

**SERIAL 07096 RFP RYAN WHITE PART A SERVICES - MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES OUTPATIENT – HCM
CONTRACT – Jewish Family and Children’s Services**

DATE OF LAST REVISION: February 20, 2008 CONTRACT END DATE: March 31, 2011

CONTRACT PERIOD THROUGH MARCH 31, 2011

TO: All Departments
FROM: Department of Materials Management
SUBJECT: Contract for **RYAN WHITE PART A SERVICES - MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES OUTPATIENT – HCM**

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 20, 2008 (Eff. March 01, 2008)**.

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, Director
Materials Management

SF/mm
Attach

Copy to: Materials Management
Shawn Nau, Director General Government
Kevin McNeal, Program Manager Ryan White Part A Program

1.0 **SCOPE OF SERVICES:**

Emphasis on Primary Medical Care services: MCHCM continues to emphasize more specialized care with the value of improved clinical outcomes associated with care from HIV-knowledgeable/experienced providers, expanded access to and availability of mental health services, and specialized medication adherence and monitoring support. FY2007 funding for Mental Health Services is \$211,000 (4% of allocations). FY2007 funding for Substance Abuse Services Outpatient is \$203,205 (4% of allocations).

- Increased access to care in rural areas: Expanded partnerships with clinics in the rural areas of the EMA are being currently being developed by the Administrative Agency and the Planning Council. Cost effectiveness and service delivery challenges are being addressed to provide the improved outcomes associated with patient compliance while addressing the underserved and disproportionately impacted rural areas of the EMA. Services are being competitively bid in FY2007 to increase geographic diversity of services and provide greater accessibility to core services.
- PLANNING COUNCIL DIRECTIVES
- In the ongoing efforts of the Ryan White Part A Planning Council to reach the historically underserved communities, the following directives have been issued for Mental Health/Substance Abuse Services Outpatient:
- It is the responsibility of the Provider(s) to adequately promote the availability of their (awarded) service category(ies), including locations and hours. For more details, see section 4.28, PROGRAM MARKETING INITIATIVES, of this RFP.

2.0 **CONTRACTURAL ADMINISTRATIVE LANGUAGE:**

2.1 REFERENCES:

Respondents must provide (SEE SERVICE PROVIDER APPLICATION FORM) at least five (5) reference accounts to which they are presently providing like service. Included must be the name of the government or company, individual to contact, phone number, street address and e-mail address. Preference may be given to Respondents providing government accounts similar in size to Maricopa County.

2.2 CONTRACTOR LICENSE REQUIREMENT:

The Respondent shall procure all permits, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his business. The Respondent shall keep fully informed of existing and future Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same.

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) 542-1502 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.

2.3 CONTRACTOR STATUS:

The Contractor is an independent Contractor in the performance of work and the provision of services under this Contract and is not to be considered an officer, employee, or agent of Maricopa County

2.4 PROPRIETARY INFORMATION:

Proprietary information submitted by a Respondent in response to a Request for Proposal shall remain confidential as determined by law or regulation.

2.5 CONTRACT REPRESENTATIVES:

Any changes in the method or nature of work to be performed under a Contract must be processed by the County's authorized representative. Upon the execution of a Contract, the County will name its representative who will be legally authorized to obligate the County.

2.6 FINANCIAL STATUS:

All Respondents shall make available upon request a current audited financial statement, a current audited financial report, or a copy of a current federal income tax return prepared in accordance with Generally Accepted Accounting Principles or Standards. Failure or refusal to provide this information within five (5) business days after communication of the request by the County shall be sufficient grounds for the County to reject a response, and to declare a Respondent non-responsive as that term is defined in the Maricopa County Procurement Code.

If a Respondent is currently involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a Respondent or receiver has been appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent must provide the County with that information, which the County may consider that information during evaluation. The County reserves the right to take any action available to it if it discovers a failure to provide such information to the County in a response, including, but not limited to a determination that the Respondent be declared non-responsive, and suspended or debarred, as those terms are defined in the Maricopa County Procurement Code.

By submitting a response to the Request for Proposal, the Respondent agrees that if, during the term of any Contract it has with the County, it becomes involved as a debtor in a bankruptcy proceeding or becomes involved in a reorganization, dissolution or liquidation proceeding, or if a Respondent or receiver is appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent will immediately provide the County with a written notice to that effect and will provide the County with any relevant information it requests to determine whether the Respondent will be capable of meeting its obligations to the County.

2.7 REGISTRATION:

Respondents are required to be registered with Maricopa County if they are selected for an award of any County Business. Failure to comply with this requirement in a timely fashion will cause Respondent's response to be declared non-responsive. Respondents shall register on the Maricopa County Web Site at www.maricopa.gov/materials. Click on vendors to enter BuySpeed registration screen. *Also see Exhibit 1*

2.8 AWARD OF CONTRACT:

Contracts awarded pursuant to the provisions of this section will not be solely on price, but will include and be limited to evaluation criteria listed in the Request for Proposal. The Contract will be awarded to the Most Advantageous Respondent(s). The Contract may be awarded in whole, by section, or geographic area as required.

2.9 POST AWARD MEETING:

The successful Contractor(s) may be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of this Contract. The Procurement Officer of this Contract will coordinate this meeting.

3.0 **CONTRACTUAL TERMS AND CONDITIONS**

3.1 TERM

This Contract is for a term of THREE (3) YEARS beginning on the date of contract award, or the effective date, as clearly noted in award notification documents.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options, (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 Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period. The fee for any extension period shall be subject to negotiation prior to activation of such extension.

3.3 COMPENSATION:

- 3.3.1 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.
- 3.3.2 Subject to the availability of funds, County shall pay the Contractor for the services described herein for a sum not to exceed the Contract Amount listed on the cover page of this contract. County will pay the Contractor on a unit cost reimbursement basis in accordance with the Contractor's approved fee schedule, which follows. The total funds paid to the Contractor will be dependent upon the number of units of service performed by the Contractor. County does not guarantee a minimum payment to the Contractor. County will not reimburse Contractors for missed appointments by clients.
- 3.3.3 Ryan White CARE Act 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.
- 3.3.4 The Contractor understands and agrees to notify the County of any deviations or changes to any budget line of the underlying budget of this contract within **30** days of such change.
- 3.3.5 The Contractor shall be compensated for services provided only by the staff classifications/positions included/referenced in the underlying budget.
- 3.3.6 Unless specifically allowed and referenced elsewhere in this contract, all services are to be provided at Contractor sites and/or venues. Services provided at non-authorized locations or venues will not be reimbursed by the County.
- 3.3.7 The Contractor shall provide monthly financial and corresponding programmatic reports per the reporting schedule to the County. If the Contractor is not in compliance because of non-performance, submission of reports after deadlines, insufficient back-up statements or improperly signed forms, the Contractor may not be reimbursed. Furthermore, program non-compliance can delay reimbursement until program compliance issues and any other related financial consequences are resolved. **Multiple**

instances of non-compliance with 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 sections 4 and 6 of the Ryan White Part A Program Policies Manual. Billing forms and instructions are included in sections 4 and 6 of the Ryan White Part A Program Policies Manual.

3.3.8 **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. See Exhibit 3 for a sample billing packet.**

3.3.9 The actual amount of consideration to be paid to the Contractor depends upon the actual hours worked and the services provided. Any un-obligated balance of funds at the end of this Agreement period will be returned to the County in accordance with instruction provided.

3.4 PAYMENT

3.4.1 As consideration for performance of the duties described herein, County shall pay Contractor the sum(s) stated in Attachment "B" ***Budget Worksheet***, or as modified by contract amendment or appropriately executed "task order".

3.4.2 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.

3.5 INVOICES AND PAYMENTS:

3.5.1 **The Contractor shall submit one (1) legible copy of their detailed invoice before payment(s) can be made. At a minimum, the invoice must provide the following information:**

- 3.5.1.1 Company name, address and contact
- 3.5.1.2 County bill-to name and contact information
- 3.5.1.3 Contract Serial Number
- 3.5.1.4 County purchase order number
- 3.5.1.5 Invoice number and date
- 3.5.1.6 Payment terms
- 3.5.1.7 Date of services
- 3.5.1.8 Quantity (number of days or weeks)
- 3.5.1.9 Description of Purchase services
- 3.5.1.10 Pricing per unit of purchase
- 3.5.1.11 Extended price
- 3.5.1.12 Total Amount Due

3.5.2 Contractors providing medical services are required to utilize HCF-1500 or UB-92 forms for claims submitted to the Ryan White Part A Program in addition to the Monthly Fiscal and Program Monitoring reports (Section 4.27 of this RFP)

Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.

