

# **REQUEST FOR PROPOSALS**

DEPARTMENT OF STATE HEALTH SERVICES  
HIV/STD PREVENTION AND CARE UNIT

RYAN WHITE PART B  
APRIL 1, 2024 - MARCH 31, 2025

&

STATE HEALTH AND SOCIAL SERVICES PROJECTS  
SEPTEMBER 1, 2024- AUGUST 31, 2025  
*(5-YEAR COMPETITIVE PROCESS WITH ANNUAL REVIEWS)*

HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.  
3700 BUFFALO SPEEDWAY SUITE 250  
HOUSTON, TEXAS 77098  
PHONE: (713) 526-1016  
FAX: (713) 526-2369

## **LETTERS OF INTENT ARE REQUIRED**

(SEE NEXT PAGE FOR GUIDELINES)

**DUE DATE: THURSDAY, NOVEMBER 30, 2023**

**5:00 P.M., CENTRAL STANDARD TIME**

**NO PROPOSALS WILL BE REVIEWED WITHOUT  
A CORRESPONDING LETTER OF INTENT!**

**PROPOSAL DUE DATE**

**THURSDAY, JANUARY 18, 2024**

**5:00 P.M., CENTRAL STANDARD TIME**

**NO LATE PROPOSALS WILL BE REVIEWED!**

**3700 BUFFALO SPEEDWAY, SUITE 250  
HOUSTON, TEXAS 77098**

**SUBMIT ONE (1) ORIGINAL AND SEVEN (7) COPIES AND ONE (1) ELECTRONIC COPY (VIA EMAIL  
OR USB) OF PROPOSALS ON OR BEFORE INDICATED DUE DATE**

## LETTERS OF INTENT ARE REQUIRED!

Please submit a letter on agency letterhead addressed to Tiffany Shepherd, Executive Director, which includes the following information:

1. Applicant's name.
2. HSDA Applicant is applying for services in.
3. Service category(s) in which applicant will submit a proposal. Include all service categories that you will submit proposals for. Failure to submit the specific service category on your letter of intent prohibits your agency from applying in that category.
4. List the dollar amount (\$) the applicant will apply for in each category.
5. Authorized signature.

**DUE DATE: Thursday, November 30, 2023  
5:00 P.M., Central Standard Time  
NO EXCEPTIONS! NO EXCEPTIONS!**

You may email to Tiffany Shepherd at [tshepherd@hivtrg.org](mailto:tshepherd@hivtrg.org) or mail your letter; **HOWEVER**, it is **YOUR** responsibility to ensure receipt of the letter.

**REMINDER:** If you do **NOT** submit your letter of intent, your proposal(s) will **NOT** be reviewed.

## TABLE OF CONTENTS

I.	Introduction	4
II.	Legal Authority	4
III.	Eligible Applicants	4
IV.	Purpose of Project Grants	5
V.	Available Funds	5
VI.	Description/Funding of Service Components	5
VII.	Financial Requirements	5
VIII.	General Requirements	10
IX.	Grant Application Instructions	21
X.	Technical Assistance	28
XI.	Application Submission	28
XII.	Forms Section	29
XIII.	Appendices	
	Appendix A: DSHS State Services Service Categories	58
	Appendix B: Ryan White Part B Service Categories	77
	Appendix C: 2024-2025 Service Eligibility	80
	Appendix D: Core Medical & Support Services	81
	Appendix E: Houston HSDA Epidemiological Profile	82
	Appendix F: Houston HSDA Priority Populations	87
	Appendix G: Houston HIV Service Delivery Area (HSDA)	90
	Appendix H Classification of Expenses	91
	Appendix I: External Reviewer Summary Score Sheet	93
	Appendix J: Proposal Technical Review	96
	Appendix K: Individual Reviewer’s Checklist	99

**HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP**  
**REQUEST FOR PROPOSALS (RFP)**  
**DEPARTMENT OF STATE HEALTH SERVICES**  
**RYAN WHITE PART B & SOCIAL SERVICES**

**I. INTRODUCTION**

Applications are requested from the 10-county Houston HIV Service Delivery Area (HSDA): Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton.

The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) is the Administrative Agency for the 10-county HSDA of this Request for Proposal (RFP) and will be administering both the 2024-2025 Ryan White Part B and 2024-2025 State HIV Health and Social Services Projects Grants (hereafter referred to as DSHS State Services).

Any and all requirements contained in the RFP are subject to change pending any changes issued by the Department of State Health Services and its HIV/STD Prevention and Care Branch.

**II. LEGAL AUTHORITY**

The HIV Services Act, Texas Health and Safety Code, Chapter 85, §85.031 have authorized funding for the State Service portion of these funds.

The Ryan White HIV/AIDS Program (RWHAP) is authorized and funded under Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). The legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times: in 1996, 2000, 2006, and 2009. Ryan White Part B is administered: 1) at the local level by TRG through a grant from the HIV/STD Prevention and Care Branch, Department of State Health Services and 2) at the state level by the Department of State Health Services (DSHS) through a grant from the Division of Service Systems, HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA), Public Health Service (PHS), U.S. Department of Health and Human Services (HHS).

**III. ELIGIBLE APPLICANTS**

Eligible applicants for this program are governmental, public, and private non-profit entities located within the 10-county Houston HSDA. Eligible entities may include but are not limited to: city and/or county health departments or districts; non-profit community based organizations; and public or private non-profit hospitals. **For-profit entities may be funded if such entities are the ONLY available provider of quality HIV care in the area. Individuals are not eligible to apply. No funded agency may refuse service to any eligible client who resides in the HSDA. No funded agency may serve clients who reside outside the designated HSDA without an approved waiver from The Houston Regional HIV/AIDS Resource Group, Inc.**

#### IV. PURPOSE OF PROJECT GRANTS

The purpose of these funds is to provide financial assistance to improve the quality, availability and organization of health care and support services for persons (and families) living with HIV (PWLH) in the 10-county Houston HIV Service Delivery Area (HSDA).

#### V. AVAILABLE FUNDS

**PLEASE NOTE:** The Houston Regional HIV/AIDS Resource, Inc. completes a 5-year grant application competitive process. Applicants applying for this Request for Proposal will be awarded for the upcoming 5 fiscal years with annual reviews on service provisions.

This RFP announces funding for the following grants for the 10-county Houston HIV Service Delivery Area (HSDA).

- Ryan White Part B 4/1/2024 – 3/31/2025
- DSHS State Services 9/1/2024 – 8/31/2025

The Department of State Health Services has NOT yet made funding awards for these grants. The allocations contained in this RFP are based on level funding. Once the DSHS makes the final funding awards for these grants, the amount allocated for each service may be increased or decreased.

#### VI. DESCRIPTION/FUNDING OF SERVICE COMPONENTS

The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) is issuing a single RFP for ALL services funded under DSHS State Services and Ryan White Part B. All contracts resulting from this RFP will be for twelve (12) months as follows:

- Ryan White Part B 4/1/2024 – 3/31/2025
- DSHS State Services 9/1/2024 – 8/31/2025

Appendix A (Ryan White Part B) and Appendix B (DSHS State Services) have been generated for the HSDA and contain a listing of those services in the HSDA that have been funded through the community planning process and approved by DSHS. Funds awarded through this RFP will ONLY fund services contained in Appendix A and B that applies to the HSDA.

Applicants may apply for more than one service contained in this RFP. However, applicants must submit a **separate** application (Section I) for each service proposed for funding. Applicants are required to submit ONLY one (1) Section II. NOTE: If an applicant is applying for multiple service categories, a **separate** application (Section I) must be submitted for each service category. When applying for multiple service categories, applicants must only submit a **single** Section II.

#### VII. FINANCIAL REQUIREMENTS

Applicants are required to adhere to Federal principles for determining allowable costs. Such costs are determined in accordance with the cost principles of Uniform Guidance for Federal Awards (2 CFR Part 200).

##### A. USE OF FUNDS

1. Allowable Use of Funds

DSHS funds may be used for costs directly related to providing core medical and support services for PLWH within the HSDA. For the purposes of health insurance premiums, funds may be used for the payment of insurance premiums, deductibles, co-insurance payments, and related administrative costs. All costs are subject to negotiation with TRG and DSHS.

## 2. Administrative Costs

The Ryan White funding mandates a 10% aggregate cap on administrative costs. This cap applies to the total award to the HSDA, not specifically to individual applicants. However, to meet this requirement for the HSDA, each applicant will be expected to stay within the 10% administrative cost limit. Administrative activities include:

- Usual and recognized overhead although TRG does not accept usage of an established indirect cost rate without prior approval. Usual and recognized overhead includes items such as rent, utility, telephone, and other expenses related to administrative staff; expenses such as liability insurance and audit expenses.
- Management and oversight of specific programs funded under this RFP. This includes salaries, fringe benefits, and travel expenses of administrative staff, including financial management staff. This includes direct supervision of program staff. *This includes salaries and fringe benefits of staff solely devoted to CPCDMS data entry or management.*

While there is not a state mandated administrative cap on State Services funds, applicants for State Services funds are also required to stay within the 10% administrative cap requirements of Part B applicants.

Applicants 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. Per Federal principles, the costs must also be allocable to the funded services. The kinds of organizations and the applicable cost principles are set out by TRG's policies and procedures and/or in DSHS 2017 Health and Human Services Commission (HHSC) Uniform Terms and Conditions Version 2.14 and the DSHS *Contractor's Financial Procedures Manual (9/2014)* (<http://www.dshs.texas.gov/contracts/cfpm.shtm>).

If the applicant expends \$750,000 or more in total federal funds and/or \$750,000 in state funds awarded during their fiscal year, the applicant shall have a single audit or program specific audit in accordance with the 2 CFR 200.501, UGMS, State of Texas Single Audit Circular and 4.02 HHSC Uniform Terms and Conditions. Audits must be done by an independent certified public accountant and must be in accordance with the applicable OMB Circular, Government Auditing Standards, and UGCMS, which is accessible on the DSHS website. Costs of this audit can be charged to this budget according to the agency's standard cost allocation plan. If the applicant is not required to have a Single Audit, TRG and the DSHS will provide the Applicant with written audit requirements if a limited scope audit will be required.

## 3. Disallowed Use of Funds (Please see Appendix H for full list)

Program funds may not be used for the following:

- A. To make cash payments to intended recipients of services;
- B. For acquisition of real property, building construction, alterations, renovations, or other capital improvements;
- C. To duplicate services already available to the target group;
- D. To supplant other funding for services already in place;
- E. For charges which are billable to third party payers, e.g., private health insurance, employer insurance plans, marketplace (ACA) plans, prepaid health plans, Medicaid, and Medicare;
- F. Mortgage payments;
- G. Educational purposes.

**B. PAYER OF LAST RESORT/MEDICAID**

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 person with an HIV-related condition. To maximize the limited program funds, Ryan White funds should be considered the payer of last resort. The DSHS Payer of Last Resort (Policy No. 590.001) & TRG policy SR-0202-20 Payer of Last Resort.

Applicants must agree to bill third party payers for applicable (where the cost of the service is reimbursable from any third-party source) services provided, at no cost to the client, except for co-payments required by third party payers. These potential payers include private insurance carriers, Medicaid, other available federal, state, local, and private funds, etc. Applicants must have a policy and procedure to govern the processes around Payor of Last Resort. The policy should include a process by which the agency surveys each client to:

- a. Determine what employment-based medical insurances each client currently holds;
- b. Determine what publicly funded medical insurance benefits (e.g. Medicaid) each client receives;
- c. And conduct a financial assessment to determine if the client is eligible for any publicly funded medical insurance benefit program.

Furthermore, the policy will require the agency to create a priority list of all publicly funded medical insurance benefits held within the caseload or that individual clients are potentially eligible for, plus all employment-based medical insurances held by clients with the agency caseload. The policy will require an enrollment process for clients who are potentially eligible for Medicaid and/or other publicly funded health insurance benefit program(s). The policy shall establish a system for charging, collecting, and tracking client monies, including insurance co-payments and client contributions to their own medical care whether on a sliding scale or flat fee basis.

Applicants shall maximize efforts to obtain payment from Medicaid and all other available sources. Applicants who provide Medicaid reimbursable services are required to become Medicaid providers for applicable program activities. Where applicable, applicants must establish the ability to bill private insurance including private health insurance, employer insurance plans, marketplace (ACA) plans and prepaid health plans.

The applicant cannot bill this grant for the provision of eligible services to a Medicaid eligible client. Applicants cannot bill this grant for the provision of eligible services to an individual who has private insurance including private health insurance, employer insurance plans, marketplace (ACA) plans and prepaid health plans.

**C. CONSUMER CHARGES FOR BILLABLE SERVICES**

All applicants must comply with TRG policy SR-0202-20 Payer of Last Resort. This policy includes the requirement that all applicants must have a sliding-fee schedule in place that uses as its premise the latest Federal Poverty Guidelines. Persons with an annual gross family income at or below 100% of the Federal Poverty Guidelines shall not be charged for any services covered by this funding. In accordance with Title 25 Texas Administrative Code §1.91, no one shall be denied services due to their inability to pay.

Additionally, income limitations have been established for all services funded under this RFP (see **Appendix C – 2024-2025 Service Eligibility**). Additional eligibility criteria for services funded under this RFP are also included in Appendix C, if applicable.

Please refer to the following chart for allowable charges:

INDIVIDUAL/FAMILY MODIFIED ADJUSTED GROSS INCOME (MAGI)	TOTAL ALLOWABLE ANNUAL CHARGES TO CLIENTS
Equal to or below the official poverty line	No charges permitted
101 to 200 percent of the official poverty line	5 percent or less of MAGI
201 to 300 percent of the official poverty line	7 percent or less of MAGI
301 to 500 percent of the official poverty line	10 percent or less of MAGI

The 2023 HHS Poverty Guidelines (FPL) are as follows:

SIZE OF FAMILY UNIT	POVERTY GUIDELINE
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For families/households with more than 8 persons, add \$5,140 for each additional person.

*Applicants are required to utilize the **most current** Federal Poverty Guidelines in the determination of potential allowable charges. Applicants are required to adopt Modified Adjusted Gross Income (MAGI) for determination of income. Additional resources on MAGI can be located at DSHS's Website (<http://www.dshs.texas.gov/hivstd/magi.shtm?terms=magi>).*

#### **D. PROGRAM INCOME**

All revenues received for services provided by these funds are considered program income. Any revenues generated from third-party reimbursements/private insurance, Medicaid, Medicare or 340b pharmacy constitute program income. All program income generated as a result of program funding must be used for allowable current costs, and the income shall be budgeted and expended during the budget period in which it is realized. Program income will be “additive”. Under the “additive” alternative, program income must be used for the purposes for which the award was made, and may only be used for allowable costs under the award (HRSA PCN 15-03 at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-03-program-income.pdf>). **The receipt and expenditure of all program income shall be reported on the monthly expense report and the financial status report.** Please refer to the 2/5/2018 Texas Health and Human Services GTAG (at <https://dshs.texas.gov/contracts/gtag.aspx>) and the 2017 HHSC Uniform Terms and Conditions, Version 2.15 (at <https://apps.hhs.texas.gov/PCS/HHS0000310/Exhibit-B-UTC-Grantee.pdf>) for detailed requirements for program income.

