



## Memorandum

**TO:** Ryan White Administrative Agency Executive Directors  
Ryan White Administrative Agency Contact Persons

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

**DATE:** September 25, 2007

**SUBJECT:** Ryan White Part B Service Delivery (RWSD) Renewal Application for 2008 Project Year (04/01/08 – 03/31/09)

Enclosed are the documents required for your agency's renewal application for Ryan White Part B Service Delivery (RWSD) contract with the Department of State Health Services (DSHS) for the period April 1, 2008 through March 31, 2009. 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 Liza Hinojosa, Contract Manager, at (512) 458-7111 ext. 3212.

**Please note the following for the FY2008 budget period:**

- Effective April 1, 2007, all Administrative Agency expenditures must be allocated to the RWAA contract.
- Prepare a twelve (12) month budget for this contract renewal (04/01/08 – 03/31/09).
- Important Due dates:
  - October 25, 2007: RWSD Renewal Application  
Table 1
  - April 30, 2008: Table 2  
Contract/Subcontract Review Certification  
Subcontractor Data Sheets  
Categorical Budget Justification and/or Fee for  
Service Form for each subcontractor

**Please submit one (1) signed original document, one (1) copy, and one (1) electronic copy by 10/25/07 to:**

**Liza Hinojosa**  
**[liza.hinojosa@dshs.state.tx.us](mailto:liza.hinojosa@dshs.state.tx.us)**  
**Contract Management Unit**  
**Texas Department of State Health Services**  
**1100 W. 49<sup>th</sup> Street**  
**Austin, Texas 78756**



**FY 2008**  
**Renewal Application**  
**For Ryan White Part B**  
**Service Delivery (RWSD)**

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

**Issue Date: September 25, 2007**  
**Due Date: October 25, 2007**

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

---

David L. Lakey, M.D.  
Commissioner

---

# TABLE OF CONTENTS

## ORGANIZATION AND CONTENT

FORM A:	FACE PAGE.....	3
FORM A:	FACE PAGE INSTRUCTIONS .....	4
FORM B:	CONTACT PERSON INFORMATION.....	5
FORM C:	ADMINISTRATIVE INFORMATION.....	6
FORM D:	PERFORMANCE MEASURES GUIDELINES.....	7
FORM D:	PERFORMANCE MEASURES.....	8
FORM E:	WORK PLAN GUIDELINES.....	9
FORM E:	WORK PLAN.....	10
FORM F:	BUDGET SUMMARY INSTRUCTIONS.....	11
FORM F:	BUDGET SUMMARY EXAMPLE.....	12
FORM F:	BUDGET SUMMARY.....	13
FORM F:	DETAILED BUDGET CATEGORY FORMS.....	14
FORM G:	CONTRACTUAL BUDGET CATEGORY FORM EXAMPLE.....	16
FORM G:	CONTRACTUAL BUDGET DETAIL FORM.....	17
FORM G:	CATEGORICAL BUDGET EXAMPLE.....	18
TABLE 1:	RWSD PART B SERVICE PRIORITIES AND ALLOCATIONS.....	19
TABLE 2:	RWSD PART B SUBCONTRACTOR SERVICES AND ALLOCATIONS.....	21
	RWSD PART B SUBCONTRACTOR DATA SHEET.....	23
	RWSD PART B SUBCONTRACTOR REVIEW CERTIFICATION FORM.....	24
FORM H:	NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES.....	25
FORM I:	HIV CONTRACTOR ASSURANCES.....	26
	DSHS ASSURANCES.....	28
FORM J:	CONTRACTOR ASSURANCE REGARDING PHARMACY	

	NOTIFICATION.....	34
APPENDIX A:	PROGRAM REQUIREMENTS FOR FY2007 RYAN WHITE PART B CONTRACTS.....	35
APPENDIX B:	GLOSSARY HIV-RELATED ADMINISTRATIVE SERVICES.....	44

**Department of State Health Services (DSHS)**

FORM A: FACE PAGE – Whether the Contractor received their award as a Governmental Entity or as part of the competitive process, the Contractor is held to the requirements articulated in the Competitive RFP for HIV Care Administrative Agencies (RFP# HIV/RW-0196.1), dated June 16, 2006, and HIV FY 2007 Renewal Application For Ryan White Title II Service Delivery (RWSD) dated December 21, 2006. 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):	Check if address change <input type="checkbox"/>
3) PAYEE Mailing Address (if different from above):	Check if address change <input type="checkbox"/>
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):	
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization
<input type="checkbox"/> Individual <input type="checkbox"/> FQHC <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
6) Currently operating under a HUB Subcontracting plan on file at DSHS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
8) COUNTIES SERVED BY PROJECT: List all counties to be served	
9) AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON Name: Phone: Fax: E-mail:
10) 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>	
12) FINANCIAL OFFICER Name: Phone: Fax: E-mail:	
I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP identified above, which is part of the original contract and any prior renewals and amendments. I understand that this contract renewal depends on the truthfulness of this document and on the applicant's continued compliance with the original contract and all its components and amendments.	
13) AUTHORIZED REPRESENTATIVE Name: Title: Phone: Fax: E-mail:	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE <input type="checkbox"/>
	15) DATE

## FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the DSHS, including the signature of the authorized representative. It is the cover page of the renewal application 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 the identified Competitive Request for Proposal and the original DSHS contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 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** - 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 (TBPC) 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) **CURRENTLY OPERATING UNDER A HUB SUBCONTRACTING PLAN ON FILE AT DSHS? YES OR NO** - Check the appropriate box to indicate whether or not the applicant is operating under a HUB Subcontracting Plan filed with DSHS under the original competitive RFP. If yes, the applicant must continue to comply with reporting requirements if a renewal contract is executed. Any changes to the budget which affect the HUB Subcontracting Plan must be communicated with the DSHS HUB Coordinator at 1-800-243-7487 or by e-mail at [HUB-Contact@dshs.state.tx.us](mailto:HUB-Contact@dshs.state.tx.us). If no is checked, no further action is required.
- 7) **PROPOSED BUDGET PERIOD** - Enter budget period as identified in this renewal application.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities. This amount must match column (1) row J from FORM I: BUDGET SUMMARY.
- 10) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, title, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 13) **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.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 15) **DATE** - Enter the date the person authorized to represent the applicant 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 in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify, Liza Hinojosa, Contract Manager, in writing.*

<b>Executive Director:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Project Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Financial Reporting Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>URS Data Manager:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Planning Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Clinical Services Contact:</b> _____ <b>Title:</b> _____ <b>Phone:</b> _____ <b>Ext.</b> _____ <b>Fax:</b> _____ <b>E-mail:</b> _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____



# FORM C: ADMINISTRATIVE INFORMATION - Renewal Application

*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.*

---

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

## **Identifying Information**

If there are no changes to any of the items below, check here and skip the next question in this section.

### **1. The applicant shall attach the following information:**

#### **If a Governmental Entity**

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

#### **If a Nonprofit or For profit Corporation**

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

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

If there are no changes to any of the items below, check here and skip the questions in this section.

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. 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 renewal application. 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. 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 renewal 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 renewal application?**

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 renewal 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. 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 D: RWSD PERFORMANCE MEASURE Guidelines

## REQUIRED PERFORMANCE MEASURES

1. Applicant shall write a minimum of three (3) performance measures related to the quality of or access to the services to be provided as indicated on Table 1 of this application. Please note if these measures are continuations of performance measures currently in place for RWSD 2007. Performance measures must be based on the goals identified in the applicant's Comprehensive HIV Services Plan or Quality Improvement Plan.

Whenever possible, 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>95% of HIV-infected adolescents and adults receiving care through Part B funded medical providers will receive testing, treatment, and prophylaxis consistent with current Public Health Service treatment guidelines.</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>

2. Applicant shall provide at least one service to ( # ) of unduplicated clients during FY2008.
3. Applicant shall monitor the delivery of HIV services against the Estimated Units of Service shown in Table 1 of this application.
4. Applicant shall ensure that no more than ten percent (10%) of RW Part B service delivery funds are expended by service providers for administrative costs.

## FORM D: RWSD 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: RWSD WORK PLAN Guidelines

The work plan should describe how the applicant will use Part B funds to meet service objectives for medical and psychosocial support services and improve service delivery systems. The work plan should reference and emphasize the goals and objectives of the current Comprehensive HIV Services Plan for their administrative service area (ASA) whenever relevant.