3.6 METHOD OF PAYMENT:

- 3.6.1 Contractor will submit Monthly Fiscal and Program Monitoring Report for services performed on or before the fifteen (15th) business day following the month in which services were performed.
- 3.6.2 Subject to the availability of funds, County will, within sixty (60) working 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. 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.
- 3.6.3 The Contractor understands and agrees that County will not honor any claim for payment submitted 60 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) 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.
- 3.6.4 Payments made by County to the Contractor are conditioned upon the timely receipt of applicable, accurate and complete reports submitted by the Contractor. All monthly fiscal and program monitoring reports must be supported by auditable documentation, which is determined to be sufficient, competent evidential matter defined by the County.
- 3.6.5 The Contractor understands and agrees to maximize all other revenue streams including self-pay and all sources of third party reimbursements. The Contractor must determine Regional Behavioral Health Authority (RBHA), AHCCCS, ALTCS, VA, TRICARE Standard and Medicare eligibility of clients and assist with client enrollment whenever feasible. The Contractor understands and agrees that all third party payments must be exhausted to offset program costs before Ryan White CARE Act funds are used.

3.7 BUDGET AND EXPENDITURES:

- 3.7.1 Contractor will submit Monthly Fiscal and Program Monitoring Reports for services performed on or before the fifteenth (15th) working day following the month in which services were performed. The billing packet includes a combination of pre-printed forms and CAREWare based reports and are to be printed and submitted in hard copy form to the Ryan White Part A office an example billing packet is in Exhibit 3.
 - A. The total administrative costs budgeted, including any approved indirect rate (inclusive of contractor and subcontractor(s)) cannot exceed **10%** of the amount of the contract award.
 - B. Administrative expenditures for this contract cannot exceed **10%** of the total expenditures of this contract. Any amount of administrative expenditures in excess of **10%** will be reimbursed to MCDHCM, Ryan White Part A Program.
 - C. Any disallowed expenditures are subject to the Contractor submitting a full reimbursement to MCDHCM, Ryan White Part A Program.
 - D. Contractors agrees to establish and maintain a "Financial Management System" that is in accordance with the standards required by the 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.

- E. Agree that all expenditures are in accordance with the budget as approved and attached to this Agreement.
- F. All expenditures and encumbered funds shall be final and reconciled no later than 90 days after the close of the grant year.

3.8 DUTIES

- 3.8.1 The Contractor shall perform all duties stated in Attachment "C" WORK PLAN
- 3.8.2 The Contractor shall perform services at the location(s) and time(s) "stated in " or as otherwise directed in writing, via contract amendment and/or task order.

3.9 INDEMNIFICATION:

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees 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 or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable. The contractor shall include a clause to this effect in all subcontracts inuring to the benefit of the Contractor or County

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.

The scope of this indemnification does not extend to the sole negligence of County.

3.10 INSURANCE REQUIREMENTS:

- 3.10.1 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.
- 3.10.2 The following types and amounts of insurance are required as minimums:
 - 3.10.2.1 Worker's Compensation as required by Arizona law
 - 3.10.2.2 Unemployment Insurance as required by Arizona law
 - 3.10.2.3 Public Liability, Body Injury and Property Damage policies that insure against claims for liability for Contractor's negligence or maintenance of unsafe vehicles, facilities, or equipment brought by clients receiving services pursuant to this Contract and by the lawful visitors of such clients. The limits of the policies shall not be less than \$1,000,000.00 for combined single limit.
- 3.10.3 Automobile and Truck Liability, Bodily Injury and Property Damages:
 - 3.10.3.1 General Liability, each occurrence; \$500,000.00

- 3.10.3.2 Property Damage; \$500,000.00
- 3.10.3.3 Combined single limit; \$1,000,000.00

- 3.10.4 Standard minimum deductible amounts are allowable. Any losses applied against insurance deductibles are the sole responsibility of the Contractor.
- 3.10.5 Professional Liability Insurance; \$1,000,000.00
- 3.10.6 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.

3.11 Certificates of Insurance.

- 3.11.1 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 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND UNDERSTANDS THAT FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF THIS CONTRACT.**

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.

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.

3.11.2 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.

3.12 NOTICES:

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

For County:

Maricopa County
Department of Materials Management
Attn: Director
320 West Lincoln Street
Phoenix, Arizona

3.13 REQUIREMENTS CONTRACT:

- 3.13.1 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.
- 3.13.2 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.

3.13.3 Contractor agrees to accept oral cancellation of purchase orders.

3.14 TERMINATION:

3.14.1 County 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.

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

3.14.3 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.

3.15 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.

3.16 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.

3.17 ADDITIONS/DELETIONS OF SERVICE:

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

3.18 USE OF SUBCONTRACTORS:

3.18.1 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.

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

3.18.1.2 All subcontract agreements must include a detailed budget and narrative, identifying all administrative costs as defined in section II.

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

3.18.2 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.

3.18.3 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 subcontractual arrangement between the Contractor and the subcontractor

3.19 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.

3.20 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. A Task Order shall include, but is not limited to: budget amount, work plan, reference to special conditions of award, and/or any special reporting requirements. Amended Task Orders can be issued at any time. Both parties shall sign an amended Task Order.

3.21 CHANGES:

3.21.1 The Maricopa County Department of Health Care Mandates, with cause, by written order, make changes within the general scope of this Contract in any one or more of the following areas (Also see **AMENDMENTS & TASK ORDER SECTIONS**):

3.21.1.1 Work Statement activities reflecting changes in the scope of services, funding source or County regulations,

3.21.1.2 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,

3.21.1.3 Contractor fee schedules and/or program budgets.

Examples of cause would include, but are not limited to: non-compliance, under performance, reallocations from the Planning Council, or approved directives from the Planning Council.

3.21.2 Such order will not serve to increase or decrease the maximum reimbursable unit rate amount to be paid to the Contractor. Additionally, such order will not direct substantive changes in services to be rendered by the Contractor.

3.21.3 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.

3.22 AUDIT REQUIREMENTS:

- 3.22.1 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 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. 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).
- 3.22.2 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.
- 3.22.3 Comply with the requirement of the Federal Office of Management and Budget (OMB) Circular A-133. The Contractor is responsible for having an audit performed in accordance with, and when required, by OMB Circular A-133, and for sending a copy of the report issued as a results of the audit to the County within 30 days of issuance. The County reserves the right to engage an auditor, at the Contractor's expense, to perform an OMB Circular A-133 audit of the Contractor in the event that the Contractor shall fail to engage an auditor or the County shall reject or disapprove of the auditor engaged by the Contractor.
- 3.22.4 The Contractor shall also comply with the following OMB Circulars:
1. A-102 Uniform Administrative Requirements for Grants to State and Local Government.
 2. A-110 Uniform Administrative Requirements for Grants and Agreement with Institutions of Higher Education, Hospitals and other non-profit organizations.
 3. A-122 Cost Principles for Non-Profit Organizations.
 4. A-87 Cost Principles for State and Local Governments.
 5. A-21 Cost principles for Education Institutions.

3.23 SPECIAL REQUIREMENTS:

- 3.23.1 The Contractor shall adhere to all applicable requirements of the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006.
- 3.23.2 The Contractor shall participate in a minimum of two (2) provider technical assistance meetings and/or teleconference calls that will be scheduled by the MCDHCM throughout the year.
- 3.23.3 The Contractor shall provide the necessary administrative, professional and technical personnel for operation of the program.
- 3.23.4 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.
- 3.23.5 Contractor agrees to install and utilize the CAREWare client level reporting system as described in the Ryan White Part A Program Policies Manual. There are no licensing costs associated with the use of CAREWare. The provider is required to cover the cost

for installing and configuring internal firewall devices to gain access to the CAREWare database.

3.24 **RELEASE OF INFORMATION:**

The Contractor agrees to secure from all clients 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 release form signed by the client. This release form must be signed by the client and grant release of named confidential file information to the Maricopa County Department of Health Care Mandates for the purpose of grant administration/monitoring for a period of five years from date of signature. 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, this provision does not apply to persons who receive Ryan White CARE Act Part A funded services anonymously.

3.25 **CERTIFICATION OF CLIENT ELIGIBILITY;**

3.25.1 The Contractor agrees to certify for eligibility all clients seeking services supported by Ryan White CARE funds, detailed in Section 1 of the Ryan White Part A Program Policies Manual. Such certification as detailed below shall be conducted at least every six months of service. Services may be provided to anonymous clients only at the specific approval of the MCDHCM and only as and if specified in this contract. Anonymous clients are not subject to the following certification of client eligibility requirements. An individual will be certified by the Contractor as being eligible for services if the following criteria are met:

3.25.2 Documentation in the client's chart of the client's HIV+ status, consistent with HRSA guidelines as described in the MCDHCM Ryan White Title 1 Policy Manual.

3.25.3 Documentation in the client's chart that no health and/or other form of insurance is in effect for the client which covers the cost of services available through this program.

3.25.4 Documentation in the client's chart of client ineligibility for like services under other client and/or public assistance programs.

3.25.5 Documentation in the client's chart of current residence in the EMA of Pinal and Maricopa counties and verification by Contractor, as detailed in MCDHCM's Ryan White Part A Policy Manual.

3.25.6 Documentation of client charges consistent with sliding scale specified on the following chart unless the County waives charges.

