

**SERIAL 13054 RFP RYAN WHITE PART A SERVICES – MEDICAL AND NON-MEDICAL
CASE MANAGEMENT SERVICES (Chicanos Por La Causa)**

DATE OF LAST REVISION: June 05, 2014

CONTRACT END DATE: February 28, 2019

**AMENDMENT #1(DTD 06/05/14) PLEASE SEE THE REMOVAL OF SECTION 4.22 AND THE
ADDITION OF SECTION 4.38**

CONTRACT PERIOD THROUGH FEBRUARY 28, 2019

TO: All Departments

FROM: Office of Procurement Services

**SUBJECT: Contract for RYAN WHITE PART A SERVICES – MEDICAL AND NON-MEDICAL
CASE MANAGEMENT SERVICES**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **February 26, 2014**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Chief Procurement Officer
Office of Procurement Services

AS/ub
Attach

Copy to: Office of Procurement Services
Rose Connor, Ryan White Part A Program

(Please remove Serial 07095-RFP from your contract notebooks)



CONTRACT PURSUANT TO RFP

SERIAL 13054 -RFP

This Contract is entered into this 26th day of February, 2014 by and between Maricopa County ("County"), a political subdivision of the State of Arizona, and Chicanos Por La Causa (CPLC), an Arizona corporation ("Contractor") for the purchase of Medical and Non-Medical Case Management Services.

1.0 CONTRACT TERM:

- 1.1 This Contract is for a term of five (5) years, beginning on the 1st day of March, 2014 and ending the 28th day of February, 2019.
- 1.2 The County may, at its option and with the agreement of the Contractor, renew the term of this Contract for additional terms up to a maximum of five (5) one-year renewal terms, (or at the County's sole discretion, extend the contract on a month-to-month bases for a maximum of six (6) months after expiration). The County shall notify the Contractor in writing of its intent to extend the Contract term at least thirty (30) calendar days prior to the expiration of the original contract term, or any additional term thereafter.

2.0 PAYMENTS:

- 2.1 As consideration for performance of the duties described herein, County shall pay Contractor the sum(s) stated in Exhibit "B".
- 2.2 Payment shall be made upon the County's receipt of a properly completed invoice. Invoices shall contain the following information: Contract number, purchase order number, item numbers, description of supplies and/or services, sizes, quantities, unit prices, extended totals and any applicable sales/use tax.
- 2.3 INVOICES:
 - 2.3.1 The Contractor shall submit electronically to the Administrative Agent one (1) legible copy of their detailed monthly invoice before payment(s) can be made.
 - 2.3.2 Contractor will submit the invoice packet for services performed on or before the fifteen (15th) calendar day following the month in which services were performed.
 - 2.3.3 The invoice must include the requirements as outlined in the Ryan White Part A's current policies and procedures manual.
 - 2.3.4 Contractors providing medical services are required to utilize the Health Care Form 1500 (HCF-1500), Uniform Billing 92 (UB-92) or other standardized medical claim forms as agreed to with the Administrative Agent, and to submit these to the Ryan White Part A Program in addition to the other required invoice reports and forms.
 - 2.3.5 Problems regarding billing or invoicing shall be directed to the County as listed on the Purchase Order.
 - 2.3.6 Payment shall be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. After Contract Award the Contractor shall complete the Vendor Registration

Form located on the County Department of Finance Vendor Registration Web Site (www.maricopa.gov/finance/vendors).

- 2.3.7 EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.

3.0 DUTIES:

- 3.1 The Contractor shall perform all duties stated in Exhibits “B & C” and the budget’s schedule of deliverables for that grant year and/or as directed by the current Ryan White Part A policies and procedures manual or as otherwise directed in writing by the Procurement Officer.
- 3.2 The Contractor shall perform services at the location(s) and time(s) stated in this application, the current approved work plan or as otherwise directed in writing, via contract amendment and/or task order from the Administrative Agent.
- 3.3 During the Contract term, County shall provide Contractor’s personnel with adequate workspace for consultants and such other related facilities as may be required by Contractor to carry out its contractual obligations.

4.0 TERMS and CONDITIONS:

4.1 PRICE ADJUSTMENTS:

- 4.1.1 Any request for a fee adjustment must be submitted sixty (60) days prior to the current Contract anniversary date. Requests for adjustment in cost of labor and/or materials must be supported by appropriate documentation. If County agrees to the adjusted fee, County shall issue written approval of the change. The reasonableness of the request will be determined by comparing the request with the AHCCCS fee schedule or by performing a market survey.

4.2 INDEMNIFICATION:

- 4.2.1 To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, employees and volunteers from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions, mistakes or malfeasance relating to the performance of this Contract. Contractor’s duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, employees and volunteers shall arise in connection with any claim, damage, loss or expense that is caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract by the Contractor, as well as any person or entity for whose acts, errors, omissions, mistakes or malfeasance Contractor may be legally liable.
- 4.2.2 The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.
- 4.2.3 The scope of this indemnification does not extend to the sole negligence of County.

4.3 INSURANCE REQUIREMENTS:

- 4.3.1 The Contractor shall have in effect at all times during the term of this Contract insurance which is adequate to protect Maricopa County, its officers and employees, participants and equipment funded under the Contract against such losses as are set forth below. The Contractor shall provide County with current documentation of insurance coverage by

furnishing a Certificate of Insurance or a certified copy of the insurance policy naming Maricopa County as an additional insured.

4.3.2 The following types and amounts of insurance are required as minimums:

4.3.2.1 Worker's Compensation as required by Arizona law; and employer's liability insurance with \$1,000,000 per accident, \$1,000,000 per disease and \$1,000,000 per limit disease.

4.3.2.2 Unemployment Insurance as required by Arizona law.

4.3.2.3 Commercial general liability insurance the limits of the policies shall not be less than \$2,000,000 per occurrence, \$4,000,000 general aggregate, \$2,000,000 products completed operations aggregate.

4.3.3 Automobile and Truck Liability, Bodily Injury and Property Damages:

4.3.3.1 Combined single limit; \$1,000,000.

4.3.4 Standard minimum deductible amounts are allowable. Any losses applied against insurance deductibles are the sole responsibility of the Contractor.

4.3.5 Professional Liability Insurance; \$2,000,000 per occurrence or claim and \$4,000,000 aggregate.

4.3.6 The Contractor will immediately inform the Director of any cancellation of its insurance or any decrease in its lines of coverage at least thirty (30) days before such action takes place.

4.3.7 Certificates of Insurance.

4.3.7.1 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon ten (10) business days. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

4.3.7.1.1 In the event any insurance policy (ies) required by this Contract is (are) written on a "claims made" basis, coverage shall extend for two (2) years past completion and acceptance of Contractor's work or services and as evidenced by annual Certificates of Insurance.

4.3.7.1.2 If a policy does expire during the life of the Contract, a renewal certificate must be sent to County fifteen (15) days prior to the expiration date.

4.3.8 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

4.4 NOTICES:

All notices given pursuant to the terms of this Contract shall be addressed to:

For County:

Maricopa County

Office of Procurement Services
ATTN: Contract Administration
320 West Lincoln Street
Phoenix, Arizona 85003-2494

For Contractor:

Chicanos Por La Causa
ATTN: Dottie O'Connell
1402 S. Central Avenue
Phoenix, AZ85004

4.5 REQUIREMENTS CONTRACT:

4.5.1 Contractor signifies its understanding and agreement by signing this document that this Contract is a requirements contract. This Contract does not guarantee any purchases will be made (minimum or maximum). Orders will only be placed when County identifies a need and issues a purchase order or a written notice to proceed.

4.5.2 County reserves the right to cancel purchase orders or notice to proceed within a reasonable period of time after issuance. Should a purchase order or notice to proceed be canceled, the County agrees to reimburse the Contractor for actual and documented costs incurred by the Contractor. The County will not reimburse the Contractor for any avoidable costs incurred after receipt of cancellation, or for lost profits, or shipment of product or performance of services prior to issuance of a purchase order or notice to proceed.

4.5.3 Contractor agrees to accept written cancellation of purchase orders.

4.6 TERMINATION:

4.6.1 Either party may terminate this Contract at any time with thirty (30) days prior written notice to the other party. Such notice shall be given by personal delivery or by Registered or Certified Mail.

4.6.2 This Contract may be terminated by mutual written agreement of the parties specifying the termination date therein.

4.6.3 County may terminate this Contract upon twenty-four (24) hours notice when County deems the health or welfare of a patient is endangered or Contractor non-compliance jeopardizes funding source financial participation. If not terminated by one of the above methods, this Contract will terminate upon the expiration date of this Contract as stated on the Cover Page.

4.7 TERMINATION FOR DEFAULT:

County may suspend, modify or terminate this Contract immediately upon written notice to Contractor in the event of a non-performance of stated objectives or other material breach of contractual obligations; or upon the happening of any event, which would jeopardize the ability of the Contractor to perform any of its contractual obligations.

4.8 TERMINATION BY THE COUNTY:

If the Contractor should be adjudged bankrupt or should make a general assignment for the benefit of its creditors, or if a receiver should be appointed on account of its insolvency, the County may terminate the Contract. If the Contractor should persistently or repeatedly refuse or should fail, except in cases for which extension of time is provided, to provide enough properly skilled workers or proper materials, or persistently disregard laws and ordinances, or not proceed with work or otherwise be guilty of a substantial violation of any provision of this Contract, then the County may terminate the Contract. Prior to termination of the Contract, the County shall give the

Contractor fifteen- (15) calendar day's written notice. Upon receipt of such termination notice, the Contractor shall be allowed fifteen (15) calendar days to cure such deficiencies.

4.9 STATUTORY RIGHT OF CANCELLATION FOR CONFLICT OF INTEREST:

Notice is given that pursuant to A.R.S. §38-511 the County may cancel this Contract without penalty or further obligation within three years after execution of the contract, if any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County is at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the Contract in any capacity or consultant to any other party of the Contract with respect to the subject matter of the Contract. Additionally, pursuant to A.R.S §38-511 the County may recoup any fee or commission paid or due to any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County from any other party to the contract arising as the result of the Contract.

4.10 OFFSET FOR DAMAGES;

In addition to all other remedies at law or equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance under this contract.

4.11 ADDITIONS/DELETIONS OF SERVICE:

4.11.1 The County reserves the right to add and/or delete materials to a Contract. If a service requirement is deleted, payment to the Contractor will be reduced proportionately, to the amount of service reduced in accordance with the bid price. If additional materials are required from a Contract, prices for such additions will be negotiated between the Contractor and the County.

4.11.2 The County reserves the right of final approval on proposed staff for all Task Orders. Also, upon request by the County, the Contractor will be required to remove any employees working on County projects and substitute personnel based on the discretion of the County within two business days, unless previously approved by the County.

4.12 RELATIONSHIPS:

In the performance of the services described herein, the Contractor shall act solely as an independent contractor, and nothing herein or implied herein shall at any time be construed as to create the relationship of employer and employee, partnership, principal and agent, or joint venture between the District and the Contractor.

4.13 USE OF SUBCONTRACTORS:

4.13.1 The use of subcontractors and/or consultants shall be pre-approved by the County. If the use of subcontractors is approved by County, the Contractor agrees to use written subcontract/consultant agreements which conform to Federal and State laws, regulations and requirements of this Contract appropriate to the service or activity covered by the subcontract. These provisions apply with equal force to the subcontract as if the subcontractor were the Contractor referenced herein. The Contractor is responsible for Contract performance whether or not subcontractors are used. The Contractor shall submit a copy of each executed subcontract to County within fifteen (15) days of its effective date.

4.13.2 All subcontract agreements must provide a detailed scope of work, indicating the provisions of service to be provided by both the Contractor and Subcontractor.

4.13.2.1 All subcontract agreements must include a detailed budget, identifying all administrative and direct service costs as defined in the Budget, Revenues and Expenditures section.

4.13.2.2 All subcontract agreements must document the qualifications and ability to provide services by the subcontracting agency.

4.13.2.2.1 The Contractor agrees to include in any subcontracts a provision to the effect that the subcontractor agrees that County shall have access to the subcontractor's facilities and the right to examine any books, documents and records of the subcontractor, involving transactions related to the subcontract and that such books, documents and records shall not be disposed of except as provided herein.

4.13.2.2.2 The Contractor shall not enter into a subcontract for any of the work contemplated under this Agreement except in writing and with prior written approval of the County. Such approval shall include the review and acceptance by the County of the proposed sub-contractual arrangement between the Contractor and the subcontractor.

4.14 AMENDMENTS:

All amendments to this Contract shall be in writing and approved/signed by both parties. Maricopa County Office of Procurement Services shall be responsible for approving all amendments for Maricopa County.

4.15 ACCESS TO AND RETENTION OF RECORDS FOR THE PURPOSE OF AUDIT AND/OR OTHER REVIEW:

4.15.1 In accordance with section MCI 367 of the Maricopa County Procurement Code the Contractor agrees to retain all books, records, accounts, statements, reports, files, and other records and back-up documentation relevant to this Contract for six (6) years after final payment or until after the resolution of any audit questions which could be more than six (6) years, whichever is latest. The County, Federal or State auditors and any other persons duly authorized by the Department shall have full access to, and the right to examine, copy and make use of, any and all said materials.

4.15.2 If the Contractor's books, records, accounts, statements, reports, files, and other records and back-up documentation relevant to this Contract are not sufficient to support and document that requested services were provided, the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

4.16 AUDIT DISALLOWANCES:

4.16.1 The Contractor shall, upon written demand, reimburse Maricopa County for any payments made under this Contract, which are disallowed, by a Federal, State or Maricopa County audit in the amount of the disallowance, as well as court costs and attorney fees which Maricopa County incurs to pursue legal action relating to such a disallowance.

4.16.2 If at any time it is determined by County that a cost for which payment has been made is a disallowed cost, County shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of County either to adjust any future claim submitted by the Contractor by the amount of the disallowance or to require repayment of the disallowed amount by the Contractor.

4.16.3 The Contractor shall be responsible for repayment of any and all applicable audit exceptions, which may be identified by County, State and Federal auditors of their designated representatives, and reviewed by the Contractor. The Contractor will be billed by the County for the amount of said audit disallowance and shall promptly repay such audit disallowance within 60 days of said billing.

4.17 CONTRACT COMPLIANCE MONITORING:

- 4.17.1 County shall monitor the Contractor's compliance with, and performance under, the terms and conditions of this Contract. On-site visits for Contract compliance monitoring may be made by County and/or its grantor agencies at any time during the Contractor's normal business hours, announced or unannounced. The Contractor shall make available for inspection and/or copying by County, all records and accounts relating to the work performed or the services provided under this Contract, or for similar work and/or service provided under other grants and contracts.
- 4.17.2 The Contractor shall have policies and procedures in place that allow the County as the funding agency prompt and full access to financial, program and management records and documents as needed for program and fiscal monitoring and oversight.
- 4.17.3 Contractor shall follow and comply with all related corrective action plans and requirements of site visits and subsequent audits conducted by County and its representatives. When monetary penalties are imposed or unallowable costs determined, the County will define how repayment will be made to the County. This may include decreasing or withholding the Contractor's monthly billing or requiring payment to the County.
- 4.17.4 The Contractor shall submit reports to County as requested that detail performance and allow review of budget, cost of services and unit cost methodology.

4.18 AVAILABILITY OF FUNDS:

- 4.18.1 The provisions of this Contract relating to payment for services shall become effective when funds assigned for the purpose of compensating the Contractor as herein provided are actually available to County for disbursement. The Director shall be the sole judge and authority in determining the availability of funds under this Contract and County shall keep the Contractor fully informed as to the availability of funds.
- 4.18.2 If any action is taken by any State Agency, Federal Department or any other agency or instrumentality to suspend, decrease, or terminate its fiscal obligations under, or in connection with, this Contract, County may amend, suspend, decrease, or terminate its obligations under, or in connection with, this Contract. In the event of termination, County shall be liable for payment only for services rendered prior to the effective date of the termination, provided that such services are performed in accordance with the provisions of this Contract. County shall give written notice of the effective date of any suspension, amendment, or termination under this section, at least ten (10) days in advance.

4.19 RESTRICTIONS ON USE OF FUNDS:

- 4.19.1 The Contractor shall not utilize funds made available under this Contract to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:
 - 4.19.1.1 Under any State compensation program, under any insurance policy, or under any Federal, State, or county health benefits program; or
 - 4.19.1.2 By an entity that provides health services on a prepaid basis.
- 4.19.2 Funds shall not be used to purchase or improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services as referenced in the Arizona Revised Statutes (ARS) A.R.S. § 41-2591, R2-7-701 and *Code of Federal Regulations*, Chapter 1, Subchapter e., Part 31, and Public Health Service Grants Policy Statement.

- 4.19.3 The federal Office of General Counsel and County emphasize that Ryan White Act funds may only support HIV-related needs of eligible individuals. All activities and expenditures must reflect an explicit connection between any service supported with Ryan White Act funds and the intended recipient's HIV status.
- 4.19.4 Contractor is not authorized to provide services anonymously, unless specifically approved for the service category in which the Contractor is providing services. All services must only be provided to documented eligible clients as defined in this contract.
- 4.19.5 Ryan White funds shall not be used to finance the services of lobbyists, fundraisers or grant/proposal writers, nor to support lobbying, fundraising activities and/or the writing of grant/contract proposals. The Contractor shall have personnel policies and an employee orientation manual that include regulations that forbid using federal funds to lobby Congress or other Federal personnel.
- 4.19.6 The Ryan White Act limits the administrative expenses to not more than **10%** of the total grant award. The Act defines allowable "administrative activities" to include:
 - 4.19.6.1 Usual and recognized overhead, including established indirect rates for agencies;
 - 4.19.6.2 Management and oversight of specific programs funded under this title; and
 - 4.19.6.3 Other types of program support such as quality assurance, quality control, and related activities."

4.20 CONTINGENCY RELATING TO OTHER CONTRACTS AND GRANTS:

- 4.20.1 The Contractor shall, during the term of this Contract, immediately inform County in writing of the award of any other contract or grant where the award of such contract or grant may affect either the direct or indirect costs being paid/reimbursed under this Contract. Failure by the Contractor to notify County of such award shall be considered a material breach of the Contract and County shall have the right to terminate this Contract without liability.
- 4.20.2 County may request, and the Contractor shall provide within a reasonable time, a copy of any other contract or grant, when in the opinion of the Director, the award of the other contract or grant may affect the costs being paid or reimbursed under this Contract.
- 4.20.3 If County determines that the award to the Contractor of such other Federal or State contract or grant has affected the costs being paid or reimbursed under this Contract, County shall prepare a Contract Amendment effecting a cost adjustment. If the Contractor protests the proposed cost adjustment, the protest shall be construed as a dispute within the meaning of the "Disputes" clause contained herein.

4.21 SEVERABILITY:

The invalidity, in whole or in part, of any provision of this Contract shall not void or affect the validity of any other provision of this Contract.

~~4.22 ALTERNATIVE DISPUTE RESOLUTION:~~

~~4.22.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in~~

~~accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:~~

~~4.22.1.1 Render a decision;~~

~~4.22.1.2 Notify the parties that the exhibits are available for retrieval; and~~

~~4.22.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).~~

~~4.22.1.4 Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.~~

~~4.22.1.5 Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.~~

4.23 MEDIATION/ARBITRATION:

In the event that a dispute arises under the terms of this agreement, or where the dispute involves the parties to the agreement, a recipient of services under the terms of this agreement, it is understood that the parties to the dispute shall meet and confer in an effort to resolve the dispute. In the event that such efforts to resolve the dispute are not successful, the parties to the dispute will agree to submit the dispute to non-binding mediation before a mutually agreed upon and acceptable person who will act as the mediator. In the event that such non-binding mediation efforts are not able to resolve the dispute, the parties agree to submit the matter to binding arbitration wherein each party selects their own arbitrator and the two selected arbitrators meet and mutually agree upon the selection of a third arbitrator. Thereafter, the three arbitrators are to proceed with arbitration in a manner that is consistent with the provision of A.R.S. 12-1518.

4.24 STRICT COMPLIANCE:

Acceptance by County of performance not in strict compliance with the terms hereof shall not be deemed to waive the requirement of strict compliance for all future performance obligations. All changes in performance obligations under this Contract must be in writing.

4.25 NON-LIABILITY:

Maricopa County and its officers and employees shall not be liable for any act or omission by the Contractor or any subcontractor, employee, officer, agent, or representative of Contractor or subcontractors occurring in the performance of this Contract, nor shall they be liable for purchases or Contracts made by the Contractor in anticipation of funding hereunder.

4.26 RIGHT OF PARTIAL CANCELLATION:

If more than one service category is funded by this Contract, Maricopa County reserves the right to terminate this Contract or any part thereof based upon the Contractor's failure to perform any part of this contract without impairing, invalidating or canceling the remaining service category obligations as stated in the current schedule of deliverables.

4.27 RIGHTS IN DATA:

The County shall own have the use of all data and reports resulting from this Contract without additional cost or other restriction except as provided by law. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

4.28 INTEGRATION:

This Contract represents the entire and integrated agreement between the parties and supersedes all prior negotiations, proposals, communications, understandings, representations, or agreements, whether oral or written, express or implied.

4.29 VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §41-4401 AND FEDERAL IMMIGRATION LAWS AND REGULATIONS:

4.29.1 By entering into the Contract, the Contractor warrants compliance with the Immigration and Nationality Act (INA using e-verify) and all other federal immigration laws and regulations related to the immigration status of its employees and A.R.S. §23-214(A). The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the Immigration Reform and Control Act of 1986, as amended from time to time, for all employees performing work under the Contract and verify employee compliance using the E-verify system and shall keep a record of the verification for the duration of the employee's employment or at least three years, whichever is longer. I-9 forms are available for download at USCIS.GOV.

4.29.2 The County retains the legal right to inspect contractor and subcontractor employee documents performing work under this Contract to verify compliance with paragraph 4.20.1 of this Section. Contractor and subcontractor shall be given reasonable notice of the County's intent to inspect and shall make the documents available at the time and date specified. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County will consider this a material breach of the contract and may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

4.30 CONTRACTOR LICENSE REQUIREMENT:

4.30.1 The Respondent shall procure all permits, insurance, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his/her business, and as necessary complete any required certification requirements, required by any and all governmental or non-governmental entities as mandated to maintain compliance with and in good standing for all permits and/or licenses. The Respondent shall keep fully informed of existing and future trade or industry requirements, Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same. Contractor shall immediately notify both Office of Procurement Services and the using agency of any and all changes concerning permits, insurance or licenses.

4.30.2 Respondents furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Respondent is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Respondents are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1525 to ascertain

licensing requirements for a particular contract. Respondents shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

4.31 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

4.31.1 The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

4.3.1.1 are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

4.3.1.2 have not within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

4.3.1.3 are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

4.3.1.4 have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.

4.3.1.5 Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Contract.

4.3.1.6 The Contractor agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

4.32 INFLUENCE

As prescribed in MC1-1202 of the Maricopa County Procurement Code, any effort to influence an employee or agent to breach the Maricopa County Ethical Code of Conduct or any ethical conduct, may be grounds for Disbarment or Suspension under MC1-902.

An attempt to influence includes, but is not limited to:

4.32.1 A Person offering or providing a gratuity, gift, tip, present, donation, money, entertainment or educational passes or tickets, or any type valuable contribution or subsidy;

4.32.2 That is offered or given with the intent to influence a decision, obtain a contract, garner favorable treatment, or gain favorable consideration of any kind.

If a Person attempts to influence any employee or agent of Maricopa County, the Chief Procurement Officer, or his designee, reserves the right to seek any remedy provided by the Maricopa County Procurement Code, any remedy in equity or in the law, or any remedy provided by this contract.

4.33 GOVERNING LAW:

This Contract shall be governed by the laws of the state of Arizona. Venue for any actions or lawsuits involving this Contract will be in Maricopa County Superior Court or in the United States District Court for the District of Arizona, sitting in Phoenix, Arizona

4.34 LAWS, RULES AND REGULATIONS:

The Contractor understands and agrees that this Contract is subject to all State and Federal laws, rules and regulations that pertain hereto.

4.35 ANTI-KICKBACK REGULATIONS:

4.35.1 If the Contractor is a Medicare/Medicaid provider, it shall maintain a Corporate Compliance Plan.

4.35.2 The Contractor shall maintain Personnel Policies, Code of Ethics or Standards of Conduct, Bylaws and Board policies that include ethics standards or business conduct practices.

4.35.3 The Contractor shall maintain documentation of any employee or Board member violations of Code of Ethics/Standards of Conduct, and complaints of violations and resolution.

4.35.4 The Contractor's Code of Ethics/Standards of Conduct shall include:

- Conflict of interest
- Prohibition on use of provider property, information or position without approval or advance personal interest
- Fair dealing: Contractor engages in fair and open competition
- Confidentiality
- Protection and use of company assets
- Compliance with laws, rules, regulations
- Timely and truthful disclosure of significant accounting deficiencies and non-compliance

4.35.5 The Contractor shall have adequate policies and procedures to discourage soliciting cash or in-kind payments for:

- Awarding contracts
- Referring clients
- Purchasing goods or services
- Submitting fraudulent billings

4.35.6 The Contractor shall have employee policies that discourage:

- Hiring persons with a criminal record
- Hiring persons being investigated by Medicare/Medicaid
- Large signing bonuses

4.36 ORDER OF PRECEDENCE:

In the event of a conflict in the provisions of this Contract and Contractor's license agreement, if applicable, the terms of this Contract shall prevail.

4.37 PUBLIC RECORDS:

All Offers submitted and opened are public records and must be retained by the Records Manager at the Office of Procurement Services. Offers shall be open to public inspection after Contract award and execution, except for such Offers deemed to be confidential by the Office of Procurement Services. If an Offeror believes that information in its Offer should remain confidential, it shall indicate as confidential, the specific information and submit a statement with its offer detailing the reasons that the information should not be disclosed. Such reasons shall

include the specific harm or prejudice which may arise. The Records Manager of the Office of Procurement Services shall determine whether the identified information is confidential pursuant to the Maricopa County Procurement Code.

4.38 **CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS**

4.38.1 **The Parties agree that this Contract and employees working on this Contract will be subject to the whistleblower rights and remedies in the pilot program on contractor employee whistleblower protections established at 41 U.S.C. § 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112–239) and section 3.908 of the Federal Acquisition Regulation;**

4.38.2 **Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. § 4712, as described in section 3.908 of the Federal Acquisition Regulation. Documentation of such employee notification must be kept on file by Contractor and copies provided to County upon request; and**

4.38.3 **Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold (\$150,000 as of September 2013).**

4.39 **INCORPORATION OF DOCUMENTS:**

The following are to be attached to and made part of this Contract:

4.39.1 Exhibit A, Service Provider Application;

4.39.2 Exhibit B, Pricing/RWPA Budget Form including the schedule of deliverables;

4.39.3 Exhibit C, Scope of Work.

IN WITNESS WHEREOF, this Contract is executed on the date set forth above.

