



## Memorandum

**TO:** Minority AIDS Initiative Executive Directors  
Minority AIDS Initiative Contact Persons

**FROM:** Patricia Ann Melchior, Director  
Contract Management Unit  
Division of Prevention and Preparedness

**DATE:** February 18, 2009

**SUBJECT:** Minority AIDS Initiative (HIV/MAI) Renewal Application for 2010 Project Year  
(08/01/2009 – 07/31/2010)

Enclosed are the documents required for your agency's renewal application for Minority AIDS Initiative contract with the Department of State Health Services (DSHS) for the period August 1, 2009 through July 31, 2010. This renewal document will be posted on the HIV/STD Program's website at: <http://www.dshs.state.tx.us/hivstd/funding/default.shtm>. Instructions for completing the application are in the renewal document. If you have questions, please contact Susana Garcia, Contract Manager, at (512) 458-7111 ext. 2118.

**Please note the following for the Project Year 2010 budget period:**

- Prepare a twelve (12) month budget for this contract renewal (08/01/2009 – 07/31/2010).
- During this project year, the target population shall include all high-risk minorities as well as minorities who have been recently released into Harris County or Dallas County from a federal, state, local adult or juvenile institution.
- Important Due dates:
  - March 11, 2009: Minority AIDS Initiative Renewal Application  
Table 1  
Contract/Subcontract Review Certification &  
Subcontractor Data Sheet  
Categorical Budget Justification and/or Fee for  
Service Form for each subcontractor

**Please submit one (1) electronic copy of the renewal in word format. The face page, Form K, Form L, Form L-2, and Form L-3 should be scanned in as a .pdf file by 03/11/09 to:**

**Hiv-srvscontracts@dshs.state.tx.us  
Contract Management Unit  
Texas Department of State Health Services**

12	<b>Contractor</b>	<b>MAI CONTRACT AMOUNT</b>	<u>MAI 2010</u> <u>Month</u> <u>FUNDING</u>
	AIDS Arms	<b>\$191,908</b>	
	AIDS Foundation of Houston	<b>\$191,908</b>	
	The Urban League of Greater Dallas & North Central Texas	<b>\$191,908</b>	
	<b>TOTAL</b>	<b>\$575,724</b>	

ALLOCATIONS

(08/01/2009 – 07/31/2010)

**\*\*Please note these allocations are subject to change prior to the execution of the contract.**



# **Project Year 2010 Renewal Application For Minority AIDS Initiative (HIV/MAI)**

<http://www.dshs.state.tx.us/hivstd/funding/default.shtm>

**Issue Date: February 18, 2009**

**Due Date: March 11, 2009**

***Contract Management Unit  
Department of State Health Services  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199***

**TABLE OF CONTENTS**  
**ORGANIZATION AND CONTENT**

FORM A:	FACE PAGE.....	5
FORM A:	FACE PAGE INSTRUCTIONS .....	6
FORM B:	CONTACT PERSON INFORMATION.....	7
FORM C:	PERFORMANCE MEASURES .....	8
FORM D:	PERFORMANCE MEASURES GUIDELINES.....	9
FORM E:	WORK PLAN .....	10
FORM F:	WORK PLAN GUIDELINES .....	11
FORM G:	INSTRUCTIONS AND EXAMPLES FOR CATEGORICAL JUSTIFICATION .....	12
FORM H:	BUDGET SUMMARY .....	See Attached Excel Spreadsheet
FORM I:	TABLE 1: MAI SERVICE PRIORITIES AND ALLOCATIONS.....	17
FORM J:	CONTRACT/SUBCONTRACT REVIEW CERTIFICATION & SUBCONTRACTOR DATA SHEET.....	19
FORM K:	Fee for Service Form.....	20
FORM L:	NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES.....	21
FORM L-2:	HIV CONTRACTOR ASSURANCES.....	23
FORM L-3:	CONTRACTOR ASSURANCE REGARDING PHARMACY NOTIFICATION .....	24
APPENDIX A:	DSHS ASSURANCES.....	26
APPENDIX B:	GENERAL PROVISIONS.....	32
APPENDIX C:	PROGRAM REQUIREMENTS FOR FY2009 RYAN WHITE PART B CONTRACTS.....	33
APPENDIX D:	GLOSSARY HIV-RELATED ADMINISTRATIVE SERVICES.....	42



Department of State Health Services  
**FORM A: FACE PAGE** This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal application and shall be completed in its entirety.

APPLICANT INFORMATION																			
1) LEGAL NAME:																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span>																			
3) PAYEE Mailing Address (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span>																			
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : <i>*The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>																			
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table> <i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private			<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC																	
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning																	
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital																	
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private																	
		<input type="checkbox"/> Other (specify): _____																	
6) PROPOSED BUDGET PERIOD:                      Start Date:                      End Date:																			
7) COUNTIES SERVED BY PROJECT:																			
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON																		
9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	Name: Phone: Fax: E-mail:																		
	11) FINANCIAL OFFICER  Name: Phone: Fax: E-mail:																		
The facts affirmed by me in this proposal are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in <b>APPENDIX A: DSHS Assurances and Certifications</b> . I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																			
12) AUTHORIZED REPRESENTATIVE      Check if change <input type="checkbox"/>  Name: Title: Phone: Fax: E-mail:	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE																		
	14) DATE																		

## FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's proposal.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with applicant to receive payment for services rendered by applicant and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). \*The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Texas Building and Procurement Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year, applicant must arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the applicant. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant must sign in this blank.
- 14) **DATE** - Enter the date the authorized representative signed this form.

## FORM B: CONTACT PERSON INFORMATION

**Legal Name of Applicant:** \_\_\_\_\_

*This form provides information about the appropriate program contacts in the applicant's organization. If any of the following information changes during the term of the contract, please notify the Contract Manager and the HIV Care Services Group.*

Executive Director: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Project Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Financial Reporting Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Data Reporting Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Clinical Services Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Board Chairperson: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____

# FORM C: 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 proposal.

A maximum of 3 additional pages may be attached if needed.

---

## FORM D: PERFORMANCE MEASURE Guidelines

Applicant shall write a maximum of three performance measures for project objectives and proposed target levels of performance for each measure. The proposed measures and levels of performance will be negotiated and agreed upon by applicant and DSHS if applicant is selected to negotiate a contract.

Performance measures should be SMART: specific, measurable, achievable, relevant and time-phased. Performance measures quantify program outcomes and outputs, and the number of such outputs to be performed. Performance measures also define the applicant’s obligations in order to meet its contract requirements.

A well-written measure includes the following components: who will deliver the service(s) and their qualifications (as appropriate); a deliverable (a product or service and how much); a schedule/time frame; and a standard of performance. The following table provides a guide for developing the different types of performance measures:

Type	Measure	Example
<i>Outcome</i>	<i>measures the actual impact or public benefit of an entity's actions</i>	<i>Eighty percent (80%) of identified potential clients from the target population receiving education services will be enrolled into ADAP.</i>
<i>Output or Process</i>	<i>counts the goods/services provided</i>	<i># of service units for outreach provided # of service units for education services provided</i>

### Grant Specific Required Outcome Measures

1. a. For the contract term (8/1/2009-7/31/2010), contractor will provide education services to \_\_\_\_\_ (#) clients for the purpose of increasing participation of minorities with human immunodeficiency virus (HIV) disease in:
  - 1) DSHS’ Texas HIV Medication Program (THMP);
  - 2) Primary medical care.

b. Eighty percent (80%) of clients receiving education services will be enrolled into ADAP.
  