#### **E. FINANCIAL MANAGEMENT STANDARDS**

Applicants are required to follow 2/5/2018 Texas Health and Human Services Grant Technical Assistance Guide (GTAG) and 45 CFR 75 - Title 45 Public Welfare Part 75 Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards (Uniform Guidance) for administration of grant funds. Where applicable, federal law will supersede the GTAG. Technical assistance in the use of these procedures is available from TRG's Finance Department.

- Uniform Guidance: <https://www.govinfo.gov/content/pkg/CFR-2016-title45-vol1/pdf/CFR-2016-title45-vol1-part75.pdf>
- GTAG: <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/vendor-contract-information/grant-technical-assistance-guide.pdf>

Applicants will develop, implement, and maintain financial management and control systems that meet or exceed the requirements of Uniform Guidance. Those requirements include at a minimum:

1. Financial planning including the development and monitoring of budgets that adequately reflect all functions and resources necessary to carry out authorized activities and the adequate determination of costs;
2. Financial management system and corresponding policies including accurate, correct, and complete payroll, accounting, and financial reporting records; cost source documentation, effective internal and budgetary controls; determination of reasonableness, allowability, and allocability of costs; and timely and appropriate audits and resolution of any findings; and,

3. Billing and collection policies including a charge schedule, a system for discounting or adjusting charges based on a person's income and family size, and a mechanism capable of billing and making reasonable efforts to collect from patients and third parties.

## **VIII. GENERAL REQUIREMENTS**

### **A. CONFIDENTIALITY**

Strict confidentiality of all records is essential. Applicants must comply with TRG policy SR-0301-21 Confidentiality which requires that they have a system, including detailed policies and procedures, in effect to secure protected health information, individual's service records and all other documents deemed confidential by law that are maintained in connection with the activities funded under this grant. All disclosures or transfers of client or patient information must be done in full compliance with applicable laws, including appropriately signed release of information forms, where applicable. All release of confidential information forms must comply with TRG's policy SR-0004-20 Exchange/Release of Information.

All applicant agencies must be in full compliance with the current regulations and rules of the Health Insurance Portability and Accountability Act (HIPAA).

The "Health and Safety Code" of the State of Texas provides for both civil and criminal penalties against anyone who violates the confidentiality of persons protected under the law. All employees, volunteers, and members of the Board of Directors of applicant agencies are required to sign statements of confidentiality assuring compliance with applicable laws.

DSHS requires annual training on confidentiality and public health information. To comply with this expectation, DSHS has created an online training on the TRAIN Texas website (<https://www.train.org/texas/welcome>). All employees (full-time and part-time) funded under Part B and State Services funding will be expected to gain access to TRAIN Texas and to complete the annual training.

### **B. CONFLICT OF INTEREST**

Per DSHS policy 241.005 and TRG Policy ADM-0010-20, any potential (either actual or perceived) conflicts of interest must be disclosed on an annual basis. This disclosure includes the Board of Directors, employees (full-time & part-time), subcontractors, and volunteers. A conflict of interest includes but is not limited to:

- A. Having an interest in, or in any manner be connected with a contract or bid for the purchase of goods or services by the AA.
- B. Being dually employed by a contractor of the AA.
- C. Accepting or soliciting anything of value whether by gift, rebate, service or favor from a person to whom an AA contract may be awarded, directly or indirectly.
- D. Contracting for future reward or compensation from an actual or potential vendor in exchange for a promise or other obligation on an AA contract.
- E. Being employed by, or agree to work for, a vendor or potential vendor.
- F. Knowingly disclosing confidential information acquired in the course of one's official duties for personal gain.

### **C. DEBARMENT AND SUSPENSION**

The Resource Group (TRG) will only solicit offers from, award contracts to, and consent to subcontracts with responsible applicants. Debarment and suspension are discretionary actions that are imposed only in the public interest for the Government's protection and not for purposes of punishment. TRG will verify that applicants are eligible to be awarded contracts prior to the execution of any contract.

As part of the process of verification, applicants must obtain a valid Unique Entity Identifier (UEI) for your organization/agency and provide that number on Form A-1 Application for Financial Assistance. Applicants must also register with the System for Award Management (SAM) and always maintain active SAM registration with current information during which it has an active contract with TRG.

TRG will not execute a contract with an applicant until the applicant has complied with all applicable SAM requirements and, if an applicant has not fully complied with the requirements by the time TRG is ready to make an award, TRG may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

### **D. SUBCONTRACTING OF SERVICES UNDER PART B AND STATE SERVICES**

It is expected, wherever possible, that applicants directly provide the funded services in its contract with TRG. If the applicant cannot directly provide the services, a request may be made so that the applicant may subcontract for limited services with another provider. A written waiver request must be submitted and approved by TRG and DSHS prior to establishing these subcontracts. All waivers must be renewed on an annual basis.

### **E. SOLE-SOURCE PROCUREMENT**

Per DSHS, TRG may conduct "sole-source procurement" of service categories. Sole source procurement is the non-competitive selection process of acquiring services from a sole and specialized vendor. Sole source procurement is also known as sole sourcing or direct sourcing. Justifications for sole sourcing include but are not limited to, reducing the potential for duplication of services, eliminating administrative agency burden, ensuring the efficacy of service delivery, or ensuring the equitable delivery of service. It may also result from when there is only a single provider of a specific service. Additionally, there are circumstances when it is necessary for TRG to sole source with a new provider to minimize the disruption of services in the case of a transition or loss of contractor/service in a service area.

### **F. SOLE APPLICANTS**

When a single application is received for a service category, TRG reserves the right to determine whether the External Review Process is required. After the deadline of the letter of intent has passed, applicants can inquire as whether they are a single applicant. If so, the required number of copies will be reduced from seven (7) to three (3).

### **G. DOCUMENTS, PROTOCOLS AND STANDARDS**

Applicants are required to adopt applicable written protocols based on the latest medical

knowledge for the care and treatment of persons with HIV infection. These clinical protocols include, but are not limited to the most current version of the following:

- DSHS HIV Care Services Documents
  - <http://www.dshs.texas.gov/hivstd/planning/svcstadoocs.shtm>
- DSHS' HIV and STD Program Operation Procedures and Standards:
  - <http://www.dshs.texas.gov/hivstd/policy/>
- Chapter 6A (Public Health Service) of Title 42 (The Public Health and Welfare) of the United States Code, as amended:
  - <https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/html/USCODE-2010-title42-chap6A.htm>
- Chapters 81 and 85 of the Texas Health and Safety Code:
  - <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm>
  - <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.85.htm>
- Clinical Manual for Management of the HIV-Infected Adult 2006 Edition, or latest edition. AIDS Education Training Center.
  - [http://www.aids-ed.org/pdf/AETC-CM\\_071007.pdf](http://www.aids-ed.org/pdf/AETC-CM_071007.pdf)
- Department of State Health Services Standards for Public Health Clinic Services
  - <http://www.dshs.texas.gov/qmb/dshsstdnrds4cl clinic servs.pdf>
- Department of State Health Services Standards of Care for HIV Core & Support Services
  - <http://www.dshs.texas.gov/hivstd/taxonomy/>
- DSHS Program's HIV/STD Clinical Resources Standards for Case Management Services
  - <https://www.dshs.texas.gov/hivstd/contractor/cm.shtm>
- Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmissions in the United States – October 26, 2016 or latest version
  - <https://aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/0/#>
- Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, July 14, 2016, 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)
  - <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0/>
- Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection, April 27, 2017, or latest version:
  - <https://aidsinfo.nih.gov/guidelines/html/2/pediatric-treatment-guidelines/0>

- Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents) – August 10, 2017, or latest version:
  - <https://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi-prevention-and-treatment-guidelines/0>
- Guidelines for Prevention and Treatment of Opportunistic Infections among HIV-Exposed and HIV-Infected Children – December 15, 2016, or latest version:
  - <https://aidsinfo.nih.gov/guidelines/html/5/pediatric-oi-prevention-and-treatment-guidelines/0/>
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis – September 25, 2013:
  - <https://stacks.cdc.gov/view/cdc/20711>
- Incorporating HIV Prevention into the Medical Care of Persons Living with HIV – July 18, 2003, or latest version:
  - <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>
- 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:
  - <https://www.cdc.gov/mmwr/preview/mmwrhtml/00055357.htm>
- Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Blood-borne Pathogens. Center for Disease Control (CDC) Morbidity & Mortality Weekly Report (MMWR) June 24, 1988/37(24); 377-388:
  - <https://www.cdc.gov/Mmwr/Preview/Mmwrhtml/00000039.htm>
- DSHS Program’s Universal Precautions Preventing the Spread of HIV, Tuberculosis, and Hepatitis B in Employees of HIV/STD Funded Programs
  - <https://www.dshs.texas.gov/hivstd/policy/policies/800-001.shtm>
- DSHS’ STD Standards of Care and Monitoring Guidelines
  - <http://www.dshs.texas.gov/hivstd/taxonomy/>
- Sexually Transmitted Diseases Treatment Guidelines, 2015, or latest version.
  - <https://www.cdc.gov/std/tg2015/default.htm>
- Child Abuse Reporting Requirements for DSHS Contractors/Providers
  - [https://www.dshs.texas.gov/childabusereporting/gsc\\_pol.shtm](https://www.dshs.texas.gov/childabusereporting/gsc_pol.shtm)

- Guidelines and Recommendations for the Prevention of Perinatal HIV Transmission in Texas. HIV testing of Pregnant Woman in Texas. 2010
  - <https://www.texmed.org/template.aspx?id=16401>
- Additional guidelines for HIV Treatment:
  - <https://aidsinfo.nih.gov/guidelines>

#### **H. ASSURANCES & CERTIFICATIONS**

Applicants must submit current, signed, and annually dated assurances adhering to the following (a copy of these forms is included in the Forms Section):

Applicants must submit current, signed, and annually dated assurances adhering to the following (a copy of these forms is included in the Forms Section):

- Form E-2: DSHS Assurances and Certifications
- Form E-3: HIV Contractor Assurances
- Form E-4: Non-profit Board Member & Executive Officers Assurance
- Form E-5: General Provisions for Grant Agreement Assurances

#### **I. REQUIRED DOCUMENTS**

ALL applicants must submit the following CURRENT documents:

- Form: E-6: Renewal Option Form (if electing to seek funding renewal for years two and three)
- Board of Directors List (with names, addresses, phone numbers and Board officers delineated)
- Single audit or program specific audit in accordance with the 2 CFR 200.501, UGMS, State of Texas Single Audit Circular and 4.02 HHSC Uniform Terms and Conditions.
- Quality Management Plan & Performance Indicator Goals
- Articles of Incorporation
- Board of Directors Bylaws
- IRS Tax Exempt Certification Letter
- Licensures, Permits, & Certifications
- Copies of subcontracts

Copies of ALL *Assurances*, *Certifications*, and *Required Documents* MUST be kept on-file at the applicant's business office for review by Resource Group staff at annual on-site reviews. Required documents should be sent to The Resource Group when revised and/or altered.

Non-compliance with all *Assurances*, *Certifications*, and *Required Documents* could result in the suspension or termination of funding; therefore, it is imperative that the applicant read, understand, and comply with these documents.

#### **J. POLICIES OF THE RESOURCE GROUP**

As part of its contracts with DSHS, The Resource Group is required to establish policies that comply with DSHS expectations. All applicants must agree to abide by all applicable

policies adopted by TRG. Policies referenced throughout this RFP. Once awarded a contract, training and technical assistance can be requested.

**K. POLICIES OF THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES**

All applicants must agree to abide by all applicable policies adopted by the Texas Department of State Health Services. Once awarded a contract, training and technical assistance can be requested. Policies are located at:

<http://www.dshs.texas.gov/hivstd/policy/>

**L. FEDERAL RYAN WHITE POLICY NOTICES**

Applicants applying for Ryan White Part B funding must agree to abide by all applicable policies adopted by the HRSA HIV/AIDS Bureau. Once awarded a contract, training and technical assistance can be requested. All Policy Notices located at:

<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>

**M. POLICIES AND PROCEDURES OF THE APPLICANT**

Applicants applying for funding under this RFP are expected to abide by all applicable policies referenced above. An applicant will be expected to update its policies and procedures to reflect the expectations of the policies and procedures above within ninety (90) days of the execution of the contract with TRG. An extension may be granted based upon extenuating circumstances.

**N. PROGRAM REPORTING**

**1. QUALITY MANAGEMENT REPORTING**

To evaluate the quality of services being provided, funded agencies will be required to collect and report information in accordance with the established outcome measures for each HSDA. Quarterly updates on quality management activities are reported as part of the Unified Quarterly Report.

**2. UNIFIED QUARTERLY REPORT**

Funded agencies will be required to collect and maintain relevant data documenting the progress toward the contract goals and objectives as well as any other data requested by The Resource Group. Such data is reported in the Unified Quarterly Report. This report consists of narrative updates on various requirements and expectations conducted during the period. Funded agencies will need to respond thoroughly and thoughtfully to each question of the report, as applicable. This report is required to be submitted quarterly according to the schedule below:

Quarter	First	Second	Third	Fourth
Period Covered	Jan-March	April-June	July-Sept	Oct-Dec
Due Date	April 20 <sup>th</sup>	July 20 <sup>th</sup>	October 20 <sup>th</sup>	January 20 <sup>th</sup>

**Failure to comply with the deadlines and content requirements will result in an interruption of monthly reimbursements.**

### **3. MEANINGFUL ENGAGEMENT PLAN**

The Resource Group requires that all funded agencies submit a Meaningful Engagement Plan that outlines how they will ensure to include consumers in the design, implementation, and evaluation of proposed services. The plan will document the details of how consumers are engaged in the goals, opportunities, and activities for obtaining consumer feedback. The plan will identify specific mechanisms to obtain consumer feedback and resolve client concerns related to accessing, maintaining care and services. . The agency will be expected to provide and annual update listing goals in January as a baseline. The plan should identify how information will be distributed and communicated to consumers, roles created to involve consumers, projects designed to include consumers as partners, and trainings to prepare consumers to participate as partners Updates will be addressed in each quarter and establish quantifiable benchmarks to achieving the agency set goals. Quarterly updates will include any identified or trending client concerns and how the agency has worked to resolve the concerns. The plan will be monitored as part of the Unified Quarterly Report.

### **4. DATA IMPROVEMENT PLAN**

The Resource Group requires that all funded agencies submit a Data Improvement Plan that outlines how they will ensure that the client-level and service utilization data being entered is complete and accurate. The plan will identify specific data elements and, areas of improvement to be addressed in each quarter and establish quantifiable benchmarks to achieving improvement. The plan will be monitored as part of the Unified Quarterly Report.