CONTRACTOR



AUTHORIZED SIGNATURE

David Adame, COO

1112 E. Buckeye Rd Phoenix, AZ 85034

1/17/14

DATE

MARICOPA COUNTY



CHAIRMAN, BOARD OF SUPERVISORS

FEB 26 2014

DATE

ATTESTED:



CLERK OF THE BOARD

FEB 26 2014

DATE

APPROVED AS TO FORM:



LEGAL COUNSEL

FEB 25 2014

DATE

EXHIBIT A

SERVICE PROVIDER APPLICATION

Organization: Chicanos Por La Causa

Address: 1402 S Central Avenue

City: Phoenix State: AZ Zip: 85004

Telephone: 602-809-3610

Executive Director/CEO: Edmundo Hidalgo

Person completing this form: Maclovia Morales Contact Telephone: 602-253-4247

Legal Status: Nonprofit 501-C3 Corporation LLC Partnership Other:

Years in Business: 45

Maricopa County Vendor Registration Complete: Yes No Vendor Number: W0000076071

Site and Locations where services will be provided under this contract:

Service Site Location #1:

Organization: Chicanos Por La Causa

Address: 1402 S Central Avenue

City: Phoenix State: AZ Zip: 85004

Telephone: 602-809-3610

Service Site Location #2:

Organization:

Address:

City: State: Zip:

Telephone:

Note: If you propose more than two (2) Service Site Locations please include an additional attachment B identifying those locations.

What Geographic Location(s) do you plan to serve (See Exhibit3)? PSAs, 1, 2, 3, 4, 5, 6 and 7

Upon Award of a Contract, for this service, it is required that the Contractor shall comply with all Terms and Conditions of this Solicitation. Can your Organization meet and comply with all of the Terms and Conditions at this time? Yes or No

Can your Organization meet all of the Terms and Conditions at the time of the contract award? Yes or No

EXHIBIT B-1

PRICING & BUDGET FORM
MEDICAL CASE MANAGEMENT

NOTE: The following budget is for fiscal year 2013/2014 the 2014/2015 budgets will be developed upon issuance of a Task Order, Condition of Award and the new budget pending grant award and funding allocations.

DATE PREPARED 8/8/13

PREPARED BY: Maclovia Morales

NAME OF ORGANIZATION: Chicanos Por La Causa Inc.

Fed. Employee ID # (FEIN) 86-0027210

DUNS # 136249609

ADDRESS: 1402 S. Central Avenue
Phoenix, AZ 85004

AUTHORIZED CONTACT Dottie O' Connell

TELEPHONE 602-257-0700 FAX 602-258-1206

E-MAIL Dottie.Oconnell@cplc.org

PRIMARY CONTACT Maclovia Morales

TELEPHONE 602-253-4247 FAX 602-258-1206

EMAIL Maclovia Morales

CONTRACT NUMBER M-2013-MCM-002

SERVICE CATEGORY Medical Case Management

BUDGET PERIOD: 3/1/2013 2/28/2014
Start Date End Date

CONTRACT AMOUNT \$128,000.00

By submission of this budget, the Provider certifies that they have read the List of Unallowable Costs under the Ryan White Part A Program and agree to follow the HRSA specific standards related to Unallowable Costs.

In addition, the following documents must be submitted with your budget proposal (Check the appropriate boxes)

(Section I)

Organization
Service Category
Budget Period

Chicanos Por La Causa Inc. Medical Case Management 3/1/2013 Through 2/28/2014

(Section II)

Contract Amount **\$128,000.00**

Operating Expenses		FTES	Administrative Budget	Direct Service Budget	Total Budget
			0.00	1.74	1.74
Personnel:	Salaries		\$ -	\$ 87,659.10	\$ 87,659.10
Personnel:	Fringe/Benefits		-	20,871.63	20,871.63

Subtotal: Personnel/Fringe Benefits	-	108,530.74	108,530.74
--	---	-------------------	-------------------

Other Operating Expenses

Travel	-	2,117.88	2,117.88
Supplies	-	3,365.02	3,365.02
Equipment	-	-	-
Contractual	-	-	-
Program Support	-	2,350.00	2,350.00
Other Professional Services	-	-	-

Subtotal: Other Operating Expenses	-	7,832.90	7,832.90
---	---	-----------------	-----------------

Total Operating Expenses	-	116,363.64	116,363.64
---------------------------------	---	-------------------	-------------------

(Personnel and Other Direct Costs)

Indirect Costs	-	11,636.36	11,636.36
-----------------------	---	------------------	------------------

Enter Indirect Cost Rate (may not exceed 10% of Direct Costs)	10.00%	<i>Providers claiming an indirect cost must submit their most current negotiated indirect costs rate agreement issued by the cognizant federal agency with their budget.</i>
---	---------------	--

Total Costs of Contract	-	11,636.36	116,363.64	128,000.00
--------------------------------	---	------------------	-------------------	-------------------

(Admin-Percent of Direct Costs)	10.00%
---------------------------------	--------

Administration may not exceed 10% of Direct Costs

CONTRACT BALANCE

(Contract Revenue less Total Costs of Contract)

\$ (0.00)

*The Contract Balance should equal zero.

Budget Summary**B05-SU-1**

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page. If completing this form electronically, the information will automatically populate as the budget packet is completed:

Section I Summarizes the organizational information provided in the Cover Page.
The information will automatically populate when the Cover Page is completed

Section II This section summarizes the budget information calculated in the submitted budget packet for this grant. This form is required for all Ryan White Part A awards issued by Maricopa County Ryan White Part A Program. This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

- 1 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs clinical supplies, etc.
- 2 Administrative costs relate to oversight and management of CARE Act funds: The Administrative Costs Column, including indirect cost, cannot exceed 10% of Direct Costs.

Administrative Costs, defined in Section 2604(f)(3) defines allowable "subcontractor administrative activities to include:

- a. Usual and recognized overhead, including establishing indirect rates for agencies. (HRSA has determined that rent, utilities and facility costs must be categorized as administrative expenses.)
- b. Management and oversight of specific programs funded under this title (including program coordination, clerical, financial and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care.)
- c. Other types of program support such as quality assurance, quality control, and related activities."

Other Examples include: salaries and expenses of executive officers, personnel administration, contracting, accounting, data recording, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

Indirect Costs- Enter the indirect rate you are claiming (not to exceed 10% of direct costs).

** Indirect Cost - Providers claiming an indirect cost must submit their most current negotiated indirect Cost agreement with their budget. The indirect costs claimed from the Ryan White Part A Program may not exceed 10% of direct costs nor the amount that would be claimed using their agency's federally negotiated indirect cost rate and base, whichever is lower. Note: Only United States Health and Human Services (HHS) negotiated indirect rates will be accepted unless an exception is approved by the HHS.

- 3 Contract Balance - This cell calculates the amount of the contract less the projected costs. This number should equal 0.

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Ryan White Part A Program

Personnel All staff paid in full or part from this Ryan White Part A grant are to be listed in the following chart.

Date Prepared: 8/8/2013

1 Staffing

Provider Entry	Auto Calculation	Fringe Benefit Rate	23.81%
----------------	------------------	---------------------	--------

Staffing Chicanos Por La Causa Inc. Medical Case Management													
Position Title	Last Name	Annual Hours	% RWPA	FTE	Hourly Rate	Salary Applied to grant per FTE	Applied to grant per FTE	Job Status A, D or A/D	% Applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
1 Program Director	Morales	2080	10.00%	0.1000	\$28.78	\$ 5,986.24	\$ 1,425.32	D	0%	-	-	\$ 5,986.24	\$ 1,425.32
Ms. Morales will provide MCM services that will include linkage to PMC, medication and treatment adherence. Conduct case staffings complete risk assessments and needs assessments. Administrative time spent on this contract will be tracked by timesheets and will be funded by a different funding source identified as "Contributions."													
2 Lead Case Manager	Ornelas	2080	88.00%	0.8800	\$33.17	\$ 60,714.37	\$ 14,456.09	D	0%	-	-	\$ 60,714.37	\$ 14,456.09
This person will provide MCM services that will include linkage to PMC, medication and treatment adherence, Conduct case staffings, complete risk assessments, and needs assessments.													
3 Case Aide	Bailon	2080	70.00%	0.7000	\$13.00	\$ 18,928.00	\$ 4,506.76	D	0%	-	-	\$ 18,928.00	\$ 4,506.76
This person will provide MCM services that will include linkage to PMC, medication and treatment adherence, Conduct case staffings, complete risk assessments, and needs assessments.													
4 Case Manager	Madero	2080	3.00%	0.0300	\$16.94	\$ 1,057.06	\$ 251.69	D	0%	-	-	\$ 1,057.06	\$ 251.69
This person will provide MCM services that will include linkage to PMC, medication and treatment adherence, Conduct case staffings, complete risk assessments, and needs assessments.													
5 Case Manager	Diaz	2080	3.00%	0.0300	\$15.60	\$ 973.44	\$ 231.78			-	-	\$ 973.44	\$ 231.78
This person will provide MCM services that will include linkage to PMC, medication and treatment adherence, Conduct case staffings, complete risk assessments, and needs assessments.													
6	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
7	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
8	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Subtotal Personnel				1.74		\$ 87,659.10	\$ 20,871.63			\$ -	\$ -	\$ 87,659.10	\$ 20,871.63
Subtotal from Personnel Continuation Sheet				0.00		\$ -	\$ -			\$ -	\$ -	\$ -	\$ -
TOTAL Personnel				1.74		\$ 87,659.10	\$ 20,871.63			\$ -	\$ -	\$ 87,659.10	\$ 20,871.63

List Benefit Categories and %; (this table will not print)

(R) Benefits	
Benefits Name	Percent
FICA	6.20%
Medicare	1.45%
Workers Comp	0.93%
Unemployment	0.94%
Disability	0.29%
Med. Insurance	6.00%
Dental	1.00%
Retirement	7.00%
TOTAL	23.81%

(Admin)	0.00	FTE	Percent Admin	0%
(Direct Service)	1.74	FTE	Percent Direct	100%
Total	1.74	FTE		100%

Personnel Instructions

B05-PE-1

(These instructions will not print)

Use this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual position.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

* for Both, the Provider must indicate how much of the time spent on Ryan White Part A activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

If at the time of submission of a service budget one or more of the personnel positions are vacant, contractors must indicate and provide a date when the positions will be filled, and prorate/apportion personnel and other associated costs to reflect service. Alternatively, contractors may note the vacancy, with no associated cost, and develop the contract to reflect actual staffing at the time of budget preparations, amending the budget to reflect ongoing personnel changes as they occur.

The Cells referenced in the form requiring entry are:

Position Title	Enter the position title
Last Name	Enter the last name of the employee who occupies the position or enter "Vacant" If you have more than 8 employees/positions who will be paid on this grant, use the Personnel Continuation Tab in this budget template to list the remaining employees. The subtotal from the Personnel Continuation will roll over to the main Personnel Page.
Annual Hours	Enter Number of Budgeted Hours for this position/employee. Typically, annual hours for full time staff are 2,080 hours. Adjust hours if position will not be filled for an entire year or if the person works part time and explain under "Description"
% RWPA	Enter the % of time this employee/position is budgeted on the Part A grant (i.e., A person who spends 1/2 of their work hours on this grant would be 50%)
FTE	FTE = Full Time Equivalent. This is a calculated field. (Annual Hours/2080* % RWPA)
Hourly Rate	Enter the employee/budgeted position's hourly rate
Job Status	Determine whether an employee's primary responsibilities on this grant will be for Direct Service activities or Administrative activities by entering A or D. * For a staff member who has both responsibilities, enter A and D
Percent applied as Admin.	Enter how much of the employee's time is spent on Administrative duties. (i.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)
Description	Provide the Position Number and a Description of Duties. If the employee will not be in the position for the entire year, enter the start and end dates.
Benefit Table	Enter a brief name of each benefit included for staff and the percentage of gross salary associated with that benefit. (i.e., Social Security- (FICA), Health Insurance, Retirement, etc.) This data will calculate the total Benefit Rate that will be applied to your budget. (Note: to maximize space, the benefit table will not print on the printed copy of this page)

Staffing Continuation Sheet (Page 2 of 2) Chicanos Por La Causa Inc. Medical Case Management													
Position Title	Last Name	Annual Hours	% RWPA	FTE	Hourly Rate	Salary Applied to grant per FTE	Benefits Applied to grant per FTE	Job Status A, D or A/D	% Applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
9	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
10	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
11	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
12	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
13	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
14	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
15	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
16	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
17	Description			0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Subtotal to Page 1				0.00		\$ -	\$ -			-	-	\$ -	\$ -

TRAVEL

Provider Entry	Auto Calculation
----------------	------------------

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White Part A.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of # of monthly miles for a full time staff person x12 months x the rate per mile used by your organization x the number of FTE(s) budgeted who will travel to provide services under this grant.
Enter only the FTEs that will travel and provide a Narrative Justification including who will travel and why.

Mileage Chicanos Por La Causa Inc. Medical Case Management								
	FTE	Mileage Rate	Monthly Miles Budgeted (Per 1 FTE)*	Annual Miles Applied to Grant	Total Budget	Admin	Direct Svc	Narrative Justification
		\$0.555						
1	Admin	0.00	0	0	\$ -	\$ -		Miles will be used to conduct home/offsite visits. An average of 200 miles will be traveled per month per FTE. Cost is based from miles traveled in 2011-2012 FY and factoring additional clients.
2	Direct Svc	1.59	200	3816	\$ 2,117.88		\$ 2,117.88	
	TOTAL		200	3816	\$ 2,117.88	\$ -	\$ 2,117.88	

(Total Miles applied to this grant)

***Note - Budget monthly mileage for 1 FTE. This is a revision to prior year budget templates.**

- 2 Other Allowable Travel** (car rental, parking, fees, etc.)

Ryan White Part A has determined that costs included in this section are Administrative Costs.

Other Allowable Travel Chicanos Por La Causa Inc. Medical Case Management							
Dates of Travel	Cost	Line Item	Total Budget	Admin	Direct Svc	Narrative Justification	
1			\$ -	\$ -			
			\$ -	\$ -			
2			\$ -	\$ -			
3			\$ -	\$ -			
			\$ -	\$ -			
			\$ -	\$ -	-	\$ -	

SUMMARY (Travel)	Admin	Direct Service	Total
	\$ -	\$ 2,117.88	\$ 2,117.88

Travel Budget Instructions

B05-TV-1

(These instructions will not print)

Use this form to budget any travel expenses associated with the services of the Ryan White Part A Grant.

This form consists of two (2) sections - Mileage and Other Allowable Travel

The Travel budget form requires the following entries:

Mileage

This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant. Maricopa County Ryan White Part A Program has adapted a standard formula to apply all mileage reimbursements budgets.

- Mileage Rate: Enter the current rate used by your organization to reimburse mileage requests
- FTE: Enter the number of FTE who will travel, both Administrative and Direct Service, in the corresponding row.
- Monthly Miles: Enter the monthly miles that are budgeted for one (1) FTE staff person.
- Narrative/ Justification: Provide a detailed justification for the travel budget requested, including who will travel and why.

Other Allowable Travel

In some cases, other travel may be allowed under the Ryan White Part A Grant. Each item listed in this section must have a detailed and accurate budget justification attached.

- Dates of Travel: Enter the dates that the other travel is expected.
- Cost and Line Item: Enter the estimated cost and name of the expense
*this can include car rental, parking fees, etc.
- Narrative/ Justification: Provide a detailed description and justification of the expense in relation to Ryan White Part A services as awarded in this grant.

SUPPLIES

Provider Entry Auto Calculation

The supplies line item is used to budget funds for supplies used in the operations of the Grant.
This category can include general office supplies and program/medical supplies

1 **General Office Supplies:** (Apply an FTE Ratio from the Budgeted Personnel Page)
Pens, paper, toner and general supplies that are used to run an office.

General Office Supplies Chicanos Por La Causa Inc. Medical Case Management					
Item	Annual Budget	% Admin 0%	% Direct 100%	Total 100%	Narrative Description/Cost Allocation Methodology
1 Paper, pens	\$ 2,200.00	\$ -	\$ 2,200.00	\$ 2,200.00	For the documentation of direct services. Cost base on units provider per client
2		\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	
4		\$ -	\$ -	\$ -	
5		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ 2,200.00	TOTAL	\$ 2,200.00

2 **Program Supplies**
Program/Medical Supplies are budgeted as Direct Service.

Program Supplies Chicanos Por La Causa Inc. Medical Case Management					
Item	Annual Budget	Admin	Direct		Narrative Description/Cost Allocation Methodology
1 Toner, w ater, files, storage	\$ 1,165.02		\$ 1,165.02		For the reproduction of direct service documentation, to be used directly w ith clients during individual sessions, for the storage of clinical documentation for clients. Cost based on units provider per client. Water justification:Some people may be more vulnerable to contaminants in drinking w ater than the general population. People w ith severely compromised immune systems, such as people w ith cancer undergoing chemotherapy, people w ho have undergone organ transplants, people w ith HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections.
2			\$ -		
3			\$ -		
4			\$ -		
5			\$ -		
TOTAL		\$ -	\$ 1,165.02	TOTAL	\$ 1,165.02

	Admin	Direct	Total
SUMMARY (Supplies)	\$ -	\$ 3,365.02	\$ 3,365.02

Supplies Budget Instructions**B05-SP-1**

(These instructions will not print)

Use this form to create the general office and program supply budgets for the Ryan White Part A grant.

Section I General Office Supplies

General office supplies include pens, paper, toner and general supplies that are used to run an office.

Maricopa County Ryan White Part A Program has initiated a standard allocation model for general office supplies to determine the appropriate budget for Administrative and Direct Services.

(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)

In the Narrative, describe how the supplies will be used and **also the methodology used to determine the Annual Budget Amount.**

Note: The cost allocation methodology should be based on your organization's cost allocation policy.

Section II Program Supplies

This chart can be used to identify and budget for program supplies used in providing services.

Program Supplies include supplies that are specifically related to performance of the direct services; i.e. medical supplies, folders for client files, etc.

Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County Ryan White Part A Program, therefore it is important to provide an adequate justification.

In the Narrative, describe how the supplies will be used and **also the methodology used to determine the Annual Budget Amount.**

Note: The cost allocation methodology should be based on your organization's cost allocation policy.

EQUIPMENT

Provider Entry Auto Calculation

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant
 Refer to your contract terms and conditions for requirements related to equipment purchases

Equipment less than \$5,000 - includes computers, fax machines, shredders, and other equipment less than \$5,000 to be used in the operations of this grant.

Equipment less than \$5,000 Chicanos Por La Causa Inc. Medical Case Management				
Item Budgeted	Admin	Direct Service	Total	Narrative Description/Cost Allocation Methodology
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
5			\$ -	
TOTAL	\$ -	\$ -	TOTAL \$ -	

Equipment \$5,000 or greater

Equipment \$5,000 or greater Chicanos Por La Causa Inc. Medical Case Management				
Item Budgeted	Admin Amount	Direct Amount	Total	Narrative Description/Cost Allocation Methodology
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
TOTAL	\$ -	\$ -	TOTAL \$ -	

SUMMARY (Equipment)	Admin	Direct	Total
	\$ -	\$ -	\$ -

Equipment Budget Instructions B05-EQ-1

Use this form to budget for equipment needed to support services under this Part A grant.

The Equipment budget form requires the following entries:

Item Budgeted: Enter the name of the equipment to be purchased or leased

Admin and Direct Amt: Enter the total budgeted amount for Admin and Direct Services.

Narrative/ Cost Allocation Methodology: In the Narrative, describe how the equipment will be used and also the methodology used to allocate the total or a portion of the cost to the Ryan White Program. Also describe the methodology used to allocate the cost to Admin and/or Direct Service.

Refer to your contract terms and conditions for requirements related to equipment purchases

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Ryan White Part A Program

Contractual

Provider Entry Auto Calculation

Date Prepared: 8/8/2013

Use this form to budget for consulting and contract labor (Section 1) and subcontracts (Section 2) in conjunction with operating this Part A grant.
A copy of the fully executed contract covering the dates of service is required for each subcontract listed in this section.

1. Consulting/Professional Contract Labor/Clerical Support

This budget category includes payments to outside consultants, temporary services, professional contract labor and clerical support. Indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed Narrative/Justification of activities to be provided.

1. Consulting/Professional Contract Labor/Clerical Support Chicanos Por La Causa Inc. Medical Case Management							
Consultant Name	Annual Budgeted Hours	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service Budget	Dates of Service
1			\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
2		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
3		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
4		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
5		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
6		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
Consulting/ Prof./ Clerical Sup. Page 1					\$ -	\$ -	\$ -
Consulting/ Prof./ Clerical Sup. From Contractual Continuation Page					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -
					\$ -	\$ -	\$ -

2. Subcontracts

Include any payments through subcontracts to provide services under this grant. Each Subcontractor listed in this section who is a sub recipient (not a vendor) must complete a Budget using the RWPA budget template. Maricopa County RWPA will enforce the 10% administrative Cost Cap established by HRSA for first-line and second line sub recipient entities receiving Ryan White Part A Funds.

2. Subcontracts Chicanos Por La Causa Inc. Medical Case Management						
Subcontractor Name	Sub recipient or Vendor	Admin Budget	Direct Service Budget	Total Budget	Admin % of Direct	Dates of Service
1				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
2				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
3				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
		TOTAL	-	-	-	

SUMMARY	Contractual	Admin	Direct	Total
		\$ -	\$ -	\$ -

Contractual B05-CT-1

(These instructions will not print)

Consulting/Professional Contract Labor/Clerical Support

Enter the Consultant/Contractor Name, Annual Budgeted Hours, Quoted Rate, the percent of time that will be spent on Administrative Activities, Dates of Service, Licenses, Qualifications and Description /Justification of Services to be provided. If there are more than 9 entries, continue on the Contractual Continuation Tab of this budget template. The subtotals from the Contractual Continuation Page will be carried over to the main Contractual budget page.

Subcontracts

Enter the Subcontractor Name and indicate if the subcontractor is a Vendor or a Subrecipient.

(b) A Subrecipient:

- (1) Determines who is eligible to receive what Federal financial assistance;
- (2) Has its performance measured against whether the objectives of the Federal program are met;
- (3) Has responsibility for programmatic decision making;
- (4) Has responsibility for adherence to applicable Federal program compliance requirements; and
- (5) Uses the Federal funds to carry out a program of the organization as compared to providing goods or services for a program of the pass-through entity.

(c) A Vendor:

- (1) Provides the goods and services within normal business operations;
- (2) Provides similar goods or services to many different purchasers;
- (3) Operates in a competitive environment;
- (4) Provides goods or services that are ancillary to the operation of the Federal program; and
- (5) Is not subject to compliance requirements of the Federal program.

Enter the Admin and Direct Service Subcontract Amounts. These amounts will calculate the Total Budget. The Administrative percentage ratio will also calculate automatically. List the services and provide a narrative justification of the services to be provided.

Note: Subcontractors who are sub recipients must also prepare a detailed budget using the RWPA budget template. Submit the subcontractor budget with your budget submission.

Contractual- Continuation Page

Date Prepared: 8/8/2013

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.
Use this page to list Consultant/Contract Labor and Clerical Support if there is insufficient space on the Contractual Page.

Consulting/Professional Contract Labor/Clerical Support							
Consulting/Professional Contract Labor/Clerical Support Chicanos Por La Causa Inc. Medical Case Management							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
6			\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
7		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
8		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
9		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
10		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
11		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
12		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
13		\$ -	\$ -	\$ -	\$ -	\$ -	
Licenses / qualifications							
Narrative							
14		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
15		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
16		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
Consulting/ Prof./ Clerical Sup. Subtotal to Page 1			TOTAL		\$ -	\$ -	

Consulting/Professional/Clerical Support-

Enter the Consultant/Contractor Name, Annual Budgeted Hours, Quoted Rate, the percent of time that will be spent on Administrative Act Dates of Service, Licenses, Qualifications and Description /Justification of Services to be provided
If there are more than 9 entries, continue on the Contractual Continuation Tab of this budget template. The subtotals from the Contractual Continuation Page will be carried over to the main Contractual budget page.

Other Program Support

Provider Entry Auto Calculation

Date Prepared: 8/8/2013

Use this form to budget for other support necessary to provide services under this grant. In the Narrative Justification describe how the program support will be used and also the methodology used to allocate the total or a portion of the total cost to the grant.

1 Communications/Telephone/Internet

Communications/Telephone/Internet Chicanos Por La Causa Inc. Medical Case Management					
Item	Amount Budgeted	Admin 0%	Direct 100%	Total	Narrative/Cost Allocation Methodology
Cell Phone	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 2,000.00	For safety purposes when traveling to and from offsite visits and answering crisis/after hour calls. Cost based on units provided per client.
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ 2,000.00	TOTAL	\$ 2,000.00

2 Copy/Duplicating

Copy/Duplicating Chicanos Por La Causa Inc. Medical Case Management					
Item	Amount Budgeted	Admin 0%	Direct 100%	Total	Narrative/Cost Allocation Methodology
1 Program Brochures					
		\$ -	\$ -	\$ -	
2 Other Copying/Duplicating					
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

3 Postage

Postage Chicanos Por La Causa Inc. Medical Case Management					
Item	Amount Budgeted	Admin 0%	Direct 100%	Total	Narrative/Cost Allocation Methodology
Postage	\$ 350.00	\$ -	\$ 350.00	\$ 350.00	To communicate with clients who are not able to be contacted via home. Cost based on units provided per client.
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ 350.00	TOTAL	\$ 350.00

4 Utilities

Utilities are 100% administrative. (Ruling 6.6.B05)

Utilities Chicanos Por La Causa Inc. Medical Case Management					
Item	Amount Budgeted	Admin 0%	Direct 100%	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 Other Program Support

Other Program Support Chicanos Por La Causa Inc. Medical Case Management					
Item	Amount Budgeted	Admin	Direct	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

		Admin	Direct	Total
SUMMARY	Program Support	\$ -	\$ 2,350.00	\$ 2,350.00

Other Program Support

B05-SP-1

(These instructions will not print)

Section 1-3. These sections apply the FTE ratio for the expenditures including: telephone, postage, copying, and utilities. Section 4 - Other Program Support allows you to use your own calculation method to allocate costs between Admin and Direct. Enter the Admin Amount and Direct Amount to calculate the Total Budget and provide adequate justification of the methodology used to allocate the costs; the methodology must be in line with your agency's cost allocation policy. Final determination resides with the Maricopa County Ryan White Part A Program.

Other Professional Service

Provider Entry Auto Calculation

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

1 Audit/Accounting/Finance

Audit/Accounting/Finance Chicanos Por La Causa Inc. Medical Case Management							
Vendor Name	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description of Service
a			\$ -		\$ -		
Cost Method Used							
Budget Justification							
b			\$ -		\$ -		
Cost Method Used							
Budget Justification							
c			\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

2 Insurance

Insurance Chicanos Por La Causa Inc. Medical Case Management							
Vendor Name	Annual Premium	Percent To grant	Total Grant	Dates of Service	Admin	Direct Service	Description of Service
a	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
b	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
c	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

3 Rent/Space

Rent is considered 100% administrative

Rent/Space Chicanos Por La Causa Inc. Medical Case Management							
Vendor Name	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description of Service
a	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

4 Other Professional Service

Other Professional Service Chicanos Por La Causa Inc. Medical Case Management							
Vendor Name	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description of Service
a			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
b			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
c			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
			TOTAL		\$ -	\$ -	\$ -

SUMMARY	Other Prof. Svc	Admin	Direct	Total
		\$ -	\$ -	\$ -

Other Professional B05-PF-1

(These instructions will not print)

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, the method of calculating the budget for this Part A grant and a narrative justification describing why is service is needed.
 Section 1-3. Auditing, Insurance and Rent have been determined by the Maricopa County Ryan White Program to be Administrative Services.
 Section 4 allows providers to indicate the percentage requested as administrative and direct service. Adequate explanation of the methodology used to allocate costs is required; final determination resides with the Maricopa County Ryan White Part A Program.
 If a vendor is not paid based on an hourly rate, enter a 1 for Hours Budgeted and the total cost of the service under Quoted Price.