1. Use Table 1 to provide service category allocations and estimated clients to be served and units to be delivered with RWSD funds; this table should also be used to provide brief justification for the level of RWSD funds allocated to each of the medical services listed below. Definitions of these services may be found at <http://www.dshs.state.tx.us/hivstd/taxonomy/taxonomy.pdf>. For each medical service that receives no RWSD allocation, the applicant must briefly describe how access to the service will be maintained. When allocating RWSD funds, medical services should receive primary consideration, and no less than sixty percent (60%) of the funds must be allocated to the medical services listed below:
  - a. Outpatient/ ambulatory medical services
  - b. AIDS pharmaceutical assistance (local)
  - c. Oral health care
  - d. Early intervention services<sup>1</sup>
  - e. Health insurance premium and cost sharing assistance
  - f. Home health care<sup>2</sup>
  - g. Home and community based health services<sup>3</sup>
  - h. Hospice services
  - i. Mental health services
  - j. Medical nutrition therapy
  - k. Medical case management (including treatment adherence)
  - l. Substance abuse services –outpatient
2. Describe how the applicant will track and report on the Part B funds expended, clients served, and units of service delivered by service category. Describe how the progress on the proposed performance measures will be monitored and reported.
3. Describe how the providers in the care system and the applicant will maximize the number of clients who receive any services funded by RWSD (Part B) who show evidence of being maintained in a system of HIV-related medical care. This may include efforts to increase the completeness of information on medical care delivered by non-funded providers.
4. Describe how the applicant will assure that services supported with RWSD funds will be attributed to Part B in ARIES.
5. Describe how the applicant will assure that providers will be able to serve culturally diverse populations and populations with special needs (e.g., use of interpreter services, language translation, and compliance with ADA requirements).
6. For each county in your HSDAs describe:
  - a. the process by which clients access ambulatory medical care;
  - b. how the program assures that clients have access to a physician with HIV medical experience; and
  - c. identify the specific physicians and/or ambulatory medical care clinic.
7. Describe how the applicant receives and provides feedback to service delivery subcontractors on Quality Management systems and issues.

---

<sup>1</sup> While the HRSA definition of this service includes a variety of medical services and referrals, RWSD funds allocated for this category should reflect only funds used for HIV counseling and testing activities; if the applicant intends to provide the other services included in the HRSA definition (laboratory services, referrals, medical services and drugs), the allocations for these services should not be made to EIS, but to the appropriate independently listed service categories.

<sup>2</sup> Includes only specialized care services

<sup>3</sup> Includes paraprofessional and professional care.

## FORM E: RWSD WORK PLAN

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

---

## FORM F: BUDGET SUMMARY Instructions

**Effective April 1, 2007, all expenditures for Administrative Agency activities must be supported by the RW Administrative Agency contract.**

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the renewal application. All applicants shall complete the budget summary form. Be sure to refer to the appropriate sections in the renewal application for program-specific allowable and unallowable costs.

This form shall reflect funding from all sources that support the project described in this attachment. See "Detailed Budget Category Forms, General Information" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Department of State Health Services (DSHS) for this project.
- Column 2: Federal funds awarded directly to applicant.
- Column 3: Funds awarded to applicant from other State of Texas governmental agencies.
- Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).
- Column 5: Funds from other sources not previously addressed in columns 1-4 (private foundations, donations, fund-raising, etc.).
- Column 6: The sum of columns 1-5.

### **PROGRAM INCOME**

Program Income: Projected Earnings. Applicant shall estimate the amount of program income that is expected to be generated during the budget period.

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort which is jointly funded by DSHS and the contractor is to be shared by DSHS and the contractor. A program income allocation plan is the means by which DSHS's share is determined. The required formula for a plan is as follows:

$$\frac{\text{DSHS's Share of Funding}}{\text{DSHS's Share of Funding} + \text{Contractors Share of Funding}} \times \text{Total Program Income Collected} = \text{DSHS's Share of Program Income}$$

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from DSHS.

For more information about program income, refer to the Program Income Article in the General Provisions for DSHS Grants Contracts and/or request a copy of DSHS's Contractor Financial Procedures Manual from the Contract Oversight and Support (COS) Division or on the Internet at . <http://www.dshs.state.tx.us/contracts/ta.shtm>

### **INSTRUCTIONS:**

**Projected Earnings** - Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that is expected to be generated during the budget period.

#### **Examples Of Program Income**

- Fees received for personal services performed in connection with and during the period of contract support;
- Tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;
- Sale of services such as laboratory tests or computer time;
- Payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;
- Lease or rental of films or video tapes; and
- Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.

FORM F: BUDGET SUMMARY Example

Legal Name of Applicant: Apple County Health Department

Cost Categories	DSHS Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$ 27,900	\$ 30,900	\$ 5,000	\$ 0	\$ 0	\$ 63,800
B. Fringe Benefits	\$ 4,032	\$ 5,030	\$ 1,000	\$ 0	\$ 0	\$ 10,062
C. Travel	\$ 1,373	\$ 2,070	\$ 5,00	\$ 0	\$ 0	\$ 3,448
D. Equipment and Supplies	\$ 47,060	\$ 49,050	\$ 22,050	\$ 7,000	\$ 0	\$ 117,160
E. Contractual	\$ 41,208	\$ 42,010	\$ 15,000	\$ 0	\$ 0	\$ 98,218
F. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
G. Other	\$ 23,000	\$ 1,000	\$ 500	\$ 0	\$ 0	\$ 24,500
H. Total Direct Costs	\$ 144,573	\$ 130,060	\$ 44,050	\$ 7,000	\$ 0	\$ 325,683
I. Indirect Costs	\$ 2,025	\$ 900	\$ 650	\$ 0	\$ 0	\$ 3,575
J. Total (Sum of H and I)	\$ 146,598	\$ 130,960	\$ 44,700	\$ 7,000	\$ 0	\$ 329,258
K. Program Income	\$ 13,200	\$ 12,000	\$ 4,200	\$ 600	\$ 0	\$ 30,000

