

REQUEST FOR PROPOSAL FOR FISCAL YEAR 2020-2021
RYAN WHITE AND PREVENTION SERVICES
IN SOUTH CENTRAL PENNSYLVANIA

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Request for Proposal of Services Timeline

January 3, 2020	Request for Proposal of Services Issued	
January 3, 2020	Question period opens via email: hivaid@fhccp.org	Highly Recommended
February 18, 2020	Question period closes: answers will be posted on http://www.hivaid-rfp.fhccp.org	
February 18, 2020	Question Review, 1:00 p.m. (Provider Meeting) Individual meetings/question review as needed.	Highly Recommended
March 9, 2020	Proposals Due by 4:30 p.m.	Mandatory
April 10, 2020	Award Letters will be sent no later than this date	

**PLEASE READ ALL INFORMATION THOROUGHLY AND CAREFULLY
SUBMIT ALL MATERIALS NO LATER THAN Monday, March 9th by 4:30 pm.**

PART I: FUNDS AVAILABLE

1-1 **Purpose**

Proposals are invited for care and supportive services for people infected with HIV, as well as for prevention services for people at high risk for acquiring HIV infection in Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York Counties. The purpose of this funding is to prevent new HIV infections, identify individuals who do not know their HIV status, and support individuals with HIV/AIDS so they can access high quality care, be retained in that care, and maintain an undetectable viral load.

1-2 **Nature and Scope of the Project**

The contract period is defined as July 1, 2020 through June 30, 2021. Funds allocated under the contract can support costs related to the provision of services for persons with HIV/AIDS and prevention services for people at high risk for acquiring HIV. All care and supportive services must enhance the ability of clients to connect to HIV medical care and be retained in care. Ryan White and prevention services, as defined in Attachments B and C, are to be delivered to the populations described in each service description. All prevention services require prior written approval from Family Health Council of Central Pennsylvania (FHCCP) and the Department of Health; see Attachment C for more information.

1-3 **Available Funds**

All funding is contingent upon state legislative approval of the 2020/2021 Budget of the Commonwealth of Pennsylvania and receipt of funds to provide Ryan White and Prevention services by the Department of Health, Bureau of HIV/AIDS, and receipt by the Family Health Council of Central Pennsylvania, Inc. of a fully executed contract from the Department of Health, Bureau of HIV/AIDS. All funding amounts are tentative, as are the funding streams to which they are attributed. Funding amounts will not be finalized until the receipt of a fully executed contract from the Department of Health.

Any funding received as a result of this proposal is considered payer of last resort. If another program, agency, or insurer has the ability to pay for any of the defined services, that entity is required to pay prior to using Ryan White services funding. Funding used to support Ryan White services comes from multiple sources and may not be actual Ryan White funding.

PART 2: ELIGIBILITY FOR FUNDING

2-1 **The following conditions must be met in order for an applicant to be eligible for funding. Meeting these prerequisites does not assure funding.**

1. Not-for-profit applicants are automatically eligible for funding, however, for-profit applicants must be approved by the Pennsylvania Department of Health.
2. Applicant must have two years of health and/or human service delivery experience.
3. Applicant must provide services within one or more of the 14 counties in the south central region, but the applicant can be headquartered outside the region.
4. Applicant must demonstrate current capacity to implement, and adhere to, contract requirements, including programmatic, fiscal and data management, and reporting requirements.
 - i. Applicant agency must have the ability to provide services on a reimbursement basis. Agency must be able to provide services for a minimum of 90 days prior to receiving reimbursement for services.
 - ii. Agency must have the necessary computer equipment and technological capability to submit electronic reports, receive and respond to e-mail, and utilize web-based and server-based software programs for reporting and training.
5. Applicant must submit a complete application to the following e-mail address: hivaids@fhccp.org on or before the application deadline - Monday, March 9, 2020 by 4:30 p.m. Late applications will not be accepted under any circumstances.
6. Applicants applying for case management services will also be required to apply for the following Ryan White services: Emergency Financial Assistance, Ryan White Housing, Medical Transportation, and Health Insurance Premium and Cost Sharing Assistance. Agencies must have the capacity to provide supportive financial services to clients in Medical Case Management in order to keep them engaged in care and to provide a full continuum of services to the client.
 - Agencies must have the capacity to directly provide medical case management services. Subcontracting or consulting agreements for case management services will not be permitted.