### **5. CLIENT-LEVEL DATA REPORTING**

The Resource Group requires that funded agencies submit the required client-level data through the approved client-level data system to support its monthly reimbursements. Client-level data includes clients served per provider/service, basic client demographics, relevant medical markers and co-morbidities, and service encounters. Based on the service, client-level data system for the DSHS State Service and Ryan White Part B funding in Houston can be kept in the Centralized Patient Care Management System (CPCDMS) or in Take Charge Texas (TCT) which is the state database. Applicants must obtain access to CPCDMS and/or TCT within thirty (30) days of the contract start date and maintain access through the contract term. Monthly, applicants will be required to submit the TCT-STAR report and/or a CPCDMS Billing History Report with its monthly expense reports.

CPCDMS information is uploaded into the Take Charge Texas (TCT) database monthly. This is the client-level data reporting system for DSHS. Completeness and correctness of data within TCT is required. Some applicants may choose to upload client-level data directly into both CPCDMS and TCT.

### **6. QUARTERLY DATA CLEAN-UP**

On a quarterly basis, applicants will be required to review and correct the required data elements for the annual Ryan White Services Report (RSR). Applicants will submit the Quarterly Data Clean-Up Report. This report is due on the 20<sup>th</sup> on the month following

the calendar quarter. This quarterly clean-up process ensures data completeness and efficacy for the annual submission from all applicable Resource Group Providers.

#### **7. RYAN WHITE HIV/AIDS PROGRAM DATA REPORT**

The Resource Group requires that all Part B funded agencies submit the required Ryan White Services Report (RSR) that includes de-identified client level data reporting for clients served per provider, basic client, relevant medical markers and co-morbidities, minority composition of entity's board and/or staff, amounts and types of services provided, clients who are HIV positive and clients with AIDS, amount of HIV/AIDS funding by source and information on numbers. By February 15 of each year, all Part B Applicants must submit reports to The Resource Group summarizing activities from January through December of the previous calendar year (i.e., the 2024 RSR includes data from January 1, 2023, through December 31, 2023). The Resource Group will provide the required format for submission of the RSR.

### **O. FINANCIAL REPORTING**

#### **1. MONTHLY EXPENSE REPORTS**

Monthly Expense Reports are required no later than 10 days after the end of each month. The CPCDMS Report must accompany the monthly expense reports. Monthly Expense Reports submitted late will be paid on the last business day of the following month. The Houston Regional HIV/AIDS Resource Group will provide agencies with forms to use for this report. These reports are to be mailed or delivered to Finance Department, Houston Regional HIV/AIDS Resource Group, 3700 Buffalo Speedway, Suite 250, Houston, Texas 77098. A Monthly Expense Report must be submitted whether program funds have been expended during the month or not.

#### **2. VARIANCE REPORTS**

The Finance Department will issue a variance report to any agency that is ten (10%) percent below or above the targeted spending level for each funded service category after six, nine and eleven months. A response to the report is required no later than 7 days after receipt of the report. Failure to submit these reports can result in a hold placed on monthly reimbursement or automatic reduction in award amount. The Houston Regional HIV/AIDS Resource Group will provide agencies with the forms to use for this report. These reports are to be mailed, emailed, or delivered to the Finance Department, Houston Regional HIV/AIDS Resource Group, 3700 Buffalo Speedway, Suite 250, Houston, Texas 77098.

#### **3. FINANCIAL REPORTS (FSR 269A, BUDGET VS ACTUALS, TWC & 941s)**

Financial Status Reports (FSR) are required semi-annually in accordance with the grant year. The report will show actual agency expenses for the 6-month period, number of units of service provided, and program income (if applicable). The purpose of the report is to determine whether the reimbursement rate exceeds the agency's actual unit cost. Agencies are not permitted to make a profit with grant funds. When the final FSR is submitted, a refund needs to be made of excess monies if costs incurred were less than funds received. A check for excess monies received must accompany the final Financial Status Report. Budget vs Actual reports are due no later than 30 days after the end of

each grant quarter. These reports break cost down monthly and by expense category to see if budget revisions are needed. 941s are due to TRG 20 days after their submission due date to the IRS. Send a copy of the 941 submitted to the IRS along with proof of payment. Additionally, a copy of the Texas Workforce Commission (TWC) submission and proof of payment are due 20 days after their submission due date.

#### **4. FINAL EXPENSE REPORT**

A final expense report must be submitted no later than 15 days after the end of the budget period if all allowable costs have not been recovered. No expenses will be considered for reimbursement unless submitted by this deadline.

#### **P. MEANINGFUL ENGAGEMENT**

Applicants applying for funding must agree to create and maintain processes, systems, and mechanisms to obtain client feedback and resolve client concerns related to accessing and maintaining care and services. Meaningful Engagement is meant to encourage consumer participation, including, (ie. duties, opportunities, trainings, workshops, and consumer meetings) but not limited to the following:

- a. Document and report all consumer activities including but not limited to Consumer Advisory Board (CAB) meetings and focus groups. Develop and manage opportunities and activities to obtain “Feedback for Improvement”.
- b. Develop and maintain a Consumer Advisory Board (CAB) of at least three consumers who can provide feedback on a quarterly basis.
- c. Create a work plan outlining department goals, opportunities, and activities for obtaining client feedback. Use the work plan to outline steps/stages in engaging consumers in the actions, responsibility, timeline and reporting process and systems to meet the grant required goals. Grant required goals are to actively involve consumers in the development, implementation, and evaluation of Ryan White-funded programs.
- d. Document and provide information on any consumers problems or complaints that arise and how they are addressed. Develop and maintain evidence and documentation of identified issues, barriers, and topics related to service delivery changes and the improvements made to systems based on this information.
- e. Actively involve consumers as partners in their care and treatment planning. Empower and retain clients in care, services and participating in achieving program goals.

#### **Q. PARTICIPATION IN THE COMMUNITY PLANNING PROCESS**

Applicants applying for funding must agree to participate in all applicable Community Planning processes mandated by DSHS, including, but not limited to the following:

- a. Coordinate community input procedures as needed, including publicizing relevant meetings, establishing stakeholder panels, etc.
- b. Participate in meetings to establish and update service category priorities for the allocation of funds based on data collected by the Administrative Agencies and through planning activities;
- c. Participate in the establishment and/or updating of allocation plans for each service category based on data collected by the Administrative Agencies and through planning activities;

- d. Participate in meetings and correspondences to develop and update a regional comprehensive service delivery plan that coordinates and integrates HIV health and support services for persons living with HIV with or at risk for HIV and families affected by HIV;
- e. Collaborate with The Resource Group in planning for and implementing a comprehensive assessment of HIV service needs for the planning area every three years and supplemental needs assessment activities in the interim years;
- f. Collaborate with The Resource Group in conducting needs assessment activities in each HSDA in accordance with requirements of DSHS and the Health Resources and Services Administration (HRSA); and
- g. Participate in the Houston Ryan White Planning Council processes for the HSDA.

**R. CONTINUUM OF HIV CARE/TREATMENT CASCADE (COMMUNITY PLANNING)**

Identifying persons living with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART) are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade. The Continuum of HIV Care includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

Applicants should ensure that funded services support the most current Continuum of HIV Care.

**S. NATIONAL HIV/AIDS STRATEGY (NHAS) (COMMUNITY PLANNING)**

In December 2021, the White House released the National HIV/AIDS Strategy for the United States (2022-2025). This update reflects the work accomplished and the new scientific developments since the original strategy was released in 2010. The vision of the NHAS calls for the United States to “become a place where new HIV diagnosis are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance will have unfettered access to high-quality, life extending care, free from stigma and discrimination.” The NHAS is the nation’s first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved. The National HIV/AIDS Strategy (NHAS) has three primary goals: (1) reducing the number of persons who become diagnosed with HIV; (2) increasing access to care and optimizing health outcomes for persons living with HIV; and (3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for persons living with HIV (PLWH) to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are living with HIV but do not know their serostatus and reduce stigma and discrimination against persons living with HIV.

Applicants should ensure that funded services support the most current NHAS.

#### **T. TEXAS HIV PLAN (COMMUNITY PLANNING)**

The Texas HIV Plan is a Public Health Blueprint for Fighting HIV in Texas, is a road map for preventing new HIV infections in Texas and ensuring that individuals living with HIV have access to systems of care. The Texas HIV Plan offers a comprehensive approach to reducing HIV based on public health principles, advances in science and research, and the continuum of HIV care. The continuum provides the range of possible engagement, beginning with awareness of HIV status, spanning a range of engagement levels, and ending with people fully engaged in medical care and virally suppressed.

The goals and accompanying strategies in this plan were developed with input from persons living with HIV (PLWH) and other stakeholders across Texas. This plan is intended to prioritize actions and coordinate the use of resources across individuals and organizations in communities and groups affected by HIV, to identify common goals, and align strategies and evaluation. The Plan is meant to enrich local action rather than specifically direct it. By seeing specific actions and programs as part of this broad spectrum of HIV engagement, organizations and programs can amplify the effects of their response by connecting with others whose work may be up or down stream from theirs. Linked arms bridge gaps and form strong barricades against viral encroachment.

Applicants should ensure that funded services support the most recent Texas HIV Plan.

#### **U. THE RYAN WHITE ADAP NETWORK**

The Ryan White ADAP Network (RWAN) provides all required training, technical assistance and updates on the Texas HIV Medication Program (THMP). Applicants will be expected to ensure that an agency representative is a part of the RWAN. Agency representatives will obtain access to Take Charge Texas to assist the applicant in applying for ADAP services.

#### **V. CLINICAL QUALITY MANAGEMENT**

Quality Management is the coordination of activities that focus on enhancing the quality of HIV/AIDS care provided, improve health patient outcomes, increase access to services and ensure the highest level of patient satisfaction. Quality initiatives are designed to assist in implementing quality management programs that target clinical, administrative and support services. The **four** main components include:

- Quality Planning
- Quality Assurance
- Quality Improvement and
- Quality Control

Clinical quality management should be continuous and not only focused on service quality, but also on the means to achieve it. Quality management, therefore, uses quality assurance and control of processes to achieve more consistent quality. Under the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415), all Ryan White

HIV/AIDS Program recipients are required to establish clinical quality management programs.

Applicants will be expected to ensure that funded services support the provision of quality care through evaluation and improvement.

**W. GRANTS MONITORING**

All funds issued must be monitored to ensure stewardship and compliance with all applicable Federal, State and local requirements (*HRSA/HAB DMHAP & DSHAP National Monitoring Standards-Universal- Part A&B 2013*). Monitoring is accomplished through various mechanisms such as monthly expenditure reporting, fiscal reporting, data reporting, progress reports (i.e. Unified Quarterly report), and site visits. Site visits are conducted at minimum annually and are designed to verify observance of applicable rules and regulations for the funded service(s). QCRs focus on issues of administrative, clinical (if applicable), data management, fiscal, HOPWA (if applicable), meaningful engagement, programmatic and quality management compliance. QCRs also require staff and consumer interviews.

In response to the COVID-19 pandemic, DSHS and TRG moved to virtual monitoring to reduce the potential spread of the disease. Virtual monitoring will continue since it reduces the burden of monitoring on the Subrecipient and TRG. Therefore, the applicant will be expected to establish policies and/or procedures that allow for virtual monitoring to the greatest extent possible.

Applicants will be expected to comply with all monitoring systems and ensure funded services are delivered in a manner consistent with monitoring standards.

\*\*\*\*\*

**IX. GRANT APPLICATION INSTRUCTIONS**

This section contains instructions for writing your application. Forms specified have been included in the Forms Section of this announcement and should be inserted in the application as noted. **Omission of any or all forms may cause the rejection of your proposal in its entirety.** Your completed application must follow this outline with the required information provided in the ORDER shown. **All proposals are to be submitted in two separate sections.**

**Section I contains Items A-F listed. There must one (1) original, one (1) electronic version and seven (7) copies of Section I submitted or the proposal will not be reviewed.**

**Section II contains only Item G (Other Required Documents) listed below. Only one (1) original copy of Section II must be submitted. Please number this section separately from Section I.**

All proposals must be in English. All proposals must be printed using standard size **black** Times New Roman font no smaller or larger than 12-point (color printing is **not** allowed) on 8 1/2" by 11" paper. Text must be double-spaced (*only forms may be single spaced*) and have margins of one inch on all sides. **All pages must include page numbers on ALL pages** (including all

forms, title pages, and all appendices); and printed only on one side of each page. Brochures, pamphlets, booklets, etc. included in Appendices are not bound by these restrictions but must be identified by a single page number on the cover of that item and that entire item is considered as a single page. Any such items that cannot go into a typewriter may have a neat and legible handwritten page number. Section dividers or title pages included in the proposal must also have a consecutive page number. Proposals must be received on time.

**Proposals without the required number of copies and/or not received on time will not be reviewed. Do not submit double-sided copies. Do not use photo-reduction.**

**A. APPLICATION FOR FINANCIAL ASSISTANCE**

Complete Form A-1: Face Page (Applicant Information) provided. ALL sections of this form must be completed!

**B. APPLICATION CHECKLIST**

Complete Form A-2: Subcontractor Checklist & Table of Contents provided. Use the checklist to insure that all required information has been included in the application. Applicants must include the corresponding page numbers for the items on the checklist. Restart page numbering for Section II. This serves as a table of contents.

**C. AGENCY CONTACT LIST**

Complete Form A-3: Agency Contact List provided. Designate a staff contact for each grant function. If the proposed service is not a core medical service (see Appendix D), your agency is not required to have a clinical services contact.

**D. SERVICE LOCATION**

Use Form A-4: Service Location Information Table provided. List the location of the agency's administration, the agency's primary service location and any secondary location where the proposed service will be provided.

## E. PROJECT NARRATIVE

The Project Narrative must provide all requested information in the order listed below about the applicant and the proposed project. Narrative answers/statements must be self-explanatory and understandable to members of the independent review panel who may read, evaluate, and score your proposal. Assume that those individuals are unfamiliar with your agency and its programs, and that they have little information about your target population.

The Project Narrative must not exceed thirty (30) double-spaced printed pages. **Please repeat each question and answer each question separately and in order. When referencing Forms and Appendices in your response to a question, please include the page of that document within your application.** FORMS DO NOT COUNT TOWARDS YOUR 30 PAGES LIMIT.

### 1. DESCRIPTION OF THE ORGANIZATION

- a. Describe the history of your agency including your agency's overall mission. Describe your agency's historical experience in providing services to Persons Living with HIV (PLWH) in the Designated HSDA. If your agency has not provided services to PLWH in the past, please describe why you are proposing to serve this population.
- b. Briefly describe your agency's structure. Describe its organizational structure, such as management and other key staff positions; board of directors and its components (i.e. officers, advisory councils, and/or committees). Include an organizational chart in the appendices. Also include job descriptions and resumes for **every** position listed in your budget. Include resumes (not to exceed 2 pages) for **all existing staff** listed in the budget in the appendices. Job description title **must** match the position title listed on the Line-Item Budget Form and Categorical Budget Justification (Form D-3).
- c. Describe all your agency's **current programs and activities**, especially those targeted to PLWH in the applicable HSDA.
- d. What software (electronic health record, custom data collection system, etc.) does your agency use to document service provision? Describe how your agency uses the software to determine client eligibility (including third party payer verification) and document the delivery of services. Describe the systems in place to ensure the security of the client-related data.
- e. List the strategies from the National HIV/AIDS Strategy (<https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/>) and the HIV Continuum of Care (i.e. the Treatment Cascade) that your agency has incorporated into its service delivery systems. Discuss specific activities that your agency performs to accomplish those strategies.

