INDIANA STATEWIDE HIV PREVENTION

REQUEST FOR PROPOSALS

2008

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Indiana Statewide HIV Prevention
REQUEST FOR PROPOSALS

SECTION 1: GENERAL INFORMATION AND REQUESTED PRODUCTS/SERVICES

1.1 INTRODUCTION

The Indiana State Department of Health, Division of HIV/STD is seeking contractors to provide HIV Prevention Programs based on evidence based initiatives as selected by the state-wide Community Planning Group including individual, group and community level interventions; Health Communication/Public Information, Comprehensive Risk Counseling and Services; and Counseling, Testing and Referral/Partner Counseling and Referral Services for Priority Populations at risk for HIV infection in Indiana. Neither this RFP nor any response (proposal) submitted hereto are to be construed as a legal offer.

1.2 DEFINITIONS AND ABBREVIATIONS

Following are explanations of terms and abbreviations appearing throughout this RFP. Other special terms may be used in the RFP, but they are more localized and defined where they appear, rather than in the following list.

AIDS	Acquired Immunodeficiency Syndrome
Acceptance	The designated period following completion of HIV Prevention services during the acceptance period, the State will evaluate all features and Performance of HIV Prevention services.
CDC	Centers for Disease Control and Prevention
CLI	Community Level Intervention
CPG	Indiana's HIV Prevention Community Planning Group
CRCS	Comprehensive Risk Counseling and Services for persons living with HIV/AIDS is an individual level intervention for clients, who have multiple, complex psychosocial challenges and risk-reduction needs to adopt and maintain HIV risk-reduction behaviors. This intervention is also for high-risk negative individuals to help them maintain a sero-negative status.
CTR/PCRS	Counseling, Testing, and Referral/Partner Counseling and Referral Services
DEBI	Diffusion of Effective Behavioral Interventions

EBI	Effective Behavioral Intervention
Full Time Equivalent (FTE)	The State defines FTE as a measurement of an employee's productivity on a specific project or contract. An FTE of 1 would mean that there is one worker fully engaged on a project. If there are two employees each spending 1/2 of their working time on a project that would also equal 1 FTE.
GLI	Group Level Intervention
HC/PI	Health Communication/Public Information
HEP	Hepatitis
HIV	Human Immunodeficiency Virus
IAC	Indiana Administrative Code.
IC	Indiana Code.
ILI	Individual Level Intervention
Installation	The delivery and physical setup of products or services requested in this RFP
Intervention	Specific HIV prevention activities that are theoretical and evidence based. The scope of these planned activities should be designed to decrease the risk of transmitting or acquiring HIV.
ISDH	Indiana State Department of Health
MOU	Memorandum of Understanding
Other Interventions	Category to be used for those interventions that cannot be described by the definitions provided for the other six types of interventions (GLI, ILI, CRCS, CTR/PCRS, HC/PI, and Outreach). This category includes community level interventions (CLI).
Other Governmental	An agency, board, branch, bureau, commission, council, body department, institution, office, or another establishment of any of the following: 1. The judicial branch. 2. The legislative branch. 3. A political subdivision (includes towns, cities, and local governments, etc.) 4. A state educational institution

Outreach	HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators, face-to-face with high-risk individuals in the neighborhoods, or other areas where they typically congregate. Outreach is a method in which educational information is conveyed, HIV testing is encouraged, and HIV disease reduction methods are clearly described and their use encouraged. Outreach can include distribution of condoms, bleach, sexually responsibility kits, and educational materials. This approach follows the Peer Opinion Leader models (POL).
Priority Populations	Targeted communities that have been considered priority for Indiana HIV Prevention Programs by Indiana's HIV Prevention Community Planning Group
Products	Tangible goods or manufactured items as specified in this RFP.
Proposal	An offer as defined in IC 5-22-2-17.
Respondent	An offeror as defined in IC 5-22-2-18. The State will not consider a proposal responsive if two or more offerors submit a joint or combined proposal. One entity or individual must be clearly identified as the Respondent who will be ultimately responsible for performance of the contract.
Services	Work to be performed as specified in this RFP.
STD	Sexually Transmitted Disease
State	State of Indiana
State Agency	As defined in IC 4-13-1, a) The "state agency" means an authority, board, branch, commission, committee, department, division, or other instrumentality of the executive, including the administrative, department of state government. b) An entity established by the general assembly as a body corporate and politic. c) A state educational institution.
Vendor	Any successful Respondent selected as a result of the procurement process to deliver the products or services requested by this RFP.

1.3 PURPOSE OF THE RFP

The purpose of this RFP is to select vendors that can satisfy the State's need for HIV Prevention Services for ISDH, Division of HIV/STD. ISDH, Division of HIV/STD, is seeking respondent(s) to provide comprehensive HIV Prevention services. If an agency does not currently provide a comprehensive program of HIV services, it is permissible to use MOUs (Memorandum of Understanding) through collaborations with partner organizations to ensure a comprehensive HIV prevention program. In this instance, the lead agency will oversee the provision of all prevention activities in their defined area including CTR/PCRS, CRCS, HC/PI, Outreach, and evidence based interventions.

