

ADDENDUM NUMBER: TWO

HILLSBOROUGH COUNTY FAMILY & AGING SERVICES DEPARTMENT
601 KENNEDY BLVD., 25th FLOOR
TAMPA, FLORIDA 33602

DATE: **September 30, 2011**

TO APPLICANT: This Addendum is an integral part of the RFA Package under consideration by you as an Applicant in connection with the subject matter herein below identified. Hillsborough County deems all sealed Applications to have been proffered in recognition and consideration of the entire RFA package – including all issued addenda. For purposes of clarification, receipt of this present Addendum by an Applicant should be evidenced by returning it (signed) as part of the Applicant's sealed Application.

ADDENDUM TO: **THE PROVISION OF OUTPATIENT AND AMBULATORY HEALTH AND SUPPORT SERVICES, FOR INDIVIDUALS WITH HIV DISEASE AND THEIR FAMILIES**

RFA NUMBER: **RW1-11**

RFA SUBMISSION DEADLINE DATE AND TIME: **Friday, October 28, 2011, 5:00 PM**

PLACE: **Family & Aging Services, 601 East Kennedy Blvd., 25th floor, Tampa, Florida 33602**

REASON FOR ISSUANCE OF THIS ADDENDUM: THE INFORMATION INCLUDED HEREIN IS HEREBY INCORPORATED INTO THE CONTRACT DOCUMENTS OF THIS PRESENT RFA MATTER AND SUPERSEDES ANY CONFLICTING CONTRACT DOCUMENTS OR PORTION THEREOF PREVIOUSLY ISSUED:

1. Treatment Adherence funding is hereby added to this RFA document. The service and unit definition as well as the funding amounts are listed below.

Treatment Adherence Services (Minority AIDS Initiative Funding) includes Medical Educator/Treatment Advocate (ME/TA) positions and Peer Educator Specialist positions (MAI Funded):

Medical Educator/Treatment Advocate: Program staff of existing Ryan White provider agencies will identify MAI eligible clients who 1) have been referred to primary care but have not accessed it, or 2) are accessing care inconsistently. The role of the MAI medical educator/advocate is **not to replace the existing case manager**, but to supplement their efforts. The Minority AIDS Initiative (“MAI”) medical educator/treatment advocate (ME/TA) will engage and maintain referred clients in ambulatory/outpatient medical care (primary care) by providing individual and/or group treatment adherence education that is culturally, linguistically, gender and age appropriate, primary care advocacy, and additional referrals as needed.

The provider will be required to serve the proportionate percentage of women to the overall HIV+ population in the county for which they apply. In addition, because they will serve women of childbearing age, they are required to coordinate appropriate medical care. Care Coordination includes but is not limited to ensuring client receives pap smears every six months, documentation that pregnancy tests are administered as appropriate, coordinate specialty care referrals if appropriate, monitor adherence, educate clients on the importance of medical care and medication. An initial assessment of the client will include comprehensive medical and social history, physical and social assessment, family and dependents, knowledge of HIV disease, its management, treatment, and prevention.

The provider will be required to assist in evaluation activities by establishing a database and methods for collecting the following data:

- The number of clients who received Phase II and Phase III education,
- The number of clients who are referred to primary care,
- The number of clients who remain in primary care,
- Changes in lab values that may be considered logically linkable to increased access to, and retention in, primary medical care.

Phase I: Phase I clients are MAI eligible clients who are lost to follow-up, and/or medically non-adherent. These individuals will receive intensive contact and support by the medical educator/treatment advocate (ME/TA). The ME/TA is a vital link between the local service providers, primary health providers and other existing MAI initiatives through their efforts to find clients who are lost to care and bring them back into care. Stipends are not allowable under this Agreement.

Phase II: Phase I clients are MAI eligible clients who are engaged in care, but have demonstrated a need for additional support, medical education and/or treatment advocacy. The ME/TA will see clients on site at their agency and also have an established schedule of times when they will meet with clients at other agencies. Alternatively the ME/TA may be out-posted during an established schedule of times at alternate agencies. The ME/TA will have several client oriented roles including:

- a) educating clients about the importance of primary care,
- b) referring clients to primary care physicians,
- c) accompany clients to primary care appointments when necessary,
- d) teaching clients how to understand their lab test results,
- e) educating clients about medications, side effects, and treatment regimens, and;
- f) acting in an advocacy/buddy role in an effort to ensure clients remain in, and adheres to, primary care once they have gained access.

