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**To:** Federal HIV/AIDS Surveillance Contractors

**From:** Sharon Melville, M.D., M.P.H.  
Director  
HIV/STD Epidemiology Division

**Date:** July 17, 2006

**Subject:** Federal HIV/AIDS Surveillance Inter-Local Agreement (ILA) Renewal

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The application for renewal of your agency's Federal HIV/AIDS Surveillance contract with the Texas Department of State Health Services has been posted to the HIV/STD program's website at [www.tdh.state.tx.us/hivstd/grants](http://www.tdh.state.tx.us/hivstd/grants). The application documents have also been emailed to your program contact. Contractors must complete all forms included in the application. Budgets must be based on the funding levels shown on the enclosed table and should be reasonable and consistent with the types of expenditures approved for these contracts in prior years.

**The appropriate renewal documents should be submitted no later than August 15, 2006 to the following address:**

**Ms. Karen Rodela  
HIV/STD Comprehensive Services Branch  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756  
(512) 533-3121**

If you have questions concerning the funding amounts, please contact Surveillance Group Manager Roy Reyna, M.D., at (512) 533-3102 or via email at [roy.reyna@dshs.state.tx.us](mailto:roy.reyna@dshs.state.tx.us).

Enclosure

**LEVEL FUNDING AMOUNTS  
FEDERAL HIV/AIDS SURVEILLANCE CONTRACTS**

*For the Project Period January 1, 2007 to December 31, 2007*

Austin/Travis County Health Department	\$85,898
Dallas County Health and Human Services Department	\$195,610
El Paso City-County Health and Environmental District	\$20,007
San Antonio Metropolitan Health District	\$118,318
Tarrant County Health Department	\$99,841

## FORM A: CONTACT PERSON INFORMATION

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

*This form provides information about appropriate contacts in the applicant's organization. If any of the following information changes during the term of the contract, please send written notification to the Client Services Contract Unit, Department of State Health Services, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.*

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

## FORM B: ADMINISTRATIVE INFORMATION

*This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form.** If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

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

### **Identifying Information**

**The applicant shall attach the following information:**

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

### **Conflict of Interest and Contract History**

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this Application for Funding. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this Application for Funding. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

**1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this Application for Funding?**

YES       NO

*If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)*

**2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?**

YES       NO

*If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.*

**3. Has applicant had a contract with DSHS within the past 24 months?**

YES       NO

*If YES, indicate the contract number(s):*

Contract Number(s)	

*If NO, applicant must be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes DSHS will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.*

**4. Is applicant or any member of applicant's executive management, project management, board members or principal officers:**

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- In default on an agreed repayment schedule with any funding organization?

**YES**       **NO**

*If YES, please explain. (Attach no more than one additional page.)*

## 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 application. A maximum of **two (2)** additional pages may be attached if needed.*

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## FORM C: PERFORMANCE MEASURE Guidelines

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

1. PERFORMING AGENCY shall enter no less than 90% of all new disease reports received by PERFORMING AGENCY as morbidity into the HIV/AIDS Reporting System within 24 hours of the receipt of the disease report.
2. PERFORMING AGENCY shall ensure transfer of collected HIV/AIDS case information to RECEIVING AGENCY Program weekly by the close of business each Friday. PERFORMING AGENCY may send a written request to RECEIVING AGENCY Program to extend the timetable for transferring data. Any such agreement shall be in writing and signed by both parties.
3. PERFORMING AGENCY shall have no less than 90% of the HIV/AIDS cases reports completed with legitimate answers to the three (3) questions: 1) was patient informed of HIV status; 2) were partner services needed; and 3) are additional referral services needed. If the percentage of case reports with these three (3) questions completed drops below 80%, PERFORMING AGENCY must prepare and submit a plan to RECEIVING AGENCY Program addressing how the completion percentage will be improved.
4. PERFORMING AGENCY shall make a determination of how the need for public health follow-up will be made on 95% of all HIV positive test results within three (3) business days of the receipt of the test results. If no clear determination can be made within the three (3) business days, the HIV test results should be sent to a Disease Intervention Specialist (DIS) for investigation.
5. RECEIVING AGENCY Program will provide HIV/AIDS case reporting activities for cases diagnosed in the following geographic area(s):
  - For Austin-Travis County: Travis
  - For Tarrant County: Tarrant
  - For Dallas County: Dallas
  - For El Paso City/County: El Paso
  - For San Antonio: Bexar
6. PERFORMING AGENCY shall complete and submit quarterly activity reports demonstrating PERFORMING AGENCY'S conduct of HIV/AIDS case-finding activities. These reports shall be submitted to RECEIVING AGENCY Program on the 20th calendar day of March 2007, July 2007 and October 2007, January 2008 in a format provided by RECEIVING AGENCY Program.

