist with the financial assistance as payer of last resort by payment directly to provider, no direct payment to client are allowed. The case manager will verify the client has not had previous assistance in this funded service in current funding year. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will analyze the encounters and determine the needs of local clients and any gaps in resources. Evaluation of emergency financial assistance will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. Local resources for any gaps in services will be sought.

Budgeting for emergency financial assistance is monitored using an electronic network accounting system to produce monthly documentation of expenditures. The case manager has a county credit card to pay for expenses and then is required to reconcile the expenses each month. All invoices for services provided are sent for payment to the county finance department. The emergency financial assistance expenditures will be evaluated per client per cost. The case manager and the accounting clerk will review quarterly expenditures and project budget for the remainder of the funding year.

Staffing for this program will consist of one full time case manager and one accounting clerk at 10% of her time. The program will also have in-kind staff of a Deputy Director and Registered Nurse to perform duties as assigned.

Wrap up for emergency financial assistance will be to provide clients with an up to date directory of resources in each service area. The case manager will ensure the emergency financial assistance through the Ryan White Part B is payer of last resort. The case manager and Deputy Director will determine which services were provided through Ryan White and seek out other resources for those services. Quality assurance of case files will ensure accuracy of case management. The overall goal of the emergency financial assistance is to assist with emergency expenses related to utilities, housing, food, medication, and medical expenses when other resources are not available.

### **Food Bank/Home Delivered Meals**

The case manager acts to provide actual food, meals and essential household supplies such as hygiene items and household cleaning supplies. Food Bank/Home delivered meals consists of providing those clients who need assistance with a list of local resources that provide food or

household supplies within their community. The case manager can also purchase food boxes, food cards or store gift cards to provide to the client for food and household supplies.

Providing food bank and home delivered meals will consist of locating all resources within the service areas, and contacting all resources to determine eligibility criteria for each program. The case manager creates and maintains an up-to-date directory of available services. Food Bank/ Home Delivered Meals assistance will consist of eligibility for Ryan White Part B services, client needs, resource directory, verification of services used within grant year, allowable services, payment of services, and documentation as payer of last resort. Case manager will meet with the client to obtain necessary documentation for eligibility for Ryan White Part B services which will verify HIV Status, residency, and household income. Once case manager has determined the client meets at or below 300% of poverty level requirement then documentation as payer of last resort must be obtained. The client submits a request for food bank/home delivered meals assistance and the case manager provides available resources to contact initially. If the client has utilized all other resources the case manager will assist with the food bank/home delivered meals assistance as payer of last resort by payment directly to provider, no direct payment to client are allowed. The case manager can provide food cards, food bank vouchers and store gift cards. The case manager and the accounting clerk will analyze expenditures on a quarterly basis and project future expenditures. The CAREWare HRSA approved data system will be updated fifteen days after activity and a monthly report will be generated.

Evaluation of food bank/home delivered meals assistance will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will analyze the encounters and determine the needs of local clients and any gaps in resources. Evaluation of this program will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. Local resources for any gaps in services will be sought.

Budgeting for food bank/home delivered meals assistance is monitored using an electronic network accounting system to produce monthly documentation of expenditures. The case manager has a county credit card to pay for expenses and then is required to reconcile the expenses each month. All invoices for services provided are sent for payment to the county finance department. The food bank/home delivered meals assistance expenditures will be evaluated per client per cost. The case manager and the accounting clerk will review quarterly expenditures and project budget for the remainder of the funding year.

Staffing for this program will consist of one full time case manager and one accounting clerk at 10% of her time. The program will also have in-kind staff of a Deputy Director and Registered Nurse to perform duties as assigned.

Wrap up for food bank/home delivered meals assistance will be to provide clients with an up to date directory of resources in each service area. The case manager will ensure the food bank/home delivered meals assistance through the Ryan White Part B is payer of last resort. The case manager and Deputy Director will determine which services were provided through Ryan White and seek out other resources for those services. Quality assurance of case files will ensure accuracy of case management. Satisfaction surveys will be provided to clients and be reviewed by the case manager and Deputy Director. The overall goal of the food bank/home delivered meals assistance is to assist clients to obtain proper nutrition and maintain a safe healthy living environment.

### **Housing Services**

The case manager acts to provide short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Referral services include assessment, search, placement, advocacy, and the fees associated with them. Housing service consists of locating all resources within the service areas, creating an up-to-date list for clients, determining eligibility for assistance, and verifying that Ryan White will be payer of last resort.

Implementation for housing services will consist of eligibility for Ryan White Part B services, client needs, resource directory, verification of services used within grant year, allowable services, payment of services, and documentation as payer of last resort. Case manager will meet with the client to obtain necessary documentation for eligibility for Ryan White Part B services which will verify HIV Status, residency, and household income. Once case manager has determined the client meets at or below 300% of poverty level requirement then documentation as payer of last resort must be obtained. The client submits a request for housing services and the case manager provides available resources to contact initially. The case manager can pay any fee associated with retaining or initiating housing in the form of rent or deposits. The case manager can act as an advocate for client to secure stable safe housing. The case manager contacts all resources to determine eligibility criteria for each program and creates a directory of available services to provide to the client. If the client has utilized all other resources the case manager will assist with housing services as payer of last resort by payment directly to provider, no direct payment to clients are allowed.

Evaluation of housing services will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days

after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will analyze the encounters and determine the needs of local clients and any gaps in resources. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized.

Budgeting for housing services is monitored using an electronic network accounting system to produce monthly documentation of expenditures. The case manager has a county credit card to pay for expenses and then is required to reconcile the expenses each month. All invoices for services provided are sent for payment to the county finance department. The housing services expenditures will be evaluated per client per cost. The case manager and the accounting clerk will review quarterly expenditures and project budget for the remainder of the funding year.

Staffing for this program will consist of one full time case manager and one accounting clerk at 10% of her time. The program will also have in-kind staff of a Deputy Director and Registered Nurse to perform duties as assigned.

Wrap up for housing services will be to provide clients with an up to date directory of resources in each service area. The case manager will ensure that housing assistance through the Ryan White Part B is payer of last resort. The case manager and Deputy Director will determine which services were provided through Ryan White and seek out other resources for those services. Quality assurance of case files will ensure accuracy of case management. Satisfaction surveys will be provided to clients and be reviewed by the case manager and Deputy Director. The overall goal of the food bank/home delivered meals assistance is to assist clients to obtain proper nutrition and maintain a safe healthy living environment.

### **Medical Transportation Services**

The case manager takes the appropriate steps to provide transportation services, directly or through voucher, to a client so that he/she may access health care services, both core medical and support. Medical transportation services consists of maintaining a local resource list, eligibility of the client, ensures that Ryan White Part B services are payer of last resort, and provides transportation services by payment directly to the provider, by providing gas cards, gas vouchers, or taxi/bus passes.

Medical transportation services consist of locating all resources within the service areas. The case manager will contact all resources to determine eligibility criteria for each program and create a directory of available services. Implementation for medical transportation services will consist of eligibility for Ryan White Part B services, client needs, resource directory, verification of services used within grant year, allowable services, payment of services, and documentation as payer of last resort. Case manager will meet with the client to obtain necessary documentation

for eligibility for Ryan White Part B services which will verify HIV Status, residency, and household income. Once case manager has determined the client meets at or below 300% of poverty level requirement then documentation as payer of last resort must be obtained. Case manager and the client will review the care plan and the budget to determine what services the client needs. The client submits a request for medical transportation services and the case manager provides available resources to contact initially. If the client has utilized all other resources the case manager will assist with medical transportation services as payer of last resort by payment directly to provider, no direct payment to client are allowed. The case manager can provide gas cards, gas vouchers, taxi and bus passes. Clients who are eligible for AHCCCS have transportation services available for medical appointments only. The medical transportation services can only be used for transportation to a HIV related medical, dental, mental health, and case management appointment.

Evaluation of medical transportation services will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will analyze the encounters and determine the needs of local clients and any gaps in resources. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized.

Budgeting for medical transportation services is monitored using an electronic network accounting system to produce monthly documentation of expenditures. The case manager has a county credit card to pay for expenses and then is required to reconcile the expenses each month. All invoices for services provided are sent for payment to the county finance department. The medical transportation services expenditures will be evaluated per client per cost. The case manager and the accounting clerk will review quarterly expenditures and project budget for the remainder of the funding year.

Staffing for this program will consist of one full time case manager and one accounting clerk at 10% of her time. The program will also have in-kind staff of a Deputy Director and Registered Nurse to perform duties as assigned.

Wrap up for medical transportation services will be to provide clients with an up to date directory of resources in each service area. Local resources will be reviewed and updated as needed. The case manager will ensure the medical transportation services through the Ryan White Part B is payer of last resort. The case manager and Deputy Director will review client satisfaction surveys for potential areas of improvement. The case manager and the accounting clerk will analyze expenditures on a quarterly basis and project future expenditures. The

CAREWare HRSA approved data system will be updated fifteen days after activity and a monthly report will be generated. Quality assurance of case files will ensure accuracy of case management. The overall goal of the medical transportation services is to ensure all clients living with HIV/AIDS are able to attain necessary medical treatment.

### **Psychosocial support services**

The case manager takes the appropriate steps to provide support and counseling activities including, but not limited to, support groups for clients and their affected caregivers. The case manager will facilitate Support Group Sessions which will be scheduled on a monthly basis. Clients requiring more individualized counseling will be provided with resources.

The planning for psychosocial services will consist of locating a mental health professional licensed or authorized within the State to render such services who is willing to facilitate a support group. The case manager coordinates with the mental health professional and determines the date, time, location and topic of group. The case manager will arrange for guest speaker to present topics related to living with and coping with HIV/AIDS. Clients are notified of the group meetings and travel arrangements can be made to transport them to the meetings. The implementation for psychosocial support services will consist of the case manager will meet with the client to obtain necessary documentation for eligibility for Ryan White Part B services which will verify HIV Status, residency, and household income. Mental health is not a covered service provided by AHCCCS or Medicare. The case manager will coordinate payment for mental health professional and transportation costs for clients to attend group. The support group takes place in a safe and confidential location that assures client privacy and well being. A comprehensive list of counseling resources will be developed by the case manager and provided to individuals requiring a more individualized counseling program.

Evaluation of psychosocial support services will consist of review of support group attendance sheets. Topics for group are discussed at the end of each meeting to coordinate the next scheduled meeting. Quarterly quality management of case files will be completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will analyze the encounters and determine the needs of local clients and any gaps in resources. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized.

Budgeting for psychosocial support services is monitored using an electronic network accounting system to produce monthly documentation of expenditures. The case manager has a county credit card to pay for expenses and then is required to reconcile the expenses each month. All invoices for services provided are sent for payment to the county finance department. The psychosocial support services expenditures will be evaluated per client per cost. The case manager and the accounting clerk will review quarterly expenditures and project budget for the remainder of the funding year.

Staffing for this program will consist of one full time case manager and one accounting clerk at 10% of her time. The program will also have in-kind staff of a Deputy Director and Registered Nurse to perform duties as assigned.

Wrap up for psychosocial support services will be to provide clients with an up to date directory of resources in each service area. Local resources will be reviewed and updated as needed. The case manager will ensure the psychosocial support services through the Ryan White Part B is payer of last resort. The case manager and Deputy Director will review client satisfaction surveys for potential areas of improvement. The case manager and the accounting clerk will analyze expenditures on a quarterly basis and project future expenditures. The CAREWare HRSA approved data system will be updated fifteen days after activity and a monthly report will be generated. Quality assurance of case files will ensure accuracy of case management. The overall goal of the psychosocial support services is to provide counseling, education, and peer support ensuring the mental well being of all clients.

### **Treatment adherence counseling**

The case manager takes the appropriate steps to provide for counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments for their clients. Clients will receive additional support to encourage their compliance with the medical care plan developed by the clients' physician. Individuals affected by HIV/AIDS will be provided with support to encourage their assistance in sustaining the medical care plan of the client.

Treatment Adherence Counseling involves collaborative team effort between the physician, client, family members and the case manager. It is important that the need for medical compliance is reinforced to the client. This is accomplished through close communication between the case manager and the clients' physician. The case manager assists in keeping the lines of communication open between the physician and the client, encouraging clients to ask questions during their medical visits. The case manager also provides support to client regarding general issues and concerns. This is provided through monthly support groups. This provides the clients with additional support from their peers. The case manager also supports family members affected by HIV/AIDS's. The case manager will obtain permission from the client to

communicate with affected care givers. The case manger will maintain open communication with affected family members and encourage them to ask questions. The case manager will provide literature on a specific topic of interest or concern to families and encourage them to discuss those topics with the clients' physician. Family members will also be encouraged to attend group support sessions with the client.

The evaluation for treatment adherence counseling will consist of number of visits conducted. Attendance to Support Groups by both infected and affected individuals will be monitored. Quarterly quality management of case files will be completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will analyze the encounters and determine the needs of local clients and any gaps in resources.