PART 3: INFORMATION REQUIRED FROM THE APPLICANT

Proposals should be submitted in the format outlined below. To be considered, the proposal must respond to all parts listed. Please respond to these sections in the order in which they are described. Any other information thought to be relevant but not applicable to the enumerated categories should be provided as an attachment. Proposal documents must follow these formatting guidelines: Times New Roman, 12 point font, single spaced, 1 inch margins. Proposals should be limited to 10 pages (total not including attachments). Applicants are encouraged to be succinct in their presentation.

3-1 Signature Cover Page

The first page of the proposal should be the signature cover page, which includes agency name, primary and secondary contact information (i.e. address, phone, fax, and e-mail), proposed counties to be served, and the signatures of the chief executive staff person and the agency contact. This is included as Attachment A.

3-2 Amount Requested

Provide a total amount requested for both Ryan White services and prevention services, as shown on the budget in Attachment E.

3-3 Proposed Services

Using the Client Services Form in Attachment G and the Proposed Services Form in Attachment H please identify the services you plan to provide. See Attachments B and C for service definitions. These completed forms should be included as attachments in your proposal.

3-4 Statement of Need

Applicants do not need to complete a full needs assessment for the service area; instead please address the following questions.

1. How do the proposed services fit within the context of the HIV care continuum in the service system in your targeted communities?
2. How do the proposed services support access to and retention in medical care?
3. Are there any additional barriers or trends you are seeing in your service area?
4. If new services are being proposed, how was the need for these services identified?
5. If applying for Medical Case Management funding, please indicate your unit cost and the calculation utilized to determine unit cost for these services.

3-5 **Client Service History**

For current providers receiving funds for Ryan White eligible services and/or prevention services, please complete the table below and indicate the following:

- Unduplicated number of eligible clients in all HIV programs (regardless of funding source) in the calendar year;
- Unduplicated number of eligible clients in the Ryan White Services/Part B program in the calendar year;
- Unduplicated number of clients served in prevention programming in the calendar year;
- Projected number of clients to be served in the coming FY 2020-2021 contract period.

Please note that fiscal year is defined as July 1 – June 30. This table should be included in the narrative portion of your proposal.

	CY 2016	CY 2017	CY 2018	CY 2019	Projected FY 2020-2021
Clients in all HIV programs					
Clients receiving Ryan White/Part B services					
Clients receiving Prevention services					

For current providers receiving funds for Ryan White Housing, Emergency Financial Assistance for housing, and/or 340b funds for eligible housing services, please complete the tables below and indicate the following (please note that fiscal year is defined as July 1 – June 30):

- Unduplicated number of eligible clients that received a Ryan White Housing service in the calendar year;
- Unduplicated number of eligible clients that received an Emergency Financial Assistance (EFA) housing service in the calendar year;
- Unduplicated number of eligible clients that received Housing Opportunities for Persons with AIDS (HOPWA) housing service in the calendar year;
- Unduplicated number of eligible clients that received housing support or assistance through the utilization of 340b funds during the calendar year;
- Projected number of clients to be served in the coming FY 2020-2021 contract period.

	CY 2016	CY 2017	CY 2018	CY 2019	Projected FY 2020-2021
Clients receiving a Ryan White Housing service					
Clients receiving an EFA housing service					
Clients receiving a HOPWA service					
Client receiving a housing service through 340b funds					

3-6 **Budget**

The information requested in this section is required to support the reasonableness of your proposal. Provide a proposed budget by using the following required documents.

