CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

RFP # 2022-06 Pre-Proposal Conference
Ryan White Part A- Direct Services
RFP Pre-Proposal Conference
Thursday, November 03, 2022 @ 10:30 am

Overview

- Important Dates
- Proposal Requirements
- Background Information
- Questions & Answers

Important Dates

- All questions submitted before and during the pre-proposal conference will be posted on the Board of Health website by C.O.B. Friday, December 02, 2022.
- No Questions will be accepted after the pre-proposal conference.
- Addenda will be posted on the CCBH website by C.O.B. Friday, December 02, 2022
- Sealed proposals, in its entirety, must be submitted by Tuesday, December 20, 2022 at 10:30 am

Proposal Requirements

Proposal Submission

- Proposals should be mailed or hand-delivered
- Submit one (1) original and six (6) copies and one (1) electronic copy of the proposal with all required information.
- Any proposal received after the date and time specified will be disqualified and returned unopened

Proposal Requirements Cont'd.

Proposal Submission

- The official closing time will be determined by the time clock located in the CCBH Administrative Office – mail area
- Vendors assume the risk of the method of dispatch chosen
- CCBH assumes no responsibility for delays caused by any delivery service
- Postmarking by the due date will not substitute for actual proposal receipt
- Proposals may NOT be delivered by facsimile transmission, email or other telecommunication or electronic means.

Proposal Requirements Cont'd.

- Cover page- Page 21 (sample on page 44)
- Cover letter with the signature of a representative authorized to make contractual obligations (page 21)
- Cover letter must confirm that the vendor will comply with all the provisions of this RFP
- Attachment A – Refer to "**Proposal Submission Requirement Checklist**" to ensure all components of RFP are included with submission (Page 40)

Proposal Requirements Cont'd.

- Attachment B – Vendor Reference Sheet (required from all bidders)
- Attachment C – Non-Collusion Affidavit with signature and must be notarized
- Attachment D – Certificate of Compliance Form
- Performance Bond– NOT Required for this RFP (page 37)

Background Information

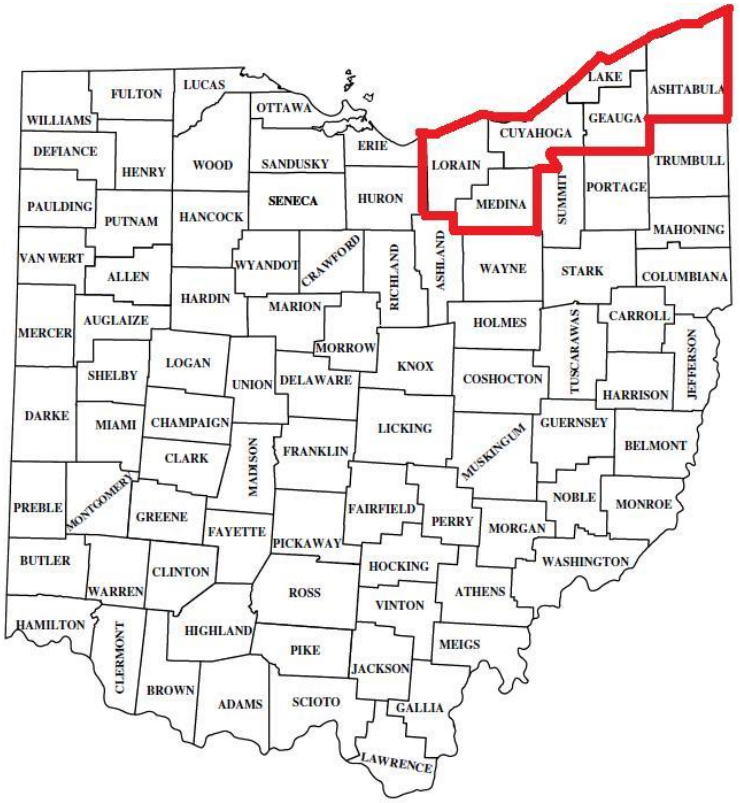
- The Ryan White HIV/AIDS Program provides HIV-related services for those who do not have sufficient health care coverage or financial resources to cope with HIV disease. The program is federally funded through the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). Annually, the Ryan White HIV/AIDS Program serves an estimated 533,036 individuals living with HIV/AIDS throughout the United States. In 1996, HRSA first designated the six county Cleveland Region as a Part A Transitional Grant Area (TGA).