2. a. For the contract term (8/1/2009-7/31/2010), contractor will provide outreach services to \_\_\_\_\_ (#) clients for the purposes of increasing participation of minorities with human immunodeficiency virus (HIV) disease in:
  - 1) DSHS’ Texas HIV Medication Program (THMP);
  - 2) Primary medical care.

b. Eighty percent (80%) of clients receiving outreach services will be enrolled in ADAP.

**Special Note: Above measures are subject to change during contract negotiations.**

# FORM E: WORK PLAN

Applicants must 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 proposal. A maximum of 5 additional pages may be attached if needed.

---

## FORM F: WORK PLAN GUIDELINES

Applicant must describe its plan for service delivery to high risk minority populations in the proposed service area(s) and include time lines for accomplishments. The plan must:

1. Summarize the proposed education and outreach services, population to be served, location (counties to be served), times, venues, etc. Also, address if and how you will serve individuals from counties outside your stated service area.
2. Describe how your staff refers clients into medical services and successfully linking to ADAP and other HIV medical support services.
3. Describe any changes to the delivery systems, workforce, policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve service delivery and policy-making activities. What resources do you have to perform the project, who will deliver services and how will they be delivered?
4. Describe how data is collected and tabulated, who will be responsible for data collection and reporting, and how often data collection activities will occur.
5. Describe coordination with the other health and human services providers in the service area(s) and delineate how duplication of services is to be avoided.
6. Describe the steps that will be taken to address cultural and linguistic competence to provide services to culturally diverse populations. (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population.)
7.
  - A. Describe any changes to the client satisfaction survey process that includes:
    - list of areas targeted with the applicable questions;
    - method used to elicit client completion of client satisfaction survey;
    - frequency of the survey process;
    - system to facilitate return rate of the client satisfaction survey;
    - how client anonymity is maintained throughout the process; and
    - how the gathered and compiled client satisfaction survey results are used to improve services.
  - B. Describe the agency's client satisfaction survey return rate within the previous year.

# Form G: INSTRUCTIONS AND EXAMPLES FOR A CATEGORICAL BUDGET JUSTIFICATION

NOTE: All applications must include a categorical budget justification for the Project year 2010 budget period.

**A. PERSONNEL** **(Total)**

[List each position with a brief job description of 50 words or less. For each position listed, multiply the monthly salary or wages by the percentage of personnel time by the number of months which the salary is to be paid from this budget.]

**Example:**

**Executive Director (Gonzales) 1,920**  
 $\$3,200/\text{monthly} \times 5\% \times 12 = \$1920$

**Oversees all program activities. Ensures compliance with contract requirements. Provides program/financial information to the Board of Directors. Acts as agency personnel director and public spokesperson. Supervises Program Manager.**

**Bookkeeper (Jones) 1,800**  
 $\$1,500/\text{monthly} \times 10\% \times 12 = \$1800$

**Performs full charge bookkeeping duties. Inputs transaction data and produces general ledger, income/expense statements and balance sheets. Maintains and produces payroll. Checks invoices for accuracy and prepares them to be approved for payment. Prepares accounts payable.**

**Clinic Nurse (Donnelly) 38,400**  
 $\$3,200/\text{monthly} \times 100\% \times 12 = \$38,400$

**Works in cooperation with CARE clinic medical personnel and UTMB staff in providing primary medical care for persons living with HIV. Provides medical case management to clients. Provides supervision for clinic aide and daily functions of the clinic.**

**Program Manager (Watson) 12,384**  
 $\$2,580/\text{monthly} \times 40\% \times 12 = \$12,384$

**Supervises all HIV Services activities: Provides staff training, as needed; coordinates HIV Services programming; designs and maintains data collection system; prepares all required program reports; evaluates staff performance and conducts quality assurance.**

**HIV Case Manager (McDade) 28,500**  
 $\$2,375/\text{monthly} \times 100\% \times 12 = \$28,500$

**Provides case management services to rural HIV-positive residents of**

Jones, Hays, Delgado counties through face-to-face client contact and phone contact. Conducts needs assessments with the clients and updates needs assessment on a regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.

HIV Case Manager (Vacant) 28,500  
 \$2,375/monthly X 100% X 12 = \$28,500

Provides bilingual case management services to rural HIV-positive Spanish speaking residents of Miller, Bend, Gonzales and Montemayor counties through face-to-face client contact and phone contact. Conducts needs assessments with the clients and updates needs assessment on a regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.

Auxiliary Services Coordinator (New position) (attach Job description) 28,500  
 \$2,375/monthly X 100% X 12 = \$28,500

Oversee all activities and day care at the ART Community Center facility, stock the food pantry, keep facility organized, maintain records of client participation and usage of the facility, serve hot lunches, order and pickup groceries for the food pantry. Assist Case Managers with reporting and filing of client information

**B. FRINGE BENEFITS**

(Total)

[Itemize the cost of fringe benefits paid for employees, including employer contributions for Social Security, retirement, insurance and unemployment compensation. Fringe benefits requested must represent the actual benefits paid for employees.]

Example:

FICA: 0.765 x \$101,604 =	7,773
Insurance: \$2,160 x 3.55 FTEs =	7,668
Worker's Comp: rate x salaries =	\$
Unemployment: rate x salaries =	\$

**C. STAFF TRAVEL**

(Total)

[Budget the projected costs of transportation, lodging, meals, and related expenses for official staff business travel conducted in carrying out the contract. Out of state travel is only allowed with pre-approval from the DSHS. NOTE: Grantees who do not have written travel reimbursement policies must use DSHS travel reimbursement rates as follows: \$.55/mile, \$36/day meals, \$85/day lodging.]

Example:

Mileage for Case Managers in service area: 2,916  
 \$0.55/mile X 441.8 miles/mo. X 12 months - \$2,916

Expenses for 3 staff members to attend Texas HIV/STD Conferences: 1,977  
 Airfare @ \$175 X 3 staff = \$525  
 Lodging @ \$85 X 4 days X 3 staff = \$1020  
 Meals @ \$36 X 4 days X 3 staff = \$432

**D. EQUIPMENT**

**(Total)**

[Equipment is defined as tangible nonexpendable personal property with an acquisition cost of \$5,000 or more and a useful life of more than one year. Equipment includes firearms regardless of the acquisition cost, and the following controlled assets with an acquisition cost of \$500 or more: desktop and laptop computers, non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. Prior written approval from the DSHS is required before grantee may acquire equipment. List each item, describe and explain use.]

**E. SUPPLIES**

**(Total)**

[This category is for the costs of materials and supplies necessary to carry out the project. It includes general office supplies, janitorial supplies, and any equipment, not on the exception list above with a purchase price, including freight, of less than \$5000 or less per item.]

**Example:**

General office supplies - \$100 mo x 12 mo 1,200

**F. CONTRACTUAL**

**(Total)**

[DEFINITION: Whenever the applicant intends to delegate part of the activities identified in the scope of work to a third party, the cost of providing these activities is recorded in this category. Travel by these individuals should be included in this category if they are delivering client services. Contracts for administrative services are not included in this category; they are properly classified in the Other category.]

If the applicant enters into grant contracts with sub recipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the General Provisions for Department of State Health Services Grant Contracts available online at <http://www.dshs.state.tx.us/grants/docs.shtml> or by calling CSCU at 512-458-7470.

If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant must submit justification to DSHS and receive prior written approval from DSHS before entering into the contract.]