- **Budget (Attachment E)** - The budget template delineates all expenses related to providing the proposed services to the clients including personnel, fringe, direct services, supplies, etc.
- **Budget Justification Template (Attachment F)** - The budget justification is intended to provide additional detail about the projected expenses in your proposal. It is critical that there be enough information to justify the expenses proposed in the budget and how that expense will support services.
- **Client Services Form (Attachment G)** - The Client Services Form is intended to reflect the total dollar amount, including all of the above expenses, by service and includes the number of units, units of service and number of clients. The first page is a list of instructions for completing this section. The second page is the actual client services form. Please read the instructions on the first sheet of this form carefully. The client services form is extremely important part of the proposal, and it will be used to develop the resulting subcontracts. The total dollar amount on your client service form and your budget template must match. Although we are not reimbursing by unit cost, agencies are expected to quantify the number of units of service that will be provided in each service category.

Please note administrative costs are limited to 10%; please see Attachment D for further guidance on allowable administrative costs. While you do not need to break out direct and administrative cost in this budget, you will be invoicing this way and payment will be based on this percentage.

The budget has not been locked in order to allow you the flexibility and ease of use. Your agency will be responsible for verifying all calculations on those worksheets are accurate. **PLEASE NOTE: BUDGET AMOUNTS INDICATED ON THESE FORMS MUST CORRESPOND WITH EACH OTHER, AS WELL AS THE AMOUNTS INDICATED ON THE CLIENT SERVICES FORM.**

PART 4: CRITERIA FOR SELECTION

4-1 **Review Process**

All proposals received from applicants will be reviewed and evaluated by staff of the Family Health Council of Central PA.

FHCCP will evaluate applications based on prior experience, agency performance, ability to spend projected funds, service area need, service area coverage, and the content of the application.

FHCCP reserves the right to reject any and all proposals received as a result of this request or to negotiate separately with competing applicants.

ATTACHMENT A - SIGNATURE COVER PAGE

**APPLICATION FOR
RYAN WHITE AND PREVENTION SERVICES**

AGENCY NAME: _____

AGENCY ADDRESS: _____

PRIMARY CONTACT: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

SECONDARY CONTACT: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

COUNTIES TO BE SERVED:

- | | | |
|-------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lebanon |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Fulton | <input type="checkbox"/> Mifflin |
| <input type="checkbox"/> Blair | <input type="checkbox"/> Huntingdon | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Juniata | <input type="checkbox"/> York |
| <input type="checkbox"/> Dauphin | <input type="checkbox"/> Lancaster | |

We, the undersigned, submit this request to the Family Health Council of Central PA, Inc. for consideration for funding for Ryan White and Prevention services. This request is signed by an individual authorized to enter into contracts on behalf of the submitting applicant.

We verify that the information contained in this application package is accurate. We allow Family Health Council of Central Pa, Inc. to verify any and all information contained in this application. We understand that false information will be grounds for immediate rejection of the application.

Signature CEO

Print Name

Title

Agency Contact Signature

Print Name

Title

ATTACHMENT B DESCRIPTION OF ELIGIBLE SERVICES – RYAN WHITE CARE

This document is an abridged version of HIV/AIDS Bureau policy 16-02, which can be found at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

Applicants are encouraged to read notice 16-02 to get further detail on services and to become familiar with the legislative requirements around Ryan White services. All funding received as a result of this proposal process will be subject to Ryan White legislation no matter where the funding originated.

EARLY INTERVENTION SERVICES

Note: Early Intervention Service plans must be approved by the PA Department of Health

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

RWHAP Parts A and B EIS services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.
- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

To use RWHAP funds for standalone dental insurance premium assistance, an RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

Traditionally, RWHAP Parts A and B recipients have supported health insurance premiums and cost sharing assistance. If a RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HOME AND COMMUNITY-BASED HEALTH SERVICES

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

HOME HEALTH CARE

Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. Services must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

HOSPICE SERVICES

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes. To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

MEDICAL CASE MANAGEMENT, INCLUDING TREATMENT ADHERENCE SERVICES

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

MEDICAL NUTRITION THERAPY

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services. All services performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the RWHAP.