Schedule of Deliverables

Provider Entry Auto Calculation

Date Prepared: 8/8/2013

Organization Name: Chicanos Por La Causa Inc.
 Service Category: Medical Case Management

Performance Measures:
 Number of New Clients: 15
 Number of Returning Clients: 65
 Total # of Unduplicated Clients: 80

	CAREWare Service Unit Name/Code	Service Description	Service Unit Definition 1 unit = (i.e. 15 minutes)	Number of Units Proposed	Schedule of Deliverables												Fee for Service Only (Not Applicable to Cost Reimbursement Contracts)		
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Proposed Fee Per Product/Deliverable	Total Payment Per Objective/Activity	Fee Source (ie AHCCCS, I H S, Negotiated Rate, etc.)
1	FMCMAssessment	face to face MCM assessment	1 unit=15 min	300	25	25	25	25	25	25	25	25	25	25	25	25		\$ -	
2	FPCM	face to face MCM	1 unit=15 min	1,943	162	162	162	162	161.83	161.83	161.83	161.83	161.83	161.83	161.83	161.83		\$ -	
3	OMCM	non-face to face MCM	1 unit=15 min	4,746	395.5	395.5	395.5	395.5	395.5	395.5	395.5	395.5	395.5	395.5	395.5	395.5		\$ -	
4				-														\$ -	
5				-														\$ -	
6				-														\$ -	
7				-														\$ -	
8				-														\$ -	
9				-														\$ -	
10				-														\$ -	
11				-														\$ -	
12				-														\$ -	
13				-														\$ -	
14				-														\$ -	
15				-														\$ -	
TOTAL				6,989	583	583	583	583	582	582	582	582	582	582	582	582		\$ -	
Total Budget																	\$	128,000.00	
Over/(Under Budget)																	\$	(128,000.00)	
																	Balance should equal zero		

Instructions for Schedule of Deliverables (These instructions will not print)

Example

CAREWare Service Unit Name/Code	Service Description	Service Unit Definition 1 unit = (i.e. 15 minutes)	Number of Units Proposed	Schedule of Deliverables												Fee for Service Only (Not Applicable to Cost Reimbursement Contracts)			
				Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Proposed Fee Per Product/Deliverable	Total Payment Per Objective/Activity	Fee Source (ie AHCCCS, I H S, Negotiated Rate, etc.)	
FPCM Assessment	Face to face medical case management assessment.	1 unit = 15 minutes	1,128	94	94	94	94	94	94	94	94	94	94	94	94	94		\$ -	
Food boxes	Food box	1 unit = 1 food box	3,396	283	283	283	283	283	283	283	283	283	283	283	283	283		\$ -	
H0004 Ind Counseling	Individual counseling session	1 unit = 15 minutes	6,900	600	600	600	600	500	600	600	600	600	600	400	600	600	\$ 16.76	\$ 115,644.00	AHCCCS Rate

- 1 Enter the CAREWare Service Name and or/Code; i.e. HCPCS or CPT Codes
- 2 Service Name Description- Use this cell to provide the full service name or describe the service
- 3 Service Unit Definition- Enter the DEFINITION of 1 unit. i.e. 15 minutes
The Unit definitions for each service category can be found in the RWPA P&P Manual
- 4 The TOTAL NUMBER OF UNITS PROPOSED calculates automatically, based on the total number of units entered in the Schedule of Deliverables.
- 5 SCHEDULE OF DELIVERABLES: Enter the # of units BY MONTH proposed in the corresponding column and row.

Complete the information in the final 3 columns for Fee for Service Contracts Only

- 6 Enter the proposed fee for the corresponding activity/unit.
- 7 The Total Payment for each Activity/Unit calculates based on proposed # of units x proposed fee.
- 8 The TOTAL PAYMENT for all activity/units must equal the Total Budget from the Budget Summary.
- 9 In the final column, enter the source of the fee, i.e. AHCCCS, I H S, Negotiated Rate

EXHIBIT B-2

PRICING & BUDGET FORM
NON- MEDICAL CASE MANAGEMENT

NOTE: The following budget is for fiscal year 2013/2014 the 2014/2015 budgets will be developed upon issuance of a Task Order, Condition of Award and the new budget pending grant award and funding allocations.

DATE PREPARED	9/18/13	
PREPARED BY:	Maclovia Morales	
NAME OF ORGANIZATION:	Chicanos Por La Causa Inc.	
Fed. Employee ID # (FEIN)	86-0027210	
DUNS #	136249609	
ADDRESS:	1402 S. Central Avenue	
	Phoenix, AZ 85004	
AUTHORIZED CONTACT	Dottie O' Connell	
TELEPHONE	602-257-0700	FAX 602-258-1206
E-MAIL	Dottie.Oconnell@cplc.org	
PRIMARY CONTACT	Maclovia Morales	
TELEPHONE	602-253-4247	FAX 602-258-1206
EMAIL	Maclovia Morales	
CONTRACT NUMBER	M-2013-SCM-CPL-002	
SERVICE CATEGORY	Non Medical Case Management	
BUDGET PERIOD:	3/1/2013 Start Date	2/28/2014 End Date
CONTRACT AMOUNT	\$120,219.00	

By submission of this budget, the Provider certifies that they have read the List of Unallowable Costs under the Ryan White Part A Program and agree to follow the HRSA specific standards related to Unallowable Costs.

In addition, the following documents must be submitted with your budget proposal (Check the appropriate boxes)

(Section I)

Organization
Service Category
Budget Period

Chicanos Por La Causa Inc. Non Medical Case Management 3/1/2013 Through 2/28/2014

(Section II)

Contract Amount **\$120,219.00**

Operating Expenses		FTES	Administrative Budget	Direct Service Budget	Total Budget
			0.00	2.06	2.06
Personnel:	Salaries		\$ -	\$ 73,384.06	\$ 73,384.06
Personnel:	Fringe/Benefits		-	17,472.75	17,472.75

Subtotal: Personnel/Fringe Benefits	-	90,856.81	90,856.81
--	---	------------------	------------------

Other Operating Expenses

Travel	-	9,603.72	9,603.72
Supplies	-	5,979.47	5,979.47
Equipment	-	-	-
Contractual	-	-	-
Program Support	-	2,850.00	2,850.00
Other Professional Services	-	-	-

Subtotal: Other Operating Expenses	-	18,433.19	18,433.19
---	---	------------------	------------------

Total Operating Expenses	-	109,290.00	109,290.00
---------------------------------	---	-------------------	-------------------

(Personnel and Other Direct Costs)

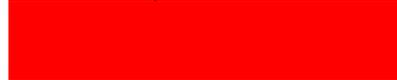
Indirect Costs	-	10,929.00	10,929.00
-----------------------	---	------------------	------------------

Enter Indirect Cost Rate (may not exceed 10% of Direct Costs)	10.00%	<i>Providers claiming an indirect cost must submit their most current negotiated indirect costs rate agreement issued by the cognizant federal agency with their budget.</i>
---	---------------	--

Total Costs of Contract	-	10,929.00	109,290.00	120,219.00
--------------------------------	---	------------------	-------------------	-------------------

(Admin-Percent of Direct Costs)	10.00%
---------------------------------	--------

Administration may not exceed 10% of Direct Costs



CONTRACT BALANCE	(Contract Revenue less Total Costs of Contract)	\$ 0.00
-------------------------	---	----------------

*The Contract Balance should equal zero.



Budget Summary

B05-SU-1

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page. If completing this form electronically, the information will automatically populate as the budget packet is completed:

Section I Summarizes the organizational information provided in the Cover Page.
The information will automatically populate when the Cover Page is completed

Section II This section summarizes the budget information calculated in the submitted budget packet for this grant. This form is required for all Ryan White Part A awards issued by Maricopa County Ryan White Part A Program. This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

- 1 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs clinical supplies, etc.
- 2 Administrative costs relate to oversight and management of CARE Act funds: The Administrative Costs Column, including indirect cost, cannot exceed 10% of Direct Costs.

Administrative Costs, defined in Section 2604(f)(3) defines allowable "subcontractor administrative activities to include:

- a. Usual and recognized overhead, including establishing indirect rates for agencies. (HRSA has determined that rent, utilities and facility costs must be categorized as administrative expenses.)
- b. Management and oversight of specific programs funded under this title (including program coordination, clerical, financial and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care.)
- c. Other types of program support such as quality assurance, quality control, and related activities."

Other Examples include: salaries and expenses of executive officers, personnel administration, contracting, accounting, data recording, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

Indirect Costs- Enter the indirect rate you are claiming (not to exceed 10% of direct costs).

** Indirect Cost - Providers claiming an indirect cost must submit their most current negotiated indirect Cost agreement with their budget. The indirect costs claimed from the Ryan White Part A Program may not exceed 10% of direct costs nor the amount that would be claimed using their agency's federally negotiated indirect cost rate and base, whichever is lower. Note: Only United States Health and Human Services (HHS) negotiated indirect rates will be accepted unless an exception is approved by the HHS.

- 3 Contract Balance - This cell calculates the amount of the contract less the projected costs. This number should equal 0.

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Ryan White Part A Program

Personnel All staff paid in full or part from this Ryan White Part A grant are to be listed in the following chart.

Date Prepared: 9/18/2013

1 Staffing

Provider Entry Auto Calculation Fringe Benefit Rate 23.81%

Staffing Chicanos Por La Causa Inc. Non Medical Case Management														
Benefits														
Position Title	Last Name	Annual Hours	% RWPA	FTE	Hourly Rate	Salary Applied to grant per FTE	Applied to grant per FTE	Job Status A, D or A/D	% Applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits	
1	Program Director	Morales	2080	6.00%	0.0600	\$28.78	\$ 3,591.74	\$ 855.19	D	0%	-	-	\$ 3,591.74	\$ 855.19
Ms. Morales will provide SCM services that will include linkage to PMC, medication and treatment adherence. Conduct case staffings complete risk assessments and needs assessments. Administrative time spent on this contract will be tracked on timesheet and paid from another funding source identified as "Contributions".														
2	Lead Case Manager	Morales	2080	6.00%	0.0600	\$33.17	\$ 4,139.62	\$ 985.64	D	0%	-	-	\$ 4,139.62	\$ 985.64
This person will provide SCM services that will include linkage to PMC, medication and treatment adherence. Conduct case staffings, complete risk assessments, and needs assessments.														
3					0.0000		\$ -	\$ -	D	0%	-	-	\$ -	\$ -
4	Case Manager	Madero	2080	97.00%	0.9700	\$16.94	\$ 34,178.14	\$ 8,137.82	D	0%	-	-	\$ 34,178.14	\$ 8,137.82
This person will provide SCM services that will include linkage to PMC, medication and treatment adherence. Conduct case staffings, complete risk assessments, and needs assessments.														
5	Case Manager	Diaz	2080	97.00%	0.9700	\$15.60	\$ 31,474.56	\$ 7,494.09			-	-	\$ 31,474.56	\$ 7,494.09
This person will provide SCM services that will include linkage to PMC, medication and treatment adherence. Conduct case staffings, complete risk assessments, and needs assessments.														
6					0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description														
7					0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description														
8					0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description														
Subtotal Personnel					2.06		\$ 73,384.06	\$ 17,472.75			\$ -	\$ -	\$ 73,384.06	\$ 17,472.75
Subtotal from Personnel Continuation Sheet					0.00		\$ -	\$ -			\$ -	\$ -	\$ -	\$ -
TOTAL Personnel					2.06		\$ 73,384.06	\$ 17,472.75			\$ -	\$ -	\$ 73,384.06	\$ 17,472.75

List Benefit Categories and %; (this table will not print)

(R) Benefits	
Benefits Name	Percent
FICA	6.20%
Medicare	1.45%
Workers Comp	0.93%
Unemployment	0.94%
Disability	0.29%
Med. Insurance	6.00%
Dental	1.00%
Retirement	7.00%
TOTAL	23.81%

(Admin)	0.00	FTE	Percent Admin	0%
(Direct Service)	2.06	FTE	Percent Direct	100%
Total	2.06	FTE		100%

Personnel Instructions

B05-PE-1

(These instructions will not print)

Use this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual position.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

* for Both, the Provider must indicate how much of the time spent on Ryan White Part A activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

If at the time of submission of a service budget one or more of the personnel positions are vacant, contractors must indicate and provide a date when the positions will be filled, and prorate/apportion personnel and other associated costs to reflect service. Alternatively, contractors may note the vacancy, with no associated cost, and develop the contract to reflect actual staffing at the time of budget preparations, amending the budget to reflect ongoing personnel changes as they occur.

The Cells referenced in the form requiring entry are:

Position Title	Enter the position title
Last Name	Enter the last name of the employee who occupies the position or enter "Vacant" If you have more than 8 employees/positions who will be paid on this grant, use the Personnel Continuation Tab in this budget template to list the remaining employees. The subtotal from the Personnel Continuation will roll over to the main Personnel Page.
Annual Hours	Enter Number of Budgeted Hours for this position/employee. Typically, annual hours for full time staff are 2,080 hours. Adjust hours if position will not be filled for an entire year or if the person works part time and explain under "Description"
% RWPA	Enter the % of time this employee/position is budgeted on the Part A grant (i.e., A person who spends 1/2 of their work hours on this grant would be 50%)
FTE	FTE = Full Time Equivalent. This is a calculated field. (Annual Hours/2080* % RWPA)
Hourly Rate	Enter the employee/budgeted position's hourly rate
Job Status	Determine whether an employee's primary responsibilities on this grant will be for Direct Service activities or Administrative activities by entering A or D. * For a staff member who has both responsibilities, enter A and D
Percent applied as Admin.	Enter how much of the employee's time is spent on Administrative duties. (i.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)
Description	Provide the Position Number and a Description of Duties. If the employee will not be in the position for the entire year, enter the start and end dates.
Benefit Table	Enter a brief name of each benefit included for staff and the percentage of gross salary associated with that benefit. (i.e., Social Security- (FICA), Health Insurance, Retirement, etc.) This data will calculate the total Benefit Rate that will be applied to your budget. (Note: to maximize space, the benefit table will not print on the printed copy of this page)

Staffing Continuation Sheet (Page 2 of 2) Chicanos Por La Causa Inc. Non Medical Case Management

Position Title	Last Name	Annual Hours	%RWPA	FTE	Hourly Rate	Salary Applied to grant per FTE	Benefits Applied to grant per FTE	Job Status A, D or A/D	% Applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
9				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
10				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
11				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
12				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
13				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
14				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
15				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
16				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
17				0.0000		\$ -	\$ -			-	-	\$ -	\$ -
Description													
Subtotal to Page 1				0.00		\$ -	\$ -			-	-	\$ -	\$ -

TRAVEL

Provider Entry	Auto Calculation
----------------	------------------

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White Part A.

- 1 **Mileage** Mileage will be budgeted utilizing the standard calculation of # of monthly miles for a full time staff person x12 months x the rate per mile used by your organization x the number of FTE(s) budgeted who will travel to provide services under this grant. Enter only the FTEs that will travel and provide a Narrative Justification including who will travel and why.

Mileage Chicanos Por La Causa Inc. Non Medical Case Management							
	FTE	Monthly Miles Budgeted (Per 1 FTE)*	Mileage Rate \$0.555 Annual Miles Applied to Grant	Total Budget	Admin	Direct Svc	Narrative Justification
1	Admin	0.00	0	\$ -	\$ -		
2	Direct Svc	2.06	700	\$ 9,603.72		\$ 9,603.72	Miles will be used to conduct home/offsite visits. An average of 700 miles will be traveled per month. Cost is based from miles traveled in 2013-14 FY and factoring additional clients.
	TOTAL		700	\$ 9,603.72	\$ -	\$ 9,603.72	\$ 9,603.72

(Total Miles applied to this grant)

*Note - Budget monthly mileage for 1 FTE. This is a revision to prior year budget templates.

- 2 **Other Allowable Travel** (car rental, parking, fees, etc.)

Ryan White Part A has determined that costs included in this section are Administrative Costs.

Other Allowable Travel Chicanos Por La Causa Inc. Non Medical Case Management							
Dates of Travel				Total Budget	Admin	Direct Svc	Narrative Justification
1	Cost			\$ -	\$ -		
	Line Item						
2	Cost			\$ -	\$ -		
	Line Item						
3	Cost			\$ -	\$ -		
	Line Item						
				\$ -	\$ -	-	\$ -

SUMMARY (Travel)	Admin	Direct Service	Total
	\$ -	\$ 9,603.72	\$ 9,603.72

Travel Budget Instructions

B05-TV-1

(These instructions will not print)

Use this form to budget any travel expenses associated with the services of the Ryan White Part A Grant.

This form consists of two (2) sections - Mileage and Other Allowable Travel

The Travel budget form requires the following entries:

Mileage

This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant. Maricopa County Ryan White Part A Program has adapted a standard formula to apply all mileage reimbursements budgets.

- Mileage Rate: Enter the current rate used by your organization to reimburse mileage requests
- FTE: Enter the number of FTE who will travel, both Administrative and Direct Service, in the corresponding row.
- Monthly Miles: Enter the monthly miles that are budgeted for one (1) FTE staff person.
- Narrative/ Justification: Provide a detailed justification for the travel budget requested, including who will travel and why.

Other Allowable Travel

In some cases, other travel may be allowed under the Ryan White Part A Grant. Each item listed in this section must have a detailed and accurate budget justification attached.

- Dates of Travel: Enter the dates that the other travel is expected.
- Cost and Line Item: Enter the estimated cost and name of the expense
*this can include car rental, parking fees, etc.
- Narrative/ Justification: Provide a detailed description and justification of the expense in relation to Ryan White Part A services as awarded in this grant.

SUPPLIES

Provider Entry	Auto Calculation
----------------	------------------

The supplies line item is used to budget funds for supplies used in the operations of the Grant. This category can include general office supplies and program/medical supplies

1 General Office Supplies:

(Apply an FTE Ratio from the Budgeted Personnel Page)

Pens, paper, toner and general supplies that are used to run an office.

General Office Supplies Chicanos Por La Causa Inc. Non Medical Case Management					
Item	Annual Budget	% Admin 0%	% Direct 100%	Total 100%	Narrative Description/Cost Allocation Methodology
1 Paper, pens	\$ 4,000.00	\$ -	\$ 4,000.00	\$ 4,000.00	For the documentation of direct services. Cost base on units provider per client
2		\$ -	\$ -	\$ -	
3		\$ -	\$ -	\$ -	
4		\$ -	\$ -	\$ -	
5		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ 4,000.00	TOTAL	\$ 4,000.00

2 Program Supplies

Program/Medical Supplies are budgeted as Direct Service.

Program Supplies Chicanos Por La Causa Inc. Non Medical Case Management					
Item	Annual Budget	Admin	Direct		Narrative Description/Cost Allocation Methodology
1 Toner, w ater, files, storage	\$ 1,979.47		\$ 1,979.47		For the reproduction of direct service documentation, to be used directly w ith clients during individual sessions, for the storage of clinical documentation for clients. Cost based on units provider per client. Water justification: Some people may be more vulnerable to contaminants in drinking w ater than the general population. People w ith severely compromised immune systems, such as people w ith cancer undergoing chemotherapy, people w ho have undergone organ transplants, people w ith HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections.
2			\$ -		
3			\$ -		
4			\$ -		
5			\$ -		
TOTAL		\$ -	\$ 1,979.47	TOTAL	\$ 1,979.47

SUMMARY (Supplies)	Admin	Direct	Total
	\$ -	\$ 5,979.47	\$ 5,979.47

Supplies Budget Instructions**B05-SP-1**

(These instructions will not print)

Use this form to create the general office and program supply budgets for the Ryan White Part A grant.

Section I General Office Supplies

General office supplies include pens, paper, toner and general supplies that are used to run an office.

Maricopa County Ryan White Part A Program has initiated a standard allocation model for general office supplies to determine the appropriate budget for Administrative and Direct Services.

(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)

In the Narrative, describe how the supplies will be used and **also the methodology used to determine the Annual Budget Amount.**

Note: The cost allocation methodology should be based on your organization's cost allocation policy.

Section II Program Supplies

This chart can be used to identify and budget for program supplies used in providing services.

Program Supplies include supplies that are specifically related to performance of the direct services; i.e. medical supplies, folders for client files, etc.

Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County

Ryan White Part A Program, therefore it is important to provide an adequate justification.

In the Narrative, describe how the supplies will be used and **also the methodology used to determine the Annual Budget Amount.**

Note: The cost allocation methodology should be based on your organization's cost allocation policy.

EQUIPMENT

Provider Entry Auto Calculation

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant
 Refer to your contract terms and conditions for requirements related to equipment purchases

Equipment less than \$5,000 - includes computers, fax machines, shredders, and other equipment less than \$5,000 to be used in the operations of this grant.

Equipment less than \$5,000 Chicanos Por La Causa Inc. Non Medical Case Management				
Item Budgeted	Admin	Direct Service	Total	Narrative Description/Cost Allocation Methodology
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
5			\$ -	
TOTAL	\$ -	\$ -	TOTAL \$ -	

Equipment \$5,000 or greater

Equipment \$5,000 or greater Chicanos Por La Causa Inc. Non Medical Case Management				
Item Budgeted	Admin Amount	Direct Amount	Total	Narrative Description/Cost Allocation Methodology
1			\$ -	
2			\$ -	
3			\$ -	
4			\$ -	
TOTAL	\$ -	\$ -	TOTAL \$ -	

	Admin	Direct	Total
SUMMARY (Equipment)	\$ -	\$ -	\$ -

Equipment Budget Instructions B05-EQ-1

Use this form to budget for equipment needed to support services under this Part A grant.

The Equipment budget form requires the following entries:

Item Budgeted: Enter the name of the equipment to be purchased or leased

Admin and Direct Amt: Enter the total budgeted amount for Admin and Direct Services.

Narrative/ In the Narrative, describe how the equipment will be used and also the methodology used

Cost Allocation to allocate the total or a portion of the cost to the Ryan White Program. Also

Methodology: describe the methodology used to allocate the cost to Admin and/or Direct Service.

Refer to your contract terms and conditions for requirements related to equipment purchases

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Ryan White Part A Program

Contractual

Provider Entry	Auto Calculation
----------------	------------------

Use this form to budget for consulting and contract labor (Section 1) and subcontracts (Section 2) in conjunction with operating this Part A grant.

A copy of the fully executed contract covering the dates of service is required for each subcontract listed in this section.

1. Consulting/Professional Contract Labor/Clerical Support

This budget category includes payments to outside consultants, temporary services, professional contract labor and clerical support. Indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed Narrative/Justification of activities to be provided.

1. Consulting/Professional Contract Labor/Clerical Support Chicanos Por La Causa Inc. Non Medical Case Management							
Consultant Name	Annual Budgeted Hours	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service Budget	Dates of Service
1			\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
2		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
3		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
4		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
5		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
6		\$ -	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative/ Justification							
Consulting/ Prof./ Clerical Sup. Page 1			SUBTOTAL	\$ -	\$ -	\$ -	
Consulting/ Prof./ Clerical Sup. From Contractual Continuation Page			SUBTOTAL	\$ -	\$ -	\$ -	
TOTAL				\$ -	\$ -	\$ -	

2. Subcontracts

Include any payments through subcontracts to provide services under this grant.
 Each Subcontractor listed in this section who is a sub recipient (not a vendor) must complete a Budget using the RWPA budget template.
 Maricopa County RWPA will enforce the 10% administrative Cost Cap established by HRSA for first-line and second line sub recipient entities receiving Ryan White Part A Funds.

2. Subcontracts Chicanos Por La Causa Inc. Non Medical Case Management						
Subcontractor Name	Sub recipient or Vendor	Admin Budget	Direct Service Budget	Total Budget	Admin % of Direct	Dates of Service
1				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
2				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
3				\$ -	#DIV/0!	
Service(s) Provided						
Narrative/Justification						
		TOTAL	-	-	-	

SUMMARY	Contractual	Admin	Direct	Total
		\$ -	\$ -	\$ -

Contractual B05-CT-1

(These instructions will not print)

Consulting/Professional Contract Labor/Clerical Support

Enter the Consultant/Contractor Name, Annual Budgeted Hours, Quoted Rate, the percent of time that will be spent on Administrative Activities, Dates of Service, Licenses, Qualifications and Description /Justification of Services to be provided.
 If there are more than 9 entries, continue on the Contractual Continuation Tab of this budget template. The subtotals from the Contractual Continuation Page will be carried over to the main Contractual budget page.

Subcontracts

Enter the Subcontractor Name and indicate if the subcontractor is a Vendor or a Subrecipient.

(b) A Subrecipient:

- (1) Determines who is eligible to receive what Federal financial assistance;
- (2) Has its performance measured against whether the objectives of the Federal program are met;
- (3) Has responsibility for programmatic decision making;
- (4) Has responsibility for adherence to applicable Federal program compliance requirements; and
- (5) Uses the Federal funds to carry out a program of the organization as compared to providing goods or services for a program of the pass-through entity.

(c) A Vendor:

- (1) Provides the goods and services within normal business operations;
- (2) Provides similar goods or services to many different purchasers;
- (3) Operates in a competitive environment;
- (4) Provides goods or services that are ancillary to the operation of the Federal program; and
- (5) Is not subject to compliance requirements of the Federal program.

Enter the Admin and Direct Service Subcontract Amounts. These amounts will calculate the Total Budget.
 The Administrative percentage ratio will also calculate automatically.
 List the services and provide a narrative justification of the services to be provided.

Note: Subcontractors who are sub recipients must also prepare a detailed budget using the RWPA budget template. Submit the subcontractor budget with your budget submission.

Contractual- Continuation Page

Date Prepared: 9/18/2013

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant. Use this page to list Consultant/Contract Labor and Clerical Support if there is insufficient space on the Contractual Page.

Consulting/Professional Contract Labor/Clerical Support							
Consulting/Professional Contract Labor/Clerical Support Chicanos Por La Causa Inc. Non Medical Case Management							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
6			\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
7		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
8		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
9		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
10		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
11		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
12		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
13		\$ -	\$ -	\$ -	\$ -	\$ -	
Licenses / qualifications							
Narrative							
14		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
15		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
16		0	\$ -		\$ -	\$ -	
Licenses / qualifications							
Narrative							
Consulting/ Prof./ Clerical Sup. Subtotal to Page 1				TOTAL	-	-	\$ -

Consulting/Professional/Clerical Support-

Enter the Consultant/Contractor Name, Annual Budgeted Hours, Quoted Rate, the percent of time that will be spent on Administrative Act Dates of Service, Licenses, Qualifications and Description /Justification of Services to be provided. If there are more than 9 entries, continue on the Contractual Continuation Tab of this budget template. The subtotals from the Contractual Continuation Page will be carried over to the main Contractual budget page.

Other Program Support

Provider Entry	Auto Calculation
----------------	------------------

Use this form to budget for other support necessary to provide services under this grant. In the Narrative Justification describe how the program support will be used and also the methodology used to allocate the total or a portion of the total cost to the grant.