Client Income	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

**** Free services may be provided to individuals with an annual gross family income of less than 200% of the official poverty line. Fees must be charged to clients whose annual gross family income is in excess of 200% of the official poverty line**

- 3.25.7 The Contractor's schedule of fees and charges must be published and made available to the public. Client income shall be verified and documented consistent with the MCDHCM Ryan White Part A Policy Manual.
- 3.25.8 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 Work Statement 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 Expenditure Report by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.
- 3.25.9 The Contractor is required to have in place a procedure for verifying client eligibility for services. Eligibility for all clients must be recertified biannually (every 6 months), with the exception of HIV Status. Eligibility certification must be documented in each client record. The verification of these elements are a permanent part of the client's record and is to be maintained in a secure location for at least five (5) years after the client has left the service.

3.26 **QUALITY MANAGEMENT:**

- 3.26.1 The Contractor will participate in the EMA Quality Management program as detailed in the ***MCDHCM Ryan White Part A Program Policies Manual***. ***See link found on cover page.***
- 3.26.2 The Contractor will utilize and adhere to the most current Standards of Care as developed by the Phoenix EMA Planning Council.
- 3.26.3 The Contractor will develop and implement an agency-specific quality management plan for Part A-funded services. The Contractor will conduct Quality Improvement projects at the agency level utilizing the Plan-Do-Check-Act (PDCA) model.
- 3.26.4 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.
- 3.26.5 The Contractor will participate in the Quality Management Ad Hoc Advisory Committee as requested by the County.
- 3.26.6 Conduct and provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the County.
- 3.26.7 Maintain a comprehensive unduplicated client level database of all eligible clients served and 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.
- 3.26.8 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.

- 3.26.9 Participation in QM trainings sponsored by the County is mandatory. The Contractor understands that non-participation in these types of events may result in not complying with the Standards of Care as mandated by the Ryan White CARE Act. Further, such non-participation in QM trainings could result in prompting a performance monitoring site visit.

3.27 **REPORTING REQUIREMENTS:**

- 3.27.1 The contractor agrees to submit as a “hard copy” document, Monthly Fiscal and Program Monitoring Reports on or before the **fifteenth (15th)** day of the month following the end of the reporting period on forms substantially similar to those included in sections 4 and 6 of the Ryan White Part A Program Policies Manual. **The billing packet is delivered via hardcopy to the Ryan White Part A office.** Reporting requirements includes, but not limited to: **1)** A narrative describing progress made towards achieving service goals as well as problems and issues impeding program implementation. **2)** Expenditure report identifying billing to the MCDHCM for services provided during the reporting period; **3)** Compilation of data on a cumulative, yearly, unduplicated-count basis shall be required, with data reporting in scanable and/or electronic file formats; **4)** Compilation of data for outcome measure studies conducted as mutually agreed by Contractor and the MCDHCM; and **5)** And any additional or specific reports deemed necessary under Section IV of this contract.
- 3.27.2 The contractor agrees to submit quarterly program monitoring reports on or before the **thirtieth (30th)** day of the month following the end of the reporting period detailing a quarterly and year to date unduplicated-count of clients serviced and the services provided (duplicated count).
- 3.27.3 The contractor agrees to submit a final end of year program report detailing actual expenditures for the grant year, including administrative expenditures, and an annual unduplicated client level demographic report for the contract year and calendar year no later than 60 days following the close of the grant year.

3.28 **PROGRAM MARKETING INITIATIVES:**

- 3.28.1 When issuing statements, press releases and other documents describing projects or programs funded in whole or in part with Ryan White Part A funds, the Contractor shall clearly state: 1) The percentage of the total costs of the program or project which will be financed with Ryan White funds; 2) The dollar amount of Ryan White funds for the project or program, and 3) The percentage dollar amount of the total costs of the project or program that will be financed by nongovernmental sources. Further, all such statements, press releases, and other documents describing programs or services funded in whole or in part with Ryan White CARE Act funds shall reference the funding source as the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006, and the Maricopa County Department of Health Care Mandates. Such references to funding source must be of sufficient size to be clear and legible.
- 3.28.2 Contractor is responsible for advertising Ryan White Part A services. Such advertisement is to promote/incorporate the following components: Services rendered, venues/locations, and hours of operation. The content of any and all advertising for these services must be pre-approved by the County and be in a format allowed by Local, State and Federal regulations.
- 3.28.3 Contractor is responsible to ensure that all appropriate program descriptions, including hours and locations, are disseminated to the community and other providers to ensure that clients have access to care.

3.29 OTHER REQUIREMENTS:

3.29.1 Contractor will maintain discrete client files for all individuals served and will secure the necessary releases of information to allow for periodic review of all pertinent client information by employees of County and/or their designated representatives.

3.29.2 Monthly Fiscal and Program Monitoring Reports, Utilization Statistics and HRSA-mandated Administrative Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012

Monthly Fiscal and Program Monitoring Reports are due on or before the 15th of the month following the end of the reporting period.

3.29.3 Quarterly Program Utilization reports will be submitted to: Ryan White Title 1 Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012 within **thirty (30)** days following the month end of the quarterly reporting period.

3.29.4 Written Annual Expenditure (Close Out), Equipment Log, and Program and Utilization Statistics Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Health Care Mandates; 4041 N. Central Ave., Suite 1400, Phoenix, Arizona 85012 within 60 days of the expiration of the contract year.

3.29.5 Contractor shall respond to all additional requests for information solicited by County when they are submitted in writing within **72** hours of receipt of MCDHCM request.

3.29.6 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 *MCDHCM Ryan White Part A Program Policies Manual*. *See link found on cover page.*

3.30 ADEQUACY OF RECORDS:

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that allowable services were provided to eligible clients the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

3.31 RETENTION OF RECORDS:

The Contractor agrees to retain all financial books, records, and other documents relevant to this Contract for five (5) years after final payment or until after the resolution of any audit questions which could be more than five (5) years, whichever is longer. 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.

If the Contractor's books, records and other documents 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.

3.32 AUDIT DISALLOWANCES:

3.32.1 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.

- 3.32.2 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.
- 3.32.3 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.

3.33 **CONTRACT COMPLIANCE MONITORING:**

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.

3.34 **AVAILABILITY OF FUNDS:**

- 3.34.1 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.
- 3.34.2 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.

3.35 **RESTRICTIONS ON USE OF FUNDS:**

- 3.35.1 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:
 - 3.35.1.1 Under any State compensation program, under any insurance policy, or under any Federal, State, or county health benefits program; or
 - 3.35.1.2 By an entity that provides health services on a prepaid basis.
- 3.35.2 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 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.
- 3.35.3 The federal Office of General Counsel and County emphasize that CARE 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 CARE Act funds and the intended recipient's HIV status.

- 3.35.4 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.
- 3.35.5 The Ryan White CARE Act limits the administrative expenses to not more than **10%** of the total expenditures incurred for that contract. The Act defines allowable “administrative activities” to include:
 - 3.35.5.1 Usual and recognized overhead, including established indirect rates for agencies;
 - 3.35.5.2 Management and oversight of specific programs funded under this title; and
 - 3.35.5.3 Other types of program support such as quality assurance, quality control, and related activities.”

3.36 CONTINGENCY RELATING TO OTHER CONTRACTS AND GRANTS:

- 3.36.1 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.
- 3.36.2 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.
- 3.36.3 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.

3.37 ALTERNATIVE DISPUTE RESOLUTION:

- 3.37.1 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:
 - 3.37.1.1 Render a decision;
 - 3.37.1.2 Notify the parties that the exhibits are available for retrieval; and
 - 3.37.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).
 - 3.37.1.4 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.

3.37.2 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.

3.38 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.

3.39 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.

3.40 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.

3.41 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.

3.42 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.

3.43 EQUAL EMPLOYMENT OPPORTUNITY:

3.43.1 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.

3.43.2 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.

3.44 **RIGHT OF PARTIAL CANCELLATION:**

If more than one service category (Work Statement) 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 (Work Statement) obligations.

3.45 **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.

3.46 **INTEGRATION:**

This Contract and the respondents' response 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.

3.47 **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

3.48 **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

3.48.1 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:

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

3.48.1.2 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 statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3.48.1.3 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

3.48.1.4 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.

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

3.48.3 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.

3.49 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.

3.50 CULTURAL COMPETENCY:

3.50.1 The Contractor shall meet any and all federal standards on cultural competency and develop and implement organizational policies that comply with federal standards. CLAS Standards are included in section 11 of the Ryan White Part A Program Policies Manual. *Also see Exhibit 4.*

3.50.2 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. *Also see Exhibit 4.*

3.51 RW CAREWARE DATA BASE:

The MCDHCM requires the installation and utilization of HRSA-supplied Ryan White CAREWare software for reporting purposes, to include quality management program reporting requirements. The Contractor agrees to install, collect, and report all data requested by the MCDHCM via RW CAREWare within 60 days of request by the MCDHCM. The Contractor agrees to participate in technical assistance training and/or informational presentations for CAREWare at various times scheduled during the contract year.