## FORM D: WORK PLAN

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

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## FORM D: WORK PLAN Guidelines

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

### 1. REPORTING

- a. Maintain a current list of key reporting sources in PERFORMING AGENCY'S geographic area and visit key reporting sources at least yearly to establish and maintain communication about reporting rules and regulations (including Incidence Surveillance) and available public health services.
- b. Collect reports of HIV and AIDS cases diagnosed and/or treated within PERFORMING AGENCY'S geographic area.
- c. Ensure that HIV/AIDS case reports are accurate, complete and submitted to RECEIVING AGENCY Program within 90 days of receipt of the initial laboratory or morbidity report.
- d. Download and mail electronic and hard copy case reports, addendums or testing history interview forms to RECEIVING AGENCY Program weekly by Friday close of business unless prior arrangements have been made with RECEIVING AGENCY Program.
- e. Conduct Incidence Surveillance activities in cooperation with the contracted Incidence Surveillance technical assistance provider identified by RECEIVING AGENCY Program.
- f. The PERFORMANCE AGENCY in accordance with TAC Title 25, Part 1, Chapter 97, Subchapter F, Rule §97.133, Section G; will complete reports pertaining to enhanced perinatal HIV surveillance using all of the elements found in the most current version of the form adopted by the Department of State Health Services HIV/STD Epidemiology and Surveillance Branch.

### 2. REGISTRY MAINTENANCE

- a. Maintain a case file on all confirmed and suspected cases of HIV and AIDS diagnosed and/or treated within PERFORMING AGENCY'S geographic area.
- b. Follow-up pediatric HIV exposed cases every six (6) months until the case has met the CDC surveillance definition of presumptively or definitely infected or uninfected.
- c. Review HIV cases at a minimum of once yearly to identify and update registry with AIDS defining conditions.
- d. Remove duplicate cases with other states as identified in the Routine Interstate Duplicate Review (RIDR) project within 10 days of receiving RIDR notices.

### 3. SYSTEM EVALUATION

- a. Review and provide appropriate follow-up on all suspected HIV/AIDS cases identified by RECEIVING AGENCY Program's alternate record review systems in order to enhance case ascertainment and validate the effectiveness of local surveillance efforts.
- b. Track reporting by local sources in order to monitor the level of compliance to reporting laws and level of case ascertainment.
- c. Conduct prescribed weekly, monthly, quarterly and annual analyses to monitor trends in the data and evaluate data quality.

#### 4. EPIDEMIOLOGIC INVESTIGATIONS

- a. Initiate epidemiologic investigations on newly reported No Reported Risk (NRR) cases and cases of public health importance within three (3) days of receipt of case report through contact with appropriate health care provider and a review of medical records.
- b. A determination of the need for public health follow-up will be made on all HIV positive test results within three (3) business days of the receipt of the test results. If no clear determination can be made within the three (3) business days, the HIV test results should be sent to a Disease Intervention Specialist (DIS) for investigation.
- c. Perform epidemiological follow-up on all NRR cases through active surveillance activities within 120 days of notification from RECEIVING AGENCY.
- d. Assist RECEIVING AGENCY Program with other epidemiologic investigations as deemed necessary by RECEIVING AGENCY Program or CDC.

#### 5. CONFIDENTIALITY

- a. Store all case files and computer diskettes containing patient information in a locked file cabinet when not in use. The locked file cabinet and surveillance computer shall be kept in a locked room with limited, controlled access.
- b. Utilize passwords to access computer databases containing HIV/AIDS case data. Passwords shall be changed monthly and known only to surveillance personnel.
- c. Limit the number of persons who have keys to registry files to persons directly involved in case reporting and the HIV/STD Program Manager in the geographic area of the PERFORMING AGENCY.
- d. Require a statement of confidentiality to be signed by all personnel, including IT, having access to HIV/AIDS case files, computer diskettes, and computer systems kept on file by PERFORMING AGENCY.
- e. Require annual HIV surveillance security training for all personnel, including IT, having access to HIV/AIDS case files, computer diskettes and computer systems kept on file by PERFORMING AGENCY.

- f. PERFORMING AGENCY may release demographic analyses of local data as public information as long as it complies with the Texas Department of State Health Services, RECEIVING AGENCY Program Policy No. 020.061 “Publication or Release of HIV/STD Data”.
  
- g. When electronically transmitting case specific information, any transmission by PERFORMING AGENCY that does not incorporate the use of an encryption package meeting Advanced Encryption Standards (AES), will not contain identifying information or use terms easily associated with HIV or AIDS. The terms HIV or AIDS must not appear anywhere in the context of the communication, including the sender and/or recipient address and label.

## **FORM E: BUDGET JUSTIFICATION**

For  
Federal STD Services

*Provide a detailed budget justification of proposed Federal HIV/AIDS Surveillance costs. In the event a contract is renewed, applicant agrees that this budget justification will be used as a basis for contract negotiations. The Centers for Disease Control and Prevention (CDC) has begun to require the DSHS to submit fully justified budgets for each contract included in the program's HIV/AIDS Surveillance Grant. Therefore, applicants must submit budgets prepared on Excel spreadsheets and in accordance with the CDC's Application Budget Guidance, which can be obtained online at <http://www.cdc.gov/od/pgo/funding/budgetguide2004.htm>. It is important that the budget in Excel format be included on the diskette copy of the application. Applicants who fail to provide a budget in the format requested will be asked to resubmit the budget in the proper form.*

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# HIV CONTRACTOR ASSURANCES

## **Texas Department of State Health Services**

### 1. ADVOCATE AND PROMOTE

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

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

### 2. CONFIDENTIALITY

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

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

### 3. CONFLICT OF INTEREST

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

### 4. TUBERCULOSIS COLLABORATION

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

## 5. DRUG-FREE WORKPLACE REQUIREMENTS

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about-
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will-
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later 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 program website at [www.dshs.state.tx.us/hivstd/policy/default.htm](http://www.dshs.state.tx.us/hivstd/policy/default.htm).

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