Indirect costs are based on (mark the statement that is accurate):

- The applicant's most recently approved indirect cost rate 7 % A copy is attached behind the OTHER Budget Category Detail Form (FORM G5).
- The applicant's most recently approved indirect cost rate \_\_\_\_\_ % This is on file with DSHS's Contract Policy & Monitoring Division.

\*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-DSHS state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

## FORM F: BUDGET SUMMARY

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

Cost Categories	DSHS Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$	\$	\$	\$	\$	\$ 0
B. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0
C. Travel	\$	\$	\$	\$	\$	\$ 0
D. Equipment and Supplies	\$	\$	\$	\$	\$	\$ 0
E. Contractual	\$	\$	\$	\$	\$	\$ 0
F. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
G. Other	\$	\$	\$	\$	\$	\$ 0
H. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
I. Indirect Costs	\$	\$	\$	\$	\$	\$ 0
J. Total (Sum of H and I)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
K. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

**Indirect costs are based on (mark the statement that is accurate):**

- The applicant's most recently approved indirect cost rate \_\_\_\_\_ % A copy is attached behind the OTHER Budget Category Detail Form (FORM G5).
- The applicant's most recently approved indirect cost rate \_\_\_\_\_ % This is on file with DSHS's Contract Policy & Monitoring Division.

\*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-DSHS state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.



# FORM F: DETAILED BUDGET CATEGORY FORMS

## General Information

### **Requirements for Categorical Budgets**

The renewal application shall include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category shall be expressed using the budget category detail G Forms , which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

### **General Information**

Additional information on basic accounting and financial management systems requirements is available in DSHS's Contractor Financial Procedures Manual. Copies of the manual are available on the Internet at.

<http://www.dshs.state.tx.us/contracts/ta.shtm>

Only those costs allowable under UGMS and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

### **A. Allowable and Unallowable Costs**

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles and/or DSHS policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the renewal application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.

**DETAILED BUDGET CATEGORY FORMS**  
**Allowable/Unallowable Costs continued**

**Unallowable costs**, i.e., costs that may not be paid with DSHS funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of DSHS;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and DSHS has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

**B. Direct Costs**

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the DSHS contract attachment (if contract is renewed). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

**C. Indirect Costs**

Indirect costs are those costs related to the project that are not included in direct costs. Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective and not readily identified with a particular cost center and which may be paid if allowable under the funding source, e.g., depreciation and use allowances, interest, operation and maintenance expenses (janitorial and utility services, repairs and normal alterations of buildings, furniture, equipment, care of grounds, security), general administration and general expenses (central offices such as director, office of finance, business services, budget and planning, personnel, general counsel, safety and risk management, management information services).

The amount of indirect costs that may be charged to any resulting DSHS contract attachment is determined by negotiation and will be defined in the contract budget attachment. The applicant may negotiate an indirect cost rate with its federal cognizant agency or state-coordinating agency. If there is no assigned agency, Department of State Health Services (DSHS) Contract Oversight and Support (COSG) may provide guidance on how to have an agency assigned or they may review the applicant's cost allocation plan and negotiate an approved indirect cost rate. The COS will maintain a listing of agencies and their approved rates. To obtain information about cognizant agencies or negotiating an indirect cost rate, contact the COS at (512) 458-7111 ext. 2326.

**D. Audit Requirements**

If required by OMB Circular A-133 and/or UGMS, applicant or applicant's authorized contracting entity shall arrange for a financial and compliance audit (Single Audit). Applicant may include in the budget request an amount for DSHS's proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services shall be procured in compliance with state procurement procedures, as well as the provisions of UGMS. The single audit threshold is \$500,000.

# EXAMPLE

## FORM G: CONTRACTUAL Budget Category Detail Form Example

**Legal Name of Applicant:** Apple County Health Department

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that 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, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
Dr. Bob Health, D.O.	Oversees medical services	Unit Cost	month	\$300	\$3,600	Medical Director required by DSHS
Dr. Peter Paul, D.O.	Provides health history & physicals	Unit Cost	130 hours/month	\$3,034	\$36,408	Contract physician at clinics performing medical exams
Dr. Billy Bob, D.O.	Provide professional guidance	Cost Reimburse	N/A	N/A	\$1,200	Medical Consultant
<b>TOTAL Amount Requested for CONTRACTUAL:</b>					<b>\$ 41,208</b>	

### CONTRACTUAL

**DEFINITION:** Activities identified in the scope of work that is delegated by the applicant to a third party; the cost of providing these activities is recorded in this category. Travel costs incurred by a third party while performing these activities should be included in this category. 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 subrecipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Department of State Health Services Grant Contracts which are available online at <http://www.dshs.state.tx.us/grants/gen-prov.shtm>.