MENTAL HEALTH SERVICES

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

ORAL HEALTH CARE

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

OUTPATIENT/AMBULATORY HEALTH SERVICES

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

SUBSTANCE ABUSE OUTPATIENT CARE

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

CHILD CARE SERVICES

The RWHAP supports intermittent child care services for the children living in the household of HIV-infected clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted. Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

EMERGENCY FINANCIAL ASSISTANCE

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

FOOD BANK/HOME DELIVERED MEALS

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Unallowable costs include household appliances, pet foods, and other non-essential products.

HEALTH EDUCATION/RISK REDUCTION

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Health Education/Risk Reduction services cannot be delivered anonymously.

HOUSING

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Eligible housing can include either housing that:

- Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services, but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

RWHAP recipients and subrecipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and subrecipients must assess every client's housing needs at least annually to determine the need for new or additional services. In addition, RWHAP recipients and subrecipients must develop an individualized housing plan for each client receiving housing services and update it annually. RWHAP recipients and subrecipients must provide HAB with a copy of the individualized written housing plan upon request.

RWHAP Part A, B, C, and D recipients, subrecipients, and local decision making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients and subrecipients consider using HUD's definition as their standard.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

LINGUISTIC SERVICES

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

MEDICAL TRANSPORTATION

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)

- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided. Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

NON-MEDICAL CASE MANAGEMENT SERVICES

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

OTHER PROFESSIONAL SERVICES

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
 - Preparation of:

- Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
 - Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
 - Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits
- Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

OUTREACH SERVICES

Outreach Services include the provision of the following three activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Outreach programs must be:

- Conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

Funds may not be used to pay for HIV counseling or testing under this service category.

Outreach services cannot be delivered anonymously as personally identifiable information is needed from clients for program reporting.

PSYCHOSOCIAL SUPPORT SERVICES

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups

- Nutrition counseling provided by a non-registered dietitian
- Pastoral care/counseling services

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client's gym membership.

REHABILITATION SERVICES

Rehabilitation Services are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Examples of allowable services under this category are physical and occupational therapy.

REFERRAL FOR HEALTH CARE AND SUPPORT SERVICES

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category. Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

RESPITE CARE

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV.

Recreational and social activities are allowable program activities as part of a respite care service provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities. Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership. Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder

- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP. Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP. RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

ATTACHMENT C
DESCRIPTION OF ELIGIBLE SERVICES - PREVENTION

The PA Department of Health has issued guidance on HIV prevention activities, which are eligible to be funded in the state. The approved interventions are:

Prevention interventions for people living with HIV:

- **ARTAS**—Facilitates linkage to care and social services.
<https://effectiveinterventions.cdc.gov/en/care-medication-adherence/group-1/artas>
- **HIV Navigation Services**— Designed to help participants obtain timely, essential and appropriate HIV-related medical and social services.
<https://effectiveinterventions.cdc.gov/en/care-medication-adherence/group-2/hiv-navigation-services>

Any other proposed prevention interventions for people living with HIV must be approved by the PA Department of Health. CDC interventions can be found here:
<https://effectiveinterventions.cdc.gov/>

Please note the Pennsylvania Department of Health (DOH) completed their Prevention program approval process in the fall of 2019. If you applied to provide a Prevention Intervention, you will have already received approval and do not need to re-apply within this proposal. Agencies who have been approved by the DOH will however, need to include their funding request in the budget, budget justification, and client services form.

Note: Condom distribution must be incorporated into all prevention activities.

ATTACHMENT D – DESCRIPTION OF DIRECT VS. ADMINISTRATIVE SERVICES

A direct cost is any cost that can be specifically identified with a particular project, program, or activity or that can be directly assigned to client-level work. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the grant-supported project or activity. Facilities operation, maintenance costs, fiscal operations, human resources, and quality assurance are some examples of costs that usually are treated as administrative costs. The organization is responsible for the management and accounting of costs and must not include costs associated with administration as direct costs. Please bear in mind that by legislation, all indirect expenses must be considered administrative expenses subject to the 10% administrative cap. All funding received as a result of this proposal process will be subject to Ryan White legislation no matter where the funding originated.