CAREWare is used for client level data reporting and is used for monthly billing reports, demographic reports, and various custom reporting. Samples of these reports can be found in sections 4-6 of the Ryan White Part A Program Policies Manual. The CAREWare software is supported by the Part A office for training and end user support. 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 VPN cards for each user within their organization. The CAREWare software and central database are explained in sections 4-6 of the Ryan White Part A Program Policies Manual.

3.52 IMPROPRIETIES AND FRAUD:

3.52.1 The contractor shall notify MCDHCM 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 MCDHCM shall occur in writing within 24 hours of detection.

3.52.2 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)

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

3.53 ADHERENCE TO MCDPH POLICIES:

3.53.1 Contractor shall adhere to all MCDHCM Ryan White Part A Program Policies. Such policies are referenced in the *MCDHCM Ryan White Part A Program Policies Manual*. See link found on cover page.

3.54 REFERRAL RELATIONSHIPS:

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 MCDHCM upon request.

3.55 POLICY ON CONFIDENTIALITY:

3.55.1 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.

3.55.2 The Contractor shall establish and maintain written procedures and controls that comply with Arizona Administrative Code (A.A.C.) R9-1-311 through R9-1-315 regarding disclosure of confidential medical information and records. No medical information contained in Contractor’s records or obtained from County, or from others in carrying out its functions under this Contract shall be used or disclosed by Contractor, its agents, officers, employees or subcontractors except as is essential to the performance of duties under this Contract or otherwise permitted under applicable statutes and rules. Disclosure to County is deemed essential to the performance of duties under this Contract. Neither medical information nor names or other information regarding any person applying for, claiming, or receiving benefits or services contemplated in this Contract, or any employer of such person shall be made available for any political or commercial purpose. Information received from a Federal agency or from any person or provider acting under the Federal agency pursuant to Federal law shall be disclosed only as provided by Federal law.

3.55.3 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.

3.55.4 Confidential communicable disease related information may only be disclosed as permitted by law, and only consistent with the *MCDHCM Ryan White Part A Program Policies Manual*.. See link found on cover page.

3.56 EQUIPMENT:

3.56.1 All equipment and products purchased with grant funds should be American-made.

3.56.2 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.

3.56.3 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.

3.57 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.

3.58 FORMAT AND CONTENT (WHAT TO PROVIDE-APPLICANT):

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted in binders and have sections tabbed as below (Responses are limited to no more than 15 pages of narrative, single sided, 10 point font type

3.58.1 Letter of Transmittal (Exhibit 2)

3.58.2 **Narrative – Provide a brief narrative (not to exceed 15 pages), fully describing your organization, and the personnel assigned to this service category and how you plan on meeting the needs of the plwh/a population.**

Provide a brief response to each of the sections listed below:

- **-Targeted population**
- **-How Ryan White funds will be utilized to keep plwh/a in care.**
- **-How your organization will work within the HIV/AIDS community to provide coordinated care to eligible clients**
- **-Your agency’s experience with infectious disease.**
- **-Other funding used by your agency to care for plwh/a**

3.58.3 Completed Application Form (Attachment A), including any applicable proof of licensing, certifications, etc., as requested. In the event that any given section is not applicable to the service you/your company are offering a proposal response to, the section shall be noted as N/A (not applicable).

3.58.4 Pricing and Budget Form (Attachment B)

3.58.5 Work Plan (Attachment C), fully completed, without exception.

3.58.6 Agreement/Signature Page (Attachment D) inclusive of vendor/applicant portion completed and signed.

3.59 EVALUATION OF PROPOSAL – SELECTION FACTORS:

An Independent Review Panel (IRP) shall be appointed, at the direction of the MATERIALS MANAGEMENT DIRECTOR, and chaired by the Materials Management Department to evaluate each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request. At the County's option, proposing firms may be invited to make presentations to the IRP. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated Respondent(s). **Proposals will be evaluated on the following criteria which are listed in order of importance and determine the acceptability of each respondent's proposal. (PROPOSALS SHALL BE EVALUATED AS ACCEPTABLE OR NOT ACCEPTABLE BASED ON THE FOLLOWING CRITERIA).**

3.59.1 Agency's approach and philosophy and how it relates to the service delivery goals as outlined in the 2006-2009 Phoenix EMA Comprehensive Plan. The goals that apply to service delivery are:

3.59.2 Goal 1: Improve delivery of core services and other services to populations with the greatest needs.

3.59.3 Goal 2: Improve entry into care by streamlining the eligibility process.

3.59.4 Goal 3: Identify individuals who are aware of their HIV status and are not in care, and facilitate their entry into care.

3.59.5 Goal 4: Improve access to services through multiple approaches.

3.59.6 Goal 5: Provide a continuum of HIV/AIDS services that is culturally and linguistically appropriate.

3.59.7 Goal 7: Improve the integration and coordination among care services and between HIV care and prevention.

3.59.8 Agency's proven skills and technical competence, including all subcontractor agreements proposed.

3.59.9 Staff qualifications and credentials

3.59.10 Proposed budget inclusive of unit of service cost(s).

3.60 RESPONDENT REVIEW OF DOCUMENTS.

The Respondent shall review its Proposal/Response submission to assure the following requirements are met.

3.60.1 **Mandatory:** One (1) original hardcopy (labeled), three (3) hardcopy copies of their proposal/response, inclusive of all required submissions, and one (1) electronic copy of all required submittal documents, on a CD (**no pdf files**)

3.60.2 **Mandatory:** Attachment "A", Application

3.60.3 **Mandatory:** Attachment "B", Pricing and Budget Agreement; and

3.60.4 **Mandatory:** Attachment "C", Work Plan

3.60.5 **Mandatory:** Attachment "D", Signature/Agreement Page

3.60.6 **Mandatory:** Narrative as defined in Section 4.58.2 above

3.60.7 **Mandatory:** Letter of Transmittal (Exhibit 2)

3.61 **VENDOR REGISTRATION:**

All applicants/respondents shall be registered as a vendor with Maricopa County. No contract awards can be made to a applicant/respondent who has not successfully completed vendor registration. See Exhibit 1 Vendor Registration Procedures.

NARRATIVE

Narrative

Introduction

JFCS (Jewish Family and Children's Services) has been providing mental health services to Persons Living With HIV/AIDS (plwh/a) for the past ten years with the goal of improving the mental health status of such persons who are experiencing behavioral health symptoms. HIV/AIDS outpatient counseling services available include: individual counseling; family/couples counseling; group counseling; psychiatric evaluations; psychiatric medications management; and general mental health and substance abuse counseling for adults and children. While the primary clinician for this program (Wayne King), as described elsewhere in this proposal, is located at JFCS' Catalina office in Phoenix, staff are now also available at JFCS' Mesa and Glendale sites. Clients may enter services by directly contacting the sites or by calling the JFCS Customer Service Referral Center. (Please see flier included with this packet.) As per the attached Work Plan, all clients are screened and assessed on an individual basis; have an individualized treatment plan; and have access to psychiatric evaluations with prescription of psychotropic medications, counseling sessions with a therapist, and medication management services.

Targeted Population

JFCS serves clients throughout Maricopa County. Clients who are persons living with HIV/AIDS (plwh/a) are served primarily at the JFCS' Catalina site, but staff are also available at the other Behavioral Health sites in Glendale and Mesa. Clients live in zip codes: 85003-53; 85085-87; 85201-68; 85281-84; 85296-7; 85301-26; 85331; 85335; 85338-40; 85345; 85351; 85353; 85355; 85361; 85363; 85373-75; 85377; 85379; 85381-3; 85387-8. Based on last fiscal year, JFCS anticipates serving primarily men, the majority of whom are White but some of whom will be of other races and ethnicity. Last year we served several Hispanic and Native American clients. Clients fall in the age ranges from 25 through 65 and older, but most clients fall between the ages of 25 and 44.

How Ryan White funds will be utilized to keep plwh/a in care

Ryan White funds will be used to address service goal:

- To ensure access to HIV specialty mental health care for HIV-infected individuals in the EMA according to Public Health guidelines

JFCS' clinicians establish strong relationships with the HIV-infected clients who are referred primarily through Care Directions and Shanti. Patients are more likely to maintain their drug regimes because their mental health issues are being addressed through this relationship. Additionally a nurse clinician at the same site can coordinate care and address any missed appointments. Both the nurse and counselor can contact the patient's primary care provider and other medical providers to follow up on medical compliance issues. Additionally, clinicians maintain on-going contact with the referral source and/or Ryan White case management agency.

How JFCS will work within the HIV/AIDS community to provide coordinated care to eligible clients

Since the beginning of JFCS services to the HIV/AIDS community, JFCS has worked closely with other service providers especially with Care Directions and historically with Value Options for SMI clients.

Coordination of care for SMI patients continues now with Magellan. Care is also coordinated with the Phoenix Shanti Group, Body Positive, and others as necessary.

JFCS' experience with infectious disease

JFCS has provided these services for the past ten years. Several of the clinical staff have worked with the grant almost since its inception. This year, the primary behavioral health clinician received a 100% satisfaction rate on all areas of client satisfaction surveys of all clients.