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.

**INSTRUCTIONS:** The CONTRACTUAL Budget Category Detail Form requires names of the individuals or organizations performing the services, a description of the services being contracted, the number of hours or units of service to be purchased, the method of reimbursement (cost reimbursement or unit cost), unit cost if applicable and total amount of each subcontract. Justification should include why applicant intends to contract for the service, why the service is necessary to perform the scope of work and how the applicant will ensure that the cost of the service is reasonable. Justification for contracts that delegate a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, must be attached behind the CONTRACTUAL Budget Category Detail Form.

## FORM G: CONTRACTUAL Budget Category Detail Form

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

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that 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, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION

TOTAL Amount Requested for CONTRACTUAL: \$ 0

## FORM G: Categorical Budget Example

Please submit a twelve month (12) categorical justification (04/01/08 – 3/31/09) based on the attached allocations chart. Unless previously approved by DSHS, all AA expenditures must be charged to the RWAA contract.

<b>A.</b>	<b><u>PERSONNEL</u></b>	<b>(0)</b>
<b>B.</b>	<b><u>FRINGE BENEFITS</u></b>	<b>(0)</b>
<b>C.</b>	<b><u>STAFF TRAVEL</u></b>	<b>(0)</b>
<b>D.</b>	<b><u>EQUIPMENT</u></b>	<b>(0)</b>
<b>E.</b>	<b><u>SUPPLIES</u></b>	<b>(0)</b>
<b>F.</b>	<b><u>CONTRACTUAL</u></b>	<b>Total</b>
Please report the following costs for each Subcontractor:		
Subcontractor Administrative Cost		
Subcontractor Direct Services Cost		
<b>G.</b>	<b><u>OTHER</u></b>	<b>(0)</b>
<b>H.</b>	<b><u>TOTAL DIRECT COSTS</u></b>	<b>Total</b>
[Enter the total from F above]		
<b>I.</b>	<b><u>INDIRECT COSTS</u></b>	<b>(0)</b>
<b>J.</b>	<b><u>TOTAL BUDGET</u></b>	<b>Total</b>

**TOTAL AMOUNT ALLOCATED FOR ALL SUBCONTRACTORS TO EACH CATEGORY:**

297	Subcontractor Administrative Cost:	\$ _____
424	Subcontractor Direct Services Cost:	\$ _____
Total:	(Must equal line J above)	\$ _____

**TABLE 1: RWSD SERVICES PRIORITIES, ALLOCATIONS AND OBJECTIVES BY HIV SERVICE DELIVERY AREA (HSDA)**

**Administrative Agency Name:** \_\_\_\_\_ **HSDA:** \_\_\_\_\_  
**Funding Stream: RW** \_\_\_\_\_ **SS** \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

**Instructions: Table 1 must be completed for EACH HSDA within the Administrative Agency’s area.** Use this table to reflect the service priorities and allocations and estimated service units and persons to be served with those funds. Place the rank of each prioritized service in column 2. Assign a rank only to prioritized services, and leave the rest of the service categories blank. Use columns 3 and 4 to show the estimated number of units to be delivered and persons to be served. In the fifth column place the total allocation for that category; this should include service provider administrative costs. The total of all allocations should equal the total for the HSDA’s RWSD or SS allocation. In column 6 indicate the percentage of the total award that is allocated to that service category.

SERVICE CATEGORY*	RANK	ESTIMATED OBJECTIVES		ALLOCATION FOR HSDA	% OF TOTAL ALLOCATION
		Units	Persons		
Outpatient and Ambulatory Health Service					%
AIDS Pharmaceutical Assistance					%
Oral Health Care					%
Early Intervention Services					%
Health Insurance premium and Cost Sharing Assistance					%
Home Health Care					%
Medical Nutrition Therapy					%
Hospice Services					%
Home and Community Based Health Services					%
Mental Health Services					%
Substance Abuse Services /Outpatient					%
Medical Case Management-including treatment adherence					%
Non Medical Case Management					%
Child Care Services					%
Emergency Financial Assistance					%
Food Bank / Home Delivered Meals					%
Health Education / Risk Reduction					%