1 **Communications/Telephone/Internet**

Communications/Telephone/Internet Chicanos Por La Causa Inc. Non Medical Case Management					
Item	Amount Budgeted	Admin 0%	Direct 100%	Total	Narrative/Cost Allocation Methodology
Cell Phone	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,500.00	For safety purposes when traveling to and from offsite visits and answering crisis/after hour calls. Cost based on units provided per client.
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ 2,500.00	TOTAL	\$ 2,500.00

2 **Copy/Duplicating**

Copy/Duplicating Chicanos Por La Causa Inc. Non Medical Case Management					
Item	Amount Budgeted	Admin 0%	Direct 100%	Total	Narrative/Cost Allocation Methodology
1 Program Brochures					
		\$ -	\$ -	\$ -	
2 Other Copying/Duplicating					
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

3 **Postage**

Postage Chicanos Por La Causa Inc. Non Medical Case Management					
Item	Amount Budgeted	Admin 0%	Direct 100%	Total	Narrative/Cost Allocation Methodology
Postage	\$ 350.00	\$ -	\$ 350.00	\$ 350.00	To communicate with clients who are not able to be contacted via phone. Cost based on units provided per client.
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ 350.00	TOTAL	\$ 350.00

4 **Utilities**

Utilities are 100% administrative. (Ruling 6.6.B05)

Utilities Chicanos Por La Causa Inc. Non Medical Case Management					
Item	Amount Budgeted	Admin	Direct	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

4 **Other Program Support**

Other Program Support Chicanos Por La Causa Inc. Non Medical Case Management					
Item	Amount Budgeted	Admin	Direct	Total	Narrative/Cost Allocation Methodology
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
TOTAL		\$ -	\$ -	TOTAL	\$ -

		Admin	Direct	Total
SUMMARY	Program Support	\$ -	\$ 2,850.00	\$ 2,850.00

Other Program Support **B05-SP-1**

(These instructions will not print)

Section 1-3. These sections apply the FTE ratio for the expenditures including: telephone, postage, copying, and utilities. Section 4 - Other Program Support allows you to use your own calculation method to allocate costs between Admin and Direct. Enter the Admin Amount and Direct Amount to calculate the Total Budget and provide adequate justification of the methodology used to allocate the costs; the methodology must be in line with your agency's cost allocation policy. Final determination resides with the Maricopa County Ryan White Part A Program.

Other Professional Service

Provider Entry | Auto Calculation

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

1 Audit/Accounting/Finance

Audit/Accounting/Finance Chicanos Por La Causa Inc. Non Medical Case Management							
Vendor Name	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description of Service
a			\$ -		\$ -		
Cost Method Used							
Budget Justification							
b			\$ -		\$ -		
Cost Method Used							
Budget Justification							
c			\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

2 Insurance

Insurance Chicanos Por La Causa Inc. Non Medical Case Management							
Vendor Name	Annual Premium	Percent To grant	Total Grant	Dates of Service	Admin	Direct Service	Description of Service
a	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
b	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
c	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

3 Rent/Space

Rent is considered 100% administrative

Rent/Space Chicanos Por La Causa Inc. Non Medical Case Management							
Vendor Name	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description of Service
a	\$ -		\$ -		\$ -		
Cost Method Used							
Budget Justification							
			TOTAL		\$ -		\$ -

4 Other Professional Service

Other Professional Service Chicanos Por La Causa Inc. Non Medical Case Management							
Vendor Name	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description of Service
a			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
b			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
c			\$ -		\$ -	\$ -	
Cost Method Used							
Budget Justification							
			TOTAL		\$ -	\$ -	\$ -

SUMMARY	Other Prof. Svc	Admin	Direct	Total
		\$ -	\$ -	\$ -

Other Professional B05-PF-1

(These instructions will not print)

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, the method of calculating the budget for this Part A grant and a narrative justification describing why is service is needed. Section 1-3. Auditing, Insurance and Rent have been determined by the Maricopa County Ryan White Program to be Administrative Services. Section 4 allows providers to indicate the percentage requested as administrative and direct service. Adequate explanation of the methodology used to allocate costs is required; final determination resides with the Maricopa County Ryan White Part A Program. If a vendor is not paid based on an hourly rate, enter a 1 for Hours Budgeted and the total cost of the service under Quoted Price.

Schedule of Deliverables

Provider Entry Auto Calculation

Date Prepared: 9/18/2013

Organization Name: Chicanos Por La Causa Inc.
 Service Category: Non Medical Case Management

Performance Measures:
 Number of New Clients: 15
 Number of Returning Clients: 65
 Total # of Unduplicated Clients: 80

	CAREWare Service Unit Name/Code	Service Description	Service Unit Definition 1 unit = (i.e. 15 minutes)	Number of Units Proposed	Schedule of Deliverables												Fee for Service Only (Not Applicable to Cost Reimbursement Contracts)		
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Proposed Fee Per Product/Deliverable	Total Payment Per Objective/Activity	Fee Source (ie AHCCCS, I H S, Negotiated Rate, etc.)
1	FMCMAssessment	face to face MCM assessment	1 unit=15 min	300	25	25	25	25	25	25	25	25	25	25	25	25		\$ -	
2	FMCM	face to face MCM	1 unit=15 min	3,000	250	250	250	250	250	250	250	250	250	250	250	250		\$ -	
3	OMCM	non-face to face MCM	1 unit=15 min	5,270	436.16	436.16	438	440	440	440	440	440	440	440	440	440		\$ -	
4				-														\$ -	
5				-														\$ -	
6				-														\$ -	
7				-														\$ -	
8				-														\$ -	
9				-														\$ -	
10				-														\$ -	
11				-														\$ -	
12				-														\$ -	
13				-														\$ -	
14				-														\$ -	
15				-														\$ -	
TOTAL				8,570	711	711	713	715	715	715	715	715	715	715	715	715		\$ -	
Total Budget																	\$	120,219.00	
Over/(Under Budget)																	\$	(120,219.00)	
Balance should equal zero																			

Instructions for Schedule of Deliverables (These instructions will not print)

Example

CAREWare Service Unit Name/Code	Service Description	Service Unit Definition 1 unit = (i.e. 15 minutes)	Number of Units Proposed	Schedule of Deliverables												Fee for Service Only (Not Applicable to Cost Reimbursement Contracts)			
				Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Proposed Fee Per Product/Deliverable	Total Payment Per Objective/Activity	Fee Source (ie AHCCCS, I H S, Negotiated Rate, etc.)	
FMCMAssessment	Face to face medical case management assessment.	1 unit = 15 minutes	1,128	94	94	94	94	94	94	94	94	94	94	94	94	94		\$ -	
Food boxes	Food box	1 unit = 1 food box	3,396	283	283	283	283	283	283	283	283	283	283	283	283	283		\$ -	
H0004 Ind Counseling	Individual counseling session	1 unit = 15 minutes	6,900	600	600	600	600	500	600	600	600	600	600	400	600	600	\$ 16.76	\$ 115,644.00	AHCCCS Rate

- 1 Enter the CAREWare Service Name and or/Code; i.e. HCPCS or CPT Codes
- 2 Service Name Description- Use this cell to provide the full service name or describe the service
- 3 Service Unit Definition- Enter the DEFINITION of 1 unit. i.e. 15 minutes
The Unit definitions for each service category can be found in the RWPA P&P Manual
- 4 The TOTAL NUMBER OF UNITS PROPOSED calculates automatically, based on the total number of units entered in the Schedule of Deliverables.
- 5 SCHEDULE OF DELIVERABLES: Enter the # of units BY MONTH proposed in the corresponding column and row.

Complete the information in the final 3 columns for Fee for Service Contracts Only

- 6 Enter the proposed fee for the corresponding activity/unit.
- 7 The Total Payment for each Activity/Unit calculates based on proposed # of units x proposed fee.
- 8 The TOTAL PAYMENT for all activity/units must equal the Total Budget from the Budget Summary.
- 9 In the final column, enter the source of the fee, i.e. AHCCCS, I H S, Negotiated Rate

EXHIBIT C**SCOPE OF WORK**

1.0 SCOPE OF WORK:

1.1 PURPOSE OF THE PROGRAM, AUTHORITY AND BACKGROUND:

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first enacted in 1990 and amended in 1996, 2000, 2006 and 2009. Currently, the Act was reauthorized in 2009 and is called the Ryan White HIV/AIDS Treatment Extension Act of 2009. The authority for this grant program is the Public Health Service Act Section 2603, 42 USC 300ff-13. The U.S. Department of Health and Human Services (DHHS) administers the Part A program through the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service System (DSS). The entire CARE Act may be accessed at <http://hab.hrsa.gov/abouthab/legislation.html>.

Part A funds provide direct financial assistance to Eligible Metropolitan Area (EMAs) that have been the most severely affected by the HIV epidemic. Formula and supplemental funding components of the grant assist EMAs in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV disease. A comprehensive continuum of care includes primary medical care, HIV-related medications, mental health treatment, substance abuse treatment, oral health and case management services that assist PLWH/A (People Living with HIV/AIDS) in accessing treatment of HIV infection that is consistent with Public Health Service (PHS) Treatment Guidelines (current treatment guidelines are available at www.AIDS.info.nih.gov). Comprehensive HIV/AIDS care beyond these core services also includes access to other health services (e.g. home health care, nutritional, and rehabilitation service). In addition, this continuum of care may include supportive services that enable individuals to access and remain in primary medical care (e.g. outreach, transportation, and food services).

Part A supplemental funds have been awarded since fiscal year (FY) 1999 under the Minority AIDS Initiative (MAI) to improve the quality of care and health outcomes in communities of color disproportionately impacted by the HIV epidemic. Funds are to initiate, modify, or expand culturally and linguistically appropriate HIV care services for disproportionately impacted communities of color. Following Congressional intent, MAI funds must be used to expand or support new initiatives consistent with these goals.

MAI funds are subject to special conditions of award, and providers of services funded with MAI funds must document their use separately from other Part A funds. Progress reports must be provided in a beginning of year, Mid-Year Progress Report, and end-of-fiscal year Final Progress Report. This information reported is used to monitor:

1. Compliance with the MAI Condition of Award and related requirements;
2. Progress in meeting planned objectives;
3. Potential grantee technical assistance needs;
4. Type and quantity of services delivered and demographics of clients served, and;
5. Improvements in access and health outcomes being achieved through these services.

In preparing all responses to this Request for Proposal (RFP), applicant should consider how efforts at the local level are consistent with the Ryan White HIV/AIDS Treatment Extension Act of 2009 which emphasizes the use of funds to address the service needs of “individuals who know their HIV status and are not receiving primary medical care services and for informing individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities” Section 2602 (b)(4)(D)(i).

Additionally, applicants should consider the impact of the epidemic within the Phoenix EMA, which consists of Maricopa and Pinal counties. Several studies are available for applicants to review including:

1. 2006 Hispanic PLWH/A Needs Assessment
2. 2006 African American PLWH/A Needs Assessment
3. 2006 PLWH/A Out of Care Needs Assessment
4. 2006 Pinal County Needs Assessment
5. Phoenix EMA 2006-2009 Comprehensive Plan

All reports can be viewed at the Phoenix EMA Ryan White Planning Council's website at: <http://www.ryanwhiteparta.com>

Moreover, in developing your application you should consider the HIV/AIDS Bureau (HAB) Guiding Principles indicated below that have significant implications for HIV/AIDS care services planning.

1. The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations;
1. The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV disease;
2. Changes in the economics of health care are affecting HIV/AIDS care network; and
3. Outcomes are a critical component of program performance.

All CARE Act funded projects in any service category must participate in the existing community-based continuum of care. This concept requires that services in a community must be organized to respond to the individual's or family's changing needs, in order to reduce fragmentation of care. For the Phoenix EMA to achieve this intent as required by HRSA guidance funded providers will be required to attend meetings sponsored by the Phoenix EMA Ryan White Planning Council and other management and technical assistance meetings deemed mandatory by Maricopa County Ryan White Part A Program.

Lastly, Part A funds must be used in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau. These policies can be reviewed on the HAB website at <http://hab.hrsa.gov>.

1.2 THE PHOENIX EMA RYAN WHITE PLANNING COUNCIL:

The Phoenix EMA Ryan White Planning Council (PC) is a planning body required under the Part A authorization. The Maricopa County Board of Supervisors serves as the Chief Elected Official for the Planning Council. Membership of the PC must be reflective of the epidemic within the Phoenix EMA and includes representatives from a variety of specific groups such as providers of housing and homeless shelters, HIV prevention services, representatives of individuals who were formerly Federal, State or local prisoners released from the custody of the penal system and had HIV disease on the date released, other mandated entities and interested advocates. The PC establishes service priorities, allocates Part A funds, develops a comprehensive plan, and addresses the efficiency of the grantee's administrative mechanism for rapidly contracting out funds to service providers.

The PC establishes Directives for service categories that are additional requirements that must be incorporated into the program plan along with applicable Standards of Care. These Directives are discussed under the service category description and should also guide prospective applicants in the development of goals objectives and a work plan.

1.3 ADMINISTRATIVE AGENT AND QUALITY MANAGEMENT:

Part A funds are awarded to the chief elected official (CEO). The CEO retains ultimate responsibility for submitting grant applications, ensuring that funds awarded are used appropriately, and complying with reporting or other requirements. Most CEOs delegate day-to-

day responsibility for administering their Part A award to a health related department within the jurisdiction.

For the purposes of this section, the CEO of the EMA has delegated this responsibility to the Ryan White Part A Program within Maricopa County Department.

Administrative activities under the authority of the Administrative Agent include:

Routine grant administration and monitoring activities, including the development of applications for funds, the receipt, monitoring and disbursement of program funds, the development and establishment of reimbursement and accounting systems, the preparation of routine programmatic and financial reports, compliance with grant conditions and audit requirements/promulgation of policies and procedures and continuous quality improvement initiatives.

All activities associated with the grantee's contract award procedures, including the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, monitoring of contracts through telephone consultation, written documentation or onsite visits, reporting on contracts, and funding reallocation activities.

The administrative agent will conduct site visits with service providers to monitor program and fiscal compliance with contracts, and to ensure adherence to the EMA's Standards of Care as developed by the PC.

The lead agency (Contractor) agrees to include in any subcontracts a provision to the effect that the subcontractor agrees that Maricopa County Ryan White Part A Program shall have access to the subcontractor's facilities and the right to examine any books, documents, and records of the subcontractor, involving transactions related to the subcontract. Additionally, client charts, care/treatment plans, eligibility requirements, etc shall be available for inspection.

The Administrative Agent will also provide technical assistance and training that providers may be required to attend.

The CARE Act requires the establishment of quality management program and quality service indicators for all Part A programs to ensure that persons living with HIV disease receive those services and that the quality of those services meet certain criteria, specifically Standards of Care and the Public Health Services treatment guidelines.

The Maricopa County Ryan White Part A Program has established a Quality Management Program to assess all services funded under Ryan White Part A Program and to achieve the goals set forth in the CARE Act. All funded programs are subject to quality management reviews and technical assistance. All agencies must be able to demonstrate that health and support services supported by Part A funds are consistent with PHS treatment guidelines and the Standards of Care as established by the Planning Council.

All funded providers will be asked to submit quality management plans to reflect how providers are ensuring quality services.

1.4 CONTRACTOR ELIGIBILITY:

Eligible contractor for awards include public or non-profit health and social services providers, and other non-profit community organizations, medical care providers, community-based organizations, HIV/AIDS service organizations, academic entities, and city, county, state, federal governmental units. The CARE Act Amendments of 1996 provide for contracting with for-profit entities under certain limited circumstances. Specifically, the amendments allow Part A funds to be used to provide direct financial assistance through contracts with private for-profit entities if such entities are the only available provider of quality HIV care in the area (Sec 2604(b) (2) (A);

Section 2631(a) (1). Contractors are prohibited from serving as conduits to pass on their awards to for-profit entities. **To better serve Persons Living with HIV/AIDS (PLWHA) within the EMA, the Maricopa County Ryan White Part A Program reserves the right, at its discretion, to issue multiple contracts within a service category pursuant to this Request for Proposal.**

All services must be directed to enhance the delivery of services to persons living with HIV, and, in limited, restricted instances, their families. These funds may not be used for prevention services.

Joint proposals from coalitions of agencies and organizations are allowable. However, if a lead agency (prime contractor) is proposing to sub-contract with another agency to perform more than 50% of the deliverables, the proposal must provide sufficient information regarding the qualifications of the sub-contracting agency.

In all cases, a lead agency (as prime contractor) must be identified. All proposals in response to this RFP which include the use of subcontractors must be submitted by a lead agency, with the approach to use the subcontractor(s) clearly outlined in their proposal.

All providers must have documented evidence to substantiate referral relationships on an ongoing basis. All officers must submit any written agreements with other organizations/entities that serve the community of persons living with HIV and are 1) service providers and/or 2) points of entry or access to HIV services. All officers' are strongly encouraged to include copies of such agreements, detailing each agencies/organization's roles and responsibilities, with each application.

The use of subcontractors and/or consultants must be pre-approved by the Maricopa County Ryan White Part A Program. If approved, the Contractor agrees to use written agreements which conform to Federal and State laws, regulations and requirements of this proposal appropriate to the service or activity defined by this RFP. These provisions apply with equal force to the subcontract as if the subcontractor were the contractor referenced herein. The Contractor is responsible for the performance of this contract regardless of whether or not a subcontract is used. The lead agency (Contractor) will submit a copy of each executed subcontract to the RWPA within fifteen (15) days of its effective date.

All proposals in response to this RFP which include the use of subcontractors must clearly state and document the details of the subcontract agreement. This will include a scope/intent of work for both the lead agency and all subcontracts proposed. The scope of the proposal must clearly identify the services to be provided by all parties for the proposal. Additionally, all subcontract agreements proposed must include a detailed budget and narrative, identifying all administrative costs, as defined in the "Administrative Costs" section of this RFP. Subcontracts will be restricted to no more than ten percent of the budget proposed.

1.5 COMPENSATION:

- 1.5.1 The County reserves the right to reallocate funding during the contract period so that the services provided and corresponding contract amount may be decreased or increased, via contract amendment or Task Order, at the discretion of the County.
- 1.5.2 County will pay the Contractor on a monthly basis for approved services and expenses and in accordance with the reimbursement methodology determined by the County's Administrative Agent; either fee-for service or cost. The total funds paid to the Contractor will be dependent upon the approved invoice according to the Administrative Agent. County does not guarantee a minimum payment to the Contractor. County will not reimburse for fee-for-service activities when an appointment is canceled either by the client or Contractor.
- 1.5.3 The Contractor understands and agrees to notify the County of any deviations or changes to any budget line of the current budget in place for this contract within 30 days of such change.

- 1.5.4 The Contractor shall be compensated for services provided only by the staff classifications/positions included/referenced in the current approved budget.
 - 1.5.5 Unless specifically allowed and referenced elsewhere in this contract, all services are to be provided at approved Contractor sites and/or venues. Services provided at non-authorized locations or venues will not be reimbursed by the County.
 - 1.5.6 The Contractor shall provide monthly financial and corresponding programmatic reports per the reporting schedule to the County. If the Contractor is not in compliance due to non-performance, submission of reports after deadlines, insufficient back-up statements or improperly completed forms, the Contractor may not be reimbursed or reimbursement may be delayed until program compliance issues and any other related financial consequences are resolved. Furthermore, instances of non-compliance with billing and reporting requirements may result in the County reducing the Contractor's reimbursement by up to 10% of the corresponding month's billing. Billing forms and instructions are included in the current Ryan White Part A Program Policies and Procedures Manual refer to <http://www.ryanwhiteparta.com>
 - 1.5.7 The actual amount of consideration to be paid to the Contractor depends upon the actual hours worked, services provided and related expenses as stated in the current approved budget or as modified by contract amendment or appropriately executed task order. Any un-obligated balance of funds at the end of this Agreement period will be returned to the County in accordance with instruction provided.
- 1.6 INVOICES AND PAYMENTS:
- 1.6.1 The Contractor shall submit electronically to the Administrative Agent one (1) legible copy of their detailed monthly invoice before payment(s) can be made.
 - 1.6.2 Contractor shall submit the invoice packet for services performed on or before the fifteenth (15th) calendar day following the month in which services were performed.
 - 1.6.3 The invoice shall include the requirements as outlined in the Ryan White Part A's current policies and procedures manual.
 - 1.6.4 Contractors providing medical services are required to utilize the Health Care Form (HCF-1500) Uniform Billing (UB-92) or other standardized medical claim forms as agreed to with the Administrative Agent, and to submit these to the Ryan White Part A Program in addition to the other required invoice reports and forms.
- 1.7 METHOD OF PAYMENT:
- 1.7.1 Subject to the availability of funds, County will, within sixty (60) business days from the date of receipt of the documents enumerated herein, process and remit to the Contractor a warrant for payment up to the maximum total allowable for services provided or work performed during the previous month. Payment may be delayed or reduced if invoices are in non-compliance due to late submission, improperly completed or missing documentation/information or for other contract non-compliance occurring in the related grant year. Other non-compliance issues that may delay or reduce payments can be related to any contractual issue, and may not necessarily be related to the bill itself. Should County make a disallowance in the claim, the claim shall be processed for the reduced amount. If the Contractor protests the amount or the reason for a disallowance, the protest shall be construed as a dispute concerning a question of fact within the meaning of the "Disputes" clause of the Special Provisions of this Contract.
 - 1.7.1.1 The Contractor understands and agrees that County will not honor any claim for payment submitted 60 calendar days after date of service. The Contractor understands and agrees that County will not process any claim for payment for services rendered prior to the end of the contract period which are submitted sixty (60) calendar days after the end of the contract period without approval of

County. For claims that are subject to AHCCCS Regulation R9-22703.B1, County will not honor any claim for payment submitted nine months after date of service. Claims submitted 45 calendar days from the last day of the grant year will not be honored or reimbursed.

- 1.7.1.2 Payments made by County to the Contractor are conditioned upon the timely receipt of applicable, accurate and complete invoice reports and forms submitted by the Contractor. All monthly **invoices** must be supported by auditable documentation, which is determined to be sufficient, competent evidential matter defined by the County.
- 1.7.1.3 The Contractor understands and agrees that Ryan White Part A Program is the payer of last resort, and shall maximize and monitor all other revenue streams including self-pay and all sources of third party reimbursements. The Contractor understands and agrees that all self-pay and third party payments must be exhausted to offset program costs before Ryan White funds are used. The Contractor must have policies and procedures documented and in place to determine and bill these other potential payment sources. These third party payers include but are not limited to Regional Behavioral Health Authority (RBHA), Medicaid (Arizona Health Care Cost Containment Services/AHCCCS), Arizona Long Term Care System (ALTCS), TRICARE, Medicare and private/commercial or other insurance. The Contractor will determine eligibility of clients and assist with client enrollment whenever feasible. Payments collected by the Contractor for Ryan White services must be recorded as Program Income in the Contractor's financial management system and deducted from bills issued to the County. Program income records must be made available to the County for assurance that such revenues are used to support related services. The Contractor shall have policies and procedures for handling Ryan White revenue including program income.
- 1.7.1.4 The Contractor shall have policies and staff training on the payer of last resort requirement and how it meets that requirement.
- 1.7.1.5 Payment shall be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. After Contract Award the Contractor shall complete the Vendor Registration Form located on the County Department of Finance Vendor Registration Web Site (<http://www.maricopa.gov/Finance/Vendors.aspx>).
- 1.7.1.6 EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.

1.8 BUDGET, REVENUES AND EXPENDITURES:

- 1.8.1 The Contractor shall have written fiscal and general policies and procedures that include compliance with federal and Ryan White programmatic requirements.
- 1.8.2 The Contractor shall prepare and submit to County a budget using the current Ryan White Part A Program-approved formats at the beginning of each grant year in accordance with the stated funds allocated on the most recently issued task order. If the task order is increased or decreased at any time throughout the duration of the grant year, a revised budget may be required. Failure to provide a required budget or schedule of deliverables within the designated timeframe may result in termination of the contract.
 - 1.8.2.1 The total administrative costs budgeted; including any federally approved indirect rate (inclusive of contractor and subcontractor(s)) cannot exceed 10% of

the amount of the current grant award. Any amount of administrative expenditures in excess of 10% will not be reimbursed.

1.8.2.2 Contractor agrees that all expenditures are in accordance with the current approved budget. Any expenditure deemed unallowable by the Administrative Agent is subject to the Contractor submitting a full reimbursement to the County.

1.8.2.3 Contractor agrees to establish and maintain a “Financial Management System” that is in accordance with the standards required by Federal OMB Circular A-110, Subpart C. Such system must also account for both direct and indirect cost transactions, reports on the results of those transactions, are in compliance with the requirements of OMB Circular A-21 and generally accepted accounting principles.

1.8.2.4 All expenditures and encumbered funds shall be final and reconciled no later than 45 days after the close of the grant year.

1.8.2.5 Funds collected by the Contractor in the form of fees, charges, and/or donations for the delivery of the services provided for herein shall be accounted for separately. Such fees, charges and/or donations must be used for providing additional services or to defray the costs of providing these services consistent with the Schedule of Deliverables of this Contract. As applicable, the Contractor agrees to include, in the underlying budget, the amount of projected revenue from client fees. The amount of funds collected from client fees shall be reported by Contractor in the Monthly invoice by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.

1.9 **AMENDMENTS:**

All amendments to this Contract must be in writing and signed by both parties. All amendments shall clearly state the effective date of the action.

1.10 **TASK ORDERS:**

Contractor shall not perform a task other than those found/defined in the contract award document. Task Orders may be issued by the Administrator of this contract. Task Orders will be communicated via written document and shall include, but is not limited to: budget amount, reference to special conditions of award, and any special service and reporting requirements. Amended Task Orders can be issued at any time during the grant year. Both parties shall sign a new or amended Task Order.

1.11 **CHANGES:**

1.11.1 The Maricopa County Ryan White Part A Program, with cause, by written order, may make changes within the general scope of this Contract in any one or more of the following areas (Also see **AMENDMENTS & TASK ORDER SECTIONS**):

1.11.1.1 Schedule of deliverables activities reflecting changes in the scope of services, funding source or County regulations,

1.11.1.2 Administrative requirements such as changes in reporting periods, frequency of reports, or report formats required by funding source or County regulations, policies or requirements, and/or,

1.11.1.3 Contractor fee schedules, reimbursement methodologies and/or schedules and/or program budgets.

Examples of cause would include, but are not limited to: non-compliance, under performance, service definition changes, reallocations or other directives approved by the Planning Council, or any other reason deemed necessary by the Administrative Agent.

- 1.11.2 Such order will not serve to increase or decrease the maximum reimbursable amount to be paid to the Contractor. Additionally, such order will not direct substantive changes in services to be rendered by the Contractor.
- 1.11.3 Any dispute or disagreement caused by such written order shall constitute a "Dispute" within the meaning of the Disputes Clause found within this Contract and shall be administered accordingly.

