

**SERIAL 13054 RFP RYAN WHITE PART A SERVICES – MEDICAL AND NON-MEDICAL
CASE MANAGEMENT SERVICES (Area Agency on Aging)**

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 12th day of February, 2014 by and between Maricopa County ("County"), a political subdivision of the State of Arizona, and Area Agency on Aging, Region One/HIV Care Directions Program, 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:

Area Agency on Aging, Region One/HIV Care Directions Program
ATTN: Mary Lynn Kasunic
366 E. Thomas Road
Phoenix, AZ 85014

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.~~

~~4.22.2 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.~~

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:

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

4.31.1.2 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;

4.31.1.3 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

4.31.1.4 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.

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

4.31.3 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

Mary Lynn Kasunic, President & CEO
PRINTED NAME AND TITLE

1366 E. Thomas Rd., Suite 108

ADDRESS
Phoenix, AZ 85014

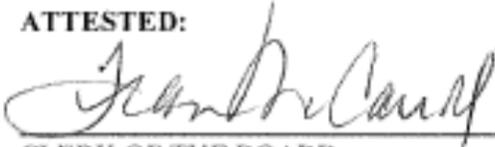
1/21/14

DATE

MARICOPA COUNTY

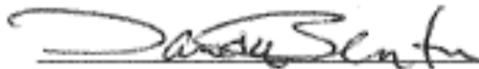

CHAIRMAN, BOARD OF SUPERVISORS

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: Area Agency on Aging, Region One/ HIV Care Direc

Address: 1366 E. Thomas Rd., Suite 108

City: Phoenix State: AZ Zip: 85014

Telephone: 602 264-2273

Executive Director/CEO: Mary Lynn Kasunic

Person completing this form: Debby Elliott Contact Telephone: 602 264-2273

Legal Status: Nonprofit 501-C3 Corporation LLC Partnersh ther:

Years in Business: 39

Maricopa County Vendor Registration Complete: Yes No Vendor Number: 20110008080

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

Service Site Location #1:

Organization: Area Agency on Aging/HIV Care Directio

Address: 1366 E. Thomas Rd., Suite 200

City: Phoenix State: AZ Zip: 85014

Telephone: 602 264-2273

Service Site Location #2:

Organization: McDowell Healthcare Center

Address: 1144 E. McDowell Rd.

City: Phoenix State: AZ Zip: 85006

Telephone: 602 344-6550

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)? Entire EMA/ PSA 1-7

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

If your response is no to this question, please identify the Term and Condition and describe how your Organization will meet the requirement:

Do you currently provide services for HIV/AIDS Clients? Yes or No

If yes, do you receive other grant funds for these programs? Yes or No

Please list who provides these funds and how long you have been funded below.

Grant fund 1: Ryan White Part D Since: 1995

Grant fund 2: HOPWA (HUD) Since: 1998

Grant fund 3: HUD/ McKinney Grant Since: 1999

Do you have a financial system in place that will allow you to separate income and expenditures related to each grant and general funds? Yes No

If yes, describe your system:

If no, describe how you would be able to implement a system:

NA

Do you have a financial system in place that will allow you to perform third party billing to ensure that funds used under this contract are the payer of last resort (applicable if other payer sources are possible)? Yes No

If no, describe how you would be able to implement a system for this:

NA

Organizational Chart attached? Yes or No

Resumes attached? Yes or No

Licenses /Credentials attached? Yes or No

EXHIBIT B-1

PRICING & BUDGET FORM
MEDICAL-NON MEDICAL/FAP 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 09/19/2013

PREPARED BY: RENEE A. TRAPP

NAME OF ORGANIZATION: AREA AGENCY ON AGING, REGION ONE, INC.

Fed. Employee ID # (FEIN) 74-2371957

DUNS # 011965258

ADDRESS: 1366 E. THOMAS ROAD, SUITE #108

PHOENIX, AZ 85014

****WE ARE AWARE BUDGET EXCEEDS CONTRACT AMOUNT****

AUTHORIZED CONTACT MARY LYNN KASUNIC

TELEPHONE 602-264-2255 FAX 602-264-8868

E-MAIL kasunic@msn.com

PRIMARY CONTACT ERICA TEKAMPE

TELEPHONE 602-264-2273 FAX 602-264-8868

EMAIL erica.tekampe@aaaphx.org

CONTRACT NUMBER A-2013-MCM-AAA-002/A-2013-SCM-AAA-002/A-2013-FHI-AAA-002

SERVICE CATEGORY MEDICAL CM / NON-MEDICAL CM / FAP

BUDGET PERIOD: 03/1/2013 02/28/2014
 Start Date End Date

CONTRACT AMOUNT \$1,356,754.00

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)

- If applicable, Negotiated Indirect Cost Agreement is attached Cost Allocation Policy is attached (required)

Date Prepared: 09/19/2013

(Section I)

Organization
Service Category
Budget Period

| |
|---|
| AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP 03/1/2013 Through 02/28/2014 |
|---|

(Section II)

Contract Amount **\$1,356,754.00**

| Operating Expenses | | FTEs | Administrative Budget | Direct Service Budget | Total Budget |
|--------------------|-----------------|------|-----------------------|-----------------------|---------------|
| | | | | | |
| Personnel: | Salaries | | \$ - | \$ 683,251.84 | \$ 683,251.84 |
| Personnel: | Fringe/Benefits | | - | 204,975.55 | 204,975.55 |

| | | | |
|-------------------------------------|---|------------|------------|
| Subtotal: Personnel/Fringe Benefits | - | 888,227.39 | 888,227.39 |
|-------------------------------------|---|------------|------------|

Other Operating Expenses

| | | | |
|-----------------------------|---|------------|------------|
| Travel | - | 36,409.71 | 36,409.71 |
| Supplies | - | 5,505.81 | 5,505.81 |
| Equipment | - | - | - |
| Contractual | - | 54,078.00 | 54,078.00 |
| Program Support | - | 304,646.36 | 304,646.36 |
| Other Professional Services | - | - | - |

| | | | |
|------------------------------------|---|------------|------------|
| Subtotal: Other Operating Expenses | - | 400,639.88 | 400,639.88 |
|------------------------------------|---|------------|------------|

| | | | |
|--------------------------|---|--------------|--------------|
| Total Operating Expenses | - | 1,288,867.27 | 1,288,867.27 |
|--------------------------|---|--------------|--------------|

(Personnel and Other Direct Costs)

| | | |
|----------------|------------|------------|
| Indirect Costs | 128,886.73 | 128,886.73 |
|----------------|------------|------------|

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

| | | | |
|-------------------------|------------|--------------|--------------|
| Total Costs of Contract | 128,886.73 | 1,288,867.27 | 1,417,754.00 |
|-------------------------|------------|--------------|--------------|

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

Administration may not exceed 10% of Direct Costs



CONTRACT BALANCE (Contract Revenue less Total Costs of Contract) **\$ (61,000.00)**

*The Contract Balance should equal zero.

YOUR BUDGET DOES NOT MATCH THE CONTRACT VALUE-PLEASE REVISE

RYAN WHITE PART A
SCM, MCM, & FAP COMBINED BUDGET

SERIAL 13054-RFP
9/19/2013

BUDGET SUMMARY:

| BUDGET CATEGORIES | MCM | SCM | SCM ACA | FAP | GRAND TOTAL |
|-----------------------------|-----------------------|-----------------------|---------------------|----------------------|------------------------|
| SALARIES | \$ 546,601.47 | \$ 136,650.37 | \$ - | \$ - | \$ 683,251.84 |
| FRINGE BENEFITS | \$ 163,980.44 | \$ 40,995.11 | \$ - | \$ - | \$ 204,975.55 |
| TRAVEL | \$ 28,623.34 | \$ 7,155.83 | \$ 630.54 | \$ - | \$ 36,409.71 |
| SUPPLIES | \$ 3,889.44 | \$ 972.36 | \$ 644.01 | | \$ 5,505.81 |
| EQUIPMENT | \$ - | \$ - | \$ - | \$ - | \$ - |
| CONTRACTUAL | \$ 5,478.00 | \$ - | \$ 48,600.00 | \$ - | \$ 54,078.00 |
| PROGRAM SUPPORT | \$ 11,552.00 | \$ 2,888.00 | \$ - | \$ 290,206.36 | \$ 304,646.36 |
| OTHER PROFESSIONAL SERVICES | \$ - | \$ - | \$ - | \$ - | \$ - |
| INDIRECT COSTS | \$ 76,012.47 | \$ 18,866.17 | \$ 4,987.46 | \$ 29,020.64 | \$ 128,886.73 |
| TOTAL | \$ 836,137.16 | \$ 207,527.84 | \$ 54,862.01 | \$ 319,227.00 | \$ 1,417,754.00 |
| TASK ORDER | \$ 802,079.00 | \$ 176,586.00 | \$ 58,862.00 | \$ 319,227.00 | \$ 1,356,754.00 |
| VARIANCE | \$ (34,058.16) | \$ (30,941.84) | \$ 4,000.00 | \$ 0.00 | \$ (61,000.00) |

