



**To:** UT Southwestern Medical Center

**From:** Patricia A. Melchior, Director  
Contract Management Unit  
Prevention and Preparedness

**Date:** March 9, 2009

**Subject:** HIV/MMP Contract Packet

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Attached is your packet for your HIV Surveillance – Medical Monitoring Project (MMP) contract. The contract will be for a twelve (12) month term, from **June 1, 2009** and running through **May 31, 2010**.

Please submit one (1) hard copy of your packet and one (1) electronic copy via email by **2:00 P.M. on Friday, March 13, 2008 or sooner** to:

Jon Gambrell, Contract Manager  
Department of State Health Services  
Prevention and Preparedness Division  
Contract Management Unit  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199  
[jon.gambrell@dshs.state.tx.us](mailto:jon.gambrell@dshs.state.tx.us)

If you have questions concerning this packet contact Jon Gambrell at (512) 458-7111 ext. 2185.

**FORM A: HIV/MMP CONTRACT PACKET CHECKLIST**

Name of Contractor \_\_\_\_\_

This form is provided to ensure that the packet is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

<b>Form</b>	<b>Included</b>
FORM A: Staff Contact Page	<input type="checkbox"/>
FORM B: Categorical budget - <i>Now in a separate 'Budget Template' spreadsheet</i>	<input type="checkbox"/>
FORM C: Work Plan	<input type="checkbox"/>
FORM D: Performance Measures	<input type="checkbox"/>
HIV Contractor Assurances	<input type="checkbox"/>

## FORM A: STAFF CONTACT INFORMATION

Legal Name of \_\_\_\_\_

This form provides information about appropriate contacts in the applicant's organization. **If any of the following information changes during the term of the contract, please send written notification to Jon Gambrell, Contract Manager at: [jon.gambrell@dshs.state.tx.us](mailto:jon.gambrell@dshs.state.tx.us)**

<b>Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____

**FORM B:**

*Please Use the separate 'Budget Template' spreadsheet*

## FORM C: WORK PLAN GUIDELINES

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Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. The work plan shall address the needs and the problems identified in the community assessment for improving health status. The work plan shall include the following:

### 1. REPORTING

- a. Maintain and submit to DSHS weekly, MMP tracking workbooks and logs, provided by DSHS Program, documenting Contractor activities related to identifying HIV care providing facilities, obtaining facility patient loads, recruiting facilities and patients for participation in the MMP, completing data collection activities, completing facility attribute surveys, and completing provider survey distribution activities.
- b. Complete individual monthly activity report demonstrating staff activities. These reports shall be submitted on the 10<sup>th</sup> business day of each month in a format provided by DSHS Program.
- c. Submit to DSHS bi-weekly, according to the stage of project implementation, completed patient interviews and completed medical chart abstraction forms, either by over-night mail if paper forms are used, or electronically if electronic data collection instruments are used, according to DSHS approved procedures.
- d. Submit to DSHS monthly, according to the stage of project implementation, completed medical chart re-abstraction forms, as part of data quality assurance measures, and completed checklist tool pertaining to data quality exercise, provided by DSHS program, either by over-night mail, if paper forms are used, or electronically, if electronic data collection instruments are used, according to DSHS approved procedures.
- e. Supply DSHS Program with a copy of each job description for which a portion or all of the salary is paid by this Program Attachment within thirty (30) days of the contract start date.
- f. Supply DSHS Program, by the 20<sup>th</sup> business day of each month, with a copy of travel forms for each staff which lists the date of travel, the name of the staff person traveling, the purpose of the travel, and a breakdown of the costs associated with the travel for the previous month.
- g. Maintain and submit monthly, signed consent forms and voucher receipt forms to DSHS program according to DSHS HIV Surveillance approved procedures for sending confidential documents in the mail.

### 2. MMP DATA DISSEMINATION AND PROMOTION

- a. Assist DSHS Program with MMP data exploration and dissemination as requested by DSHS or CDC.
- b. Assist DSHS Program with MMP promotion throughout Texas by disseminating MMP materials, sharing MMP goals and objectives and Texas data through coordinating meetings, attending conferences, and attending HIV/AIDS community activities.

### 3. CONFIDENTIALITY

- a. Store all case files and computer diskettes containing patient information in a locked file cabinet when not in use. The locked file cabinet and the stand-alone surveillance computer shall be kept in a locked room with limited, controlled access.
- b. Utilize passwords to access computer databases containing HIV/AIDS case data. Passwords shall be changed every ninety (90) days and known only to surveillance personnel.
- c. Limit the number of persons who have access to registry files to persons directly involved in the HIV Surveillance - Medical Monitoring Project and the HIV/STD Program Manager in the geographic area of the Contractor.
- d. Require a statement of confidentiality (attached), designed by DSHS, to be signed annually by all personnel (including IT) having access to HIV Surveillance - MMP files and computer

- diskettes and computer systems involving HIV Surveillance - MMP activities performed by Contractor.
- e. Require annual HIV surveillance security training for all personnel (including IT) having access to HIV Surveillance - MMP files, computer diskettes and computer systems involving HIV Surveillance - MMP activities performed by Contractor.
  - f. When electronically transmitting HIV Surveillance - MMP specific information, any transmission by Contractor that does not incorporate the use of an encryption package meeting Advanced Encryption Standards (AES), will not contain identifying information or use terms overtly associated with "HIV" or "AIDS". The terms HIV or AIDS must not appear anywhere in the context of the communication, including the sender and/or recipient address and label.