**G. OTHER**

**(Total)**

[DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

- \* contracts for administrative services;
- \* space and equipment rental;

- \* utilities and telephone expenses;
- \* data processing services;
- \* printing and reproduction expenses;
- \* postage and shipping;
- \* contract clerical or other personnel services;
- \* janitorial services;
- \* exterminating services;
- \* security services;
- \* insurance and bonds;
- \* equipment repairs or service maintenance agreements;
- \* books, periodicals, pamphlets, and memberships;
- \* advertising;
- \* registration fees;
- \* patient transportation;
- \* training costs, speaker's fees and stipends.

**H. TOTAL DIRECT COSTS**

**(Total)**

[Enter the total of A - G above]

**I. INDIRECT COSTS**

**(Total)**

[A copy of the current negotiated indirect cost rate must be attached, if applicable.]

**J. TOTAL BUDGET**

**(Total)**

**MAI funds are limited to outreach and education expenses only. Based on the above budget provide the breakdown for outreach and education.**

Outreach Services Amount: \_\_\_\_\_

Education Amount: \_\_\_\_\_

**Budget Summary & Additional Budget forms: Please see attached Excel Spreadsheet.**

# FORM I: TABLE 1-MAI SERVICE PRIORITIES AND ALLOCATIONS

Name of Agency: \_\_\_\_\_

HIV Service Delivery Area: \_\_\_\_\_

Date of Service Delivery Plan: \_\_\_\_\_

**Instructions:** In column 2a, show the number of units to be provided and in column 2b show the number of persons to be serviced. **NOTE: for an organization operating with unit cost, please only complete the “unit” column.** In column 3, state the budget amount allocated to that service category, and in column 4 indicate the percentage of the total allocation represented by the amount allocated to the service.

Column 1 SERVICES CATEGORIES	Columns 2a & 2b OBJECTIVE		Column 3 RW Part A Allocation	Column 4 % of RW Part B Allocation
	Units	Persons		
1. Ambulatory/Outpatient Medical Care				
2. Mental Health Services				
3. Oral Health				
4. Substance Abuse Services - Outpatient				
5. Substance Abuse Services - Residential				
6. Rehabilitation Services				
7. Home health care - Para-professional				
8. Home Health care - Professional				
9. Home Health Care - Specialized				
10. Case Management				
11. Residential or In-home Hospice Care				
12. Treatment Adherence Counseling				
13. Buddy/Companion Service				
14. Client Advocacy				
15. Legal Services				
16. Day or Respite Care for Adults				
17. Emergency Financial Assistance				
18. Housing Assistance & Housing-Related Services				
19. Food Bank/Home-delivered Meals				
20. Nutritional Counseling				
21. Transportation Services				
22. Outreach Services				
23. Counseling and Testing Services to PLWHA (Early Intervention for Part A & B)				
24. Psychosocial Support Services				
25. Permanency Planning				
26. Child Care Services				
27. Child Welfare Services				
28. Health Education/Risk reduction				
29. Referral to Health Care/Supportive Services				
30. Referral to Clinical Research				
31. Developmental Assessment/Early Intervention Services of Infants and Children				

32. Drug Reimbursement - Local Consortium				
33. Health Insurance				
34. Other Direct Support Services (must be a service; attach detailed list). <sup>1</sup>				
<b>35. TOTAL DIRECT SERVICES</b>				
36. Subcontractor Administrative Costs <sup>2</sup>				
37. Capacity Building				
38. Assembly Needs Assessment/Planning/ Evaluation (AA cost only)				
39. Planning Assembly/Body Support				
40. Quality Management Plan				
41. Grantee Administrative Cost <sup>3</sup>				
<b>42. TOTAL GRANT BUDGET<sup>4</sup></b>				

**Footnotes**

1. Amount should equal the total amount of the contract.

**I verify that the service priorities and resource allocations listed on this form are accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form J: HIV/MAI Contract/Subcontract Review Certification (CRC) and Subcontractor Data Sheet Form**

Submission Date: \_\_\_\_\_ Revised?  Yes  No  
Contract Beginning Date: \_\_\_\_\_ Contract Ending Date: \_\_\_\_\_

Selection Process:  Competitive Bid  Sole Source  Single Source

Faith-based Organization? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Minority Provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your agency collect sliding-scale fees from clients? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does your agency collect co-payments from clients? \_\_\_\_\_ Yes \_\_\_\_\_ No

Subcontractor Name: \_\_\_\_\_  
9 Digit EIN: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Executive Director: \_\_\_\_\_  
Contact Person & Title: \_\_\_\_\_  
Estimated Number of Clients to be Served for Education Services: \_\_\_\_\_  
Estimated Number of Clients to be Served for Outreach Services: \_\_\_\_\_

**Amount Funded** (MAI funded services are limited to Education and Outreach)

Total Amount of Contract: \_\_\_\_\_  
Education Services: \_\_\_\_\_ Outreach Services: \_\_\_\_\_  
\*Include administrative costs per service

---

**Program Review:**

I certify that the purpose and scope of the contract has been reviewed and found to be in compliance with any existing policies of the Division of HIV Services, HIV/AIDS Bureau (HAB) in effect at the time this contract was executed.

AA Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrative Fiscal Review:**

I certify that the procedures used to advertise and award these funds meet the minimum standards required by the Office of Management and Budget (OMB) in the following Circular (check one only).

- A-102 (Administrative requirements applicable to grants to State and local governments) codified by DHHS in 45 CFR Part 92
- A-110 (Administrative requirements applicable to grants to Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations) codified by DHHS in 45 CFR Part 74

I certify that the costs have been determined allowable according to principles and standards established by OMB in the following Circulars (check one only).

- A-122, Cost Principles for Non-Profit Organizations
- A-87, Cost Principles for State, Local, and Indian Tribal Governments
- A-21, Cost Principles for Educational Institutions
- 48 CFR Part 31, For-Profit Organizations

I certify that there are no mathematical errors in the budget of this contract.

AA Administrative/Budget Officer: \_\_\_\_\_ Date: \_\_\_\_\_

### Form K: FEE-FOR-SERVICE FORM

1. Name of Provider : \_\_\_\_\_

2. Type of Service/Service Category: \_\_\_\_\_

3. Provide a Narrative Justification with sufficient detail to define how the fee-for-service or unit cost was established and the rationale for the number of clients proposed. This narrative description should include the Who, What, Where, When and Why to justify the unit cost.

4. Fee Charged Per Unit of Service: \_\_\_\_\_

5. Number of Units to be Provided: \_\_\_\_\_

6. Maximum Charges for this Contract: \_\_\_\_\_

7. COMPIS Definition of the Unit of Service:

8. Unit Cost or Fee-for-Service reimbursement contracts **MUST** report: the precise unit cost, and the proportion of the unit cost represented by each of the object class categories listed below:\*

Personnel:

Fringe Benefits:

Travel:

Equipment:

Supplies:

Contractual:

Other:

Indirect Costs:

TOTAL BUDGET: \_\_\_\_\_

Divided by # of Units of Service: \_\_\_

Equals Fee per Unit of Service:

\*NOTE: The budget breakdown is NOT required for unit costs that use a Medicaid approved rate. If you are using a Medicaid approved rate, check the box below:

Medicaid Approved Rate Used

# FORM L: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

*If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with Department of State Health Services (DSHS).*

---

---

---

---

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with DSHS.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than \_\_\_\_\_) to discuss the operations of the organization. **[Program should indicate frequency.]**
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity, accountability, and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization follows Generally Accepted Accounting Principles when preparing financial statements, and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the DSHS, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be kept at the organization and be available for inspection by DSHS staff.
- K. The organization will administer any contract executed with the DSHS in accordance with applicable federal statutes and regulations, including federal grant requirements applicable to funding sources, Uniform Grant Management Standards issued by the Governor's Office, applicable Office of Management and Budget Circulars, applicable Code of Federal Regulations, and provisions of the contract document.
- L. Staff members, including the executive director, shall not serve as voting members on their employer's governing board. **[Program should determine if this applies - optional]**

---

\*Chairman of the Board Signature/Date

---

\*President or Executive Director Signature/Date

\*If the signed original of this form has been provided to the DSHS during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

# FORM L-2: 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 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 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 than 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 Bureau website at <http://www.tdh.state.tx.us/hivstd/policy/default.htm>.

