



OFFICE OF PUBLIC HEALTH
STD/HIV/HEPATITIS PROGRAM

REQUEST FOR INFORMATION (RFI)

For

**Supportive Services for Persons Living with HIV
in Louisiana Public Health Regions 3-9**

RFI Number: (#HIV-SUPPSERVICESREG3TO9) **Response Due Date/Time:** Friday, March 8, 2024 11:59PMCT

NOTE: This Request for Information (RFI) is solely for information and planning purposes and does not constitute a solicitation. This information will be reviewed and discussed by the state agency and may result in the advertisement of a formal and competitive Request for Proposal for any or all of the services included in the RFI.

Only information which is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within a response to this RFI identified as such must be clearly marked and will be handled in accordance with the Louisiana Public Records Act. R.S. 44:1-44 and applicable rules and regulations. Any response marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

Release Date: Friday, February 2, 2024

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1. General Information

1.1 Background

The Louisiana Department of Health (“LDH”), Office of Public Health (“OPH”), STD/HIV/Hepatitis Program (“SHHP”) receives funding from the federal Health Resources and Services Administration (“HRSA”) Ryan White HIV/AIDS Program (“RWHAP”) and Housing and Urban Development (“HUD”) Housing Opportunities for People with AIDS (“HOPWA”) to provide a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured, underinsured, and underserved. HRSA and HUD fund grants to states, cities/counties, and local community-based organizations to provide treatment, care, and support services to people living with HIV to help individuals maintain stable housing arrangements, reduce risks of homelessness, improve access to care, improve health outcomes, and reduce HIV transmission. The Ryan White legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times in 1996, 2000, 2006, and 2009. The Ryan White HIV/AIDS Program legislation has been amended with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding core medical services and changes in funding formulas. The full Ryan White HIV/AIDS Program legislation is codified at title XXVI of the [Public Health Service \(PHS\) Act](#), as amended through P.L. 114–113, and enacted December 18, 2015.

The HOPWA legislation was first enacted in 1990 as the [AIDS Housing Opportunity Act](#). Like the Ryan White legislation, HOPWA has been amended to accommodate new and emerging needs, including current HIV epidemic trends, of which the most recent and notable impact was with the passing and signing of the Housing Opportunity Through Modernization Act (HOTMA), Public Law 114-201, in 2016, which changed formula funding distributions based on calculations now including people “living with HIV” among other changes.

In Louisiana, SHHP is responsible for administering the RWHAP Part B and HOPWA formula awards to serve eligible Louisianans living with HIV, including meeting program requirements and making improvements to systems of HIV prevention, care, and treatment in the State of Louisiana. Approximately two thirds of all individuals living with HIV in Public Health Regions 3 through 9 (table below) receive services through these programs each year. In 2022, just over 6,000

individuals received Supportive Services through RWHAP Part B and HOPWA in Regions 3 through 9.

Total Persons Living with HIV (PLWH) by Region (2022)

Region	PLWH	Proportion of Regions 3-9
Region 3	904	10%
Region 4	1,831	20%
Region 5	979	11%
Region 6	969	10%
Region 7	2,039	22%
Region 8	1,088	12%
Region 9	1,493	16%
Total Regions 3-9	9,303	100%

1.2 Purpose

The purpose of this request for information (RFI) is to gather information and cost information from qualified organizations who show a demonstrated capacity to provide Supportive Services to eligible clients in Public Health Regions 3 through 9 (see Attachment I). Low- to moderate-income Louisiana residents living with HIV are eligible for services within this program. Supportive Services include a mandatory bundle of ten (10) Bundled Services and any of eleven (11) Optional Services, as listed below, in accordance with Ryan White and HOPWA legislative requirements, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and local Service Standards (see Attachment II).

Bundled Services

- Non-Medical Case Management (NMCM)
- Health Education/Risk Reduction (HERR)
- Outreach
- Referral for Healthcare/Supportive Services
- Emergency Financial Assistance (EFA)
- Ryan White Housing
- Medical Transportation
- Psychosocial Support Services (PSS)
- Food Voucher Services
- HOPWA – Tenant Based Rental Assistance (TBRA)

Optional Services

- Medical Case Management
- Mental Health
- Oral Health

- Substance Abuse Treatment – Outpatient
- Other Professional Services – Tax Prep
- Child Care Services
- HOPWA – Short Term Rent Mortgage and Utilities Assistance (STRMU)
- HOPWA – Resource Identification (RI)
- HOPWA – Permanent Housing Placement (PHP)
- Linguistic Services
- Respite Care Services

This RFI is being issued to gather information for planning purpose only and should not be construed as a solicitation for services or a request for proposals (RFP).

1.3 Project Overview:

On an annual basis, approximately 6,000 low- to moderate-income individuals living with HIV require support services assistance under the RWHAP Part B and HOPWA Programs in Regions 3-9. SHHP administers RWHAP and HOPWA services via a single Supportive Services subrecipient/subawardee organization in each of these 7 Regions of the state. Each subrecipient organization must be knowledgeable of relevant resources in all parishes in their coverage area and serve eligible clients as defined by SHHP. Attachment II details the overview of the project requirements inclusive of deliverables and/or desired results that the State is considering for a subaward contract duration of three-years.

Summation of Requirements

Support Services must be available to all eligible clients located in the respective Louisiana's public health region served by the subrecipient organization.

Subrecipient must:

- a. Maintain individual files, which document:
 - Proof of Louisiana Residency
 - Proof of Income
 - Proof of HIV Diagnosis
 - Client Demographics
 - Services Provided
 - Plan of Care/Follow up

- b. Conform to the reporting requirements of the Ryan White Services Report (RSR) by implementation and use of the Ryan White CAREWare database, with timely submission of electronic data and invoices on a monthly basis.

- c. Be knowledgeable of relevant statewide and local resources, in each parish of their coverage area, to maximize available services and access for eligible clients.
- d. Be available to provide services to eligible clients through telephone contact, in-person visits with the client in an appropriate and client-centered setting or in the offices of the subrecipient organization.
- e. Offer required Bundled Services, and any Optional Services, in all parishes of their designated Louisiana Public Health Region. See Regional Map in Attachments for additional information.
- f. Have and maintain physical premise of operation in designated region.
- g. Have demonstrated experience implementing a similar project *and* experience providing Supportive Services to people living with HIV, including, but not limited to, specific services such as HIV case management and housing assistance.
- h. Have financial capabilities to sustain up-front cost as third-party payer on behalf of eligible clients prior to reimbursement of services.
- i. Comply with all relevant authorities, including legislation, regulation, and program-specific policies.

Qualifications

Subrecipient must employ requisite professionals in the provision of services as outlined in the [Service Standards](#). This documentation should be kept at the agency. Additional qualifications include contractor's ability to demonstrate previous experience in providing Supportive Services as stated in Statement of Work (see Attachment II). Preference will be given to the individual or organization that can demonstrate successful delivery of support services to people living with HIV.