### 2. DESCRIPTION OF THE PROPOSED SERVICE

- a. Describe how this **proposed** service fits into your agency's overall mission statement. Describe your agency's plan for delivering the proposed service. Using Form B-1 Work Plan for the Proposed Service, create a work plan that includes the key action steps for providing the proposed service. The work plan should contain measurable objectives including the number of unduplicated clients and units to be provided. If the proposed service is new to your agency, include realistic timeframes for the

- implementation of the service. Describe in detail how each objective and its key action step will be accomplished in a manner that ensures PWLH will receive quality services.
- b. Describe how the proposed service will be delivered to the population to be served in terms of the HIV/AIDS epidemic in the applicable HSDA as detailed in the most currently published version of the *HSDA's Epidemiological Profile* (see Appendix E).
  - c. Complete Form B-2 Proposed Clients to Be Served that outlines the specific number of clients and units for the proposed service. Indicate numbers, not percentages you propose to serve in each demographic category.
  - d. List the priority populations (see Appendix F) that your agency is proposing to serve. Describe in detail the activities that your agency will conduct to ensure that the proposed service will be delivered to those populations impacted by the HIV/AIDS epidemic (in accordance with Appendix E). Describe the process to be used to reestablish contact with clients who drop out of the proposed service.
  - e. Describe the system that your agency uses to identify and resolve the barriers (i.e., travel, childcare, cultural/ethnic attitudes, etc.) which clients may encounter in accessing service. Give an example of a barrier that your agency identified, and the actions taken to resolve it.

### **3. COLLABORATION AND REFERRAL**

- a. Applicants are expected to collaborate with other services providers (both Ryan White funded and non-RW funded) to deliver its services within a continuum of care. These collaborations should be formal written agreements to work together in a cooperative effort toward specific and agreed upon objectives. Each agreement should identify the shared staff, workspace and services exchanged. Complete Form B-3 Collaborative Agreements with Other Service Providers outlining established collaborative agreements as they relate to the proposed service. Describe the duties that each agency provides under the collaboration.
- b. All applicants are expected to link clients who are newly diagnosed or are out of medical care back into medical care. In narrative form, describe your agency's procedures for determining whether a client is in medical care. Describe your agency's Linkage to Care system to connect clients who are newly-diagnosed or reconnect "out of care" clients with a medical provider.
- c. In narrative form, describe your agency's procedures (step by step) to handle incoming and outgoing referrals for the service for which you are applying. Include how your agency will verify clients receive the services to which they are referred (your referral and follow-up system).

### **4. QUALITY MANAGEMENT AND EVALUATION OF THE PROPOSED SERVICE**

- a. Describe in detail your agency's Quality Management program, including how you involve consumers and proposed data collection methods for performance measurement reporting. Describe how the proposed service will be evaluated through your Continuous Quality Improvement process. Include a copy of your agency's current Quality Management Plan with a copy of the previous year's Performance Improvement goals (if applicable) in Section II.

- b. Describe how your agency handles grievances including the agency staff designated to handle grievances. Describe how grievances and their resolutions are incorporated in the agency's CQI process. Include a copy of your agency policy for client grievances procedure.
- c. Describe your client satisfaction survey process for the proposed service and how your agency will ensure that all clients of the proposed service will be given the opportunity to fill out a survey annually. Specifically address the availability, frequency and method of distributing/collecting surveys. Include the methods of informing clients of satisfaction survey results. Include a copy of your agency's latest client satisfaction survey for the proposed service along with tabulated results.

## 5. MEANINGFUL ENGAGEMENT INFORMATION

All applicants are expected to include consumers in the design, implementation, and evaluation of proposed services. Consumers should receive support, education and training from agency staff that increases their health literacy and improves their ability to be partners in their own care. Applicants should include consumers in the recruitment and retention of consumers in care. Complete Form C-1: Meaningful Engagement Plan to outline systems at the agency that will address these expectations outlining goals, opportunities, and activities for obtaining consumer feedback. Include the following activities (if any)

- Consumer Advisory Boards,
- Consumer-specific Board of Director positions,
- Consumer participation in evaluation of services,
- Consumer focus groups or committee,
- Health literacy programs,
- Peer-facilitated patient education and mentoring programs, and/or
- Other consumer involved initiatives at your agency.

## 6. BUDGET INFORMATION

- a. Agencies are expected to have a diversity of funding. Describe in narrative form your agency's experience in grants and contracts management. Provide specific details of what other funding sources your agency has and for what services. Complete Form D-1 Current Funding and Contracts.
- b. Describe the applicant's process and procedure for ensuring clients have been screened for eligibility for Medicaid, Medicare, Veterans benefits, private health insurance or other state or federal programs to ensure that Ryan White Program funds are the payer of last resort. List the name of the software application or third-party service used to perform such verifications. Simply asking clients about their third-party coverage is not adequate. **Applicants must have (in place) a viable methodology to verify insurance coverage @ each patient visit if service is eligible for third party coverage.**
- c. If the proposed service is covered by Medicaid, Medicare, or other third-party payment, describe whether your agency is currently able to bill for those services. If your agency is not, include a realistic plan for how your agency will implement third party billing within the first ninety (90) days of the grant period. Complete Form D-2: Licensures, Permits and Certifications. Provide applicant's Medicaid and Medicare

- certification numbers on Form D-2. Include copies of applicant's applicable licensures, permits, and certification (including Medicaid and Medicare certification notifications) in Section II. Failure to provide the required information on Form D-2 and copies of Applicant's documentation in the applicable categories may result in the disqualification of the submitted proposal.
- d. Describe the financial management staff (provide the who, what, when and how often of), including any financial management conducted by outside accountant/accounting firm.
  - e. If your organization is a not-for-profit agency, describe the role your Board of Directors takes in each of the following activities (must address all activities listed):
    1. Describe the trainings (specific topics) provided to the BOD and how often trainings are conducted?
    2. How often does the BOD meet, when and where?
    3. List the specific information/reports provided to the BOD at each meeting?
    4. Describe the procedure/process utilized by the BOD to:
      - i. Approve/amend annual agency budgets – when/how often?
      - ii. Approve variances – describe process of approval of budget variances
      - iii. Determine appropriate salary level for the Executive Director' annual evaluation and subsequent increases.
    5. Describe in detail fundraising activities and/or events conducted by the BOD.

## **F. BUDGET FORMS**

The project budget must be submitted in the format provided. All applicants must submit a line-item budget, categorical budget justification **AND** the fee-for-service form. **ALL APPLICANTS MUST SUBMIT ALL THREE.** All final budgets for applicants awarded funds will be negotiated and approved by the Houston Regional HIV/AIDS Resource Group prior to contract execution.

A list of "allowable" and "unallowable" expenses is included in Appendix H for your reference. Providers are not allowed to bill for "no shows" or missed appointments.

The following information/forms are required:

1. Form D-1: Current Funding and Grants Form must be completed by all applicants. Use the form provided.
2. Form D-2: Licensures, Permits, & Certifications Form must be completed by all applicants. Use the form provided.
3. Form D-3: Line Item & Categorical Budget Justification must be created by all applicants. Instructions and examples for a categorical budget justification are in the forms section. Please separate administrative and program costs. Use the Excel form provided. Do not change the formatting of Form D-3. Do not submit budgets in any other format than Form D-3.
4. Form D-4: Fee-For-Service Form must be completed by all applicants. Use the form provided.
5. Form D-5: Proposed Subcontracting of Services Form must be completed by all applicants who incorporated any subcontracting of the proposed services in Form D-3. Use the form provided. If your agency is not proposing any subcontracting, enter "NA"

in the Page Number column on Form A-2: Subcontractor Checklist & Table of Contents.

#### **G. REQUIRED APPENDICES**

The applicant should place the items requested in the Narrative in order in this section.

Those items are as follows:

1. Organizational Chart
2. Job Descriptions (for all positions)
3. Resumes (for existing staff)
4. Required Narrative (Series B) Forms
5. Client Grievance Policy
6. Client Satisfaction Surveys (English and Spanish) and Tabulated Results
7. Required Form C-1 Consumer Involvement Plan
8. Required Financial (Series D) Forms

#### **H. ADDITIONAL APPENDICES**

The applicant should use additional appendices to add any necessary reference or supporting materials to the application (such as legal agreements between agencies, brochures, etc). **The appendices should be included with Section I, not Section II and should be numbered in sequence with Section I, not Section II. Applicants are limited to 15 pages of additional appendices.**

#### **I. OTHER REQUIRED DOCUMENTS (SECTION II)**

The following documents are required for the application to be considered for funding. Documents must be arranged in the application in the order shown. Use the enclosed "Section II Cover Sheet" as a cover sheet for Section II. Where indicated, forms are provided in the Forms Section of the RFP. This section should be page numbered separately. Please restart this section with Page 1.

Submit **ONLY** one (1) copy of Section II, regardless of how many different service applications you are submitting; additional copies of Section II are **NOT** required. Submit Section II separate from Section I (have a separate clip on these two sections.)

Reviewers will **NOT** see Section II. **DO NOT** include additional items in Section II that you want Reviewers to see or that you reference in your Narrative. Include any additional documents that you want reviewers to see in the Appendices of Section I.

1. Form E-6: Renewal Option Form (use form provided; required IF planning to seek funding renewal for year-two)
2. Board of Director's List – must include name, occupation, address, and phone number of ALL Board members. Board officers **MUST** be indicated. Please note: place of employment is **NOT** acceptable for occupation. Government agencies are exempt from this requirement.
3. Current single audit or program specific audit in accordance with the 2 CFR 200.501, UGMS, State of Texas Single Audit Circular and 4.02 HHSC Uniform Terms and Conditions.
4. Quality Management Plan and Performance Improvement Goals.
5. Article of Incorporation – must be a certified (by the Secretary of State) copy.

- Government agencies are exempt from this requirement. (May list as ‘On File’ if submitted in 2013 or later.)
6. By-Laws – A current copy of the By-Laws adopted by the Board of Directors. Government agencies are exempt from this requirement. (May list as ‘On File’ if submitted in 2013 or later.)
  7. IRS Non-Profit determination letter – the current letter from the IRS giving notification of non-profit status. (May list as ‘On File’ if submitted in 2013 or later.)
  8. Copies of licensures, permits, and certifications for the proposed services
  9. Copies of subcontracts (current or proposed)

**X. TECHNICAL ASSISTANCE**

**A. WEBINAR**

A technical assistance webinar will be conducted on **Monday, November 20<sup>th</sup>, 2023, 1:00 p.m. until 3:00 p.m. (CST)** Potential applicants, especially new applicants, are encouraged to attend. The webinar will be conducted through the GoTo Meeting platform. The link for the webinar is <https://meet.goto.com/406453501>. Attendees should test their access to GoTo Meeting prior to the webinar. The webinar presentation will be posted on The Resource Group website [www.hivrtrg.org](http://www.hivrtrg.org) by November 16, 2023 5:00 pm. (CST).

**B. TECHNICAL ASSISTANCE QUESTIONS**

ALL technical assistance questions and requests for webinar participation MUST be submitted in writing to both Tiffany Shepherd and Patrick Martin (contact information below).

Contact Information	
Tiffany Shepherd Executive Director The Resource Group 3700 Buffalo Speedway, Suite 250 Houston, TX 77098 <a href="mailto:tshepherd@hivrtrg.org">tshepherd@hivrtrg.org</a>	Patrick L. Martin Program Development Director The Resource Group 3700 Buffalo Speedway, Suite 250 Houston, TX 77098 <a href="mailto:plmartin@hivrtrg.org">plmartin@hivrtrg.org</a>

All technical assistance questions received at The Resource Group by 12 Noon on **November 16<sup>th</sup>, November 30<sup>th</sup>, December 7<sup>th</sup>, December 14<sup>th</sup>, January 4<sup>th</sup>** will be posted, with answers, on The Resource Group website ([www.hivrtrg.org](http://www.hivrtrg.org)) by 12 Noon of the Friday following each of these Thursdays. **NO technical assistance questions will be answered after Friday, January 4<sup>th</sup>.**

**XI. APPLICATION SUBMISSION**

The original, one (1) Electronic version and seven (7) copies of Section I and one (1) original copy of Section II of the application must be received by the Houston Regional HIV/AIDS Resource Group on or before **Thursday, January 18, 2024 - 5:00 P.M., Central Standard Time.** **LATE PROPOSALS OR PROPOSALS SUBMITTED WITHOUT ONE (1) ORIGINAL, ONE (1) ELECTRONIC VERSION AND SEVEN (7) COPIES OF SECTION I AND ONE (1) ORIGINAL COPY OF SECTION II WILL NOT BE REVIEWED FOR FUNDING.**

# FORMS SECTION

## **XII. FORMS SECTION**

### **A. General Forms**

- Form A-1 Application for Financial Assistance
- Form A-2 Subcontractor Checklist & Table of Contents
- Form A-3: Agency Contact List

### **B. Narrative Forms**

- Form B-1 Work Plan for the Proposed Service
- Form B-2 Proposed Clients to Be Served
- Form B-3 Collaborative Agreements with Other Service Providers

### **C. Consumer Involvement Form**

- Form C-1 Meaning Engagement Action Plan

### **D. Budget/Financial Forms**

- Form D-1 Current Funding and Grants
- Form D-2 DSHS Subcontractor Data Sheet
- Form D-3 Line Item & Categorical Budget Justification
- Form D-4 Fee-For-Service Form
- Form D-5 Proposed Subcontracting of Services Form

### **E. Required Document Forms**

- Form E-1 Section II Cover Sheet
- Form E-2 DSHS Assurances and Certifications
- Form E-3 HIV Contractor Assurances
- Form E-4 Non-profit Board Member and Executive Officers Assurances
- Form E-5 General Provisions for Grant Agreement Assurances



# THE HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.

## FORM A-1: FACE PAGE (APPLICANT INFORMATION)

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	
<b>1) LEGAL NAME:</b>	
<b>2) MAILING Address Information</b> (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span>	
<b>3) PAYEE Mailing Address</b> (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span>	
<b>4) Federal Tax ID No.</b> (9 digit), <b>State of Texas Comptroller Vendor ID No.</b> (14 digit) or <b>Social Security Number</b> (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>	
<b>UEI Number:</b>	
<b>5) TYPE OF ENTITY</b> (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>	
<b>6) PROPOSED BUDGET PERIOD:</b>	Start Date: _____ End Date: _____
<b>7) HSDA TO BE SERVED BY THE PROJECT</b>	HSDA _____
<b>9) AMOUNT OF FUNDING REQUESTED:</b>	<b>11) PROJECT CONTACT PERSON</b>
<b>10) PROJECTED EXPENDITURES</b> Does applicant's projected state or federal expenditures exceed \$750,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non-project related DSHS funds.</i>	Name: _____ Phone: _____ Fax: _____ E-mail: _____
	<b>12) FINANCIAL OFFICER</b> 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.	
<b>13) AUTHORIZED REPRESENTATIVE</b> <span style="float: right;">Check if change <input type="checkbox"/></span>	<b>14) SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>
Name: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	<b>15) DATE</b>