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: 09/19/2013

1 Staffing

Provider Entry Auto Calculation Fringe Benefit Rate 30.00%

| Staffing AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | | | | | | | |
|--|-----------------------------|--------------|---------|--------------|-------------|---------------------------------|--------------------------|------------------------|-----------------------------|--------------------|----------------------|-----------------------|-------------------------|
| 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 Vice President-Client Services | Elliott | 2080 | 1.41% | 0.0141 | \$39.72 | \$ 1,165.75 | \$ 349.72 | A/D | | - | - | \$ 1,165.75 | \$ 349.72 |
| Direct Service: Serves active clients in the absence of assigned case manager / supervisor, covers active eligible clients when case managers (3 FTE CMs) are out on vacation or sick leave (approx. 9 weeks/year) provides service to inactive clients (any of 3,000 individuals), assists individual clients with complex situations, responds to client's phone calls re: services and resources, provides advocacy for individual clients as needed, assists with completion of applications, provides coverage for / assistance to CM's when out of the office." | | | | | | | | | | | | | |
| 2 Program Director | TeKampe | 2080 | 39.55% | 0.3955 | \$33.93 | \$ 27,915.60 | \$ 8,374.68 | A/D | | - | - | \$ 27,915.60 | \$ 8,374.68 |
| Direct Service: Serves active clients in the absence of assigned case manager / supervisor, covers active eligible clients when case managers (3 FTE CMs) are out on vacation or sick leave (approx. 9 weeks/year) provides service to inactive clients (any of 3,000 individuals), assists individual clients with complex situations, responds to client's phone calls re: services and resources, provides advocacy for individual clients as needed, assists with completion of applications, provides coverage for / assistance to CM's when out of the office. | | | | | | | | | | | | | |
| 3 Case Manager / Supervisor | Flores | 2080 | 45.00% | 0.4500 | \$26.23 | \$ 24,555.10 | \$ 7,366.53 | D | | - | - | \$ 24,555.10 | \$ 7,366.53 |
| Direct Service: Provides clinic-based medical case management service to eligible active clients on caseloads uncovered due to staffing vacancies, covers active clients when case managers (3.5 FTE CMs) are out on vacation or sick leave (approx. 10.5 weeks/year), provides service to individual inactive clients (any of 3,000 individuals), responds to client phone calls re: services and resources, assists with completion of applications, provides advocacy for individual clients as needed, provides coverage for / assistance to CM's that are out of the office. | | | | | | | | | | | | | |
| 4 Case Manager / Supervisor | Sprague | 2080 | 100.00% | 1.0000 | \$23.01 | \$ 47,870.67 | \$ 14,361.20 | D | | - | - | \$ 47,870.67 | \$ 14,361.20 |
| Direct Service: Provides community-based medical case management service to eligible active clients on caseloads uncovered due to staffing vacancies; covers active clients when case managers (6 FTE CMs) are out on vacation or sick leave (approx. 18 weeks/year); provides service to individual inactive clients (any of 3,000 individuals); completes initial assessments/care plans for new RWPA CM clients; responds to client phone calls re: services and resources, assists with completion of applications, provides advocacy for individual clients as needed, provides coverage for / assistance to CM's that are out of the office. | | | | | | | | | | | | | |
| 5 Receptionist / Unit Clerk | Perez | 2080 | 83.33% | 0.8333 | \$14.05 | \$ 24,353.33 | \$ 7,306.00 | D | | - | - | \$ 24,353.33 | \$ 7,306.00 |
| Case management assistant: Enters individual data in CAREware, maintains individual client's files, answers client's phone calls, assists clients with: limited resource information, individual paperwork and applications. | | | | | | | | | | | | | |
| 6 Receptionist / Unit Clerk | Salinas | 2080 | 84.25% | 0.8425 | \$14.65 | \$ 25,672.66 | \$ 7,701.80 | D | | - | - | \$ 25,672.66 | \$ 7,701.80 |
| Case management assistant: Enters individual data in CAREware, maintains individual client's files, answers client's phone calls, assists clients with: limited resource information, individual paperwork and applications. | | | | | | | | | | | | | |
| 7 Medical Case Managers | See Below for List of Names | 2080 | ##### | 11.3127 | \$19.05 | \$ 448,244.17 | \$ 134,473.25 | D | | - | - | \$ 448,244.17 | \$ 134,473.25 |
| Adams, Alvarez, Boles, Brown, Guhl, Hancock, Harvey, Helmstetter, Hite, Nelson, K. Rodriguez, R. Rodriguez, Wendell, and Open CM Position. Provides clinic-based medical CSM to eligible clients assigned to their case load. This includes assessments, referrals, help with facilitating documentation and paper work, advocacy and follow-up with clients. | | | | | | | | | | | | | |
| 8 Non-Medical Case Managers | See Below for List of Names | 2080 | 210.00% | 2.1000 | \$19.11 | \$ 83,474.56 | \$ 25,042.37 | D | | - | - | \$ 83,474.56 | \$ 25,042.37 |
| Kitchens, Levengood, and Seeger. Provides non medical CM to clients to assist with information and access to services that support clients' retention in care. | | | | | | | | | | | | | |
| Subtotal Personnel | | | | 16.95 | | \$ 683,251.84 | \$ 204,975.55 | | | \$ - | \$ - | \$ 683,251.84 | \$ 204,975.55 |
| Subtotal from Personnel Continuation Sheet | | | | 0.00 | | \$ - | \$ - | | | \$ - | \$ - | \$ - | \$ - |
| TOTAL Personnel | | | | 16.95 | | \$ 683,251.84 | \$ 204,975.55 | | | \$ - | \$ - | \$ 683,251.84 | \$ 204,975.55 |

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

| Benefits Name | Percent |
|----------------|---------|
| Health Ins | 12.55% |
| Disability Ins | 0.91% |
| FICA | 7.65% |
| Retirement | 6.30% |
| Unemployment | 0.07% |
| Workers' Comp | 2.52% |
| TOTAL | 30.00% |

| | | | | |
|------------------|-------|-----|----------------|------|
| (Admin) | 0.00 | FTE | Percent Admin | 0% |
| (Direct Service) | 16.95 | FTE | Percent Direct | 100% |
| Total | 16.95 | 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) AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | | | | | | | |
|---|-----------|--------------|--------|-------------|-------------|---------------------------------|-----------------------------------|------------------------|-----------------------------|--------------------|----------------------|-----------------------|-------------------------|
| 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 |
|----------------|------------------|

Date Prepared: |

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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | |
|--|--------------|-------------------------------------|--|---------------------|-------------|---------------------|--|
| | FTE | Monthly Miles Budgeted (Per 1 FTE)* | Mileage Rate \$0.565 Annual Miles Applied to Grant | Total Budget | Admin | Direct Svc | Narrative Justification |
| 1 | Admin | | 0 | \$ - | \$ - | | |
| 2 | Direct Svc | 15.79 | 64441.968 | \$ 36,409.71 | | \$ 36,409.71 | Case Managers are paid \$0.565/mile when driving for business reasons. The budget dollars are estimated based on history of case manager's travel reports. |
| | TOTAL | 340 | 64441.968 | \$ 36,409.71 | \$ - | \$ 36,409.71 | \$ 36,409.71 |

(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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | |
|---|-----------|-----------|--------------|-------|------------|-------------------------|--|
| Dates of Travel | Cost | Line Item | 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 |
| | \$ - | \$ 36,409.71 | \$ 36,409.71 |

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

Date Prepared: 09/19/2013

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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | |
|--|---------------|------------|---------------|--------------|---|
| Item | Annual Budget | % Admin 0% | % Direct 100% | Total 100% | Narrative Description/Cost Allocation Methodology |
| 1 Supplies | \$ 5,505.81 | \$ - | \$ 5,505.81 | \$ 5,505.81 | Office supplies in direct support of clients of the Ryan White Part A Medical and Non-Medical Case Management. The various supplies are: Pens, paper, files, desk supplies, ink cartridges, forms, labels, staples, stapler, erasers, white-out, paper clips, butterfly clips, note pads (legal, letter, 5x8) sticky notes (various sizes) scotch tape & holder, post-it flags, scissors, ruler, markers, glue, hole punch, note books, binders, boxes, phones, phone accessories, calculator, hanging files. |
| 2 | | \$ - | \$ - | \$ - | |
| 3 | | \$ - | \$ - | \$ - | For supplies requested by employees, an order sheet is completed with the items billed through a journal entry. |
| 4 | | \$ - | \$ - | \$ - | |
| 5 | | \$ - | \$ - | \$ - | |
| TOTAL | | \$ - | \$ 5,505.81 | TOTAL | \$ 5,505.81 |