Other funding used by JFCS to care for plwh/a

JFCS accesses additional funding through Magellan for Title 19 and Non-Title 19 ADHS SMI funds.

ATTACHMENT A Application

SERVICE PROVIDER APPLICATION

Organization: **Jewish Family and Children's Services**

Address: **4220 North 20th Ave.**

City: **Phoenix** State **AZ** Zip **85015**

Telephone: **602.279.7655**

Executive Director/CEO: **Thomas F. Updike**

Person completing this form: **Jane Eleey**

Contact Telephone **602.567.8384**

Legal Status: Non profit 501-C3 Corporation LLC Partnership Other: _____

Years in Business: **72**

Maricopa County Vendor Registration Complete Yes No Vendor Number:

Number of paid staff (fte) in your entire organization: **250**

Number of volunteer staff in your entire organization: **50**

Do you meet the insurance requirements as described in Section 4.10 of this proposal: Yes No

If no, will you be able to meet the requirements upon contract approval: Yes No

Audit Requirements as described in Section 4.22:

In compliance with OMB Circular A-102 Yes No N/A Not a federal, state or local agency

In compliance with OMB Circular A-110 Yes No N/A

In compliance with OMB Circular A-122 Yes No N/A

In compliance with OMB Circular A-87 Yes No N/A Not a federal, state or local agency

In compliance with OMB Circular A-21 Yes No N/A Not an educational institution

In compliance with OMB Circular A-133 Yes No N/A

If N/A on any please explain:

In compliance with the records retention policies as described in Section 4.31? Yes No

If no, describe how you will meet this contract requirement:

Do you have a written Equal Opportunity Employment Policy Section 4.43? Yes No

If no, describe how you will meet this contract requirement:

In compliance with cultural competency as described in Section 4.50 ? Yes

If no, describe how you will meet this contract requirement:

Understand the requirements for using the CAREWare central database system as described in Section 4.51

Yes

If no, describe how you will meet this contract requirement:

In compliance with confidentiality policies as described in Section 4.55? Yes No

If no, describe how you will meet this contract requirement:

Do you receive grant funds for your programs: Yes No

ATTACHMENT A

SERVICE PROVIDER APPLICATION

Executive Summary**1. Organizational Description:**

Jewish Family and Children's Service (JFCS) is a non-profit, non-sectarian organization founded in 1935, whose mission is to strengthen the community by offering high quality behavioral health and social services to children, families and adults of all ages throughout Maricopa County. JFCS envisions a community in which people care for themselves and each other. Through the provision of specialized programs in behavioral health, geriatrics, prevention, and family violence, JFCS strives (1) to assist individuals to improve their ability to cope with difficult life circumstances, (2) to assist parents to improve their emotional health and effectiveness as parents, and (3) to increase individuals' support systems and connections to community resources. JFCS' services are provided without regard to age, gender, faith, ethnicity, family size or income.

JFCS *Behavioral Health* program provides outpatient counseling and support services to children, adults and families, who are experiencing mental health problems severe enough to interfere with effective life functioning. JFCS *Home-Based Services* program provides in-home services to families involved with all levels of the CPS system to improve emotional health, reduce risk factors, prevent out-of-home placement and prepare families for reunification. JFCS *Shelter Without Walls* program provides comprehensive support services to survivors of domestic violence and their children who are living outside of a shelter setting, and assists them in building independent lives free from abuse. JFCS *Geriatric Services* program provides in-home services to elderly and disabled adults, and helps individuals strengthen their support systems and live independently with dignity. JFCS *Center for Senior Enrichment* provides comprehensive programming to assist seniors to improve emotional and physical health, increase support systems and community connections, enrich their daily lives, and live independently with dignity. JFCS *Creating Peaceful Families* program provides school/community-based services to children, families and school personnel to increase emotional health and reduce risk factors. JFCS *Center for Life Enrichment* addresses the spiritual, emotional and communal needs of men, women and children through the provision of support groups, mentoring, and specialized community education programs.

JFCS is committed to developing organizational and community strategies for achieving the following:

- Becoming the premier community-based behavioral health in Maricopa County offering services that integrate primary, behavioral and spiritual wellbeing while focusing on early intervention and reintegration in the areas of domestic violence, early childhood development (birth to five) and geriatrics.
- Recognition as a "go to" organization for child and family services characterized by cultural competence and sensitivity.
- Becoming a multi-service provider and a research based organization driven by mission, needs and empirically based performances and outcome criteria.
- Diversifying revenue streams, in accordance with the mission, steadily decreasing reliance on single source, and avoiding vulnerability to financial fluctuations.

- Positioning in the community as a highly respected and valued employer of choice, provider of choice and investment of choice.

JFCS is seen as a cutting-edge service provider, staying ahead of the curve on trends and societal changes that impact children, adults, elders, and families. During fiscal year 2006, JFCS' diverse programs helped over 25,000 unduplicated children and adults to affect positive change in their lives. 55% of clients were children and teens; 54% female; 58% are white, 22% Hispanic, 10% unknown, 5% Black, 1% Native American, 1% Asian, and 3% other. 70% of clients had annual incomes of \$15,000 or below. Celebrating over 70 years of community service, JFCS is one of the largest and most comprehensive providers of behavioral health and social services in Arizona.

Jewish Family and Children's Service is committed to continue to provide outpatient counseling and psychiatric care to HIV positive men, women and children. As a direct result of Ryan White Care Act funding, JFCS has been able to implement nine years of expansion of our services to HIV positive individuals, who do not qualify for other publicly funded services, and who can not afford to pay for the care they need. We remain dedicated to continuing to provide these services for the 2008/2009 grant period, to eligible individuals in Maricopa County. JFCS commits to continue to help identify HIV positive individuals and families, and to refer them into the health care system. We will also work to continue our positive referral relationships with the community health care providers and AIDS service organizations.

2. Organizational Chart

Please see attached.

Proposal

1. Organization qualifications

Jewish Family and Children's Service (JFCS) is a non-profit, non-sectarian organization founded in 1935, whose mission is to strengthen the community by offering high quality behavioral health and social services to children, families and adults of all ages throughout Maricopa County. The JFCS' Behavioral Health program provides services to children and adults with serious behavioral health conditions and for whom solution focused outpatient therapy is the treatment of choice. The Behavioral Health Program is consistent with JFCS vision, mission, and values. We are a program dedicated to helping people solve the problems of daily life that negatively impact all aspects of their lives. These people are facing some of life's most difficult challenges.

The agency is lead by a skilled, highly-trained executive leadership team that includes the agency's President and CEO, Executive Vice President and Chief Financial Officer, Vice President of Child and Family Solutions, and the Vice President of Quality Improvement & Compliance. JFCS has been administering its diverse programs through funding from various governmental, corporate, foundation and private funding sources since its inception in 1935. Staff are skilled at managing multiple programs and funding streams in multiple service areas. JFCS manages programs, for example, under contract with the AZ Department of Economic Security, DPS VOCA Crime Victim Assistance, ValueOptions, the Area Agency on Aging, and grants through the United Way, and many local and out-of-state foundations. JFCS is accredited by the National Council on Accreditation of Services for Families and children, Inc. and is licensed by the Arizona Department of Health Services. (Please see attached copy of Licenses for each site). JFCS is affiliated with the Child Welfare League of America, Alliance for Children and Families, and Association of Jewish Family and Children's Agencies.

2. Staffing Qualifications

JFCS has a diverse professional staff providing services through its Behavioral Health Department for plwh/a. The following are staff located at different sites, with a brief description of qualifications. Copies of resumes, degrees, and licenses are attached.

Wayne King, M.C., L.P.C., Clinician, has been conducting Ryan White funded program services almost since the inception of JFCS' program serving the plwh/a community and is the primary manager and therapist for this project.

Mark T. Callesen, M.D., has been the Medical Director for JFCS since 1998 and is a Diplomate of the American Board of Psychiatry and Neurology as well as of the American Board of Forensic Examiners.

Ellen Worle, MS, CPC is a Nurse Practitioner and Clinical Manager who provides individual clinical supervision for therapists, provides therapy and psychosocial assessment, etc. and has also been with JFCS for nine years.

Elsa B. Romanowitz, CISW is a Certified Social Worker and Clinical Co-Director responsible for provision for behavioral health services at JFCS Mesa site. She has been with JFCS since 1992 and also has teaching and hospital experience.

Jennifer Kaye, CISW is a Clinical Liaison, having worked with JFCS also for nine years. She is a mental health clinician with supervisory responsibilities as well.

Kimberly E. Ballein, CMFT/LMFT is a licensed Marriage and Family Therapist who is Clinical Director at JFCS' Glendale office.

Mimi Kaplan, MA is a Licensed Associate Counselor and serves as a JFCS Clinician with extensive experience as a therapist, counselor, and facilitator.

Timothy R. Miller, APRN, BC is a Nurse Practitioner serving as an independent clinical contractor.