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

**FORM L-3: CONTRACTOR ASSURANCE REGARDING PHARMACY NOTIFICATION**

To ensure that pharmacies providing prescriptions to HIV services clients do not fill medications on deceased clients, the applicant agency provides assurance to the Department of State Health Services that it will notify the client's pharmacy when a client dies.

Signature of Authorized Certifying Official	Title
Date	
Legal Name of Organization	



## **DSHS REQUIRED APPENDICES**

- A. DSHS Assurances and Certifications
- B. General Provisions
- C. Program Requirements for Ryan White Part B Contracts
- D. Glossary HIV-Related Service Categories and Administrative Services

## APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS

**Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this Renewal Application. These assurances and certifications shall remain in effect throughout the project period of this solicitation and the term of any contract between applicant and DSHS.**

---

**As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:**

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the applicant to act in connection with the proposal and to provide such additional information as may be required;
2. Certifies that under Government Code Section 2155.004, the individual or entity (applicant) is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. NOTE: Under Government Code Section 2155.004, a applicant is ineligible to receive an award under this Renewal Application if the bid includes financial participation with the applicant by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based.
3. Has a financial system that: identifies the source and application of DSHS funds in a unique set of general ledger account numbers, permits preparation of reports required by the tract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts; and maintains accounting records that are supported by verifiable source documents.
4. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
5. Will supplement the project/activity with funds other than the funds made available through a contract award as a result of this Renewal Application and will not supplant funds from that contract to replace or substitute existing funding from other sources;
6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
7. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such

person in the prohibited degree;

8. Has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement; Does not have nor shall it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;
9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;
10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
11. Will not require a client to provide or pay for the services of a translator or interpreter;
12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
14. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this proposal;
15. Agrees to comply with the following to the extent such provisions are applicable:
  - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
  - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
    1. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.;
  - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
  - E. DSHS Policy AA-5018, Non-Discrimination Policies and Procedures for DSHS Programs, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability; and
  - F. Any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made.
16. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
17. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
18. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;
19. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that

certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;

20. Will comply with environmental standards prescribed pursuant to the following:
  - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality";
  - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans";
  - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.; and
  - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
21. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
22. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;
23. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of clinical laboratories;
24. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood-borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood-borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
25. Will not charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance project;
26. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
27. As the primary participant in accordance with 45 CFR Part 76, applicant and its principals:
  - A. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification; and
  - D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default;
  - E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Business & Commercial Code, or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the

same line of business.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the proposal response;

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

28. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93):
- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;
  - B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and
  - C. The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly;

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure;

29. Is in good standing with the Internal Revenue Service on any debt owed;
30. Certifies that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;
31. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the applicant;
32. Statutes and Standards of General Applicability. It is Contractor's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Contractor shall carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to Contractor, Contractor agrees to

comply with the following:

- a) The following statutes that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation, disabilities, age, substance abuse or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107; 6) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91; and 8) TEX. LAB. CODE. ch. 21; DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs;
- b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;
- c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;
- d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
- e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;
- f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;
- g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;
- h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment is funded with federal funds;
- i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;
- j) TEX. GOV'T CODE ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
- k) Texas Workers' Compensation Act, TEX. LABOR CODE, chs. 401-406 28 TEX. ADMIN. CODE pt. 2, regarding compensation for employees' injuries;
- l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;
- m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;
- n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;
- o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, 42 USC §7401 et seq.; 10) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-330j; 11) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 12) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;

- p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);
- q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;
- r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction subagreements;
- s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;
- t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations;" and
- u) requirements of any other applicable statutes, executive orders, regulations and policies.

If this Contract is funded by a grant, additional requirements found in the Notice of Grant Award may be imposed on Contractor.

33. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

## APPENDIX B: GENERAL PROVISIONS

**General Provisions are posted at  
<http://www.dshs.state.tx.us/grants/docs.shtm>**

## APPENDIX C: Program Requirements for Ryan White Part B Contracts

### A. DESCRIPTION OF SERVICE COMPONENTS

Federal and state funds are made available to local areas to provide comprehensive outpatient health and support services for individuals with HIV and to administer these funds. Eligible services to be provided or administered with state and federal resources allocated for medical and psychosocial support services are catalogued and defined at <http://www.dshs.state.tx.us/hivstd/taxonomy/taxonomy.pdf>; descriptions of administrative services are found in Appendix B.

### B. REQUIREMENTS FOR ADMINISTRATIVE AGENCIES

The roles of the Administrative Agency (AA) include administration, planning, evaluation, and quality management. All AAs must provide all these services. These activities are defined as follows:

#### 1. Administrative Functions

Through a contract with DSHS, assist DSHS in providing grant administration for available federal and State HIV services and HOPWA funds, including:

- a) developing funding applications and proposals;
- b) receipt and disbursement of program funds, including identification of providers in each community to be served who are best suited to provide the funded services through DSHS- approved procurement processes such as requests for proposals, and execute contracts for these client services;
- c) developing and establishing reimbursement, accounting and financial management systems;
- d) preparing routine financial data and reports as required by DSHS;
- e) implementation of the service delivery plan for the area;
- f) compliance with contract conditions and audit requirements;
- g) subcontract monitoring and reporting, through telephone consultation, written documentation and on-site visits, for programmatic and financial contract compliance, quality and process improvement. This includes monitoring of clinical and case management services;
- h) ensuring that the service needs of all clients are provided through subcontractors who are culturally, ethnically, and linguistically sensitive to these populations;
- i) staff training associated with administrative functions.

#### 2. Capacity Building

- a) capacity building to increase the availability of services
- b) technical assistance to contractors including clinical and case management services
- c) ensure that services are accessible to the populations to be served
- d) assure that the care offered by providers meets current standards of care and treatment of persons with HIV.

#### 3. Needs Assessment/Planning/Evaluation Functions

- a) Assessing service needs, barriers to services, services gaps, and unmet need for HIV-related medical care within the HIV Administrative Service Area.
- b) Developing an annually updated comprehensive plan for delivery of HIV medical and psychosocial support services, including priorities and allocations, that is data-driven and shaped by community input. The plan should contain goals with related measurable objectives and address issues included in the Texas Statewide Coordinated Statement of Need as relevant for the area.
- c) Periodic examination of utilization and expenditure data, making reallocations as necessary;
- d) Establishing multiple mechanisms for stakeholder input into the development of the HIV services delivery plan;
- e) Collecting data on the outcomes of service delivery as specified by DSHS ;
- f) Evaluation of the cost-effectiveness of the mechanisms used in the delivery plan ;
- g) Periodic evaluation of the success of the service delivery plan in responding to identified needs;
- h) Maintaining complete, accurate and timely client-level programmatic data, including adhering to the minimum requirements of maintaining the URS as required by DSHS. This includes contract set up for providers with Part B Minority AIDS Initiative (MAI) funds, and technical assistance on URS participation for these providers.