2 Program Supplies

Program/Medical Supplies are budgeted as Direct Service.

| Program Supplies AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | |
|---|---------------|-------|--------|--------------|---|
| Item | Annual Budget | Admin | Direct | | Narrative Description/Cost Allocation Methodology |
| 1 | | | \$ - | | |
| 2 | | | \$ - | | |
| 3 | | | \$ - | | |
| 4 | | | \$ - | | |
| 5 | | | \$ - | | |
| TOTAL | | \$ - | \$ - | TOTAL | \$ - |

| | | | |
|---------------------------|--------------|---------------|--------------|
| SUMMARY (Supplies) | Admin | Direct | Total |
| \$ - | \$ 5,505.81 | \$ 5,505.81 | |

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

Date Prepared: 09/19/2013

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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | |
|--|-------|----------------|-------|---|
| 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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | |
|---|--------------|---------------|-------|---|
| 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

Date Prepared: 09/19/2013

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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | |
|---|---|-------------|--------------|----------------|--------------|-----------------------|-------------------------|
| Consultant Name | Annual Budgeted Hours | Quoted Rate | Total Budget | Admin Budget % | Admin Budget | Direct Service Budget | Dates of Service |
| 1 ACA STAFF | 1944 | \$ 25.00 | \$ 48,600.00 | | \$ - | \$ 48,600.00 | 09/01/2013 - 12/31/2013 |
| Licenses / qualifications | Non-Central Eligibility Supportive Case Management Contracted Persons to complete tasks associated w ith the Affordable Care Act Project. | | | | | | |
| Narrative/ Justification | 3 Full-Time Temporary/Contract Labor Positions to Work 4 months. Full-time for Sept 2013 - Dec 2013; No Benefits. These Staff will Perform Tasks associated w ith the Affordable Care Act Project. (3 x 648 hr) = 1,944 hr x \$25.00/hr = \$48,600.00 | | | | | | |
| 2 SHANTELL GARFIELD | 31.5 | \$ 16.50 | \$ 519.75 | 0% | \$ - | \$ 519.75 | 03/01/2013 - 03/31/2013 |
| Licenses / qualifications | Temporary Staff--Administrative Assistant--hired from AllStaff Services, Inc. | | | | | | |
| Narrative/ Justification | This temporary staff position will cover an unfilled Administrative Assistant position. Total hrs worked: 31.5 hr; Rate \$16.50. Total \$519.75. | | | | | | |
| 3 MAGALI PEREZ | 300.5 | \$ 16.50 | \$ 4,958.25 | 0% | \$ - | \$ 4,958.25 | 03/1/2013 - 04/30/2013 |
| Licenses / qualifications | Temporary Staff--Administrative Assistant--hired from AllStaff Services, Inc. | | | | | | |
| Narrative/ Justification | This temporary staff position will cover an unfilled Administrative Assistant position. Total hrs worked: 300.5 hr; Rate \$16.50. Total \$4,958.25. | | | | | | |
| 4 | | \$ - | \$ - | | \$ - | \$ - | |
| Licenses / qualifications | | | | | | | |
| Narrative/ Justification | | | | | | | |
| 5 | | \$ - | \$ - | | \$ - | \$ - | |
| Licenses / qualifications | | | | | | | |
| Narrative | | | | | | | |
| 6 | | \$ - | \$ - | | \$ - | \$ - | |
| Licenses / qualifications | | | | | | | |
| Narrative/ Justification | | | | | | | |
| Consulting/ Prof./ Clerical Sup. Page 1 | | | SUBTOTAL | \$ - | \$ 54,078.00 | \$ 54,078.00 | |
| Consulting/ Prof./ Clerical Sup. From Contractual Continuation Page | | | SUBTOTAL | \$ - | \$ - | \$ - | |
| | | | TOTAL | \$ - | \$ 54,078.00 | \$ 54,078.00 | |

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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | |
|--|-------------------------|--------------|-----------------------|--------------|-------------------|------------------|
| 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 | - | - | - | |

| | | Admin | Direct | Total |
|----------------|-------------|-------|--------------|--------------|
| SUMMARY | Contractual | \$ - | \$ 54,078.00 | \$ 54,078.00 |

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: 09/19/2013

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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | |
|--|----------------|-------------|--------------|----------------|--------------|----------------|------------------|
| 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 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.

Other Program Support

Provider Entry Auto Calculation

Date Prepared: 09/19/2013

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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | |
|--|-----------------|----------|-------------|--------------------------|---|
| Item | Amount Budgeted | Admin 0% | Direct 100% | Total | Narrative/Cost Allocation Methodology |
| Cell Phones | \$ 8,400.00 | \$ - | \$ 8,400.00 | \$ 8,400.00 | Cell Phones used by Case Managers for direct access to clients and service providers. Cost is \$50/month for each case manager. |
| | | \$ - | \$ - | \$ - | |
| Direct Line | \$ 540.00 | \$ - | \$ 540.00 | \$ 540.00 | Land Lines used as direct support to RW Part A Case Managers. Estimated cost is history of Century Link billings. |
| | | \$ - | \$ - | \$ - | |
| TOTAL | | \$ - | \$ 8,940.00 | TOTAL \$ 8,940.00 | |

2 Copy/Duplicating

| Copy/Duplicating AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | |
|---|-----------------|----------|-------------|--------------------------|--|
| Item | Amount Budgeted | Admin 0% | Direct 100% | Total | Narrative/Cost Allocation Methodology |
| 1 Program Brochures | | | | | |
| Program Brochures | \$ 1,500.00 | | \$ 1,500.00 | \$ 1,500.00 | Printing costs associated with making the public aware of RW Part A programs. Cost estimate for the budget is based on historical expenses. |
| 2 Other Copying/Duplicating | | | | | |
| Business Cards, Client Forms, Duplicating Expenses | \$ 2,500.00 | | \$ 2,500.00 | \$ 2,500.00 | Costs are: business cards for Case Managers to give to clients and service providers to facilitate contact; forms for CE, CE update, AHCCCS, AHCCCS denial; ADAP, ADAP renewal; SSA; health insurance premium assistance; wide array of apps for services; forms for documentation in client files; intake assessment, contact notes, R&R, grievance, signature sheet, ROIs, d/c, etc. Copying necessary documents for clients files-many of the above in both English and Spanish. Estimated cost for budget purposes is based on historical costs. |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| TOTAL | | \$ - | \$ 4,000.00 | TOTAL \$ 4,000.00 | |

3 Postage

| Postage AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | |
|--|-----------------|----------|-------------|--------------------------|---|
| Item | Amount Budgeted | Admin 0% | Direct 100% | Total | Narrative/Cost Allocation Methodology |
| Postage | \$ 1,500.00 | \$ - | \$ 1,500.00 | \$ 1,500.00 | Cost of mailing Part A items. A log is being kept as mail is processed. A journal entry is made monthly to record this expense. Estimate for the budget is based on historical use for the past year. |
| | | \$ - | \$ - | \$ - | |
| TOTAL | | \$ - | \$ 1,500.00 | TOTAL \$ 1,500.00 | |

4 Utilities

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

| Utilities AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | |
|--|-----------------|-------|--------|-------------------|---------------------------------------|
| Item | Amount Budgeted | Admin | Direct | Total | Narrative/Cost Allocation Methodology |
| | | \$ - | | \$ - | |
| | | \$ - | | \$ - | |
| | | \$ - | | \$ - | |
| | | \$ - | | \$ - | |
| TOTAL | | \$ - | | TOTAL \$ - | |

4 Other Program Support

| Other Program Support AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | |
|--|-----------------|-------|---------------|----------------------------|---|
| Item | Amount Budgeted | Admin | Direct | Total | Narrative/Cost Allocation Methodology |
| FAP Health Insurance Premiums | | \$ - | \$ 290,206.36 | \$ 290,206.36 | Financial Assistance to qualifying clients to help pay for Health Insurance costs. Clients served average 49/month, units average 63/month with an average monthly cost of \$24,183.86. |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | |
| TOTAL | | \$ - | \$ 290,206.36 | TOTAL \$ 290,206.36 | |

| | | Admin | Direct | Total |
|----------------|-----------------|-------|---------------|---------------|
| SUMMARY | Program Support | \$ - | \$ 304,646.36 | \$ 304,646.36 |