Karen L. Irvine, RN, MSN/ed, BSN has been a Registered Nurse since 1987 and has an extensive health care background in a variety of medical settings.

Gayle Campbell, MSN, BSN has been a Psychiatric Mental Health Nurse Practitioner at JFCS since 2001.

Cultural competence is a cornerstone of JFCS' programs, and is present at all points of team/staff development and service delivery. JFCS operates under the philosophy that cultural competence is vital to establishing and maintaining productive working relationships with clients and is much more than language or customs--it is a foundation from which to approach every individual with respect, sensitivity and awareness. All staff are initially screened, selected and hired with careful consideration of their professional experience and awareness and sensitivity to the diversity of clients served, and participate in ongoing cultural competency training throughout their employment.

3. Personnel Recruitment

There has been limited turnover of Behavioral Health Department staff available for this program. However, JFCS recruits by advertising in major publications and websites on a regular basis. JFCS offers competitive salaries and an excellent benefit package. The staff is recognized by employee recognition programs and at an annual Staff Recognition event. Performance reviews are conducted on an annual basis. Salaries are reviewed at least every two years to ensure being in the market range of competitors.

4. Marketing Plans

Wayne King, the primary Clinician responsible for this initiative has regular contact with individual referral sites including the McDowell Clinic and the Magellan Clinics, though most referrals come through JFCS' ongoing relationship with Care Now which conducts the community outreach.

**ATTACHMENT B
Pricing & Budget Form**

NAME OF ORGANIZATION:

Jewish Family & Children's Service

Fed. Employee ID #
(FEIN)

86-0096781

ADDRESS:

4220 North 20th Avenue

Phoenix, Arizona 85015

AUTHORIZED CONTACT

Javier R. Favela

TELEPHONE

602-279-7655

FAX

602-253-7065

E-MAIL

javier.favela@jfcsarizona.com

PRIMARY CONTACT

John Hohl

TELEPHONE

602-279-7655

FAX

602-253-7065

EMAIL

john.hohl@jfcsarizona.com

SERVICE CATEGORY

Behavioral Health

GRANT PERIOD:

03/01/2008

Start Date

02/28/2009

End Date

AMOUNT

\$

32,000.00

(Section I)

Organization
 Service Category
 Grant Period

Jewish Family & Children's Service	Contract Number
Behavioral Health	
March-08	Through February-09

(Enter Contract #)

Narrative of Grant:

Full range of behavioral health and substance abuse services to people infected with HIV

(Section II)

Budget Requested: \$ 32,000.00

Operating Expenses			Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries	0.3712166 FTE	\$1,031.52	\$18,868.12	\$19,899.64
Personnel:	Fringe/Benefits		278.51	5,094.39	5,372.90

Subtotal: Personnel	1,310.03	23,962.51	25,272.55
----------------------------	----------	-----------	-----------

Other Direct Costs

Travel			-	140.57	140.57
Supplies			32.52	467.48	500.00
Equipment			-		
Contractual			-	-	-
Program Support			393.21	371.79	765.00
Other Professional Services			1,370.89	3,951.00	5,321.89

Subtotal: Other Direct Costs		1,796.62	4,930.84	6,727.45
-------------------------------------	--	----------	----------	----------

Total Operating Expenses		3,106.65	28,893.35	32,000.00
---------------------------------	--	----------	-----------	-----------

(Personnel and Other Direct Costs)

Indirect Costs	-	-
-----------------------	---	---

Indirect Rate	0%
----------------------	----

(Providers claiming an indirect cost must submit their most current negotiated

indirect cost rate issued by the cognizant federal agency.)

Total Costs of Grant	(Percent of Total)	3,106.65	28,893.35	\$32,000.00
(Total Operating Expenses plus Indirect Costs)		10%	90%	100%

32000

GRANT BALANCE

(Grant Revenue less Total Costs of Grant)

\$(0.00)

The Grant balance must equal zero

please revise and resubmit

Finance Approval _____ Date: _____

Exec. Director Approval _____ Date: _____

Administrative Agent _____ Date: _____

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The following tabs are to be used to update the Budget Cover Sheet.

All backup is required with each grant.

 These cells indicate provider required entry.

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

Staffing

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

(C)	(C - a)	(D)	(E)	(F) = (A)*(E)*(D)	(G) = (F)*(B)	(H)	(I)	(J) = (F)*(I)	(K) = (G) * (I)	(L) = (F) - (J)	(M) = (G) - (K)
Staffing Jewish Family & Children's Service Behavioral Health											
				Gross	Benefits		Percent applied as Administrative				
Position Title	Last Name	FTE	Rate	Applied to grant per FTE	Applied to grant per FTE	Job Status		Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
Clinician	King	0.31422	23.54	15,385.05	4,153.96	D	1%	153.85	41.54	15,231.20	4,112.42
Provide direct therapy and case work service to clients. This includes receiving cases, assessing and evaluating client needs. Exploring with clients the nature of their problems and assist clients in formulating plans for the resolution of their situation. Administrative functions include preparing required reports related to client care, coordinating client activities with other organizations such as schools, clinics, and community resources. Also, attending Provider Meetings at Ryan White Title 1 office and keeping up with correspondence. These functions are to be performed consistent with service needs and agency standards.											
Nurse Practitioner	Campbell	0.036	48.57	3,636.92	981.97	D	0%	-	-	3,636.92	981.97
Provide direct patient care i.e. psychiatric evaluation and medication management. Provide consultation and clinical leadership duties for all members of a multi-disciplinary treatment team.											
Director	Hohl	0.006	29.77	371.53	100.31	A	100%	371.53	100.31	-	-
Perform administrative tasks in conformity with agency procedures. Participate in program planning and evaluation. Supervise the delivery of service to clients. Monitor the quantity and quality of work performed by staff, and provide periodic feedback regarding performance.											
Client Representative	Montes	0.015	16.2225	506.14	136.66	A	100%	506.14	136.66	-	-
Provide clerical support and intake support necessary for effective provision of services to clients. Includes scheduling appointments, reviewing client applications for completeness, and setting up and maintaining case files.											
				-	-			-	-	-	-

Calculating Annual Salary	2080
----------------------------------	------

(A) (Rate x Annual Hours)

Benefits	
Benefits	Percent
Medical	16.00%
Dental	1.00%
Retirement	6.00%
LTD	1.00%
Life Insurance	1.00%
Workmans Cmp	1.00%
EAP	1.00%
TOTAL	27.00%

(B)

						0%					
TOTAL		0.37122		19,899.64	5,372.90			1,031.52	278.51	18,868.12	5,094.39

(Admin)	0.024	FTE	(N) = (D)*		7%	(P) = (N) /
(Direct			(I)	Percent		((N) + (O)
Service)	0.347	FTE	(O) = (D)	FTE	93%	(Q) = (O) /
			* (1-(I))			((N) + (O)
	0.37					

TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

	(A)	(B)	(C)	(D) = (B)*(C) *(A)	(E)	(F)	(G)
Mileage Jewish Family & Children's Service Behavioral Health							
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget \$0.41	Admin	Direct Svc	Description
1	Admin	0.024142166	0	0	\$-	-	
2	Direct Svc	0.347074434	1000	347.074434	140.57	\$140.57	Mileage for King and Campbell to provide direct services.
	TOTAL		1000	347.074434	140.57	-	140.57
							\$140.57

(Total Miles applied to this grant)

(B) Note - Budget annual mileage for 1 FTE.

2 Other Allowable Travel

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs.

(A)	(B)	(C)	(D) = (B)+(C)	(E) = (D)	(F)	(G)
Other Allowable Travel Jewish Family & Children's Service Behavioral Health						
Dates of Travel	Cost Line Item	Cost Line Item	Total Budget	Admin	Direct Service	Description
1	\$-	\$-	-	-	0	
Description					0	
2	\$-	\$-	-	-	0	
Description					0	
3	\$-	\$-	-	-	0	
Description					0	
			-	-	-	\$-

		Admin	Direct Service	Total
SUMMARY	(Travel)	-	140.57	140.57

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

1 **General Office Supplies: includes pens, paper, toner, etc.** (Apply at FTE Ratio)

	(A)	(B)	(C) = (A)*(1-(B))	(D) = (B) + (C)	(E)
General Office Supplies Jewish Family & Children's Service Behavioral Health					
Item	Annual Budget	Admin 7%	Direct Service	Total	Narrative
1 General Office Supplies	200	13.01	186.99	200.00	Includes paper, pens, folders, tabs, etc. -- Allocated based off cost allocation plan.
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		13.01	186.99	TOTAL	\$200.00

2 **Program Supplies** Program Supplies have been deemed Direct Service.

	(A)	(B)	(C)	(D) = (B)	(E)	(F)
Program Supplies Jewish Family & Children's Service Behavioral Health						
Description	Annual Budget	Admin		Direct		Narrative
1	0	0		-		
2				-		
3				-		
4				-		
5				-		
TOTAL		-		-	TOTAL	\$-

Equipment less than \$1,000 -
 includes computers, fax machines,
 shredders, and adding machines to be
 used in the operations of this grant.