#### 4. Quality Management Functions

Quality Management is a mandated function in the Ryan White Program. The standards apply to RWAA, RWSD, SS, and MAI scopes of work. Quality Management Systems require:

- a) The presence of a documented, ongoing quality management system that is used to guide and continuously improve the program
- b) A QA/QI/PI committee function that includes documented membership, member roles, responsibilities, meeting frequency, and minutes of each meeting;
- c) Significant participation by physician in quality management functions;
- d) Evidence of actions to measure, monitor and improve quality of care, including client utilization data and improvements in accessibility, availability, continuity, effectiveness, efficiency, patient satisfaction, timeliness of care, environmental safety, health disparities or other quality indicators of services;
- e) Programmatic, financial, operational and other applicable data analysis in order to identify issues that impact the quality of services;
- f) AA administered client satisfaction surveys and follow up on all identified issues from the surveys with supported documentation of improvement and re-evaluation of those issues;
- g) The identification of outcomes and efforts at improving them through the utilization of goals and measurable objectives with associated strategies (a QI/QM Improvement Plan ) to accomplish the ongoing improvement, inclusive of a QI/QM work plan;
- h) Identification, monitoring and correction of adverse outcomes;
- i) Contractor oversight compliance monitoring system, including documented corrective action, review, evaluation and follow up;
- j) Contractor participation in the ongoing quality management system, including an well developed provider feedback loop;
- k) Review, tracking and analysis of client, staff and subcontractor grievances;
- l) Evidence of programmatic and management improvements, including documented revisions to program administration, policies and procedures, committee actions and other applicable initiatives impacting quality of services;
- m) An annual evaluation summary of the quality management system (internal and external);
- n) An annual evaluation of agency policies and procedures and
- o) A process for development and an annual review of clinical protocols and Standing Delegation Orders (SDOs);
- p) Review of the Comprehensive Services Plan for the area.

#### C. USE OF FUNDS

##### 1. Allowable use of funds

Contract funds may be used for personnel, fringe benefits, equipment, supplies, staff training, travel, contractual or fee-based services, other direct costs, and indirect costs. **For the purposes of insurance assistance, contract funds may be used for the payment of insurance premiums, deductibles, co-insurance payments, and related administrative costs.** Equipment purchases are allowed if justified and approved in advance. All costs are subject to negotiation with the DSHS.

Contractors are required to adhere to federal principles for determining allowable costs. Such costs are determined in accordance with the cost principles applicable to the organization incurring the costs. The kinds of organizations and the applicable cost principles are set out in the DSHS contract general provisions and in the *DSHS Contractors Financial Procedures Manual*. Copies are available online at <http://www.dshs.state.tx.us/contracts/docs/cfpm.doc>.

If the contractor expends \$500,000 or more in total federal financial assistance during the contractor's fiscal year, arrangements must be made for agency-wide financial and compliance audits. The audit must be conducted by an independent certified public accountant and must be in accordance with applicable Office of Management and Budget (OMB) Circulars, Government Auditing Standards, and the applicable Uniform Grant Management Standard (UGMS) State Audit Circular. Contractors shall procure audit services in compliance with state procurement procedures, as well as the provisions of UGMS. If the contractor is not required to have a Single Audit, DSHS will provide the contractor with written audit requirements if a limited scope audit will be required.

The administrative agency must:

- ensure that each subcontractor obtains a financial and compliance audit (Single Audit) if required by OMB Circular A-133 and/or UGMS,
- ensure that subcontractors who are required to obtain an audit take appropriate corrective action within six months of receiving an audit report identifying instances of non-compliance and/or internal control weaknesses, and
- determine whether a subcontractor's audit report necessitates adjustment of the administrative agency's records.

## **2. Disallowances**

Funds provided through RWSD, SS, or HOPWA contracts may not be used for the following:

- expenses of the Administrative Agency
- to make cash payments to intended recipients of services, except for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in planning activities;
- for acquisition of real property, building construction, alterations, renovations, or other capital improvements; and
- to supplant other funding for services already in place.
- Funds provided through the RWAA contract may not be used for direct client services.

## **3. Program Income**

All fees collected for services provided by Ryan White and SS funds are considered program income. All program income generated as a result of program funding must be proportionately integrated into the program for allowable costs and deducted from gross reimbursement expenses on the voucher before requesting additional cash payments. All program income must be reported on the quarterly financial reports. The *DSHS Contractor Financial Procedures Manual* contains additional information on program income. This document is available on the DSHS Contract Oversight and Support (COS) Division website at <http://www.dshs.state.tx.us/contracts/docs/cfpm.doc>.

## **4. Payor of Last Resort**

The costs of delivering services should be reasonably shared by the state and federal governments, private health insurers, and to the extent possible, by the client within the limitations set in the Charges to Clients for Services section below. To maximize the limited program funds, Ryan White HIV/AIDS Treatment Modernization Act funds should be considered payor of last resort.

It is the responsibility of the AA to ensure that:

- Providers bill all potential third party payors for applicable services provided;
- Costs incurred from the billing process are not be charged to the client in whole or in part;
- Funds are not be used to provide items or services for which payment already has been made or reasonably can be expected to be made by third party payors, including Medicaid, Medicare, other state or local entitlement programs, prepaid health plans, and/or employment-based health insurance;
- Providers pursue the process to bill Medicaid, employment-based health insurances and other publicly-funded health insurance programs;
- Providers screen all clients for employment-based health insurance, potential Medicaid and other publicly-funded health insurance benefits and actively promote successful client enrollment in Medicaid and other third party payor sources for which clients may be eligible (Medicare, CHIP, etc);
- Providers who, with adequate justification, cannot bill a particular third party payor held within their client caseload applies for a waiver;

Note: Providers are subject to audit on this and other restrictions on use of funds.

## **5. Charges to Clients for Services**

It is the responsibility of the AA to ensure that:

**All providers develop and implement a fee for service system, such as a sliding scale fee or client co-payment, using the federal poverty guidelines.**

Individual, annual aggregate charges to clients receiving Part B services must conform to limitations established in the table below. The term, "aggregate charges" applies to the annual charges imposed for all such services under this Title of the Act without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges for services. This requirement applies to all service providers from which an individual receives Part B-funded services.

Clients must be charged a fee when receiving ambulatory outpatient medical care. Service providers of ambulatory medical care may determine a fee for client without a third party payor through use of a sliding scale, or flat fee system. The fee charged to clients with a billable third party payor will be determined by the third party payor.

### **Individual/Family Annual Gross Income and Total Allowable Annual Charges**

An eligibility assessment done of each client will provide annual gross salary of the individual/ family as the baseline by which the caps on fees will be established. The client should assure that the information provided is accurate. The intent is to establish a ceiling on the amount of charges to recipients of services funded under Part B. Please refer to the chart, located at the following link: <http://aspe.hhs.gov/poverty/08poverty.shtml>. for allowable charges.

### **D. MEDICAID PROVISION**

It is the responsibility of the AA to ensure that:

**A subcontractor/service provider not currently designated as a Medicaid provider must apply to be a Medicaid provider.**

Subcontractors/service providers who cannot meet eligibility requirements to become Medicaid providers for applicable program activities may apply for a waiver. Waivers may be granted pending approval by DSHS of adequate justification provided by the performing agency. Examples of adequate justification include but are not limited to: evidence of denial by Medicaid, evidence that implementing this requirement would result in a loss of critical HIV/STD services to the community, or evidence that implementing this requirement would result in a substantial detriment to the health of a client with HIV/AIDS.