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

Date Prepared:

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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | |
|---|----------------|---------------|-------------|------------------|-------|----------------|------------------------|
| 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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | |
|--|----------------|------------------|-------------|------------------|-------|----------------|------------------------|
| 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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | |
|---|-------------|------------------|-------------|------------------|-------|----------------|------------------------|
| 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 AREA AGENCY ON AGING, REGION ONE, INC. MEDICAL CM / NON-MEDICAL CM / FAP | | | | | | | |
|---|----------------|---------------|-------------|----------------|-------|----------------|------------------------|
| 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: 09/19/2013

Organization Name:
Service Category

AREA AGENCY ON AGING, REGION ONE, INC.
MEDICAL CM / NON-MEDICAL CM / FAP

Performance Measures:

Number of New Clients 600
Number of Returning Clients 1015
Total # of Unduplicated Clients 1615

| 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 MCM Assessment | Medical Case Management Assessment | 15 minutes | 11,160 | 930 | 930 | 930 | 930 | 930 | 930 | 930 | 930 | 930 | 930 | 930 | 930 | 930 | \$ - | - | |
| 2 MCM | Medical Case Management Interaction | 15 minutes | 45,180 | 3765 | 3765 | 3765 | 3765 | 3765 | 3765 | 3765 | 3765 | 3765 | 3765 | 3765 | 3765 | 3765 | \$ - | - | |
| 3 Non-Medical Case Management | Non-Medical Case Management Interaction for HIP | 15 minutes | 12,000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | 1000 | \$ - | - | |
| 4 FAP CM | Application made to HIP provider | 15 minutes | 1,530 | 133 | 133 | 133 | 133 | 133 | 133 | 133 | 133 | 133 | 133 | 133 | 100 | 100 | \$ - | - | |
| 5 FAP-HIP | | 1 application | 730 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 50 | 50 | \$ - | - | |
| 6 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 7 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 8 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 9 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 10 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 11 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 12 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 13 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 14 | | | - | | | | | | | | | | | | | | \$ - | - | |
| 15 | | | - | | | | | | | | | | | | | | \$ - | - | |
| TOTAL | | | 70,600 | 5,891 | 5,891 | 5,891 | 5,891 | 5,891 | 5,891 | 5,891 | 5,891 | 5,891 | 5,891 | 5,891 | 5,845 | 5,845 | \$ - | - | |
| Total Budget | | | | | | | | | | | | | | | | \$ | 1,417,754.00 | | |
| Over/(Under Budget) | | | | | | | | | | | | | | | | \$ | (1,417,754.00) | | |
| 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.) | |
| FMCM 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 | \$ - | \$ - | |
| HD004 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/about/hab/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.

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

Through Ryan White Part A (RWPA) funding, the HIV Care Directions® (HIVCD) program will continue to provide quality, professional case management services for HIV positive adults 18 years of age and older of all races and ethnicities, residing in Maricopa and Pinal Counties, with the goal of engaging those out of care and assisting them with accessing medical care and medications and retaining them in care through application to and utilization of appropriate resources and mainstream benefits such as Medicaid (AHCCCS), Medicare, Affordable Care Act, Veterans Administration (VA) or private insurance. When no other payer source is available, the case managers will assist eligible clients with application and entry to Ryan White funded primary medical care and the state RW Part B AIDS Drug Assistance Program. HIV Care Directions has excelled over the past 20 years in connecting and helping people remain in care.

AGENCY HISTORY AND EXPERTISE:

The Area Agency on Aging, Region One is a 501(c)3 nonprofit organization (established in 1974), governed by a Board of Directors, that plans, coordinates, develops, funds, administers, and delivers services and programs for four client populations:

- o persons of all ages who have a diagnosis of HIV/AIDS
- o older adults, 60 years of age and over;
- o adults, 18-59, with disabilities and long term care needs;
- o family caregivers of older adults.

The agency’s mission statement further reflects the focus on serving the HIV community:

“The Area Agency on Aging, Region One is a non-profit organization that advocates, develops and delivers essential services to enhance the quality of life for older adults, persons with disabilities, people with HIV/AIDS, and caregivers.”

To exemplify the Agency’s ability to deliver services to the Phoenix EMA’s special populations, there is a focused effort in serving ethnic minorities in each of the described populations, including services to refugee clients resettling in the Phoenix area from sub-Saharan Africa, Cuba, Afghanistan, Viet Nam and Eastern Europe. Agency staff are prepared to provide culturally and linguistically appropriate services. The agency follows federal CLAS Standards, including them in the CQI reports and as part of the re-accreditation packet. Each service department in the agency has fluent bi-lingual capabilities (Spanish/ English) with access to 9 other spoken languages within the agency; and there is access to interpreting services through A-Z Translation Services. In addition, HIVCD’s original and continued program design includes staff who are HIV positive (peer), which provides an enhanced empathetic approach to the people being served. Staff make every effort to understand an individual’s cultural beliefs and practices and how they differ from or reflect the cultural group with which the person identifies. To facilitate this effort, cultural competency training is a mandatory requirement of the agency. Care is taken to protect patient privacy and meet their needs while being respectful of cultural and social beliefs. Every attempt is made to work within appropriate boundaries, to sensitively discuss health topics with the patient, and perhaps most importantly, to instill and establish a relationship of trust.

Annually, almost 35,000 individuals are served in Maricopa County through the Area Agency’s nearly 50 programs. While some services are provided directly by the Agency, many are offered through the Area Agency’s network of 70 subcontracted agencies. The Area Agency has provided services to HIV positive individuals since 1986 through their extensive home and community based program. In 1992, the HIV Care Directions® program was created and began serving HIV positive clients of all ages on September 1st of that year. Over the past 20 years, the agency and HIVCD have gained extensive experience serving people with infectious disease. Over 9,000 HIV positive men, women and children, residing throughout Maricopa and Pinal Counties, have been served since the HIVCD case management program began. The following is a chart showing the demographics of clients served in all HIVCD programs in 2012:

| Total number of unduplicated clients: 2873 | | Total number of new clients: 536 | | | | |
|--|------|---|-----|-----------------|---------------------|---------------------------|
| GENDER | | RACE/ETHNICITY | | | AGE | |
| <i>Number of clients:</i> | | <i>Number of clients:</i> | | <i>Hispanic</i> | <i>Non-Hispanic</i> | <i>Number of clients:</i> |
| Male | 2322 | American Indian or Alaskan Native | 4 | | | Under 2 years 0 |
| Female | 522 | Asian | 4 | 50 | | 2-12 years 8 |
| Transgender | 29 | Black or African American | 17 | 453 | | 13-24 years 124 |
| Unknown/Unreported | 0 | Native Hawaiian or Other Pacific Islander | 0 | 6 | | 25-44 years 1258 |
| TOTAL | 2873 | White | 754 | 1289 | | 45-64 years 1400 |
| | | More than one race | 59 | 156 | | 65 years or older 83 |
| | | Unknown/unreported | 11 | 16 | | Total 2873 |
| | | Total | 849 | 2024 | | |

The Area Agency’s contract history with Ryan White program is as follows:

| RW Title II | RW Title I/ Part A | RW Title IV/ Part D |
|--|---|--|
| General Case Management <i>9-92 through 2/96</i> | Case Management - Medical and Non-Medical <i>3/96 through present</i> Pinal County <i>3/2010 – present</i> | Medical Case Management <i>4/98 through present</i> |
| Minority Specific Case Management <i>4/95 through 3/99</i> <i>(Blended into RW Part A)</i> | | |
| Transportation <i>4/95 through 2/96</i> | Medical Transportation <i>3/96 through present</i> | Transportation <i>4/98 through July 2012</i> |
| Home Delivered Meals <i>4/95 through 2/96</i> | Home Delivered Meals <i>3/96 through 2/2000</i> <i>Funding for category discontinued</i> | |
| Home Health Care <i>4/95 through 2/96</i> | Home Health Care <i>3/96 through 2/2004</i> <i>Funding for category discontinued</i> | |

In 1997 the HIV housing provider community chose HIVCD as the site for the HIV Housing Coordinator position funded by HUD’s Housing Opportunities for Person with AIDS (HOPWA) through the City of Phoenix. This program has continued for the past 16 years, assisting over 250 people per year with their housing issues; 527 in 2012.

Partnering with Native American Connections, Inc. in 1998, HIVCD helped develop Stepping Stone Place, a housing complex that provides housing to 20 HIV positive, formerly homeless, single, adult individuals. HIVCD was selected through the competitive HUD Homeless Continuum process to receive HUD McKinney grants for the

past 15 years to provide intensive case management services on-site there. Contract monitoring and quality assurance reviews have continued to be excellent each of the years, with no findings or action items.