Cleveland TGA

The Cuyahoga County Board of Health (CCBH) serves as the Administrator of the Cleveland TGA grant which serves the following Ohio Counties:

- Cuyahoga
- Ashtabula
- Geauga
- Lake
- Lorain
- Medina

According to the Ohio Department of Health, in 2021 there were a total of 6,133 individuals living with HIV/AIDS throughout the TGA. The Cleveland TGA Part A program provided care and support services to a total of 3,276 individuals in 2021, or 53% of the region's total population living with HIV/AIDS.



Service Categories

Core Services

- Early Intervention Services
- Home and Community-Based Health Services
- Home Health Care
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient Ambulatory Health Services

Support Services

- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Medical Transportation
- Non-Medical Case Management
- Other Professional Services
- Psychosocial Support Services

Standards of Care

- There is a Standard of Care developed for each service category in the Ryan White program
- Serves as detailed guidance of service category delivery expectations
- Highly recommend reviewing Standards of Care for any service category your agency intends to apply for
- Can be found at: https://ccbh.net/ryan-white-provider-resources/

Ryan White Part A

Medical Case Management

Cleveland TGA Service Standard of Care

SERVICE CATEGORY DEFINITION

Medical Case Management:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV Care Continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g. face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial and updated psychosocial assessment of service needs, along with acuity scale
- Development of a comprehensive, individualized care plan, with updates
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefit counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g. Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges).

Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models.

Medical Case Management includes all provisions listed above and requires a patient whose acuity level requires the case manager also manage their medical care, schedule and monitor medical appointments, lab work, medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports.

Ryan White Part A

Medical Case Management

Cleveland TGA Service Standard of Care

SERVICE STANDARDS

	Standard	Measure	Goal
1.	Services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	100%
2.	Medical case management clients have a completed comprehensive individual care plan.	Documentation of completed comprehensive individual care plan is included in the file of all clients receiving services in the measurement year.	100%
3.	New medical case management clients receive an initial psychosocial assessment of service needs.	Documentation of initial assessment of service needs is included in the file of all clients entering service in the measurement year.	100%
4.	Medical case management clients receive coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%
5.	Medical case management clients have their individual care plans updated two or more times, at least three months apart.	Documentation that the individual care plan is updated at least two times, three months apart, for clients receiving services for a span longer than six months in the measurement year.	80%
6.	Medical case management clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart.	80%
7.	Medical case management clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year as documented by the medical case manager.	80%
8.	Medical case management clients are retained in medical care.	Documentation that the client had at least one medical visit in each six month period of a 24 month measurement period with a minimum of 60 days between visits as documented by the medical case manager.	80%
9.	Medical case management clients have no gaps in medical care.	Documentation that the client had a medical visit in the first and second halves of a 12 month measurement period as documented by the medical case manager.	80%
10.	Medical case management clients are on Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	80%
11.	Medical case management clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	80%

Data Expectations

- The Cleveland TGA Part A program utilizes a client level reporting system called CAREWare
- This system is free for partners and training will be provided to funded agencies
- Agencies are expected to enter all services rendered, medical data, and demographic data into CAREWare monthly to justify time and effort

Fiscal Information

- Agencies submit budget requests based on needs of the agency to adequately deliver funded service
- Awards are dependent on funding and Planning Council allocations
- Reimbursement model: Agencies will have approved budget on file at all times in which monthly invoices will be submitted
  - Blank Excel budget template will be added to RFP posting at https://ccbh.net/rfqs/

Time Commitments

- Annual budget meeting, monthly invoice submissions
- Annual site visit
- Participation in Clinical Quality Management Committee(one designee per agency)
- Participation in trainings provided by Recipient

Questions?

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