3

(Apply at FTE Ratio)

	(A)	(B)	(C) = (A)*(1-(B))	(D) = (B) + (C)	(E)
Equipment less than \$1,000 Jewish Family & Children's Service Behavioral Health					
Description	Allocated Budget	Admin 7%	Direct Service	Total	Narrative
1 Copier/fax	300	19.51	280.49	300.00	Includes copier, fax, other office eqpt. -- Allocated based off cost allocation plan.
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		19.51	280.49	TOTAL	\$300.00

Summary

32.52

467.48

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

Equipment greater than \$1,000

- 1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)	(B)	(c)	(D) = (B * (1 - (C)))	(D) = (B) + (C)	(E)
Equipment greater than \$1,000 Jewish Family & Children's Service Behavioral Health					
Item Budgeted	Amount Budgeted	Admin 7%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-		
4		-	-		
5		-	-		
TOTAL		-	-	TOTAL	\$-

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

Consulting

1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting Jewish Family & Children's Service Behavioral Health							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
1		0	-	0%	-	-	
Licenses / qualifications							
Narrative							
2	0	0	-	0%	-	-	
Licenses / qualifications							
Narrative							
3			-		-	-	
Licenses / qualifications							
Narrative							
4							
				TOTAL	-	-	\$-

Subcontracts

2 Include any payments for subcontracts to provide services under this grant.

Backup is required for each subcontract listed in this section. Maricopa County Department of Public Health

will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts Jewish Family & Children's Service Behavioral Health							
Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1 Delta			-	0%	-	-	
Service(s) Provided							
Narrative							
2			-		-	-	
Service(s) Provided							
Narrative							
3			-		-	-	
Service(s) Provided							
Narrative							
				TOTAL	-	-	\$-

Other Program Support

1 Telephone

Telephone Jewish Family & Children's Service Behavioral Health					
Description	Annual Amount Budgeted	Admin 7%	Direct Service	Total	Narrative Justification
1 Cell Phones	80	5.20	74.80	80.00	Cell Phone - Used cost allocation plan to estimate costs.
2 Direct Line	145	9.43	135.57	145.00	Telephone/T1/Internet - Used cost allocation plan to estimate costs.
3		-	-		
TOTAL		14.63	210.37	TOTAL	\$225.00

2 Copy/Duplicating

Copy/Duplicating Jewish Family & Children's Service Behavioral Health					
Description	Budget	Admin 7%	Direct Service	Total	Narrative Justification
Program Brochures					
1 Printing/Publications	110		110.00	110.00	Printing and Publications--Direct and cost allocation
Other Copying/Duplicating					
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	110.00	TOTAL	\$110.00

Budget Category 6 4

3 Postage

Postage Jewish Family & Children's Service Behavioral Health					
Description	Amount Budgeted	Admin 7%	Direct Service	Total	Narrative Justification
1 Postage/Courier/Stamps	55	3.58	51.42	55.00	Cost allocation plan to allocation costs.
TOTAL		3.58	51.42	TOTAL	\$55.00

4 **Utilities**

Utilities have been deemed 100% administrative. (Ruling 6.6.B05)

Utilities Jewish Family & Children's Service Behavioral Health					
Description	Amount Budgeted	Admin 7%	Direct Service	Total	Narrative Justification
1 Electric/Water/Gas	375	375.00	-	375.00	Cost allocation plan to allocation costs.
		-	-	-	
		-	-	-	
		-	-	-	
		-	-	-	
TOTAL		375.00	-	TOTAL	\$375.00

4 **Other Program Support**

Other Program Support Jewish Family & Children's Service Behavioral Health					
Description	Budgeted Amount	Admin 7%	Direct Service	Total	Narrative
1	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

1 Audit/Accounting/Finance

Audit/Accounting/Finance Jewish Family & Children's Service Behavioral Health							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description
a Clifton Gunderson	2	200	400.00		400.00		Costs include services paid to Clifton Gunderson, and allocation and administrative services
Cost Method Used	Used staffing as a method of allocation. Staffing represents .008202 of the total staff at the Catalina facility.						
Budget Justification	Federal funds are required to be audited by an independent auditors. Clifton Gunderson is JFCS' independent auditing firm. An audit is done annually in addition to the preparation of tax returns. If a single audit is applicable, then these services will also be required. Estimated contract cost is \$35,000.00						
b			-		-		
Cost Method Used							
Budget Justification							
c					-		
Cost Method Used							
Budget Justification							
					TOTAL	400.00	\$400.00

2 Insurance

Insurance Jewish Family & Children's Service Behavioral Health							
Insurance Type	Annual Premium	Percent To grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a Liability Insurance	28379	1%	232.71		232.71		Insurance is requirement on all contracts and grants w/minimums.
Cost Method Used	Use staffing ratio to determine allocation. Staffing ratio equals .008202. Liability insurance for Catalina = \$24,500.						
Budget Justification							
b	0	0%	-		-		
Cost Method Used							
Budget Justification							
c		0%	-		-		
Cost Method Used							
Budget Justification							
					TOTAL	232.71	\$ 232.71

3 Rent/Space

Rent/Space Jewish Family & Children's Service Behavioral Health							
Provider	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a Presson Equity Partnership LLP	90000	1%	738.18		738.18		Operating Lease agreement.
Cost Method Used	Use staffing as a method for allocating costs. Staffing ratio = .008202						
Budget Justification	Necessary to perform required contractual services.						
				TOTAL	738.18		\$ 738.18

4 Other Professional Service

Other Professional Service Jewish Family & Children's Service Behavioral Health							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description
a Topaz Information	16.4625	240	3,951.00	0%	-	3,951.00	Directly attributable to services
Cost Method Used	# of hours used was based on the cost per user using the staffing ratio percentages to determine # of hours budgeted.						
Budget Justification	IT Services. Paying for the Electronic Medical Records Practice Management system to process claims and services. Also includes NT Services. Cost is \$240.00 per user.						
b			-		-	-	
Cost Method Used							
Budget Justification							
c					-	-	
Cost Method Used							
Budget Justification							
			3,951.00	TOTAL	-	3,951.00	\$ 3,951.00

Instructions: Complete the yellow sections for this template. All information will be linked to the Unit Cost sheet of this work book
 This sheet allows for planning and cost calculations for services to be provided under this grant.
 Providers may utilize this sheet to determine costs of units that they are proposing for the contract.
 Providers also have the option to utilize the Unit Cost Narrative sheet at the end of this workbook.

Organization Name: **Jewish Family**
 Contract: **Behavioral Health**

	(A) Activity (From Work Statement)	(B) Product / Unit Name	(C) Numb er of Units Propos ed	(D) Proposed Fee Per Product/Deliverable	Schedule of Deliverables												(E) Total Payment Per Objective/Activity
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1	Counseling	Screening	12	16.46	1	1	1	1	1	1	1	1	1	1	1	1	197.57
2	Counseling	CnsIng - Individual	36	16.46	3	3	3	3	3	3	3	3	3	3	3	3	592.72
3	Counseling	CnsIng - Family	12	16.46	1	1	1	1	1	1	1	1	1	1	1	1	197.57
4	Psynchiatric	Psychiatric Eval	6	70.67		1		1		1		1		1		1	424.05
5	Counseling	CnsIng - Individual	729	38.89	66	66	65	56	56	56	56	62	62	62	61	61	28,348.10
6	Counseling	Case Management	73	23.94	7	6	6	6	6	6	6	6	6	6	6	6	1,747.50
7	Medication	Medication Management	26	19.27	3	3	2	2	2	2	2	2	2	2	2	2	501.05
8			-	-													-
TOTAL			894		81	81	78	70	69	70	69	76	75	76	74	75	

32,008.56
 \$32,000.00
 \$8.56
 (Over Budget)

- (A) From the Work Statement - enter which activity this unit relates to.
- (B) Product/Unit Name - Enter the name that identifies this unit.
- (C) Enter the number of units proposed for the contract year.
- (D) This fee calculates automatically, based on the budget and unit cost from the Unit Cost Worksheet.
- Schedule of Deliverables Enter the number of units BY MONTH proposed in the corresponding column and row.
- (E) This calculates the total amount budgeted, based on proposed units x proposed fee, for this contract.