In 2000 HIV Care Directions® was selected by the City of Phoenix Human Services Department to provide focused HIV case management services for homeless individuals and families through out the county. That contract has been renewed annually through HUD’s annual competitive grant process. Contract monitoring and quality assurance reviews for these two contracts have also been continuously excellent with no findings or action items.

Since 1998 the Area Agency has contracted with Maricopa Integrated Health System (MIHS) / Ryan White Part D, to provide medical case management services targeted to women, children, teens, youth and their families infected with and affected by HIV disease. In July 2012, MIHS asked HIVCD to help develop a model for the HIVCD Part D case managers to provide services on-site at the McDowell Healthcare Center, the primary care clinic funded by RW Parts A, C and D. In September of that year the RW Part D medical case managers began work on-site.

Community Linkages:

HIVCD has developed strong collaborative connections that include Business Associates Agreements and Memos of Understanding with a number of the agencies, offices and medical providers listed below. Additionally, HIVCD has developed relationships with outreach providers and ethnic minority service providers to facilitate clients’ use of RW Part A services. The following is a list of HIVCD's primary referral network. In parenthesis is the year in which the relationship began:

| Medical | Financial | Housing |
|--|---|---|
| AHCCCS (1992) ALTCS (1992) Hospice of the Valley (1992) Maricopa Medical Center (1992) VA Medical Center (1992) Ken Fisher, M.D. (1992) McDowell Healthcare Center (1993) Dean Martin, M.D. (1993) MD Home Care (1993) MCDPH Counseling and Testing (1993) Attentive Home Health (1994) Phoenix Children’s Hospital (1994) Griffin Cippola, D.O. (1995) Foundation for Senior Living (1999) Spectrum Medical (1999) Pueblo Family Physicians (1999) Southwest Center for HIV/AIDS EIS (2012) | Arizona Public Service (1992) City of Phoenix Human Service Centers (1992) AZ Department of Economic Security (1992) Maricopa County Community Action Programs (1992) Social Security Administration (1992) Southwest Behavioral Health (1994) | CASS (1992) Southwest Behavioral Health (1994) HUD Mercy Housing (1995) Phoenix Shanti Group (1995) City of Phoenix Housing (1997) Native American Connections (1998) City of Phoenix Human Services (1999) CASS Day Resource Center (2005) |
| | Nutrition/ Food | Minority Specific Services |
| | St. Mary’s/ Westside Food Bank (1992) Southwest Center for HIV/AIDS/Body Positive (1992) McDowell Healthcare Center (1993) Joshua Tree (1993– to their completion) Agape (1998 – to their completion) | Chicanos Por La Causa (1992) Phoenix Indian Medical Center (1992) Concilio Latino de Salud (1994) Ebony House (1998) Native American Connections (1998) Native American Health (1998) Urban League (1998) OIC (2000) |
| | Behavioral Health | |
| | Chicanos Por La Causa (1992) Magellan (Value Options, ComCare) (1992) Jewish Family & Children’s Services (1992) Phoenix Shanti Group (1992) TERROS (1992) Valle del Sol (1992) | |

HIVCD will apply its 20 years of expertise and knowledge of the Ryan White Program’s services and the community continuum of care to provide access and coordinated care to eligible clients.

HIVCD CASE MANAGEMENT PROGRAM DESIGN:

Historically, HIV Care Directions has provided case management services utilizing a community-based model; offering clients the option of meeting in their homes, or another setting of their choice in the community, including the office. With the introduction in 2010 of two new RWPA medical providers, Sun Life Family Health Center in Casa Grande and Advanced Cardiac Specialists in the East Valley, HIVCD began stationing (2 days per week) the two case managers who serve Pinal County in these medical offices. In 2012, HIVCD added a clinic based component for the RWPD program, stationing 2.5 FTE case managers full-time at the McDowell Healthcare Center (MHCC) to provide medical case management services in the clinic setting.

With this proposal, HIV Care Directions intends to expand our existing model and will provide Ryan White Part A medical case management services in a community setting as well as in a clinic setting at the McDowell Healthcare Center in sub-contract with Maricopa Integrated Health System (MIHS). Additionally, HIVCD proposes to continue to provide Non-Medical Case Management services through the community based component.

Regardless of the setting in which the service is received, HIV Care Directions intends to apply 20 years of case management experience to serve HIV positive individuals living throughout Maricopa and Pinal counties, especially underserved special populations, while reducing unmet need by engaging out of care clients with the ultimate goal of engaging, or re-introducing, and maintaining individuals in care and thereby reducing the community viral load. Services provided in either setting speak directly to the goals of the National HIV/AIDS Strategy, which include reducing the number of people who become infected with HIV, increasing access to care and improving health outcomes for PLWHA, and reducing HIV-related health disparities.

The following describes HIVCD's proposed provision of Medical Case Management, in community and clinic based settings; and Non-Medical Case Management:

Medical Case Management

HRSA/ HAB defines Medical Case Management as *a range of client-centered services that link clients with health care, psychosocial, and other services. Coordination and follow-up of medical treatments are components of medical case management. Services ensure timely, coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of clients' and key family members' needs and personal support systems. Medical case management includes treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS regimens. Key activities include:*

- (1) initial assessment of service needs;*
- (2) development of a comprehensive, individualized service plan;*
- (3) coordination of services required to implement the plan;*
- (4) client monitoring to assess the efficacy of the plan; and*
- (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes all types of case management, including face-to-face meetings, phone contact, and any other forms of communication.*

Case management, by definition, is the service that connects clients with available services and resources to meet their individual, identified needs. The main goal for medical case management is linkage to services to assist HIV positive individuals, especially those who are out of primary medical care, with *entry into* and *retention in* care so they may have access to a clinician and develop an appreciation for regularly scheduled appointments to address their medical condition; develop their own health related goals; and participate in their prescribed medical regimen to achieve the highest level of health possible for them.

For many individuals, case management is the entry point to the continuum of care. As a professional discipline, case management engages the client in a process that includes: *intake, assessment, care planning, resource identification and mobilization (referral), follow-up (outcome), advocacy, supportive counseling, education, and reassessment.* All of these steps follow national and accreditation standards for case management practice and the Ryan White Part A Planning Council's Standards of Care. HIV Care Directions® received re-accreditation by the national Council On Accreditation (COA) in March 2010.

Case management is a movie not a snap shot. The service is a *process* that engages the client in a professional relationship to maximize his or her strengths and address unmet needs thru application of resources and services. Case management requires a deliberate systematic approach, in order for the case management professional to

determine the efficacy of the care plan by regularly tracking the client's status across all agencies and services. Flexibility is also required in order to successfully address the changing effects of the virus and human situations.

Access to and **retention in care** is paramount when working with clients in medical case management. A section of the assessment tool is devoted to retention, adherence and barriers to care with primary care and medications. The MCM works with clients experiencing issues with retention to develop a plan to reduce the barriers and increase participation in their medical regimen. MCMs also monitor the clients' Central Eligibility (CE) and AZ DHS AIDS Drug Assistance Program (ADAP) renewal dates and assist clients as needed with remaining current so services may continue without disruption. Additionally, HIVCD staff work closely with ADAP not only with referrals and resolution of eligibility questions, but also by contacting clients on the monthly lists issued by ADAP of clients who are due for their eligibility renewals and have not responded to the ADAP notices. CMs remind clients of their renewal date and assist as needed to facilitate renewal for continuation of their prescriptions. The primary goal of all these activities is for clients to be fully engaged in their care, thereby contributing to the reduction of the community viral load.

Outcomes are a critical component in working with each client. Medical case managers document referral outcomes, retention in care and CD4 and viral loads. Additionally, case managers document Acuity/Risk Assessment scores at initial assessment and re-assessment(s). In 2013, HIVCD began to enter these scores in CW so that client improvement can be tracked over time. Having the scores in CW will also allow for more efficient access to the data and the ability to run reports by client and for the program overall.