Housing Services						%
Legal Services						%
Linguistic Services						%
Medical Transportation						%
Outreach Services						%
Psychosocial Support Services						%
Referral for Health Care / Supportive Services						%
Rehabilitation Services						%
Respite Care						%
Treatment Adherence Counseling						%
<b>The following services may not be funded with Ryan White Part B funds</b>						
Buddy / Companion Services						%
Child Welfare Services						%
Client Advocacy						%
Transportation Services						%
Pediatric Developmental Assessment and Early Intervention Services						%
Permanency Planning						%
Referral to Clinical Research						%
Other Direct Support Services <i>(Attach a separate sheet detailing services to be funded)</i>						%
Total Allocation						%

**TABLE 2: RWSD SUBCONTRACTOR SERVICES ALLOCATIONS**

**Administrative Agency Name:** \_\_\_\_\_

**Subcontractor Name:** \_\_\_\_\_

**Funding Stream:** RW \_\_\_\_\_ SS \_\_\_\_\_ **Fiscal Year:** \_\_\_\_\_

**Instructions:** Use this table to summarize all allocations by service category for each subcontractor for your current RW Service Delivery contract. **Use one form for each subcontractor and submit only one form per subcontractor, regardless of whether or not the subcontractor provides services in more than one HSDA.** Please note: The total amounts shown in the Table 2 for each subcontractor should equal the amount shown in the contractual line item of the subcontractor’s categorical budget AND the total of all Table 2s should equal the amount shown in the contractual line item of the AA’s categorical budget.

SERVICE CATEGORY	SUBCONTRACTORDIRECT SERVICES COSTS	SUBCONTRACTOR ADMINISTRATION COSTS	TOTAL SUBCONTRACTOR COST FOR SERVICE
Outpatient and Ambulatory Health Service	\$	\$	\$
AIDS Pharmaceutical Assistance	\$	\$	\$
Oral Health Care	\$	\$	\$
Early Intervention Services	\$	\$	\$
Health Insurance premium and Cost Sharing Assistance	\$	\$	\$
Home Health Care	\$	\$	\$
Medical Nutrition Therapy	\$	\$	\$
Hospice Services	\$	\$	\$
Home and Community Based Health Services	\$	\$	\$
Mental Health Services	\$	\$	\$
Substance Abuse Services /Outpatient	\$	\$	\$
Medical Case Management-including treatment adherence	\$	\$	\$
Non Medical Case Management	\$	\$	\$
Child Care Services	\$	\$	\$
Emergency Financial Assistance	\$	\$	\$
Food Bank / Home Delivered Meals	\$	\$	\$
Health Education / Risk Reduction	\$	\$	\$
Housing Services	\$	\$	\$
Legal Services	\$	\$	\$
Linguistic Services	\$	\$	\$
	<b>SUBCONTRACTORDIRECT SERVICES COSTS</b>	<b>SUBCONTRACTOR ADMINISTRATION COSTS</b>	<b>TOTAL SUBCONTRACTOR COST FOR SERVICE</b>
Medical Transportation	\$	\$	\$



Outreach Services	\$	\$	\$
Psychosocial Support Services			
Referral for Health Care / Supportive Services			
Rehabilitation Services			
Respite Care			
Treatment Adherence Counseling			
<b>The following services may not be funded with Ryan White Part B funds</b>			
Buddy / Companion Services			
Child Welfare Services			
Client Advocacy			
Transportation Services			
Pediatric Developmental Assessment and Early Intervention Services			
Permanency Planning			
Referral to Clinical Research			
Other Direct Support Services (Attach a separate sheet detailing services to be funded)			
TOTAL Contracted Amount			

**RWSD Part B SUBCONTRACTOR DATA SHEET**

Contract Beginning Date \_\_\_\_\_ Contract Ending Date \_\_\_\_\_  
 Subcontractor Name: \_\_\_\_\_  
 Subcontractor 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 Persons to be Served: \_\_\_\_\_  
 Services Categories to be provided:\* \_\_\_\_\_

**CATEGORICAL BUDGET INFORMATION**

Personnel:	\$ _____	
Fringe:	\$ _____	
Travel:	\$ _____	
Equipment:	\$ _____	
Supplies:	\$ _____	
Contractual:	\$ _____	
Other:	\$ _____	
Total Direct Costs (DC):		\$ _____
Indirect Costs (IC):		\$ _____
Total Subcontract Amount (DC + IC):		\$ _____

**IF THE CONTRACT IS FOR MORE THAN \$25,000, ATTACH A CATEGORICAL BUDGET JUSTIFICATION FOR THE ABOVE ITEMS.**

**FEE-FOR- SERVICE/UNIT COST CONTRACT**

If the subcontract is a fee-for-service or unit cost contract, provide the maximum amount that can be charged under the contract and attach the Fee-For-Service form.