DIRECT

Direct costs include, but are not limited to:

- Case manager time and all associated costs (occupancy, maintenance, technology related access, etc.)
- First-tier supervision of front-line staff and associated costs
- Eligibility activities (certifications) and all associated costs
- Travel for direct service staff
- Training for direct service staff
- Portion of fees for E-HR, including fees, licensing, maintenance *linked to direct staff*
- Case management E-HR costs for direct staff
- Continuous quality management (CQM) activities, with the exception of clearly administrative activities
- Portion of malpractice coverage if providing Ryan White services funded Outpatient Ambulatory Health Services
- Portion of receptionist used for scheduling for Ryan White services activities
- Portion of medical or dental billing related to Ryan White services activities
- Cellphones and service for direct staff
- Client-related data entry

ADMINISTRATIVE

Administrative costs include, but are not limited to:

- Second-tier supervision/program administration and associated costs
- Invoice preparation
- Indirect costs allocated to program
- Grant administration and reporting
- Grant application preparation
- Development of reimbursement and accounting systems
- Payroll, audit, legal
- All activities associated with the grant and contract award procedures
- Non-Ryan White services CQM activities

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Total

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Total

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-

-

TOTAL

-

-

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ATTACHMENT F - BUDGET JUSTIFICATION TEMPLATE

AGENCY NAME:

NOTE: This form is to be utilized to justify expenses tied to the provision of proposed client services. Personnel costs and direct service costs are NOT to be included in this justification. Please ensure the amounts correspond throughout your proposal and that adequate detail is included for each section in order to properly assess submitted budget amounts.

EXAMPLES:

- 1. Other - \$500 is requested for social work conference registration, to aid in on-going case management education and research of best practices.**
- 2. Supplies - \$1,000 is requested for a computer system for the newly proposed case management staff.**

RYAN WHITE SERVICES

Equipment (over \$5,000 per item):
Supplies (under \$5,000 per item):
Travel (i.e. mileage, lodging, subsistence):
Other (any non-personnel cost not listed above):

PREVENTION SERVICES

Equipment (over \$5,000 per item):
Supplies (under \$5,000 per item):
Travel (i.e. mileage, lodging, subsistence):
Other (any non-personnel cost not listed above):

ATTACHMENT G: CLIENT SERVICES WORKSHEET (Ryan White Services and Prevention Services)

Page 1: Instructions

Highlighted fields in the worksheet indicates fields that require data entry.

Column A

Use Attachment A and B as a guides for definitions and scope of the listed services.

Column B

No unit names/descriptions may be changed for Ryan White/State and/or State Prevention. Enter the cycle description for Interventions, or ex: "1 cycle" where applicable.

Columns C and D

These amounts should equal the total amount by service reflected on the Budget By Service Worksheet.

Column E

In this column, indicate the number of the service units for which you are requesting funding.

Column F

This column will automatically calculate.

Column J

Indicate the total number of ***unduplicated*** clients projected to receive this service.

