August 31, 2017

BOARD OF COUNTY COMMISSIONS
ORANGE COUNTY, FLORIDA

IFB #Y17-1125-DG
CASE MANAGEMENT CONSULTING SERVICES FOR
THE RYAN WHITE PART A PROGRAM

ADDENDUM NO. 1

This addendum is hereby incorporated into the bid documents of the solicitation referenced above. The following items are clarifications to the original document.

1. **QUESTION:** Please clarify the meaning of the word “recipient” on page 14, Special Terms and Conditions, 1. Qualifications of Bidders, A. “….a minimum of two references being from a Ryan White Part A, B, C or D recipient”. Specifically, does “recipient” include grantees (Transitional Grant Area recipients, e.g. Denver, CO) AND subgrantees (AIDS Service Organization recipients, e.g. Colorado AIDS Project)?

   **ANSWER:** “Recipient” refers to Ryan White grantees not subgrantees.

2. **QUESTION:** Also, on page 15, 5. Post Award Meeting, “Within ten (10) days after receipt of notification of award of bid Contractor shall meet with the County’s representative(s)…”, does the meeting need to be in-person or is video or conference call acceptable?

   **ANSWER:** The awarded contractor can meet via video or conference call for the Post Award Meeting.

3. **QUESTION:** Finally, on Page 26, under Deliverable, D., “OAHS service standard format” is referenced. Please provide information on where those standards can be found.

   **ANSWER:** Please see Attachment A, Orlando EMA HIV Health Services Service Standards, included in this addendum.

All other terms and conditions remain unchanged.
ACKNOWLEDGEMENT OF ADDENDA

a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned not later than the date and time for receipt of the bid.

b. Receipt acknowledged by:

__________________________________      ________________________
Authorized Signer     Date Signed

__________________________________
Title

__________________________________
Name of Bidder
Outpatient/Ambulatory Health Services

**Definition:** Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a consumer by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where consumers do not stay overnight.

**Limitations:** Emergency room, nursing home facilities, or urgent care services are not considered outpatient settings.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

**Diagnostic Laboratory Testing** includes all indicated medical diagnostic testing including all tests considered integral to the treatment of HIV and related complications (e.g. Viral Load, CD4 counts/percentage, and genotype assays). Funded tests must meet the following conditions:
- Tests must be consistent with medical and laboratory standards as established by scientific evidence and supported by professional panels, associations, or organizations.
- Tests must be approved by the FDA, when required under the FDA Medical Devices Act and/or performed in an approval Clinical Laboratory Improvement Amendments of 1988 (CLIA) certified laboratory or State exempt laboratory.
- Tests must be ordered by a registered, certified or licensed medical provider and necessary and appropriate based on established clinical practice standards and professional clinical judgment.

**Eligibility:** Consumers shall meet eligibility requirements as defined in the System-Wide Service Standards.
# 1.0 Treatment Guideline Standards and Performance Measures

The agencies shall ensure compliance with the most current U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Guide for HIV/AIDS Clinical Care – 2014 Edition as cited in the following standards.

## 1.0 Treatment Guideline Standards and Performance Measures

<table>
<thead>
<tr>
<th>Standards</th>
<th>Performance Measures</th>
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</table>
| **1.0 Medical Evaluation/Assessment:** HIV+ clients accessing primary medical care will have a completed comprehensive medical evaluation/assessment and physical examination that adheres to the current HHS treatment guidelines.  
Source Citation: page 61, [https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/2014guide.pdf](https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/2014guide.pdf) | **1.a.** Written documentation in Consumer’s record of the following:  
Percentage of new clients (newly diagnosed) who have a documented comprehensive assessment/evaluation completed by the MD, NP, CNS, or PA within 3 months of HIV diagnosis in accordance with professional and established HIV practice guidelines.  
*(HRSA HAB Measure – Linkage to Care)* |
| **1.0 Comprehensive HIV related history:** History shall include at least a minimum, general medical history, a comprehensive HIV related history and psychosocial history.  
| **1.0 Physical Examination:** Providers should perform a complete history and physical examination upon entry to care and thereafter at least 1 per year.  
Objective assessment:  
- Patient’s general appearance  
- Patient’s affect and demeanor in answering questions  
- Body language  
- Other relevant characteristics  
- Measure vital signs  
- Perform physical examination  
| **1.0 Initial laboratory tests,** as clinically indicated by licensed provider. | **1.d.** Written documentation on Consumer’s record.  
### Initial Screenings/Assessments:

Screening should include at a minimum:

- Quantitative HCV RNA viral load testing
- Hepatitis A, B & C screens at initial intake.
- Mental health assessment that includes screening for clinical depression
- Psychosocial assessment,
- Substance use and abuse screening
- Alcohol use screening
- Patients on ART receive lipid screening annually
- Tobacco use screening
- Oral health assessment and screening
- Cervical Cancer Screen
- Tuberculosis (TB) Screening (T-spot or Quantiferon)
- Serum VDRL or RPR (Syphilis Screening)
- Gonorrhea (GC) and Chlamydia (CT) Testing


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1.e Percentage of clients with documented HIV-RNA viral load. *(HRSA HAB Measure)*

1.e Written documentation on Consumer’s record.