5

Unit of Service (Name)	Cnslng - Individual
Unit Definition (Describe the Unit)	Office, Individual BH counseling and therapy
Units Proposed	729
Percent of Total	82%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
Clinician	Face to Face counseling, review treatment plans, and BH intervention	23.54	6.36	30	60	29.90
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						29.90

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total	
Travel	140.57	729	82%	0.16
Supplies	467.48			0.52
Equipment	-			-
Contractual	-			-
PS	371.79			0.42
Other Direct Costs	3,951.00			4.42
				35.41

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	1,031.52	278.51	1,310.03	82%	729.00	1.47
Total Admin Labor Cost						1.47

Other Direct Costs	Total Admin Cost	Units Prop	Percent to total	
Travel	-	729	82%	-
Supplies	32.52			0.04
Equipment	-			-
Contractual	-			-
PS	393.21			0.44
Other Direct Costs	1,370.89			1.53
				3.47

Indirect	-					-
						38.89

6

Unit of Service (Name)	Case Management
Unit Definition (Describe the Unit)	Family BH counseling and thereapy with or without client present, 15 minutes
Units Proposed	73
Percent of Total	8%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
Clinician	Face to Face counseling, review treatment plans, and BH intervention	23.54	6.36	30	30	14.95
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						14.95

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total	
Travel	140.57	73	8%	0.16
Supplies	467.48			0.52
Equipment	-			-
Contractual	-			-
PS	371.79			0.42
Other Direct Costs	3,951.00			4.42
				20.46

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	1,031.52	278.51	1,310.03	8%	73.00	1.47
Total Admin Labor Cost						1.47

Other Direct Costs	Total Admin Cost	Units Prop	Percent to total	
Travel	-	73	8%	-
Supplies	32.52			0.04
Equipment	-			-
Contractual	-			-
PS	393.21			0.44
Other Direct Costs	1,370.89			1.53
				3.47

Indirect	-	-	23.94
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7

Unit of Service (Name)	Medication Management
Unit Definition (Describe the Unit)	Office medical management done by NP, 15 minutes
Units Proposed	26
Percent of Total	3%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
Nurse Practitioner	Face to face or phone, review & revise treatment plans, make referrals and consultations.	48.57	13.11	62	10	10.28
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						10.28

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total	
Travel	140.57	26	3%	0.16
Supplies	467.48			0.52
Equipment	-			-
Contractual	-			-
PS	371.79			0.42
Other Direct Costs	3,951.00			4.42
				15.80

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	1,031.52	278.51	1,310.03	3%	26.00	1.47
Total Admin Labor Cost						1.47

Other Direct Costs	Total Admin Cost	Units Prop	Percent to total	
Travel	-	26	3%	-
Supplies	32.52			0.04
Equipment	-			-
Contractual	-			-
PS	393.21			0.44
Other Direct Costs	1,370.89			1.53
				3.47

Indirect	-	-	19.27
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Instructions: Use this worksheet to submit manual calculations of proposed reimbursement rates for services provided under this grant.

Complete one section for each unit of service proposed. (i.e, face-to-face visit)
 It is the Provider's responsibility to adequately identify costs associated with this service.

Unallowable and/or unnecessary costs will be rejected by MCDPH.

Unit Name:
 Definition:

--	--

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

 (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
 (PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
 Cost Input the amount PER UNIT
 Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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7			
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9			
10			

Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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10			

Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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10			

Total -

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT C Work Plan

**Maricopa County Department of Health Care Mandates
Ryan White Title I Program
Phoenix, EMA
FY 2008/2009**

Jewish Family & Children's Service

FY 2008/2009 WORK PLAN FOR

Mental Health Services

Performance Measure FY 2008-2009

- | | |
|-------------------------------------|------------------------------------|
| 1) Number of new clients = 12 | 4) = |
| 2) Number of returning clients = 20 | 5) = |
| 3) Face to Face Visits= 237 | 6) % of compliance = |
| | 7) Total # unduplicated clients 32 |

Challenge: To improve the mental health status of HIV-infected individuals experiencing behavioral health symptoms.

Goal: To provide outpatient psychiatric and counseling services to eligible HIV-infected individuals.

OBJECTIVES:	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED	HOW GOALS WILL BE MEASURED/ATTAINED/ EVALUATION METHODS
<p>Objective 1: Screening & Assessments Screen and complete behavioral health assessments on twelve (12) new clients through individual interviews with an expected outcome of improved access to care for people in need of counseling or psychotropic medications. All units reported are billed based on HCPCS/CPT codes as approved by Medicaid.</p>	<p>The project will: -verify client eligibility -complete behavioral health Standard Assessment form -diagnose behavioral health disorders -complete treatment plans -schedule necessary services -make necessary referrals -obtain signed release of information forms to facilitate and coordinate services with other providers (i.e. primary care physicians)</p>	<p>Implementation: JFCS will work closely with referral sources to inform them of the referral and intake process. JFCS will screen potential clients over the phone for eligibility. If clients appear eligible, they will be scheduled for a face-to-face assessment.</p> <p>Responsible staff: <i>Staff Responsible: Approved, Licensed Masters Level Counselor or Social Worker</i></p> <p>Supervisor will assist with questions.</p>	<p>Narrative Measure Statement: Careware will be used to report billing and client demographics. Client Chart(s) will document any standards required and include details on the service provided.</p> <p>Service Unit Name: Categories Are: Screening Assessments Individual & Family Counseling Group Counseling Medication Management BH Case Mgmt Evaluations</p> <p>Service Unit Description: 1 unit = reflective of HCPCS/CPT code</p> <p>Units to be Provided: 350 (60 Screening and Assessment)</p>

OBJECTIVES	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED
<p>Objective 2: Psychiatric Services Provide 8 psychiatric evaluations to new or ongoing Ryan White eligible clients to determine diagnosis and need for psychotropic medications.</p> <p>All units reported are billed based on HCPCS/CPT codes as approved by Medicaid.</p>	<p>The project will: -schedule and provide one-hour psychiatric evaluations to eligible clients -establish diagnosis based on DSM-IV -prescribe medications if necessary -educate clients regarding medications and potential side-effects -schedule follow-up medication management appointments</p>	<p>Implementation: Evaluations will be scheduled with approved psychiatric providers. Clients will meet with the provider for a one-hour assessment. The psychiatric provider will document the service and write prescriptions for any necessary medications. Providers will schedule follow-up visits to ensure the medications are working, and to monitor for side effects.</p> <p>Responsible staff: <i>Staff Responsible:</i> Licensed Psychiatric Nurse Practitioner or Psychiatrist</p> <p>Supervisor will assist with questions.</p>

OBJECTIVES	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED
<p>Objective 3: Counseling Services To provide 777 individual, family or couples counseling units to HIV-positive, eligible individuals who are experiencing behavioral health symptoms. Provide 73 units of related case management services.</p> <p>All units reported are billed based on HCPCS/CPT codes as approved by Medicaid.</p>	<p>The project will: -meet with clients as necessary to work on goals and objectives as outlined in the individualized treatment plans -review and revise treatment plans as necessary -make necessary referrals -provide behavioral health interventions appropriate to diagnosis and problems -consult, when appropriate, with case managers, prescribers, primary care physicians, and others involved in the client's treatment -Make necessary telephone contacts with clients for outreach, follow up on failed appointments, crisis management -review program eligibility every six (6) months</p>	<p>Implementation: Treatment plans will be completed with each client at intake, or within 30 days of intake. Specific treatment goals and objectives will be identified. Based on the treatment plan, sessions will be scheduled by the client and therapist. Frequency of visits will be determined by the treatment plan. Therapist and client will meet regularly to work on treatment goals. Treatment plans and progress will be reviewed as needed and updated at least annually. Client status and progress will be reported in progress notes following each visit. Therapist will consult with others involved in the client's care as needed, and document all such contacts in the client's file. Treatment will be revised as needed. When counseling is complete, a discharge summary will be written summarizing progress.</p> <p>Responsible staff: Staff Responsible: Approved, Licensed Master Level Counselors and Social Workers Supervisor will assist with questions.</p>

OBJECTIVES:	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED
<p>Objective 4: Medical Management To provide 26 medication management services to eligible HIV-positive clients in order to maintain psychiatric symptoms through use of psychotropic medications and for management of any side effects.</p> <p>All units reported are billed based on HCPCS/CPT codes as approved by Medicaid.</p>	<p>The project will:</p> <ul style="list-style-type: none"> -schedule and provide twenty-six (26) 15-minute medication management appointments -review how prescribed medications are working and make necessary changes to prescriptions -review for any medication side-effects and take steps to respond to any side-effects that are problematic -make any necessary medication changes -order and follow up on any necessary lab work - Notify PCP of Meds prescriptions & any changes in Meds - Assist with Medical a, prescription and pharmacy issues. 	<p>Implementation: Medication management visits will be scheduled as needed, to be determined by the prescriber. Client will meet with the prescriber for 15-minute visits. During the meeting, symptoms will be reviewed, side-effects will be discussed, necessary education will be provided, and appropriate adjustments will be made. Prescriber will document each visit and any changes made in medication(s).</p> <p>Responsible staff:</p> <p><i>Staff responsible:</i></p> <p>Licensed Nurse Practitioner or Psychiatrist Registered Nurse</p> <p>Supervisor will assist with questions.</p>

JEWISH FAMILY AND CHILDREN'S SERVICES, 4220 NORTH 20TH AVENUE, PHOENIX, AZ 85015

PRICING SHEET: NIGP CODE 9487404

Terms: NET 30

Vendor Number: W000007279 X

Telephone Number: 602/279-7655

Fax Number: 602/253-7065

Contact Person: Thomas F. Updike

E-mail Address: info@jfcs.com

Certificates of Insurance Required

Contract Period: To cover the period ending **March 31, 2011.**