1.12 **AUDIT REQUIREMENTS:**

- 1.12.1 If the Contractor expends **\$500,000** or more from all contracts administered and/or funded via County, and/or receives **\$500,000** or more per year from any federal funding sources, the Contractor will be subject to Federal audit requirements per P.L. 98-502 "The Single Audit Act." The Contractor shall comply with OMB Circulars A-128, A-110, and A-133 as applicable. The audit report shall be submitted to the Maricopa County Internal Audit Department of Public Health for review within the twelve months following the close of the fiscal year. The Contractor shall take any necessary corrective action to remedy any material weaknesses identified in the audit report within six months after the release date of the report or by a date defined by the Internal Audit Department. Maricopa County may consider sanctions as described in OMB Circular A-128 for contractors not in compliance with the audit requirements. All books and records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP).
- 1.12.2 The Contractor shall schedule an annual financial audit to be submitted to County for review within twelve months following the close of the program's fiscal year. Contractor understands that failure to meet this requirement may result in loss of current funding and disqualification from consideration for future County-administered funding.
- 1.12.3 The Contractor shall have and make available to County financial policies and procedures that guide selection of an auditor, based on an Audit Committee for Board of Directors (if Contractor is a non-profit entity).
- 1.12.4 The Contractor shall also comply with the following OMB Circulars as applicable to its organizations business status:
 - 1.12.4.1 A-102 Uniform Administrative Requirements for Grants to State and Local Government.
 - 1.12.4.2 A-110 Uniform Administrative Requirements for Grants and Agreement with Institutions of Higher Education, Hospitals and other non-profit organizations.
 - 1.12.4.3 A-122 Cost Principles for Non-Profit Organizations.
 - 1.12.4.4 A-87 Cost Principles for State and Local Governments.
 - 1.12.4.5 A-21 Cost principles for Education Institutions.

1.13 **SPECIAL REQUIREMENTS:**

- 1.13.1 The Contractor shall adhere to all applicable requirements of the Ryan White HIV/AIDS Treatment Extension Act of 2009 and/or current authorized or reauthorized Ryan White HIV/AIDS Act.
- 1.13.2 The Contractor shall participate in provider technical assistance meetings and/or teleconference calls that will be scheduled by the Administrative Agent throughout the year.
- 1.13.3 The Contractor shall retain the necessary administrative, professional and technical

personnel for operation of the program.

- 1.13.4 The Contractor agrees to maintain adequate programmatic and fiscal records and files including source documentation to support program activities and all expenditures made under terms of this agreement as required.
- 1.13.5 Contractor agrees to install and utilize the CAREWare client level reporting software system as described in the current Ryan White Part A Program Policies and Procedures Manual. There are no licensing costs associated with the use of CAREWare, however, the provider is required to pay for the cost related to installing and configuring internal firewall devices to gain access to the CAREWare database. These expenses can be reimbursed by Ryan White if included in the current approved budget.

1.14 RELEASE OF INFORMATION:

- 1.14.1 The Contractor agrees to secure from all clients provided services under this contract any and all releases of information or other authorization requested by County. Each client file documenting the provision of Part A services must contain a current Administrative Agent authorized release form signed and dated by the client or client's legal representative. Failure to secure such releases from clients may result in disallowance of all claims to County for covered services provided to eligible individuals. If service to anonymous clients is specifically allowed and approved by the County according to the current Ryan White Part A policies and procedures manual or otherwise stated in writing by the Administrative Agent, this provision does not apply.
- 1.14.2 The Contractor agrees to comply with **ARS §36-662, access to records**. In conducting an investigation of a reportable communicable disease the department of health services and local health departments may inspect and copy medical or laboratory records in the possession of or maintained by a health care provider or health care facility which are related to the diagnosis, treatment and control of the specific communicable disease case reported. Requests for records shall be made in writing by the appropriate officer of the department of health services or local health department and shall specify the communicable disease case and the patient under investigation.

1.15 CERTIFICATION OF CLIENT ELIGIBILITY:

- 1.15.1 The Contractor agrees to determine and certify eligibility all clients seeking services supported by Ryan White funds, according to the requirements detailed in of the Eligibility section of the current Ryan White Part A Program Policies and Procedures Manual.
- 1.15.2 The Contractor agrees to have billing, collection, co-pay and sliding fee policies and procedures that do not deny clients services for non-payment, inability to produce income documentation, or require full payment prior to service, or include any other barriers to service based on ability to pay.
- 1.15.3 If the Contractor charges clients for services, the Contractor agrees to charge and document client fees collected in accordance with their sliding fee schedule. This fee schedule shall be consistent with current federal guidelines. This fee schedule must be published and made available to the public. If charging fees, the Contractor must have a fee discount policy, sliding fee schedule, and sliding fee eligibility applications. The Contractor must track fees charged and paid by clients. The Contractor must have a fee discount policy that includes client fee caps, including:
 - 1.15.3.1 Clear responsibility for annually evaluating clients to establish individual fees and caps.
 - 1.15.3.2 Tracking of Part A charges or medical expenses inclusive of enrollment fees, deductibles, and co-payments.

- 1.15.3.3 A process for alerting the billing system that client has reached cap and no further charges will be charged for the remainder of the year.
- 1.15.3.4 Documentation of policies, fees, and implementation, including evidence that staff understand those policies and procedures.
- 1.15.3.5 Contractor must have a process for charging, obtaining, and documenting client charges through a medical practice information system, manual or electronically.

The chart below must be followed when developing the fee schedule.

<i>Client Income</i>	Fees For Service
Less than or equal to 100% of the official poverty line	No fees or charges to be imposed
Greater than 100%, but not exceeding 200%, of the official poverty line	Fees and charges for any calendar year may not exceed 5% of the client’s annual gross income
Greater than 200%, but not exceeding 300%, of the official poverty line	Fees and charges for any calendar year may not exceed 7% of client’s annual gross income
Greater than 300% of the official poverty line	Fees and charges for any calendar year may not exceed 10% of client’s annual gross income

1.16 **QUALITY MANAGEMENT:**

- 1.16.1 The Contractor will participate in the Quality Management program as detailed in the ***current Ryan White Part A Program Policies and Procedures Manual***. (<http://www.maricopa.gov/publichealth/Services/RyanWhite/publications.aspx>) (See Ryan White Part A Program Policies and Procedures).
- 1.16.2 The Contractor will utilize and adhere to the most current Standards of Care as developed by the Phoenix Eligible Metropolitan Area Planning Council.
- 1.16.3 The Contractor will develop and implement an agency-specific quality management plan for Ryan White Part A-funded services. The Contractor will conduct Quality Improvement projects at the agency level utilizing the Plan-Do-Check-Act (PDCA) model.
- 1.16.4 The Contractor will participate in cross-cutting Quality Improvement projects and report data per the timeline established with the County. Additionally, the Contractor will report quality outcome measures established by the County per the reporting schedule.
- 1.16.5 The Contractor will participate in the Quality Management activities of the Clinical Quality Management Committee as requested by the County.
- 1.16.6 The Contractor will conduct and provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the County.
- 1.16.7 The Contractor will maintain a comprehensive unduplicated client level database of all eligible clients served as well as demographic and service measures required and submit this information in the format and frequency as requested by the County. The County will make available to the Contractor software for the collection of this information (CAREWare).
- 1.16.8 The Contractor will maintain consent to serve forms signed by the clients to gain permission to report their data to County, State and Federal authorized entities and to view their records as a part of site visits and quality management review activities.

- 1.16.9 The Contractor will participate in Quality Management trainings sponsored by the County which are deemed mandatory. The Contractor understands that non-participation in these types of activities may result in non-compliance with the Standards of Care as mandated by the Ryan White Act. Further, such non-participation in Quality Management trainings could result in prompting a performance monitoring site visit.

1.17 REPORTING REQUIRMENTS:

- 1.17.1 The Contractor agrees to submit monthly invoices as defined in the Invoice and Payments section.
- 1.17.2 The Contractor agrees to submit any administrative, programmatic, quality and/or fiscal reports requested and at the due date defined by the Administrative Agent.
- 1.17.3 The Contractor agrees to comply with and submit annual and semi-annual client-level and provider-level data as required by HRSA by the due date(s) defined by the Administrative Agent.
- 1.17.4 The Contractor agrees to comply with *ARS § 36-621*, reporting contagious diseases. Any employee, subcontractor or representative of the Contractor providing services under this contract shall follow the requirements of this law. Specifically, a person who learns that a contagious, epidemic or infectious disease exists shall immediately make a written report of the particulars to the appropriate board of health or health department. The report shall include names and residences of persons afflicted with the disease. If the person reporting is the attending physician he shall report on the condition of the person afflicted and the status of the disease at least twice each week.

1.18 PROGRAM MARKETING INITIATIVES:

- 1.18.1 When issuing statements, press releases and/or Internet-based or printed documents describing projects, programs and/or services funded in whole or in part with Ryan White Part A funds, the Contractor shall clearly reference the funding source as the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White HIV/AIDS Treatment Extension Act of 2009 (or current authorized or reauthorized name of Act), and Maricopa County Ryan White Part A Program. Such references to funding source must be of sufficient size to be clear and legible.
- 1.18.2 Contractor is responsible for advertising Ryan White Part A-funded services. Such advertisement is to promote/incorporate the following components: Services available, venues/locations, and hours of operation. The content of any and all advertising for these services must be in a format allowed by Local, State and Federal regulations and shall contain the funding language referenced in this contract section.
- 1.18.3 Contractor is responsible to ensure that all appropriate program descriptions, including hours and locations, and any changes related to these services are disseminated to the community and other Ryan White providers to ensure that clients have access to care. The Contractor shall be able to document and explain this communication process to the Administrative Agent upon request.

1.19 OTHER REQUIREMENTS:

- 1.19.1 Contractor shall comply with all policies and procedures as defined in the current Ryan White Part A Policies and Procedures Manual.
- 1.19.2 Contractor will maintain discrete client files for all individuals served and will secure the necessary releases of information to allow for review of all pertinent client information by employees of County and/or their designated representatives.

- 1.19.3 Contractor shall respond to all requests for information and documentation solicited by County when they are submitted in writing no later than **72** hours of receipt of request.
- 1.19.4 Contractor shall participate with a standardized anonymous Consumer Satisfaction Survey issued to all program participants, at least once during the contract year. The survey and procedure is included in the ***Ryan White Part A Program Policies and Procedures Manual***. Refer to <http://www.maricopa.gov/publichealth/Services/RyanWhite/providers.aspx>
- 1.19.5 Contractor's service locations shall be accessible by public transportation. If service locations are not accessible by public transportation, the Contractor shall have policies and procedures in place that describe how it will provide transportation assistance to clients.
- 1.19.6 Contractors providing Medicaid eligible services shall be certified to receive Medicaid payments, or receive a waiver from the U.S. Secretary of Health and Human Services. The Contractor shall document efforts to receive certification or waiver, and when certified, maintain proof of certification and file of contracts with Medicaid insurance companies.

1.20 SAFEGUARDING OF CLIENT INFORMATION:

The use or disclosure by any party of any information concerning an eligible individual served under this Contract is directly limited to the performance of this Contract.

1.21 NON-DISCRIMINATION:

The Contractor, in connection with any service or other activity under this Contract, shall not in any way discriminate against any patient on the grounds of race, color, religion, sex, national origin, age, or handicap. The Contractor shall include a clause to this effect in all Subcontracts inuring to the benefit of the Contractor or County.

1.22 EQUAL EMPLOYMENT OPPORTUNITY:

1.22.1 The Contractor will not discriminate against any employee or applicant for employment because of race, age, handicap, color, religion, sex, or national origin. The Contractor will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, age, handicap, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, lay-off or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Contractor shall to the extent such provisions apply, comply with Title VI and VII of the Federal Civil Rights Act; the Federal Rehabilitation Act; the Age Discrimination in Employment Act; the Immigration Reform and Control Act of 1986 (IRCA) and Arizona Executive Order 99.-4 which mandates that all persons shall have equal access to employment opportunities. The Contractor shall also comply with all applicable provisions of the Americans with Disabilities Act of 1990.

1.22.2 The Contractor will operate under this agreement so that no person otherwise qualified is denied employment or other benefits on the grounds of race, color, sex, religion, national origin, ancestry, age physical or mental disability or sexual orientation except where a particular occupation or position reasonably requires consideration of these attributes as an essential qualification for the position.

1.23 CULTURAL COMPETENCY:

- 1.23.1 The Contractor shall meet and comply with applicable standards of the federal Culturally and Linguistically Appropriate Services (CLAS) standards. The Contractor shall develop and implement organizational policies that comply with these standards.
- 1.23.2 The Contractor shall recognize linguistic subgroups and provide assistance in overcoming language barriers by the appropriate inclusion of American Sign Language and languages of clients accessing care.

1.24 RYAN WHITE CAREWARE DATA BASE:

- 1.24.1 RWPA requires the installation and utilization of HRSA-supplied Ryan White CAREWare software. CAREWare is used for client level data reporting and monthly billing reports, demographic reports, and various custom reporting. The Contractor agrees to install, collect, and report all data requested by the RWPA via RYAN WHITE CAREWare within 60 days of request by the RWPA. The Contractor agrees to participate in technical assistance training and/or informational presentations for CAREWare at various times scheduled during the contract year.
- 1.24.2 The Contractor is responsible for coordinating the installation of the CAREWare software with their internal information technology staff. CAREWare software is developed by HRSA and requires no licensing fees. The Contractor will be responsible for the cost of Virtual Provider Network (VPN) cards for each user within their organization.
- 1.24.3 The Ryan White Part A office will provide technical assistance to eligible applicants for the implementation, configuration and end user support for the CAREWare database. In addition, technical assistance is made available to eligible applicants to integrate CAREWare with proprietary in-house billing systems on an as needed basis to minimize data entry efforts needed to report client level demographic and service related data.

1.25 IMPROPRIETIES AND FRAUD:

- 1.25.1 The contractor shall notify the Ryan White Part A Program in writing of any actual or suspected incidences of improprieties involving the expenditure of CARE Act funds or delivery of services. This will include when potential or current clients receive services, or attempt to receive services, for which they are ineligible. Notification is also required whenever acts of indiscretion are committed by employees that may be unlawful or in violation of this contract. Notification to the Ryan White Part A Program shall occur in writing within 24 hours of detection.
- 1.25.2 The Federal Department of HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

Office of Inspector General
TIPS HOTLINE
P. O. Box 23489
Washington, D. C. 20026
Telephone: 1-800-447-8477 (1-880-HHS-TIPS)

- 1.25.3 The Contractor shall be responsible for any loss of funds due to mismanagement, misuse, and/or theft of such funds by agents, servants and/or employees of the Contractor.

1.26 ADHERENCE TO RYAN WHITE PART A POLICIES:

- 1.26.1 Contractor shall adhere to all Ryan White Part A Program Policies. Such policies are referenced in the Ryan White Part A Program Policies and Procedures Manual (See <http://www.maricopa.gov/publichealth/Services/RyanWhite/providers.aspx>)

1.27 REFERRAL RELATIONSHIPS:

- 1.27.1 Contractors must have documented evidence to substantiate referral relationships on an ongoing basis consistent with HRSA guidance regarding “Maintaining Appropriate Referral Relationships” available from the RWPA upon request.
- 1.27.2 The Contractor shall have letters of agreement and Memorandums of Understanding (MOUs) to document referral relationships with key points of entry. Key points of entry include:
- Emergency rooms
 - Substance abuse and mental health treatment programs
 - Detox(ification) centers
 - Detention facilities
 - Sexually Transmitted Disease (STD) Clinics
 - Homeless shelters
 - HIV counseling and testing sites

Additional points of entry:

- Public health departments
- Health care points of entry specified by eligible areas
- Federally Qualified Healthcare Centers (FQHCs)
- Entities such as Ryan White Part C and D grantees

1.28 POLICY ON CONFIDENTIALITY:

- 1.28.1 The Contractor understands and agrees that this Contract is subject to all State and Federal laws protecting client confidentiality of medical, behavioral health and drug treatment information.
- 1.28.2 The Contractor shall establish and maintain written procedures and controls that ensure the confidentiality of client medical information and records.
- 1.28.3 The Contractor shall maintain and document employee and direct service provider training on their organization’s policies and procedures related to client confidentiality.
- 1.28.4 In accordance with Section 318 (e)(5) of the Public Health Service Act [42 U.S.C. 247c(e)(5)], no information obtained in connection with the examination, care or services provided to any individual under any program which is being carried out with Federal monies shall, without such individual’s consent, be disclosed except as may be necessary to provide services to such individual or as may be required by laws of the State of Arizona or its political subdivisions. Information derived from any such program may be disclosed (a) in summary, statistical, or other form, or (b) for clinical research purposes, but only if the identity of the individuals diagnosed or provided care under such program is not disclosed. The Contractor shall comply with the provisions of A.R.S. § 36-663 concerning HIV-related testing; restrictions; exceptions and A.R.S. § 36-664 concerning confidentiality; exceptions, in providing services under this Contract.
- 1.28.5 Confidential communicable disease related information may only be disclosed as permitted by law, and only consistent with the current Ryan White Part A Program Policies and Procedures Manual (See <http://www.ryanwhiteparta.com>)

1.29 EQUIPMENT:

- 1.29.1 All equipment and products purchased with grant funds *should be* American-made.
- 1.29.2 The title to any and all equipment acquired through the expenditure of funds received from County shall remain that of the Department of Health and Human Services, Health

Resources and Services Administration. County must specifically authorize the acquisition of any such equipment in advance. Upon termination of this Contract, County may determine the disposition of all such equipment.

- 1.29.3 The Contractor agrees to exercise reasonable control over all equipment purchased with capital outlay expense Contract funds. All equipment lost, stolen, rendered un-usable, or no longer required for program operation must be reported immediately to County for disposition instructions. The Contractor shall report the physical inventory of all equipment purchased with contract funds within sixty (**60**) days of receipt of such equipment.

NARRATIVE

Chicanos Por La Causa, Inc. (CPLC) proposes to provide Medical Case Management (MCM) and Non-Medical Case Management Services (NMCM) services to people living with HIV/AIDS (PLWHA) eligible for Ryan White Part A services in the Phoenix Eligible Metropolitan Area (EMA). CPLC is proposing to deliver MCM and NMCM services as outlined in this grant application based on the needs identified for (PLWHA) in the Phoenix EMA service area and in accordance with Ryan White Part A requirements and standards of care.

CPLC also intends to serve as a **Minority AIDS Initiative (MAI)** Contractor for Medical Case Management and Non-Medical Case Management services should supplemental funding for MAI become available. CPLC will utilize MAI funding to serve HIV/AIDS positive minorities as defined by the current MAI implementation plan.

II. NEED:

More than 20 years after Maricopa and Pinal counties qualified as an Eligible Metropolitan Area (EMA) to receive Ryan White funding, there continues to be disproportionate representation of racial/ethnic minority populations in the region's HIV and AIDS epidemic. While Hispanics account for 29% of the EMA's population, nearly 35% of emergent HIV/AIDS cases are among this population. The same holds true for African-Americans who account for 5% of the EMA's population yet represent 12% of emergent HIV/AIDS cases.¹

HIV/AIDS cases among minority populations in the Phoenix EMA increased by 30% during the period 2007 to 2009. In 2006, close to 50% of newly reported HIV cases were among Hispanic persons.² The Phoenix EMA has a combined HIV/AIDS prevalence of 10,492 persons. Of prevalent cases, 87% are among men, 13% are among women, 57% are White; 12% are African-American, 26% are Hispanic, 3% are American Indian and 1% Asian.³ Men who have sex with men (MSM) remain the predominant reported HIV transmission risk in Arizona for all racial/ethnic groups. These data are consistent with national HIV/AIDS trends that illustrate Hispanic, African-Americans and young MSM as special populations that need urgent attention.⁴

Nationally, the Centers for Disease Control and Prevention (CDC) estimates that young MSM, especially those of minority races and ethnicities, are at increased risk for HIV infection. In 2009, young MSM accounted for 27% of new HIV infections in the United States and 69% of new HIV infections among persons aged 13–29.⁵ According to the most recent data available through the Arizona Department of Health Services (ADHS), the peak among prevalent cases of HIV/AIDS in the EMA occurs in the age range of 35-59 years.⁶

The Ryan White Planning Council designates newly diagnosed individuals with HIV, MSM, Hispanics, African Americans, American Indians as well as those who are Incarcerated/Recently Released, as Severe Needs Groups (SNG) in the EMA. Further, the Phoenix EMA's Strategy for Early Identification of Individuals with HIV/AIDS (EIIHA) focuses primarily on addressing the disparities that exist in these traditionally underserved populations. As highlighted in the findings of recent surveys conducted by the Ryan White Part A program, SNGs who are "In Care" and "Out of Care" identify with unique barriers and challenges to accessing services and tend to experience unmet needs at higher levels compared to their relative proportions in the EMA.

A majority of the Phoenix EMA out of care population includes Hispanic and White Males, whose risks include MSM and/or IDU. Approximately 31% of out of care People Living With HIV/AIDS (PLWHA) in the EMA are Hispanic.

Additionally, MSM account for 55% of those who are out of care with unmet service needs.⁷ The out of care PLWHA population also consists of a high percentage of African Americans. PLWHA living in the more rural areas of the EMA face additional challenges to accessing services including fear of discrimination/stigma, lack of confidentiality and very limited availability of infectious disease or HIV qualified medical providers.

Collaborative Research, Inc. surveyed 496 persons living with HIV/AIDS for the 2010 EMA wide Triennial Needs

¹ 3-Year Comprehensive HIV Services Plan of the Phoenix EMA Ryan White Planning Council, May, 2012

² 2006 Hispanic Needs Assessment

³ 2010 Phoenix EMA Triennial Need Assessment Report

⁴ Arizona Department of Health Services, Annual Report, 2011

⁵ HIV Among Youth, Centers for Disease Control and Prevention Fact Sheet, 2011

⁶ HIV/AIDS Data ADHS EPIDEMIOLOGIC PROFILE, 2010

⁷ EMA-Wide Comprehensive "Out of Care" PLWHA Needs Assessment in Maricopa and Pinal Counties, Arizona.

Assessment, to ascertain the top Needs, Uses, Gaps and Barriers as expressed by consumers of HIV related services in both Maricopa and Pinal Counties. Severe Needs Groups reporting the greatest number of service barriers include MSM, Hispanics, African-Americans and those recently released from incarceration. Findings of the Needs Assessment also point to issues that are specific to each Severe Needs Group. For example, Hispanic persons with HIV in the EMA experience issues related to poverty, immigration status and high-uninsured status, which may contribute to this population having to rely on Ryan White Programs as the only option for accessing HIV primary care.⁸ These barriers also create challenges in successfully facilitating the entry into and retention in HIV primary medical care for the growing numbers of Hispanic persons living with HIV/AIDS in the Phoenix EMA. Survey respondents cited the following as some of the reasons that they identified certain HIV related services as difficult to access:

- Red tape
- **Illegal status**
- Budget cuts
- **Lack of income/inability to afford**
- Lack of information regarding location of services and how to access them
- **Not having a Case Manager**
- Unable to qualify for services
- **Lack of insurance**
- Transportation too hard/far away
- **Too few providers/services**
- Wait list

Results of the 2010 Out of Care survey as well as findings of the 2010 EMA Wide Triennial Needs Assessment guide the Ryan White Planning Council's processes for developing a three-year comprehensive plan for the EMA, establishing service priorities, documenting the need for specific services and determining barriers to accessing care. The goals and objectives outlined in the Three-Year Comprehensive HIV Services Plan for the Phoenix EMA approved in 2012, address identified needs of PLWHA including issues unique to Severe Needs Groups (i.e., Newly Diagnosed, MSM, Hispanics, African-Americans, American Indians and Incarcerated/Recently Released).

The Three-Year Plan focuses on ensuring that individuals who are aware or unaware of their HIV status and not receiving primary medical care have access to support service that facilitate their entry into care. Additionally, strategies for achieving the Plan's proposed goals and objectives will promote coordination of care and build on current efforts for eliminating barriers and strengthening retention in services.

The Ryan White Planning Council prioritizes and allocates funding to service categories for establishing a comprehensive continuum of care that supports goals and objectives to improve health outcomes of PLWHA. The ideal continuum of care as proposed in the Three Year Plan for the Phoenix EMA focuses on primary medical care coordinated with services that improve medical outcomes. Additionally, supportive programs that promote access to primary medical care to help improve retention in services complete the continuum. The Plan identifies Medical Case Management as a key component of this proposed continuum.⁹ Case Management is one of the most critical points of contact for clients within the Phoenix EMA. This includes Medical and Non-Medical Case Management services that target minority communities to increase treatment adherence as well as awareness of resources available to PLWHA.

III. ORGANIZATIONAL BACKGROUND AND EXPERIENCE

Chicanos Por La Causa (CPLC) is currently one of the major providers of Ryan White Part A comprehensive Medical and Non-Medical Case Management services in the Phoenix EMA. The Organization serves a predominantly Hispanic population and is uniquely qualified to address the cultural and linguistic needs of this Severe Needs Group. CPLC provides a broad range of services that focus on a holistic approach to meeting the numerous identified needs of PLWHA clients served. The Organization has a long-standing history as a service provider with a strong reputation and national recognition as the fourth largest Hispanic Community Development Corporation in the United States.¹⁰ Further, CPLC is the only community development corporation in Arizona that offers extensive services in both urban and rural areas by maintaining a physical presence in 14 of the 15 counties in the State. The Organization has more than 40 years of experience operating programs and services that promote positive change and self-sufficiency to enhance the quality of life for the benefit of clients served. CPLC serves more than 100,000 individuals annually, targeting its services primarily to disadvantaged and vulnerable populations

⁸ HIV/AIDS Statewide Coordinated Statement of Need

⁹ 3-Year Comprehensive HIV Services Plan of the Phoenix EMA Ryan White Planning Council

¹⁰ Hispanic Business Magazine 2012

including individuals and families with low to moderate incomes, regardless of ethnic origin, ethnicity, gender, age, or creed.

In 1969, CPLC received non-profit status as a 501 (c) 3 with a mission *to build stronger, healthier communities as a lead advocate, coalition builder and direct service provider*. CPLC's original Founders came together as a group of community and student activists of Mexican descent, to address problems of the barrios in South Central Phoenix, Arizona. While CPLC is continually evolving and expanding services to keep pace with growth and change within the communities it serves throughout Arizona, the Organization has not veered away from its initial focus on creating opportunities that strengthen individuals and communities. Presently, CPLC functions as a multifaceted corporation offering a wide array of programs and services in two states, Arizona and Nevada with plans to expand services to New Mexico in the coming months. The Organization conducts needs assessments as part of the planning process, prior to implementing service expansion projects or development of new programs, to ensure proposed initiatives align with the needs and expectations of constituents and community partners.

A volunteer governing Board of Directors consisting of 23 members is responsible for providing oversight and guidance, setting policy and providing strategic direction for the Organization. CPLC's Senior Management Team has an average tenure of twelve years and includes the President and CEO, Chief Operations Officer, Chief Financial Officer and Chief Economic Development Officer. The President and CEO began serving in this position in 2008 and previously served as the Organization's Chief Operations Officer for nine years.

In 2011, CPLC achieved an important milestone with the Commission on Accreditation of Rehabilitation Facilities (CARF) awarding the Organization a three-year accreditation, the highest level in the field, for the quality of its behavioral health services programs. CPLC implements two behavioral health programs that address the unique needs of a culturally diverse community, Corazón (a substance abuse residential treatment facility located in Phoenix) and Centro De La Familia.