2. Administrative Information

2.1 RFI Coordinator

Requests for copies of the RFI must be directed to the RFI coordinator listed below:

Erika Sugimori, HIV Services Manager
Louisiana Department of Health
Office of Public Health STD/HIV/Hepatitis Program

1450 Poydras Street, Suite 2136
New Orleans, LA 70112
Phone:504-568-7474
Email: Erika.sugimori@la.gov

This RFI has been posted to LaPac, which can be found at the following link:
<https://wwwcfprd.doa.louisiana.gov/osp/lapac/pubMain.cfm> and the Louisiana Department of Health at <https://ldh.la.gov/news/category/46>

2.2 Schedule of Events

<u>Activity/Event</u>	<u>Date</u>
Public notice of RFI	02/02/2024
Deadline for receipt of written inquiries	02/16/2024
Response to written inquiries	02/23/2024
Deadline for receipt of RFI	03/08/2024

Office of Public Health, STD/HIV/Hepatitis Program reserves the right to deviate from this Schedule of Events.

2.3 Response Content

Responders interested in responding to this RFI must include the following:

A narrative not to exceed four (4) pages* describing:

- 2.3.1 Executive Summary – The summary provided should introduce the scope of the response in as much detail as possible. At a minimum, it should include administrative information including the name of the responder’s point of contact name, phone number, email address, and any other pertinent contact information. The summary should also include a brief recitation of the responder’s qualifications and ability and willingness to meet, if not exceed, LDH’s requirements as included herein.
- 2.3.2 Corporate Background/Related Experience – Responders shall give a brief description of company and history, corporate structure and organization and number of years in business. This shall include past experience delivering Supportive Services to people living with HIV, including, but not limited to, HIV case management and housing assistance. Responders should also describe their experience with projects of this type with other states or corporate/governmental entities of comparable size and diversity.
- 2.3.3 Approach and Methodology – Responders should provide approach and methodology recommended to accomplish the scope of services described. Responders should include information on how

the organizations will be structured to meet the needs of a population of the size described and deliver required bundled and any optional services as per legislative requirements and according to Service Standards.

- 2.3.4 Financial Capability – Responders shall demonstrate ability to serve clients and process and document partial and full payments on clients behalf in a timely manner, including in emergency cases within 3 days, and while monitoring for any benefit caps; examples of similar projects undertaken by the organization that meet the services requirements or descriptions of other agreements in place; and ability to pay by a variety of methods based on payee requirements;
- 2.3.5 Cost Estimate – Responders shall provide an estimate of total cost (inclusive of travel and all project expenses).

Attachments (e.g., tables, spreadsheets, diagrams) are not considered in the final page count and may be utilized to illustrate and support narrative summary.

2.4 Response Instructions

2.4.1 Response Submittal

Responders interested in providing information requested by this RFI must submit responses containing the information specified no later than the deadline for response to RFI as stated in the Schedule of Events.

Responses should be submitted to the Louisiana Department of Health, Office of Public Health STD/HIV/Hepatitis Program with the following email address: erika.sugimori@la.gov or mailed/delivered to RFI Coordinator. Proposers mailing their responses should allow sufficient mail delivery time to ensure receipt of their response by the time specified. The response package must be delivered at the responder's expense to the RFI Coordinator - contact and address provided in section 2.1 of the RFI.

For courier delivery, the street address and phone number is as provided in 2. 1 of the RFI. It is solely the responsibility of each responder to ensure that their response is delivered at the specified place and prior to the deadline for submission. Responses misdirected or otherwise received late may not be considered.

The State requests that (2) of copies of the responses be submitted to the RFI coordinator by the means and at the address specified.

2.5. Additional Insutrctions and Notifications to Responders

2.5.1 RFI Addendum(a)/Cancellation

The State reserves the right to revise any part of the RFI by issuing an addendum to the RFI at any time. Issuance of this RFI, or subsequent addendum, (if any) does not constitute a commitment by the State to issue an RFP or any other process resulting in award of a contract of any type or form. In addition, the State may cancel this informal process at any time, without penalty.

2.5.2 Ownership of Response

The materials submitted in response to this request shall become the property of the State.

2.5.3 Cost of Preparation

The State shall not be liable for any costs incurred by responders associated with developing the response, preparing for discussions (if any) or any other costs, incurred by the responder associated with this RFI.

2.5.4 Liabilities of Agency

This RFI is issued as a means of technical discovery and information gathering. The request should not be construed as a solicitation for services or a request for proposals (RFP), nor should it be construed as an obligation on the part of the state to purchase services. This RFI is not a means of pre-qualifying vendors for any subsequently issued RFP related to this RFI. RFI responses are non-binding on the state or respondent.

2.5.5 Confidentiality

The designation of certain information as trade secrets and/or privileged, confidential, or proprietary information shall only apply to the technical portions of this Request for Information. *Any response to this request marked as copyrighted or marked as privileged, confidential, or proprietary **in its entirety** is subject to rejection without further consideration or recourse.*

Respondents should bear in mind that while trade secrets and other proprietary information submitted in conjunction with this RFI may not be subject to public disclosure, the Louisiana Public Records Act governs whether information submitted by respondents will be released pursuant to a public records request.

The respondent must clearly designate the part of the response that contains information the respondent believes to be a trade secret and/or privileged or confidential proprietary information. Respondents must be prepared to defend the reasons why material should be held as confidential. If another respondent or entity seeks to review copies of a respondent's confidential data, LDH will notify the owner of the requested data of the request. If the owner of the asserted data does not want the information disclosed, it must take legal action as necessary to restrain LDH from releasing information LDH believes to be public record.

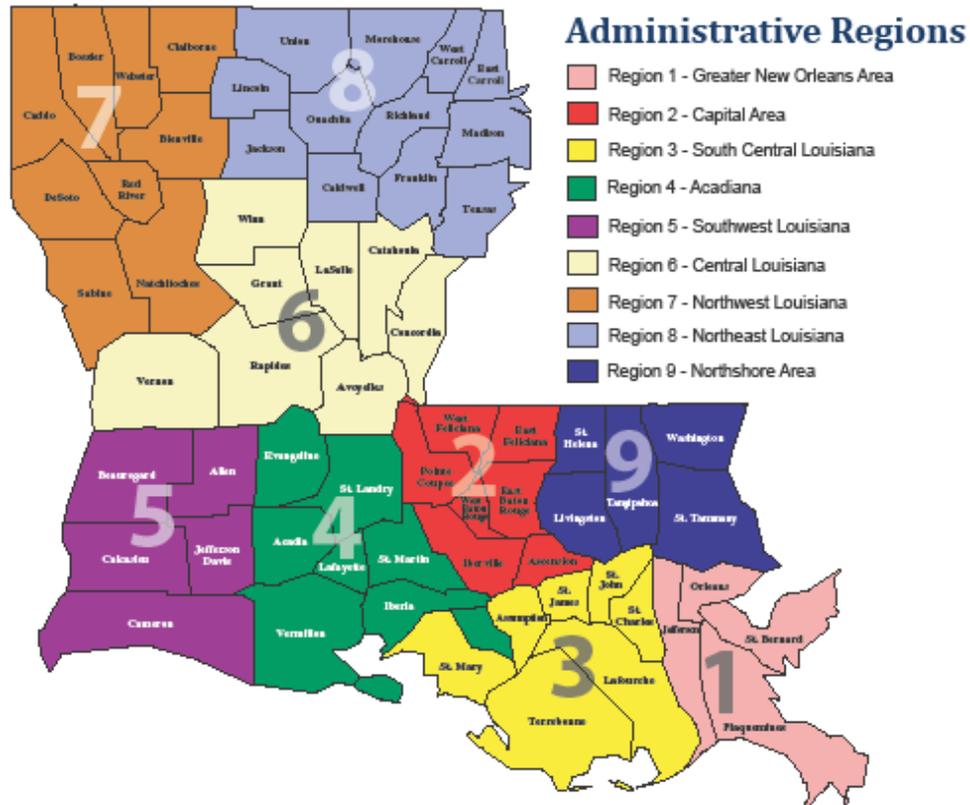
If the response contains confidential information, the respondent should submit a redacted copy of the response. Without the submission of a redacted copy, LDH may consider the entire response to be public record. When submitting the redacted copy, it should be clearly marked on the cover as a "REDACTED COPY." The redacted copy should also state which sections or information have been removed."