Within the RWPA CM program, HIVCD provides services at three levels of acuity: High, Moderate and Self-Management (which will be discussed later in the proposal in Non-Medical Case Management). Based on information obtained from the HIVCD Initial Assessment, which incorporates the RWPA Medical Case Management Acuity/Risk Assessment (ARA) a case management acuity level is established for the client. The following criteria are used to determine acuity level:

Medical Case Management – High Acuity (HI-MCM):

- Diagnosed HIV positive within the last 6 months (required HI-MCM)
- Out of medical care for 6 months or more
- Psycho-Social or Medical Risk Score of 16 or higher on the ARA (expedited referral requiring HI-MCM)
- Scores of 3 or 4 on multiple Psycho-Social and Medical risk questions on the ARA
- Pregnant
- Score of 3 or 4 on Substance Abuse or Behavioral Health questions on the ARA

Medical Case Management – Moderate Acuity (MOD-MCM):

- Diagnosed HIV positive greater than 6 months
- Psycho-Social or Medical Risk Scores of 7 to 15 on the ARA
- A score of 3 or 4 on any Psycho-Social or Medical Risk question on the ARA
- Needs regular monitoring and follow-up to maintain medical care.
- Has healthcare coverage but needs assistance finding a provider
- Stable overall; however have co-occurring disorders and/or co-morbidities that limit the client's ability to manage and remain in medical care (e.g. cognitive impairment, chronic mental health or substance abuse issues, developmental disability, language/literacy barriers, etc.)

Referrals for Medical Case Management (MCM) services come to HIV Care Directions primarily from the Central Eligibility (CE) Office and via contacts directly from clients and medical and service providers in the community. Upon receiving a referral for medical case management services from the CE Office, the HIVCD Program Director assigns the client to the appropriate program using a variety of criteria. Clients who aren't members of the special populations served in the RWPD or HUD case management programs will be referred to the RWPA case management program. Clients who contact the HIVCD case management office directly requesting CM services are checked for eligibility in CAREWare (CW). If they are "not eligible" for RWPA services they are referred to the CE Office to establish eligibility before proceeding with any case management services. If the client is "current" in the CW system (which means that they have updated their eligibility within the last six months), the call is forwarded to the Director for screening and assignment.

Clients assigned to the RWPA CM program will be contacted within three (3) working days by the RWPA Case Management Supervisor to schedule an initial *assessment* visit with the client in their home or a site designated by the client. This visit will take place within ten (10) working days of contact with the client unless delayed by the client, which will be documented in the client's chart. Newly diagnosed clients and expedited referrals will be assigned by the Director directly to a High Acuity MCM who will complete the initial assessment and care plan in order to accelerate their entry into the HIV service system. Expedited referrals will be contacted and seen within two (2) working days of referral.

Expedited referrals will help to reduce unmet need in the community by quickly responding to an HIV positive person who is not in care, engaging them, offering encouragement and education about the importance of care and getting them connected to primary care and medications in the system for which they are eligible. The HIVCD medical case manager can reduce frustration and increase connection by sending them to the "correct door" for services.

The comprehensive bio-psychosocial assessment includes the client's medical care status; medications/ adherence; clinical care team members; formal and informal supports; finances; housing; psycho-social strengths and deficits; and functional level. Upon completion of the assessment an individualized *care plan* is developed with the client to serve as a "road map" to achieve their goals to meet the identified needs. This individualized care plan is signed by the client and, with written permission, may be shared with the client's physician.

Based on information obtained during the initial assessment, the Case Management Supervisor will determine the client's case management acuity level and the client will be assigned to an ongoing case manager. If the client is already in care at the McDowell Clinic, the client will be assigned to a case manager stationed at the clinic (*see Medical Case Management-Clinic Component below*). When HIV primary care is provided by a community based practitioner, clients will be assigned to a case manager based on level of acuity and geographic location of the client's residence. Monolingual Spanish speaking clients are assigned to English/Spanish bilingual case managers; other languages for monolingual clients will be accommodated through interpreters, utilizing the agency's translation service, A-Z Translation.

Upon receipt of the client's chart from the Case Management Supervisor, medical case managers will contact clients within two business days to begin the work of implementing the service needs identified in the assessment and care plan. Appropriate *resources* and services are *identified* to meet the client's needs. The client is then *referred* to the appropriate resources, utilizing CW for RWPA services and other referral methods for services in other systems. Case managers will make appropriate referrals to community, private and government agencies expeditiously to ensure start of service/s as soon as possible. Referrals will be made within 5 working days of receiving all of the information necessary to the application or referral. Continuing activities include *follow-up* to monitor the effectiveness of services, *advocacy*, *supportive counseling*, and *reassessment* of the client status and care plan every six months. In addition, prevention education is done, as appropriate, over time to reduce the possibility of secondary infection and improve medication adherence. Referrals to prevention programs in the EMA are made whenever the situation warrants.

Contact frequency with the client is individualized and is commonly much more than the program's minimum requirements, depending on the particular client being served. Case managers will return phone messages left by clients by the end of the following business day. All contacts with clients are documented on contact notes in client charts. Minimum contact standards for MCM services are as follows:

Medical Case Management - High Acuity (HI-MCM):

- Clients will, at minimum, be contacted by their case manager, usually via phone, on a monthly basis;
- Clients will receive, at minimum, a face-to-face visit with a case manager at initial assessment and 6 months later at re-assessment; and every 6 months thereafter for re-assessment;
- Clients will receive face-to-face visits as needed in between assessments usually in the clients' home or place of their choosing;

Medical Case Management – Moderate Acuity (MOD-MCM):

- Clients will, at minimum, be contacted by their case manager, usually via phone, on a quarterly basis;
- Clients will receive a face-to-face visit at initial assessment; and annually thereafter;

- Client will receive a re-assessment 6 months after the initial assessment; this RA can be completed in person or over the phone.
- Clients may receive additional face-to-face visits as indicated;
- Clients receiving MOD-MCM will stay on active MOD-MCM status for at least 6 months through re-assessment;

Additionally, for MOD or HI MCM clients, case managers will make a reasonable effort to visit a client at home within a week of discharge from the hospital, ECF/SNF, or hospice facility, or visit the client during his/her hospital stay.

Reassessments are completed every 6 months (per national case management standards, COA Case Management Accreditation standards and RW Planning Council standards) to determine: appointments planned and kept with their physician; adherence to their medical regimen; on-going needs; identification of new issues; status of goals. If there are continuing or new issues the client's *care plan is updated* and signed by the client with the client continuing on active status with the service delivery as described above.

Clients utilizing Care Directions' case management may be on active status for as long as there are issues to be addressed and resolved on a care plan. The program is individualized and designed to go at the client's pace, always with the goal of self-management. The level of assistance required from the case manager varies based on the individual's level of need, acuity rating, capabilities and availability of other support systems

When the *care plan is completed* and the client and case manager feel confident that issues are resolved (access/adherence to primary medical care and medications established, services in place, benefits obtained, education about working with the system completed, and emotional issues associated with the diagnosis), all needs have been addressed, and the care plan completed, the client would transition to *self-management*. The responsibility for contact with the case manager then shifts to the client. The client and case manager discuss the change in status prior to the transition. The client is assured that if their needs change and they need increased assistance they can go back to active status, provided they have a "current" eligibility status. This provides ease of entry into services again and streamlines the process for the client.

The staffing pattern for the newly proposed RWPA community and clinic based Medical Case Management program will be as provided in the approved budget (*FTE %s apply to direct service personnel in the budget*):

| | |
|----|--|
| 1 | Director |
| 2 | Supervisors with direct practice responsibilities |
| | 0.95 Community based |
| | 0.40 Clinic based |
| 13 | Medical Case Managers |
| | 9.0 Community based (1 Spanish/English bilingual & 2 Pinal County) |
| | 3.5 Clinic based (1 Spanish/English bilingual) |
| 2 | Bilingual case management assistants |

Total staff = as provided in the approved budget

Medical Case Managers are required to be Bachelor's or Master's degreed professionals. Supervisory staff is to be qualified by an advanced degree in social work or a bachelor's degree in the human service field and four years' experience in direct services or case management. In HIVCD, the Director has a Master's of Social Work (MSW) and has worked in the field of HIV services since 1993. The Supervisor of the community based component is a licensed MSW and has worked in the field of HIV services for six years. The Supervisor of the clinic based component has a Bachelor's degree in Sociology and has worked in the field of HIV services for 23 years. Of the 13 Medical Case Managers, 8 have an MSW or graduate degree and 69 years of combined experience working in HIV services.

Supervision of case managers is conducted on a formal and informal basis. Formally, supervision will be provided by the case manager's supervisor monthly at scheduled 1:1 supervision meetings. These meetings provide an

opportunity to review the case manager's caseload; discuss approaches to service and client issues; answer questions; review performance; acknowledge accomplishments; discuss workplace related issues; and process emotions that may be associated with difficult client related issues (e.g. severe illness, deaths). Informally, there is open access to a supervisor throughout work hours to discuss any of the aforementioned issues. If a case manager's direct supervisor is not available, other program supervisors will assist as needed.