Ryan White Part A is currently the only source of funding that supports CPLC's Medical and Non-Medical Case Management Program and is the payer of last resort for these services. The Organization receives grants from local, state and federal government sources as well as private foundations to support other CPLC programs and services. CPLC is a direct grantee or serves as a sub-recipient for federal grant funding received through Department of Agriculture, U.S. Department of Education, Federal Emergency Management Agency, Department of Health and Human Services, Department of Housing and Urban Development, Department of Justice, Department of Labor, and Small Business Administration.

Grant funding as well as other revenue streams support CPLC services provided in the areas of Education, Economic Development, Housing and Health and Human Services as described below:

- **Education:** This service component includes programs such as Head Start, charter schools, prevention, leadership workshops and academic enrichment programs.
- **Economic Development:** CPLC's economic development division provides business lending, commercial development, neighborhood revitalization, and financial empowerment.
- **Community Development (Housing):** The housing component encompasses all types of housing development, property management, client counseling, and other pertinent services.
- **Health and Human Services:** Programs in this division include behavioral health, domestic violence shelter and prevention, emergency assistance, elder services, legal immigration counseling, HIV, individual and family counseling, women's health, employment training and drug and alcohol rehabilitation and prevention.

CPLC has the appropriate operations and financial infrastructure for managing multiple grant funding and revenue streams. The Organization has well established financial systems, processes and policies in place that enable the effective implementation and operations of all above listed programs. CPLC uses Blackbaud, (Accounting for Non-profits), which is a Windows-based SQL computerized accounting software for financial tracking and reporting. The software includes a general ledger that interfaces with Accounts Payable, Receivables, Bank Reconciliation, Payroll and Fixed Asset modules. The Organization hires certified accountants as financial analysts assigned to provide guidance and support to each Department and sub-program. CPLC has systems in place to provide continuous monitoring of all programs for compliance with applicable regulations as well as with performance measures that are in place through internal guidelines and imposed by external public and private funding agencies. CPLC also

complies with all requirements of its federal grant programs based on the results of the Organization's Fiscal Year 2012 Financial Audit Report.

CPLC's Research and Evaluation Department (R &E) serves as a valuable resource to the Organization. The Research and Evaluation Department oversees data collection and is responsible for reporting activities associated with grant-funded projects. R&E also works with program staff to collect, analyze and report process and outcome data as appropriate and required for funded projects. R &E Program staff includes two Ph.D. level Social Scientists as well as a Master's Level Professional with expertise in Marketing Research.

Organization's Experience Delivering HIV/AIDS Related Services:

As shown in the Organizational Chart included with this submission, CPLC designates Vice Presidents to lead each sub-department and program falling under the areas of Education, Economic Development, Housing and Health and Human Services. Ryan White Part A Medical and Non-Medical Case Management services fall under CPLC's Health and Human Services area in the Recovery & Resiliency Services Department as part of the comprehensive HIV related services provided through the Centro De La Familia Project.

CPLC's flagship HIV Program, L.U.C.E.S. (*Latinos Unidos Contra El Sida or Latinos United Against AIDS*), is one of five Centro De La Familia initiatives. The L.U.C.E.S. Program came into fruition in 2001, in response to the significant need for culturally sensitive street based, community based outreach services targeting Hispanic HIV/AIDS infected persons in Maricopa and Pinal Counties. The need for this type of grassroots service delivery model was evident based on 2001 HIV incident data that showed significant increases in the rate of infection among the Hispanic population in both counties of the Phoenix EMA.

The L.U.C.E.S. Program initially focused primarily on marketing campaigns that promoted awareness of HIV/AIDS services as well as the provision of linkage and referral services to Primary Medical Care and other social services. Program services expanded over time to include a broader range of services such as client advocacy, behavioral health services, case management and surveillance. L.U.C.E.S. is a peer driven program, with the main goal to target, identify and provide HIV supportive services to any Latino newly diagnosed with HIV or not receiving Primary Medical Care. L.U.C.E.S consists of five key elements intended to ensure continuum of care with Medical Case Management and Non-Medical Case Management as vital components of the service delivery model. Clients receiving Medical and Non-Medical Case Management Services through the L.U.C.E.S. Program also have access to the numerous support programs offered by CPLC including behavioral health, housing and substance abuse programs. Additionally, HIV testing services provided by CPLC through other sources of funding, complement the Organization's efforts towards early identification of HIV infected individuals and linking them into care using Case Management services as a point of entry. CPLC delivers all services in clients' native tongue in a culturally appropriate manner that is sensitive to the specific needs of each client.

CPLC has extensive experience in developing programs for and delivering services to Hispanic persons infected with HIV/AIDS in Maricopa and Pinal Counties. The Program Director of L.U.C.E.S. has 14 years of experience in HIV service delivery including nine years of experience working with CPLC and served as a Member of the Phoenix EMA Ryan White Title I Planning Council as well as the Arizona Prevention Central Region for Community Planning Group.

CPLC has served as a Ryan White Provider in the Phoenix EMA for nearly 20 years and is requesting funding to continue implementation of proven service delivery models for providing Medical and Non-Medical Case Management Services to PLWHA. Over 200 PLWHA receive Medical Case Management services through the L.U.C.E.S. Program annually. The Program is exceeding performance measure goals for facilitating clients' entry into and retention in Primary Care services (**target goal = 80%**) and providing counseling to improve treatment adherence (**target goal = 90%**). As of the report period ending in February 2013, CPLC is attaining these goals at 95% and 100% respectively.

Non-Medical Case Management services provided through the L.U.C.E.S. Program focus on ensuring clients have their basic needs met for other services that support their retention in care and adherence to treatment. As of the last reporting period, 83% of HIV clients completed the BEHKA (Brief Estimate of Health Knowledge and Assessment) HIV self-evaluation tool once within the measured period to identify additional needs for treatment adherence, mental health services, or additional patient education (**target goal = 80%**). Additionally, the Program ensured that 96% of clients receiving Non-Medical case management who were enrolled in Part B ADAP services had a minimum of one laboratory testing visit per 6-month period (**target goal = 80%**).

IV. PROPOSED STAFFING PLAN

CPLC employs highly qualified staff that represents the cultural and linguistic characteristics of the population served. This factor is especially crucial for the supportive case management service component, which utilizes a peer-based model. The Lead Case Manager for the Medical Case Management is a licensed Registered Nurse with the skills to address medical as well as social concerns of HIV patients. All CPLC staff receive mandatory cultural competency training upon their hire that emphasize the importance of delivering services that are culturally, linguistically and age appropriate and responsive to the individual needs of clients.

The proposed staffing plan for the L.U.C.E.S. Case Management Program includes the following positions that provide oversight and management of the Program and support delivery of comprehensive Medical Case Management (MCM) and Non-Medical Case Management (NMCM) service components:
Staffing shall be provided in accordance with the approved allocation of time and budget and may consist of the following personnel.

➤ **Maclovia Morales - Program Director:**

Ms. Morales manages all HIV services provided through the L.U.C.E.S. program including HIV prevention services not funded by Ryan White Part A. She spends 40% of her time managing L.U.C.E.S. Case Management services and has over 14 years of experience in HIV Programs including nine years of experience at CPLC. Ms. Morales is responsible for monitoring all contractual deliverables for Ryan White Part A funding and provides supervision of MCM and NMCM program staff. Ms. Morales has extensive experience in developing programs that address the needs of Severe Needs Groups in the Phoenix EMA including Hispanic persons infected with HIV/AIDS. She is a strong advocate for and proponent of programs that specifically target hard to reach populations infected with HIV/AIDS and linking them into care using evidence based and culturally effective approaches. She played an instrumental role in helping to build CPLC's collaboration with other AIDS Services Providers and Community Based Organizations that serve similar populations.

Ms. Morales' efforts to engage community health and human services providers in lobbying to maintain targeted outreach funding for communities of color resulted in \$320,000 being re-allocated to this service category. Ms. Morales previously served as a Member of the Phoenix EMA Ryan White Title I Planning Council as well as the Arizona Prevention Central Region for Community Planning Group. In 2003, Ms. Morales managed her own campaign as a candidate for the Arizona State House of Representatives. She is also a Master Level Trainer for National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care and fluent in Spanish.

➤ **Gerardo L. Angulo - Clinical Supervisor:**

Mr. Angulo serves as the Clinical Supervisor for Outpatient Behavioral Health Services and responsible for supervision of Case Management Program staff. Mr. Angulo dedicates 25% of his time performing activities related to the L.U.C.E.S. Case Management Program. He joined CPLC in 2010 and has over 16 years of experience in the Behavioral Health Field. He provides direct services and treatment to clients to include individual and group counseling and participates in performance outcomes and evaluation activities. Mr. Angulo has worked with all age groups, victims of domestic violence, mentally and physically handicapped children, youth at risk, substance abuse and GLBT youth. He holds a Master of Education Degree in Counseling and Certified as a Professional Counselor and Relationship Specialist and is a Licensed Substance Abuse Technician. Mr. Angulo is dedicated to the Behavioral Health Field and has a natural ability to apply his educational background to real life situations where guidance and counseling can make a difference in the lives of others. Mr. Angulo is also a Fellow Member of the American Psychotherapy Association. He is fluent in Spanish.

➤ **Edward Anthony Ornelas Lead Medical Case Manager:**

Mr. Ornelas brings more than eight years of nursing experience to his position as the Lead Medical Case Manager of the L.U.C.E.S. Program. The majority of Mr. Ornelas' time is allocated to the Medical Case Management service component where his primary responsibilities include delivering services that facilitate HIV patients' entry into primary care, assessing patients' health status as well as developing and implementing appropriate treatment plans for addressing patients' health and social needs. Mr. Ornelas also provides counseling services regarding medication and treatment adherence and educates patients about HIV disease. Additionally, Mr. Ornelas works with HIV patients to ensure they have access to necessary supportive services that will stabilize the person's life situation (i.e., stable housing, food, transportation) with the goal of facilitating their entry into and retention in primary care services. Mr. Ornelas monitors patients' health status and program outcomes as a critical component of the services he provides.

Mr. Ornelas joined CPLC in 2010. He is a Licensed Registered Nurse with an Associate's Degree in Nursing who is in the process of completing a Bachelor's of Science Degree in Nursing at the Arizona State University. He has experience working in Correctional Health as well as Trauma, Critical Care and Emergency Nursing Observation units. Mr. Ornelas has over a decade of experience in Outreach to the Hispanic community and is currently President of the National Hispanic Nurses Association. He is Bilingual with fluency in both English and Spanish.

➤ **Case Managers:**

The primary responsibilities of L.U.C.E.S. Program Case Managers for MCM and NMCM services entail assisting HIV clients with obtaining community resources (i.e., housing, food boxes, insurance and appropriate referrals) with the overarching goal of stabilizing clients so that they are able to receive and remain in primary care services to improve their health outcomes. The proposed staffing plan consists of three full time equivalents (FTE) Case Manager positions including one new currently vacant position. CPLC anticipates hiring this staff within 30 days of receipt of the Ryan White Part A Award Notice.

Ana Diaz – Case Manager: Ms. Diaz joined CPLC as a Case Aide in March 2009 and transitioned to the Case Manager position as a promotion in March 2013. Ms. Diaz spends the majority of her time providing Non-Medical Case Management services and supports the Medical Case Management services component by assisting HIV patients in completing applications for medical services as well as the ADAP (AIDS Drug Assistance Program) and dental assistance programs. Ms. Diaz is a Certified Medical Case Manager with training as a Substance Abuse Specialist. She holds a Bachelor of Arts Degree in Graphic Design and Communication and she has completed multiple training hours on topics related to HIV, Substance Abuse, STDs, Hepatitis C and Cultural Competency.

Francisca Y. Madero – Case Manager:

Ms. Madero has six years of experience in her current role as Case Manager with the CPLC L.U.C.E.S. Program. Ms. Madero coordinates HIV patient referrals for support services, medical services and the ADAP and dental assistance programs. She spends most of her time providing Non-Medical Case Management Services. Ms. Diaz holds an Associate's Degree in Sociology and has close to 20 years of work experience related to providing eligibility screening services and assisting clients with applications for enrollment in benefits and programs. She is Fluent in Spanish.

TBD – Case Manager: This position will divide their time providing services to HIV patients participating in the MCM and NMCM service components. CPLC will ensure the individual hired to fill this position meets the minimum qualifications and has skills, knowledge and competencies that align with the job responsibilities outlined in the Case Manager/Outreach Specialist Position Description provided with this grant proposal submission.

➤ **Enrique Bailon - Case Aide:**

Mr. Bailon provides peer support services and guidance that facilitate newly identified HIV infected individuals entry into care following their diagnosis. Mr. Bailon is also responsible for coordinating appointment schedules for the MCM and NMCM programs and providing individual and group peer counseling services. He was previously a volunteer with CPLC and appeared in the Public Service Announcement for the L.U.C.E.S. Program. Mr. Bailon is currently pursuing a degree in Business Administration at the Arizona State University. He is Bilingual with fluency in both English and Spanish.

V. PROPOSED SERVICES

CPLC's L.U.C.E.S. Program delivers Medical Case Management and Non-Medical Case Management services that incorporate activities outlined in the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) definitions for these services as well additional components that enhance the service delivery model. As described in the previous section, the L.U.C.E.S. staff has the necessary qualifications, experience and credentials to administer the Program and provide high quality comprehensive services.

According to the Phoenix EMA's 2010 Out of Care Needs Assessment, 20% of PLWHA reported delaying entry into care by longer than one year. CPLC provides a range of client-centered Case Management services that link clients with primary HIV medical care, access to life sustaining medications, mental health, substance abuse, psychosocial, and other supportive services. These services ensure timely, coordinated access to medically-appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and a linkage that expedites discharge, as medically appropriate, from inpatient facilities. Proposed Medical Case Management and Non-Medical Case Management services will include the following activities:

Medical Case Management Services:

- Initial comprehensive assessment of client's needs and personal support systems
- Development of a comprehensive, individualized care plan
- Coordination of services required to implement the plan
- Continuous client monitoring to assess the efficacy of the plan
- Periodic re-evaluation and revision of the individualized care plan every six months and as necessary.
- Provision of client specific advocacy as needed
- Comprehensive Nursing Assessment - CPLC added the nursing assessment as part of the Medical Case Management services provided to clients, which includes a detailed evaluation of clients' medical needs related to nutrition, mental health, gynecological and oral health.
- Coordination of referrals for medical, and mental health services
- Conducting routine follow-up to inquire about and encourage entry/re-entry into primary medical care
- Coordination of regular case conferencing of HIV patients receiving Medical Case Management Services with Primary Medical Care Providers

Non-Medical Case Management Services:

- Benefits/entitlement counseling
- Peer support and guidance
- Assistance with applications for public and private programs for which HIV patients may be eligible including ADAP, Health Insurance and Dental Assistance Programs
- Case management encounters and communications (face-to-face, telephone contact, other)
- Coordination of referrals for community, legal, financial, benefits counseling and assistance, and other needed services
- Monitoring of laboratory testing
- Risk Acuity Assessment

HIV patients receiving Medical Case Management and Non-Medical Case Management services through the L.U.C.E.S. Program at CPLC will also have access to a wide array of services that help ease the burden in dealing with HIV disease and fill identified service gaps in the continuum of care. The following services are co-located and offered at the same facility as the Medical Case Management and Non-Medical Case Management Program.

- **Behavioral Health** - PLWHA surveyed for the Out Of Care Needs Assessment identified "depression" as the primary reason that they delayed entry into care. CPLC provides Psychological and psychiatric treatment and counseling services, including individual and group counseling, provided by a mental-health professional who is licensed or authorized within the State, including psychiatrists, psychologists, clinical-nurse specialists, social workers, and counselors.
- **Substance Abuse Services** – Results of recent needs assessment for the Phoenix EMA show high levels of substance abuse treatment needs among PLWHA. CPLC provides treatment and/or counseling to address substance abuse issues (including alcohol, legal and illegal drugs), provided in an outpatient or residential health service setting. Behavioral health and substance abuse services offered by CPLC strengthen access and linkage to these programs for HIV patients and ensure ongoing on-site support for PLWHA with mental health and substance abuse co-morbidities.

CPLC will address the following HIV/AIDS Bureau (HAB) Guiding Principles through the proposed service delivery model for Medical Case Management and Non- Medical Case Management services

- ***The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations***
CPLC serves a predominantly Hispanic population that faces additionally barriers to accessing health care services in the Phoenix EMA including language barriers, fear of deportation due to legislative reforms and lack of health insurance. Results of recent needs assessments and surveys conducted of HIV infected individuals who are "in care" or "out of care" in the Phoenix EMA, demonstrate the increasing need for case management services that incorporate strategies for eliminating disparities among minority and underserved populations. CPLC receives supplemental Minority AIDS Initiative (MAI) funding to support Non-Medical Case Management Services in accordance with the MAI Implementation Plan. CPLC's proposed service delivery model for Medical and Supportive case management components is a proven culturally appropriate approach for successfully engaging traditionally underserved populations in HIV/AIDS care.

- ***The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV disease***

CPLC will deliver high quality Medical Case Management Services provided by a Licensed Registered Nurse that emphasize the importance of treatment adherence and reinforces the proper way to take prescribed HIV/AIDS therapies through counseling and education. Additionally, Non-Medical Case Management services will assist HIV patients with eligibility screening for and enrollment in ADAP and other medical assistance programs including the Pre-existing Condition Insurance Plan (PCIP). These services help improve health outcomes among patients receiving Medical Case Management services provided through the L.U.C.E.S. Program.

- ***Changes in the economics of health care are affecting HIV/AIDS care network***

CPLC works collaboratively with other Ryan White Providers and other community based organizations including federally qualified community health centers to leverage resources available to HIV patients and program staff. Collaborations and coordination with other providers also help to reduce fragmentation of care for HIV patients participating in the L.U.C.E.S. program. CPLC staff attends meetings sponsored by the Ryan White Planning Council to increase opportunities to network with other HIV/AIDS providers. Program staff participates in trainings to learn about how impending changes to the health insurance marketplace through implementation of the Affordable Care Act in 2014, will affect HIV patients and Ryan White Part A providers.

- ***Outcomes are a critical component of program performance***

CPLC is currently exceeding target goals for Medical Case Management and Non-Medical Case Management performance measures. The Organization's Research and Evaluation Department will work closely with Program Staff to conduct other types of evaluation activities that measure the effectiveness and outcomes of services provided including plans for a longitudinal study that will follow up with patients over time to determine the long-term effects of the care they received. Results of performance measures and other evaluation studies will help CPLC improve quality of care and services.

Proposed Service Delivery Model

The proposed service delivery model involves provision of the Medical Case Management and Non-Medical Case Management services described below in clients' homes or other offsite venues identified as convenient by the client. Office appointments will occur at the CPLC Facility located at 1402 S. Central Avenue, Phoenix Arizona, 85004.

Medical Case Management

- ***Referral and Intake:***

The Ryan White Part A Central Eligibility Office initiates the referral process of HIV patients who choose to participate in the CPLC L.U.C.E.S. Case Management Programs. CPLC outreach services, word of mouth as well as a PSA launched in 2012, serve as marketing tools to promote the services provided through the L.U.C.E.S. HIV program. This helps ensure that HIV infected individuals are aware of the broad range of services available through CPLC.

During patients' intake appointment with the CPLC L.U.C.E.S. Program, the Medical Case Manager conducts an initial assessment to obtain a social history and general demographic information. This initial assessment provides staff with preliminary medical information to determine patients' immediate needs for medical and social services and current health status. The Medical Case Manager coordinates referrals to other programs and services based on patients' identified needs. Linkage to services may include a program within CPLC or community partner agency. Patients also receive referrals for and assistance with determining their eligibility for ADAP, dental and medical assistance programs as appropriate. The Medical Case Manager reviews patients' financial status and information including proof of income to determine and establish their eligibility for Ryan White Part A funded services. Program Eligibility includes all HIV infected patients that are at or below 300% of the FPL.

- ***Comprehensive Nursing Assessment***

The Medical Case Manager conducts a comprehensive nursing assessment of patients during the follow up encounter. This hour-long assessment includes evaluation of clients' medical history, presenting medical complaints, adherence to HIV meds and knowledge of HIV 101 basics including CD4 count and viral load (for those who are not newly diagnosed).

During this session, the Medical Case Manager conducts an evaluation of clients' general functionality and ability to perform activities of daily living as well as a detailed assessment of medical needs related to co-infections, liver functioning, nutrition, sexually transmitted disease (STD) history, mental health, gynecological and oral health. The Medical Case Manager will also obtain information about patients' medical provider in order to establish contact for

coordination of patients' care. Patients sign a consent for disclosure to allow release of their medical information including lab values and current prescriptions.

Education is a key component of the nursing assessment and entails a thorough discussion regarding STD/STI, Condoms, importance of medication adherence, including how/when to take current HIV medications and medication resistance education. Additionally, clients' complete an MDI ICD 10 screening for depression and evaluation for any previous mental health problems and substance use/abuse.

- **Linkage to Primary Care Services and other services**

Based on the information obtained through the initial and comprehensive nurse assessments the Medical Case Manager develops an individualized care plan in consultation with the patient that includes goals for addressing identified needs for social, mental health, support services and medical services. Patients receive referrals and assistance with linkage to primary care services and other services as appropriate through CPLC or community partner agencies. Medical Case Management services include continuous client monitoring to assess the efficacy of implementation of the care plan. The Medical Case Manager or Case Aide accompanies patients to the initial primary care services appointment to further support patients' entry into care. Efforts to ensure that patients remain in care and receive continued support include coordination of regular case conferencing between patients' primary care provider and the Medical Case Manager.

- **Follow Up Services**

The Medical Case Manager or Case Aide will follow up with clients periodically to ensure they have received and started their medication and remain adherent to treatment. Clients receive education regarding medication within 90 days after starting their HIV regimen.

- **Re-evaluation**

Clients complete renewal of their eligibility for Ryan White Part A (RWPA) services and the ADAP program every six months. During the RWPA renewal process, clients complete an Acuity/Risk Assessment to see if their needs have decreased from the initial intake. The Medical Case Manager uses this Assessment Tool to ascertain clients' appropriateness to transition to a different level of monitoring/assistance with Non-Medical Case Management. Non-Medical Case Management clients with elevated needs, including non-adherence to HIV regimen, as well as additional health problems will be transitioned back to Medical Case Management if indicated by the Acuity/Risk Assessment.

Non-Medical Case Management Services:

Non-Medical Case Management is an important component in assisting clients with renewal of ADAP and Ryan White programs on a timely basis. This service also plays a vital role in assisting clients with their treatment plan goals for securing referrals for and linkage to services. Monthly contact is mandatory for clients who remain with Non-Medical Case Management services. This service component includes the following:

- **Benefits/entitlement counseling** - Case Managers assist patients with eligibility screening and enrolment in specific programs including ADAP assist for help with high insurance copays.
- **Peer support and guidance** – Case Managers establish monthly contact with patients to determine their level of need for additional services based on issues identified in the individualized care plan and results of the Acuity/Risk Assessment self-evaluation. Patients complete the Acuity/Risk Assessment tool periodically to help Case Managers evaluate their need for treatment adherence, mental health services, or additional patient education. The Case Manager may refer patients back to Medical Case Management services based on the Assessment results. The L.U.C.E.S. Program also uses the BEHKA HIV self-evaluation tool to test patients' knowledge and understanding regarding HIV treatment.
- **Case management encounters and communications (face-to-face, telephone contact)** – Case Managers communicate with patients by phone or face-to-face contact on a monthly basis or more often as required for follow up services and to provide any needed support services.
- **Coordination of referrals for community** – Non Medical Case Managers support implementation of patients' individualized care plan through referral services for legal, financial, benefits counseling as well as other needed services identified by client.

- **Monitoring of laboratory testing** - Non Medical Case Management Services clients enrolled in Part B ADAP services complete a minimum of one laboratory testing visit per 6-month period to determine improvement in their health status and CD4 and Viral Load count.

VI. PROPOSED SERVICE AREAS:

The proposed service delivery model involves provision of HIV services in clients' homes or other offsite venues identified as convenient by the client. Office appointments will occur at the CPLC Facility located at 1402 S. Central Avenue, Phoenix Arizona, 85004.

CPLC will serve the following proposed service areas in Maricopa and Pinal Counties:

➤ **Maricopa County:**

PSA 1: Aguila, Anthem, Beardsly, Circle City, El Mirage, Gladden, Glendale, Moristown, New River, Peoria, Surprise, Sun City, Tonopah, Wickenburg, Whittman, Youngtown.

PSA 2: Arlington, Avondale, Bosque, Buckeye, Cashion, Estralla, Goodyear, Gila Bend, Litchfield Park, Mobile, Palo Verde, Rainbow Valley, Sentinel, Tolleson, Waddell, Wintersburg.

PSA 3: Camp Creek, Carefree, Cave Creek, Fort McDowell, Fountain Hills, Paradise Valley, Scottsdale, Seven Springs, Tortilla Flats.

PSA 4: Chandler, Chandler Heights, Gilbert, Guadalupe, Mesa, Ocotillo, Queen Creek, Serape, Sun Lakes, Tempe.

PSA 5: Laveen, Phoenix.

➤ **Pinal County:**

PSA 6: Apache Junction, Gold Canyon, Kearny, Maricopa, Oracle, Superior, Queen Valley.

PSA 7: Arizona City, Casa Grande, Coolidge, Eloy, Florence, Mammoth, Oracle, San Manual, Stanfield.

VII. SPECIAL POPULATIONS SERVED:

CPLC serves all HIV infected populations in the Phoenix EMA eligible for the Ryan White Part A Program regardless of race/ethnicity, sexual orientation, religious creed, age or gender. The majority of patients receiving Medical and Non-Medical Case Management services through the L.U.C.E.S. program are Hispanic. The Organization also serves a high percentage of patients who identify as MSM. CPLC receives Minority AIDS Initiative funding to increase the percentage of minority HIV patients that are aware of their HIV status and enrolled in care.

VIII. CULTURALLY AND LINGUISTICALLY APPROPRIATE HIV/AIDS SERVICES:

CPLC is committed to delivering culturally, linguistically and age appropriate HIV/AIDS Services. The L.U.C.E.S. Program Director is a Master Level Trainer for National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care. Additionally, CPLC requires all staff to complete cultural competency training when they are initially hired and on annual basis. L.U.C.E.S. Program Staff are bi-lingual and representative of the client population served. All program forms and educational materials are available in both English and Spanish and staff delivers services in patients' native tongue. The Organization utilizes a Language Assistance Line for Limited English Proficient patients that speak languages other than Spanish.

IX. SCOPE OF WORK:

Chicanos Por La Causa, Inc. (CPLC) proposes to provide Medical Case Management (MCM) and Non-Medical Case Management Services (NMCM) services to people living with HIV/AIDS (PLWHA) eligible for Ryan White Part A services in the Phoenix Eligible Metropolitan Area (EMA). CPLC is proposing to deliver MCM and NMCM services as outlined in this grant application based on the needs identified for (PLWHA) in the Phoenix EMA service area and in accordance with Ryan White Part A requirements and standards of care.

CPLC also intends to serve as a Minority AIDS Initiative (MAI) Contractor for Medical Case Management and Non-Medical Case Management services should supplemental funding for MAI become available. CPLC will utilize MAI funding to serve HIV/AIDS positive minorities as defined by the current MAI implementation plan. The Organization will document use of these funds separately from Part A funds and will submit required Progress reports that outline the status of activities related to improving the quality of care and health outcomes in

communities of color disproportionately impacted by the HIV epidemic. MAI funding will enable CPLC to expand current efforts that optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial/ethnic minorities with HIV.