3. Attachments:

Attachment I: LDH Public Health Regional Map

Attachment II: Statement of Work

Attachment I: LDH Public Health Regional Map



REGION 1 – Greater New Orleans Area
 Benson Tower, 1450 Poydras St.,
 10th Floor, New Orleans, LA 70112
Mail to: P.O. Box 1521
 New Orleans, LA 70004-1521
PHONE: (504) 599-0606
FAX: 1-866-853-7278

REGION 2 – Capital Area
 2521 Wooddale Blvd.
 Baton Rouge, LA 70805
Mail to: P.O. Box 91248
 Baton Rouge, LA 70821-9248
PHONE: (225) 925-8505
FAX: (225) 925-8525

REGION 3 – South Central Louisiana
 1000-C Plantation Road
 Thibodaux, LA 70301
PHONE: (985) 449-5163
FAX: (985) 449-5030

REGION 4 – Acadiana
 117 Production Drive
 Lafayette, LA 70508
Mail to: P.O. Box 81709
 Lafayette, LA 70598-1709
PHONE: (337) 262-1231
FAX: (337) 262-1232

REGION 5 – Southwest Louisiana
 One Lakeshore Drive, Suite 700
 Lake Charles, LA 70629
Mail to: P.O. Box 3250
 Lake Charles, LA 70602-3250
PHONE: (337) 491-2439
FAX: (337) 491-2785

REGION 6 – Central Louisiana
 3800 Jackson St., Dunbar Plaza, Suite 113
 Alexandria, LA 71303
Mail to: P.O. Box 13318
 Alexandria, LA 71315-3318
PHONE: (318) 487-5147
FAX: (318) 484-2410

REGION 7 – Northwest Louisiana
 3020 Knight St.– Suite 100
 Shreveport, LA 71105
PHONE: (318) 862-9875
FAX: (318) 862-9701
TTD: (318) 862-9714 or
 1-888-838-2351

REGION 8 – Northeast Louisiana
 122 St. John St.
 State Office Building, Room 110
 Monroe, LA 71201-7384
PHONE: (318) 362-3066
FAX: (318) 362-3065

REGION 9 – Northshore Area
 121 Robin Hood Drive
 Hammond, LA 70403
PHONE: (985) 543-4216
FAX: (985) 543-4221

Attachment II: Statement of Work

Purpose

Ryan White HIV/AIDS Treatment Extension Act of 2009 and the Housing Opportunities for Persons with AIDS funds are used to develop and/or enhance access to a comprehensive continuum of high quality, community-based care for low-income individuals and families living with HIV. The contracts will provide efficient and effective service delivery to eligible clients and ensure there is no duplication of services.

A comprehensive continuum of care includes essential Core Medical and Support Services that assist Persons Living with HIV (PLWH) in accessing HIV treatment consistent with Public Health Services (PHS) Treatment Guidelines. Core Medical and Support Services are defined by National Monitoring Standards for Part B Recipients. Access to care is facilitated by the availability of Core Medical and Support Services. Support Services provided as part of the continuum of care must enable individuals to access HIV-related medical care and treatment.

State Formula HOPWA funding provides housing assistance to low-income persons living with HIV in order to prevent homelessness. The Contractor, hereon referred to as Subawardee due to receipt of this award to carry out part of the Federal awards received by LDH as a pass-through entity, is encouraged to develop community-wide strategies and form partnerships with area non-profit organizations. HOPWA funds may be used to support a variety of housing related supports as defined by Housing and Urban Development (HUD), including tenant based rental assistance (TBRA); resource identification (RI); supportive services; permanent housing placement services (PHP); and short-term rent, mortgage and utility (STRMU) payments to prevent homelessness.

Goals and Objectives

The Goal of the Ryan White Part B Services/HOPWA contract is to improve the health outcomes of low income PLWH in Louisiana. Of those individuals who have utilized assistance from the Louisiana Health Access Program (LA HAP) in procuring and maintaining comprehensive health insurance coverage, a vast majority have also been able to achieve viral suppression. This outcome is in compliance with the goals and objectives established by the National HIV/AIDS Strategy (NHAS) for the United States 2022-2025 at <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/>. The Strategy is available in its entirety at

<https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf>. This goal shall be achieved and maintained through several key objectives:

1. Ensure geographic parity in the availability of Bundled Services for eligible clients in LDH regions 3-9, and that those clients are aware of the overall goal of reducing community viral load and in assisting clients with achieving viral suppression. Bundled Services include:
 - Non-Medical Case Management
 - HOPWA Case Management
 - Health Education/Risk Reduction
 - Outreach
 - Referral for Healthcare/Supportive Services
 - Emergency Financial Assistance
 - Ryan White Housing
 - Medical Transportation
 - Psychosocial Support Services
 - Food bank or Food Voucher Services
 - HOPWA Tenant Based Rental Assistance
2. Ensure Optional Services funded through this contract reduce gaps in services needed by persons living with HIV and do not duplicate efforts or services currently available within the region.
3. Ensure all program participants are assessed for housing stability and are offered services that best match their current needs.
4. Monitor and evaluate programmatic and fiscal performance routinely to ensure high quality services are being provided in a comprehensive and cost effective manner.
5. Allow for the addition of one or more of the Optional Services to the Bundled Services contract(s).

Objectives & Deliverables

The Subawardee will provide the services described below throughout LDH Region X.

Bundled Services

1. Provide Non-Medical Case Management services

- a. meet all requirements in the Ryan White Part B and HOPWA Service Standards and Service Definitions, including but not limited to, ensuring eligibility of all clients provided services.
- b. complete initial assessment of service needs for 100% of active clients, including initial acuity assessment for 100% of clients to determine need for case management services.
- c. develop an individualized service plan (ISP) for 100% of active clients, utilizing SMART goals to promote progression to self-management and addressing housing-related needs.
- d. coordinate services required to implement the plan.
- e. monitor, evaluate and update service plans as indicated by Service Standards.
- f. re-verify client eligibility annually for 100% of active clients.
- g. reassess client needs, including acuity assessment, every 6 months and as necessitated by change in client status for clients enrolled in case management services as indicated by Service Standards.
- h. provide competent services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access and supporting client choice.
- i. provide Undetectable=Untransmittable (U=U) education to 100% of active clients.