**SUBCONTRACTOR CHECKLIST & TABLE OF CONTENTS**  
**FORM A-2**

**SECTION I: Submit one (1) original and seven (7) copies of Section I for each application submitted. Applicant must include the corresponding page number for the item/section in the Page Number Column.**

<b>Agency Name:</b>		
	<b>Item/Section Name</b>	<b>Page Number</b>
<b>GENERAL:</b>		
<input type="checkbox"/>	Form A-1 Application for Financial Assistance	<b>1</b>
<input type="checkbox"/>	Form A-2 Subcontractor Checklist & Table of Contents	
<input type="checkbox"/>	Form A-3 Agency Contact List	
<b>PROJECT NARRATIVE:</b>		
<input type="checkbox"/>	Description of Organization	
<input type="checkbox"/>	Organizational Chart (does not count against page count)	
<input type="checkbox"/>	Description of Proposed Service	
<input type="checkbox"/>	Collaboration & Referral	
<input type="checkbox"/>	Quality Management and Evaluation	
<input type="checkbox"/>	Consumer Involvement Information	
<input type="checkbox"/>	Budget Information	
<b>REQUIRED APPENDICES: (List any additional items in the blank rows)</b>		
<input type="checkbox"/>	Job Descriptions	
<input type="checkbox"/>	Staff Resumes	
<input type="checkbox"/>	Form B-1 Work Plan for the Proposed Service	
<input type="checkbox"/>	Form B-2 Proposed Clients to Be Served	
<input type="checkbox"/>	Form B-3 Collaborative Continuum of Care Agreements Form	
<input type="checkbox"/>	Quality Management Plan	
<input type="checkbox"/>	Client Grievance Policy	
<input type="checkbox"/>	Feedback Survey Tabulated Results	
<input type="checkbox"/>	Client Grievance Policy	
<input type="checkbox"/>	Form C-1 Meaningful Engagement Action Plan	
<input type="checkbox"/>	Form D-1 Current Funding and Grants	
<input type="checkbox"/>	Form D-2 Licensures, Permits, & Certifications	
<input type="checkbox"/>	Form D-3 Line Item & Categorical Budget Justification	
<input type="checkbox"/>	Form D-4: Proposed Subcontracting of Services Form	
<input type="checkbox"/>	Other Items	
<input type="checkbox"/>		

**SECTION II: Submit only 1 copy of Section II. Applicant must restart page numbering for the items included in Section II.**

<b>Agency Name:</b>		
<b>Item/Section Name</b>		<b>Page Number</b>
<b>REQUIRED DOCUMENTS:</b>		
<input type="checkbox"/>	Form E-1 Section II Cover Sheet	<b>1</b>
<input type="checkbox"/>	Form E-2 DSHS Assurances and Certifications	
<input type="checkbox"/>	Form E-3 HIV Contractor Assurances	
<input type="checkbox"/>	Form E-4 Non-profit Board Member & Executive Officer Assurances	
<input type="checkbox"/>	Form E-5 General Provisions for Grant Agreement Assurances	
<input type="checkbox"/>	Current List of Board of Directors	
<input type="checkbox"/>	Current Single Audit or Program Specific Audit	
<input type="checkbox"/>	Quality Management Plan & Performance Indicator Goals	
<input type="checkbox"/>	Articles of Incorporation	
<input type="checkbox"/>	Board of Directors By-Laws	
<input type="checkbox"/>	IRS Tax-Exempt Certification Letter	
<input type="checkbox"/>	Licensures, Permits, and Certifications for the Proposed Services	
<input type="checkbox"/>	Current or Proposed Subcontracts Agreements	
<input type="checkbox"/>	Other Items	
<input type="checkbox"/>		

**AGENCY CONTACTS LIST**  
**FORM A-3**

Agency:			
<b>Executive Director</b>			
Name:			Mailing Address (street, city, state, & zip)
Title:			
Phone:		Ext.:	
Fax:			
Email:			
<b>Financial Contact</b>			
Name:			Mailing Address (street, city, state, & zip)
Title:			
Phone:		Ext.:	
Fax:			
Email:			
<b>Data Contact</b>			
Name:			Mailing Address (street, city, state, & zip)
Title:			
Phone:		Ext.:	
Fax:			
Email:			
<b>Planning Contact</b>			
Name:			Mailing Address (street, city, state, & zip)
Title:			
Phone:		Ext.:	
Fax:			
Email:			
<b>Consumer Involvement Contact</b>			
Name:			Mailing Address (street, city, state, & zip)
Title:			
Phone:		Ext.:	
Fax:			
Email:			

<b>Client Compliant Contact</b>			
Name:		Mailing Address (street, city, state, & zip)	
Title:			
Phone:		Ext.:	
Fax:			
Email:			
<b>Quality Management Contact:</b>			
Name:		Mailing Address (street, city, state, & zip)	
Title:			
Phone:		Ext.:	
Fax:			
Email:			
<b>Clinical Services Contact (If agency provides core medical services)</b>			
Name:		Mailing Address (street, city, state, & zip)	
Title:			
Phone:		Ext.:	
Fax:			
Email:			
<b>Program Management Contact(s) – Please List the Program Manager for the Proposed Service</b>			
Name:		Mailing Address (street, city, state, & zip)	
Title:			
Phone:		Ext.:	
Fax:			
Email:			

## WORK PLAN FOR THE PROPOSED SERVICE

### FORM B-1

*Insert Additional Rows as Needed.*

S.M.A.R.T. Measurable Objective #__:			
Key Action Steps	Person Responsible	Completion Date	Method of Evaluation
S.M.A.R.T Measurable Objective #__:			
Key Action Steps	Person Responsible	Completion Date	Method of Evaluation
S.M.A.R.T Measurable Objective #__:			
Key Action Steps	Person Responsible	Completion Date	Method of Evaluation

## PROPOSED CLIENTS TO BE SERVED FORM B-2

Complete this form to show the specific number of clients you propose to serve under this service.  
Indicate the **number** of clients (not percentage) you propose to serve in each demographic category.

Number of <b>unduplicated clients</b> to be served with this service during contract year:	
Number of <b>units of service</b> to be provided with this service during contract year:	

Age (Years)	Males						Females						Totals By Age
	Race					Ethnicity	Race					Ethnicity	
	White/ Anglo	African American	Asian	Pacific Islander	Native American/ Alaska Native		Hispanic Origin*	White/ Anglo	African American	Asian	Pacific Islander		
0-2													
3-12													
13-24													
25-44													
45+													
<b>Totals By Gender/Race</b>													

\*All clients counted as Hispanic ethnicity MUST also be listed in the 5 race categories.

\*\*DO NOT count Hispanic ethnicity numbers in the Race totals.

## COLLABORATIVE CONTINUUM OF CARE AGREEMENTS WITH OTHER SERVICE PROVIDERS Form B-3

Specifically list all collaborative agreements (i.e., shared resources, facilities, staff, etc.) with other agencies which are a component of the delivery of the proposed service category. Definition of collaboration: Two or more separate entities that have a formal written agreement to work together in a cooperative effort toward specific and agreed upon objectives. These usually involve shared staff, facilities, other resources, or subcontracts. (Make additional copies of form, as necessary.)

COLLABORATIVE AGREEMENTS		
List Collaborating Agency Name and Street Address	Specific services that collaborative agency will provide to clients in this collaboration	Specific services that applicant will provide to clients in this collaboration

### FORM C-1: MEANINGFUL ENGAGEMENT ACTION PLAN

ACTION STEPS What will be done?	RESPONSIBLE PERSON Who will do this? (Staff person)	TIMELINE By when? Day/Month (timeframe)	EVIDENCE OF SUCCESS a. How will you know you are making progress? b. What are your benchmarks?	EVALUATION OF PROCESS a. How will you determine that your goal has been reached? b. What are your measurement tools?
Describe in detail the methods/activities how your agency obtains consumer feedback about the proposed service from consumers through methods <i>other than</i> using the client satisfaction surveys.				
Describe in detail the method how your agency obtains consumer feedback from consumers in developing your strategies for recruiting and retaining consumers into care and treatment.				
List the activities and/or specify the trainings your agency will use to prepare consumers as partners in their care and treatment planning. Include who will coordinate these activities and/or who will conduct the trainings and how often will these trainings/activities occur.				

## CURRENT FUNDING AND GRANTS

### FORM D-1

*Ryan White funds are not intended to be the sole source of revenue for Applicants. Please provide information on what funding your agency received to augment the services proposed under this application. Data reported by Applicant is subject to verification prior to an award being issued.*

Reimbursement Source	Current or most recent Grant Period	Amount of Revenue	Services/Products Provided by This Funding
<b>Ryan White Part B</b>			
<b>Ryan White Part B State Rebate</b>			
<b>Ryan White Part C</b>			
<b>Ryan White Part D</b>			
<b>DSHS State Services</b>			
<b>Medicaid including Medicaid Managed Care</b>			
<b>HMO and BHO</b>			
<b>Medicare</b>			
<b>State CHIP Children's Health Insurance Plan</b>			
<b>Private Insurance</b>			
<b>CDC Prevention</b>			
<b>Local Area Funding (Provide Details)</b>			

<b>Housing &amp; Urban Development (HUD)</b>			
<b>DSHS Minority AIDS Initiative</b>			
<b>Substance Abuse &amp; Mental Health Administration (SAMHA)</b>			
<b>Patient Fees</b> (sliding scale fees, co-pays or other cash payments made to agency by clients or caregivers)			
<b>Other</b> (Add additional rows as needed)			



**LINE ITEM & CATEGORICAL BUDGET JUSTIFICATION  
FORM D-3  
INSTRUCTIONS**

An Excel spreadsheet of the approved Line-Item Budget and Categorical Budget Justification form has been included in this Request for Proposal (RFP). Please complete the forms in their entirety including descriptions and calculations. Please complete Form D-3 Line Item & Budget Justification and insert into the appropriate order in your completed RFP. ***No other format will be accepted for the Line-Item Budget & Categorical Budget Justification.***

Should funding be awarded, an electronic copy of the approved format of the Budget will need to be submitted.

Agency Name  
**FORM D-3: Line Item and Categorical Budget Form**  
**DSHS Ryan White Part B/State Services Line Item Budget**  
**4/1/2024-3/31/2025 or 9/1/2024-8/31/25**

Line Item	Salary	% FTE	Program	Admin Costs (10% Cap)	Total
<b>Personnel</b>					
<i>Enter personnel titles here that will appear on the grant</i>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Subtotal Salaries</b>	<b>\$0</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Fringe Benefits</b>		0.00%	\$0		\$0
<b>Subtotal Personnel</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Travel</b>					
<i>Detail in-state travel for funded staff (i.e. mileage)</i>					\$0
					\$0
					\$0
<b>Total Travel</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Equipment</b>					
<b>Total Equipment</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Supplies</b>					
<i>Describe each supply item and provide an estimated quantity and cost, if applicable. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.)</i>					
<b>Total Supplies</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Contractual/Subcontracts</b>					
<i>List contracts and/or subcontracts for services. Provide justification on budget justification.</i>					
<b>Total Contractual/Subcontracts</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Other (Items listed below are only sample items)</b>					
Conference Registration Fees			\$0		\$0
Audit					\$0
Equipment Rental					\$0
Insurance					\$0
Maintenance					\$0
Postage					\$0
Printing/Advertising					\$0
Rent					\$0
Consumer Training/Development			\$0		\$0
Telephone/Communications					\$0
<b>Total Other</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Direct Expenses</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Requested Grant Funds</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Percent of Total Grant</b>			<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>

\* Administrative Expenses Cannot Exceed 10% of the Total Requested Grant Award Amount

Name of Agency:  
**FORM D-3 DSHS Ryan White/State Services Budget Justification**  
 (Service Term: 04/01/2024-03/31/2025) (Service Term: 09/01/2023-08/31/2024)

Please add rows as needed

A. Personnel (include staff for each position unless vacant)	Program	Admin	Total	
<b><u>Administration Staff</u></b>				
1. Position/Title	\$	-	\$	-
Calculation:	x	x		
Description:				
<b><u>Program Staff</u></b>				
1. Position/Title	\$	-	\$	-
Calculation:	x	x		
Description:				
<b>Total</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>B. Fringe Benefits</b>				
1. FICA	x	0.00%	\$	-
2. Health Insurance	x	0.00%	\$	-
3. Workers Comp	x	0.00%	\$	-
4. Unemployment Insurance	x	0.00%	\$	-
5. 403 B Retirement Prg.	x	0.00%	\$	-
<b>Total</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>C. Travel</b>				
<b><u>Administration Staff</u></b>				
1. Local Travel	\$	-	\$	-
Calculation:	x	x		
Description:				
<b><u>Program Staff</u></b>				
1. Local Travel	\$	-	\$	-
Calculation:	x	x		
Description:				
<b>Total</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>D. Equipment</b>				
1. Item	\$	-	\$	-
Calculation:	x	x		
Description:				
<b>Total</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>E. Supplies</b>				
<b><u>Administrative</u></b>				
1. Item	\$	-	\$	-
Calculation:	x	x		
Description:				
<b><u>Programmatic</u></b>				
1. Item	\$	-	\$	-
Calculation:	x	x		
Description:				
<b>Total</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>F. Contractual (List Contractors with Calculations)</b>				
1. Item	\$	-	\$	-
Calculation:	x	x		
<b>Total</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>F. Other</b>				
<b><u>Administrative</u></b>				
1. Item	\$	-	\$	-
Calculation:	x	x		
<b><u>Programmatic</u></b>				
1. Item	\$	-	\$	-
Calculation:	x	x		
<b>Total</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>Direct Total</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>Total Budget</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>Percentage of Total Grant</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	

## FEE-FOR-SERVICE FORM Form D-4

1. Name of Provider			
2. Service Category			
3. Definition of the Unit of Service ( <i>per Service Category Description</i> ):			
4. Unit Fee-for-Service reimbursement contracts <b>MUST</b> report: the precise unit cost, and the proportion of the unit cost represented by each of the object class categories listed below:			
	Personnel:		
	Fringe Benefits:		
	Travel:		
	Equipment:		
	Supplies:		
	Contractual:		
	Other:		
	Indirect Costs:		
TOTAL BUDGET REQUESTED			
<i>4a. To be completed for All Service Categories:</i>		<i>4b. To be completed for Service Categories with Hybrid Fees:</i>	
Fee Charged Per Unit of Service		Hybrid Fee Per Unit of Service	
Number of Units to be Provided		Number of Units to be Provided	
Total Funding Requested		Total Funding Requested	
TOTAL BUDGET REQUESTED (4a + 4b):			
3. Provide a Narrative Justification with sufficient detail to define how the fee-for-service or unit cost was established and the rationale for the number of clients proposed. This narrative description should include the Who, What, Where, When and Why to justify the unit cost.			
8. Is this a Medicaid Eligible Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Does the Agency have a Medicaid number?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

REV111101



**SECTION II**  
**REQUIRED DOCUMENTS**

**COVER SHEET**  
**Form E-1**

---

Agency Name

---

---

**Ryan White Part B Grant**  
**April 1, 2024-March 31, 2025**

---

(Service Category)

---

(Service Category)

---

(Service Category)

---

(Service Category)

---

---

**DSHS State Services Grant**  
**September 1, 2024-August 31, 2025**

---

(Service Category)

---

(Service Category)

---

(Service Category)

---

(Service Category)

**Department of State Health Services**  
**HIV/STD Prevention and Preparedness**  
**Houston Regional HIV/AIDS Resource Group, Inc.**

**FORM E-2**  
**DSHS ASSURANCES AND CERTIFICATIONS**

**Note:** Some of these Assurances and Certifications may not be applicable to your project.

---

**As the duly authorized representative of the applicant, my signature certifies that the applicant:**

1. Has the legal authority to apply for state/federal assistance, and 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 application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give DSHS, 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;
4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
5. 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;
6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
7. Affirms that it 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;
8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;

11. 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;
12. 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;
13. 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 application;
14. 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.; and
  - 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);
15. Will comply with the Uniform Grant Management Act (UGCMA), 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;
16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
17. 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;
18. Will comply with environmental standards which may be 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.;
  - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
19. 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;
20. 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;
21. 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;

22. 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;
23. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs which are incurred in conducting an assistance project;
24. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.

Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation should be placed after this form in the application.

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

26. Understands that Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," 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.

- (c) The language of this certification shall be included in the award documents for all subawards 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 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.

- 27. 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 application. 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).

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

**Department of State Health Services**  
**HIV/STD Prevention and Preparedness**  
**Houston Regional HIV/AIDS Resource Group, Inc.**

**Form E-3**  
**HIV CONTRACTOR ASSURANCES**

1. ADVOCATE AND PROMOTE

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

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

2. CONFIDENTIALITY

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

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

3. CONFLICT OF INTEREST

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

4. TUBERCULOSIS COLLABORATION

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

5. DRUG-FREE WORKPLACE REQUIREMENTS

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about-
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will-
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted-
  - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

## 6. POLICIES OF THE BUREAU OF HIV & STD PREVENTION

The applicant agency assures the DSHS that it will abide by all policies of the HIV/STD Comprehensive Services Branch which 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.dshs.texas.gov/hivstd/policy/>

## 7. AMERICANS WITH DISABILITIES ACT

By signing and submitting this proposal, the applicant agency certifies that its Project Director and Authorized Business Official accept and will comply with all particulars with the rules as set forth in the AMERICANS WITH DISABILITIES ACT OF 1990.

## 8. STANDARDS FOR CLINICAL AND CASE MANAGEMENT SERVICES

If applicable, this agency assures the Department of State Health Services/Houston Regional HIV/AIDS Resource Group that it will comply with HIV/STD Clinical Resources Division Standards for HIV Services as promulgated by the Bureau of HIV & STD Prevention.

## 9. 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.

## 10. COMPLIANCE WITH REQUIREMENTS FOR CONTENTS OF “AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS, AND ITS PREFACE”

The applicant agency certifies that its Project Director and Authorized Business Official:

1. Have received a copy of the *Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs*, dated June 1992, and its *Preface*;
2. Have read them;
3. Accept them;
4. Agree to comply with all particulars and specifications set forth; and
5. Agree that all applicable specific materials shall be submitted to the local program materials review panel and subject to the CDC Basic Principles set forth.

If applicable, include the names, occupations, affiliations, and addresses of the proposed panel members (one member must be an employee of the local health department) in the Appendices

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

**Department of State Health Services  
HIV/STD Prevention and Preparedness  
Houston Regional HIV/AIDS Resource Group, Inc.**

**NONPROFIT BOARD MEMBER AND EXECUTIVE OFFICERS ASSURANCES  
FORM E-4**

If the applicant is a nonprofit organization, this form must be completed.  
(State or other governmental agencies are not required to complete this form).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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:

- 1) That an annual budget has been approved for each contract with the Resource Group.
- 2) The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- 3) Actual income and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with board approval).
- 4) Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- 5) Any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- 6) Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- 7) The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- 8) 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.
- 9) 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.
- 10) This form will be discussed in detail at the next official Board meeting and that discussion, and a copy of this form will be included in the minutes of the meeting.
- 11) If a contract is executed for DSHS funding 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.

\_\_\_\_\_  
Chairman of the Board Signature                      Date

\_\_\_\_\_  
Executive Officer Signature                                      Date

**Houston Regional HIV/AIDS Resource Group, Inc.**

**Form E-5**

**General Provisions for Grant Agreement Assurances**

By signing and submitting this form, the duly authorized representative of the applicant affixing his/her signature below certifies that duly authorized representatives of the applicant agree to the following provisions of the General Provisions for Grant Agreements of the Houston Regional HIV/AIDS Resource Group:

1. Confidentiality
2. Where applicable, the following clinical protocols and/or standards:
  - a. Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV for Maternal Health and for Reducing Perinatal HIV Transmission in the United States; Centers for Disease Control and Prevention (CDC), November 3, 2000, or latest version;
  - b. Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents; U.S. Department of Health and Human Services (DHHS), January 28, 2000, or latest version;
  - c. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection; HRSA and NIH, January 7, 2000, or latest version;
  - d. Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus; CDC, August 20, 1999, or latest version;
  - e. Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Healthcare and Public Safety Workers; CDC, 1988, or latest version; and
  - f. Universal Precautions Preventing the Spread of HIV, Tuberculosis, and Hepatitis B in employees of HIV/STD Funded Programs, DSHS Policy No. 800.001.
3. Program, Financial, and Data Reporting Requirements
4. Annual Equipment Inventory Report
5. Conflict of Interest
6. Audit Requirements
7. Non-discrimination of Clients and Employees
8. Limits on Political Activity of Employees
9. Child Abuse Reporting
10. Billing of 3<sup>rd</sup> Party Payers
11. Charging/Billing Clients for Services
12. Educating Clients and Employees About HIV
13. Notification to Administrative Agency of Dangerous Situations
14. Notification to Administrative Agency of Change in Project/Agency Personnel

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

# APPENDIX SECTION

# **Appendix A: DSHS State Services**

## **Service Categories**

Local Service Category:	<b>Hospice Services</b>
Amount Available:	<b>\$259,832 (SS)</b>
Unit Cost	
Budget Requirements or Restrictions:	Maximum 10% of budget for Administrative Cost
DSHS Service Category Definition:	<p>Provision of end-of-life care provided by licensed hospice care providers to people living with HIV (PLWH) in the terminal stages of an HIV-related illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients.</p> <p>Hospice services include, but are not limited to, the palliation and management of the terminal illness and conditions related to the terminal illness. Allowable Ryan White/State Services funded services are:</p> <ul style="list-style-type: none"> <li>• Room</li> <li>• Board</li> <li>• Nursing care</li> <li>• Mental health counseling, to include bereavement counseling</li> <li>• Physician services</li> <li>• Palliative therapeutics</li> </ul> <p>Ryan White/State Service funds may not be used for funeral, burial, cremation, or related expenses. Funds may not be used for nutritional services, durable medical equipment and medical supplies or case management services.</p>
Local Service Category Definition:	<p>Hospice services encompass palliative care for terminally ill PLWH and support services for PLWH and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a PLWH or a PLWH's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.</p> <p>Services must include but are not limited to medical and nursing care, palliative care, and psychosocial support for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV and having a life expectancy of 6 months or less residing in the Houston HIV Service Delivery (HSDA).
Services to be Provided:	Services must include but are not limited to medical and nursing care,

	<p>palliative care, psychosocial support and spiritual guidance for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.</p> <p>Allowable Ryan White/State Services funded services are:</p> <ul style="list-style-type: none"> <li>• Room</li> <li>• Board</li> <li>• Nursing care</li> <li>• Mental health counseling, to include bereavement counseling</li> <li>• Physician services</li> <li>• Palliative therapeutics</li> </ul> <p>Services NOT allowed under this category:</p> <ul style="list-style-type: none"> <li>• HIV medications under hospice care unless paid for by the PLWH.</li> <li>• Medical care for acute conditions or acute exacerbations of chronic conditions other than HIV for potentially Medicaid eligible residents.</li> <li>• Funeral, burial, cremation, or related expenses.</li> <li>• Nutritional services,</li> <li>• Durable medical equipment and medical supplies.</li> <li>• Case management services.</li> <li>• Although Texas Medicaid can pay for bereavement counseling for family members for up to a year after the patient’s death and can be offered in a skilled nursing facility or nursing home, Ryan White funding CANNOT pay for these services per legislation.</li> </ul>
Service Unit Definition(s):	A unit of service is defined as one (1) twenty-four (24) hour day of hospice services that includes a full range of physical and psychological support to HIV patients in the final stages of AIDS.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Eligibility for Services:	Individuals with an AIDS diagnosis and certified by his or her physician that the individual's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course
Agency Requirements:	<p>Agency/provider is a licensed hospital/facility and maintains a valid State license with a residential AIDS Hospice designation or is certified as a Special Care Facility with Hospice designation.</p> <p>Provider must inform Administrative Agency regarding issue of long-term care facilities denying admission for people living with HIV based on inability to provide appropriate level of skilled nursing care.</p> <p>Services must be provided by a medically directed interdisciplinary team, qualified in treating individual requiring hospice services.</p>

	Staff will refer Medicaid/Medicare eligible PLWH to a Hospice Provider for medical, support, and palliative care. Staff will document an attempt has been made to place Medicaid/Medicare eligible PLWH in another facility prior to admission.
Staff Requirements:	All hospice care staff who provide direct-care services and who require licensure or certification, must be properly licensed or certified by the State of Texas.
Special Requirements:	<p>These services must be:</p> <ul style="list-style-type: none"> <li>a) Available 24 hours a day, seven days a week, during the last stages of illness, during death, and during bereavement;</li> <li>b) Provided by a medically directed interdisciplinary team;</li> <li>c) Provided in nursing home, residential unit, or inpatient unit according to need. These services do not include inpatient care normally provided in a licensed hospital to a terminally ill person who has not elected to be a hospice PLWH.</li> <li>d) Residents seeking care for hospice at Agency must first seek care from other facilities and denial must be documented in the resident's chart.</li> </ul> <p>Must comply with the <b>Houston HSDA Hospice Standards of Care</b>. The agency must comply with <b>the DSHS Hospice Standards of Care</b>. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p>

Local Service Category:	<b>Linguistics Services</b>
Amount Available:	<b>\$68,000 (SS)</b>
Unit Cost:	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	<p>Support for Linguistic Services includes interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the people living with HIV (PLWH), when such services are necessary to facilitate communication between the provider and PLWH and/or support delivery of Ryan White-eligible services.</p> <p>Linguistic Services include interpretation/translation services provided by qualified interpreters to people living with HIV (including those who are deaf/hard of hearing and non-English speaking individuals) for the purpose of ensuring communication between PLWH and providers while accessing medical and Ryan White fundable support services that have a direct impact on primary medical care. These standards ensure that language is not barrier to any PLWH seeking HIV related medical care and support; and linguistic services are provided in a culturally appropriate manner.</p> <p>Services are intended to be inclusive of all cultures and sub-cultures and not limited to any particular population group or sets of groups. They are especially designed to assure that the needs of racial, ethnic, and linguistic populations severely impacted by the HIV epidemic receive quality, unbiased services.</p>
Local Service Category Definition:	To provide one hour of interpreter services including, but not limited to, sign language for deaf and /or hard of hearing and native language interpretation for monolingual people living with HIV.
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV in the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Services include language translation and signing for deaf and/or hearing-impaired HIV+ persons. Services exclude Spanish Translation Services.
Service Unit Definition(s) (TRG Only):	A unit of service is defined as one hour of interpreter services to an eligible PLWH.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Eligibility for Service:	People living with HIV in the Houston HSDA
Agency Requirements (TRG Only):	Any qualified and interested agency may apply and subcontract actual interpretation services out to various other qualifying agencies.
Staff Requirements:	ASL interpreters must be certified. Language interpreters must have completed a forty (40) hour community interpreter training course approved by the DSHS.
Special Requirements (TRG Only):	Must comply with the Houston HSDA <b>Linguistic Services Standards of Care</b> . The agency must comply with <b>the DSHS Linguistic Services Standards of Care</b> . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.

Local Service Category:	<b>Mental Health Services</b>
Amount Available:	<b>\$200,000 (SS)</b>
Unit Cost	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition	<p>Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a family/couples, group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.</p> <p>Mental health counseling services includes outpatient mental health therapy and counseling (individual and family/couple) provided solely by Mental Health Practitioners licensed in the State of Texas.</p> <p>Mental health services include:</p> <ul style="list-style-type: none"> <li>• Mental Health Assessment</li> <li>• Treatment Planning</li> <li>• Treatment Provision</li> <li>• Individual psychotherapy</li> <li>• Family psychotherapy</li> <li>• Conjoint psychotherapy</li> <li>• Group psychotherapy</li> <li>• Psychiatric medication assessment, prescription and monitoring</li> <li>• Psychotropic medication management</li> <li>• Drop-In Psychotherapy Groups</li> <li>• Emergency/Crisis Intervention</li> </ul> <p>General mental health therapy, counseling and short-term (based on the mental health professional's judgment) bereavement support is available for family members or significant others of people living with HIV.</p>
Local Service Category Definition:	<p><b>Individual Therapy/counseling</b> is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible person living with HIV.</p> <p><b>Family/Couples Therapy/Counseling</b> is defined as crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to a family or couple (opposite-sex, same-sex, transgendered or non-gender conforming) that includes an eligible person living with HIV.</p> <p><b>Support Groups</b> are defined as professionally led (licensed therapists or counselor) groups that comprise people living with HIV, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for people living with HIV.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV and affected individuals living within the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	Agencies are encouraged to have available to PLWH all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.