Percentage of female clients with a diagnosis of HIV who were screened for cervical cancer in the last three years. *(HRSA HAB Measure)*

Percentage of clients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for chlamydia within the measurement year. *(HRSA HAB Measure)*

Percentage of clients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year. *(HRSA HAB Measure)*

Percentage of adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year. *(HRSA HAB Measure)*

Percentage of clients with documented serologic test for syphilis performed. *(HRSA HAB Measure)*

Percentage of patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year. *(HRSA HAB Measure)*

Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for TB skin tests) as least once since the diagnosis of HIV infection. *(HRSA HAB Measure)*

Percentage of clients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of...
### 1.f Immunizations/Antibiotic Treatment:

Patients will be offered vaccinations for the following:
- Pneumococcal is recommended for all clients
- Completion of hepatitis B (HBV) vaccines series, unless otherwise documented as immune
- Completion of hepatitis A (HAV) vaccines series, unless otherwise documented as immune.
- Varicella-Zoster (VZV)
- Zoster vaccine
- Meningitis

Antibiotic treatment for opportunistic infection will be initiated if active infection has been ruled out and positive for:
- Mycobacterium avium complex (MAC) if CD4<50 cells/μL
- Toxoplasmosis if CD4<100 cells/μL


*HPV vaccine is recommended for females age 9-26 and males age 9-26; ideally given prior to sexual activity with three doses to complete through age 26.*

### 1.g Antiretroviral Therapy and Pneumocystis jiroveci pneumonia (PCP) Prophylaxis:

Antiretroviral therapy will be prescribed in accordance with the HHS established guidelines.

Patients who meet current guidelines for ART are offered and/or prescribed ART.

PCP Prophylaxis will be completed adhering to the current HHS Guidelines.

**Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV. (HRSA HAB Measure)**

**Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization. (HRSA HAB Measure)**

**Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B. (HRSA HAB Measure)**

**Percentage of patients with a diagnosis of HIV who ever received pneumococcal vaccine. (HRSA HAB Measure)**

**Percentage of patients, regardless of age, with a diagnosis of HIV are prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year. (HRSA HAB Measure)**

**Patients aged 6 weeks or older with a diagnosed of HIV/AIDS, with CD4 counts of less than 200 cells/μL or a CD percentage below 14% will be prescribed PCP prophylaxis. (HRSA HAB Measure)**
**Drug Resistance Testing:** Drug resistance testing must follow most recent, established resistance testing guidelines, including genotypic testing on all naïve patients.


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**Health Education/Risk Reduction:**
Health education will adhere to the most current HHS guidelines. Providers will provide routine HIV risk-reduction counseling and behavioral health counseling for HIV-infected patients.

Women of Child-bearing age shall receive preconception counseling.


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**Treatment Adherence:** Assessment of treatment adherence and counseling will be provided that adheres to current HHS guidelines.


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**Follow-up Visits:** Outpatient Medical Care

*Source:* amended by OAHS providers in Orange County, Florida EMA

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### 1.h
- **Drug Resistance Testing:**

  Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year. *(HRSA HAB Measure)*

### 1.i
- **Health Education/Risk Reduction:**

  Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year. *(HRSA HAB Measure)*

  Percentage of clients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. *(HRSA HAB Measure)*

  Written documentation of preconception counseling.

### 1.j
- **Treatment Adherence:**

  Written documentation on Consumer’s record.

### 1.k
- **Follow-up Visits:**

  Written documentation on Consumer’s record.
will adhere to the current HHS guidelines for on-going health care. Reassessment/reevaluation of health history, comprehensive physical examination, and annual laboratory testing should be documented in patient medical record.

Patients receiving ARV therapy should have follow-up visits scheduled every three to four months, except at the practitioner’s discretion when a patient has demonstrated long-term stability and adherence. Patients on ART receive lipid screening annually.


1.1 Documentation in Patients Charts:
Advance directives in chart or documentation that has been discussed

Clinicians will develop/update plan of care at each visit. Problem list documented. Organized and complete medication list including past ART.


1.1 Written documentation on Consumer’s record.

1.m Documentation of Missed Appointments/Efforts for Re-engagement


Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. **(HRSA HAB Measure)**

Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year. **(HRSA HAB Measure)**

Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year. **(HRSA HAB Measure)**

Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid panel during the measurement year. **(HRSA HAB Measure)**

1. Written documentation on Consumer’s record.
2.0 Scope of Services (*These are program specific policies and procedures*)

Agencies shall comply with all of the requirements outlined in this Service Standard, unless otherwise specified in their contract.

<table>
<thead>
<tr>
<th>Standards</th>
<th>Measures</th>
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<tbody>
<tr>
<td>2.1 Agencies shall have a written policy for making specialty care referrals in relation to the HIV diagnosis and for tracking such referrals with outcomes included in the consumer record.</td>
<td>2.1 Policies and procedures in place</td>
</tr>
<tr>
<td>2.2 Agencies shall ensure that specialty care services are not being provided in an emergency room, hospital, nursing home or any other type of inpatient treatment center.</td>
<td>2.2 Documentation of verification of location in place.</td>
</tr>
<tr>
<td>2.3 Agencies shall develop and maintain an appropriate relationship with entities that constitute key points of entry as defined by HRSA.</td>
<td>2.3 Copy of Agreement or documentation of relationship showing key points of entry on file and documented referrals from these points of entry.</td>
</tr>
<tr>
<td>2.4 Agencies shall have written policies and procedures for emergency care and treatment and referrals.</td>
<td>2.4 Policies and procedures in place</td>
</tr>
</tbody>
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