Staffing for this program will consist of one full time case manager and one accounting clerk at 10% of her time. The program will also have in-kind staff of a Deputy Director and Registered Nurse to perform duties as assigned.

Wrap up will be based on the information exchanged between the case manager and the physician regarding the clients' adherence to medical treatment. The case manager and Deputy Director will review client satisfaction surveys for potential areas of improvement. Quality assurance of case files will ensure accuracy of case management. The overall goal of treatment adherence counseling is to ensure the client understands and complies with the physicians recommendations to ensure the client lives to the highest quality of life possible.

#### **4.4 Program Evaluation Plan**

**See Attachment 3**

#### **Case Management (Non-Medical)**

The evaluation of case management will consist of client follow up, eligibility of Ryan White Part B enrollment, quality assurance of case files, data entry into CAREWare HRSA approved data system, and client satisfaction with the program. The case manager will review clients' individualized care plans at a minimum of every six months to ensure strengths and gaps in programs or performance, trends in service and emerging issues.

#### **Emergency Financial Assistance**

Evaluation of emergency financial assistance will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. The case

manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will review the numbers and purpose of emergency financial assistance and determine the needs of local clients and any gaps in resources. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized.

**Food Bank/Home Delivered meals**

Evaluation of food bank/home delivered meals assistance will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will review the number, types and amount of food card, gift card and food vouchers to determine the needs of local clients and any gaps in resources. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized. A needs assessment will be conducted to help design and or modify intervention.

**Housing Services**

Evaluation of housing services will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will review the number of requests for housing assistance, process used and outcome will determine the needs of local clients and any gaps in resources. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized.

**Medical Transportation Services**

Evaluation of medical transportation services will consist of quarterly quality management of case files completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will review the number of requests for medical transportation, process used and outcome will determine the needs of local clients and any gaps in resources. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized.

**Psychosocial support services**

Evaluation of psychosocial support services will consist of review of support group attendance sheets for infected and affected individuals. Topics for group are discussed at the end of each meeting to coordinate the next scheduled meeting. Quarterly quality management of case files will be completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will analyze the encounters and determine the needs of local clients and any gaps in resources. The case manager will follow up with each client to determine if the client's needs were met by other resources or if Ryan White services were utilized.

### **Treatment adherence counseling**

The evaluation for treatment adherence counseling will consist of number of visits conducted. Attendance to Support Groups by both infected and affected individuals will be monitored. Quarterly quality management of case files will be completed by the case manager and the Deputy Director of prevention. The case manager will be entering all data into the CAREWare HRSA approved data system and within fifteen days after activity. A monthly report will be generated using CAREWare HRSA approved data system and the case manager will analyze the encounters and determine the needs of local clients and any gaps in resources.

## **4.5 Cultural Competency Assessment**

Attachment 2

## **4.6 Implementation of one service**

### **Case Management (Non-Medical)**

The case manager provides advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Case management has many tasks to ensure all clients' needs are met. Case management will be provided to all clients regardless of the federal poverty level needed for eligibility of support services.

Case management will begin with identifying clients who are newly diagnosed, have relocated to our area, or have dropped out of care and would like to resume services provided in the Gila, Apache and Navajo Counties. The referrals into case management can be obtained from several different sources including; doctors, health departments both local and state, hospitals, testing facilities, other case management facilities and client recommendation. The case management contact information is available on the Arizona Department of Health Services website, local county websites, and ADHS provided Care Planners.

An initial face-to-face intake with the client is scheduled for an assessment of client service needs within seven days from referral date in an environment that provides confidentiality,

privacy and a sense of security for that client. The case manager will screen all clients for Ryan White Part B eligibility for support services by calculating household size and household income, which should be at or below 300% of current Federal Poverty Level. Upon signing the “consent to case manage” the client acknowledges their rights and responsibilities including the grievance policy, and to notify provider of any change in their income, residency, health insurance coverage within thirty days. A case file is then opened for the client. The case file consists of demographics, case notes documenting home visits, office visits, phone contacts, email contact and correspondence. Case files contain client proof of income, proof of insurance, doctor correspondence, receipts for support services, and applications for ADAP, AHCCCS, Medicare, and Delta Dental. The client completes consent forms for the case manager to release information to determine eligibility for additional medical and social services. An assessment of the medical treatment plan includes insurance status, HIV status, lab work, doctor visits, medication needs, and Ryan White Part B enrollment responsibilities. A care plan establishes living conditions, support systems, mental health and transportation needs. An assistance budget form is completed to break down monthly income and expenses to create a financial plan to demonstrate need for financial assistance.

The case manager along with the client will meet on a regular basis to help prioritize client needs and set long and short term goals based on those needs. The case manager can assist with obtaining payment sources for the medical treatment plan which include; AHCCCS, Medicare, Veterans Administration, Indian Health Services, private insurance or Ryan White Part B payer of last resort. The case manager evaluates the client’s availability, the payer source, and transportation needs to determine the treating physician for the initial consult. Scheduling lab work will require the case manager to collaborate with attending physician, client, and lab provider. Upon completion of lab work the case manager in conjunction with the client will schedule a doctor appointment for medical follow up. Medication needs are determined by the physician; the case manager assists with coordination of the payment source and locates a pharmacy which carries appropriate medications. The case manager ensures transportation needs are met.

Application for dental assistance is completed at client intake with help from the case manager to determine eligibility. If the client requires dental work and is enrolled in Delta Dental, the Case Manager provides the client with a list of eligible contracted dentists within their area and assists the client in making an appointment. A pretreatment estimate is sent to the Case Manager by the dentist. The Case Manager schedules a follow-up visit with the client to review the estimate and determine what the program can pay and what amount is the client’s responsibility. A referral letter is sent to the dentist stating the amount that will be paid by the program and that any additional amounts will need prior authorization.

The case manager provides advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. For instance, if the client needs legal assistance the case manager will provide the client resources to legal aid. The case manager keeps up-to-date on the services available within their communities. The clients are provided assistance in obtaining those resources necessary to obtain the client's goals. The case manager assists the client in obtaining the resources by making phone calls, providing contact information such as name and phone number, educate the client on the eligibility requirements for the service requested, fax appropriate paperwork if needed, and provide access to on-line computer applications. Assist client with necessary paperwork and documentation needed for additional services.

The case manager collaborates with Dr. Downing to provide an additional satellite outpatient clinic in Payson for HIV clients only. This clinic is held once a month and is available to all clients in Gila, Apache and Navajo Counties, making it more convenient for these clients to access HIV Care. The case manager assists with the satellite clinic which allows her the opportunity to follow up with the client at the doctor visit and to ensure the lab work, medications, and physician orders are in place for medical treatment plan.

Northland Cares and North Country provide the core medical services for most of the HIV positive clients in these three counties. The physicians in these clinics work with the case manager to ensure follow up for referred services is done. The case manager follows up directly with the clients who receive medical treatment from another medical source to verify program eligibility and treatment adherence. The case manager and the client will review and update the client individualized care plan every six months. The client signs a document notifying them of their responsibility to notify the Ryan White provider of any change in their income, residency, health insurance coverage or eligibility for coverage within thirty days. The case manager and the Part B clients shall re-evaluate semi-annually or anytime there is a change that would affect eligibility.

The evaluation of case management will consist of client follow up, eligibility of Ryan White Part B enrollment, quality assurance of case files, data entry into CAREWare HRSA approved data system, and client satisfaction with the program. Quality assurance will consist of the case manager and the Deputy Director reviewing all case files on a quarterly basis. The Deputy Director and the Registered Nurse back up will be available to assist the case manager on a case by case basis as situations arise. The CAREWare HRSA approved data system will be utilized to produce reports to ensure service encounter evaluation. Clients will be provided a client satisfaction survey annually to obtain feedback from the client to improve program and meet client needs.

Budgeting for case management is produced by timesheets for salary costs, travel reimbursements and general office supplies. The county accounting system tracks the

expenditures on a monthly basis to ensure contractors expenditure report is completed accurately. The county utilizes an electronic network accounting system to produce monthly documentation of expenditures. The case manager has a county credit card to pay for expenses and then is required to reconcile the expenses each month. All invoices for services provided are sent for payment to the county finance department. The internal charges are billed each month for telephone, cell phone usage, postage, internet access charges, gas and maintenance of vehicles, and employee related expenses. The accounting clerk is responsible to complete the state quarterly contractors expenditure report. The case manager and the accounting clerk will review quarterly expenditures and project budget for the remainder of the funding year. Staffing for this program will consist of one full time case manager and one accounting clerk at 10% of her time. The program will also have in-kind staff of a Deputy Director and Registered Nurse to perform duties as assigned.

Wrap up for case management will consist of review of client satisfaction surveys for potential areas of improvement. The case manager and the accounting clerk will analyze expenditures on a quarterly basis and project future expenditures. The CAREWare HRSA approved data system will be updated fifteen days after activity and a monthly report will be generated. Quality assurance of case files will ensure accuracy of case management. The overall goal of case management is to provide services to ensure that the client has access to care and to optimize health outcomes for people living with HIV/AIDS.

#### **4.7 Services Categories**

Gila County will provide non-medical case management in Gila, Apache and Navajo Counties. The support services we will provide will be emergency financial assistance, treatment adherence counseling, food bank/home delivered meal, housing services, medical transportation, and psychosocial support services.

#### **4.8 Project Start up Activities**

The current Gila County Case Manager has been providing HIV/AIDS non-medical case management and supportive services to clients in Gila, Apache and Navajo Counties for the past four years. The case manager has built a rapport and trust with the clients and the providers that are important to the success of the program. Strong interagency linkages to the County Health Departments, Indian Health Service Units, physicians and dentists, as well as service organizations have been established to ensure continuity of care. Should we be awarded this grant, there would be no interruption in services. Program services would be implemented immediately following contract award.

#### **4.9 Accounting and Tracking**

Gila County will ensure that effective fiscal control procedures are used. All fiscal controls will be maintained in accordance with generally accepted accounting standards. New World Accounting system will be used. The accounting system, procedures and practices; books, record, documents and other evidence to sufficiently and properly reflect all cost of any nature expended in the performance of their contractual obligations will be maintained in accordance of generally accepted accounting standards and in compliance with all applicable regulations including OMB Circulars A-102(Administrative Requirements), A-133(Audits Requirements) and A-87(Cost Principals). At all reasonable times, these records shall be subject to and available for inspection, review or audit by funding agency, the State of Arizona and United States Federal Government.

See Other Documentation

#### **6. Resources**

The Gila County Division of Health and Emergency Services has several resources which are complementary to the program. We currently provide HIV Prevention through the Arizona Department of Health Services in Gila County. We offer adult immunization services and TB testing which can be utilized by the clients in Gila County. Health Start is a neighborhood outreach program which works with women who are pregnant, or think they may be pregnant, and their families. The program offers support and education through visits and classes. It is a special program with trained, experienced women called Community Health Worker that provide the support and education the families need. This service is offered to the Globe/Miami area. The program is free of charge to participants. Client's that are pregnant, postpartum women, infants and children under 5 years of age can be referred to our WIC Office. WIC provides foods, health screening, and nutritional education.

The Gila County Division of Community Services also has several resources which are complementary to the program. The Gila County Office of Community Services provides social services throughout Gila County. Seven main sections make up the Office of Community Services; Community Action Program, Gila Employment and Special Training, Housing Rehabilitation Services, Housing Weatherization Services, Low Income Housing, Reemployment Pre-layoff Assistance Services and the Gila/Pinal Work Force Investment Board. These seven sections provide 35 separate services for the residents of Gila County. The Gila County Community Action Program (CAP) has been in existence since 1980. Its service area includes all of Gila County. The funding is geared towards helping residents become more self sufficient. The Weatherization Assistance Program is a service to make the homes of low-income Gila County residents healthier, safer, more comfortable and more energy efficient. The

Gila County Division of Community Service also provides the Gila County Homeless Prevention Re-housing Program (HPRP). This program assists homeless individuals and individuals being evicted. This is a description of only three of the resources available through the division.

Gila County will also be providing two staff members to assist the staff funded by this program. The Deputy Director of Prevention Services will provide 5% of her time for quality assurance and supervision of the program. An RN from the Office of Health will provide back-up coverage for when the HIV Case Manager is ill or on vacation. Their salaries are paid for by Gila County, providing in-kind support.

See attachment 7

**7. Price sheet-** See Attachment 10

**Budget Justification/Narrative-**See Attachment 11

### **Budget Narrative**

### **Budget 2011**

#### **Personnel:**

Malinda Williams is the non-medical case manager for the Gila County Office of Health.

Her annual salary is \$35,412.52. She spends 85% of her time providing support services to her clients (\$30,100.64) and 5% of her time on quality management (\$1,770.78).

Renee Omstead is the accounting clerk. She will provide all the billing and fiscal management for the program. She will spend 10% of her time providing the fiscal services. Her annual salary is \$33,250.00 and we will be responsible to pay \$ 3,325.00. The grand total is **\$35,196.42**.