<p>Service Unit Definition(s) <b>(TRG Only):</b></p>	<p><b>Individual Crisis Intervention and/or Therapy:</b> A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes.</p> <p><b>Family/Couples Crisis Intervention and/or Therapy:</b> A unit of service is defined as a family/couples counseling session lasting a minimum of 90 minutes.</p> <p><b>Group Therapy:</b> A unit of service is defined as one (1) eligible PLWH attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90 minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session.</p> <p>A minimum of three (3) participants must attend a group session in order for the group session to eligible for reimbursement.</p> <p><b>Consultation:</b> One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.</p>
<p>Financial Eligibility:</p>	<p>Income at or below 500% Federal Poverty Guidelines.</p>
<p>Eligibility for Services:</p>	<p>For individual therapy session, person living with HIV or the affected significant other of a person living with HIV, resident of Houston HSDA.</p> <p>Person living with HIV must have a current DSM diagnosis eligible for reimbursement under the State Medicaid Plan.</p> <p>PLWH must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the PLWH is in crisis and cannot be provided immediate services from the other programs/providers. In this case, PLWH may be provided services, if the PLWH applies for the other programs /providers, until the other programs/providers can take over services.</p> <p>Medicaid/Medicare, Third Party Payer and Private Pay status of PLWH receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, PLWH must be either a person living with HIV or the significant other of person living with HIV.</p> <p>Affected significant other is eligible for services only related to the stress of caring for a person living with HIV.</p>
<p>Agency Requirements <b>(TRG Only):</b></p>	<p>Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes.</p> <p>Keep attendance records for group sessions.</p> <p>Must provide 24-hour access to a licensed counselor for current PLWH with</p>

	<p>emotional emergencies.</p> <p>PLWH eligible for Medicaid or 3rd party payer reimbursement may not be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service.</p> <p>Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential PLWH who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible PLWH may not be referred elsewhere in order that non-Medicaid/Medicare eligible PLWH may be added to this grant). Failure to serve Medicaid/Medicare eligible PLWH based on their reimbursement status will be grounds for the immediate termination of the provider’s contract.</p> <p>Must comply with the State Services Standards of Care.</p> <p>Must provide a plan for establishing criteria for prioritizing participation in group sessions and for termination from group participation.</p> <p>Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.</p>
<p>Staff Requirements:</p>	<p>It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC PhD, Psychologist, or LMFT).</p> <p>At least two years’ experience working with HIV disease or two years’ work experience with chronic care of a catastrophic illness.</p> <p>Counselors providing family sessions must have at least two years’ experience in family therapy.</p> <p>Counselors must be covered by professional liability insurance with limits of at least \$300,000 per occurrence.</p>
<p>Special Requirements <b>(TRG Only):</b></p>	<p>All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on Federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information.</p> <p>Mental health services can be delivered via telehealth and must follow applicable federal and State of Texas privacy laws.</p> <p>Mental health services that are provided via telehealth must be in accordance with State of Texas mental health provider practice requirements, see Texas Occupations Code, Title 3 Health Professions and <a href="#">chapter 111 for Telehealth &amp; Telemedicine</a>.</p>

When psychiatry is provided as a mental health service via telehealth then the provider must follow guidelines for telemedicine as noted in Texas Medical Board (TMB) guidelines for providing telemedicine, Texas Administrative Code, Texas Medical Board, Rules, Title 22, Part 9, Chapter 174, RULE §174.1 to §174.12

Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the PLWH's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third-party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will the agency be reimbursed more than two (2) units of individual therapy per PLWH in any single 24-hour period.

Agency should develop services that focus on the most current Special Populations identified in the *Houston Area Comprehensive Plan for HIV Prevention and Care Services* including Adolescents, Homeless, Incarcerated & Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties.

Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Mental Health Services Standards of Care**. The agency must have policies and procedures in place that comply with the standards *prior* to delivery of the service.

Local Service Category:	<b>Mental Health Services Targeting Special Populations</b>
Amount Available:	<b>\$100,000 (SS)</b>
Unit Cost	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum of 10% of budget for Administrative Cost.
DSHS Service Category Definition:	<p>Mental Health Services include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a family/couples, group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.</p> <p>Mental health counseling services includes outpatient mental health therapy and counseling (individual and family/couple) provided solely by Mental Health Practitioners licensed in the State of Texas.</p> <p>Mental health services include:</p> <ul style="list-style-type: none"> <li>• Mental Health Assessment</li> <li>• Treatment Planning</li> <li>• Treatment Provision</li> <li>• Individual psychotherapy</li> <li>• Family psychotherapy</li> <li>• Conjoint psychotherapy</li> <li>• Group psychotherapy</li> <li>• Psychiatric medication assessment, prescription and monitoring</li> <li>• Psychotropic medication management</li> <li>• Drop-In Psychotherapy Groups</li> <li>• Emergency/Crisis Intervention</li> </ul> <p>General mental health therapy, counseling and short-term (based on the mental health professional’s judgment) bereavement support is available for family members or significant others of people living with HIV.</p>
Local Service Category Definition:	<p><b>Individual Therapy/counseling</b> is defined as 1:1 or family-based crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to an eligible person living with HIV.</p> <p><b>Family/Couples Therapy/Counseling</b> is defined as crisis intervention and/or mental health therapy provided by a licensed mental health practitioner to a family or couple (opposite-sex, same-sex, transgendered or non-gender conforming) that includes an eligible person living with HIV.</p> <p><b>Support Groups</b> are defined as professionally led (licensed therapists or counselor) groups that comprise people living with HIV, family members, or significant others for the purpose of providing emotional support directly related to the stress of caring for people living with HIV.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	<p>People living with HIV and affected family/partners living within the Houston HIV Service Delivery Area (HSDA). PLWH should also be a member of the following special populations:</p> <ul style="list-style-type: none"> <li>• Transgender persons (emphasizing those who are LatinX/Black and/or under the age of 25),</li> </ul>

	<ul style="list-style-type: none"> <li>• individuals who exchange sex for money, and</li> <li>• individuals born outside the US.</li> </ul>
Services to be Provided:	Agencies are encouraged to have available to PLWH all modes of counseling services, i.e., crisis, individual, family, and group. Sessions may be conducted in-home. Agency must provide professional support group sessions led by a licensed counselor.
Service Unit Definition(s) (TRG Only):	<p><b>Individual Crisis Intervention and/or Therapy:</b> A unit of service is defined as an individual counseling session lasting a minimum of 45 minutes.</p> <p><b>Family/Couples Crisis Intervention and/or Therapy:</b> A unit of service is defined as a family/couples counseling session lasting a minimum of 90 minutes.</p> <p><b>Group Therapy:</b> A unit of service is defined as one (1) eligible PLWH attending 90 minutes of group therapy. The minimum time allowable for a single group session is 90 minutes and maximum time allowable for a single group session is 120 minutes. No more than one unit may be billed per session for an individual or group session.</p> <p>A minimum of three (3) participants must attend a group session in order for the group session to be eligible for reimbursement.</p> <p><b>Consultation:</b> One unit of service is defined as 15 minutes of communication with a medical or other appropriate provider to ensure case coordination.</p>
Financial Eligibility:	Income at or below 500% Federal Poverty Guidelines.
Eligibility for Services:	<p>For individual therapy session, person living with HIV or the affected significant other of a person living with HIV, resident of Houston HSDA.</p> <p>The PLWH should be a member of the following special populations:</p> <ul style="list-style-type: none"> <li>• Transgender persons (emphasizing those who are LatinX/Black and/or under the age of 25),</li> <li>• individuals who exchange sex for money, and</li> <li>• individuals born outside the US.</li> </ul> <p>Person living with HIV must have a current DSM diagnosis eligible for reimbursement under the State Medicaid Plan.</p> <p>PLWH must not be eligible for services from other programs or providers (i.e. MHMRA of Harris County) or any other reimbursement source (i.e. Medicaid, Medicare, Private Insurance) unless the PLWH is in crisis and cannot be provided immediate services from the other programs/providers. In this case, PLWH may be provided services, if the PLWH applies for the other programs /providers, until the other programs/providers can take over services.</p>

	<p>Medicaid/Medicare, Third Party Payer and Private Pay status of PLWH receiving services under this grant must be verified by the provider prior to requesting reimbursement under this grant. For support group sessions, PLWH must be either a person living with HIV or the significant other of person living with HIV.</p> <p>Affected significant others are eligible for services only related to the stress of caring for a person living with HIV.</p>
<p>Agency Requirements <b>(TRG Only):</b></p>	<p>Agency must provide assurance that the mental health practitioner shall be supervised by a licensed therapist qualified by the State to provide clinical supervision. This supervision should be documented through supervision notes.</p> <p>Keep attendance records for group sessions.</p> <p>Must provide 24-hour access to a licensed counselor for current PLWH with emotional emergencies.</p> <p>PLWH eligible for Medicaid or 3rd party payer reimbursement may not be billed to grant funds. Medicare Co-payments may be billed to the contract as ½ unit of service.</p> <p>Documentation of at least one therapist certified by Medicaid/Medicare on the staff of the agency must be provided in the proposal. All funded agencies must maintain the capability to serve and seek reimbursement from Medicaid/Medicare throughout the term of their contract. Potential PLWH who are Medicaid/ Medicare eligible may not be denied services by a funded agency based on their reimbursement status (Medicaid/Medicare eligible PLWH may not be referred elsewhere in order that non-Medicaid/Medicare eligible PLWH may be added to this grant). Failure to serve Medicaid/Medicare eligible PLWH based on their reimbursement status will be grounds for the immediate termination of the provider’s contract.</p> <p>Must comply with the State Services Standards of Care.</p> <p>Must provide a plan for establishing criteria for prioritizing participation in group sessions and for termination from group participation.</p> <p>Providers and system must be Medicaid/Medicare certified to ensure that Ryan White funds are the payer of last resort.</p>
<p>Staff Requirements:</p>	<p>It is required that counselors have the following qualifications: Licensed Mental Health Practitioner by the State of Texas (LCSW, LMSW, LPC, PhD, Psychologist, or LMFT).</p> <p>At least two years’ experience working with HIV disease or two years’ work experience with chronic care of a catastrophic illness.</p> <p>Counselors providing family sessions must have at least two years’ experience in family therapy.</p>

	<p>Counselors must be covered by professional liability insurance with limits of at least \$300,000 per occurrence.</p>
<p>Special Requirements <b>(TRG Only):</b></p>	<p>The agency must develop collaborative relationships with community partners that serve each of the identified special populations. These relationships should be documented via Memoranda of Understanding. MOUs will be submitted to TRG for review each year. Referrals should be tracked to evidence the success of these MOUs. Referrals will be reviewed by TRG on an annual basis.</p> <p>Staff should be adequately trained and/or experienced with each of the identified special populations. Training and/or experience should be documented. This documentation will be reviewed by TRG on an annual basis.</p> <p>Services are strongly encouraged to be community based where counseling can be provided in a safe and secure location. Services should be provided on days and at times that are conducive for participation of the identified special populations.</p> <p>All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on Federal, state and local laws and guidelines (i.e. abuse, self or other harm). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI) information.</p> <p>Mental health services can be delivered via telehealth and must follow applicable federal and State of Texas privacy laws.</p> <p>Mental health services that are provided via telehealth must be in accordance with State of Texas mental health provider practice requirements, see Texas Occupations Code, Title 3 Health Professions and <a href="#">chapter 111 for Telehealth &amp; Telemedicine</a>.</p> <p>When psychiatry is provided as a mental health service via telehealth then the provider must follow guidelines for telemedicine as noted in Texas Medical Board (TMB) guidelines for providing telemedicine, Texas Administrative Code, Texas Medical Board, Rules, Title 22, Part 9, Chapter 174, RULE §174.1 to §174.12</p> <p>Medicare and private insurance co-payments are eligible for reimbursement under this grant (in this situation the agency will be reimbursed the PLWH's co-payment only, not the cost of the session which must be billed to Medicare and/or the Third-party payer). Extensions will be addressed on an individual basis when meeting the criteria of counseling directly related to HIV illness. Under no circumstances will the agency be reimbursed more than two (2) units of individual therapy per PLWH in any single 24-</p>

hour period.

Agency should develop services that focus on the most current Special Populations identified in the *Houston Area Comprehensive Plan for HIV Prevention and Care Services* including Adolescents, Homeless, Incarcerated & Recently Released (IRR), Injection Drug Users (IDU), Men who Have Sex with Men (MSM), and Transgender populations. Additionally, services should focus on increasing access for individuals living in rural counties.

Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with **the DSHS Mental Health Services Standards of Care**. The agency must have policies and procedures in place that comply with the standards *prior* to delivery of the service.

Local Service Category:	<b>Care Coordination (Non-Medical Case Management) Targeting Substance Use Disorder</b>
Amount Available:	<b>\$100,000 (SS)</b>
Unit Cost	
Budget Requirements or Restrictions ( <b>TRG Only</b> ):	Maximum 10% of budget for Administrative Cost. Direct medical costs and Substance Abuse Treatment/Counseling cannot be billed under this contract.
DSHS Service Category Definition:	<p><b>Care Coordination</b> is a continuum of services that allow people living with HIV to be served in a holistic method. Services that are a part of the Care Coordination Continuum include case management, (both medical and non-medical, outreach services, referral for health care, and health education/risk reduction.</p> <p><b>Non-Medical Case Management (N-MCM)</b> model is responsive to the immediate needs of a person living with HIV (PLWH) and includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, entitlements, housing, and other needed services.</p> <p><b>Non-Medical Case Management Services (N-MCM)</b> provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. N-MCM services may also include assisting eligible persons living with HIV (PLWH) to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication (e.g., face-to-face, phone contact, and any other forms of communication) as deemed appropriate by the Texas DSHS HIV Care Services Group Ryan White Part B program.</p> <p>Limitation: Non-Medical Case Management services do not involve coordination and follow up of medical treatments.</p>
Local Service Category Definition:	<p><b>Non-Medical Case Management:</b> The purpose of Non-Medical Case Management targeting Substance Use Disorders (SUD) is to assist PLWHs with the procurement of needed services so that the problems associated with living with HIV are mitigated. N-MCM targeting SUD is intended to serve eligible people living with HIV in the Houston EMA/HSDA who are also facing the challenges of substance use disorder. Non-Medical Case Management is a working agreement between a PLWH and a Non-Medical Case Manager for an indeterminate period, based on PLWH need, during which information, referrals and Non-Medical Case Management is provided on an as-needed basis and assists PLWHs who do not require the intensity of Medical Case Management. Non-Medical Case Management is both office-based and field based. N-MCMs are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWH may be identified, including substance use disorder treatment/counseling and/or recovery support personnel. Such incoming referral coordination includes meeting prospective PLWHs at the referring provider location in order to develop rapport with and ensuring sufficient support is available. Non-Medical Case Management also includes follow-up to re-engage lost-to-care</p>