Non-Medical CM	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

Non-Medical CM HOPWA Supportive Services	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

2. Provide Health Education and Risk Reduction

- a. provide education on health care coverage options. (e.g. qualified health plans through the Marketplace, Medicaid or Medicare coverage)
- b. provide health literacy services.
- c. provide competent services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access.
- d. provide U=U education to 100% of active clients

Health Education/RR	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

3. Provide Outreach Services

- a. provide outreach to individuals living with HIV about treatment opportunities that are available in the community.
- b. reengage clients in care.
- c. provide competent services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access.
- d. provide U=U education to 100% of active clients.

Outreach	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

4. Provide Referral for Health Care/Support Services

- a. direct clients to needed core medical or support services in the community.

- b. track and assess effectiveness of 100% of referrals, including client receipt of services and progression toward Individualized Service Plan goal(s).

Referral for HC/SS	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

5. Provide Emergency Financial Assistance Service

- a. assess the emergency needs of all clients.
- b. provide short-term payments for emergent needs when no other resources are available.
- c. document all assistance provided and monitor progress of assistance provided, including client trends and expenditures; alert SHHP of any shortages/wait lists/deferred service.
- d. document policies and procedures to safe-guard appropriate use and tracking of services.
- e. provide competent services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access and supporting client choice.

EFA	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

6. Provide Ryan White Housing Services

- a. provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment.
- b. document all assistance provided and monitor progress of assistance provided, including client trends and expenditures; alert SHHP of any shortages/wait lists/deferred service.
- c. document policies and procedures to safe-guard appropriate use and tracking of services.

- d. provide competent services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access and supporting client choice.

RW Housing	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

7. Provide Medical Transportation assistance

- a. assess the transportation needs of 100% of clients served in this category at intake and as needed.
- b. distribute bus tokens, bus tickets, bus passes, gasoline vouchers or obtain van service or taxi service for clients in order to access health care or support services.
- c. provide client-centered options to minimize barriers to care, such as stigma (e.g., due to signage on agency vehicle).
- d. follow and monitor progress of the assistance received, including client trends and expenditures; alert SHHP of any shortages/wait lists/deferred service.
- e. document policies and procedures to safe-guard appropriate use and tracking of services.
- f. follow current Medicaid rates for Non-Emergency Medical Transportation.

Med. Transportation	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

8. Provide Psychosocial Support Services

- a. provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.
- b. provide competent services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and

housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access.

- c. provide U=U education to 100% of active clients.

Psychosocial Support Services	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

9. Provide Food Bank or Food Voucher Services

- a. provide food, meals, or nutritional supplements to clients as needed.
- b. monitor and evaluate the assistance provided, including client trends and expenditures; alert SHHP of any shortages/wait lists/deferred service.
- c. document policies and procedures to safe-guard appropriate use and tracking of voucher services.

Food Bank/Voucher	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

10. Provide Housing Opportunities for People with AIDS (HOPWA) Tenant Based Rental Assistance (TBRA)

- a. assess the HOPWA Tenant Based Rental Assistance (TBRA) needs of all clients.
- b. provide assistance with rental payments to eligible clients.
- c. monitor and evaluate the assistance provided, including client trends and expenditures; alert SHHP of any shortages/wait lists/deferred service.
- d. 90% of TBRA clients with unstable housing will be transitioned to stable housing during the project period.
- e. 90% of clients served will achieve viral suppression during the project period.

- f. Subawardee shall keep a case record on each client inclusive of household details. Case records will be maintained as stipulated by HOPWA regulations. The case record shall include all components as required by Service Standards and SHHP written guidance.
- g. 100% of active client files will be in compliance with HOPWA regulations.
- h. clients will receive housing supports and services per Service Standards, including conducting assessments, planning, individualized written housing support plan, collaboration with other service providers, maintenance of files on clients receiving services.
- i. 100% of active client files contain assessments and plans within the required timeframes and documentation of service delivery.
- j. provide competent services using sound practices/principles such as motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access and supporting client choice.
- k. document policies and procedures to safe-guard appropriate use and tracking of services.

HOPWA TBRA	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

Optional Services

- 11. Provide Medical Case Management services
 - a. meet all requirements in the Ryan White Part B and HOPWA Service Standards and Service Definitions, including but not limited to, ensuring eligibility of all clients provided services.
 - b. complete initial assessment of service needs for 100% of active clients.
 - c. develop an individualized service plan for 100% of active clients.
 - d. coordinate services required to implement the plan.
 - e. monitor, evaluate and update service plans as indicated by Service Standards.
 - f. re-assess client eligibility every 12 months for 100% of active clients.

- g. provide services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and housing first.
- h. provide Undetectable=Untransmittable (U=U) education to 100% of active clients.

Medical CM	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

12. Provide Mental Health Services

- a. provide or contract for mental health counseling services which include intensive mental health therapy and counseling in individual, family or group settings.
- b. monitor progress and evaluate the effectiveness of assistance provided.
- c. provide competent services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities and if applicable, contracts with subcontractors to ensure alignment with client centered practices with a focus on reducing barriers to service access.

Mental Health	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

13. Provide Oral Health Services

- i. provide or contract for licensed community providers to offer diagnostic, preventive, and therapeutic outpatient services that are not covered by a comprehensive dental insurance plan.
- j. provide support to client to enroll in and access Guardian dental coverage for eligible clients who are not covered by a comprehensive dental insurance plan.
- k. document policies and procedures to safe-guard appropriate use and tracking of voucher services
- l. monitor and evaluate the assistance provided, including client trends and expenditures; alert SHHP of any shortages/wait lists/deferred service.
- m.

Oral Health Services	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

14. Provide Substance Abuse Outpatient Services

- a. provide in-house or via contract with licensed community providers to offer comprehensive substance abuse outpatient services
- b. create substance use treatment plan for 100% of clients
- c. provide competent services using sound practices/principles including motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities and if applicable, contracts with subcontractors to ensure alignment with client centered practices with a focus on reducing barriers to service access.

Substance Abuse Outpatient Services	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

15. Provide Linguistic Services

- a. provide or contract for competent linguistic services consistent with Culturally and Linguistically Appropriate Services in health and health care standards (CLAS).
- b. monitor progress and evaluate the effectiveness of services provided.

Linguistic Services	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

16. Provide Linguistic Services

- a. provide or contract for competent linguistic services consistent with Culturally and Linguistically Appropriate Services in health and health care standards (CLAS).
- b. monitor progress and evaluate the effectiveness of services provided.