Phase III: Phase III clients are MAI eligible clients who have successfully completed the education components of Phase II as outlined above, and have expressed an interest in becoming a peer educator. The Peer Educator Specialist will train Phase III clients to become peer educators. The role of peer educators is to provide education and support to other HIV positive individuals, and to deliver community presentations at schools, churches, local planning bodies or at other appropriate settings.

Peer Educator Specialist: The Peer Educator Specialist will provide training for Phase III clients as listed above. The Minority Advisory Committee (MAC) of the Care Council prefers that an HIV+ person fill this position, however it is not a requirement.

A unit of **Treatment Adherence** is defined as one hour or any portion thereof.

PART A - MAI FUNDING AVAILABLE:

County/Countries	Annual Allocation
Pinellas County – Blacks/African Americans	\$15,000
Pinellas County – Hispanics	\$6,473

2. It is the Applicants responsibility to continually review the Family and Aging Services website to verify whether any Addendums have been issued. The website address is: <http://www.hillsboroughcounty.org/hss/resources/publications/home.cfm>

3. In Section 1.3, Fiscal Management and Stability of Agency, question #16, the County requests a copy of our agency’s Emergency Preparedness Plan (EPP), if our plan is extremely large, do we have to submit a complete copy or can we attest that we have a plan?

Applicants should provide their plan if it is not extensive; or the applicant can attest that they have plan in place. If the agency is funded, the agency will be required to submit a copy of the EPP.

4. In Section 3.3, Prior Funding Experience, question #5, how far back must an applicant report prior spending patterns?

The agency shall report spending patterns for the past three years.

5. EMA is hereby defined as Eligible Metropolitan Area, comprising Hillsborough, Pinellas, Pasco and Hernando Counties.

6. The Resource, Prioritization, Allocations and Reallocations Committee (RPARC) has approved the following funding allocations for expiring contracts (listed below). The Care Council will be making their final approval of the allocations on Wednesday, October 5, 2011. If there are any changes to the allocations by the Care Council an addendum will be issued. Please continue to check the above website frequently for any additional addendums that may be posted.

Outpatient/Ambulatory Medical Care:

PART A FUNDING AVAILABLE:

Hernando County	\$78,475
Hillsborough County	\$1,937,525
Pasco County	\$102,000
Pinellas County	\$1,148,342

AIDS Pharmaceutical Assistance (Local)-(Medications):

PART A FUNDING AVAILABLE:

EMA	\$1,511,230
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Oral Health Services:

PART A FUNDING AVAILABLE:

Hernando County	\$122,847
Hillsborough County	\$226,721
Pasco County	\$25,000
Pinellas County	\$168,850

PART B FUNDING AVAILABLE:

Pinellas County	\$92,000
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Mental Health Services:

PART A FUNDING AVAILABLE:

Hillsborough County	\$123,614
Pasco/Hernando Counties	\$23,551
Pinellas County	\$101,138

Substance Abuse Services (outpatient):

PART A FUNDING AVAILABLE:

Hillsborough County	\$150,000
Pinellas County	\$190,208

Health Insurance Premium & Cost Sharing Assistance:

PART A FUNDING AVAILABLE:

EMA	\$516,500
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PART B FUNDING AVAILABLE:

TSA	\$190,000
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Medical Case Management:

PART A FUNDING AVAILABLE:

Hillsborough County	\$184,731
Hillsborough County (inmates)	\$79,893
Hillsborough County (Specialty Care Center)	\$0
Pasco/Hernando Counties	\$0
Pinellas County	\$437,937
Pinellas County (inmates)	\$82,598

PART B FUNDING AVAILABLE:

Pinellas County	\$104,914
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SUPPORT SERVICES

Non-Medical Case management services:

PART A FUNDING AVAILABLE:

Hillsborough County (Eligibility)	\$90,000
Pinellas County (Eligibility)	\$90,000
EMA (Patient Assistance Program)	\$50,000

PART B FUNDING AVAILABLE:

Hillsborough County (Eligibility)	\$45,000
Pinellas County (Eligibility)	\$45,000

STATE GENERAL REVENUE FUNDING AVAILABLE:

Hillsborough, Pinellas, Pasco and Polk Counties (Patient Assistance Program)	\$50,000
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Receipt of this Addendum is hereby acknowledged by the undersigned Applicant.

ATTEST:

Authorized Signature (Applicant)

Witness

Title of Person Signing Above

Typed Name of Firm, Corporation,
Business or Individual

Address

Telephone Number

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