The Deputy Director and HIV back up staff will be providing services for Case Management and Administrative functions as needed at no charge to the program.

#### **Employee Related Expense (ERE):**

The approved employee related expenses for all Gila County employees include: Arizona State Retirement, Medicare, Social Security, Arizona Unemployment, Worker's Compensation, and health insurance. The total is **\$9,872.07**.

#### **Travel:**

The program manager will be required to attend Quarterly Contractor meetings in Phoenix. Quarterly Forum meetings also will be attended in a centrally located facility. There is a

possibility of two trainings a year as well as a monthly clinic that will require travel. Program travel for the manager is necessary in the successful implementation of the program including outreach, client contact, coordination with local agencies and program implementation. We have estimated mileage at 1,709 miles per month at .38 per mile total \$649.42. Perdiem is estimated to provide 10 breakfasts at \$5.00, 22 lunches at \$7.50, and 6 dinners at \$12.50 total \$290.00. Case Management visits are estimated at three hotel stays a month at \$100.00 total \$3600.00. Perdiem for visits 36 at \$25.00 total \$900.00. Total travel expenses **\$13,183.14**.

**Supplies:**

The routine office operating expenses will consist of paper, envelopes, business cards, mailings. General Operating consists of cell phone, landline, computer services and postage. This results in a grand total of **\$3,025.00**.

**Contractual:**

Emergency Financial Assistance will be issued to eligible clients for the following services: Food Cards, Food Boxes, Oral Health, Medication, Labs, and Medical Co-pays. For a total \$5,000. Food Bank/Home Delivered Meals will be provided for the provision of food or meals, hygiene items and household cleaning supplies. For a total \$2,000. Medical Transportation will be provided for clients to access core medical services or support services. For a total \$5,500. Housing Services will be offered for short-term emergency housing and Utility Assistance to include fees associated with housing transition. For a total \$4,000. Psychosocial Support for clients to access support groups, counseling, caregiver support, and bereavement counseling. For a total of \$6,000. For a grand total of **\$22,500**.

**Indirect costs:**

As a Gila County employee there are indirect costs for personnel paperwork, finance, mail routing, and support staff which will be budgeted in the amount of **\$5,052.66** per year. This reflects 10% of direct expenses.

**8. Proposal Summary Page**

See Attachment 12

**9. Scope of Work, Notices, Correspondence and Reports**

See Other Documentation

## **5.1 Experience and Expertise:**

The Gila County Office of Health has provided services to Gila County residents since 1893. It currently has 35 employees and two offices, one in Globe and one in Payson. Both offices work together to cover the entire county. The Payson Office provides services to Payson, Pine, Strawberry and all surrounding communities. Our Payson Office also provides services to individuals from the Tonto Apache Tribe who does not wish to seek care with Indian Health Services. The Globe Office covers Hayden/ Winklemen, Globe, Miami, Roosevelt, Tonto Basin, Young and all surrounding areas. Our Globe Office also provides services to individuals of the San Carlos Apache Tribe who do not wish to seek care with Indian Health Services.

The Gila County Office of Health provides many services to its residents. State mandated services are provided such as immunizations, communicable disease reporting and investigation, monitoring of sexually transmitted diseases, and tuberculosis control and investigations. In addition, family planning, pregnancy testing, sexually transmitted disease testing and treatment, adult immunizations, lead testing, child care health consultations, school screenings, community health nurses for the neonatal intensive care program, well-baby clinics and specialty clinics in conjunction with the Children's Rehabilitative Services are provided. Our maternal child health programs include Health Start, the Teen Pregnancy Prevention Program, Early Childhood Screening, Tobacco Free Environment Program, Chronic Disease Prevention, The HIV Care Services and HIV Testing and Counseling Services.

## **5.2 Expertise in Providing HIV Care Services**

Gila County has been providing HIV Care Services since 1990 through the HIV Prevention Grant. We have been providing HIV Non-medical case management services since 1998. Five years ago the program was expanded to include non-medical case management and supportive services in Apache and Navajo Counties; two additional rural counties. This change increased the service area the case manager needed to cover. Between Gila, Apache and Navajo Counties, the case manager is now required to cover an area of 25,925.76 square miles, or almost one quarter of the state of Arizona. The current case manager has been serving HIV/AIDS Positive clients and those affected by HIV/AIDS in all three counties for over four years.

The Deputy Director of Prevention Services oversees the implementation of the Gila County HIV Program. She is currently trained in HIV testing and counseling, LUTHER, and CDR's. The Deputy Director of Prevention Services has overseen programs for the Gila County Office of Health for over seven years. Additional training will be provided as recommended by the Arizona Department of Health Services Contract Monitor.

The current Gila County Case Manager has been serving Gila, Apache and Navajo Counties for almost four years. During this time the Case Manager has received training and certifications in Fundamentals of HIV rapid test and prevention counseling, service provider diversity and cultural sensitivity training, phlebotomy technician certification, Indian Health Services HIV/AIDS Collaborative regional training, fundamentals of HIV prevention counseling, case management documentation training, managing patients in the border region, CAREWare, and LUTHER for client level data entry. Gila County recognizes the need for its employees to

further their education and maintain competency in their area of service. The Case Manager is encouraged to attend all appropriate trainings recommended by the Arizona Department of Health Services Contract Monitor.

Gila County has trained a Registered Nurse to provide back-up services during the absence or unavailability of the Case Manager. The Gila County nurse has training in HIV testing and counseling, LUTHER and CAREWare, case management documentation training, and the processing of CDR's. She has also been trained to oversee the Payson satellite outpatient clinic. Further training will be provided as recommended by the Arizona Department of Health Services Contract Monitor.

The Gila County accounting clerk provides contract accounts receivable and accounts payable reports. The financial clerk has undergone core training and is overseen by the Gila County Finance Department. Gila County will support attendance by the accounting clerk at any additional training required by the state.

### **5.3 Key Personnel**

Key Personnel for HIV Care and Services will consist of a case manager, a case manager back-up, an accounting clerk, and a Division Deputy Director. The case manager will provide all non-medical case management and supportive services. The Case Manager back-up will provide continuity of the program during the case manager's absence. The accounting clerk will track the budgets, provides data entry into the Gila County Accounting System, and complete monthly CER's. The Division Deputy Director will provide guidance and supervision of the program. She will be responsible for evaluating the program for quality assurance. The services provided by the Case Manager back-up and the Division Deputy Director will be provided at no charge to this grant.

See Attachment 4

See Attached Resumes

### **5.4 Funded Personnel**

Two of the four personnel providing HIV Care and Services will be funded by this grant; the case manager and the accounting clerk.

The Gila County Case Manager is responsible for all HIV support services. She provides non medical case management by offering her clients support and resources in obtaining medical, social, community, legal, financial, and other needed services. Emergency Financial Assistance and Housing Services are provided short-term for emergency expenses related to essential utilities, housing, food and medication. These services are only provided when all other resources are not available. The case manager is responsible for directing the clients to available food banks, and when necessary, providing the clients with store gift cards for food or household items. Medical transportation services are provided for those clients that need assistance accessing health care and support services. Monthly support groups are organized and attended by the case manager for those infected and affected by HIV. The case manager ensures that the client has the appropriate support to ensure their readiness for, and adherence to, treatments.

In addition to these supportive services, the Gila County Case Manager shall submit to the Arizona Department of Health Services the following deliverables. The Monthly Activity Report (MAR) will be submitted monthly within 15 days after the month the service was provided. Data entry into CAREWare regarding client data and services provided will be entered within 15 days of providing the service. A Quarterly Narrative Report will be submitted on July 15, October 15, and January 15 of each year. An Annual Narrative Report will be submitted by April 1st of each year, and an Annual Service Delivery Plan will be provided by April 30<sup>th</sup> of each year. A Quality Management Plan will be submitted by May 1<sup>st</sup> of each year. Budget projections will be provided by January 1<sup>st</sup> of each year for the remainder of the current year. Between January and March of each year, based on the request of the Arizona Department of Health Services, the case manager will provide the Ryan White Data Report and the Ryan White Services Report.

The Accounting Clerk matches bills, invoices, credit card statements, and other requests for payment with purchase orders, expense vouchers or contract documents. The Clerk ensures proper authorization and compliance with County policies and procedures, codes information for proper charging to budget units or cost centers, and obtains approval and processes for payment. The Clerk will provide to the Arizona Department of Health Services Monthly Contractor Expenditure Reports (CER's), the Quarterly Expenditure Reports, and the Yearly Budget Worksheet and Narrative/justification.

The Case Manager will spend 90% of her time providing services for this grant; 85% in non-medical case management and support services, and 5% on quality management. The accounting clerk will spend 10% of her time providing fiscal management of this program.

### **5.5 Subcontractors and Collaborators**

The Gila County Office of Health does not have any subcontractors. We do, however, have five partners that we collaborate with. The collaborations established with these five organizations help to complete and enhance the Gila County HIV Care and Services Program.

Northland Cares, in collaboration with the Case Manager, provides monthly outpatient medical services for Gila, Apache, and Navajo Counties through the Gila County Office of Health facility in Payson. Their medical and support staff, under the supervision of Dr. Downing, provide the core medical services. The Gila County Case Manager attends the clinic and assists as needed.

North Country Healthcare provides the core medical services for Apache and Navajo Counties. The core services they provide include outpatient and ambulatory health services, medical case management, oral health, health insurance premium cost sharing, AIDS pharmaceutical assistance, early intervention and mental health. Gila County in return provides clients in Apache and Navajo Counties all the supportive services which include non-medical case management, emergency financial assistance, food bank/home delivered meals, housing services, medical transportation services, psychosocial support services and treatment adherence counseling.

Bread and Soup for You, PLLC provides HIV support group services for Apache and Navajo Counties. This support group provides psychosocial support services for clients and their affected care givers. The Gila County Case Manager coordinates, provides assistance in the set up, and attends the support group meetings. A collaboration to provide this same service in Gila County is in the process of negotiations.

Apache County provides HIV prevention services in Apache County. The Apache County Public Health Services District works closely with the Case Manager. They assist the Gila County case manager in early identification of individuals with HIV/AIDS.

Navajo County provides HIV prevention services in Navajo County. The Navajo County Public Health Services District works closely with the Case Manager. They assist the Gila County case manager in early identification of individuals with HIV/AIDS.

Southern Arizona AIDS Foundation coordinates oral health care services for Gila, Apache and Navajo Counties. The case manager will collaborate with SAAF to ensure clients applications are completed and submitted for eligibility.

See Attachment 5

## **5.6 Prior Projects**

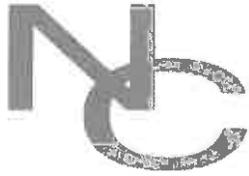
Gila County provides the Gila County Homeless Prevention Re-housing Program (HPRP). This program assists homeless individuals and individuals being evicted. The program will pay for a hotel to get the client off the street, and then assists them in finding a place to live. The Program can pay the first month's rent and moving costs. The Program can also pay up to 18 months of rent if funding is available.

This program requires a case plan, goals and objectives to move them to obtain self-sufficiency. Referrals are provided for medical assistance, financial assistance, and food assistance. The case manager of the program assists the clients with the process to file for Social Security Income and the appeal process if they have been denied. A six month assessment and one year assessment reports are completed to determine client self-sufficiency. There are 22 clients county wide. Nine clients have left the program with a 60% who became self sufficient and 40% for other reasons.

## **5.7 Two References**

The Gila County HIV Care and Services Program works closely with the Gila County Community Action and Housing Services, and the Gila County Office of Health Services. The HIV case manager provides referrals to clients needing housing assistance to Community Action and Housing Services. If qualified, the Community Action and Housing Services can provide housing and utilities to clients. If the client does not qualify, then the Case Manager will pay for housing or utilities as payer of last resort. The case manager and the Program Manager of

Immunization Services work closely to provide The Gila County HIV Care and Services Program clients with required and recommended immunizations.  
See Attachment 6



# Northland Cares

**3112 Clearwater Drive Suite A  
Prescott, AZ 86305  
928-776-4612**

January 4, 2011

Gila County Division of Health and Community Services  
5515 S. Apache Ave. Suite 100  
Globe, AZ 85501  
Att: Malinda Williams  
Case Manager  
Office of Health Services

Dear Malinda,

This letter is to confirm the Northland Cares and our medical staff will continue to collaborate with Gila County Health Services to continue to provide medical specialist health care for HIV infected patients living in Gila, Navajo and Apache Counties in Northern Arizona.

Northland Cares will provide monthly outpatient medical care utilizing the Gila County Offices in Payson Arizona.

We look forward to continuing to provide quality care to our established patients in your service area and of course will gladly accept any new patients as they occur.

Sincerely,

A handwritten signature in cursive script that reads "A Gail Brannan". The signature is written in black ink and is positioned above the printed name.

