TEXAS Health and Human Services | Texas Department of State Health Services

HIV Care Services

Sub of Subcontracting Justification Form

Administrative Agencies (AAs) must make all efforts to directly contract with a service provider. If the AA cannot establish a direct contract and needs to establish a sub of subcontract, the AA must submit a justification form to DSHS for review.

The AA must submit one justification form per sub of subcontract. This form is due annually, during contract renewals as an attachment to your renewal packet. AA must submit one sub of subcontractor data sheet per sub of subcontractor as an attachment when submitting the Sub of Subcontracting Justification Form.

The form must justify why the AA is unable to contract directly with the provider as well as the need to establish a sub of subcontract to meet client needs. The justification must include the proposed contract or agreement between the subcontractor and the sub of subcontractor.

Reason for the sub of subcontract:

- ☐ The subcontractor cannot directly provide the service needed.
- ☐ The subcontractor contracts with an off-site private physician who provides the service.
- ☐ The subcontractor has an insufficient number of eligible clients to warrant becoming a contracted entity with the AA.
- ☐ There are extenuating circumstances; include a description in the narrative section below.

Date Submitted:

Submitted by:

Contract term:

Narrative Support for Request

AA Narrative Response

(Example: Care Plus is located in a rural area, it has been difficult to find providers willing to contract directly due to cost. The AA will continue to advertise and forge connections in service areas to increase subrecipient availability for Oral Health.)

Subcontractor Narrative Response

(Example: Care Plus cannot directly provide Oral Health due to lack of client need. The number of clients served each year under Oral Health is 12. Dental Smile is able to provide care to the 12 clients for a cheaper cost than providing the service directly.)

Name of AA:

Name of subcontractor:

Name of sub of subcontractor:

Address:

Contact:

Please submit the completed form to Care Services Consultant for approval

For DSHS Internal Use Only

Care Service Consultants will review the justification to determine if they need any further documentation. Submit justification forms for each provider every year. If Care Services finds justification insufficient, the Care Consultant will provide technical assistance and guidance to the AA to ensure the AA is meeting client service needs.

Reviewed by:

Date:

Additional Comments: