



To: Early Access to Clinical and Preventive Services Contractors

From: Felipe Rocha, LMSW, Manager
HIV/STD Comprehensive Services Branch

Date: June 5, 2006

Subject: Request for Renewal Application for Early Access to Clinical and Preventive Services (EACPS)

This is a request for Early Access to Clinical and Preventive Services (EACPS) contractor documents for a **7-month budget period**, beginning September 1, 2006 and ending March 31, 2007. Using the attached forms, submit any new contact information, performance measures, budget justification, and equipment specifications, as applicable. Signed assurances are required. Other contract obligations remain in effect as authorized under *RFP # ADCP H12 0103.1*, issued 3/11/04.

EACPS budgets submitted with this application should reflect the seven-month prorated funding amount indicated on the attached funding allocation table. Mail applications to the following address:

**ATTN: Ms. Karen Rodela
HIV/STD Comprehensive Services Branch
Department of State Health Services
1100 W. 49th Street
Austin, Texas 78756**

March 31, 2007 is the end of this project period. EACPS funding will not be continued after that date.

The Department of State Health Services (DSHS) reserves the right to negotiate any terms and conditions including budget amounts and allocations. Any contract renewal is contingent upon the continued availability of funding to DSHS.

REQUESTED FORMS ARE DUE NO LATER THAN 2:00 P.M. ON WEDNESDAY JUNE 21, 2006.

Submit only the forms requested and use only the forms provided in this packet. Additional copies of the required forms may be downloaded from the HIV/STD Comprehensive Services Branch website at www.tdh.state.tx.us/hivstd/grants/default.htm. If you have questions concerning the Renewal process or your amount of funding, please contact Karen Rodela, 512/533-3121.

Applicants are also reminded that the required subcontractor documents are due to Karen Rodela by October 1, 2006.

LEVEL FUNDING AMOUNTS EARLY ACCESS TO CLINICAL AND PREVENTIVE SERVICES FOR PERSONS WITH HIV DISEASE For the Project Period September 1, 2006 to March 31, 2007*	
Fort Bend Family Health Center, Inc. Richmond, Texas	\$37,657
Health Horizons of East Texas, Inc. Nacogdoches, Texas	\$64,167
Planned Parenthood Center of El Paso, Inc. El Paso, Texas	\$64,167
San Angelo AIDS Foundation, Inc. San Angelo, Texas	\$64,167
Smith County Public Health District Tyler, Texas	\$47,542
Special Health Resources for Texas, Inc. Longview, Texas	\$64,167
Triangle AIDS Network Beaumont, Texas	\$55,680
Wichita Falls-Wichita County Public Health District, Wichita Falls, Texas	\$58,925

March 31, 2007 is the end of this project period.

* The Department of State Health Services (DSHS) reserves the right to negotiate any terms and conditions including budget amounts and allocations. Any contract renewal is contingent upon the continued availability of funding to DSHS.

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 HIV/STD Comprehensive Services Branch.

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 _____ 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): _____ _____ _____

PERFORMANCE MEASURES

*In the event a contract is renewed, applicant agrees that performance measures(s) 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 renewal application. **A maximum of 3 additional pages may be attached if needed.***

FORM E: PERFORMANCE MEASURE GUIDELINES

Performance measures should be **SMART**: **s**pecific, **m**easurable, **a**chievable, **r**elevant and **t**ime-phased. Performance measures quantify program outcomes, and outputs/processes 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 of clients who are newly enrolled in ambulatory/outpatient medical care, but were previously not receiving care, are retained in that service for the immediate past three months, as evidenced by at least one completed medical visit during this quarter.</i>
<i>Output or Process</i>	<i>counts the goods/services provided</i>	<i>At least x clients will receive at least one unit of outpatient ambulatory medical care by March 31, 2007.</i>

All applicants must include the following process measures:

1. Performing Agency shall provide ambulatory medical care and/or supportive services to (number) clients during the contract period.
2. Ninety percent (90%) of clients enrolled funded services during the quarter will receive medical screening for tuberculosis and sexually transmitted diseases, including syphilis, gonorrhea, and Chlamydia, as evidenced by the appropriate documentation (return referral notice, laboratory test results, evidence of completed treatment if appropriate, etc.)
3. Additionally, applicants must include one or more of the process measures that coincides with the scope of work to be performed:
 - PERFORMING AGENCY shall provide an estimated (number) clients with ambulatory medical care services after diagnosis of HIV infection who live or receive services in the following county(ies)/area:
 - PERFORMING AGENCY shall provide an estimated (number) clients with clinical case management services after diagnosis of HIV infection who live or receive services in the following county(ies)/area:
 - PERFORMING AGENCY shall provide an estimated (number) clients with psychosocial case management services after diagnosis of HIV infection that live or receive services in the following county(ies)/area.
4. Additionally, applicants must include the following required outcome measures for the scope of work to be performed:

For agencies applying to **provide clinical case management, psychosocial case management and/or ambulatory medical care services-**

- Ninety percent (90%) of all clients newly enrolled in case management and/or ambulatory medical care services during this quarter will have documented evidence of completion of an initial medical examination.