1.4 SCOPE OF WORK

The work being requested will follow the guidelines set by the Evidence Based Intervention chosen and recommended by CPG. Contract terms are for one year from January 1, 2008 to December 31, 2008. The estimated cost is $1.2 million.

The ISDH, Division of HIV/STD goal is to fund programs that encompass all of the HIV Prevention services and address the priority populations. Their services must include CTR/PCRS, CRCS, HC/PI, Outreach, and evidenced based interventions. The HIV Prevention Program is seeking service providers to provide comprehensive services to the communities of Indiana. The comprehensive services may be provided by a single agency; however, a collaboration of several agencies bonded by MOUs is also possible. All agencies must submit an organizational chart and collaborative agencies submitting proposals must submit organizational chart, designated fiscal agent and designated data manager, for all included agencies.

HIV Prevention services must be performed by qualified personnel. Prevention counselors, supervisors, and other staff are required to attend training opportunities offered during the project funding period relevant to their targeted populations and interventions. Certain trainings such as ISDH HIV/STD Quarterly meetings should have at least one employee from each funded agency in attendance. Regarding Cultural Competency training, prevention services staff must attend a two-day session their first year of employment, a one-day session their second year and any additional training annually.

Providers must have qualified staffing in sufficient numbers to meet the Prevention Service demands for their target population(s), intervention(s), and geographical areas.

ISDH uses a cost reimbursement basis for payment of agency expenditures. A budget for the grant period must be submitted for approval (insert in Attachment D). Reimbursement invoices for incurred budgeted expenses must be submitted on a monthly basis.

The following are examples of expenditures that may **NOT** be claimed as reimbursable costs for HIV Prevention Programs:

- Construction or renovations of buildings;
- Depreciation of existing building or equipment;
- Contributions, gifts, donations, dues to societies, organizations, or federations;
- Entertainment, food;
- Automobile purchase or lease;
- Interest and other financial costs;
- Costs for in-hospital patient care;
- Fines and penalties;
- Fees for health services;
- Accounting expenses for government agencies;
- Bad debts;
- Contingency funds;
- Executive expenses (car rental, car phone, entertainment);
- Client travel; and,
- Legislative lobbying.

All intervention data must be entered into the Luther Evaluation Web at least bi-weekly. Progress narrative reports must be submitted quarterly: April 15, 2008 (1st quarter), July 15, 2008 (2nd quarter), October 15, 2008 (3rd quarter), and January 15, 2009 (4th quarter). A yearly narrative report must be submitted by January 15, 2009.

Providers must have Internet access in order to participate in the ISDH Prevention Plan and Process Evaluation web-based data reporting system. Since this data must be reported to the CDC, providers without on-site Internet access will not be considered for contract award.

HIV prevention services should be delivered to eligible clients free of charge; i.e. an agency cannot charge for any funded items such as OraSure and OraQuick. Most generally, reimbursement by ISDH is to be considered as full payment for prevention services. Providers must maintain written documentation of all client interactions and services provided which is subject to review and audit by ISDH or its designated agent. A summary of these interactions can be maintained using the web-based data collection software system maintained by Luther Consulting, LLC.

Paper records must be maintained for a minimum of one (1) year for anonymous CTR/PCRS cases and seven (7) years for confidential CTR/PCRS. CRCS and other prevention interventions must retain records for two (2) years. Discarded records must be shredded. ISDH Division of HIV/STD staff must have access to all enrolled client records. Programs must allow Division of HIV/STD staff on-site access for site review, monitoring, and evaluation purposes.

Providers are required to maintain client records in a secure manner. Computer systems containing client information must be protected with multiple passwords. Office equipment that is used for storing confidential materials must be locked when not in use. Providers must adopt and adhere to written policies and procedures which specify that

client information is considered confidential privileged information. The provider must possess a written policy which limits access to client records to only the client, the agency's HIV prevention program staff, the HIV prevention program management personnel located within ISDH, and other monitoring or reimbursement agencies with a legitimate need to know. Release of information to entities other than those noted herein must be preceded by the written consent of the client or legal representative, except as demanded under State statutes. These policies and procedures must include provisions for discipline should violations occur. The provider is not to use any client information in any way except as needed for the proper discharge of responsibilities**.**

Should a client request to review their records, providers must permit such a review. ISDH or other persons authorized by the ISDH must also be permitted to review all paper and electronic records.

Providers must ensure that Prevention Services will be available for all eligible clients regardless of race, ethnicity, gender, sexual orientation, religion, national origin, or disability. A policy of non-discrimination must be conspicuously posted in providers' offices and clearly indicated in all public information materials, employment applications, and personnel policies.

Individual client surveys, without identifying information, must be provided to the ISDH Division of HIV/STD upon request.

Providers must submit all materials (brochures, videos, promotional, etc.) used in conducting the HIV prevention program, whether purchased or not purchased by ISDH, to the ISDH HIV Program Review Panel for approval. Noncompliance with these requirements will result in restrictions or disallowance of provider funds related to the use of unapproved materials. (See C*ontent of AIDS-related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs (*Federal Register Vol.57, No. 115/June15, 1992.)

Providers must have written policies and procedures in place for addressing the grievances of both clients and employees. Procedures pertaining to clients must be available and visible to the client in the office setting.