The Work Plan included with this grant application includes goals and objectives as well as activities CPLC will perform related to the proposed Medical Case Management and Non-Medical Case Management services.

Applicant Eligibility: CPLC is a non-profit 501(c) 3 with long-term experience as a Ryan White Part A provider. The Organization is currently in good standing with all current contracts funded through the Ryan White Part A Program. CPLC is not proposing to utilize any subcontractors to administer the Medical Case Management and Non-Medical Case Management services.

CPLC will utilize funding received to serve persons living with HIV by providing high quality Medical Case Management and Non-Medical Case Management services. CPLC will not use this funding to provide prevention services or to serve clients' family members who are not infected with HIV.

CPLC is submitting documented evidence to substantiate referral relationships with other Ryan Part A providers as signed written referral agreements with the following Organizations:

- HIV CARE Directions, Ryan White Part A, Central Eligibility Office
- Phoenix Shanti Group, Mental Health Provider
- TERROS, Substance Abuse Services
- Hispanic Nurse's Association- Phoenix Chapter
- Sun Life Family Health Center, Ryan White Part A Primary Medical Care Provider

CPLC proposes to deliver Medical Case Management Services to include the following:

Face-to-Face Medical Case Management Assessment
Face-to-Face Medical Case Management Services
Non Face-to-Face Medical Case Management Services

And

Non-Medical Case Management services to include the following:

Face-to-Face Non-Medical Case Management Assessment
Face-to-Face Non-Medical Case Management Services
Non Face-to-Face Non-Medical Case Management Services

Actual number of services and clients to be served shall be in accordance with the schedule of deliverables. Additionally, CPLC also intends to serve as a **Minority AIDS Initiative (MAI)** Contractor for Medical Case Management and Non-Medical Case Management services should supplemental funding for MAI become available. CPLC will utilize MAI funding to implement these services in accordance with the MAI implementation plan.

The proposed service delivery model for Medical Case Management and Non-Medical Case Management services involves provision of HIV services in clients' homes or other offsite venues identified as convenient by the client. Office appointments will occur at the CPLC Facility located at 1402 S. Central Avenue, Phoenix Arizona, 85004.

CPLC will submit monthly financial and corresponding programmatic reports per the reporting schedule to the County as required.

Invoices And Payments: CPLC's Finance Department will submit detailed monthly invoices to the Administrative Agent in the required format outlined in the Ryan White Part A policies and procedures manual.

Method Of Payment: CPLC does not currently bill any third party payor for Medical Case Management and Non-Medical Case Management Services provided. The Ryan White Part A Program is the only funding source that supports these services and is the payer of last resort. Further, the majority of the patients receiving services through the L.U.C.E.S. Case Management Program fall below the 400% Federal Poverty Guideline threshold for this service category and will not pay any fees for the services received. CPLC has policies and procedures for handling Ryan White revenue including program income, but does not anticipate that the proposed services will generate program income.

All new Ryan White Part A Program (RWPA) staff receives training on the requirements of the RWPA as part of their orientation when initially hired. The Orientation includes specific information on how the Organization

utilizes RWPA funding as the payer of last resort.

Budget, Revenues And Expenditures: CPLC's written policy and procedures are designed to include effective checks and balances to safeguard the assets of the Organization. Those checks and balances are the systems, procedures and activities used to detect or prevent errors and omissions in recording daily activities. Internal controls come in the form of records and reports, authorizations and approvals before an action is taken, routine supervision of critical activities, reports to a pre-determined list of employees and flow charts of responsibilities ensure the proper segregation of duties. CPLC has systems in place to provide continuous monitoring of all programs for compliance with applicable regulations as well as with performance measures that are in place through internal guidelines and imposed by external public and private funding agencies.

CPLC proposed budgets includes administrative costs budgeted at 10% of the funding requested to support Medical Case Management and Non-Medical Case Management services. A copy of the Organization's federally approved indirect rate is provided with this submission.

CPLC maintains a "Financial Management System" that is in accordance with the standards required by Federal OMB Circular A-110, Subpart C. CPLC has strong internal controls, comprehensive asset and risk management systems built into their accounting and financial management policies and procedures, and a strong computer and management information system capable of managing the complexities of CPLC programs. CPLC uses computerized accounting software for all of our financial tracking and reporting. The software is a Windows-based, SQL product called Blackbaud, Accounting for Nonprofits. The software includes a general ledger that is integrated with its Accounts Payable, Receivables, Bank Reconciliation, Payroll and Fixed Asset modules. All financial transactions are coded following a structured chart of accounts that identifies the Project or Grant, Fund, Account Number, Center and Report Code. The addition/deletion of an account requires management approvals.

CPLC is not projecting collection of any client fees for the proposed services. Any donations received for the proposed services will be accounted for separately and used to defray the costs of providing these services outlined in the proposed Schedule of Deliverables.

Audit Requirements: CPLC receives more than \$500,000 in Federal funding per year and complies with audit requirements per the "Single Audit Act". The Organization's Annual Financial Audit consists of OMB Circular A-133 Supplementary Reports including a Schedule of Expenditures of Federal Awards. The Organization's Fiscal Year 2012 Audit report did not include any material weaknesses or major findings. CPLC utilizes an Independent CPA firm to perform its annual audit. Procurement of this service is conducted in accordance with CPLC's policies and procedures for procurement of professional services. CPLC complies with OMB Circulars as A-122 Cost Principles for Non-Profit Organizations.

Special Requirements:

- *The Contractor shall adhere to all applicable requirements of the Ryan White HIV/AIDS Treatment Extension Act of 2009 and/or current authorized or reauthorized Ryan White HIV/AIDS Act.*

CPLC is currently a Ryan White Part A contractor and complies with all applicable requirements of the RWPA Treatment Extension Act of 2009.

- *The Contractor shall participate in provider technical assistance meetings and/or teleconference calls that will be scheduled by the Administrative Agent throughout the year.*

CPLC Program staff participates in provider technical assistance meetings as required by the Administrative Agent.

- *The Contractor shall retain the necessary administrative, professional and technical personnel for operation of the program.*

CPLC's proposed staffing plan for the Medical Case Management and Non-Medical Case Management Programs include all personnel required to perform the administrative and direct service functions for delivery of the proposed services. CPLC will fill the current vacant Case Manager position included in the proposed staffing plan within 30 days of receipt of the Ryan White Part A Award Notice.

CPLC currently maintains adequate programmatic and fiscal records and files including source documentation to support program activities and all expenditures in accordance with the Organization's fiscal policies and procedures and in compliance with terms of current Ryan White Part A Contracts. Document retention policies and procedures ensure the accurate storage and disposition of all project data as required by law and funding source. Standard retention period is 7 years.

CPLC is currently utilizing the CAREWare client level reporting software system as described in the current Ryan White Part A Program Policies and Procedures Manual.

Release Of Information: CPLC has a detailed Confidentiality Policy that addresses safeguards for ensuring confidentiality of client information including personal identifying information. The Organization requires all clients receiving Ryan White Part A funded services to sign the Administrative Agent authorized release form. CPLC maintains release forms as part of clients' record.

Certification Of Client Eligibility: CPLC determines and certifies eligibility of all clients seeking services supported by Ryan White funds, according to the requirements detailed in the Eligibility section of the current Ryan White Part A Program Policies and Procedures Manual. The Organization requires that patients provide Financial information including proof of income as part of the intake process. CPLC has billing, collection, co-pay and sliding fee policies and procedures that do not deny clients services for non-payment, inability to produce income documentation, or require full payment prior to service, or include any other barriers to service based on ability to pay. The Organization will not deny services to clients due to inability to pay.

Case Management staff ensures that clients complete the renewal process to determine their continued eligibility for Ryan White Part A services every six months. CPLC utilizes Claim Tracker practice information system.

Quality Management: CPLC participates in the Ryan White Part A Quality Management program and adheres to the most current Standards of Care for delivering Medical Case Management and Non-Medical Case Management Services as developed by the Phoenix EMA Planning Council.

CPLC implements an agency-specific quality management plan for Ryan White Part A-funded services that includes tracking and collection of data related to required performance measures. The Organization currently exceeds target goals for performance measures for the Medical Case Management and Non-Medical Case Management Program. CPLC's Research and Evaluation (R&E) Department is a valuable resource for the Organization. R&E evaluators assist the L.U.C.E.S. Program in utilizing results of performance measures and other evaluation activities in making data-driven decisions about management of staff and basic service deliverables (e.g., number of clients served, timely completion of assessments, etc.). As preliminary findings emerge, evaluators will interpret them in collaboration with program staff and service recipients to enhance the quality of the findings. CPLC agrees to share the results of evaluation activities, performance measures and client satisfactions surveys with the Quality Management Program and the Organization will participate in mandatory Quality Management trainings sponsored by the County.

Reporting Requirements: CPLC complies with all Ryan White Part A reporting requirements as a current Medical Case Management and Non-Medical Case Management Provider.

Program Marketing Initiatives: CPLC ensures that Internet-based or printed documents describing the Ryan White Part A funded programs and/or services include reference and acknowledgment of the funding source. CPLC outreach services, word of mouth as well as a PSA launched in 2012, serve as marketing tools to promote the services provided through the L.U.C.E.S. HIV program. Information about the L.U.C.E.S. program is also included on the CPLC website and in the Organization's Annual Report.

Other Requirements: CPLC complies with all policies and procedures as defined in the current Ryan White Part A Policies and Procedures Manual. The Organization maintains discrete client files for all individuals served and secures the necessary releases of information to allow for review of all pertinent client information by employees of County and/or their designated representatives.

CPLC agrees to participate with a standardized anonymous Consumer Satisfaction Survey issued to all Ryan White Part A program participants.

CPLC's main service delivery site in Maricopa County is located near a bus route. The Organization delivers Medical Case Management and Non-Medical Case Management services in clients' home or at other venues identified as convenient for the client. Service sites located in rural areas of Pinal County are not accessible by public transportation. Pinal County does not currently have public transportation services available to residents.

Safeguarding Of Client Information: CPLC complies with requirements of HIPAA for safeguarding of client information.

Non-Discrimination: CPLC has policies in place that ensures patients receiving or seeking services through any of the Organization's Programs will not be discriminated against on the grounds of race, color, religion, sex, national origin, age, or handicap. Further, it is the policy of CPLC that a minimum of one staff person in each location offering services to the public be bi-lingual in both English/ Spanish. Chicanos Por La Causa, Inc. maintains a listing of "on call" employees who are proficient in the American Hand Signing Language for working with the hearing impaired. The Organization's facilities are regularly reviewed for handicap accessibility and no structural changes are authorized which are not compatible with full accessibility.

Equal Employment Opportunity: CPLC is an Equal Opportunity Employer and does not discriminate against any employee or applicant for employment because of race, age, handicap, color, religion, sex, or national origin. The Organization's recruitment and hiring practices comply with Title VI and VII of the Federal Civil Rights Act; the Federal Rehabilitation Act; the Age Discrimination in Employment Act; the Immigration Reform and Control Act of 1986 (IRCA) and Arizona Executive Order 99.-4. CPLC also complies with all applicable provisions of the Americans with Disabilities Act of 1990. The Organization's facilities are wheel chair accessible and reasonable accommodations are made for employees with disabilities.

Cultural Competency: CPLC complies with applicable standards of the federal culturally and Linguistically Appropriate Services (CLAS) standards and ensures all newly hired receive training on these standards at orientation and on an annually based. The Organization develops and implements services in a culturally and linguistically appropriate manner. CPLC implements organizational policies that comply with these standards. CPLC uses staff as interpreters, a Language Assistance Line and will include American Sign Language as appropriate to meet the needs of Limited English Proficient clients as well as Deaf and Hard of Hearing populations accessing care. Chicanos Por La Causa, Inc. maintains a listing of "on call" employees who are proficient in the American Hand Signing Language for working with the hearing impaired

WORK PLAN GOALS AND OBJECTIVES PROPOSED NUMBER OF CLIENTS AND SERVICES SHALL BE IN ACCORDANCE WITH THE APPROVED BUDGET AND SCHEDULE OF DELIVERABLES.

<p>Need: A high percentage (86%) of PLWH/A surveyed for the 2009 Phoenix EMA Newly-Diagnosed/New To Care PLWH/A Needs Assessment, identified Case Management as a service they wanted to receive upon entry into care. PLWHA who are “in care” as well as those who are “out of care” face many barriers in navigating the HIV/AIDS Care system. Populations identified as Severe Needs Groups (Newly diagnosed, MSM, Hispanics, African-Americans, American Indians and those recently released from incarceration experience unique challenges for entry into and remaining in care. Ryan White Part A funded Medical Case Management and Non-Medical Case Management serve as critical programs designed to provide PLWHA with the supports needed to receive medical, pharmaceutical and social services that will help to improve their health status and quality of life.</p>			
<p>Goal 1: To implement a high quality client centered medical case management and non-medical case management service delivery model that help increase timely and coordinated access to medically appropriate levels of health and support services and continuity of care for PLWHA, especially populations identified as Severe Needs Groups.</p>			
Objectives:	Activities	Person(S) Responsible	How Goals Will Be Measured/Attained/ Evaluation Methods
<p>Objective 1: Offer comprehensive Medical Case Management services that include initial and comprehensive assessments to determine patients’ level of need for education, primary care, mental health treatment adherence, linkage and support services.</p> <p>Proposed Number of Unduplicated Patients: AND SERVICES SHALL BE IN ACCORDANCE WITH THE APPROVED BUDGET AND SCHEDULE OF DELIVERFABLES</p> <p>Proposed Units: SHALL CONSISIT OF THE FOLLOWING FMCM Assessment FMCM OMCM</p>	<ul style="list-style-type: none"> ▪ Complete intake forms at initial appointment. ▪ Determine clients’ eligibility for Ryan White Part A services. ▪ Conduct an initial comprehensive assessment of client’s needs and personal support systems. ▪ Conduct a comprehensive Nursing Assessment to evaluate clients’ medical needs related to nutrition, mental health, gynecological and oral health. ▪ Refer patients for Non-Medical Case Management services as appropriate. ▪ Provide linkage into primary care services ▪ Accompany patients to their first primary care appointment. ▪ Conduct routine follow-up ▪ Coordinate regular case conferencing of HIV patients receiving Medical Case Management Services with Primary Medical Care Providers ▪ Administer BEHKA-HIV self- evaluation. ▪ Determine patients’ health literacy level regarding HIV/AIDS treatment. ▪ Provide client advocacy as appropriate. ▪ Provide assistance with eligibility screening for and enrollment in ADAP, ADAP Assist, dental assistance services and the health insurance (Pre-existing Conditions Insurance Program). ▪ Provide education and counseling on treatment adherence, nutrition, HIV basics, STDS and condom use. ▪ Provide mental health screening and mental referral to mental health services as appropriate. 	<p>Case Managers</p> <p>Medical Case Manager Registered Nurse</p> <p>Case Aide</p>	<p>Clients’ record includes: completed intake form, initial assessment and nursing assessment.</p> <p>Clients’ proof of income and eligibility for Ryan White Part A services.</p> <p>Results of BEHKA self-evaluation</p> <p>Documentation of referrals</p> <p>Documentation of services provided</p> <p>Documentation of contact made with patients’ primary care provider.</p> <p>Quality Management Reports</p> <p>Client Data Reports</p>
<p>Objective 2: Implement a patient-centered system of care that focuses on the individual needs of each patient.</p>	<ul style="list-style-type: none"> ▪ Involve clients’ in development of their individualized treatment plan. ▪ Coordinate services required to implement the plan. ▪ Provide follow up services to monitor clients’ 	<p>Medical Case Manager</p>	<p>Completed Individualized Treatment Plan</p> <p>Documentation in clients’ record demonstrating re-evaluation of the treatment plan occurred every six months.</p>

	<p>progress in implementing the treatment plan.</p> <ul style="list-style-type: none"> Work jointly with client in re-evaluating and revising the treatment plan every six months and as necessary. 		
<p>Objective 3: Deliver Non-Medical Case Management Services that help stabilize patients and support their participation and retention in HIV/AIDS Care including primary care, pharmaceutical, mental health and other services.</p> <p>Unduplicated Patients: AND SERVICES SHALL BE IN ACCORDANCE WITH THE APPROVED BUDGET AND SCHEDULE OF DELIVERABLES.</p> <p>FSCMAFSCMA OSCM</p>	<ul style="list-style-type: none"> Recruit and hire one additional new Case Manager to deliver Non Case Management and Medical Case Management Services within 30 days of receiving Ryan White Part A Notice of Award. Provide training to newly hired staff Provide benefits/entitlement counseling and education to increase clients' awareness of available services through the HIV/AIDS care system. Provide peer support and guidance through individual and group counseling. Assist patients with applications for public and private programs for which HIV patients may be eligible including ADAP, Health Insurance and Dental Assistance Programs Provide Case management encounters and communications (face-to-face, telephone contact, other), to follow up on patients; progress in meeting goals for addressing identified needs. Coordinate patient referrals for community, legal, financial, benefits counseling and assistance, and other needed services. Follow up with patients to ensure they are completing laboratory tests on a routine basis to monitor improvement or changes in their health status. Administer Risk Acuity Assessment at least once every six months or more often, to monitor patients' level of need for Case Management services. 	<p>Human Resources Personnel VP of Recovery and Resiliency Services and LUCES Program Director</p> <p>Case Managers</p> <p>Case Aide</p> <p>Medical Case Manager</p>	<p>Position advertisements and Employee record. Documentation of training certificates, training log.</p> <p>Clients' records include documentation of: Forms completed for assistance programs. Results of Acuity/Risk Assessment and dates of completion showing the Assessment occurs once every six months. Documentation of case management encounters and peer counseling services. Results of lab work</p>

Goal 2 (Minority AIDS Initiative): Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial/ethnic minorities with HIV.

Objectives:	Activities	Person(S) Responsible	How Goals Will Be Measured/Attained/Evaluation Methods
<p>Objective 1 Identify newly diagnosed and previously diagnosed racial/ethnic minorities with HIV to engage them in the HIV/AIDS care system, with case management services as the point of entry.</p> <p>Unduplicated clients: Per Schedule of Deliverables.</p>	<ul style="list-style-type: none"> Assess clients' eligibility for Ryan White Part A services. Conduct outreach activities that focus on identifying racial/ethnic minorities with HIV, to link these individuals to primary care and supportive services. Provide enhanced Medical and Non-Medical Case Management services that specifically address the unique needs of newly diagnosed and previously diagnosed racial/ethnic minorities with HIV. Provide peer counseling and guidance to address barriers that prevent patients from 	<p>Case Managers</p> <p>Medical Case Manager</p> <p>Case Aide</p>	<p>MAI Progress Reports</p> <p>Client records include documentation of: Medical and Non-Medical Case Management services received.</p> <p>Results of Acuity/Risk Assessment and dates of completion showing the Assessment occurs once every six months.</p> <p>Documentation of monthly</p>

	<p>accessing and remaining in care</p> <ul style="list-style-type: none">▪ Provide benefits/entitlement counseling and education to increase clients' awareness of available services through the HIV/AIDS care system.▪ Provide linkage to primary care services and accompany patients to initial primary care visit.▪ Coordinate patient referrals for community, legal, financial, benefits counseling and assistance, and other needed services.▪ Administer Risk Acuity Assessment at least once every six months or more often, to monitor patients' level of need for Case Management services.▪ Maintain monthly contact with patients by phone to provide follow up services.▪ Follow up with patients to ensure they are completing laboratory tests on a routine basis to monitor improvement or changes in their health status.		<p>Case Management contact with patients.</p> <p>Results of lab work.</p>
--	---	--	---

**Chicanos Por La Causa Inc.
LUCES
Medical and Non-Medical Case Management Services
Ryan White Part A Sliding Fee Schedule**

Family Size	100% FPG		200% FPG		300% FPG		400% FPG	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
Gross Income								
Co-Payment	\$0.00		\$0.00		\$0.00		\$0.00	
1	\$958	\$11,490	\$1,915	\$22,980	\$2,873	\$34,470	\$3,830	\$45,960
2	\$1,293	15,510	\$2,585	\$31,020	\$3,878	\$46,530	\$5,170	\$62,040
3	\$1,628	19,530	\$3,255	\$39,060	\$4,883	\$58,590	\$6,510	\$78,120
4	\$1,963	23,550	\$3,925	\$47,100	\$5,888	\$70,650	\$7,850	\$94,200
5	\$2,298	27,570	\$4,595	\$55,140	\$6,893	\$82,710	\$9,190	\$110,280
6	\$2,633	31,590	\$5,265	\$63,180	\$7,898	\$94,770	\$10,530	\$126,360
7	\$2,968	35,610	\$5,935	\$71,220	\$8,903	\$106,830	\$11,870	\$142,440
8	\$3,303	39,630	\$6,605	\$79,260	\$9,908	\$118,890	\$13,210	\$158,520

STAFF RESUMES AND JOB DESCRIPTIONS

Maclovía Zepeda-Morales: Program Director, Both MCM and NMCM

Phone: (602)799-5511

Email: Macloviaz2000@yahoo.com

Profile: Education, outreach and counseling expert with fourteen years of experience in marketing, management, organizing volunteers, and program development. Experience in special events coordination including fundraisers for political campaigns, non-profit organizations and corporate educational seminars. Outstanding progress with the development and implementation of educational programs and case management models designed for Latino communities. A multi-tasked oriented leader who motivates and can interface with many different segments of the population. Fluent in Spanish.

Experience 2004- Present Chicanos Por La Causa (CPLC) Phoenix, AZ

- Director of HIV/AIDS Services
- Monitoring of all contractual deliverables
- Provide supervision for all staff and facilitating weekly staff meeting
- Currently building collaborations with other AIDS Services Providers and Community Based Organizations.
- Consulted with various community health and human services programs including HIV/AIDS program to maintain targeted outreach funding.
- As a result of was able to lobby and re-allocate \$320,000 for targeted outreach to communities of color.

2003- 2004 Chicanos Por La Causa (CPLC) Phoenix, AZ

Quality Management Representative

- Lead and motivated the Joint Commission on Accreditation of Health Organizations (JCAHO) accreditation process for Behavioral Health Services.
- Guided implementation of Behavioral Health policies and procedures.
- Developed monitoring tools, forms and policies/procedures for standardization.

January 2003- September 2004 State of Arizona Phoenix, AZ

- Arizona State House of Representatives Candidate
- Campaigned, sought endorsements, and fundraised for political campaign.

2002- 2003 Chicanos Por La Causa (CPLC) Phoenix, AZ

- Children's Care Manager
- Created a model for case management that allowed therapists to carry more than normal case load and still provide quality care for children.
- Organized care and needs for more than 250 children.
- Spearheaded children's retreats on a quarterly basis.
- Provided intensive case management for intensive cases.
- Conducted individual, family and group therapy sessions.
- Training new and existing case managers on new case management model.
- Sat on various committees within CPLC to provide insight and infrastructure to prevention programs.

- Co-facilitated parenting skills groups as well as youth groups.

2002 State House Campaign Phoenix, AZ

- Early Voter Registration
- Conducted house to house voter registration for State House of Representatives Campaign.

2001-2002 People of Color Phoenix, AZ

- Health Educator
- Led marketing strategies with all local Latino media to target and identify medically underserved populations and provided services to those populations.
- Spearheaded and organized monthly community health fairs.
- Consulted with a variety of non-profits to build infrastructure with educational programs.
- Wrote grants for various programs.

August 2001 – November 2001 City Council Campaign Phoenix, AZ

- Director of Early Vote by Mail
- Managed all requests for Early Vote by Mail.
- Managed call center.

2000- 2001 Phoenix Body Positive Phoenix, AZ

- Outreach Coordinator
- Developed, implemented and monitored educational programs that included health education, STD prevention and HIV counseling/testing.
- Key Player to launch a Legislative Latino Summit, a first in history for Maricopa County.
- Conducted intakes and assessments on all Spanish speaking clients.
- Facilitated peer counseling support group and mediated all conflicts for clients to provide resolution.

1999- 2000 AIDS Project Arizona Phoenix, AZ

- Outreach Coordinator
- Developed infrastructure for La Zona Hispana, a program targeted to the Latino population for early HIV intervention.
- Recruited and trained other outreach workers and volunteers.
- Led outreach efforts targeted to Latina women in Maricopa and Pinal Counties for the Women Aware program.

1997- 1999 Planned Parenthood Phoenix, AZ

- Healthcare Assistant
- Supervised a staff of four Healthcare Assistants.
- Lead assistant to the Nurse Practitioner or doctor on staff to perform well-women exams, STD checks, pregnancy counseling/testing and other wellness examinations.

- Peer counseled adolescents who were at high risk of pregnancy and STD's.

1993- 1994 Planned Parenthood Phoenix, AZ

- Volunteer
- Assisted Center Manager of South Phoenix clinic in the completion of daily
- activities.

Education Currently pursuing Business/Marketing Degree at University of Phoenix.

Skills:

- Trainings Bilingual
- Certified through the American Red Cross in CPR and First Aid.
- Graduate of the Latino Leadership program conducted by the Mexican
- American Legal Defense and Educational Funds.
- Trained through the Office of Minority Health to conduct focus groups.
- Certified Hepatitis C Trainer
- Arizona Department of Health Services HIV certified counselor/tester

Awards "Ponerle Ganas" Award – July, 2001

Nominee for Outstanding Contribution to HIV Prevention – June, 2000

Star Achiever Award – December, 2000

Community Involvement

- Former Member of Maricopa County Board of Health
- Former Member of Governor Napolitano Latino Advisory Board
- Health Education for Latino People (HELP) – Former Member of Board of Directors
- Yaqui Pasqua "G- Core"- Former Member of Advisory Board Latino Caucus – Member
- Former Field Investigator for RARE Project- A Rapid Needs Assessment for HIV positive individuals and not receiving services.
- Volunteer HIV Counselor/ Tester.
- Volunteered as a 'Health Teacher' for pregnant adolescents at Phoenix Birthing Project.
- Former member of Steering Committee of Baby Arizona Healthy Start Program
- Member Phoenix EMA Ryan White Title I Planning Council
- Board Member for Aunt Rita's- a HIV/AIDS fundraising organization
- Member of the Arizona Prevention Central Region for Community Planning Group

GERARDO L. ANGULO, M.ED., LSAT, FAPA, BCPC, CRS
5406 W. Illini St.
Phoenix, AZ 85043
(520) 232-4147

OBJECTIVE

Continued career growth in the Human Services field for a master's level graduate with over ten years of professional experience, excellent interpersonal communication skills and the ability to prioritize workload.

PROFILE OF QUALIFICATIONS

Flexible and adaptable to changing environments with ability to create a positive, professional rapport with different types of personalities and all age groups.

Excellent written communication and documentation skills with clear, concise report preparation style and organized records management systems experience.

Able to gather pertinent information and resolve concerns and issues with objective solutions.

Bilingual- English/Spanish

Public Speaking/Presentation Skills- experience with both small and large group educational presentations.

Computer Skills- MS Windows; word processing & data input; learn customized systems quickly.

Fingerprint Clearance Card- Available.

CPR Certified.

Published Professional Recognition: Magazines: Echo Magazine; 'N Touch; College Times; A&U Magazine; and POZ Magazine.

Newspapers: LA VOZ (Hispanic paper); Indian Country Today; and Navajo Times.