A Gail Brannan  
Clinic Director



**NORTH COUNTRY**  
**HealthCare**  
Creating healthier communities

Flagstaff  
2920 N. 4th Street  
Flagstaff, AZ 86001  
928.213.6100 fax  
928.576.1054 fax

Grand Canyon  
P.O. Box 362  
Grand Canyon, AZ 86023  
928.638.2551 fax  
928.638.2592 fax

Kingman  
1910 Stockton Hill Road  
Kingman, AZ 86401  
928.753.1177 fax  
928.753.3179 fax

Seligman  
P.O. Box 776  
Seligman, AZ 85337  
928.422.4017 fax  
928.422.4018 fax

Ash Fork  
P.O. Box 212  
Ash Fork, AZ 86320  
928.697.2305 fax  
928.697.2343 fax

Winslow  
629 W. 1st Street  
Winslow, AZ 86017  
928.289.2000 fax  
928.289.0096 fax

Holbrook  
1401 W. Florida Street  
Holbrook, AZ 86025  
928.524.2851 fax  
928.524.2171 fax

St. Johns  
P.O. Box 1019  
St. Johns, AZ 85936  
928.337.3705 fax  
928.337.3790 fax

Round Valley  
830 E. Main St., Suite 230  
Springerville, AZ 85928  
928.337.0127 fax  
928.337.4739 fax

Lake Havasu City  
2090 N. Smoketree Ave.  
Lake Havasu City, AZ 86403  
928.854.1800 fax  
928.854.1810 fax

Show Low  
2560 E. Show Low Lake Blvd. Ste 1  
Show Low, AZ 85001  
928.537.4300 fax  
928.537.4320 fax

Bullhead City  
7585 Miracle Mile, Ste 110  
Bullhead City, AZ 86442  
928.704.1221 fax  
928.704.1243 fax

Williams  
301 South Seventh Street  
Williams, AZ 86046  
928.633.4441 fax  
928.633.4403 fax

**Gila County Office of Health**  
5515 S. Apache Ave. Suite 100  
Globe, AZ 85501

January 26, 2011

To Whom It May Concern:

It is with pleasure that I write this letter of support for Gila County HIV/AIDS Program's application funding to continue services for those infected or affected with HIV/AIDS. North Country HealthCare has worked closely with Gila County Office of Health over the last five years, focusing on the importance of providing both medical and support services to those living with HIV/AIDS in Navajo and Apache Counties.

With the services provided by the HIV/AIDS Program to those infected or affected, the funding allocated to this consortium will provide the best chance of success for reaching a better and healthier quality of life.

Without funding and the caring and dedication to excellent service provision this program has provided, clients would very doubtfully enjoy the quality of life that has been provided to them thus far.

I hope for a positive response to the application, which will enable the Program to continue to provide the very best quality service to the targeted population in our consortium and the opportunity to have more adequate space and facilities in which to provide those services.

Sincerely,

**Thea Harbin**  
Ryan White Part B Program Coordinator  
North Country HealthCare


**NORTH COUNTRY**
**HealthCare**

creating healthier communities

**Flagstaff**  
2920 N. 4th Street  
Flagstaff, AZ 86004  
928.213.6100 PH  
928.526.1054 FAX

**Grand Canyon**  
P.O. Box 369  
Grand Canyon, AZ 86023  
928.638.2551 PH  
928.638.2598 FAX

**Kingman**  
1510 Stockton Hill Road  
Kingman, AZ 86401  
928.753.1177 PH  
928.753.1178 FAX

**Seligman**  
P.O. Box 776  
Seligman, AZ 86337  
928.422.4017 PH  
928.422.4018 FAX

**Ash Fork**  
P.O. Box 216  
Ash Fork, AZ 86320  
928.637.2305 PH  
928.637.2343 FAX

**Winslow**  
620 W. Lee Street  
Winslow, AZ 86047  
928.289.2000 PH  
928.289.0036 FAX

**Holbrook**  
1401 W. Florida Street  
Holbrook, AZ 86025  
928.524.2851 PH  
928.524.2171 FAX

**St. Johns**  
P.O. Box 1019  
St. Johns, AZ 85936  
928.337.3705 PH  
928.337.3780 FAX

**Round Valley**  
830 E. Main St., Suite 230  
Springerville, AZ 85938  
928.333.0127 PH  
928.333.4799 FAX

**Lake Havasu City**  
2090 N. Smokeytree Ave.  
Lake Havasu City, AZ 86403  
928.854.1800 PH  
928.854.1818 FAX

**Show Low**  
2650 E. Show Low Lake Rd., Ste 1  
Show Low, AZ 85901  
928.537.4300 PH  
928.537.4320 FAX

**Bullhead City**  
2885 Miracle Mile, Ste 116  
Bullhead City, AZ 86442  
928.704.1221 PH  
928.704.1243 FAX

**Williams**  
301 South Seventh Street  
Williams, AZ 86046  
928.635.4441 PH  
928.635.4403 FAX

January 14, 2011

Melinda Williams  
Ryan White Program  
Navajo/Apache Counties  
Arizona

Dear Mel,

This is in response to recent request. I look forward to being able to continue to offer HIV specialty services to Ryan White clients from Navajo and Apache Counties. I am currently able to offer these services via telemedicine and intend to continue face-to-face HIV specialty care to patients in the North Country HealthCare satellite clinics.

Sincerely,

Steve McCrosky, FNP, AAHIVS

North Country HealthCare  
Flagstaff, AZ



NORTH COUNTRY

HealthCare

creating healthier communities

January 7, 2011

To Whom It May Concern:

I am board certified in both Internal Medicine and Pediatrics and have a special interest in HIV patients. I have been seeing HIV patients at both the Round Valley and St. Johns clinics for the five plus years that I have worked for North Country Healthcare. My patients live in both Navajo and Apache counties and I work closely with Dr. Sam Downing if medication changes need to be made. I am more than happy to be a subcontractor to take care of these patients. I have worked with Malinda Williams and she is truly an asset to both myself and my patients. I support any and all efforts at obtaining grants to take care of these patients.

If you have any questions please feel free to call my at the Round Valley clinic.

Sincerely:

Catherine O'Rourke Taylor, M.D.

Flagstaff  
2970 N. 4th Street  
Flagstaff, AZ 86004  
928.273.6100 fax  
928.774.1652 fax

Grand Canyon  
P.O. Box 369  
Grand Canyon, AZ 86023  
928.638.2351 fax  
928.638.2395 fax

Kingman  
510 Stockton Hill Road  
Kingman, AZ 86401  
928.753.1177 fax  
928.753.1178 fax

Sullivan  
P.O. Box 776  
Sullivan, AZ 86037  
928.432.4017 fax  
928.432.4018 fax

Ash Fork  
P.O. Box 216  
Ash Fork, AZ 86320  
928.637.2305 fax  
928.637.2343 fax

Winslow  
620 W. 1st Street  
Winslow, AZ 86047  
928.289.2000 fax  
928.289.0935 fax

Holbrook  
1451 W. Florida Street  
Holbrook, AZ 86025  
928.524.2671 fax  
928.524.2171 fax

St. Johns  
P.O. Box 1019  
St. Johns, AZ 85836  
928.387.3765 fax  
928.387.3730 fax

Round Valley  
850 E. Main Street  
Suite 200  
Prineville, AZ 87938  
928.333.0127 fax  
928.333.1799 fax

*Barbara Stone, NP-C*  
*dba*  
*Bread and Soup for You, PLLC*  
*5275 Show Low Lake Road, Lakeside, Arizona 85929*  
*928 242-3202*

January 3, 2011

To Whom It May Concern:

I am state-licensed and board-certified in Arizona as a Psychiatric Mental Health Nurse Practitioner and as a Family Practice Nurse Practitioner. I live and practice in Navajo County, Arizona.

I am interested and available to provide mental and behavioral health services for eligible clients from Navajo and Apache counties as a Sub-Contractor for Gila County HIV Care and Services.

Respectfully,

Barbara Stone, NP-C



**Apache County Public Health Services District**

P.O. Box 697  
St. Johns, AZ 85936  
Fax (928) 337-7592  
Phone (928) 337- 7532

11 January 2011

To Whom It May Concern:

It is with pleasure that I write this letter of support for Gila County HIV/AIDS Program's application funding to continue services for those infected or affected with HIV/AIDS. The importance of health services to those with HIV/AIDS as well as outreach activities and education classes for these clients is evident in the number of families the program has served in the past ten (10) years and continues to serve with respect and dignity.

With the services provided by the HIV/AIDS Program to those infected or affected, the funding allocated to this consortium will provide the best chance of success for reaching a better and healthier quality of life.

Without funding and the caring and dedication to excellent service provision this program has provided, clients would very doubtfully enjoy the quality of life that has been provided to them thus far and Apache County residents infected with HIV/AIDS would not have anyone to provide case management.

I hope for a positive response to the application, which will enable the Program to continue to provide the very best quality service to the targeted population.

Sincerely,

A handwritten signature in cursive script that reads "Chris G. Sexton".

Chris G. Sexton, Health Director  
Apache County Public Health Services District



## Navajo County Public Health Services District

Wade Kartchner, M.D., MPH, Director

November 30, 2010

To Whom It May Concern:

It is with pleasure that I write this letter of support for Gila County HIV/AIDS Program's application funding to continue services for those infected or affected with HIV/AIDS. The importance of health services to those with HIV/AIDS as well as outreach activities and education classes for these clients is evident in the number of families the program has served and continues to serve with respect and dignity.

With the services provided by the HIV/AIDS Program to those infected or affected, the funding allocated to this consortium will provide the best chance of success for reaching a better and healthier quality of life.

Without funding and the caring and dedication to excellent service provision this program has provided, clients would very doubtfully enjoy the quality of life that has been provided to them thus far.

I hope for a positive response to the application, which will enable the Program to continue to provide the very best quality service to the targeted population in our consortium and the opportunity to have more adequate space and facilities in which to provide those services.

Sincerely,

Wade Kartchner, MD, MPH  
Director, Navajo County Public Health Services District

|   |  |   |
|---|--|---|
| <b>Winslow Office:</b><br>619 East Thrd Street<br>Winslow, AZ 86047<br>Phone: (928) 289-6830<br>Fax: (928) 289-6826 | <b>Main Office:</b><br>117 East Buffalo Street<br>Holbrook, AZ 86025<br>Phone: (928) 524-4750<br>Fax: (928) 524-4754 | <b>Show Low Office:</b><br>600 N. 9 <sup>th</sup> Place<br>Show Low, AZ 85901<br>Phone: (928) 532-6050<br>Fax: (928) 532-6054 |
|---|--|---|

TDD: (928) 524-4294



January 31, 2011

WWW.SAAF.ORG

Tel: 520.628.7223  
Fax: 520.628.7222  
375 South Euclid Avenue  
Tucson, Arizona 85719

**Board of Directors**

Kathy Wells  
*President*

Cheryl Smith  
*1st Vice President*

Steve Gottlieb  
*2nd Vice President*

John Braswell  
*Secretary/Treasurer*

Capt. William Richards  
*Chair, Nominating Committee*

Tommy Gin  
*Member at Large*

Pamela Meichel  
*Member at Large*

Linda Breck  
Kathy Byrne  
Miguel A. Cruz  
Larry Cummings  
Kristie Graham  
Angela Leal  
Conrad Moseley  
Kristin Roberts  
Juliet Yardy

Wendell Hicks  
*ex-officio*

**Honorary Board**

danny Blake  
Kevin Carmichael  
Kimberly Clements  
Jim Click  
Thomas Donohue  
Sally Drachman  
Bob Elliot  
Roy Fiores  
Chuck George  
Jim Kolbe  
Peter Likins  
Czarlna Lopez  
Anne Maley  
George Miller  
Rose Mofford  
Ned Norris Jr.  
Lute Olson  
Cele Peterson  
Pat Pettis  
Steve Quinlan  
Robert N. Shelton  
Don Shropshire  
Esther Tang  
Robert E. Walkup  
Andrew Weil

Matthew Bolinger, M.D.  
Director of Health and Emergency Services  
Gila County Health and Emergency Services  
5515 S. Apache Avenue, Suite 400  
Globe, AZ 85501

Dear Dr. Bolinger:

I am pleased to write this letter in support of Gila County's proposal to the Arizona Department of Health Services (ADHS) in response to the *HIV Care and Services* solicitation (ADHS11-00000347). The Southern Arizona AIDS Foundation (SAAF) currently collaborates with the Gila County HIV/AIDS Program to coordinate oral health care services to people living with HIV and AIDS.

Coordination of medically necessary dental care and services takes place between Gila County's case management staff and SAAF's Statewide Insurance Programs Coordinator. This collaboration ensures clients in Gila, Apache and Navajo counties can obtain costly therapeutic dental procedures that they would otherwise be unable to afford and in a timely manner.

SAAF is committed to strengthening collaborations that provide core medical and support services for low-income people living with HIV/AIDS in 2011. SAAF appreciates our partnership with Gila County HIV/AIDS Program and supports your proposal to the ADHS for Ryan White Part B funding to provide Non-Medical Case Management, Emergency Financial Assistance, Food Bank, Psychosocial Support Services, Housing and Medical Transportation Services to meet the needs of residents living in rural Gila, Apache and Navajo Counties. If I can be of further assistance, please do not hesitate to contact me at 520-628-7223 or [whicks@saaf.org](mailto:whicks@saaf.org).

Warmest Regards,

Wendell Hicks  
Executive Director

# 4.9 System for Accounting - Example Financial Report

Through Date: 6/30/2011

| Account Number  | Fiscal Year Amended Budget | Y-T-D Amount       | % Used     | Perform. Amount    | % Used     |
|---|----------------------------|--------------------|------------|--------------------|------------|
| <b>Fund: 2530 HIV Consortium</b>                              |                            |                    |            |                    |            |
| <b>Department: 404 Health</b>                                 |                            |                    |            |                    |            |
| <b>Account Classification: 1 Personal Services</b>            |                            |                    |            |                    |            |
| 4010-10 Salaries and wages Regular salaries and wages         | \$31,214.00                | \$17,231.55        | 55%        | \$17,278.88        | 55%        |
| 4010-20 Salaries and wages Temporary wages                    | \$0.00                     | \$1,246.79         | +++        | \$1,250.20         | +++        |
| 4010-30 Salaries and wages Part time salaries                 | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4010-60 Salaries and wages Overtime                           | \$0.00                     | \$1.66             | +++        | \$1.53             | +++        |
| 4020-10 Employee benefits Social security contributions       | \$1,936.00                 | \$1,114.53         | 58%        | \$1,117.56         | 58%        |
| 4020-11 Employee benefits Medicare contributions              | \$453.00                   | \$260.68           | 58%        | \$261.38           | 58%        |
| 4020-20 Employee benefits Arizona state retirement            | \$3,075.00                 | \$1,706.73         | 56%        | \$1,714.41         | 56%        |
| 4020-30 Employee benefits Health insurance                    | \$8,704.00                 | \$3,539.99         | 53%        | \$3,549.26         | 53%        |
| 4020-41 Employee benefits Workers' compensation insurance     | \$119.00                   | \$94.50            | 79%        | \$94.75            | 80%        |
| 4020-88 Employee benefits Other                               | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| <b>1 Personal Services Totals:</b>                            | <b>\$43,501.00</b>         | <b>\$26,198.90</b> | <b>59%</b> | <b>\$25,287.98</b> | <b>58%</b> |
| <b>Account Classification: 2 Operating Expenses</b>           |                            |                    |            |                    |            |
| 4100-10 Supplies Office supplies                              | \$100.00                   | \$16.34            | 16%        | \$16.35            | 16%        |
| 4110-40 Operating supplies Laboratory                         | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4110-60 Operating supplies Fuel, oil, and lubricants          | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4110-88 Operating supplies Other                              | \$0.00                     | \$63.02            | +++        | \$63.18            | +++        |
| 4120-10 Equipment and Furniture Equipment under \$1000        | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4130-61 Repairs and maintenance supplies Vehicle Supplies     | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4200-10 Other services and charges General services           | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4200-50 Other services and charges Credit card service charge | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4210-20 Professional services Data processing                 | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4210-50 Professional services Medical                         | \$5,056.00                 | \$0.00             | 0%         | \$0.00             | +++        |
| 4210-51 Professional services Psychological services          | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |
| 4210-52 Professional services Laboratory and X-ray            | \$1,000.00                 | \$0.00             | 0%         | \$0.00             | +++        |
| 4210-99 Professional services Other                           | \$2,000.00                 | \$0.00             | 0%         | \$0.00             | +++        |
| 4230-10 Communications Telephone                              | \$2,000.00                 | \$694.23           | 35%        | \$696.13           | 35%        |
| 4230-30 Communications Postage/Freight Expense                | \$100.00                   | \$35.22            | 35%        | \$35.30            | 35%        |
| 4240-10 Travel and Transportation Travel expenses - employees | \$3,000.00                 | \$1,652.76         | 55%        | \$1,657.28         | 55%        |
| 4240-20 Travel and Transportation Same day meal               | \$0.00                     | \$598.03           | +++        | \$570.57           | +++        |
| 4260-99 Advertising Other                                     | \$0.00                     | \$0.00             | +++        | \$0.00             | +++        |

# 4.9 System for Accounting - Example Financial Report

Through Date: 6/30/2011

| Account Number  | Fiscal Year Amended Budget | Y-T-D Amount | %Used | Program Amount | % Used |
|---|----------------------------|--------------|-------|----------------|--------|
| Fund: 2530 HIV Consortium   |                            |              |       |                |        |
| Department: 404 Health  |                            |              |       |                |        |
| 4270-10 Printing and microfilming Printing                          | \$150.00                   | \$0.00       | 0%    | \$0.00         | +++    |
| 4280-80 Operating Leases and Rentals Autos and trucks               | \$1,500.00                 | \$0.00       | 0%    | \$0.00         | +++    |
| 4320-20 Support and care of persons Community outreach supplies     | \$1,800.00                 | \$2,901.71   | 161%  | \$2,909.67     | 162%   |
| 4320-80 Support and care of persons Utility payments/LHEAP          | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| 4320-99 Support and care of persons Other                           | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| 4330-10 Interest Registered warrants                                | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| 4340-10 Miscellaneous Indirect Costs                                | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| 4340-30 Miscellaneous Dues, memberships, subscriptions              | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| 4340-61 Miscellaneous Employee training                             | \$500.00                   | \$75.00      | 15%   | \$75.19        | 15%    |
| 4340-70 Miscellaneous Use tax and assessments                       | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| 9985-00 Account in Error needs audit No account match on conversion | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| 2 Operating Expenses Totals:  | \$17,206.00                | \$6,007.31   | 35%   | \$6,023.67     | 35%    |
| Account Classification: 6 Capital                                   |                            |              |       |                |        |
| 4540-50 Machinery and Equipment Data processing                     | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| 6 Capital Totals:   | \$0.00                     | \$0.00       | +++   | \$0.00         | +++    |
| Department: 404 Health Totals:                                      | \$60,707.00                | \$31,206.21  | 51%   | \$31,291.63    | 52%    |
| Fund Totals: HIV Consortium   | \$60,707.00                | \$31,206.21  | 51%   | \$31,291.63    | 52%    |
| Grand Totals:   | \$60,707.00                | \$31,206.21  | 51%   | \$31,291.63    | 52%    |

**EXHIBIT 4**  
**SECURITY AND CONFIDENTIALITY STANDARDS**

RFP NO. ADHS11-00000347

Each user is responsible for helping to prevent unauthorized use of, and access to, data regarding clients enrolled in any Ryan White Part B program. This duty includes complying with all stated policy requirements, taking due care and reasonable precautions when handling system data (whether paper forms or electronic data entry) or using system resources, and in the management and protection of system authentication controls (passwords, etc.). Additional policies from your agency, the Arizona Department of Health Services, as well as local, state, and federal laws may apply. This statement is only a summary of these rules. Penalties may apply if you do not comply with these rules. If you have questions about how information should be protected, ask your agency director or Arizona Department of Health Services representative.

I have read and agree to comply with the terms and conditions governing the appropriate and allowed use of ADHS provided computer equipment, and computer equipment used in the course of providing Ryan White Part B services set forth in this summary. Sign the form below upon award.

Agency: Cole County Health Dept.

Name: Melinda Williams

Title: HIV Coordinator

Signature: Melinda Williams

Date: 2/2/11

**EXHIBIT 4**  
**SECURITY AND CONFIDENTIALITY STANDARDS**

RFP NO. ADHS11-00000347

Each user is responsible for helping to prevent unauthorized use of, and access to, data regarding clients enrolled in any Ryan White Part B program. This duty includes complying with all stated policy requirements, taking due care and reasonable precautions when handling system data (whether paper forms or electronic data entry) or using system resources, and in the management and protection of system authentication controls (passwords, etc.). Additional policies from your agency, the Arizona Department of Health Services, as well as local, state, and federal laws may apply. This statement is only a summary of these rules. Penalties may apply if you do not comply with these rules. If you have questions about how information should be protected, ask your agency director or Arizona Department of Health Services representative.

I have read and agree to comply with the terms and conditions governing the appropriate and allowed use of ADHS provided computer equipment, and computer equipment used in the course of providing Ryan White Part B services set forth in this summary. Sign the form below upon award.

Agency: Yuma County Health Department

Name: Paula Horn

Title: Deputy Director of Prevention Services

Signature: Paula M. Horn

Date: 2-2-11

**EXHIBIT 4**  
**SECURITY AND CONFIDENTIALITY STANDARDS**

RFP NO. ADHS11-00000347

Each user is responsible for helping to prevent unauthorized use of, and access to, data regarding clients enrolled in any Ryan White Part B program. This duty includes complying with all stated policy requirements, taking due care and reasonable precautions when handling system data (whether paper forms or electronic data entry) or using system resources, and in the management and protection of system authentication controls (passwords, etc.). Additional policies from your agency, the Arizona Department of Health Services, as well as local, state, and federal laws may apply. This statement is only a summary of these rules. Penalties may apply if you do not comply with these rules. If you have questions about how information should be protected, ask your agency director or Arizona Department of Health Services representative.

I have read and agree to comply with the terms and conditions governing the appropriate and allowed use of ADHS provided computer equipment, and computer equipment used in the course of providing Ryan White Part B services set forth in this summary. Sign the form below upon award.

Agency: Gila Co - Health Dept.

Name: Michelle Craft

Title: Public Health Nurse

Signature: Michelle Craft

Date: 2/2/11

|                         |
|-------------------------|
| <b>SCOPE OF WORK</b>    |
| RFP NO. ADHS11-00000347 |

**H. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:**

1. Notices, Correspondence, Reports and Invoices from the Contractor to the ADHS shall be sent to:  
Arizona Department of Health Services  
HIV Care and Services  
Attention: HIV Care and Services Manager  
150 North 18<sup>th</sup> Street  
Suite 110  
Phoenix, Arizona 85007  
Telephone: 602-364-3610  
Facsimile: 602-364-3268  
Email: To be provided by assigned Contract Monitor

2. Notices, Correspondence, Reports from the ADHS to the Contractor shall be sent to:

Organization: Gila County Division of Health and Emergency Services  
Attention: Malinda Williams  
Street Address: 5515 S. Apache Avenue, Suite 100  
City, State and Zip Code: Globe, Arizona 85501  
Telephone: 928-402-8809  
Email: mewilliams@co.gila.az.us

3. Payments from ADHS to the Contractor shall be sent to:

Organization: Gila County Division of Health and Emergency Services  
Attention: Renee Omstead  
Street Address: 5515 S. Apache Avenue, Suite 100  
City, State and Zip Code: Globe, Arizona 85501  
Telephone: 928-402-4332  
Email: romstead@co.gila.az.us

**ATTACHMENT 10  
PRICE SHEET**

**RFP NO. ADHS11-00000347**

**Price Sheet  
Effective April 1, 2010**

| <b>Cost Reimbursement Line Items</b>  | <b>Annual Amount</b> |
|---|----------------------|
| Personnel and Employee Related Expenses   | \$45,068.49          |
| Professional and Outside Services   | \$22,500.00          |
| Travel  | \$13,183.04          |
| Other Operating Expenses  | \$3,025.00           |
| Indirect (if applicable, must have an approved and current letter from HHS stating the indirect rate) | \$5,052.66           |
| <b>Total not to exceed:</b>   | <b>\$88,829.19</b>   |

With prior written authorization from the ADHS Ryan White Part B Program Manager, the Contractor may transfer up to fifteen percent (15%) of the total Annual Amount among line items. Transfers beyond fifteen percent (15%) shall require written notice of a Contract Amendment.

Capital Outlay Expenses are not allowed

Indirect Expenses are not allowed without an approved and current letter issued by HHS stating the indirect rate (must show proof).