Providers must assist and support the development of HIV Prevention programs managed by ISDH. Providers must develop and maintain a current listing of community support services available to the target population. A written description of all formal referral processes must also be maintained. Referrals must include: provider-staff making client appointments, arranging transportation if necessary, and follow-up to verify if the client kept the appointment. Providers must participate in ISDH sponsored initiatives, e.g. needs assessments and other surveys. Providers must adhere to a drug-free workplace policy.

1.5 DUE DATE FOR PROPOSALS

All proposals must be received at the address below by ISDH, Division of HIV/STD by close of business on **July 20th, 2007**. Each Respondent must submit one original (marked "Original") and three (3) complete copies of the proposal, including the Transmittal Letter and other related documentation as required in this RFP. A complete copy of the proposal must be provided on CD-ROM. Each copy of the proposal must follow the format indicated in Section Two of this document. Unnecessarily elaborate brochures or other presentations, beyond those necessary to present a complete and effective proposal, are not desired. All proposals must be addressed to:

Indiana State Department of Health
Division of HIV/STD
Attn: Prevention Program Manager
2 North Meridian, 6 - C
Indianapolis, IN 46204

Caution to Respondents about shipping/mailing: It is the responsibility of the Respondent to make sure that solicitation responses are received by ISDH on or before the designated time and date. Late submissions will not be accepted.

All proposal packages must be clearly marked with RFP, due date, and time due. Any proposal received after the due date and time will not be considered. Any late proposals will be returned, unopened, to the Respondent upon request. All rejected proposals not claimed within 30 days of the proposal due date will be destroyed.

No more than one proposal per Respondent may be submitted.

The State accepts no obligations for costs incurred by Respondents in anticipation of being awarded a contract.

All proposals submitted to the State should be double-sided and printed on 30% post-consumer recycled content paper or tree-free paper. When possible, soy ink should be used.

1.6 PROPOSAL CLARIFICATIONS AND DISCUSSIONS, AND CONTRACT DISCUSSIONS

The State reserves the right to request clarifications on proposals submitted to the State. The State also reserves the right to conduct proposal discussions, either oral or written, with Respondents. These discussions could include request for additional information, request for cost or technical proposal revision, etc. Additionally, in conducting discussions, the State may use information derived from proposals submitted by competing respondents only if the identity of the respondent providing the information is not disclosed to others. The State will provide equivalent information to all respondents

which have been chosen for discussions. Discussions, along with negotiations with responsible respondents may be conducted for any appropriate purpose.

A sample contract is attached (see Attachment G). Any requested changes to the sample contract must be submitted with your response. The State reserves the right to reject any of these requested changes. It is the State's expectation that any material elements of the contract will be substantially finalized prior to contract award.

1.7 REFERENCE SITE VISITS

The State may request a site visit to a Respondent's working support center to aid in the evaluation of the Respondent's proposal. Site visits will be arranged as needed.

1.8 TYPE AND TERM OF CONTRACT

The State intends to sign a contract with one or more Respondent(s) to fulfill the requirements in this RFP in an attempt to cover as much of the state as possible.

The term of the contract shall be for a period of one year from January 1, 2008 or the date of contract execution if that date is after January 1, 2008. There may be two - one year renewals for a total of three years at the State's option.

1.10 CONFIDENTIAL INFORMATION

Respondents are advised that materials contained in proposals are subject to the Access to Public Records Act (APRA), IC 5-14-3 *et seq*., and, after the contract award, the entire RFP file may be viewed and copied by any member of the public, including news agencies and competitors. Respondents claiming a statutory exception to the APRA must place all confidential documents (including the requisite number of copies) in a sealed envelope clearly marked "Confidential" and must indicate in the Transmittal Letter and on the outside of that envelope that confidential materials are included. The Respondent must also specify which statutory exception of APRA that applies. The State reserves the right to make determinations of confidentiality. Prices are not confidential information.

1.11 COMPLIANCE CERTIFICATION

Responses to this RFP serve as a representation that it has no current or outstanding criminal, civil, or enforcement actions initiated by the State, and it agrees that it will immediately notify the State of any such actions. The Respondent also certifies that neither it nor its principals are presently in arrears in payment of its taxes, permit fees or other statutory, regulatory or judicially required payments to the State. The Respondent agrees that the State may confirm, at any time, that no such liabilities exist, and, if such liabilities are discovered, that State may bar the Respondent from contracting with the State, cancel existing contracts, withhold payments to offset such obligations, and withhold further payments or purchases until the entity is current in its payments on its liability to the State and has submitted proof of such payment to the State.

1.12 AMERICANS WITH DISABILITIES ACT

The Respondent specifically agrees to comply with the provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 *et seq*. and 47 U.S.C. 225).