For agencies applying to provide **ambulatory medical care services-**

- One hundred percent (100%) of all newly enrolled clients will have received a recorded base line viral load test and CD4 count.
- One hundred percent (100%) of all clients with a CD4 below 200 will be offered opportunistic infection prophylaxis as documented in the client file.

INSTRUCTIONS AND EXAMPLES FOR A CATEGORICAL BUDGET JUSTIFICATION

NOTE: All applications must include a Categorical Budget Justification. EACPS budgets submitted with this application should reflect the seven-month prorated funding amount indicated on the attached funding allocation table.

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/monthly X 5% X 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/monthly X 10% X 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/monthly X 100% X 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/monthly X 40% X 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/monthly X 100% X 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: $0.765 \times \$101,604 =$	7,773
Insurance: $\$2,160 \times 3.55 \text{ FTEs} =$	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: \$.445/mile, \$36/day meals, \$85/day lodging.]

Example:

Mileage for Case Managers in service area: 3204
\$0.445/mile X 600 miles/mo. X 12 months - \$3204

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 non-expendable property with an acquisition cost of over \$5000, including freight, and a useful life of more than one year, with the following exceptions: costs for computers, FAX machines, stereo systems, cameras, video recorder/players, microcomputers, and printers with a unit cost of \$500 or more. Prior written approval from the DSHS is required before grantee may acquire equipment. List each item, describe and explain use. Attach the Justification for Request for Equipment Purchase form for each piece of equipment requested.]

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 Contracts with Sub recipients and Contracts for Procurement articles in the General Provisions for Department of State Health Services Grant Contracts available online at www.tdh.state.tx.us/grants/forms_and_documents.htm 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)

JUSTIFICATION FOR REQUEST For Equipment Purchases

Instructions: Use one Justification form for each item listed on the Equipment List. Attach copies of specifications and/or other pertinent documentation. For computer equipment, complete specifications must be attached (see Appendix C, *Minimum Computer Equipment Specifications*).

Contractor Name: _____

Scope of Work: _____

Contract Number: _____ **Contract Term:** _____

Description of Equipment Requested (attach additional sheets if necessary and copies of specifications and/or other pertinent documentation):

ALL APPLICANTS REQUESTING FUNDS FOR EQUIPMENT MUST COMPLETE THIS SECTION:

1. Does the cost include shipping and handling?
2. Does the cost include a warranty?
3. Does the cost include a maintenance agreement? Describe any special maintenance needs, service contracts, insurance, repair costs, etc. related to the proposed equipment. How will these expenses be supported over time?
4. Does the cost include training in the use of the equipment?
5. Why is the equipment needed? What is the purpose of the equipment?
6. Estimate the expected results of the equipment purchase. Who will benefit and how?
7. How many clients will be served with the equipment?
8. What administrative or other activities will be accomplished as a result of the equipment purchase?
9. Where will it be located?

10. Who will use the equipment? Is the necessary staff in place to support the proper use of the equipment (e.g., if a van is requested, is there funding already in place to pay for a driver)?
11. Will the equipment replace any existing equipment? If so, please justify the replacement of existing equipment.
12. Will the equipment be purchased and owned by the administrative agency or by one of its current subcontractors?
13. Why is this equipment more appropriate than other alternatives considered or a less expensive piece of equipment? If the equipment has special or optional features, explain why they are necessary.
14. If the equipment is a lease-to-purchase agreement, is a copy of the agreement attached?
15. If the equipment is being leased with no option to buy, explain the benefit(s).
16. If lease-purchase costs are spread across several funding sources, other than DSHS, who are the other funding sources and what is their percent of funding?

HIV SERVICES PROVIDERS ONLY:

1. If equipment is for an Administrative Agency or its subcontractor, does it match the service priorities established by the local Planning Assembly? Will the equipment be used to directly provide a prioritized client service? If not, how will the equipment either indirectly support client services and/or support necessary administrative functions?
2. If requesting computer equipment, will the computer be used for reporting client data through ARIES?
3. What enhancements will the new computer(s) provide?

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 Comprehensive Services Branch

The applicant agency assures the DSHS that it will abide by all policies of the HIV/STD Comprehensive Services Branch that apply to the programs being provided. A list of policies applicable to all HIV and STD contractors is provided at the Branch website at <http://www.tdh.state.tx.us/hivstd/policy/policy4.htm>.

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

**Department of State Health Services
HIV/STD Comprehensive Services Branch**

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

**Department of State Health Services
HIV/STD Comprehensive Services Branch**

**Assurance Regarding HIV/STD Clinical Resources Division Standards for Clinical and
Case Management Services**

This agency assures the Department of State Health Services that it will comply with HIV/STD Clinical Resources Division Standards for Clinical and Case Management Services (Standards) as promulgated by the HIV/STD Comprehensive Services Branch. The Standards are available at www.dshs.state.tx.us/hivstd/clinical/pdf/stvs3_01.pdf.

Signature of Authorized Certifying Official	Title
Date	
Legal Name of Organization	