Linguistic Services	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

17. Provide Short Term Rent, Mortgage, Utility Services (STRMU)

- a. provide HOPWA Short-Term Rent, Mortgage and Utility (STRMU) assistance to eligible clients at risk of becoming homeless.
- b. provide assistance with rental payments to eligible clients.
- c. monitor and evaluate the assistance provided, including client trends and expenditures; alert SHHP of any shortages/wait lists/deferred service.
- d. 80% of clients served will be transitioned from “unstable housing” to a “stable housing status” during the project period.
- e. 80% of clients served will achieve viral suppression during the project period.
- f. Subawardee shall keep a case record on each client inclusive of household details. Case records will be maintained as stipulated by HOPWA regulations. The case record shall include all components as required by Service Standards and SHHP written guidance.
- g. 100% of active client files will be in compliance with HOPWA regulations.
- h. clients will receive housing supports and services per Service Standards, including conducting assessments, planning, individualized written housing support plan, collaboration with other service providers, maintenance of files on clients receiving services.
- i. 100% of active client files contain assessments and plans within the required timeframes and documentation of service delivery.
- j. provide competent services using sound practices/principles such as motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access and supporting client choice.
- k. document policies and procedures to safe-guard appropriate use and tracking of services.

HOPWA STRMU	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

18. Provide Resource Identification Services

- a. provide HOPWA Resource Identification Services or contract for services to develop housing resources. Required activities shall include developing and maintaining a housing resource directory for the benefit of clients, staff, and collaborative agencies. Encouraged activities include outreach and relationship building with landlords, identification and tracking of housing resources and vacancies, leveraging of mainstream housing resources and dissemination of other information useful to finding and maintaining housing for clients.
- b. provide housing system coordination. Required activities shall be conducted in a manner to complement activities conducted under the other HOPWA and Ryan White programs including TBRA, STRMU and PHP and EFA and RW Housing Assistance.
- c. provider expanded capacity to expand housing resources in their service area (for all eligible clients living with HIV, not just clients of the service provider).
- d. Document and report activities to SHHP as per Service Standards and written guidance.

19. Provide Permanent Housing Placement (PHP)

- a. assist program participants to secure and move into permanent housing.
- b. provide assistance with rental payments to eligible clients.
- c. monitor and evaluate the assistance provided, including client trends and expenditures; alert SHHP of any shortages/wait lists/deferred service.
- d. 85% of clients served will be transitioned from "unstable housing" to a "stable housing status" during the project period.
- e. 85% of clients served will achieve viral suppression during the project period.
- f. Subawardee shall keep a case record on each client inclusive of household details. Case records will be maintained as stipulated by HOPWA regulations. The case record shall include all components as required by Service Standards and SHHP written guidance.
- g. 100% of active client files will be in compliance with HOPWA regulations.
- h. clients will receive housing supports and services per Service Standards, including conducting assessments, planning, individualized written

housing support plan, collaboration with other service providers, maintenance of files on clients receiving services.

- i. 100% of active client files contain assessments and plans within the required timeframes and documentation of service delivery.
- j. provide competent services using sound practices/principles such as motivational interviewing, trauma informed care, harm reduction and housing first. Evidence of using sound practices will be measured based on training of staff, agency policies, client charts, and evaluation activities to ensure alignment with client centered practices with a focus on reducing barriers to service access and supporting client choice.
- k. document policies and procedures to safe-guard appropriate use and tracking of services.

HOPWA PHP	Yr 1	Yr 2	Yr 3
Unduplicated Clients Served			

General Requirements

- 1. Maintain all relevant and required documents with the Louisiana Secretary of State in order to conduct business in the State of Louisiana.
- 2. Maintain a physical business location in the State of Louisiana or be able to establish a physical location within 30 days of the beginning of the contract period.

Programmatic Requirements

- 1. Within 30 days of the contract start date, designate one staff member as the primary programmatic point of contact for SHHP personnel, as well as a back-up staff person for time-sensitive client concerns. Additional staff may be designated by Subawardee as the primary contacts for fiscal or client concern matters.
- 2. Within 30 days of the contract start date, designate one staff member as the primary data management/analytic point of contact for SHHP personnel. This individual must be qualified to lead the Subawardee's processes to meet the data requirements of this project and should be qualified to ensure the Subawardee's internal data needs related to this project are met (e.g., coordination on mandated grants reports, assisting in monitoring and assuring data completeness according to SHHP Service Entry Guidance, utilizing entered data for program tracking and improvement, including but not limited to progress toward reaching service category client goals). If the Subawardee does not have a current staff

member qualified to lead the data management/analysis activities related to the project on the contract start date, the Subawardee must fill the position within 60 days of the contract start date.

3. Work to reduce gaps in the availability of services, while following four fundamental principles that have significant implications for HIV services: revise care systems to meet emerging needs; ensure access to quality HIV care; coordinate services with other care delivery systems; and evaluate the impact of contracted funds and make needed improvements.
4. Work to improve capacity to meet client expectations through efforts focused on tracking performance data for processes and systems. Establish, in conjunction with SHHP staff, an annual Quality Improvement project and develop a quality management plan for all funded services within 90 days of the beginning of the contract. Quality Improvement projects include the development and implementation of activities to make changes in response to performance data.
5. Have staff meet clients where they are—including but not limited to at their residence, a public facility, a clinic or hospital, or elsewhere at the request of the client. Agency staff shall be flexible to accommodate the particular medical and social needs of clients with different backgrounds and in various stages of health and illness. The services delivered shall reflect a philosophy that affirms a client's right to a high quality of life, privacy, confidentiality, self-determination, nondiscrimination, compassionate and non-judgmental care, dignity and respect.
6. Adhere to all requirements to provide funded service by ensuring staff is familiar with all legislative requirements, evaluating client eligibility criteria, maintaining proof of client eligibility and all services provided, adhering to all data reporting requirements, supporting current technology, complying with current HIPAA and data security standards, participating in required trainings and conducting routine quality assurance/quality improvement activities. Participation requirements include appropriate staff attendance at all required meetings and trainings initiated by SHHP, including but not limited to: mandated trainings, Ryan White Part B/HOPWA Learning Collaborative, quarterly meetings for Ryan White Part B/HOPWA Subawardees, comprehensive monitoring site visits and any other convening which is mandated by SHHP's Services Unit. Many of these will likely be no-cost conference calls, virtual meetings and webinars; however, Subawardees should include the cost of registration and travel for all key staff to attend in-person meetings or trainings that are required by SHHP.

7. Meet all requirements in the Ryan White Part B and HOPWA Service Standards and Service Definitions, including but not limited to, ensuring eligibility of all clients provided services.
8. Comply with all relevant authorities, including legislation, regulation, and program-specific policies. Relevant authorities are: RWHAP Legislation: <https://ryanwhite.hrsa.gov/about/legislation>
 - a. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as issued by OMB and adopted by HHS, in 45 CFR Part 75 (from here on referred to as the UAR): <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>
 - b. HHS and HRSA Grants Administration and Program-Specific Policies:
 - HHS Grants Policy Statement (GPS): <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>
 - HRSA HAB Policy Notices: <https://ryanwhite.hrsa.gov/grants/policy-notice>
 - HRSA HAB Program Letters: <https://ryanwhite.hrsa.gov/grants/program-letters>
 - RWHAP Manuals and Reports, including the RWHAP Part B Manual: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/hab-part-b-manual.pdf>
 - RWHAP technical assistance documents, including the RWHAP Parts A and B National Monitoring Standards (NMS): <https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>
 - c. HOPWA Laws and Regulations
 - AIDS Housing Opportunity Act: <https://uscode.house.gov/view.xhtml?path=/prelim@title42/cha-pter131&edition=prelim>
 - 24 CFR Part 574 - Housing Opportunities for Persons With AIDS: <https://www.ecfr.gov/current/title-24/part-574>

Operations Requirements

1. Undergo an annual independent financial audit in compliance with state auditing requirements at the end of each year. Such audit is an operational expense. The audit report shall be submitted to the Office of Risk Management and SHHP Business Unit for review within 30 days of completion²⁸. If any deficiencies are found as a result of the audit, the Subawardee shall be required to rectify such issues within 30 days. If Subawardee does not rectify the audit issues within the 30-day time frame, the contract will be subject to termination.
2. Subawardee should adhere to State of Louisiana Information Security Policy ver. 1.03 (<https://www.doa.la.gov/doa/ots/policies-and-forms/>), federal regulations and guidelines, as well as, industry standards and best practices for systems or functions required to support the requirements listed in the SOW as it relates to Data and Security Requirements. Be compliant with all confidentiality requirements imposed by Louisiana law, LDH rules and guidelines, the HIPAA Privacy and Security Rules-, the federal HITECH Act of 2009, and other applicable federal laws and regulations. Confidential information shall include not only sensitive health and risk-related information, but also client personal identifiers, potentially identifying information, and any information provided to the Subawardee for which confidentiality was assured when the individual or establishment provided the information. Extremely stringent standards of client confidentiality must be maintained. The use of client information for commercial purposes shall be prohibited. Likewise, the Subawardee shall not publish any information about program participants, even in the aggregate, without SHHP review and prior written permission.

Continuity of Operations Plan

1. The Subawardee shall maintain a Continuity of Operations Plan that addresses how the Subawardee's and subcontractors' operations and the ongoing provision of healthcare services shall be maintained in the event of a pandemic, natural disaster or man-made emergency including, but not limited to, localized acts of nature, accidents, and technological and/or attack-related emergencies, or other event which leads to a significant disruption in operations due to staff absence and/or loss of utilities that impacts fulfilling the requirements of this Contract. The Continuity of Operations Plan shall be invoked no later than when the fulfillment of these requirements is impacted by such an event.
2. As part of the Continuity of Operations Plan, the Subawardee shall provide its action plan for development of an emergency preparedness plan specific to each Client during or following an

event as described above. The emergency preparedness plan must be provided to the Client in a manner and format that may be easily understood and is readily accessible. Information in the plan must be communicated in a way that can be understood by Clients of varying functional ability and language proficiency. The plan must identify any steps the Client and/or Client's caregiver should take in the event of an emergency including, but not limited to, special considerations regarding medications, supplies and dietary needs, or power outages, as applicable, and corresponding contact information.

3. The Subawardee shall follow all SHHP directives regarding access to care and relaxation of requirements during an emergency.
4. As part of the Continuity of Operations Plan, the Subawardee shall provide a systems contingency plan, regardless of its system architecture, to protect the availability, integrity, and security of data and to continue essential application or system functions during and immediately following these events.

The systems contingency plan shall include, at a minimum:

- a. A disaster recovery plan designed to recover systems, networks, workstations, applications, etc. in the event of a disaster; and
 - b. A Business Continuity Plan (BCP) for restoring the operational function of the organization in the event of a disaster and includes items related to IT, as well as operational items such as employee notification processes and the procurement of office supplies needed to do business in the emergency mode operation environment.
5. The Subawardee shall submit the Continuity of Operations Plan to SHHP or its designee for approval at the start of the contract and no later than thirty (30) Calendar Days prior to implementation of changes.
 6. The Subawardee shall immediately inform SHHP, in writing, when invoking its Continuity of Operations Plan. If the nature of the triggering event renders written notification impossible, the Subawardee shall notify SHHP of the invocation of the Continuity of Operations Plan through the best available means. If the nature of triggering event renders immediate notification impossible, the

Subawardee shall inform SHHP of the invocation of the Continuity of Operations Plan as soon as possible.

Staffing Requirements/Qualifications

1. Maintain staffing for all positions essential to this contract. This includes, but is not limited to, Key Personnel such as organizational leadership, positions required by this contract (Support Services Director or Director of Client Services and Data Management/Analysis Coordinator), Case Managers, benefit coordinators, a billing and invoicing specialist, and a primary accounts payable coordinator to oversee payments to/from providers and insurers.

The Support Services Director or Director of Client Services is the person in charge of overseeing and managing the entirety of the Social Services portfolio under this contract. This is the only position required at 100% FTE unless their time is split overseeing Ryan White Services or HOPWA services in the designated Region under another LDH contract with SHHP.

2. Maintain one full time employee in the Data Management/Analysis Coordinator role if serving more than 300 clients. Subawardees with fewer than 300 clients are required to have .5 FTE Data Management/Analysis Coordinator.
3. Offer employment to individuals who have familiarity with accessing and utilizing web-based data systems, and who have at least an intermediate knowledge of Microsoft Word and Excel. The employee's ability to stratify, manipulate and analyze data would be desirable.
4. Provide personnel for this contract who meet the current State and federal licensing requirements that are applicable to their job duties under the contract. All staff shall access continuing education as these opportunities are available and attend all required trainings. The cost of participating in required trainings and opportunities for continuing education must be included in the budget.
 - a. Medical Case Managers must be medical professionals who have access to client level medical information and the skills to understand the implications of that data.
 - b. Non-Medical Case Managers must have credentials as outlined in SHHP Service Standards in a human services related field with at least one year of case management experience.

- c. Mental health and substance use outpatient service providers must be licensed in the State of Louisiana.
5. Provide and update an Organizational Chart and the list of Key Personnel throughout the term of this Contract as requested by the Support Services Monitor. The Subawardee shall identify the individuals serving as Key Personnel. Unless the Subawardee requests and receives a written exception from SHHP, all Key Personnel shall be full-time employees (minimum forty (40) hours per week), based in Louisiana, dedicated one hundred percent (100%) to this contract, and serve in only one key personnel position.
6. If an individual is not required to, and does not, serve exclusively in their Key Personnel position, the Subawardee shall provide to SHHP, in writing, a description of the individual's other responsibilities. Such description shall also be provided with the Subawardee's request for an exception from SHHP, if applicable.
7. All Key Personnel should have an on boarding/training plan, as well as a succession plan in the event of resignation to delineate essential job tasks that will be continued during the replacement hiring process. All staff replacements must have comparable or greater skills to perform the contract activities as were performed by the personnel being replaced.
8. Notify SHHP data and program staff within 24 hours of a termination or resignation of all personnel funded by Ryan White Part B or HOPWA dollars. Follow SHHP protocols to remove access/permissions to data management systems, including Citrix, CAREWare and Ramsell, as applicable, as soon as possible within 24 hours.
9. Fill Key Personnel positions with a permanent hire within 30 days of resignation or termination. Failing to fill key positions within the timeline will lead to liquidated damages being assessed.
10. Provide salaries for all personnel at a comparable range to the regional salaries for similar positions.
11. Have all staff trained on confidentiality protections annually, but more frequently if issues arise or when there is staff turnover. Staff shall be familiar with the use of basic tools, including consent forms, protocols for securing paper and electronic files, computer access and technology protections, and protocols for sharing protected health information (PHI) with other providers.