### **E. PROTOCOLS, STANDARDS AND TREATMENT GUIDELINES**

Client services contractors are required to conduct project activities in accordance with the Quality Care: DSHS Standards for Public Health Clinic Services manual. A copy is posted on the DSHS website at <http://www.dshs.state.tx.us/qmb/dshsstndrds4clnicservs.pdf>. Contractors are required to conduct project activities in accordance with various federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the following website <http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>

Additionally, applicants who provide direct client services are required to adopt written protocols, standards and guidelines based on the latest medical knowledge regarding the care and treatment of persons with HIV infection. These include:

- *RECEIVING AGENCY'S HIV and STD Program Operation Procedures and Standards;*  
<http://www.dshs.state.tx.us/hivstd/pops/default.shtm>
- *Chapter 6A (Public Health Service) of Title 42 (The Public Health and Welfare) of the United States Code, as amended*  
[http://www.access.gpo.gov/uscode/title42/chapter6a\\_.html](http://www.access.gpo.gov/uscode/title42/chapter6a_.html)
- *Chapters 81 and 85 of the Health and Safety Code-*  
<http://tlo2.tlc.state.tx.us/statutes/index.htm>
- *Department of State Health Services Standards for Public Health Clinic Services Revised August 31, 2004*  
<http://www.dshs.state.tx.us/qmb/dshsstndrds4clnicservs.pdf>
- *RECEIVING AGENCY Program's HIV/STD Clinical Resources Division Standards for Clinical and Case Management*

## Services

[http://www.dshs.state.tx.us/hivstd/clinical/case\\_mgt.shtm#standards](http://www.dshs.state.tx.us/hivstd/clinical/case_mgt.shtm#standards)

- *Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States, November 2, 2007, or latest version; as revised by the Perinatal HIV Guidelines Working Group*  
<http://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf>
- *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, January 29, 2008, or latest version; as developed by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents- a working Group of the Office of AIDS Research and Advisory Council (OARAC)*  
<http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf>
- *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection; February 28, 2008, or latest version; as developed by the Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Francois-Xavier Bagnoud Center, UMDNJ, The health Resources and Services Administration (HRSA) and National Institutes of Health (NIH)*  
<http://aidsinfo.nih.gov/contentfiles/PediatricGuidelines.pdf>
- *Treating Opportunistic Infections Among Infected Adults and Adolescents. Recommendations from the CDC, the National Institutes of Health, and the HIV Medicine Association/ Infectious Disease Society of America.*  
[http://aidsinfo.nih.gov/ContentFiles/TreatmentofOI\\_AA.pdf](http://aidsinfo.nih.gov/ContentFiles/TreatmentofOI_AA.pdf)
- *Guidelines for the Prevention of Opportunistic Infections in Persons Infected with HIV 2002 Recommendations of the U.S. Public Health Service and the Infectious Diseases Society of America. Center for Disease Control (CDC) Morbidity & Mortality Weekly Report (MMWR) June 14, 2002/ 51 (RR08) 1-46.*  
<http://www.cdc.gov/MMWR/preview/MMWRhtml/rr5108a1.htm>
- *Updated guidelines on Managing Drug Interactions in the Treatment of HIV related Tuberculosis. February 1, 2008/ 54(04); 98.*  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5704a4.htm>
- *Perspectives in Disease prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Blood borne Pathogens. Center for Disease Control(CDC) Morbidity & Mortality Weekly Report (MMWR) June 24, 1988/ 37(24); 377-388, or latest version;*  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm>
- *Incorporating HIV Prevention into the Medical Care of Persons Living with HIV. Center for Disease Control (CDC) Morbidity & Mortality Weekly Report (MMWR) July 18, 2003/ 52, RR 12; 1-24;*  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>
- *RECEIVING AGENCY Program's Universal Precautions Preventing the Spread of HIV, Tuberculosis, and Hepatitis B in Employees of HIV/STD Funded Programs, HIV/STD Policy No. 800.001;*  
<http://www.dshs.state.tx.us/hivstd/policy/pdf/800001.pdf>
- *RECEIVING AGENCY'S STD Clinical Standards and Monitoring Guidelines;*  
<http://www.dshs.state.tx.us/hivstd/clinical/pdf/stdstand.pdf>
- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis, CDC MMWR, June 29, 2001/ Volume 50, RR 11; 1-42, or latest version;*  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
- *Updated Information Regarding Antiretroviral Agents Used as HIV Post Exposure Prophylaxis for Occupational HIV Exposures. CDC, Morbidity & Mortality Weekly Report (MMWR) December 14, 2007/ 56(49); 1291-1292;*  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5649a4.htm>
- *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings, CDC, Morbidity & Mortality Weekly Report (MMWR) September 22, 2006 / 55(RR14); 1-17;*

Current, federally approved guidelines for clinical treatment of HIV and AIDS are available from the HIV/AIDS Treatment Information Services (ATIS) at <http://www.hivatis.org>; and on the HIV/STD Prevention and Care Branch website at [http://www.dshs.state.tx.us/hivstd/clinical/pdf/contract\\_reqs.pdf](http://www.dshs.state.tx.us/hivstd/clinical/pdf/contract_reqs.pdf) PERFORMING AGENCY is responsible to maintain access to current standards and guidelines.

## **F. ASSURANCES AND CERTIFICATIONS**

Contractors must submit with the application and maintain on file current, signed, and annually-dated assurances adhering to the following:

- Nonprofit Board of Directors and Executive Officer Assurances, if the Administrative Agency is a nonprofit organization,
- HIV Contractor Assurances,
- Contractor Assurance Regarding Pharmacy Notification, and
- Assurance of Compliance with Requirements for Contents of AIDS-Related Written Materials.

Copies of each form listed above are provided in this application. Other assurances are included in the DSHS contract general provisions. All contractors must retain copies of the required assurances on file for review during program monitoring visits. Documents to support compliance with the assurances are to be kept on file with the Administrative Agency and at each respective subcontractor site, and will be reviewed by DSHS staff during site visits. Non-compliance with these Assurances could result in the suspension or termination of funding; therefore, it is imperative that the applicant read, understand, and comply with these *Assurances*.

## **G. POLICIES OF THE HIV/STD PREVENTION AND CARE AND HIV/STD EPIDEMIOLOGY AND SURVEILLANCE BRANCHES**

The contractor must abide by all relevant policies of the HIV/STD Prevention and Care Branch and the HIV/STD Epidemiology and Surveillance Branch. Contractors are required to provide pertinent policies to its subcontractors, when applicable. Policies may be found at <http://www.dshs.state.tx.us/hivstd/contractor/policy.shtm>. Contractors are encouraged to establish a policy manual to contain all DSHS policies.

## **H. FEDERAL RYAN WHITE POLICIES**

Contractors and subcontractors are required to comply with HRSA's HIV/AIDS Bureau Policies for the Ryan White HIV/AIDS Treatment Modernization Act of 2006. To this end, the DSHS recommends that all Administrative Agencies and their agents obtain and refer to the latest Ryan White Part B Manual. This manual can be downloaded at <http://www.hab.hrsa.gov/tools/title2/> or a hard copy can be requested by contacting the HRSA Information Center at (888) ASK HRSA.