Maintaining a high level of knowledge about HIV, medical and financial benefits, and community services is vital to providing high quality medical case management services. In June 2012, all HIVCD medical case managers and supervisors obtained a Medical Case Management Certificate upon completion of in-person and online medical case management trainings provided by Diverse Management Solutions. Throughout the year all program staff attend a minimum of 8 medical in-services per year to improve their working knowledge of HIV disease and co-morbidities, as well as practical sessions regarding understanding lab reports and medical adherence issues. Since we are keenly aware that the quality of emerging therapies can make a difference in the clients' health status, training is provided on updates in treatments and modalities.

Medical Case Management – Community Component

Historically, 50-60% of the HIVCD medical case management clients have utilized medical practitioners with offices throughout the service area (EMA). For 20 years, HIVCD has utilized a community based model to provide medical case management services in response to that level and pattern of utilization. Due to the size of the EMA and numbers of HIV treating physicians outside of an HIV specific clinic setting, the model is necessary to ensure that those in need of medical case management services have it available to them. The community based medical case managers have worked with 41 HIV specialists who have provided medical care to their mutual clients in the community.

As written in the HRSA CARE ACTION Newsletter from November 2008, "The medical case manager need not be located in the primary care facility, but he or she must work closely and directly with the primary care provider." This has been the experience of the HIVCD medical case management staff over the years. Clinical care teams without walls are established, comprised of the client, HIV treating provider and assigned case manager; in addition to other medical or essential service providers.

HIVCD case management policies and procedures requires the HI-MCM to attend the client's first medical care visit, which establishes the addition of the MCM as part of the clinical care team. Similarly, all moderate acuity MCM clients are offered the same level of participation with their medical providers.

The community based model will serve clients at high and moderate acuity levels which is described in the "Medical Case Management" section above. The option of home visits is an integral part of HIV Care Directions' case management services, which follows the national and accreditations standards for case management services, especially related to assessment. A home visit at the initial assessment phase allows the case manager to obtain a clear and comprehensive picture of the client's environment, resources, supports (or lack of) and needs. Follow-up home visits may be used to assess the appropriateness and efficacy of services, allow the case manager to effectively respond to a client's changing needs, and increase the probability of a client's follow-through with identified interventions as agreed upon in the care plan. Since adherence happens in-between medical appointments, follow-up contacts help determine the status of the client's ability to manage their own care. In order to increase efficiencies, moderate acuity CM clients only require annual home visits which will still serve each client effectively to meet their goals on the care plan.

Home visits are necessary at times and clients' survey results over the years have indicated that clients, especially those from ethnic minorities, have appreciated not having to go into a HIV identified agency, offering them the comfort of receiving case management services in a self determined environment. Over the past 20 years, a high percentage of clients served by HIVCD have been from ethnic minority communities (40%), which may be in part attributed to the openness and flexibility of the delivery model, in addition to fluent Spanish and other language capacity. Additionally, HIVCD regularly receives requests from medical providers to complete a home visit with a client in order to obtain a clearer picture of the client's psycho-social well-being than can be obtained in the medical office.

Impending changes in the economics of health care reflected in medical care coverage by Medicaid and the Affordable Care Act (ACA) will be well served by the community based MCMs. The HIVCD community

model offers the most flexibility to meet the needs of clients through changes in systems and practitioners (e.g. AHCCCS, Medicare, ACA, private insurance, Ryan White funded care) thereby reducing fragmentation of care. The community model also offers the facility of moving from medical case management to self-management and utilizing a non-medical case manager to respond to questions and offer episodic assistance as needed to maintain care.

The community based medical case management component will be ready to start services immediately upon notification of the grant award and contract start date, with no time needed for start-up. As described earlier and in the budget the staffing pattern specific to the MCM community component will consist of (*FTE %s apply to direct service personnel in the budget*):

- 1 Supervisor with direct practice responsibilities
- 9 Community based Medical Case Managers
 - 3 High Acuity
 - 3 Moderate Acuity
 - 2 Pinal County
 - 1 English/Spanish bilingual (HI and MOD)

Medical Case Management - Clinic Component

With this proposal, HIV Care Directions intends to expand on our existing community-based model and will station medical case managers full-time in the clinic setting at the McDowell Healthcare Center (MHCC) in sub-contract with Maricopa Integrated Health System (MIHS). Given the number of shared clients and the fruitful and invaluable clinical care partnership which has been established over the past 20 years, it seems a natural next step in the evolution of service collaboration.

Across the country there is an emphasis on having Ryan White programs create model medical homes. A key to a successful medical home is having co-located case management at a clinic. Co-locating services in the new MIHS facility creating clinical care teams (medical provider, medical case manager, nurse, medical assistant), will provide the opportunity to work closer together to strengthen the safety net of the Ryan White HIV/AIDS Program. A true clinic-based team will be formed with each medical provider having an assigned medical case manager.

To show its strong commitment to serving PLWHA, in 1990, Maricopa Integrated Health System (MIHS) dedicated one of its 11 outpatient clinics to address the medical, behavioral health and dental needs of Persons Living with HIV/AIDS (PLWHA). As a comprehensive HIV primary care clinic within MIHS, MHCC offers outpatient/ambulatory HIV medical care, oral health care, outpatient mental health and substance abuse treatment, and laboratory testing services. MIHS provides the only comprehensive seamless continuum of care for adult PLWHA including outpatient ambulatory care, a Women’s HIV Clinic, oral health and behavioral health in one location with the ability to refer to specialties and sub-specialties and provide support services. MIHS has an excellent reputation in the medical community as a provider of quality HIV/AIDS treatment and services, from dedicated and knowledgeable clinicians. The addition of medical case management on-site will strengthen the level of services provided within MHCC. Being located at the new building that also houses Southwest Center for HIV, may also facilitate communication for clients who have referrals to that agency for Medical Nutrition and/or behavioral health as part of their Medical Case Management care plan.

With the full-time placement of medical case managers at the clinic, medical providers and clients will be able to access case management services during the clinic visit as needed. Case managers in the clinic setting will follow the same case management policies and procedures with regards to documentation and contact standards as case managers in the community setting. It is anticipated that many clients will require the acuity level of moderate MCM since they would already be connected to medical care as clients of the clinic, however clients will be served at the appropriate level based on results of ongoing assessments and acuity/risk assessment scores. Home visits will be available as needed to clients to facilitate the completion of an application or assessment of their ability to follow through with their medical regimen and thereby help eliminate barriers to care. Medical providers value, and request, home visits of case managers in order to facilitate assessing and meeting client service needs. Medical case managers will be able to meet with clients at the first clinic appointment and build a relationship that further supports the PLWHA to stay in care.

Case Managers will have access to MIHS’ electronic medical record (EMR) system, which will allow on-site case managers to access patients’ medical records. Additionally, case note documentation will be entered in the EMR, which will allow for viewing by all clinic staff. Medical Case Managers would be able to follow-up on activities such as: specialty care; lab values; medication adherence; and individuals that may have dropped out of care.

Medical case managers will be tasked with following up on clients who had a recent visit to the Maricopa Medical Center (MMC) Emergency Department visit or a hospitalization at MMC. A high priority will be given for visiting or coordinating care for hospital discharges and emergency room visits in orders to ensure continued engagement or, in some cases, re-engagement in care.

The clinic based medical case management component will be ready to start services within two to four weeks upon notification of the grant award and contract start date contingent upon MHCC having moved into their new facility. Although staff will be in place, this time is needed to make client transfers within the existing HIVCD caseload and for the assigned case managers to complete the MIHS training so that they can access the EMR, EPIC. Clients who receive medical services at MHCC and were being case managed by an HIVCD community case manager would be transferred internally to a clinic-based MCM based on their PCP assignment. There would not be duplication of case management service to clients within the HIVCD program. Clients would have one designated MCM in the HIVCD CW database. This is a very important aspect of service provision from an administrative and case management practice perspective. If MHCC does not move into their new facility prior to the contract start date, HIVCD would continue with the existing community based medical case management model utilizing all medical case managers to serve all clients regardless of where medical care services were received because of space logistics.