ATTACHMENT G, CLIENT SERVICES FORM

ENTER AGENCY NAME HERE: _____
 Proposed FY 2020: July 1, 2020-June 30, 2021

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Service (List)	Unit Name	Ryan White Services 7/1/20-6/30/21	Prevention Services 7/1/20 - 06/30/21	Units of Service (# of utility bills, bus tokens, health insurance premiums, # of cycles, etc.)	Total Cost	# of Clients Served
Prevention			Enter Dollar Amount		\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
Ryan White		Enter Dollar Amount				
Early Intervention Services	1 Visit				\$0	
Health Insurance Premium - Co-pays	1 Co-pay				\$0	
Health Insurance Premium - Deductibles	1 Deductible				\$0	
Health Insurance Premium - Premiums	1 Premium				\$0	
Home and Community-Based Health Services	1 Item/1 Hour				\$0	
Home Health Care	1 Hour				\$0	
Hospice Services	1 Hour/1 Day				\$0	
Medical Case Management	15 min				\$0	
Medical Nutrition Therapy	1 Hour				\$0	
Mental Health Services (individual)	1 Hour				\$0	
Oral Health Care	1 Visit				\$0	
Outpatient Ambulatory Health Services	1 Visit				\$0	
Substance Abuse Outpatient Care	15 min/1 Dose/1 Visit				\$0	
Child Care Services	30 min				\$0	
Emergency Financial Assistance- Food	1 Food Voucher				\$0	
Emergency Financial Assistance- Utilities	1 Utility Bill				\$0	
Emergency Financial Assistance- Prescription	1 Prescription				\$0	
Food Bank/Home Delivered Meals	1 Meal/1 Voucher				\$0	
Health Education/Risk Reduction	15 min				\$0	
Housing Services	1 Day				\$0	
Linguistic Services	15 min				\$0	
Medical Transportation (bus taxi, token, etc.)	1 Round-Trip/ 1 One Way Trip				\$0	
Medical Transportation (staff)	15 min				\$0	
Medical Transportation (reimbursement)	1 Round-Trip/ 1 One Way Trip				\$0	
Non-Medical Case Management Services	15 min				\$0	
Other Professional Services	Varies				\$0	
Outreach Services	15 min				\$0	
Psychosocial Support Services	15 min				\$0	
Rehabilitation Services	1 Visit				\$0	
Referral for Health Care and Support Services	15 min				\$0	
Respite Care	1 Hour/1 Day				\$0	
Substance Abuse Services (Residential)	1 Day				\$0	
TOTAL		\$ -	\$ -		\$ -	-

ATTACHMENT H – PROPOSED SERVICES

Identify the services you plan to provide by checking the box next to the service name. Please also list the counties you plan to serve for each service category. See Attachments B and C for service definitions. This form should be included as an attachment in your proposal.

SERVICES	PROPOSED COUNTIES			
Child Care Services	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Early Intervention Services (EIS)	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Emergency Financial Assistance (EFA)	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Food Bank/Home Delivered Meals	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Health Education/Risk Reduction	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Health Insurance Premium and Cost Sharing Assistance (HIP)	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Home and Community-Based Health Services	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		

SERVICES	PROPOSED COUNTIES			
Home Health Care	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Hospice Services	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Housing Services	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Linguistic Services	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Medical Case Management, Including Treatment Adherence Services	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Medical Nutrition Therapy	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Medical Transportation	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Mental Health Services	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		