## **I. PROGRAM REPORTING**

### **1. Uniform Reporting System**

Participation in the Uniform Reporting System (URS) is mandatory; currently, the URS system is the AIDS Regional Information and Evaluation System (ARIES). DSHS provides access to the URS at no cost to Administrative Agencies. Administrative Agencies are required to participate in the URS quality assurance activities. Administrative agencies must hire qualified personnel, as defined by DSHS policy, to fulfill the required duties and standards described in the policy. This includes assisting providers in the collection and reporting of URS data and management, improvement and assistance in the application of URS data. **All Ryan White eligible services provided to Ryan White eligible clients must be reported by the DSHS.**

### **2. HIV MAI Program Quarterly Reports**

Contractors are required to collect and maintain relevant data documenting the progress toward the goals and objectives of their project as well as any other data requested by the DSHS. **Contractors must demonstrate in the quarterly reports continuing efforts to assure that Ryan White monies are the payer of last resort through third party billing for all professional services, enrollment in available prescription plans and any other appropriate alternate payers.** All program reports are due in the format found on the DSHS HIV/STD web pages listed below no later than 20 days after the end of each reporting period. The progress toward meeting the program objectives must be reported for the quarter as well as year-to-date. All other reporting information is

reported by quarter. The fourth quarter report will serve as the final program report. Failure to comply with deadlines and content requirements may result in an interruption of monthly reimbursements.

HIV/MAI providers use the same quarterly report format that is located at <http://www.dshs.state.tx.us/hivstd/fieldops/ReportsForms.shtm>.

**Email all quarterly reports to:**

- [hivstdreport.tech@dshs.state.tx.us](mailto:hivstdreport.tech@dshs.state.tx.us)  
**and cc:** (first name.last name@dshs.state.tx.us)
  - Your DSHS Nurse Consultant

**If electronic submission is not an option, contact Linda Horton, Monitoring Manger, at (512) 458-7111 ext. 2189.**

Due dates for the reporting periods are as follows:

1st Quarter (August 1 - October 31)	Due November 20
2nd Quarter (November 1 – January 31)	Due February 20
3rd quarter (February 1 - April 30)	Due May 20
<b>4th quarter (May 1 – July 31)</b>	<b>Due August 20</b>

**3. Ryan White HIV/AIDS Program Data Report**

The Ryan White HIV/AIDS Program Data Report must be submitted each year by February 15 for services provided in the previous calendar year. Instructions on submission will be issued by DSHS. Entities that receive Ryan White Program funding from multiple parts are responsible for any additional registration that might be necessary to submit data due to their multiple sources of funding.

**J. FINANCIAL REPORTING**

**1. Quarterly Financial Status Reports**

Financial status reports are required as provided in the UGMS and must be filed regardless of whether or not expenses were incurred. Quarterly Financial Status Reports (State of Texas Supplemental Form 269a/DSHS Form GC-4a), are required no later than 30 days after the end of each quarter, except the fourth quarter. Due dates are set out in the project contract.

Required forms to use for these reports can be found at <http://www.dshs.state.tx.us/grants/forms.shtm>.

Quarterly financial reports are to be mailed to the Department of State Health Services, Fiscal Division/Accounts Payable:

Claims Processing Unit, MC1940  
Department of State Health Services  
1100 West 49<sup>th</sup> Street  
PO Box 149347  
Austin, TX 78714-9347

**2. Final Report**

A final Financial Status Report is required within 60 days following the end of the contract period. If necessary, a State of Texas Purchase Voucher is submitted by the Contractor if all costs have not been recovered or a refund will be made of excess monies if costs incurred were less than funds received. The final financial report is to be mailed to:

Claims Processing Unit, MC1940  
Texas Department of State Health Services  
1100 West 49<sup>th</sup> Street  
PO Box 149347  
Austin, TX 78714-9347

**3. Equipment Inventory**

Written prior approval for equipment purchases is required. Purchased equipment must be tagged and maintained

on a property inventory. All equipment purchased with DSHS funds must be inventoried each year, no later than August 31<sup>st</sup> and reported to DSHS on DSHS Form GC-11 no later than October 15th. Equipment is defined as an item having a single unit cost of \$5,000 or greater and an estimated useful life of more than one year; however, personal computers, FAX machines, stereo systems, cameras, video recorder/players, microcomputers, and printers with a unit cost of over \$500 also are considered as equipment.

#### **K. COLLABORATION WITH OTHER AGENCIES**

The DSHS **requires** collaboration between administrative agencies, service providers and other HIV-related programs within the HIV Service Delivery Area (HSDA), including pediatric service demonstration projects; Ryan White Part A, B, C, D and F recipients; community, migrant, and homeless health centers; providers of HIV counseling and testing and prevention programs; the Texas HIV Medication Program (THMP); mental health and mental retardation providers; substance abuse facilities; STD clinical service providers; Federally Qualified Health Centers(FQHC); local and regional public health officials; federal HOPWA grantees; Section 8 Housing Authority; community groups; and, individuals with expertise in the delivery of HIV/AIDS services and knowledge of the needs of the target population. Formal linkages with DSHS contractors providing HIV counseling and testing services or comprehensive risk counseling services are also **required** to improve the integration of HIV prevention and care services. Formal linkages with hospital discharge planners are encouraged.

Since all newly diagnosed persons with HIV should be tested for TB and STDs, applicants must have a **formal** mechanism to refer clients for clinical services to provide TB and STD screening and diagnosis, and treatment, as appropriate, from qualified medical providers and must ensure that such care is provided to clients who receive services under this grant. Applicants must also have a formal mechanism to refer all newly diagnosed persons with HIV disease for hepatitis testing and a process to refer for services, as appropriate.

AAs must make efforts to assure that Part B/State Services/HOPWA providers work with one another and with other providers as cooperative partners in providing a continuum of care for clients and in making successful referrals to one another. A lack of collaboration and cooperation with the DSHS on the part of any agency that receives DSHS funds will be considered grounds for sanctions up to and including termination of funds.

#### **L. OUTREACH AND ACCESS TO SERVICES**

Administrative Agencies must ensure that subcontractors are required to provide services that are equitably available and accessible to all HIV infected individuals needing services/care. Subcontractors must employ outreach methods to reach and provide services to eligible clients who may not otherwise be able to access the services, including difficult to reach and underserved populations. Subcontractors must provide for services so that hours of operation, availability of public transportation, and location do not create access barriers.

#### **M. COMPREHENSIVE SERVICES PLAN and RESULTING ALLOCATIONS**

Administrative Agencies are required to develop and annually update a Comprehensive Services Plan. The plan should demonstrate how the AA will use state and federal funds to meet client needs, objectives for getting and keeping clients in care and assure that services are delivered in a manner that meets minimum public health standards for quality. The plan must make logical connections between the epidemiologic profile, needs assessment data, identified barriers and issues, goals and objectives, services funding and plan monitoring. The plan must address prevention delivered within the care setting and must address RFP/RFA processes, care delivery and monitoring processes to ensure that they support the goals and objectives in the plan.

The plan must include the following components:

- Introduction/Executive Summary
- Population Description
- Brief description of the history of local, regional and state response to the epidemic (This section is optional):

- Brief summary of most recent needs assessment finding and activities
- Brief summary of current care resources in the planning area
- Description of current care system
- Description of the overall ideology used in completing the plan and developing the goals and objectives
- Interim and long-term goals and objectives regarding systems, planning, evaluation and service provision that includes activities that support the needs assessment findings and the vision and mission of the plan.
- Description of evaluation and monitoring processes that will be used to measure work toward achieving the goals and objectives of the plan.