EDUCATION/PROFESSIONAL DEVELOPMENT

Northern Arizona University

Master of Administration- Emphasis in Leadership (In Progress)

Arizona Board of Behavioral Health Examiners

Licensed Substance Abuse Technician

2009-Present

American Psychotherapy Association (APA)

Fellow Member of the APA

Board Certified Professional Counselor

Certified Relationship Specialist

2008-Present

Northern Arizona University

Master of Education- Counseling, Emphasis: Human Relations

Graduation with honors and member of Phi Kappa Phi Honor Society.

Tucson, AZ
2002

Prescott College

Bachelor of Arts- Human Services, Minor: Psychology

Tucson, AZ
1995

Pima Community College

Tucson, AZ
1993

Associate of General Studies/ Associate of Applied Science in Social Services
 Member of Phi Theta Kappa International Scholastic Honor Society.

PROFESSIONAL EXPERIENCE

CHICANOS POR LA CAUSA, INC. Phoenix, AZ
Clinical Supervisor 11/2010-Present

Provides direct services and treatment to clients to include individual and group counseling. Provides supervision for outpatient clinical staff. Coordinates quality management access to care, transfer, triage, caseload management, timely documentation, productivity and direct service functions. Implements and manages service and performance improvement and corrective action plans. Participates in performance and evaluation activities. Coordinates fundraising opportunities for the LUCES program; and coordinates professional training opportunities for all staff.

NATIVE HEALTH
Comprehensive Risk Counseling & Services Counselor Phoenix, AZ
 11/09-11/2010

Provide HIV/AIDS prevention services to at-risk youth through a program called "Track Change," which is a program funded by the Centers for Disease Control (CDC). Conduct community presentations about the program for outreach and recruitment purposes. Conduct intakes for program participants. Educate youth on the importance of safe sex practices so they can improve their sexual health. Provide case management services as needed.

COMMUNITY REACH CENTER Denver, CO
Therapist 11/07-5/09

Provided psycho-educational lessons to middle and high school students. Lessons included, however, not limited to: Self-Awareness, Anger Management, Conflict Resolution and Substance Abuse Among Adolescents. Provided individual and family therapy to assigned consumers. Conducted clinical intakes, case management and crisis intervention services as needed.

UNIVERSITY OF COLORADO (Addiction & Research Treatment Services) Denver, CO
Family Therapist 1/07-7/07

Conducted individual and intensive family therapy for at-risk youth with mental health and substance abuse issues. Provided weekly and monthly reports to social services, probation officers, and any other service providers involved in the youth's treatment process. Wrote treatment plans, biopsychosocial assessments and weekly clinical notes for each assigned client.

PIMA COUNTY SUPERIOR COURT Tucson, AZ
Counselor/Mediator 4/05-8/06

Coordinated and provided court mediation and counseling services at the Family Center of the Conciliation Court for parents, couples and families (for both court ordered and voluntary cases). Prepared written custody and parenting time agreements. Member of the Diversity Forum Committee and Licensure Committee.

CODAC BEHAVIORAL HEALTH SERVICES, INC. Tucson, AZ
Child and Family Therapist 5/04-4/05

Conducted clinical assessments and treatment plans for adolescents who were court ordered into counseling. Provided individual, family and group substance abuse counseling for adolescents and their families. Integral part of a team effort that designed and implemented curricula and presented community-based educational workshops.

PROVIDENCE CORPORATION

Tucson, AZ

Therapist

7/02-5/04

Conducted individual and family therapy for assigned clients and their families. Conducted clinical intakes to include writing biopsychosocial assessments, treatment plans and providing clinical diagnoses.

BREWSTER CENTER

Tucson, AZ

Crisis Advocate

11/98-7/02

Answered 24-hour crisis line for victims of domestic violence and processed intakes for eligible clients in a residential setting. Kept accurate progress records for each client and conducted intervention counseling with the women and children residing in the shelter.

	<p>CHICANOS POR LA CAUSA, INC.</p> <p><u>JOB DESCRIPTION</u></p>	
<p>TITLE: Lead Case Manager</p>	<p>SALARY GRADE:</p>	
<p>REPORTS TO: Clinical Supervisor</p>	<p>ANNUALIZED MINIMUM SALARY:</p>	
<p>HOME BASE: Established</p>	<p>ANNUALIZED MAXIMUM SALARY:</p>	

PRIMARY FUNCTIONS

Under general supervision, provides direct covered services and treatment to individual clients, coordinates with community support and stakeholders. Responsible for managing appointment schedule, assigned caseload as clinical liaison, conducting needs assessments, implementing treatment plans, facilitating out-of-services, and participating in ongoing learning experiences. Responsible for taking the lead with CAREWare database inputting, training new and existing staff of system updates and processes, and submission of reports when required.

SPECIALIZATIONS

None.

Eomelas_2000@yahoo.com 602-999-9739

Edward A Omelas

Objective	Discover different opportunities within the non-profit sector in which to deliver healthcare to the Hispanic communities.		
Experience	2010—Current	Chicanos Por La Causa	Phoenix AZ
	Medical Case Manager		
	<ul style="list-style-type: none"> ▪ Provide linkage to care for the HIV patient ▪ Medication and Treatment Adherence ▪ Provide HIV education to HIV clients ▪ Resource support 		
	2009—2010	Maricopa County CHS	Phoenix AZ
	Staff Nurse		
	<ul style="list-style-type: none"> ▪ Manage patient care in a clinic setting ▪ Medication Administration ▪ Assessment for medical needs of patients ▪ Assessment for mental health needs of patients 		
	2003—2008	Scottsdale Healthcare Osborn	Scottsdale, AZ
	Staff Registered Nurse, Relief Supervisor		
	<ul style="list-style-type: none"> ▪ Four years training in Orthopedic, Neurology, and Trauma Step-Down Nursing ▪ Two years training in critical care areas of Special Care Unit and Emergency Observation. ▪ Served on committees for Computerized Medication Administration and Computerized Documentation ▪ Served six years as Diabetes Resource Nurse in all areas of service. 		
Education	2000—2002	Phoenix College	Phoenix, AZ
	<ul style="list-style-type: none"> ▪ Associates of Applied Science in Nursing 		
	2004—2005	Arizona State University	Phoenix, AZ
	<ul style="list-style-type: none"> ▪ Completed RN—BSN Program. 		
Interests	National Association of Hispanic Nurses—Valle del Sol Phoenix Chapter Executive Officer, Community Service, Activism.		

	CHICANOS POR LA CAUSA, INC. <u>JOB DESCRIPTION</u>	
TITLE: Outreach Specialist	SALARY GRADE:	
REPORTS TO: Clinical Supervisor	ANNUALIZED MINIMUM SALARY:	
HOME BASE: LUCES	ANNUALIZED MAXIMUM SALARY:	

PRIMARY FUNCTIONS

Under general supervision, provides direct covered services and treatment to individual clients, coordinates with community support and stakeholders. Responsible for managing appointment schedule, conducting individual or group peer counseling sessions that may include pastoral care, caregiver support, and bereavement counseling. As well as conducting targeted outreach to people with an unknown HIV disease or those who know their status so that they may become aware of and may be enrolled in care and treatment services

SPECIALIZATIONS

None.

MINIMUM QUALIFICATIONS

1. Be at least 21 years of age.
2. A high school diploma or General Education Diploma (GED).
3. Fluent both written and verbal in Spanish.
4. Must demonstrate experience in working with HIV/Outreach/Prevention and working with people living with HIV/AIDS.
5. Knowledge of HIV/AIDS and other STD transmission.
6. Able to work a flexible schedule as needed per program requirements.
7. Have good organization and time management skills.

JOB RESPONSIBILITIES AND COMPETENCIES

1. Conduct psychosocial assessment of clients
2. Conducts individual
3. Capable of providing reports on weekly and monthly basis..
4. Possess good written and verbal communication skills.
5. To communicate and coordinate services with other treatment providers when appropriate.
6. Attend and actively participate in team staffings.
7. Ability to effectively engage client's and in some cases, their family members in treatment
8. Provide non-judgmental, unconditional support to clients.
9. Provide individual or group counseling sessions to clients who are experiencing psychosocial health symptoms.
10. Experience in working independently and delivery of in-home services.
11. Must be capable of working with diverse cultural population.
12. Must have knowledge of the Ryan White healthcare system.
13. Knowledge of community resources and ability to assist clients in securing such services.
14. Must have basic computer skills.
15. Must have access to safe transportation, valid Arizona driver's license and automobile insurance as required in the State of Arizona. Must be willing to travel throughout Maricopa County.
16. Maintains personal contact with client and not exceeding 30 days.
17. Conducts follow up to service commitments, engagement, re-engagement for missed appointments.
18. Maintains and monitors caseload statistical information, including presenting issues length of stay and outcome measures when assigned.
19. Must identify new case findings, conduct follow ups, and conduct street based outreach as outlined in contract

(480) 726 9131
ana_diaz72@hotmail.com

Ana Diaz

Objective: To work at a place where my skills and experience with individuals and community stakeholders can be utilized to improve the community as a whole.

Education: B.A. in Graphic Design and Communications
College of Graphic Design
University of Guadalajara

Work Experience: **Case Manager CPLC** **March, 2013-Present**

- Deliver services to clients living with HIV/Aids through Ryan White funding sources
- Assist clients with completing LUCES intake and all eligibility for Ryan White medical insurance assistance
- Complete Dental insurance applications
- Deliver services to clients in office and home settings
- Assist clients with obtaining community resources and complete referrals for additional community services
- Complete housing assistance applications (HOPWA)
- Secure food donations for clients and support groups
- Obtain and deliver food boxes
- Fundraise for annual Aids Walk and Savor Life Events
- Trained on SOAP documentation and Care Ware system

Case Aide **CPLC** **May, 2009- March, 2013**

- Conduct psychosocial assessment and initial client intake
- Facilitate weekly psychosocial support group
- Deliver services to clients in office and home settings
- Assist client in completing documentation for medical assistance
- Participate in community outreach efforts and health fairs
- Secure donations
- Document new clients on Case Findings report

Survey Interviewer **ASU** **Jan 2007-present**

- Complete 4 hour interviews in Spanish with adolescent pregnant mothers at their home
- Complete interviews via phone with participants who relocated to their home country
- Gather interview information and report findings to ASU

Prevention Specialist Concilio Latino May, 2002-Jan, 2008

- Facilitating RHAP sessions at Detentions Centers, Homeless Shelters and the public who are at high risk to have STD's. HIV/AIDS sessions were performed in Spanish.
- Parenting classes on inhalant abuse prevention utilizing the Strengthening Families curriculum with the schools in enterprise community, East Valley & Mesa all sessions were performed in Spanish.
- Public information and social marketing with local vendors to become Prevention Partners in order to further inform the community on the many dangers of inhalant abuse.
- Conduct Syphilis and HIV/AIDS outreach with the Maricopa County Mobile Unit and coordinate services provided when a participant required assessment for treatment services
- Facilitate Syphilis, HIV and Inhalant Abuse group's sessions.

Event Coordinator Mexican Embassy Jul 1999-May 2002

- Publicity and marketing of all events, working closely with News Media
- Formed community volunteer groups like Amigos del Centro.
- Promotion and diffusion of the events of the Center in general.
- Coordination and logistics of events.
- Organized and formulated the famous and traditional Mexican Posada
- Created and coordinated Clubs de Oriundos Ethnic Groups.
- Worked closely with the local media to promote Dr. Juan Hernandez, then the head of the Presidential Office for Mexicans Abroad for his first visit to Arizona.
- Assisted with *Este es mi Mexico* Project that is lead by Public Foreign Relation to promote both culture and traditions through U.S. children's drawings.

Training:

- Medical Case Management Certification (DMS)
- 6TH Annual Statewide Prevention Provider Conference (AHDS)
- Cultural Competency (Value Options)
- Substance Abuse Prevention Specialist Training (CSAP)
- Regional STD Conference (IHS)
- United States Conference on AIDS (SHAMSA)
- Resumen de Enfermedades Transmitida Sexualmente (CAPTC)
- Conferencia Actualizada sobre el Hepatitis C y VIH (NATAP)
- Human Participants Education for Research Teams (NIH)

REFERENCES UPON REQUEST:

1722 W. Atlanta Avenue
Phoenix, Arizona 85041

Phone (602) 292-0743
E-mail ymadero@yahoo.com

Francisca Y. Madero

- OBJECTIVE** To obtain a behavioral health position that utilizes my clinical skills, abilities and experience and will offer a potential for continued growth.
- EDUCATION** South Mountain Community College, Sociology, Phoenix, Arizona
Chicanos Por La Causa, Clerical, Phoenix, Arizona
AZ Nurses Conference, certificate for hearing testing, Scottsdale, Arizona
- Languages** Read, write and speak Spanish fluently.
- Work experience**
- 07/07-Currently Chicanos Por La Causa Phoenix, Arizona
Case Manager/Peer Counseling/Psychosocial Support
- Conduct one on one complex interviews translating with HIV/AIDS applicants in determining eligibility for Ryan White services based on financial need following County and, regulations and policies.
 - Responsible for referring client's to primary care medical services, medication program, dental program and any other medical services that are needed by client.
 - Responsible for all of case maintenance with strong documentation needed in order to know what type of other assistance/resources clients would need immediately or in the future.
 - Provided resources to families when needed or rejected for assistance.
 - Conduct case staffing with immediate supervisor and other staff regarding eligibility or client needs.
 - In charge of petty cash, ordering of office supplies and any check request that are needed.
 - Interacting and staffing cases with other states and state/local agencies.
 - Refer clients for all other potential benefits and community resources where they may be eligible.
- 04/06-06/07 Vicki A. Romero High School Phoenix, Arizona
Attendance Specialist
- Worked as the secretary for all administrative staff and teaching staff. Submitted reports to Arizona Department of Education, registered new students for the upcoming school year, acted as substitute teacher for classes, acted as nurse for whole school, maintained all medical, attendance, discipline and personal records for all 350 students that attended school.
 - Spearheaded special activities for youth participants for school and after school activities.
 - Provided peer guidance and staffed students with guidance counselors and under certain circumstances parents and/or guardians.

11/03-04/06 **Citifinancial Mortgage** **Phoenix, Arizona**
Collector II

- Made outgoing calls from a dialer system to collect on past due accounts, also made payment arrangements if customer is not able to make mortgage payments, take incoming Spanish calls to take payment or to make payment arrangements, referred customers to different organizations in their state for assistance on mortgage payments or foreclosure advice.
- Provided financial resources to clients in the assistance to prevent foreclosure.
- Was left as lead collector whenever workload was busy for unit supervisor

02/96-09/02 **Department of Economic Security** **Phoenix, Arizona**
Eligibility Interviewer II

- Conducted one on one complex interviews translating with applicants in determining eligibility for Public Assistance programs based on financial need following Federal, State and Local Office rules, regulations and policies.
- Interacting and staffing cases with other states and state/local agencies.
- Refer clients for all other potential benefits and community resources where they may be eligible.
- Refer to Office of Special Investigation when fraud was indicated.
- Responsible for all of case maintenance with strong documentation needed in order to know what type of other assistance/resources clients would need immediately or in the future.
- Provided resources to families when needed or rejected for assistance.
- Conducted case staffing with immediate supervisor regarding eligibility.
- Conducted case staffing with Child Protective Services when abuse was reported.
- Created in assistance with client long term and short term financial plans.
- Conducted mostly Spanish interviews.
- Was left acting supervisor numerous times while immediate supervisor was out.
- Responsible for training new staff to working unit.

07/95-02/96 **Department of Economic Security,** **Phoenix, Arizona**
Eligibility Interviewer I

- Responsible for all incoming calls regarding questions and concerns.
- Informing all new prospective applicants of food stamp and cash assistance benefits, of the requirements and laws of AFIP progress.
- Utilize knowledge of methods and procedures for researching files to obtain specific information to answer client inquires.
- Completed data storage, retrieval of information, registration of applicants, and assignment of work to eligibility interviewers.

- Assisted in Spanish translations.
- Assisted in the supervision of front desk area.

07/94-07/95 Vocational Rehabilitation, Phoenix, Arizona
Secretary

- Effectively interacted with counselors and clients.
- Answered phones and transferred to proper departments.
- Maintain and documented plan rehabilitation services for clients.
- Responsible for verifying accounts billing and input information for payroll.
- Translated for Spanish speaking clients.

References

Available upon request.

Summary of qualifications

Bilingual Spanish/English, translator, interviewer, basic knowledge of Sexually Transmitted Diseases and HIV/AIDS excellent customer service, public relations, good communication skills, alpha-numerical filing, bookkeeping, Dictaphone, work perfect, Microsoft word, 20-key by touch, type 40 wpm, multi-phone line, payroll, accounts receivable/payable, general office duties, supervisor skills, strong documentation skills, 30-90 day collections, call center experience, Notary Public for State of Arizona(expires on 07/2010)

Volunteer

1999 Volunteered at AIDS Project Arizona in the assistance of outreach.

1994-1996 Volunteered for women's clinic, Planned Parenthood in the provision of Sexually Transmitted Diseases.

Security clearance

Fingerprint clearance card from the State of Arizona

	CHICANOS POR LA CAUSA, INC. <u>JOB DESCRIPTION</u>	
TITLE: Case Aide	SALARY GRADE:	
REPORTS TO: Clinical Supervisor	ANNUALIZED MINIMUM SALARY:	
HOME BASE: LUCES	ANNUALIZED MAXIMUM SALARY:	

PRIMARY FUNCTIONS

Under general supervision, provides direct covered services and treatment to individual clients, coordinates with community support and stakeholders. Responsible for managing appointment schedule, conducting individual or group peer counseling sessions that may include pastoral care, caregiver support, and bereavement counseling. As well as conducting targeted outreach to people with an unknown HIV disease or those who know their status so that they may become aware of and may be enrolled in care and treatment services.

SPECIALIZATIONS

None.

MINIMUM QUALIFICATIONS

1. Be at least 21 years of age.
2. A high school diploma or General Education Diploma (GED).
3. Fluent both written and verbal in Spanish.
4. Must demonstrate experience in working with HIV/Outreach/Prevention and working with people living with HIV/AIDS.
5. Knowledge of HIV/AIDS and other STD transmission.
6. Able to work a flexible schedule as needed per program requirements.
7. Have good organization and time management skills.

JOB RESPONSIBILITIES AND COMPETENCIES

1. Conduct psychosocial assessment of clients
2. Conducts individual
3. Capable of providing reports on weekly and monthly basis..
4. Possess good written and verbal communication skills.
5. To communicate and coordinate services with other treatment providers when appropriate.
6. Attend and actively participate in team staffings.
7. Ability to effectively engage client's and in some cases, their family members in treatment
8. Provide non-judgmental, unconditional support to clients.
9. Provide individual or group counseling sessions to clients who are experiencing psychosocial health symptoms.
10. Experience in working independently and delivery of in-home services.
11. Must be capable of working with diverse cultural population.
12. Must have knowledge of the Ryan White healthcare system.
13. Knowledge of community resources and ability to assist clients in securing such services.
14. Must have basic computer skills.
15. Must have access to safe transportation, valid Arizona driver's license and automobile insurance as required in the State of Arizona. Must be willing to travel throughout Maricopa County.
16. Maintains personal contact with client and not exceeding 30 days.
17. Conducts follow up to service commitments, engagement, re-engagement for missed appointments.
18. Maintains and monitors caseload statistical information, including presenting issues length of stay and outcome measures when assigned.
19. Must identify new case findings, conduct follow ups, and conduct street based outreach as outlined in contract
20. Maintains personal contact with client and not exceeding 30 days.
21. Coordinates and conducts group functions and facilitates cohesiveness in its entirety that demonstrate improvement in a client's/family's symptom and functioning level.
22. Demonstrates the ability to de-escalate and de-brief disruptions to group and/or family content process.
23. Link and maintain client's for primary medical care and medications.
24. Provide adherence education when needed.

9523 W. Roosevelt Street
 Tolleson, Arizona 85353
 Cellular: (623) 628-0845
 Email: ebailon1990@gmail.com

Enrique A. Bailon

Objective: To obtain an entry level position that will utilize my work experiences as a motivational, multi tasked oriented, fast-paced individual for an agency that will benefit from my professional talents as a seasoned problem solver who excels in customer service.

Education:

Present	Arizona State University Currently pursuing Bachelors in Business Administration	Tempe, AZ
2009-2012	Phoenix College Associates Degree In Communications / Associates Fashion Merchandising	Phoenix, AZ
2005-2009	Tolleson Union High School Graduate- General Studies/ High School Diploma	Tolleson, AZ

Skills: Fluent in Spanish both speaking and written. Knowledgeable in basic computer programming such as Microsoft Windows XP, Internet, Excel, MS Word, PowerPoint, Publisher and Outlook. Transcriber experienced with typing skills of 70 wpm. A capable leader who motivates and can interface with may different segments of the population.

Experience:

May 2011-Novemver2011	Cricket Wireless101	Phoenix, AZ
Customer Service Representative		
<ul style="list-style-type: none"> • Provided quality customer services to all customers • Translated for customers • Translated promotional materials • Organized customer call-in process • Handled customer complaints to customer's satisfaction • Completed closing and opening duties/Filler Manager • Conducted Administrative duties such as compiling sales reports establishing marketing and advertisement best practices. 		
March 2011-May 2011	A.Z. & Associate Real Estate Group	Phoenix, AZ
Personal/Marketing Assistant		
<ul style="list-style-type: none"> • Communicated regularly regarding all accounting information with business entities such as MLS, ReoConnex, Fannie Mae, and Atlas Portal • Translated for customers • Implemented efficient processes to ensure job effectiveness and productivity • Answered all business calls promptly and efficiently • Established strong communication with direct supervisor to ensure productivity • Established organization process for agency materials, documentation, and tracking emails • Completed all tasking in home closure process 		
2009-2010	Bailon's Carpet LLC	Tolleson, AZ
Business Administrator		
<ul style="list-style-type: none"> • Interacted with large amount of money at any given time. • Provided quality customer services to all customers • Identified as "lead" on several business projects • Adhered to all customer requests to customer's satisfaction • Learned and implemented business employee compensation process • Engaged with customers on a daily basis • Established effective process in business commercial relations and correspondence 		

2009-2010
Cashier

Peter Piper Pizza

Avondale, AZ

- Assisted all customers in providing accurate orders in a family-oriented restaurant
- Greeted and rendered assistance to all guests with a smile
- Motivated and empowered other staff to master customer service
- Mentored all staff in providing one-on-one orientation

Community Involvement:

- Volunteered with Chicanos Por La Causa Inc. (CPLC) with social services program in appearing in 2012 Public Service Announcement as well as assisting Outreach Specialists in the provision of health related information to special needs and medically disenfranchised populations.

March 26/2012- Present

Chicanos Por La Causa – LUCES

Phoenix, AZ

Outreach Coordinator Specialist / Case AIDE

- Outreach Coordinator Specialist for CPLC-LUCES, a non- profit organization helping the community with people living with HIV/AIDS.
- Have top experience in HIV/AIDS course, HIV 101 training class taken with Southwest Center.
- Helping the community to educate them, what HIV/AIDS is about.
- Attend meetings and conference, which give me advice of what my position is.
- Administrate files, and organize paper work.
- Find newly diagnose people and guide them for information what our program is about.
- Provide the client with good advice, contact them for new appointments, fill up there Ryan White paper work and AHCCCS.
- Meet and greet clients, take notes of what special needs they may desire.
- Reach out to the community, Radio Station's, Media News, (La Campesina, La Tricolor, Jamz 101.5, Univision Radio, Univision AZ 33)
- Part of the PSA for our LUCES program.
- Being part of the Aunt Rita's Foundation.
- Online search, a way to find out places where i can outreach.
- Talk to people, face to face.
- Set up meetings, events, and work with top Arizona representatives.
- Fundraiser to help out our LUCES program.
- Case Manager at CPLC-LUCES, Medical Case Manager assistant.
- In charge of new intakes, schedule doctor appointment for clients.
- Update documentation in medical records.
- Assist

References:

- **Maclovia Zepeda**
Director
Chicanos Por La Causa Inc.
1402 S. Central Phoenix AZ 85004
Phone: 602-695-3056
- **Denisse Olivares Lopez**
JP Morgan Chase Bank – Mortgage Specialist
CHASE Tower- Downtown
201 N. Central Ave.
Phoenix, AZ 85004
Phone: 602-769-7985
- **Barbara Ollvas**
Medical Case Manager
Chicanos Por La Causa Inc.
1402 S. Central Ave
Phoenix AZ 85004
Phone: 480-236-6612
- **Nubia Castillo**
Case Manager
Chicanos Por La Causa Inc.
1402 S. Central Ave
Phoenix AZ 85004
Phone: 602-677-4006

AMENDMENT No. 1
 To
**SERIAL 13054-RFP RYAN WHITE PART A SERVICES – MEDICAL AND NON-MEDICAL CASE
 MANAGEMENT SERVICES**
 Between
Chicanos Por La Causa
 &
 Maricopa County, Arizona

WHEREAS, Maricopa County, Arizona (“County”) and Chicanos Por La Causa have entered into a Contract for Ryan White Part A Services – Medical and Non-Medical Case Management Services dated February 26, 2014 (“Agreement”) and effective March 1, 2014, County Contract No. 13054-RFP.

WHEREAS, County and Chicanos Por La Causa have agreed to further modify the Agreement by changing certain terms and conditions;

NOW, THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, receipt of which is hereby acknowledged, the parties hereto agree as follows:

Section 4.38:

Add the following language to the contract terms:

4.38 CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS

- 4.38.1 The Parties agree that this Contract and employees working on this Contract will be subject to the whistleblower rights and remedies in the pilot program on contractor employee whistleblower protections established at 41 U.S.C. § 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112–239) and section 3.908 of the Federal Acquisition Regulation;
- 4.38.2 Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. § 4712, as described in section 3.908 of the Federal Acquisition Regulation. Documentation of such employee notification must be kept on file by Contractor and copies provided to County upon request; and
- 4.38.3 Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold (\$150,000 as of September 2013).

Section 4.22:

Remove the following language to the contract terms:

~~4.22 — ALTERNATIVE DISPUTE RESOLUTION:~~

~~4.22.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:~~

~~4.22.1.1 Render a decision;~~

~~4.22.1.2 Notify the parties that the exhibits are available for retrieval; and~~

~~4.22.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).~~

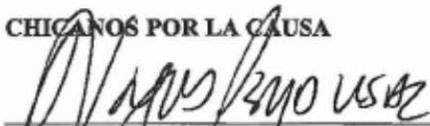
~~4.22.1.4 Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.~~

~~4.22.2 Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.~~

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

IN WITNESS WHEREOF, this Amendment is executed on the date executed.

CHICANOS POR LA CAUSA


Authorized Signature

PRADIAS (RS40 USAC; V.P. of IHHS
Printed Name and Title

5/9/14
Date

MARICOPA COUNTY:


Chief Procurement Officer

5/15/14
Date

CHICANOS POR LA CAUSA, INC., 1112 EAST BUCKEYE ROAD, PHOENIX, AZ 85034

PRICING SHEET: 94848

Terms:	NET 30
Vendor Number:	2011003013 0
Telephone Number:	602-257-0700
Fax Number:	
Contact Person:	Nancy Lipman
E-mail Address:	nancy.lipman@cplc.org
Certificates of Insurance	Required
Contract Period:	To cover the period ending February 28, 2019.