SERVICES	PROPOSED COUNTIES			
Non-Medical Case Management Services	<input type="checkbox"/> Adams <input type="checkbox"/> Dauphin <input type="checkbox"/> Juniata <input type="checkbox"/> Perry	<input type="checkbox"/> Bedford <input type="checkbox"/> Franklin <input type="checkbox"/> Lancaster <input type="checkbox"/> York	<input type="checkbox"/> Blair <input type="checkbox"/> Fulton <input type="checkbox"/> Lebanon	<input type="checkbox"/> Cumberland <input type="checkbox"/> Huntingdon <input type="checkbox"/> Mifflin
Oral Health Care	<input type="checkbox"/> Adams <input type="checkbox"/> Dauphin <input type="checkbox"/> Juniata <input type="checkbox"/> Perry	<input type="checkbox"/> Bedford <input type="checkbox"/> Franklin <input type="checkbox"/> Lancaster <input type="checkbox"/> York	<input type="checkbox"/> Blair <input type="checkbox"/> Fulton <input type="checkbox"/> Lebanon	<input type="checkbox"/> Cumberland <input type="checkbox"/> Huntingdon <input type="checkbox"/> Mifflin
Other Professional Services	<input type="checkbox"/> Adams <input type="checkbox"/> Dauphin <input type="checkbox"/> Juniata <input type="checkbox"/> Perry	<input type="checkbox"/> Bedford <input type="checkbox"/> Franklin <input type="checkbox"/> Lancaster <input type="checkbox"/> York	<input type="checkbox"/> Blair <input type="checkbox"/> Fulton <input type="checkbox"/> Lebanon	<input type="checkbox"/> Cumberland <input type="checkbox"/> Huntingdon <input type="checkbox"/> Mifflin
Outpatient/Ambulatory Health Services	<input type="checkbox"/> Adams <input type="checkbox"/> Dauphin <input type="checkbox"/> Juniata <input type="checkbox"/> Perry	<input type="checkbox"/> Bedford <input type="checkbox"/> Franklin <input type="checkbox"/> Lancaster <input type="checkbox"/> York	<input type="checkbox"/> Blair <input type="checkbox"/> Fulton <input type="checkbox"/> Lebanon	<input type="checkbox"/> Cumberland <input type="checkbox"/> Huntingdon <input type="checkbox"/> Mifflin
Outreach Services	<input type="checkbox"/> Adams <input type="checkbox"/> Dauphin <input type="checkbox"/> Juniata <input type="checkbox"/> Perry	<input type="checkbox"/> Bedford <input type="checkbox"/> Franklin <input type="checkbox"/> Lancaster <input type="checkbox"/> York	<input type="checkbox"/> Blair <input type="checkbox"/> Fulton <input type="checkbox"/> Lebanon	<input type="checkbox"/> Cumberland <input type="checkbox"/> Huntingdon <input type="checkbox"/> Mifflin
Psychosocial Support Services	<input type="checkbox"/> Adams <input type="checkbox"/> Dauphin <input type="checkbox"/> Juniata <input type="checkbox"/> Perry	<input type="checkbox"/> Bedford <input type="checkbox"/> Franklin <input type="checkbox"/> Lancaster <input type="checkbox"/> York	<input type="checkbox"/> Blair <input type="checkbox"/> Fulton <input type="checkbox"/> Lebanon	<input type="checkbox"/> Cumberland <input type="checkbox"/> Huntingdon <input type="checkbox"/> Mifflin
Referral for Health Care and Support Services	<input type="checkbox"/> Adams <input type="checkbox"/> Dauphin <input type="checkbox"/> Juniata <input type="checkbox"/> Perry	<input type="checkbox"/> Bedford <input type="checkbox"/> Franklin <input type="checkbox"/> Lancaster <input type="checkbox"/> York	<input type="checkbox"/> Blair <input type="checkbox"/> Fulton <input type="checkbox"/> Lebanon	<input type="checkbox"/> Cumberland <input type="checkbox"/> Huntingdon <input type="checkbox"/> Mifflin
Rehabilitation Services	<input type="checkbox"/> Adams <input type="checkbox"/> Dauphin <input type="checkbox"/> Juniata <input type="checkbox"/> Perry	<input type="checkbox"/> Bedford <input type="checkbox"/> Franklin <input type="checkbox"/> Lancaster <input type="checkbox"/> York	<input type="checkbox"/> Blair <input type="checkbox"/> Fulton <input type="checkbox"/> Lebanon	<input type="checkbox"/> Cumberland <input type="checkbox"/> Huntingdon <input type="checkbox"/> Mifflin

SERVICES	PROPOSED COUNTIES			
Respite Care	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Substance Abuse Services, Outpatient Care	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Substance Abuse Services, Residential	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Prevention model: <hr/>	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Target population: <hr/>				
Prevention model: <hr/>	<input type="checkbox"/> Adams	<input type="checkbox"/> Bedford	<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland
	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton	<input type="checkbox"/> Huntingdon
	<input type="checkbox"/> Juniata	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Mifflin
	<input type="checkbox"/> Perry	<input type="checkbox"/> York		
Target population: <hr/>				