**AMOUNT:** \$ \_\_\_\_\_

**Name of Administrative Agency:** \_\_\_\_\_  
**Selection Process:** \_\_ Competitive Bid; \_\_ Sole Source; \_\_ Single Source  
**Minority Organization?\*** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Minority Provider?\*\*\*** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Faith-based Organization?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**HUB Certified?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Does your agency collect sliding-scale fees from clients?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Does your agency collect co-payments from clients?** \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Organization in which the Board of Directors is made up of 50% racial or ethnic minority members.  
 \*\*\*For the purposes of HRSA’s Consolidated List of Contracts report, an organization/agency must meet the following criteria to be considered a minority provider:  
 A. have a documented history of providing service to the targeted racial/ethnic minority community(ies) to be served;  
 B. are located in or near the targeted racial/ethnic minority community they are intended to serve;  
 C. have documented linkages to the targeted racial/ethnic minority populations, so that they can help close the gap in access to services for highly impacted communities of color; and  
 D. provide services in a manner that is culturally and linguistically appropriate.

# RWSD Part B SUBCONTRACT REVIEW CERTIFICATION (CRC) FORM

The original and one copy of the Subcontractor Data Sheet, this CRC form, and Table 2 for each subcontractor should be submitted to Liza Hinojosa, Contract Manager, no later than 04/30/2008. Submit no more than one set of forms per subcontractor, even if the subcontractor provides services in more than one HSDA.

1. ADMINISTRATIVE AGENCY: \_\_\_\_\_
2. SUBCONTRACTOR NAME: \_\_\_\_\_
3. SUBCONTRACTOR ADDRESS (street, city, state, 9 digit zip code): \_\_\_\_\_
4. SUBCONTRACTOR 9 DIGIT Employer Identification Number (EIN): \_\_\_\_\_
5. IS THE SUBCONTRACTOR A MINORITY PROVIDER? \_\_\_\_\_
6. IS THE SUBCONTRACTOR A FAITH-BASED ORGANIZATION? \_\_\_\_\_
7. FY07 RWSD AMOUNT AWARDED: \_\_\_\_\_
8. Services to be provided by subcontractor: Attach Table 2 showing the allocation for direct service delivery cost and associated administrative costs for each service to be provided by the subcontractor.

**A. 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 (signature): \_\_\_\_\_ Date: \_\_\_\_\_

## B. ADMINISTRATIVE/FISCAL REVIEW

1. 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.

2. 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

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

AA Administrative/Budget Officer (Fiscal) (signature): \_\_\_\_\_ Date: \_\_\_\_\_

# FORM H: 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 quarterly) to discuss the operations of the organization.
- 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 and 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/or 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 observes 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 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. If a contract is executed with the DSHS and the nonprofit organization has not received any funding from DSHS for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by DSHS staff.
- L. 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.

---

\*Chairman of the Board Signature/Date

---

\*President or Executive Director Signature/Date

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

# FORM I: 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 there under, 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. COMPLIANCE WITH APPLICABLE POLICIES**

The applicant agency assures the DSHS that it will abide by all policies of the HIV/STD Comprehensive Services and HIV/STD Epidemiology and Surveillance Branches 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	

## 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 application. These assurances and certifications shall remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.**

---

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

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 respondent'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 respondent 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 (respondent) 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 respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent 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 RFP 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 respondent's governing body or of the respondent'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);
  - C. 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, respondent 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;
  - 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; and
  - 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 respondent 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 respondent 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 respondent;
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).

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

**FORM J: 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	

# APPENDIX A: Program Requirements for HIV Service Delivery and Administrative Agency 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/ta.shtm>.

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/ta.shtm>.

## **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 CARE 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 following chart for allowable charges.

<b>INDIVIDUAL/FAMILY ANNUAL GROSS INCOME</b>	<b>TOTAL ALLOWABLE ANNUAL CHARGES</b>
Equal to or below the official poverty line	No charges permitted
101 to 200 percent of the official poverty line	5% or less of gross income
201 to 300 percent of the official poverty line	7% or less of gross income
More than 300 percent of official poverty line	10% or less of gross income

#### **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/dshsstndrds4clinicsevs.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:

- *DSHS' HIV and STD Program Operation Procedures and Standards;*
- *Chapter 6A (Public Health Service) of Title 42 (The Public Health and Welfare) of the United States Code, as amended;*
- *Chapters 81 and 85 of the Health and Safety Code;*
- *Department of State Health Services Standards for Public Health Clinic Services Revised August 31, 2004;*
- *DSHS Program's HIV/STD Clinical Resources Standards for Case Management Services;*
- *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, October 12, 2006, or latest version; as revised by the Perinatal HIV Guidelines Working Group*
- *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, October 10, 2006, 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)*
- *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection; Health Resources and Services Administration (HRSA) and National Institutes of Health(NIH), October 26, 2006 or latest version; as developed by the Working Group on Antiretroviral Therapy and Medical Management of HIV-Infected Children convened by the National Resource Center at the Francois-Xavier Bagnoud Center, UMDNJ. The health Resources and Services Administration (HRSA) and National Institutes of Health (NIH)*
- *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.*
- *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.*
- *Prevention and treatment of tuberculosis among patients infected with human immunodeficiency virus: principles of therapy and revised recommendations. Center for Disease Control (CDC) Morbidity & Mortality Weekly Report (MMWR) 1998; 47(No RR-20), 1-51.*
- *Updated guidelines for the use of rifabutin or rifampin for the treatment and prevention of tuberculosis among HIV-infected patients taking protease inhibitors or nonnucleoside reverse transcriptase inhibitors. January 20, 2004.*
- *Perspectives in Disease prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens. Center for Disease Control(CDC) Morbidity & Mortality Weekly Report (MMWR) June 24, 1988/ 37(24); 377-388*
- *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;*
- *DSHS 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;*
- *DSHS' STD Clinical Standards and Monitoring Guidelines;*
- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, CDC MMWR, June 29, 2001/ Volume 50, RR 11; 1-42, or latest version;*
- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to HIV; Recommendations for Post-exposure Prophylaxis, CDC, Morbidity & Mortality Weekly Report (MMWR) September 30, 2005 / 54(RR09); 1-17; and*
- *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 Comprehensive Preventive Services (CPS) website at <http://www.tdh.state.tx.us/hivstd/clinical/resource.htm>. Contractor 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 COMPREHENSIVE SERVICES AND HIV/STD EPIDEMIOLOGY AND SURVEILLANCE BRANCHES

The contractor must abide by all relevant policies of the HIV/STD Comprehensive Services 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/policy/default.htm>. 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 CARE Act. 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 Services 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.

RW Administrative Agency, RW Service Delivery, and State Services providers use the same quarterly report format that is located at <http://www.dshs.state.tx.us/hivstd/fieldops/page9.htm>.

**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 Field Operations Consultant
  - Your DSHS Nurse Consultant
  - Your DSHS Planner
  - The DSHS ARIES Data Manager
  - The DSHS Quality Management Coordinator
  - Public Health Regional HIV Program Manager

**If electronic submission is not an option, contact Susana Garcia, Monitoring Manger, at (512) 458-7111 ext. 2118.**

Due dates for the reporting periods are as follows:

1st Quarter (April 1 - June 30)	Due July 20
2nd Quarter (July 1 – September 30)	Due October 20
3rd quarter (October 1 - December 31)	Due January 20
4th quarter (January 1 - March 31)	Due April 20

**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  
Texas 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, which identifies needs, services, resource allocation and a plan to serve HIV infected and affected individuals within the designated administrative service area. A Comprehensive Services Plan includes the following components:

- An Executive Summary;
- Description of how the plan was developed and how community input and comment was included in the process;
- A Summary of HIV/AIDS epidemiology in the administrative service area;
- Summary of results of comprehensive assessment of needs for HIV medical and psychosocial support services, including client and providers assessments, an inventory of available resources to meet needs, and assessment of services gaps and unmet needs for HIV-related medical care;

- A brief summary of the continuum of care;
- Prioritization of Service Needs and Resource Allocation; and
- A Written Plan to Meet the Prioritized Service Needs; and
- One hundred percent (**100%**) of the Ryan White Service Delivery Part B and State Services contracts executed by the Administrative Agency are in compliance with the current Priorities and Allocations and the current Comprehensive Plan for HIV service delivery.

Needs for core medical services (outpatient/ambulatory medical services, AIDS pharmaceutical assistance (local), oral health care, early intervention services, health insurance premium and cost sharing assistance, home health care, home and community based health services, hospice services, mental health services, medical nutrition therapy, medical case management, substance abuse services – outpatient) are to be considered for use of Part B funds before other eligible categories of services. If no allocations are made to any of the above categories, the plan must specify how these services are to be delivered. All contracts executed by the AA using RWSD and SS funds must reflect current priorities and allocations and the current Comprehensive Services Plan. The policy regarding requests to reallocate client services funds (Policy 241.006) may be found at [www.dshs.state.tx.us/hivstd/policy/pdf/241006.pdf](http://www.dshs.state.tx.us/hivstd/policy/pdf/241006.pdf).

#### **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 Application (Contract/Subcontract Review and Certification (CRC) form, Subcontractor Data Sheets 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 B – GLOSSARY of HIV-RELATED ADMINISTRATIVE SERVICES

**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.