Direct Expenses must be detailed in the budget narrative

Food and beverage expenses are not allowed

Out of State travel expenses are not allowed



**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Case Management (Non-Medical)</b>  |   |                                 |  |
|---|---|---------------------------------|--|
| <b>Objectives</b>   | <b>Activities</b>   | <b>Number of Clients Served</b> | <b>Number of Client Service Transactions</b> |
| <p><b>Goal #1:</b> Persons newly diagnosed with HIV/AIDS in Gila, Apache and Navajo Counties will be offered non-medical case management services</p>           |   |                                 |  |
| <p>1.1: Newly Diagnosed HIV Clients in Gila, Apache and Navajo Counties will be contacted within 7 days.</p>  | <p>1.1a) Maintain contacts with ADHS, hospitals and local providers.<br/>1.1b) Contact client to schedule a face-to-face appointment<br/>1.1c) Hold meeting with individual in an environment that provides confidentiality, privacy and a sense of security for that client.</p> | <p>1.1: 3</p>                   | <p>1.1: 3</p>                                |
| <p>1.2: Newly Diagnosed HIV Clients in Gila, Apache and Navajo Counties will be evaluated for eligibility and made aware of the services available to them.</p> | <p>1.2a) Gather documentation for eligibility (identity, income residence, HIV status)<br/>1.2b) Obtain AHCCCS eligibility letter.<br/>1.2c) Discuss all services the client is eligible to receive</p>   | <p>1.2: 3</p>                   | <p>1.2: 3</p>                                |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Objectives</b>   | <b>Activities</b>  | <b>Number of Clients Served</b> | <b>Number of Client Service Transactions</b> |
|---|--|---------------------------------|--|
| <p><b>Goal #2:</b> Persons living with HIV/AIDS in Gila, Apache and Navajo Counties will receive assistance in obtaining medical, social, community, legal, financial, and other needed services.</p> |  |                                 |  |
| <p>2-1: Each client will have a current comprehensive, individualized care plan.</p>  | <p>2.1a) Client goals and needs will be determined.<br/>2b) Communication will be maintained via telephone, fax, e-mail, text, and face-to-face contract to identify any new/additional concerns.<br/>2.1c) Re-evaluated care plan at a minimum of every 6 months.</p> | <p>2.1: 50</p>                  | <p>2.1: 3,500</p>                            |
| <p>2-2: Clients will be provided with a comprehensive list of appropriate community resources</p>   | <p>2.2.a) Collaborate with community partners to establish a list of current community and county resources.<br/>2.2.b) Update resources as needed<br/>2.2.c) Provide appropriate resources to client.</p>   | <p>2.2: 50</p>                  | <p>2.2: 150</p>                              |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Emergency Financial Assistance</b>  |   | <b>Number of Client Service Transactions</b> |
|--|---|--|
| <b>Objectives</b>  | <b>Activities</b>   | <b>Number of Clients Served</b>              |
| <p><b>Goal #1:</b> Eligible HIV/AIDS clients in Gila, Apache, and Navajo County will be provided with financial assistance through Ryan White as a payer of last resort on a short term basis.</p> |   |  |
| <p>1.1: Determine eligibility for clients requesting Emergency Financial Assistance</p>  | <p>1.1a) Gather documentation for verification that income is below 300% FPL.</p>   | <p>1.1: 80</p>                               |
| <p>1.2: Seek outside services available to provide client needs</p>  | <p>1.2a) Contact other resources to determine if other financial services are available.<br/>1.2.b) Verify that Ryan White will be payer of last resort</p> | <p>1.2: 80</p>                               |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| Goal #2: Emergency Financial Assistance will be provided on a temporary basis only.  |  |                          |                                       |
|--|--|--------------------------|---------------------------------------|
| Objectives   | Activities   | Number of Clients Served | Number of Client Service Transactions |
| 2-1: Clients needing emergency assistance will be provided with a list of current local resources for financial assistance | 2.1a) A list of current resources will be maintained by the Case Manager<br>2.1b) Provide client with a list of resources to receive further assistance. | 2.1: 50                  | 2.1: 80                               |
| 2-2: Clients will obtain financial assistance from other sources.  | 2.2a) Explain process required for applying for additional services<br>2.2b) Assist client in eliminating any barriers to receiving financial assistance | 2.2: 50                  | 2.2: 80                               |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Psychosocial Support Services</b>   |   | <b>Number of Client Service Transactions</b> |
|--|---|--|
| <b>Goal #1: Clients and their family members will be given the opportunity to receive support and counseling activities in Apache and Navajo Counties.</b> |   |  |
| <b>Objectives</b>  | <b>Activities</b>   | <b>Number of Clients Served</b>              |
| <p>1.1: Facilitated Support Group Sessions will be scheduled on a monthly basis</p>  | <p>1.1a) Group members determine date and location of meeting.<br/>                     1.1b) Verify Psychiatric Mental Health Nurse Practitioner is available.<br/>                     1.1c) A group e-mail reminder is sent to clients<br/>                     1.1d) Case Manager attends group session.<br/>                     1.1e) Concerns are discussed and HIV education is provided.</p> | <p>1.1: 8<br/><br/>1.1: 96</p>               |
| <p>1.2: Clients requiring more individualized counseling will be provided with resources.</p>  | <p>1.2a) A list of current resources will be maintained by the Case Manager<br/>                     1.2b) Provide client with a list of resources to receive further assistance.</p>   | <p>1.2: 30<br/><br/>1.2: 4</p>               |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Goal #2: Clients and their family members will be given the opportunity to receive support and counseling activities in Gila County</b> | <b>Objectives</b>   | <b>Activities</b> | <b>Number of Clients Served</b> | <b>Number of Client Service Transactions</b> |
|--|---|-------------------|---------------------------------|--|
| 2.1: Establish a support group for clients and their families.   | <p>2.1a) Verify interest in support group with client</p> <p>2.1b) Locate a counselor to facilitate group.</p> <p>2.1c) Arrange date, time and meeting place.</p> <p>2.1d) Arrange transportation for group member</p> <p>2.1e) Attend group</p> <p>2.1f) Schedule group meetings based on interest</p> | 2.1: 20           | 2.1: 240                        |  |
| 2.2: Clients requiring more individualized counseling will be provided with resources.   | <p>2.2a) A list of current resources will be maintained by the Case Manager</p> <p>2.2b) Provide client with a list of resources to receive further assistance.</p>   | 2.2: 20           | 2.2: 4                          |  |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Treatment Adherence Counseling</b>   |  |                                 |  |
|---|--|---------------------------------|--|
| <b>Goal #1: Clients will receive additional support to encourage their compliance with the medical care plan developed by the clients' physician.</b> |  |                                 |  |
| <b>Objectives</b>   | <b>Activities</b>  | <b>Number of Clients Served</b> | <b>Number of Client Service Transactions</b> |
| 1.1: The importance of medical compliance is reinforced to the client   | 1.1a) Communication is maintained between the physician and the case manager<br>1.1b) Case manager reinforces the importance of compliance with the physicians instructions    | 1.1: 50                         | 1.1: 500                                     |
| 1.2: The client will understand the reasons behind their medical plan   | 1.2a) Communication is maintained between the physician and the case manager.<br>1.2b) The case manager will encourage the client to ask questions during their medical visits | 1.2: 50                         | 1.2: 500                                     |
| 1.3: Clients will receive support from peers.   | 1.3a) General issues and concerns of group participants will be addressed during Support Group Meetings  | 1.3: 50                         | 1.3: 160                                     |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

REP NO. ADHS11-00000347

| Goal #2: Individuals affected by HIV/AIDS will be provided with support to encourage their assistance in sustaining the medical care plan of the client. | Objectives   | Activities | Number of Clients Served | Number of Client Service Transactions |
|--|--|------------|--------------------------|---------------------------------------|
| 2-1: Family members will receive support from case manager.  | <p>2.1a) Case manager will obtain permission from client to communicate with affected care givers.</p> <p>2.1 b) Case manager will maintain open communication with affected family members</p> <p>2.1c) Case manager will encourage family member to ask questions.</p> | 2.1: 20    | 2.1: 150                 |                                       |
| 2-2: Understand the medical care plan  | <p>2.2a) Case manager will provide literature on a specific topic of interest or concern if available.</p> <p>2.2b) Case manager will provide contact information for a physician to answer any questions.</p>   | 2.2: 20    | 2.2: 30                  |                                       |
| 2-3: Family members are encouraged to attend group counseling sessions.  | <p>2.3a) Case manager will encourage family members to attend group support sessions with clients.</p> <p>2.3b) General issues and concerns of group participants will be addressed during Support Group Meetings</p>  | 2.3: 10    | 2.3: 120                 |                                       |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Food Bank/ Home-Delivered Meals</b>   |  |                                 |  |  |
|--|--|---------------------------------|--|--|
| <b>Objectives</b>  | <b>Activities</b>  | <b>Number of Clients Served</b> | <b>Number of Client Service Transactions</b> |  |
| <b>Goal #1:</b> Clients will be provided with actual food or meals as needed.                              |  |                                 |  |  |
| 1.1: Clients will be aware of all resources available within their community to provide food.              | 1.1a) A resource list will be provided to clients needing food assistance<br>1.1b) Clients will be notified of unscheduled food bank services. | 1.1: 50                         | 1.1: 50                                      |  |
| 1.2: Food cards/boxes will be provided to clients when needed  | 1.2a) The case manager will purchase food cards/boxes for clients as needed.   | 1.2: 50                         | 1.2: 30                                      |  |
| <b>Goal #2:</b> Clients will be provided with essential household supplies as needed.                      |  |                                 |  |  |
| <b>Objectives</b>  | <b>Activities</b>  | <b>Number of Clients Served</b> | <b>Number of Client Service Transactions</b> |  |
| 2-1: Clients will be aware of all resources available within their community to provide household supplies | 2.1a) A resource list will be provided to clients needing essential household supplies.  | 2.1: 50                         | 2.1: 50                                      |  |
| 2-2: Store gift cards will be provided to clients needing household supplies and hygiene items.            | 2.2a) Store gift cards will be purchased as needed.<br>2.2b) Case manager will assist with shopping when needed.                               | 2.2: 50                         | 2.2: 30                                      |  |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| Housing Services   |   |                          |                                       |  |
|--|---|--------------------------|---------------------------------------|--|
| Objectives   | Activities  | Number of Clients Served | Number of Client Service Transactions |  |
| <p><b>Goal #1:</b> Eligible HIV/AIDS clients in Gila, Apache, and Navajo County will be provided with financial assistance for housing through Ryan White as a payer of last resort on a short term basis.</p> |   |                          |                                       |  |
| <p>1.1: Determine eligibility for clients requesting Emergency Financial Assistance for housing</p>  | <p>1.1a) Gather documentation for verification that income is below 300% FPL.</p>   | <p>1.1: 50</p>           | <p>1.1: 10</p>                        |  |
| <p>1.2: Seek outside services available to provide client needs</p>  | <p>1.2a) Contact other resources to determine if other financial services are available.<br/>1.2.b) Verify that Ryan White will be payer of last resort</p> | <p>1.2: 50</p>           | <p>1.2: 10</p>                        |  |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Medical Transportation Services</b>   |   | <b>Number of Client Service Transactions</b> |
|--|---|--|
| <b>Objectives</b>  | <b>Activities</b>   | <b>Number of Clients Served</b>              |
| <p><b>Goal #1:</b> Eligible Ryan White HIV/AIDS Program clients in Apache and Navajo Counties will be provided transportation assistance to support services as needed.</p>  |   |  |
| <p>1.1 Clients will be aware of transportation services within their area.</p> <p>1.2 Ryan White funds will be used only as payer of last resort</p> <p>1.3 Clients will be provided with financial assistance for transportation.</p> | <p>1.1a) A referral list of transportation services will be maintained</p> <p>1.1b) A list of transportation services will be provided to the client as needed</p> <p>1.2a) Gather documentation that the client income is 300% FPL.</p> <p>1.2b) Investigate alternative means of transportation</p> <p>1.3a) Provide gas card/ taxi, bus or van service to the client</p> | <p>1.1: 30</p> <p>1.2: 30</p> <p>1.3: 30</p> |
|  |   | <p>1.1: 30</p> <p>1.2: 70</p> <p>1.3: 70</p> |

**ATTACHMENT 1  
PROGRAM IMPLEMENTATION PLAN**

RFP NO. ADHS11-00000347

| <b>Objectives</b>  | <b>Activities</b>  | <b>Number of Clients Served</b> | <b>Number of Client Service Transactions</b> |
|--|--|---------------------------------|--|
| <p><b>Goal #2:</b> Eligible Ryan White HIV/AIDS Program clients in Gila County will be provided transportation assistance to core medical services and support services as needed.</p> |  |                                 |  |
| <p>2-1: Clients will be aware of transportation services within their area.</p>  | <p>2.1a) A referral list of transportation services will be maintained<br/>                     2.1b) A list of transportation services will be provided to the client as needed</p> | <p>2.1: 20</p>                  | <p>2.1: 20</p>                               |
| <p>2.2: Ryan White funds will be used only as payer of last resort</p>   | <p>2.2a) Gather documentation that the client income is 300% FPL.<br/>                     2.2b) Investigate alternative means of transportation</p>                                 | <p>2.2: 20</p>                  | <p>2.2: 40</p>                               |
| <p>2.3 Clients will be provided with financial assistance for transportation</p>   | <p>2.3a) Provide gas card/ taxi, bus or van service to the client</p>  | <p>2.3: 20</p>                  | <p>2.3: 40</p>                               |

**ATTACHMENT 2  
CULTURAL COMPETENCY ASSESSMENT**

**RFP NO. ADHS11-00000347**

**Cultural Competency Assessment**

1. Provide Contractor's ability or capacity to offer *culturally competent* programming to the targeted populations by describing previous service deliveries, programs or interventions to the targeted populations or similar groups along with a brief synopsis of your service delivery outcomes.