Record Keeping Requirements

1. Requirements

- A. Subawardee must maintain eligibility information and all required data fields for each client who has accessed services. Please refer to the Louisiana HealthHub Louisiana CAREWare Access Network (LaCAN) page guidance for the Minimum Required Ryan White Services Report (RSR) Data Fields. The Subawardee must have a plan in place to relinquish all client data to SHHP staff at the termination of the contract.
- B. Staff performing contract functions shall maintain time and effort (activity) records that support appropriate charges, including when staff must allocate time among several functions performed, or allocate time between multiple funding sources.

2. System

The Subawardee shall have a well-organized recordkeeping system to maintain adequate oversight and control of its cash, property, and other assets. As part of that system, expenditures must always be properly documented, regardless if they are direct or indirect, program or administrative, personnel or non-personnel. Financial and recordkeeping systems shall record in a readily retrievable manner all of the financial (and other) data required for all site visits, cost reconciliation activities and other required reports. While records shall be readily retrievable, procedures also shall control access to records, forms, and assets, and otherwise safeguard them from risk of exposure.

3. Consent Forms

Consent to share information with other service providers must be given in a specific manner. A general or blanket authorization shall not be appropriate. The Subawardee shall consider carefully what types of information shall be included in such releases. Authorization to discuss medical status shall be inappropriate if it is not relevant to the services being sought. The Subawardee must ensure clients fully understand the content and purpose of consent forms. If it is determined that client authorization to share information is needed, then a signed copy of this form shall be placed in the client file and updated at minimum annually. Clients may withdraw consent at any time. At all times the client information shared by the Subawardee must be the minimum necessary. All efforts must be made to protect client information.

4. File Maintenance and Protection

An organization's policies on confidentiality shall consider a range of precautions to keep client information private. To help ensure that files containing client information remain confidential, the Subawardee shall incorporate the following as standard procedures:

- a. Store client files, forms, and identifying information in locked file cabinets and ensure that files are not left out when not in use.
- b. Password protect on secure networks for all information stored in electronic systems.
- c. Ensure client files are viewed only by "need-to-know" personnel with policies in place defining which staff members have access to client files.
- d. Eliminate personal identifiers where possible, using code systems in place of client names on client files and client databases.
- e. Take steps to protect the privacy of phone calls and client meetings, such as choosing a secure room or closing the door before accepting a client call.

Reporting Requirements

The Subawardee shall provide all required annual, semi-annual, quarterly, and monthly reports and exchange of data.

1. Comply with all SHHP and HRSA reporting requests and requirements within the timeline specified in the request. The current HRSA reports include the (RSR) and ADAP Data Report (ADR), which shall be coordinated with SHHP personnel. If the requested timeline is not feasible, SHHP staff should be notified immediately and an alternate date, mutually agreeable to both parties, should be established.
2. Comply with all SHHP and HUD reporting requests and requirements within the timeline specified in the request. The primary HUD report is the Consolidated Annual Performance and Evaluation Report (CAPER), which shall be coordinated with SHHP personnel. If the requested timeline is not feasible, SHHP staff should be notified immediately and an alternate date, mutually agreeable to both parties, should be established.
3. Provide additional monthly and/or quarterly reports as requested that describe various aspects of program activity. Additional reporting

- requirements shall be identified as state and federal legislation, regulation, and program-specific policies are updated.
4. Document individual transactions for each client in CAREWare in order to satisfy requirements of HRSA, HUD, LDH, OPH and the STD/HIV/Hepatitis Program, such as invoicing, reporting and evaluation. The required information may be manually entered, or may be imported from another comparable data collection system. This data will include but is not limited to:
 - A. All units of service delivered on behalf of a client;
 - B. Case notes;
 - C. Dates of all service visits; and
 - D. Required client demographic and eligibility information.
 5. Utilize the existing monthly quality checks provided by SHHP, and reports within CAREWare to assure invoices submitted to SHHP are accurate to the best of the agency's ability. Invoices not in compliance with SHHP Services Unit policies and procedures will be returned without review.
 6. Coordinate with SHHP staff for technical assistance with CAREWare. However, the Subawardee shall maintain or establish independent technical assistance for Information Technology (IT) questions, concerns or system recommendations. The costs associated with this technical assistance may be included in the budget. In addition, the Subawardee shall maintain the security and routine maintenance of all equipment purchased by the STD/HIV/Hepatitis Program for use at the local agency.
 7. Maintain a detailed report of all payments forwarded to vendors and any refunds received.

Quality Improvement and Evaluation Requirements

1. Subawardee shall comply with all SHHP and HRSA Quality Management and Evaluation requests on an annual, semi-annual, quarterly, and monthly basis as outlined in the SHHP Service Standards and HRSA's Quality Management Policy Clarification Notice.
2. Subawardee shall maintain a Quality Management Plan for contracted services.

3. Provide additional monthly and/or quarterly reports as requested that describe various aspects of identified quality improvement projects and the performance measurements specific to services. Additional reporting requirements shall be identified as state and federal legislation is updated.

Transition Plan Requirements

Subawardee shall have a detailed transition plan that will successfully transition Subawardee activities upon termination of the contract without interrupting services to clients.

Security Requirements

Subawardee shall ensure all personnel comply with all security regulations in effect at the State's premises, the Information Security Policy at <http://www.doa.la.gov/Pages/ots/InformationSecurity.aspx> and externally for materials and property belonging to the State or to the project. Where special security precautions are warranted (e.g., correctional facilities), the State shall provide such procedures to the Subawardee, accordingly. Subawardee is responsible for reporting to the State any known breach of security no later than seventy-two (72) hours after confirmation of the event. Notify the Information Security Team ("IST") by calling the Information Security Hotline at 1-844-692-8019 and emailing the security team at infosecteam@la.gov.

Technical Requirements

The Subawardee will be required to transmit all non-proprietary data which is relevant for analytical purposes to LDH on a regular schedule in XML, CSV, or other format to be determined by LDH based on collaboration between both parties. Final determination of relevant data will be made by LDH based on collaboration between both parties. The schedule for transmission of the data will be established by LDH and dependent on the needs of the Department related to the data being transmitted. Electronic files for this purpose will be transmitted via SFTP to the Department. Any other data or method of transmission used for this purpose must be approved via written agreement by both parties.