## FORM C: WORK PLAN

*Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN Guidelines) associated with the services proposed in this packet. A maximum of three (3) additional pages may be attached if needed.*

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## FORM D: PERFORMANCE MEASURE Guidelines

Applicant shall include the performance measures in the packet along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by applicant and DSHS.

1. Contractor shall recruit DSHS assigned MMP sampled facilities and patients at no less than a combined eighty-five percent (85%) success rate.
2. Contractor shall complete interviews and medical chart abstractions at no less than one hundred percent (100%) on patients agreeing to participate in the MMP.
3. Contractor shall complete medical chart re-abstractions on no less than five percent (5%) of abstracted medical charts as part of DSHS program data quality assurance measures.
4. Contractor shall ensure transfer of collected HIV Surveillance - MMP information to DSHS program weekly by the close of business each Thursday. Contractor may send a written request to DSHS Program to extend the timetable for transferring data, which must be received in advance of the deadline. Any agreement shall be in writing and signed by both parties.
5. Contractor shall contact no less than ninety percent (90%) of the DSHS assigned facilities and provide completed information regarding: 1) does the facility provide HIV care according to MMP eligibility; 2) if not, reason why facility doesn't meet eligibility and name of referral facilities; 3) if yes, contact information including official facility name, address, phone/fax, names of doctors and others providing HIV care; and 4) an accurate estimated patient load documenting how the estimate was made, by whom, and special circumstances.
6. The Contractor shall design, draft and distribute quarterly MMP newsletters to MMP eligible facilities, ASO's, CBO's and to CAB and PAB members. First drafts of newsletters sent for review by DSHS Program shall be no less than eighty percent (80%) complete. Quarterly newsletters will be distributed by postal mail and web link access.
7. Contractor shall complete and submit monthly activity reports demonstrating Contractor's conduct of HIV Surveillance – MMP activities. These reports shall be submitted to DSHS Program on the 10<sup>th</sup> business day of every month in a format provided by DSHS.
8. Contractor shall distribute no less than one hundred percent (100%) of facility reimbursement checks to participating facilities within 90 days of the end of the data collection period. Facility reimbursement is equal to \$30 per sampled patient at the participating facility

## FORM D: PERFORMANCE MEASURES

*In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this packet. A maximum of **two (2)** additional pages may be attached if needed.*

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# **Texas Department of State Health Services**

## **HIV Contractor Assurances**

### 1. ADVOCATE AND PROMOTE

The applicant agency assures that it does not advocate or promote conduct that violates state law, in compliance with the HIV Services Act, Texas Health and Safety Code, Section 85.011, as follows:

"Grants may not be awarded to an entity or community organization that advocates or promotes conduct that violates state law. This subsection does not prohibit the award of a grant to an entity or community organization that provides accurate information about ways to reduce the risk of exposure to or transmission of HIV."

### 2. CONFIDENTIALITY

The applicant agency and its employees or subcontractors, if applicable, provide assurance to the Texas Department of State Health Services that confidentiality of all records shall be maintained. No information obtained in connection with the examination, care, or provision of programs or services to any person with HIV shall be disclosed without the individual's consent, except as may be required by law, such as for the reporting of communicable diseases. Information may be disclosed in statistical or other summary form, but only if the identity of the individuals diagnosed or provided care is not disclosed.

We are aware that the Health and Safety Code, §81.103, provides for both civil and criminal penalties against anyone who violates the confidentiality of persons protected under the law. Furthermore, all employees and volunteers who provide direct client care services or handle direct care records wherein they may be informed of a client's HIV status or any other information related to the client's care, are required to sign a statement of confidentiality assuring compliance with the law. An entity that does not adopt a confidentiality policy as required by law is not eligible to receive state funds until the policy is developed and implemented.

### 3. CONFLICT OF INTEREST

The applicant agency and its employees or subcontractors, if applicable, provide assurance to the Texas Department of State Health Services that no person who is an employee, agent, consultant, officer, board member, or elected or appointed official of this agency, and, therefore, in a position to obtain a financial interest or benefit from an activity, or an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter shall participate in the decision making process or use inside information with regard to such activity. Furthermore, this agency will adopt procedural rules which require the affected person to withdraw from his or her functions and responsibilities or the decision-making process with respect to the specific assisted activity from which they would derive benefit.

### 4. TUBERCULOSIS COLLABORATION

The applicant agency assures the DSHS that it maintains collaborative efforts with local Tuberculosis (TB) Control programs in order to insure that HIV and TB treatment and prevention services are provided to persons at risk of HIV and TB.

## 5. DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about-
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will-
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later that five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2),above, from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted-
  - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

## 6. POLICIES OF THE HIV/STD PROGRAM

The applicant agency assures the DSHS that it will abide by all policies of the HIV/STD program that apply to the programs being provided. A list of policies applicable to all HIV and STD contractors is provided at the program website at [www.dshs.state.tx.us/hivstd/policy/default.htm](http://www.dshs.state.tx.us/hivstd/policy/default.htm).

Signature of Authorized Certifying Official	Title
Date	
Legal Name of Applicant Organization	