**Gila County's population is very diverse. This diversity includes three Native American reservations, a large Hispanic and non-Hispanic population. This diversity mirrors in many ways that of Apache and Navajo Counties. Gila County has been successful with many programs to provide culturally competent programs. We encourage our staff to obtain training as available and look to community partners for assistance when indicated. Currently, Gila County manages immunizations, W.I.C., and the Teen Pregnancy Prevention Program just to name a few. We provide culturally appropriate information to all clients as needed.**

2. What percentage of the direct staff and/or direct management complement the demographics of the respective service area and/or target population and in what way do they complement the service area and/or target population?

**Of the five staff involved in this program, 40% complement the demographics of Gila County. The majority of this staff has spent a large amount of time interacting with the largest demographic groups. 60% of the staff have received training from multiple venues on cultural competency.**

Describe how all program staff and direct management will receive *cultural competency* orientation within the first six (6) months of hire and how you plan to incorporate ongoing cultural competency training will be incorporated throughout the funding cycle.

**Cultural competency training will be acquired by new staff when available. On the job training will be provided by existing staff. Annual training will be updated as programs are available.**

3. Describe the service categories offered will be provided in a manner compatible with the targeted populations' interpersonal styles, cultural health beliefs, practices, and preferred languages?

**The targeted population's interpersonal styles and cultural beliefs will be taken into consideration as services are provided and planned for. Language preferences will be managed within our current staff or as needed with community partners.**

4. Describe the plan to provide limited English proficiency populations with resources in the primary language? (response required only if applicable)

**Since our population contains a large Hispanic group, Spanish is the most requested language. Most printed information available comes in Spanish and those items that don't, can be translated.**

Describe how printed, audiovisual materials and post signage will be evaluated for appropriate language and literacy.

**Most printed information available comes in Spanish and those items that don't, can be translated. There is no written Apache translation.**

**ATTACHMENT 2  
CULTURAL COMPETENCY ASSESSMENT**

RFP NO. ADHS11-00000347

Describe how you will provide bilingual staff, interpreters, and telephone interpreters if the population served requires them. **(response required only if applicable)**

**For those clients that only speak Apache, Tribal Health Liaisons can be used for translation. Currently, the Health Department has bilingual staff and capability with this staff to translate in person and/or by telephone.**

5. Attach the process evaluation form used to evaluate the effectiveness of activities undertaken towards developing a culturally competent service delivery system.  
**(See Attached)**

6. Describe the methodology of collecting demographic data including (at least) race/ ethnicity, gender, and age of participants and how to monitor service delivery to diverse individuals **within** the targeted populations.

**Demographic data on clients is obtained during the client intake process. Service delivery to the targeted populations will be evaluated by the case manager and the Deputy Director of Prevention.**

Describe the plan to assess the satisfaction of participants and ensure that responses from diverse participants are included in the tabulation of satisfaction surveys.

**Annually, clients will be requested to evaluate program satisfaction including case management performance. These evaluations will be confidential and anonymous. The Deputy Director of Prevention will receive these evaluations and share findings with the case manager and all other applicable staff as indicated.**

Describe how this information will be used to support, alter, or expand the culturally appropriate services being offered.

**Information will be used to improve, clarify and/or suspend services as indicated.**

7. Add any additional statements that demonstrate how *CLAS Standards* are being used to support your service.

**Because culture and language are vital factors in how health care services are delivered and received, we understand that it is important that our staff understand and respond with sensitivity to the needs and preferences that culturally and linguistically diverse patients bring to the health encounter. Providing culturally and linguistically appropriate services (CLAS) to these patients improves access to care, quality of care, and, ultimately, health outcomes. Our case manager has received training in cultural competency for our areas diverse populations. Trainings include "Service Provider Diversity and Cultural Sensitivity Training", the "Indian Health Services HIV/AIDS Collaborative Regional Training" (cultural competency for the Native American population), and Managing Patients in the Border Region" (cultural competency for the Hispanic population).**

8. Attach all Memorandums of Agreement (MOA's), Memorandums of Understanding (MOU's), and/ or Letters of Support (LOS) with subcontractors. All MOA's, MOU's or LOS' shall contain language demonstrating commitment by the subcontractor(s) to comply with CLAS standards.

**ATTACHMENT 2**  
**CULTURAL COMPETENCY ASSESSMENT**

**RFP NO. ADHS11-0000347**

9. Describe the plan to address complaints related to cultural/linguistic competencies.

**Culturally competent complaints and/or suggestions for change will be addressed to the deputy director for resolution. Improvements will be handled with an improvement plan and actions taken documented.**

**Resources:** Office of Minority Health, [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)  
National Center for Cultural Competence, [www.11.georgetown.edu](http://www.11.georgetown.edu)  
National Institutes of Health, [www.nih.gov](http://www.nih.gov)

**ATTACHMENT 3  
PROGRAM EVALUATION PLAN**

RFP NO. ADHS11-00000347

**Cultural Competency Program Evaluation Plan**

Contractor Name: \_\_\_\_\_ Gila County

A detailed plan for the first year of the full funding period/project cycle (April 1, 2011 through March 31, 2012) is to be submitted. The plan should specify specific Evaluation tools and service delivery monitoring measures which will be taken to establish baseline measures for the Program Implementation Plan. In addition, the Program Evaluation Plan must demonstrate how specific variables required by HRSA, or by the ADHS Quality Management Plan as shown in Exhibit 3 will be measured and reported.

Using this form, submit an evaluation plan which is a detailed plan for the first year of this funding period/project cycle. Reference Exhibit 5 for more detail on how to prepare the Program Evaluation Plan

An update of this plan will be required annually, and beginning in the second year of the project cycle, it will be required to include specific measures that assess goals for program improvement outlined under the 2nd year Program Implementation Plan.

**Monitoring and Evaluation Plan- Cultural Competency**

| Evaluation and Monitoring Questions  | Use and Purpose   | Evaluation and Monitoring Tools  | Event/Time Used<br>Responsible Party  |
|--|---|--|---|
| Are services provided to the client provided in the appropriate language and compatible with their cultural beliefs and practices? | Determine if the case manager provides the client effective, understandable and respectful care compatible with their cultural beliefs and practices and preferred language?<br>To provide Culturally Competent Non-Medical Case Management | Validation that services and information were provided in the clients language through review of patient charts. | Event: Assessment of printed materials and documentation of an interpreter.<br>Quarterly Review<br>Case Manager and Deputy Director of Prevention |

**ATTACHMENT 3  
PROGRAM EVALUATION PLAN**

**RFP NO. ADHS11-00000347**

|  |  |  |  |
|--|--|--|--|
| <p>Has staff at all levels received ongoing education and training in culturally and linguistically appropriate service delivery?</p> <p>Does the client intake include the client's race, ethnicity, and spoken and written language?</p>                                   | <p>The evaluation of employee skills in culturally competency.</p> <p>To adequately identify population groups within a service area. To assure that health care services are provided equitably.</p>  | <p>Client Satisfaction Surveys</p> <p>CAREWare</p>   | <p>Event: Annual Satisfaction Surveys provided to clients. Responses will be confidential and reviewed by the Deputy Director of Prevention.</p> <p>Event: Quarterly Review<br/>Time: As needed<br/>Case Manager and Deputy Director of Prevention</p> |
| <p>Does the case manager collaborate and consult with community-based organizations, providers, and leaders for the purposes of partnering on outreach?</p>  | <p>To ensure the case managers understanding of the needs of the clients served.</p>   | <p>Chart Review<br/>Referral lists</p>   | <p>Event: Quarterly Review<br/>Time: As needed<br/>Case Manager and Deputy Director of Prevention</p>  |
| <p>Does the Case Manager have a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area?</p> | <p>To determine cultural factors related to client needs, attitudes, behaviors, health practices, and concerns about using health care services as well as the surrounding communities resources, assets and needs related to cultural competency.</p> | <p>Census figures<br/>School enrollment profiles<br/>County and State health status reports<br/>Data from Community Agencies</p> | <p>Event: Annual evaluation of program. Update of goals and implementation plan.<br/>Time: 8 hours<br/>Case Manager</p>  |

**ATTACHMENT 3  
PROGRAM EVALUATION PLAN**

**RFP NO. ADHS11-00000347**

|   |  |  |  |
|---|--|--|--|
|   |  |  |  |
| <b>Evaluation plans shall be in accordance with requirements laid out in the Method of Approach and Scope of Work for the Proposal.</b> |  |  |  |

**ATTACHMENT 3  
PROGRAM EVALUATION PLAN**

RFP NO. ADHS11-00000347

**Program Evaluation Plan**

**Contractor Name:** Gila County

A detailed plan for the first year of the full funding period/project cycle (April 1, 2011 through March 31, 2012) is to be submitted. The plan should specify specific Evaluation tools and service delivery monitoring measures which will be taken to establish baseline measures for the Program Implementation Plan. In addition, the Program Evaluation Plan must demonstrate how specific variables required by HRSA, or by the ADHS Quality Management Plan as shown in Exhibit 3 will be measured and reported.

Using this form, submit an evaluation plan which is a detailed plan for the first year of this funding period/project cycle. Reference Exhibit 5 for more detail on how to prepare the Program Evaluation Plan

An update of this plan will be required annually, and beginning in the second year of the project cycle, it will be required to include specific measures that assess goals for program improvement outlined under the 2nd year Program Implementation Plan.

**Monitoring and Evaluation Plan**

| Evaluation and Monitoring Questions   | Use and Purpose   | Evaluation and Monitoring Tools | Event/Time Used<br>Responsible Party   |
|---|---|---------------------------------|--|
| <p><b>Case Management (Non-Medical)</b></p> <p>Does each client have a current (updated within the past 6 months) comprehensive individualized care plan?</p> | <p>To look at strengths and gaps in programs or performance, trends in service and emerging issues.</p> | <p>Review of Client files</p>   | <p>Event: Quarterly Review<br/>Time Used: 6 hours or as needed.<br/>Responsible Party: Case Manager and Deputy Director of Prevention.</p> |

**ATTACHMENT 3  
PROGRAM EVALUATION PLAN**

RFP NO. ADHS11-00000347

|   |   |   |  |
|---|---|---|--|
| <p><b>Emergency Financial Assistance</b></p> <p>Were all clients requesting Emergency Financial Assistance screened for eligibility and were all other avenues of assistance eliminated before the assistance was provided?</p> | <p>To determine in detail how the intervention was delivered and to determine gaps in assistance available at the local level.</p> <p>To be accountable to clients and funders.</p> | <p>The number and types of Emergency Financial Assistance provided to clients will be tracked based on the Case Managers records. A review will determine the purposes of the EFA's, the needs of local clients, and any gaps in resources. CAREWare.</p> | <p>Event: Ongoing. Reviewed Quarterly.</p> <p>Time used: As needed</p> <p>Responsible Party: Case Manager and Deputy Director of Prevention.</p> |
| <p><b>Food Bank/Home-Delivered Meals</b></p> <p>How many food cards, food vouchers and gift cards for clients were provided?</p>  | <p>Needs Assessment, baseline data.</p> <p>To help design and/or modify intervention.</p>   | <p>Number, types and amount of food card, food vouchers and gift cards provided to client.</p> <p>CAREWare</p>  | <p>Event: Ongoing, Reviewed Quarterly</p> <p>Time Used: As needed</p> <p>Responsible Party: Case Manager</p>                                     |
| <p><b>Housing Services</b></p> <p>Were all clients requesting Housing Assistance screened for eligibility and were all other avenues of assistance eliminated before the assistance was provided?</p>                           | <p>To determine in detail how the intervention was delivered and to determine gaps in assistance available at the local level.</p> <p>To be accountable to clients and funders</p>  | <p>The number of requests for housing assistance, process used and outcome will be tracked based on the Case Managers records. A review will determine the needs of local clients, and any gaps in resources.</p> <p>CAREWare</p>                         | <p>Event: Ongoing, Reviewed Quarterly.</p> <p>Responsible Party: Case Manager and Deputy Director of Prevention.</p>                             |

**ATTACHMENT 3  
PROGRAM EVALUATION PLAN**

RFP NO. ADHS11-00000347

|   |  |   |  |
|---|--|---|--|
| <p><b>Medical Transportation Services</b></p> <p>Were all clients requesting Medical Transportation Services screened for eligibility and were all other avenues of assistance eliminated before the assistance was provided?</p> | <p>To determine in detail how the intervention was delivered and to determine gaps in assistance available at the local level.</p> <p>To be accountable to clients and funders</p> | <p>The number of requests for medical transportation, process used and outcome (gas card/ taxi, etc) will be tracked based on the Case Managers records. A review will determine the needs of local clients, and any gaps in resources.</p> <p>CAREWare</p> | <p>Event: Ongoing, Reviewed Quarterly.</p> <p>Time used: As needed</p> <p>Responsible Party: Case Manager and Deputy Director of Prevention.</p> |
| <p><b>Psychosocial Support Services</b></p> <p>Are the support groups implemented as intended and reach the target audience?</p>  | <p>To determine how the service program is being implemented. Quality Assurance.</p>   | <p>A record will be kept regarding attendance (HIV/AIDS Infected or HIV/AIDS Affected). Topics discussed. What curriculum and material were used?</p>   | <p>Monthly Support Group Sessions.</p> <p>Time used: 8 hours</p> <p>Responsible Party: Case Manager</p>  |
| <p><b>Treatment Adherence Counseling</b></p> <p>Were individuals infected by HIV/AIDS provided with support?</p>  | <p>To determine strengths or gaps in program or performance.</p>   | <p>Number and types of encounters with individuals infected by HIV/AIDS will be monitored.</p> <p>CAREWare</p>  | <p>Event: Ongoing. Reviewed Quarterly</p> <p>Time used: As needed</p> <p>Responsible Party: Case Manager and Deputy Director of Prevention.</p>  |

**ATTACHMENT 3  
PROGRAM EVALUATION PLAN**

**RFP NO. ADHS11-00000347**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ATTACHMENT 4  
KEY PERSONNEL FORM**

**RFP NO. ADHS11-00000347**

**Key Personnel Form**

Key personnel is defined as all staff persons with responsibility for fulfilling any component of the contracted service categories. List all personnel in the table below, including those positions that may need to be filled.

| Name             | Position/Title                | % Time Assigned to Contract |
|------------------|-------------------------------|-----------------------------|
| Malinda Williams | HIV Program Coordinator       | 90%                         |
| Michelle Craft   | Public Health/Epi Nurse       | 3% as a back up             |
| Renee Omstead    | Accounting Clerk              | 10%                         |
| Paula Horn       | Deputy Director of Prevention | 5%                          |
|                  |                               |                             |
|                  |                               |                             |
|                  |                               |                             |
|                  |                               |                             |

Provide resumes for existing staff that will be part of the project. Resumes shall include name, title, key responsibilities and previous experiences that are relative to that field. Include all professional licensure, certifications, education preparation, etc.