By adding RWPA clinic based case managers to the existing RWPD medical case managers, each medical provider at MHCC would be assigned a Medical Case Manager, which will establish a true team concept to respond to the clients’ care needs. A Case Management Supervisor will provide direct service back-up for the clients and their corresponding clinicians. As described earlier and in the budget, the staffing pattern specific to the MCM community component will consist of (*FTE %s apply to direct service personnel in the budget*):

| | |
|---|--|
| 1 | Supervisor with direct practice responsibilities |
| 4 | Clinic based Medical Case Managers |

Non-Medical Case Management

HRSA defines Non-Medical Case Management as *a service that includes advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. NMCM does not involve coordination and follow-up of medical treatments, as medical case management does.*

Clients not requiring ongoing monitoring and assistance from a medical case manager can receive non-medical case management services on an as needed basis from a Support Case Manager. The HIVCD NMCM services are designed to assist clients to return to/or remain in care by reducing the barriers to care that may be encountered. The NMCMs provide information and referral as appropriate, assist clients with access to medical care through RWPA Primary Medical Care, ADAP, Medicare, AHCCCS (Medicaid). In addition, in their work with self-managing clients the NMCMs ask each person in the course of responding to them what their situation is currently with connection to their doctor and medications. The NMCMs offer the opportunity for many HIV positive individuals to reconnect with care – a direct impact on unmet need.

Case notes are written to document the work done with each client. If a client’s situation indicates more follow-up and a care plan is needed, the NMCM will refer the client to the Program Director for assignment to an appropriate acuity level MCM. During the 2012-2013 RWPA fiscal year, Non-Medical Case Managers served 920 clients.

Requests for Non-Medical Case Management (NMCM) services come to HIVCD primarily from self-managing clients who previously received Medical Case Management services from HIVCD. Clients are transferred to self-management when the *care plan is completed* and the client and case manager feel confident that issues are resolved (access/ adherence to primary medical care and medications established, services in place, benefits obtained,

education about working with the system completed, and emotional issues associated with the diagnosis) and all needs have been addressed. Clients who contact the HIVCD case management office directly requesting CM services are checked for eligibility in CAREWare (CW). If they are “not eligible” for RWPA services they are referred to the CE Office to establish eligibility before proceeding with any case management services. If the client is “current” in the CW system (which means that they have updated their eligibility within the last six months), the call is forwarded to the Director for screening and assignment.

The following criteria would indicate a referral for Non-Medical (Support) Case Management (NMCM) intervention:

- Diagnosed HIV+ greater than 1 year
- Scores of 6 for both the Psycho-Social and Medical risk score on the RWPA Acuity/Risk Assessment
- Is adherent to healthcare and prescription regimen.
- Only needs short-term intervention for psychosocial issues or referrals for ancillary medical services (dental, medical nutrition) Clients in need of non-medical case management are referred to a Support Case Manager for intervention.

The Non-Medical Case Management program will be ready to start services immediately upon notification of the grant award and contract start date, with no time needed for start-up. The staffing pattern for Non-Medical Case Management will be as follows (*FTE %s apply to direct service personnel in the budget*):

| | |
|---|--|
| 1 | Program Director with direct practice responsibilities |
| 1 | Bilingual Case Management Supervisor |
| 3 | Non-Medical Case Managers |
| 1 | English-Spanish Bi-lingual case management assistant |

Non Medical CMs are required to have a social service related degree or 4 years of HIV case management experience. The three Non-Medical Case Managers have 12 years of combined experience.

Supervision of case managers is conducted on a formal and informal basis. Formally, supervision will be provided by the case manager’s supervisor monthly at scheduled 1:1 supervision meetings. These meetings provide an opportunity to discuss approaches to service and client issues; answer questions; review performance; acknowledge accomplishments; discuss workplace related issues; and process emotions that may be associated with difficult client related issues (e.g. severe illness, deaths). Informally, there is open access to a supervisor throughout work hours to discuss any of the aforementioned issues. If a case manager’s direct supervisor is not available, other program supervisors will assist as needed.

Maintaining a high level of knowledge about HIV, medical and financial benefits, and community services is vital to providing high quality medical case management services. Throughout the year all program staff attend a minimum of 8 medical in-services per year to improve their working knowledge of HIV disease and co-morbidities, as well as practical sessions regarding understanding lab reports and medical adherence issues. Special attention is given to providing updates in treatments and modalities given the difference that the quality of emerging therapies can make the clients’ health status.

SUMMARY

With this proposal, HIV Care Directions intends to provide Ryan White Part A medical case management services in a community setting, as well as in a clinic setting at the McDowell Healthcare Center in sub-contract with Maricopa Integrated Health System (MIHS), and intends to provide Non-Medical Case Management services through the community based component. HIVCD will continue to provide quality, professional case management services for HIV positive adults of all races and ethnicities, residing in Maricopa and Pinal Counties, with the goals of engaging those out of care and retaining those in care working towards improving health outcomes for those living with HIV and reducing the community viral load.

The strengths and benefits of the proposed HIV Care Directions Case Management model are as follows:

- Ability to provide all levels of case management services from high acuity medical case management to self-management;
- Reduction in fragmentation of care as clients move through systems and medical provider changes;

- Ability to meet the needs of clients in multiple settings;
- Provision of efficient service delivery in frequency and intensity to match each client's level of service need and abilities;
- A professionally trained and experienced staff that reflects the cultural and linguistic diversity of the population in the EMA.
- Co-location with the primary providers of Ryan White Part A medical care in Maricopa and Pinal counties;
- Ability to participate as a member of the clinical care team with *all* HIV medical providers in the EMA;

The HIV Care Directions' model offers the most variety in service; flexibility in working with all systems; efficiencies without disruption to the clients; and over 20 years of medical case management experience by a nationally accredited case management program.



AREA AGENCY ON AGING, REGION ONE
Organizational / Program Chart
April 2013

Area Agency on Aging
Board of Directors
Chairman
Foster Northrup

President & CEO
Mary Lynn Kasunic

Los Ancianos, LLC

Antigua, LLC
Chairman
Joe Contadino

ELDERfriends FOUNDATION
Chairman
Cathy Shiroda

DOVES, Inc.
Chairman
John Norris

Area Agency on Aging Advisory Council
Chairman
Raymond Joy

Elder Refugee Advisory Council
Chairman
Sam Mahmood

Volunteer Programs Advisory Council
Chairman
Pat Alessi

R & R Respite Advisory Council
President
Carol Thill

Native American Elders Advisory Council

Asian American Advisory Council
Chairman
Leung Eng

Senior Vice President of Operations
Melissa Watkins

Vice President of Programs and Services
Debby Elliott

Vice President of Programs and Services
Bianca McDermott

Senior Vice President Contracts Administration
Jim Knaut

Chief Financial Officer
David Diaz

- Executive Management
- Fund Development and Grants Management
- Marketing
- Information Technology
- Planning and Program Development
- Client and Provider Complaints and Appeals
- Continuous Quality Improvement

- Care Directions (HIV)
- Mosaic Elder Refugee Program
- Native American Senior Center
- Family Caregiver and Support R & R Respite
- St. Luke's Assistive Devices
- APS Service Coordination
- Scottsdale & Paradise Valley Home Delivered Meals

- MEAPA
- DOVES
- ageWORKS
- ElderVention
- Senior HELP LINE
- Aging and Disability Resource Connection
- Healing@Home
- Los Ancianos
- Benefits Assistance Program
- Senior Medicare Patrol
- Ombudsman
- Health Promotions
- Fall Prevention Coalition

- Contract Administration
- Fingerprint and Background Checks
- Needs Assessment and Area Plan
- Advocacy Coordination
- Emergency Preparedness Plan
- RSVP
- Legal Assistance

- Fiscal Management
- Building Management
- Investments Advisory Group
- Risk Management, Safety and Insurance
- 401K Plan and PAC
- Agency Fleet, Office Supplies and Fixed Assets

AMENDMENT No. 1
 To
**SERIAL 13054-RFP RYAN WHITE PART A SERVICES – MEDICAL AND NON-MEDICAL CASE
 MANAGEMENT SERVICES**
 Between
Area Agency on Aging, Region One/HIV Care Directions
 &
 Maricopa County, Arizona

WHEREAS, Maricopa County, Arizona (“County”) and Area Agency on Aging, Region One/HIV Care Directions 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 Area Agency on Aging, Region One/HIV Care Directions 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.

AREA AGENCY ON AGING, REGION ONE/HIV CARE DIRECTIONS

Mary Lynn Kasunic
Authorized Signature

Mary Lynn Kasunic, President & CEO
Printed Name and Title

5-8-14
Date

MARICOPA COUNTY:

[Signature]
Chief Procurement Officer

5/15/14
Date

AREA AGENCY ON AGING, 1366 E THOMAS RD, SUITE 108, PHOENIX, AZ 85014

PRICING SHEET: 94848

| | |
|---------------------------|--|
| Terms: | NET 30 |
| Vendor Number: | 2011000808 0 |
| Telephone Number: | 602-241-6144 |
| Fax Number: | 602-241-6148 |
| Contact Person: | David Diaz |
| E-mail Address: | david.diaz@aaaphx.org |
| Certificates of Insurance | Required |
| Contract Period: | To cover the period ending February 28, 2019. |