#### **N. SUBCONTRACTING FOR HIV-RELATED SERVICES**

Administrative Agencies are expected to enter into contracts with service providers and must ensure that contracts are in writing and are subject to the requirements of the primary contract. Administrative agencies and their contractors must recruit professional clinical services from a Medicaid/Medicare provider. If the contractor is unable to successfully recruit Medicaid/Medicare providers, then the administrative agency must demonstrate effort to recruit Medicaid approved professional services or present rationale for subcontracting to non-Medicaid/Medicare providers.

The Contractor must submit to DSHS all subcontractor information on the forms provided in the RWSD Renewal Guidance (Table 2 RWSD Subcontract data sheet, review certification, services allocation and a Categorical Budget Justification or Subcontractor Fee for Service form\*) 30 days from the contract begin date. Any additional subcontractors or changes to subcontractor information must be submitted to DSHS on the proper forms within 30 days of the addition or change. Email one original to: [hivstdreport.tech@dshs.state.tx.us](mailto:hivstdreport.tech@dshs.state.tx.us) and mail an additional copy to the Public Health Regional HIV Program Manager.

#### **O. QUALITY MANAGEMENT (QM)**

Quality management requirements may be found in Section IX of the AA review tool at [www.dshs.state.tx.us/hivstd/fieldops/Page\\_02/AA\\_review\\_tool.doc](http://www.dshs.state.tx.us/hivstd/fieldops/Page_02/AA_review_tool.doc).

---

\* If a subcontractor is adopting unit cost reimbursement, then both a categorical budget justification and a subcontractor fee for service form are required to be submitted.

## Appendix D: GLOSSARY HIV-RELATED SERVICE CATEGORIES AND ADMINISTRATIVE SERVICES (RDR\* DEFINITIONS APPLIED)

**Administrative functions** are activities that Administrative Agencies are asked to report on, are not service oriented and may or may not be administrative in nature, but contribute to or help to improve service delivery.

**Planning/Evaluation** activities include assessment of service needs and unmet needs, assessment of area service delivery capacity and inventory of available resources, obtaining community input, analysis of service delivery patterns, and creation and update of the Comprehensive Services plan, including costs for determining service priorities and allocations/reallocations; it does not include costs associated with negotiating and enacting contracts associated with allocation and reallocations. It includes costs associated with documenting program outcomes, including the impact of programs on clients and program evaluation, including periodic evaluation of the success of the Administrative Agency and service providers in responding to identified need, and evaluation of the cost-effectiveness of the mechanisms used by service providers to deliver care. It also includes Administrative Agency and DSHS costs of maintaining the URS, including wages and benefits of data managers; licensing and equipment related to providing technical assistance and data quality assurance services.

**Quality Management** activities are related to development of the required quality management system that assesses the quality and appropriateness of the health and support services provided by the contractors and subcontractors and that provides action for ongoing improvement of identified quality issues. HIV Quality Management includes (but is not limited to) personnel, travel, other operating costs, data collection, data analysis, and associated costs for the Quality Management function and other program support such as quality assurance and improvement, quality control, and related activities. This also includes expenses related to monitoring and evaluation and expenses related to hiring of consultants to perform projects related to management improvement of program quality assurance.

**Grantee Administrative Costs** activities apply to the administrative agency only. They include: usual and recognized overhead, including established indirect cost rates, rent, utility, telephone, and other expenses related to administrative staff; expenses such as liability insurance and building-related expenses (e.g., janitorial). management and over-sight of specific programs funded under Part B or State Services, including salaries, fringe, and travel expenses of administrative staff; routine grant administration and monitoring activities, which shall include the receipt and disbursement of program funds, the development and establishment reimbursement and accounting systems, the preparation of routine programmatic and financial reports and compliance with grant conditions and audit requirements. Grantee administrative costs also cover all activities associated with grantee's contract award procedures, including the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, development and implementation of grievance procedures, monitoring of contracts through telephone consultation, written documentation or on-site visits, reporting on contracts, and funding reallocation activities. It includes costs related to capacity-building activities, and guidance and technical assistance provided to community-based activities and other agencies providing eligible medical and social services to individuals infected with HIV.

### **DSHS Taxonomy**

The Texas Department of State Health Services (DSHS) glossary of HIV services can be found at <http://www.dshs.state.tx.us/hivstd/taxonomy/taxonomy.pdf>

### **The Ryan White HIV/AIDS Program Data Report (RDR)**

RDR requirements can be found at <http://datasupport.hab.hrsa.gov/2007docs/2007DataReportInstructions.pdf>

### **Core Medical Services**

#### **AIDS Pharmaceutical Assistance (local)**

AIDS pharmaceutical assistance includes local pharmacy assistance programs implemented by Part A or Part

B grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are NOT funded with ADAP earmark funding.

### **Early Intervention Services**

The provision of counseling to individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

*EIS provided by Ryan White Part B or State Services funds may include counseling, testing and referral services only.*

### **Health Insurance Premium and Cost Sharing Assistance**

The provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, co-payments and deductibles.

### **Home and Community Based Health Services**

Provision of skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are NOT included

### **Home Health Care**

Provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

### **Hospice Services**

The provision of room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.

### **Medical Case Management**

Provision of services focused on maintaining HIV-infected persons in systems of primary medical care to improve HIV-related health outcomes. Medical Case Managers act as part of a multidisciplinary medical team, with a specific role of assisting clients in following their medical treatment plan. Medical Case Managers should not serve as gatekeepers or access points into medical care as the goal of this service is the development of knowledge and skills that allow clients to adhere to the medical treatment plan without the support and assistance of the Medical Case Manager.

The Medical Case Manager should be a licensed professional (e.g., RN, LMSW). Programs providing MCM that meet the requirements of this definition with experienced unlicensed staff may apply for a limited waiver of this provision.

Medical Case Management must include a comprehensive assessment of need, the development of a service plan to address client needs, client referral to appropriate providers based on need and service plan, interventions to address client issues such as medication compliance, adherence and risk reduction as well as patient education.

### **Medical Nutritional Therapy**

Medical nutrition therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

### **Mental Health Services**

Psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

### **Oral Health Care**

Diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

### **Outpatient / Ambulatory Medical Care**

The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where patients generally do not stay overnight. Emergency room services are not outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

### **Substance Abuse Services – Outpatient**

Provision of medical treatment or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

### **Support Services**

#### **Non Medical Case Management**

Non Medical Case Management is a collaborative process that assesses, educates, plans, implements, coordinated, monitors and evaluates the options and services required to meet the client's health and human service needs. Case Management is seen as an encounter that involves assessment and care planning with the goal of independence for the client.

### **Child Care Services**

The provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or trainings.

### **Food Bank / Home-Delivered Meals**

The provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.

### **Health Education / Risk Reduction (HE/RR)**

The provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information, including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

### **Housing Services**

The provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing related referral services included assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.

### **Legal Services**

The provision of services to individuals with respect to powers of attorney, do not resuscitate orders, and 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 Ryan White HIV/AIDS Program. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

### **Linguistics Services**

The provision of interpretation and translation services

### **Medical Transportation Services**

Medical transportation services include the conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

### **Outreach Services**

Programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education.

These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

### **Psychosocial Support Services**

The provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.

### **Referral For Health Care / Support Services**

Referral for health care/supportive services is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.

### **Rehabilitation Services**

Includes services 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. Services include physical and occupational therapy, speech pathology, and low-vision training.

### **Respite Care**

The provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS

### **Substance Abuse Services – Residential**

Provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

### **Treatment Adherence Counseling**

Treatment adherence counseling is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical settings.