1. The Subawardee is responsible for procuring and maintaining hardware and software resources the Subawardee will use to successfully perform the services detailed in this contract. The databases required by SHHP to be used in the operation of a case management and other bundled services within their region will be provided to the Subawardee by the

SHHP, and training will be available for both new and current staff on the appropriate and accurate use of these resources.

2. The Subawardee should adhere to state and federal regulations and guidelines as well as industry standards and best practices for systems or functions required to support the requirements of this contract.
3. Unless explicitly stated to the contrary, the Subawardee is responsible for all expenses required to obtain access to LDH systems or resources which are relevant to successful completion of the requirements of this contract. The Subawardee is also responsible for expenses required for LDH to obtain access to the Subawardee's systems or resources which are relevant to the successful completion of the requirements of this contract. Such expenses are inclusive of hardware, software, network infrastructure and any licensing costs.
4. Any confidential information must be encrypted to FIPS 140-2 standards when at rest or in transit.
5. Subawardee owned resources must be compliant with industry standard physical and procedural safeguards (NIST SP 800-114, NIST SP 800-66, NIST 800-53A, ISO 17788, etc.) for confidential information (HITECH, HIPAA Part 164).
6. Any Subawardee use of flash drives or external hard drives for storage of LDH data must first receive written approval from the Department and upon such approval shall adhere to FIPS 140-2 hardware level encryption standards.
7. All Subawardee utilized computers and devices must:
 - Be protected by industry standard virus protection software which is automatically updated on a regular schedule.
 - Have installed all security patches which are relevant to the applicable operating system and any other system software.
 - Have encryption protection enabled at the Operating System level.

Monitoring Requirements

1. Subawardee shall cooperate with a comprehensive Site Visit on an annual basis in order for LDH to assess and assure compliance with the Programmatic, Operations, Staffing, Record Keeping and Reporting requirements and compliance with legislation, regulation, and program-

specific policies. These site visits will be completed by SHHP staff from the Services, Research and Evaluation, and Fiscal Units. These site visits may generate a Corrective Action Plan that the Subawardee must comply with and report progress on over the course of the year. Subawardees must submit all documentation in a timely manner and attend all calls and meetings related to the implementation of the Corrective Action Plan.

2. Subawardees will undergo ongoing remote monitoring on a monthly and periodic basis. Monthly and periodic monitoring will follow this statement of work and the monitoring plan developed in the first 60 days of this contract.

Monitoring Plan

Within the first 60 days of the contract period, the Subawardee shall work with SHHP to develop a monitoring tool and corresponding monitoring plan based on the relevant National Monitoring Standards for Ryan White Part B Grantees, the Statement of Work, and as otherwise appropriate to assess the Subawardee's fulfillment of the Statement of Work. The monitoring tool, monitoring plan, and any monthly reports, along with the monitor's effort will be to ensure deliverables are met timely and consistently, ensure timely receipt, review, and processing of monthly invoices submitted by Subawardee, to ensure any and all reports and narratives required under the agreement are timely provided and received, and to meet with the Subawardee to correct deficiencies noted.

On an annual basis, SHHP will conduct a Comprehensive Administrative and Fiscal site visit based on the relevant National Monitoring Standards for Ryan White Part B Grantees and the Statement of Work following SHHP's Louisiana Ryan White Part B and HOPWA Monitoring Site Visit Procedure.

Liquidated Damages

1. Whether the Subawardee fails to meet specific deliverables or other material obligations as set forth herein may be difficult or impossible to determine with precise accuracy. Therefore, the parties agree that State may assess liquidated damages as set forth below, provided that State has given Subawardee written notice thereof and an opportunity to cure in accordance with the terms as set forth below.
2. Failure to Meet Performance Standards Except to the extent Subawardee's failure to meet the deliverables of the Contract is caused by or results from (i) any act or omission of any entity other than Subawardee or its subSubawardees; (ii) an event of force majeure; or (iii) other factors beyond the Subawardee's reasonable control, State may assess to the Subawardee liquidated damages in an amount not to exceed \$1,000 per

occurrence of a Subawardee not meeting the required standards per day, up to the 5th occurrence in any month. After the 5th occurrence in any month, and up to the 10th occurrence in any month, the Subawardee's liquidated damages for that month will not exceed \$2,000 per occurrence per day for such additional occurrences. After the 10th occurrence in any month, the Subawardee's liquidated damages for that month will not exceed \$10,000 per occurrence per day for such additional occurrences.

Requirement	Liquidated Damages
Subawardee must fill vacant contractually required Key Personnel within thirty (30) calendar days.	A one hundred dollars (\$100) per business day charge to the Subawardee may be imposed for each day beyond the 30th ³⁸ calendar day that a contractually required staff position remains vacant.
Subawardee must, within the first 60 days of the contract, develop quality management plan in conjunction with SHHP staff.	A one hundred dollars (\$100) per business day charge to the Subawardee may be imposed for each day beyond the 60th calendar day that the quality management plan remains undeveloped.
Subawardee must, within the first 60 days of the contract, collaborate with SHHP staff on a monitoring tool and submit a corresponding monitoring plan for this contract.	A one hundred dollars (\$100) per business day charge to the Subawardee may be imposed for each day beyond the 60th calendar day that the monitoring plan remains unsubmitted.
Subawardee must, at the start of the contract, provide a Continuity of Operations Plan to SHHP.	A one hundred dollars (\$100) per business day charge to the Subawardee may be imposed for each day beyond the contract start date that the Continuity of Operations Plan remains unsubmitted.

- Subawardee shall ensure that there are no federal, state, or departmental audit findings in which Subawardee has been found to have failed to comply with federal, state, or departmental legal requirements, policies, or procedures. The State may assess liquidated damages to the Subawardee in an amount not to exceed fifty thousand dollars (\$50,000) per audit.

4. The State, at its option, may collect any assessed liquidated damages from Subawardee by deducting them from its monthly invoice payments or quarterly retainage payments to Subawardee.

Survival of Obligation

Subawardee's liability for actual or liquidated damages shall survive the termination of the contract.

Project Requirements

The terms and execution of this contract will be monitored by:

To Be Determined, Support Services Monitor or designee

Louisiana Department of Health

Office of Public Health STD/HIV/Hepatitis Program

1450 Poydras Street, Suite 2136

New Orleans, LA 70112

All deliverables including reports, requests for information and other items shall be submitted to the Support Services Monitor.

Termination for Unavailability of Funds

The continuation of this contract shall be contingent upon the availability of Federal funds to fulfill the requirements of the contract. If Federal funds become unavailable during the term of this contract, SHHP may terminate the contract without penalty. Availability of funds shall be determined solely by SHHP. SHHP shall notify the Subawardee of the unavailability of funds in writing and the date upon which the contract shall terminate. The Department may terminate this Contract at any time by giving thirty (30) days written notice to Subawardee.

Veteran and Hudson Initiative Programs Reporting Requirements

During the term of the contract and at expiration, the Subawardee will be required to report Veteran-Owned and Service-Connected Disabled Veteran-Owned and Hudson Initiative small entrepreneurship subcontractor participation and the dollar amount of each.