SECTION 2: PROPOSAL PREPARATION INSTRUCTIONS

2.1 GENERAL

To facilitate the timely evaluation of proposals, a standard format for proposal submission has been developed and is described in this section. All Respondents are required to format their proposals in a manner consistent with the guidelines described below:

- Each item must be addressed in the Respondent's proposal.
- The Transmittal Letter must be in the form of a letter. The business and technical proposals must be organized under the specific section titles as listed below.
- The State may, at its option, allow all respondents a five-calendar-day period to correct errors or omissions to their proposals. Should this necessity arise, the State will contact each respondent affected. Each respondent must submit written corrections to the proposal within five calendar days of notification. The intent of this option is to allow proposals with only minor errors or omissions to be corrected. Major errors or omissions, such as the failure to include prices, will not be considered by the State as a minor error or omission and may result in disqualification of the proposal from further evaluation.

2.2 COVER LETTER

The Cover Letter must address the following topics except those specifically identified as "optional."

2.2.1 Agreement with Requirement as outlined in this RFP

The Respondent must explicitly acknowledge understanding of the general information presented and agreement with all requirements/conditions listed.

2.2.2 Summary of Ability and Desire to Supply the Required Products or Services

The Cover Letter must briefly summarize the Respondent's ability to supply the requested products and/or services that meet the requirements defined in Section Three of this RFP. The letter must also contain a statement indicating the Respondent's willingness to provide the requested products and/or services subject to the terms and conditions set forth in the RFP including, but not limited to, the State's mandatory contract clauses.

2.2.3 Signature of Authorized Representative

A person authorized to commit the Respondent to its representations and who can certify that the information offered in the proposal meets all general conditions including the information requested in this RFP, must sign the Cover Letter. Document any agencies participating and/or collaborating in the proposal. The Cover Letter must include the principal contact for the proposal along with an address, telephone and fax number as well as an e-mail address, if that contact is different than the individual authorized for signature.

2.2.4 Respondent Notification

Unless otherwise indicated in the Cover Letter, Respondents will be notified via e-mail.

It is the Respondent's obligation to notify ISDH of any changes in any address that may have occurred since the origination of this solicitation. ISDH will not be held responsible for incorrect vendor/contractor addresses.

2.2.5 Other Information

This item is optional. Any other information the Respondent may wish to briefly summarize will be acceptable.

2.3 BUSINESS PROPOSAL

The Business Proposal must address the following topics except those specifically identified as "optional."

2.3.1 General (optional)

This section of the business proposal may be used to introduce or summarize any information the Respondent deems relevant or important to the State's successful acquisition of the products and/or services requested in this RFP.

2.3.2 Respondent's Company Structure

The legal form of the Respondent's business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization are to be included in this section. If the organization includes more than one product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization.

2.3.3 Company Financial Information

This section must include the Respondent's financial statement, including an income statement and balance sheet, for each of the two most recently completed fiscal years. The financial statements must demonstrate the Respondent's financial stability. If the financial statements being provided by the Respondent are those of a parent or holding company, additional financial information should be provided for the entity/organization directly responding to this RFP.

2.3.4 Integrity of Company Structure and Financial Reporting

This section must include a statement indicating that the CEO and/or CFO has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

The Sarbanes Oxley Act of 2002, H.R. 3763, is NOT directly applicable to this procurement; however, its goals and objectives may be used as a guide in the determination of corporate responsibility for financial reports.

2.3.5 Contract Terms/Clauses

A sample contract that the state expects to execute with the successful Respondent(s) is provided in Attachment G. This contract contains both mandatory and non-mandatory terms. Mandatory terms are listed below and are non-negotiable. Other clauses are highly desirable. It is the State's expectation that the final contract will be substantially similar to the sample contract provided in Attachment G.

In your Transmittal Letter please indicate acceptance of these mandatory contract terms as listed below. In this section please review the rest of the contract and indicate your acceptance of the non-mandatory contract clauses. If a non-mandatory clause is not acceptable as worded, suggest specific alternative wording to address issues raised by the specific clause. If you require additional contract terms please include them in this section. To reiterate it is the State's strong desire to not deviate from the contract provided in the attachment and as such the State reserves the right to reject any and all of these requested changes.

The mandatory contract terms are as follows:

- Authority to Bind Contractor
- Duties of Contractor, Rate of Pay, and Term of Contract
- Compliance with Laws
- Conflict of Interest

- Drug-free Workplace Provision and Certification
- Funding Cancellation
- Indemnification
- Governing Laws
- Non-discrimination clause
- Payments
- Penalties/Interest/Attorney's Fees
- Non-collusion and Acceptance

Any or all portions of this RFP and any or all portions of the Respondents response may be incorporated as part of the final contract.

2.4 TECHNICAL PROPOSAL

The Technical Proposal must be divided into the sections as described below. Every point made in each section must be addressed in the order given. The same outline numbers must be used in the response. The response must be in a narrative format on 8.5 x 11" paper, in a font no larger than 12-point. Margins must be one-inch on all sides of the page. Do not use title pages, section dividers, or any other unnecessary pages for the main document. Attach only those items requested. The original and three (3) copies should be submitted unbound, double-sided, and without staples, also include a copy on a CD. All attachments should be clearly labeled in a table of contents. Any brochures or bound materials should be copied single sided and included separately as attachments with title pages. RFP language should not be repeated within the response. Where appropriate, supporting documentation may be referenced by a page and paragraph number. However, when this is done, the body of the technical proposal must contain a meaningful summary of the proposal with referenced sections clearly marked. If there are multiple references or multiple documents, these must be listed and organized for ease of use by the state.

2.4.1 Capabilities of Respondent

Reiterate the following respondent information in the format used below:

- Complete name of respondent(s), if more than one agency involved, Identify the Lead Agency
- The address of the primary office
- The telephone and fax number for the primary office
- The name of the primary contact person
- The e-mail address for the primary contact person

Describe the respondent's mission and provide concise description of major accomplishments and innovations.

Describe the respondent's current agency-wide clientele – provide a demographic summary of 2006 unduplicated clients (January through December) that incorporates the following statistics:

- by Age Range Percent
  19 and younger
  20-29
  30-49
  50 and older

- Percent by Gender
  Female
  Male
  Transgender

- Percent by Race/Ethnicity
  Black/African-American
  White/Caucasian
  Hispanic/Latino
- Other

Describe the respondent's capacity to develop, implement, monitor, and evaluate a new or existing HIV prevention program. Describe administrative strengths, fiscal accountability, data management (Collection and entry) and reporting abilities – indicate specific personnel and designated agency for each task. Also, state the equipment for each administrative task.

Describe the respondent's current and proposed HIV staff - provide current job descriptions delineating position titles, job qualifications, roles and responsibilities. Please attach the following documents:

- Organizational chart outlining all paid and volunteer staff assigned to the respondent's current program(s). Include personnel FTE status (e.g., 0.5 FTE, 1.0 FTE, etc) or number of work hours per week. Indicate which positions are vacant;
- Organizational chart outlining the proposed staff to be assigned to each projected HIV prevention intervention. Include personnel FTE status or number of work hours per week. Indicate which positions are new (or vacant);
- Current resumes for HIV counselors, supervisors, and all other personnel funded in-part or in-full by the HIV Prevention Program of ISDH; and,
- Copies of current professional state licenses and certifications (including but not limited to, HIV Prevention Counseling Training Certification).

Describe the respondent's hours of operations (for each location). Include a summary of the current policies to ensure that adequate staffing is available to successfully provide proposed HIV prevention services. Describe how the dates and times are visible to clients and how the services are promoted and made known to the clients.

Describe the respondent's capacity to provide quality assurance, e.g. adequate supervision of HIV prevention staff. Describe the respondent's plan for ongoing training and to ensure that staff is knowledgeable about HIV/AIDS, prevention, hepatitis, STD's, referral to local services, cultural competency and other relevant information.

2.4.2 Interventions and implementations

See Attachments B and C for Indiana's HIV Prevention Community Planning Group's five priority populations and associated recommended interventions respectfully. (If applying for a target population that is not specified in the priority populations listed, please complete a Population Worksheet, Attachment I, in entirety.)

Describe the proposed intervention(s) using the format below. For intervention types not being applied for, the respondent should reply with "Not Applicable" or "N/A". If applying for multiple applications of one intervention type, please list, number, and describe separately. For example, if applying for two GLI intervention applications (for two separate Priority Populations), number the two GLI's as "2.1" and "2.2".

All prevention activities funded by the HIV Prevention Program must have data entered into the Luther Evaluation Web-based System. The data must be entered within two weeks of activity and CTR/PCRS activities must be entered on a daily basis. All sections of X-PEMS must be completed.

2.4.2.1 CTR/PCRS

a. List Priority Population (s) to be served.
b. Describe respondent's experience with providing CTR/PCRS.
c. Indicate why respondent chose these interventions. Explain why the respondent is qualified to provide these interventions to the Priority Population(s) specified in (a) or submit a training schedule, if needed.
d. State the projected 2008 goals and objectives for the respondent's proposed CTR/PCRS program, incorporating the following information:

    i. Total number of clients served

        a) Percent Tested
        b) Percent Confidential
        c) Percent Post-Test Counseled
        d) Percent Positive

    ii. Total Number of clients to be served per county

e. Discuss respondent's protocol and procedures for service provision. Within this discussion, please ensure that the following information is addressed:

i. Target population.
ii. Ensure at least 50% of tests must be in targeted population.
iii. Define appropriate venues for use of rapid testing.
iv. Where and when will services are provided - including plans for coordinating multiple locations, if applicable. Complete the Attachment E, Monthly Service Schedule, and duplicate as needed.
v. Identify who will be responsible for implementing and monitoring CTR and how.
vi. Describe who will be responsible for implementing and monitoring PCRS and how.
vii. Describe how will services by marketed to targeted populations specified in (a).
viii. Describe respondent's assurance of confidentiality (client and data) and safety of HIV prevention staff
ix. Describe how will newly-identified HIV positive clients be integrated into the HIV Care System (if applicable, section on Collaboration and Coordination of Services).
x. Describe practices to be used to engage high risk individuals in testing. As per CDC guidelines all sites are required to adhere to a 1.2% positivity rate, while moving toward a 2% positivity rate by December 31, 2009.
xi. Describe the mechanism of tracking referrals and follow up with clients.

2.4.2.2 CRCS

a. Describe respondent's experience with providing CRCS
b. Indicate why respondent chose this intervention. Explain why the respondent is qualified to provide CRCS.
c. State the projected 2008 goals and objectives for the respondent's proposed CRCS program, incorporating the following information:

i. Total number of clients to be served

a) Percent HIV Positive
b) Percent by Gender (including Transgender)
c) Percent by Race/Ethnicity

ii. Total number of new clients to be served

a) Percent HIV Positive
b) Percent by Gender (including Transgender)
c) Percent by Race/Ethnicity

iii. Total number of client contacts

iv. Total number of new clients to be served per county

d. Discuss respondent's protocol and procedures for service provision. Within this discussion, please ensure that the following information is addressed:

i. Where and when will services are provided – including plans for coordinating multiple locations, if applicable. Complete **Attachment E**, the Monthly Service Schedule, and duplicate as needed.
ii. Who will be responsible for implementing and monitoring? services and how?
iii. Who will be responsible for administering and collecting the Client Assessment Tool (see **Attachment F**) as 0 months (baseline), 3 months, and 9 months?
iv. Who will be responsible for collecting and maintaining client? session documentation?
v. How will services be marketed to Persons Living with HIV/AIDS?
vi. Describe respondent's assurance of confidentiality (client and data) and safety of HIV prevention staff?

2.4.2.3 ILI

a. Identify each Priority Population to be served. [See **Attachment B**]
b. Describe respondent's experience with providing ILI
c. Proposed Intervention's Name
d. Describe the intervention, specified in (b), including the theoretical, research, and practical rationale.
e. Indicate why respondent chose this intervention. Explain why the respondent is qualified to provide ILI to the Priority Population specified in (a).
f. State the projected 2008 goals and objectives for the respondent's proposed ILI program, incorporating the following information:

i. Total number of clients to be served
ii. Total number of new clients to be served
iii. Total number of client contacts
iv. Total number of new clients to be served per county

v. Total number of materials distributed (please specify)

g. Discuss respondent's protocol and procedures for service provision. Within this discussion, please ensure that the following information is addressed:

i. Where and when will services are provided – including plans for coordinating multiple locations, if applicable. Complete **Attachment E**, the Monthly Service Schedule, and duplicate as needed.
ii. Who will be responsible for implementing and monitoring services and how?
iii. Who will be responsible for administering and collecting the assessment tool (see **Attachment F**) at 0 months (baseline), 3 months, and 9 months?
iv. How will services be marketed to targeted populations specified in (a)?
v. Describe respondent's assurance of confidentiality (client and data) and safety of HIV prevention staff.
vi. Describe and specify materials to be distributed.

2.4.2.4 GLI

a. Identify each Priority Population to be served (see **Attachment B**)
b. Describe respondent's experience with providing GLI.
c. Describe the intervention, specified in (b), including the theoretical, research, and practical rational.
d. Indicate why respondent chose this intervention. Explain why the respondent is qualified to provide GLI to the Priority Population specified in (a).
e. State the projected 2008 goals and objectives for the respondent's proposed GLI program, incorporating the following information:

i. Total number of clients to be served
ii. Total number of new clients to be served
iii. Total number of client contacts
iv. Total number of new client to be served by county
v. Total number of materials distributed (please specify)

f. Discuss respondent's protocol and procedures for service provision. Within this discussion, please ensure that the following information is addressed:

i. Where and when will services are provided – including plans for coordinating multiple locations, if applicable. Complete **Attachment E**, the Monthly Service Schedule, and duplicate as

needed.

ii. Who will be responsible for implementing and monitoring? services and how?

iii. Who will be responsible for administering and collecting the assessment tool (see **Attachment F**) at 0 months (baseline), 3 months, and 9 months?

iv. How will services be marketed to target populations specified in (a)?

v. Describe respondent's assurance of confidentiality (client and data) and safety of HIV prevention staff?

vi. Describe and specify materials to be distributed.

2.4.2.5 Outreach

a. Identify each Priority Population to be served. [See **Attachment B**]
b. Describe respondent's experience with providing Outreach.
c. Indicate why respondent chose this intervention. Explain why the respondent is qualified to provide Outreach to the Priority Population specified in (a).
d. State the projected 2008 goals and objectives for the respondent's proposed Outreach program, incorporating the following information:
    i. Total number of clients to be served
    ii. Total number of clients to be served per county
    iii. Total number of materials distributed

        a) Bleach Kits
        b) Condoms, Female
        c) Condoms, Male
        d) Dental Dams
        e) HIV Literature
        f) Lubricant
        g) Safer Sex Kits
        h) Wound Care Kits
        i) Sharps Containers
        j) Incentives
        k) Other (please identify)

e. Discuss respondent's protocol and procedures for service provision. Within this discussion, please ensure that the following information is addressed:

    i. Where and when will services are provided – including plans for coordinating multiple locations, if applicable. Complete **Attachment E**, the Monthly Service Schedule, and duplicate as needed.

ii. Identify who will be responsible for implementing and monitoring services, including application of the Street Outreach Survey and include as **Attachment H.**
iii. Describe how services will be marketed to targeted populations specified in this proposal.
iv. Describe respondent's assurance of confidentiality (client and data) and safety of HIV prevention staff.
v. Describe and specify materials to be distributed.
vi. Describe Health Education/Risk Reduction (HE/RR) messages to be delivered and how Outreach clients will be integrated into CTR/PCRS.