Provide job descriptions for all positions that will be funded in any part by this Contract. Describe staff accountabilities, required expertise, minimum qualifications necessary to fulfill job duties, preferred qualifications, description of work to be performed by this position, and what personnel (titles) the position reports to. List how much time each person will spend on the project.

**ATTACHMENT 5**  
**COLLABORATIONS AND/OR PROPOSED SUBCONTRACTORS**

RFP NO. ADHS11-00000347

**Collaborations and/or Proposed Subcontractors**

If the service or program described in response to this Contract proposes either subcontractors or collaborations, provide a description for each one included.

Documentation of agreement or a support letter, one (1) format provided in Attachment 5, must accompany each identified collaborative partner or proposed subcontract.

| <b>Proposed Collaboration(s)</b>              | <b>Terms</b>   | <b>Relation to proposed project</b><br>(How will this collaboration enhance the provision of services in the current proposal)  |
|---|--|---|
| Northland Cares                               | To provide outpatient medical services for Gila, Apache and Navajo Counties. | Satellite clinic and telemedicine will be provided making it more convenient for these clients to access HIV care.  |
| North Country Healthcare                      | To provide core medical services for Apache and Navajo Counties.             | The core services include outpatient and ambulatory health services, medical case management, oral health, health insurance premium cost sharing, AIDS pharmaceutical assistance, early intervention and mental health. |
| Bread and Soup for You, PLLC                  | To provide HIV support group services for Apache and Navajo Counties.        | Provides psychosocial support services for clients and their affected care givers.  |
| Apache County Public Health Services District | To provide HIV Prevention Services to Apache County residents.               | Work with Gila County case management in early identification of individuals with HIV/AIDS.   |
| Navajo County Public Health Services District | To provide HIV Prevention Services to Navajo County residents.               | Work with Gila County case management in early identification of individuals with HIV/AIDS.   |
| Southern Arizona AIDS Foundation              | To provide oral health services to Gila, Apache and Navajo County residents  | Work with Gila County case management to ensure client receive oral health services.  |

Add additional collaborators as needed

**ATTACHMENT 5  
COLLABORATIONS AND/OR PROPOSED SUBCONTRACTORS**

RFP NO. ADHS11-00000347

| Proposed Subcontractor(s) | Terms | Relation to proposed project<br>(How will this subcontractor enhance the provision of services in the current proposal) |
|---------------------------|-------|---|
| N/A                       |       |   |
|                           |       |   |
|                           |       |   |

Add additional subcontractors as needed

**DOCUMENTATION OF COLLABORATIVE PARTNER and/or SUBCONTRACTOR**

You have been identified in the response to RFP ADHS11-00000347 as either a proposed subcontractor or a collaborating partner in a HIV Care Services project by (Offeror) \_\_\_\_\_ for (Service Category) \_\_\_\_\_. Please respond to the following question:

1. How will you (your program/agency) be working to support the terms of the offeror's proposed HIV prevention programming?
  - 1.1 If your proposed role will be as a **subcontractor** please include the following information: proposed budget details, staffing, and subcontract if available.
  - 1.2 If your proposed role will be as a **collaborative partner** please include the following information: description of in-kind resource(s) to be provided, staffing.

**ATTACHMENT 6**  
**AGENCY CAPACITY & REFERENCES**

RFP NO. ADHS11-00000347

**REFERENCE**

Contract Term / Dates of Work: Ongoing

Geographic Area(s) Served: Gila County

Target Population(s) Served: All residents

**Please respond to the following questions:**

1. Have you worked with this agency/program in the past? Give specifics as to dates, results (outcomes achieved, objectives met)

The Gila County Immunization Program has provided immunizations for clients enrolled in the HIV Care and Services Program as needed. Influenza vaccines are provided annually for those clients who do not have AHCCCS. We have also provided clients with Tuberculosis testing as HIV increases the risks associated with TB. Hepatitis Vaccines have been provided to clients who have no insurance and whose physicians have requested the vaccines.

2. How do you plan to work together in the future?

The Gila County Immunization Program will continue to provide any vaccines requested by physicians for individuals without insurance in the Gila County HIV Care and Services Program.

3. Describe the Contractor's expertise with and/or capacity for completing the terms of this Proposal.

The Gila County HIV Program has been in existence for twenty years. I have worked directly with the HIV case managers for over the past 9 years. The current case manager has been providing services to the residents of Gila, Apache and Navajo Counties for the past 4 years. The Gila County Case Managers have always done their utmost to provide interventions and support to their clients with respect and integrity. I am please to say the current case manager has maintained this tradition.

**This page should be completed by the named contact at the referring agency.**

Contact Name and Title: Lorraine Dalrymple, RN, Health Services Program Manager

Telephone and Email: (928) 402-8807    ldalrymp@co.gila.az.us

Address: Gila County Office of Health, 5515 S. Apache Avenue, Globe, AZ, 85501

Signature: *Lorraine Dalrymple, R.N.* Date: 1/14/11

**ATTACHMENT 6  
AGENCY CAPACITY & REFERENCES**

RFP NO. ADHS11-00000347

**REFERENCE**

Contract Term / Dates of Work: Ongoing

Geographic Area(s) Served: Gila County Low Income

Target Population(s) Served: Low Income

**Please respond to the following questions:**

1. Have you worked with this agency/program in the past? Give specifics as to dates, results (outcomes achieved, objectives met)

CAP has paid rent and utilities this past fiscal year – 2009/2010 – for a least one of the Gila County HIV Program clients. There may be more, but due to confidentiality we are unable to provide specifics.

2. How do you plan to work together in the future?

Through a referral process as we are located in the same building.

3. Describe the Contractor's expertise with and/or capacity for completing the terms of this Proposal.

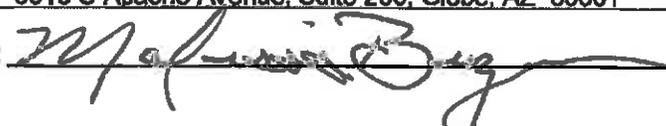
They are extremely passionate about their clients and the referral process is made easy because of their expertise.

**This page should be completed by the named contact at the referring agency.**

Contact Name and Title: Malissa Buzan, Gila County Community Action & Housing Services Program Manager

Telephone and Email: (928) 425-7631 mbuzan@co.gila.az.us

Address: 5515 S Apache Avenue, Suite 200, Globe, AZ 85501

Signature:  Date: January 12, 2011



**ATTACHMENT 8**  
**MINIMUM COMPUTER REQUIREMENTS**

RFP NO. ADHS11-00000347

**Minimum Computer Requirements**

As the authorized representative of Gila County (insert name of agency/business/health department) agree that:

All staff working on the proposed service will have access to a stand alone, network or laptop computer with the following programs:

Windows Operating System version XP or later  
Microsoft Office 2007  
Internet Explorer 7 or Firefox 3.5 internet browser with high speed internet access  
Firewall protection of all health and Ryan White data that restricts outside access  
User level access security to Ryan White data systems  
system-wide virus and malware protection that is maintained with virus definition updates.

Each offeror must have an installation of CareWare or another HRSA approved application for Ryan White client level data reporting. (Note: If the offeror opts not to use CareWare at this time, they should be aware that the Ryan White Part B program will require the offeror to have the ability to transfer service data each month from their selected data system into a statewide CAREWare network after August 31, 2011.)

Staff must have access to the Ryan White client level data system to complete data entry that meets deliverable requirements.

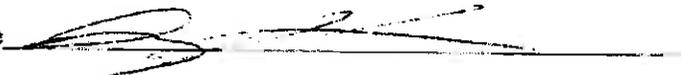
Supervisors must have access to the Ryan White client level data system to run reports and perform quality assurance activities

I understand that failure to meet these computer requirements will result in forfeiture of the Contract, if awarded.

Authorized representative of Gila County

Name (printed) Darryl Griffin

Title I.T. Director

Signature 

**ATTACHMENT 9**  
**MATERIALS REVIEW ACCEPTANCE**

RFP NO. ADHS11-00000347

**Materials Review Acceptance**

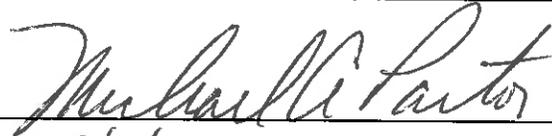
All materials (such as forms, documents, publications, etc.) developed or utilized by Programs shall be approved by the ADHS, Office of HIV, STD and Hepatitis Services, HIV Care and Services (Ryan White Part B) Program prior to any use by the Program. Please review Exhibit 7, Offerors Additional Information Resources, for more information.

As the responsible Party for the service described in this Proposal, I understand it is a contractual requirement to ensure that all materials are submitted and approved prior to use. I also understand that failure to do so may jeopardize funding.

Agency: Gila County

Name: Michael A. Pastor

Title: Chairman of the Board of Supervisors

Signature: 

Date: 2/1/14

**ATTACHMENT 11**  
**BUDGET JUSTIFICATION AND NARRATIVE**

**RFP NO. ADHS11-00000347**

Offerors will provide information covering Personnel Services, Employee Related Expenses, Professional and Outside Services, Other Operating Expenses, and Travel in the tables below, for each separate service category proposed, as well as a detailed narrative covering each item listed in the tables. Administrative costs are those which are necessary for the logistical operation of the program, but are not directly related to the delivery of the services provided. Quality Management costs are those which are directly related to the programs clinical quality management activity, the program's participation in the Ryan White Part B statewide quality management program, or any data collection or reporting activity required for clinical quality management.

**Ryan White Part B Line Item Budget Preparation**

Amount Requested:

| Line Item                            | Full Salary | FTE % for Program | Core Medical FTE | Core Medical \$ | Support Services FTE | Support Services \$ | QM FTE | QM \$    | Admin FTE | * Admin \$ | Total \$         |
|--------------------------------------|-------------|-------------------|------------------|-----------------|----------------------|---------------------|--------|----------|-----------|------------|------------------|
| A. Personnel                         |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
| HIV Case Manager/Program Coordinator | \$35,412.52 | 90%               |                  |                 | 85%                  | 30,100.64           | 5%     | 1,770.78 |           |            | 31,871.42        |
| Accounting Clerk                     | \$33,250.00 | 10%               |                  |                 |                      |                     |        |          | 10%       | \$3,325.00 | 3,325.00         |
|                                      |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
|                                      |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
|                                      |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
|                                      |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
| <b>Sub-total Personnel</b>           |             |                   |                  |                 |                      |                     |        |          |           |            | <b>35,196.42</b> |
| B. Fringe                            |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
| Employee Related Expenses (ERE)      |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
| HIV Case Manager/Program Coordinator | 10,968.97   | 90%               |                  |                 | 85%                  | 9,323.62            | 5%     | 548.45   |           |            | 9,872.07         |
| <b>Sub-total ERE</b>                 |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
|                                      |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
| C. In-State Travel                   |             |                   |                  |                 |                      |                     |        |          |           |            |                  |
| Mileage per year - 20,508 miles      |             |                   |                  |                 |                      | 7,793.04            |        |          |           |            |                  |
| Hotel                                |             |                   |                  |                 |                      | 4,200.00            |        |          |           |            |                  |



**ATTACHMENT 11  
BUDGET JUSTIFICATION AND NARRATIVE**

**RFP NO. ADHS11-00000347**

Total Quality Management  
across all services is capped at  
5%.