2.4.2.6 HC/PI

a. Identify each Priority Population to be served. [See **Attachment B**]
b. Describe respondent's experience with providing HC/PI
c. Indicate why respondent chose this intervention. Explain why the respondent is qualified to provide HC/PI to the Priority Population specified in (a).
d. State the projected 2008 goals and objectives for the respondent's proposed HC/PI program.
e. Discuss respondent's protocol and procedures for service provision. Within this discussion, please ensure that the following information is addressed:

i. Where and when will services are provided – including plans for coordinating multiple locations, if applicable. Complete **Attachment E**, the Monthly Service Schedule, and duplicate as needed.
ii. Identify who will be responsible for implementing and monitoring services and how it will be accomplished.
iii. Describe how services will be marketed to targeted populations specified identified in this proposal.
iv. Describe respondent's assurance of confidentiality and safety of HIV prevention staff.
v. Describe any distributed materials, presentations, and/or electronic/print media.

2.4.2.7 Other Interventions (i.e. CLI)

a. Identify each Priority Population to be served. [See **Attachment B**]
b. Describe respondent's experience with providing CLI
c. Proposed Intervention's Name.
d. Describe the intervention, specified in (b), including the theoretical, research, and/or practical rationale.

e. Indicate why respondent chose this intervention. Explain why the respondent is qualified to provide this intervention to the Priority Population specified in this proposal.
f. State the projected 2008 goals and objectives for the respondent's proposed program, incorporating the following information:

    i. Total number of clients to be served
    ii. Total number of new clients to be served
    iii. Total number of client contacts
    iv. Total number of new clients to be served per county
    v. Total number of materials distributed (please specify)

g. Discuss respondent's protocol and procedures for service provision. Within this discussion, please ensure that the following information is addressed:

    i. Where and when will services are provided – including plans for coordinating multiple locations, if applicable. Complete **Attachment E**, the Monthly Service Schedule, and duplicate as needed.
    ii. Identify who will be responsible for implementing and monitoring services and how it will be accomplished.
    iii. Describe how services will be marketed to targeted populations specified in this proposal.
    iv. Describe respondent's assurance of confidentiality (client and data) and safety of HIV prevention staff. Describe and specify materials to be distributed, and attach copies of materials to be distributed.

2.4.2.8 Grantees requesting or receiving funds for a Disease Intervention Specialist Position

1. Disease Intervention Specialist (hereinafter DIS) services will be provided to a multi-county district constituting the following counties (identify counties to be served)
2. At least one DIS staff from each jurisdiction will attend each Division of HIV/STD quarterly sponsored meetings and other trainings as required by the State.

The grantee will assure DIS responsibility for direct patient interaction and partner follow-up for all HIV cases assigned by the State or diagnosed through HIV CTS or STD Clinics within their respective jurisdiction.

2.4.2.9 Grantees not requesting or receiving funds for a Disease Intervention Specialist Position

1. At least one grant funded staff will attend each Division of HIV/STD quarterly meeting and other trainings as required by the State.
2. The grantee will support HIV disease intervention activities regarding their responsibility for direct patient interaction and partner follow-up for all HIV cases encountered at their agency.

These activities include initiating partner referral service by eliciting partner locating information (supported by attending "partner elicitation" training at ISDH) and immediate forwarding of elicited information on State Form to ISDH STD Program for assignment to a DIS.

3. The grantee will provide phlebotomy services to its counseling and testing clients for appropriate Hepatitis, Syphilis and HIV testing.

2.4.3 COST PROPOSAL

This section will be evaluated according to the degree that the respondent meets the following criteria:

- Budget worksheets are complete, balanced, and items are realistic.
- Budget justification narrative explains each budget line item.
- Budget amount is justified by the program proposal.
- Describe how respondent will ensure invoices will be submitted on a monthly basis.
- Provide detailed information regarding other funding sources.
- Provide information and amount of administrative fees.
- If collaborating with other agencies, identify the agency which will be the fiscal agent and provide contact name, agency name, phone number, address, e-mail address, and fax number.
- Demonstrates that respondent sought other funding sources for the proposed HIV prevention project.
- Provides evidence that the requested funds are not to be used to cover services already supported by other funding sources.

SECTION 3: PROPOSAL EVALUATION

3.1 PROPOSAL EVALUATION PROCEDURE

The State has selected a group of personnel to act as a proposal evaluation team. Subgroups of this team, consisting of one or more team members, will be responsible for evaluating proposals with regard to compliance with RFP requirements. All evaluation personnel will use the evaluation criteria stated below.

The procedure for evaluating the proposals against the evaluation criteria will be as follows:

- Each proposal will be evaluated for adherence to requirements on a pass/fail basis. Proposals that are incomplete or otherwise do not conform to proposal submission requirements may be eliminated from consideration.

- Each proposal will be evaluated on the basis of the categories outlined in the Evaluation Criteria. A point score has been established for each category.

- If technical proposals are close to equal, greater weight may be given to price.

- Based on the results of this evaluation, the qualifying proposal determined to be the most advantageous to the State, taking into account all of the evaluation factors, may be selected ISDH for further action, such as contract negotiations. If, however, ISDH decide that no proposal is sufficiently advantageous to the State, the State may take whatever further action is deemed necessary to fulfill its needs. If, for any reason, a proposal is selected and it is not possible to consummate a contract with the Respondent, ISDH may begin contract preparation with the next qualified Respondent or determine that no such alternate proposal exists.

3.2 EVALUATION CRITERIA

Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFP in a cost-effective manner. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category. The points associated with each category are indicated following the category name (total maximum points = 100). If any one or more of the listed criteria on which the responses to this RFP will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations or policies, the specific criterion or criteria will be disregarded and the responses will be evaluated and scored without taking into account such criterion or criteria.

Cover Letter (Pass/Fail)

Incorporates all items listed under Section 2.2 as follows:

- Agreement with Requirement as outlined in this RFP.
- Summary of Ability and Desire to Supply the Required Products or Services
- Signature of Authorized Representative
- Respondent Notification
- Other Information

Capabilities of Respondent (25%)

This section will be evaluated according to the degree that the respondent meets the following criteria:

- Briefly describes the respondent's mission, major accomplishments, and innovations.
- Describes respondent's capability to develop, implement, monitor, and evaluate a new or existing HIV Prevention program.
- Describes administrative strengths, fiscal accountability, data collection capabilities and reporting abilities.
- Describes the respondent's current and proposed HIV staff, including current job descriptions.
- Attachments:
    - Current organizational chart.
    - Proposed organizational chart.
    - Current resumes for all respondent staff (funded in-part or in-full by ISDH).
    - Current professional state licenses and certification.
- Describes the respondent's hours of operation, ensuring that adequate staffing and hours are in place to successfully provide proposed HIV prevention services.
- Describes respondent's capacity for quality assurance including supervision of HIV prevention staff and commitment to ongoing staff education including current information on: HIV/AIDS, prevention, hepatitis, STDs, referral to local services, or other relevant topics.

Interventions and Implementations (30%)

This section will be evaluated according to the degree that the respondent meets the following criteria:

- Correctly identifies priority populations: one or more populations for CTR/PCRS and populations chosen for ILI, CRCS, GLI, HC/PI, and Outreach.
    - Attach completed Population Worksheet (Attachment F) for populations not specified as a Priority Population.
- Describes the applicant's experience in providing intervention(s).
- Discusses why applicant chose intervention(s), and why it is qualified to provide intervention(s) to specified population(s).

- States projected 2008 goals and objectives for the proposed program(s), including total number of clients served and total number of clients served per county, for each intervention.
- Describes the respondent's protocol for service provisions. Description must include a discussion of the respondent's protocol and procedures.

    - Attaches Monthly Service Schedule (**Attachment E**) for each intervention as identified in Section 2.

- Describes respondent's responsibility and monitoring of administered interventions, marketing strategy, assurance of client and data confidentiality, and assurance of safety of HIV Prevention staff.

Program Evaluation (20%)

Evaluators will review information of currently funded respondents (provided by HIV Prevention staff of the Indiana State Department of Health). This information will include, but not limited to, evaluation statistics (from Luther Evaluation Web) and HIV Prevention site evaluation reports and letters.

This section will be evaluated according to the degree that the respondent meets the following criteria:

- Describes respondent's protocol for implementing and evaluating interventions, and how respondent will ensure that administered activities follow proposed protocol.
- Summarizes, briefly, the most recent client satisfaction survey, if applicable, and how the results affected service delivery and/or planning.
- Identifies factors associated with effective program planning and implementation for specified intervention(s).
- Describes respondent's data collection protocol, including information on data collection instruments and when data collection will occur.
- Describes respondent's data entry protocol, including information on who is responsible for data entry into Luther Evaluation Web and when data entry will occur.
- Describes respondent's data analysis protocol, including how analyzed information will be used.

Collaboration and Coordination of Services (10%)

This section will be evaluated according to the degree that the respondent meets the following criteria:

- Describe and identify agencies or organizations with which the respondent will collaborate and integrate services – identifying any instances of service overlap and how duplication of prevention services will be prevented.
    - Attaches copies of all MOUs with collaborating agencies.
- Describe how respondent plans to coordinate and evaluate referral partnerships with appropriate agencies – listing those organizations to which clients will be referred and organizations that will refer to the respondent.

Total Cost of the Project and Products (or pricing) (15%)

This section will be evaluated according to the degree that the respondent meets the following criteria:

- Budget worksheets are complete, balanced, and items are realistic.
- Budget justification narrative explains each budget line item.
- Budget amount is justified by the program proposal.
- Demonstrates that respondent sought other funding sources for the proposed HIV prevention project.
- Provides evidence that the requested funds are not to be used to cover services already supported by other funding sources.

Minority & Women's Business Participation Plan (Pass/Fail)

All proposals will be reviewed by staff of ISDH and outside sources. It is possible that persons participating in the selection process, through ISDH, will interview finalists. The Commissioner of ISDH or their designee will, in the exercise of their sole discretion, determine which proposals offer the best means of servicing the interests of the State. The exercise of this discretion will be final.