	<p>patients. Lost-to-care patients are those PLWHs who have not returned for scheduled appointments with the provider nor have provided updated information about their current Primary Medical Care provider (in the situation where PLWH may have obtained alternate service from another medical provider). Contractor must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Non-Medical Case Management extends the capability of existing programs by providing “hands-on” outreach and linkage to care services to those PLWH who are not currently accessing primary medical care services.</p>
<p>Target Population (age, gender, geographic, race, ethnicity, etc.):</p>	<p><b>Non-Medical Case Management targeting SUD</b> is intended to serve eligible people living with HIV in the Houston EMA/HSDA, especially those underserved or unserved population groups who are also facing the challenges of substance use disorder. The target populations should also include individuals who misuse prescription medication or who use illegal substances or recreational drugs and are also:</p> <ul style="list-style-type: none"> <li>- Transgender,</li> <li>- Men who have sex with men (MSM),</li> <li>- Women or</li> <li>- Incarcerated/recently released from incarceration.</li> </ul>
<p>Services to be Provided:</p>	<p><b>Goals:</b> The primary goal for N-MCM targeting SUD is to improve the health status of PLWHs who use substances by promoting linkages between community-based substance use disorder treatment programs, health clinics and other social service providers. N-MCM targeting SUD shall have a planned and coordinated approach to ensure that PLWHs have access to all available health and social services necessary to obtain an optimum level of functioning. N-MCM targeting SUD shall focus on behavior change, risk and harm reduction, retention in HIV care, and lowering risk of HIV transmission. The expectation is that each Non-Medical Case Management Full Time Equivalent (FTE) targeting SUD can serve approximately 80 PLWHs per year.</p> <p><b>Purpose:</b> To promote Human Immunodeficiency Virus (HIV) disease management and recovery from substance use disorder by providing comprehensive Non-Medical Case Management and support for PWLH who are also dealing with substance use disorder and providing support to their families and significant others.</p> <p><b>N-MCM targeting SUD</b> assists PLWHs with the procurement of needed services so that the problems associated with living with HIV are mitigated. <b>N-MCM targeting SUD</b> is a working agreement between a person living with HIV and a Non-Medical Case Manager (N-MCM) for an indeterminate period, based on identified need, during which information, referrals and Non-Medical Case Management is provided on an as- needed basis. The purpose of <b>N-MCM targeting SUD</b> is to assist PLWHs who do not require the intensity of <i>Clinical or Medical Case Management</i>. <b>N-MCM targeting SUD</b> is community-based (i.e. both <u>office- and field-based</u>). This Non-Medical Case Management targets PLWHs who are also dealing with the challenges of substance use disorder. N-MCMs also provide “hands-on” outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services.</p> <p>Efforts may include coordination with other case management providers to</p>

	<p>ensure the specialized needs of PLWHs who are dealing with substance use disorder are thoroughly addressed. For this population, this is not a duplication of service but rather a set of agreed upon coordinated activities that clearly delineate the unique and separate roles of N-MCMs and medical case managers who work jointly and collaboratively with the PLWH's knowledge and consent to partialize and prioritize goals in order to effectively achieve those goals.</p> <p>N-MCMs should provide activities that enhance the motivation of PLWHs on N-MCM's caseload to reduce their risks of overdose and how risk-reduction activities may be impacted by substance use and sexual behaviors. N-MCMs shall use motivational interviewing techniques and the Transtheoretical Model of Change, (DiClemente and Prochaska - Stages of Change). N-MCMs should promote and encourage entry into substance use disorder services and make referrals, if appropriate, for PLWHs who are in need of formal substance use disorder treatment or other recovery support services. However, N-MCMs shall ensure that PLWHs are not required to participate in substance use disorder treatment services as a condition for receiving services.</p> <p>For those PLWH in treatment, N-MCMs should address ongoing services and support for discharge, overdose prevention, and aftercare planning during and following substance use disorder treatment and medically-related hospitalizations.</p> <p>N-MCMs should ensure that appropriate harm- and risk-reduction information, methods and tools are used in their work with the PLWH. Information, methods and tools shall be based on the latest scientific research and best practices related to reducing sexual risk and HIV transmission risks. Methods and tools must include, but are not limited to, a variety of effective condoms and other safer sex tools as well as substance abuse risk-reduction tools, information, discussion and referral about Pre- Exposure Prophylactics (PrEP) for PLWH's sexual or drug using partners and overdose prevention. N-MCMs should make information and materials on overdose prevention available to appropriate PLWHs as a part of harm- and risk-reduction.</p> <p>Those PLWHs who choose to access primary medical care from a non-Ryan White source, including private physicians, may receive ongoing Non-Medical Case Management services from provider.</p>
Service Unit Definition(s) (TRG Only):	One unit of service is defined as 15 minutes of direct services or coordination of care on behalf of PLWH.
Financial Eligibility:	Refer to the RWPC's approved <i>Financial Eligibility for Houston EMA Services</i> .
Eligibility for Services:	PLWHs dealing with challenges of substance use/abuse and dependence. Resident of the Houston HSDA.
Agency Requirements (TRG Only):	<p>These services will comply with the TRG's published <b>Non-Medical Case Management Targeting Substance Use Disorder</b> Standards of Care and policies and procedures as published and/or revised, including linkage to the CPCDMS data system as well as DSHS Universal Standards and Non-Medical Case Management Standards of Care.</p> <p><b>Non-Medical Case Management targeted SUD</b> must be planned and</p>

	<p>delivered in coordination with local HIV treatment/prevention/outreach programs to avoid duplication of services and be designed with quantified program reporting that will accommodate local effectiveness evaluation. Subrecipients must document established linkages with agencies that serve PLWH or serve individuals who are members of high-risk population groups (e.g., men who have sex with men, injection drug users, sex-industry workers, youth who are sentenced under the juvenile justice system, inmates of state and local jails and prisons). Contractor must have formal collaborative, referral or Point of Entry (POE) agreements with Ryan White funded HIV primary care providers.</p>
<p>Staff Requirements:</p>	<p><u>Minimum Qualifications:</u>  <b>Non-Medical Case Management Workers</b> must have at a minimum a Bachelor's degree from an accredited college or university with a major in social or behavioral sciences. Documented paid work experience in providing services to PLWH may be substituted for the Bachelor's degree requirement on a 1:1 basis (1 year of documented paid experience may be substituted for 1 year of college). All Non-Medical Case Management Workers must have a minimum of one (1) year work experience with PLWHA and/or substance use disorders.</p> <p><u>Supervision:</u>  The Non-Medical Case Management Worker must function within the clinical infrastructure of the applicant agency and receive ongoing supervision that meets or exceeds TRG's published <b>Non-Medical Case Management Targeting Substance Use Disorder</b> Standards of Care.</p>
<p>Special Requirements (TRG Only):</p>	<p>Must comply with the Houston EMA/HSDA Standards of Care. The agency must comply with <b>the DSHS Universal Standards and non-Medical Case Management Standards of Care</b>. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p> <p>Contractor must be licensed in Texas to directly provide substance use treatment/counseling.</p> <p>Non-medical Case Management services can be delivered via telehealth and must follow applicable federal and State of Texas privacy laws.</p>

# **Appendix B: Ryan White Part B Service Categories**

Local Service Category:	<b>Oral Health Care</b>
Amount Available:	<b>\$2,332,193 (RWB) General \$1,815,536 and Prosthodontics \$516,657</b>
Unit Cost:	
Budget Requirements or Restrictions (TRG Only):	Maximum of 10% of budget for Administrative Costs
Local Service Category Definition:	<p>Restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication (including pain control) for people living with HIV (PLWH) 15 years of age or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics services to people living with HIV including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.</p> <p>Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a PLWH's annual benefit balance. If a provider cannot provide adequate services for emergency care, the PLWH should be referred to a hospital emergency room.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV residing in the Houston HIV Service Delivery Area (HSDA).
Services to be Provided:	<p>Services must include, but are not limited to: individual comprehensive treatment plan; diagnosis and treatment of HIV-related oral pathology, including oral Kaposi's Sarcoma, CMV ulceration, hairy leukoplakia, xerostomia, lichen planus, aphthous ulcers and herpetic lesions; diffuse infiltrative lymphocytosis; standard oral health education and preventive procedures, including oral hygiene instruction, smoking/tobacco cessation (as indicated), diet counseling and home care program; oral prophylaxis; restorative care; oral surgery including dental implants; root canal therapy; fixed and removable prosthodontics including crowns and bridges; periodontal services, including subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Proposer must have mechanism in place to provide oral pain medication as prescribed for PLWH by the dentist.</p> <p>Limitations:</p> <ul style="list-style-type: none"> <li>• Cosmetic dentistry for cosmetic purposes only is prohibited.</li> <li>• Maximum amount that may be funded by Ryan White/State Services per PLWH is \$3,000/year. <ul style="list-style-type: none"> <li>• In cases of emergency, the maximum amount may exceed the above cap</li> <li>• In cases where there is extensive care needed once the procedure has begun, the maximum amount may exceed the above cap.</li> </ul> </li> <li>• Dental providers must document <i>via approved waiver</i> the reason for exceeding the yearly maximum amount.</li> </ul>
Service Unit Definition(s) (TRG Only):	General Dentistry: A unit of service is defined as one (1) dental visit which includes restorative dental services, oral surgery, root canal therapy, fixed and removable prosthodontics; periodontal services includes subgingival scaling, gingival curettage, osseous surgery, gingivectomy, provisional splinting, laser procedures and maintenance. Oral medication

	<p>(including pain control) for PLWH 15 years old or older must be based on a comprehensive individual treatment plan.</p> <p>Prosthodontics: A unit of services is defined as one (1) Prosthodontics visit.</p>
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines. Maximum amount that may be funded by Ryan White/State Services per PLWH is \$3,000/year.
Eligibility for Services:	Person living with HIV; Adult resident of Houston HSDA
Agency Requirements (TRG Only):	<p><b>To ensure that Ryan White is payer of last resort, Agency and/or dental providers (clinicians) must be Medicaid certified and enrolled in all Dental Plans offered to Texas STAR+PLUS eligible PLWH in the Houston EMA/HSDA.</b> Agency/providers must ensure Medicaid certification and billing capability for STAR+PLUS eligible PLWH remains current throughout the contract term.</p> <p>Agency must document that the primary PLWH care dentist has 2 years prior experience treating HIV disease and/or on-going HIV educational programs that are documented in personnel files and updated regularly. Dental facility and appropriate dental staff must maintain Texas licensure/certification and follow all applicable OSHA requirements for PLWH management and laboratory protocol.</p>
Staff Requirements:	State of Texas dental license; licensed dental hygienist and state radiology certification for dental assistants.
Special Requirements (TRG Only):	<p>Must comply with the Houston EMA/HSDA Standards of Care.</p> <p>The agency must comply with <b>the DSHS Oral Health Care Standards of Care</b>. The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.</p> <p>Oral Health Care services can be delivered via telehealth and must follow applicable federal and State of Texas privacy laws.</p>

**APPENDIX C: 2023 SERVICE ELIGIBILITY  
HOUSTON HSDA**

Service Category	Financial Eligibility	Other Eligibility Criteria
ADAP Eligibility Worker <i>(Referral for Health Care &amp; Support Services)</i>	500%	Not Applicable (NA)
Early Intervention Services	500%*	Incarcerated In Harris County Jail
Health Insurance Assistance	101% - 400%	Marketplace Plans
	400%	Other Insurance Plans
Hospice Services	300%	Diagnosis of AIDS & life expectancy of 6 months or less
Linguistic Services	300%	Language other than English & Spanish
Mental Health Services	500%	Current DSM diagnosis eligible for reimbursement under the State Medicaid Plan.
Mental Health Services- Special Populations	500%	Current DSM diagnosis eligible for reimbursement under the State Medicaid Plan.
Non-Medical Case Management Targeting Substance Use Disorder	500%	PLWH who are also facing the challenges of substance use disorder  Target populations should include Transgender, Men who have sex with men (MSM), Women or Incarcerated/recently released from incarceration
Oral Health Care	300%	At least 18 years of age

\* Income is NOT earned while incarcerated in HCJ.

**APPENDIX D**  
**RYAN WHITE HIV/AIDS PROGRAM**  
**CORE MEDICAL & SUPPORT SERVICES**

**RWHAP Core Medical Services**

- AIDS Drug Assistance Program Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

**RWHAP Support Services**

- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Legal Services
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Permanency Planning
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)

*Note: Not all services listed above are funded under this RFP. (See Appendices A & B for services funded under this RFP.) Applicants may only apply for services listed in Appendices A & B.*

**APPENDIX E**  
**EPIDEMIOLOGICAL PROFILE**  
**HOUSTON HSDA**



# RYAN WHITE HIV/AIDS PROGRAM

PART B & State Services

Eastern Texas  
Grant Administration Agency  
www.hivtrg.org

## Houston HSDA

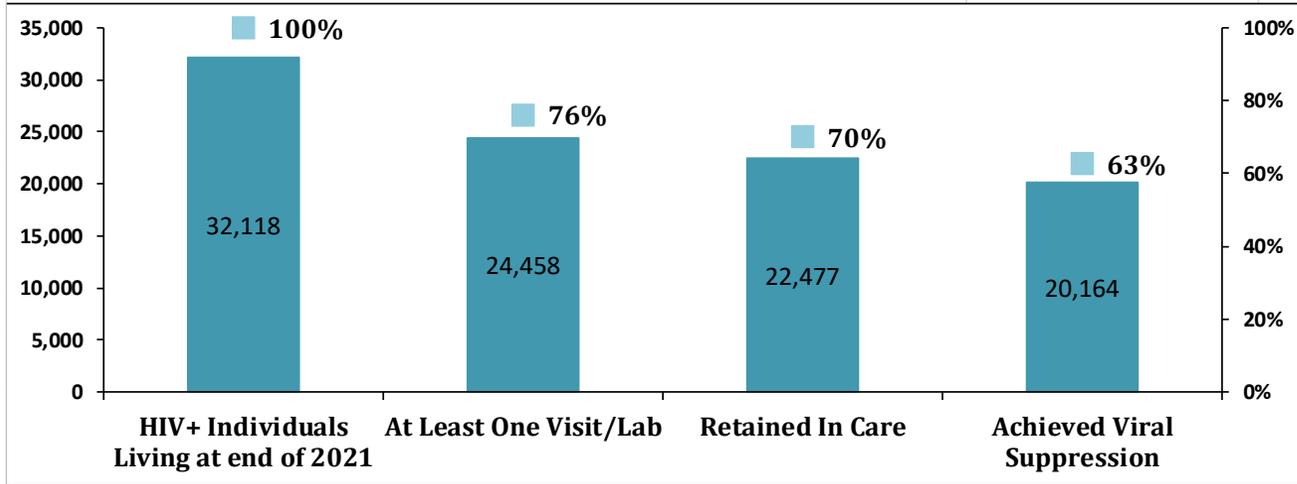
### HIV/AIDS Community & Ryan White 2021 Epi and Cascade Data



# Texas HIV Treatment Cascade for Houston\_HSDA, 2021

## Houston HSDA Community Cascade

COUNTIES: Harris, Walker, Montgomery, Liberty, Chambers, Waller, Fort Bend, Wharton, Colorado, Austin



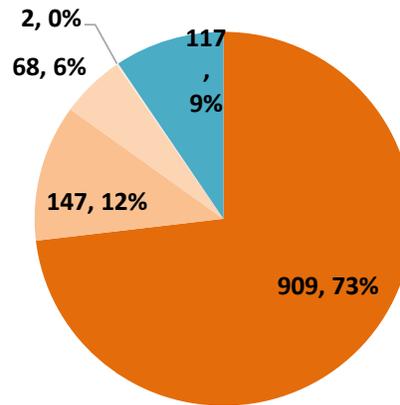
HIV+ Individuals at end of 2021 => No. of HIV+ individuals (alive) at the end of 2021.

At Least One Visit in 2021 => No. of PLWH with a met need (at least one: medical visit, ART prescription, VL test, or CD4 test) in 2021.

Retained in Care => number of PLWH with at least 2 visits or labs, at least 3 months apart or suppressed at end of 2021.

Achieved Viral Suppression at end of 2021 => No. of PLWH whose last viral load test value of 2021 was <= 200 copies/mL.

### Linkage to Care



stage	number_clients	pct_clients
Total New Diagnoses	1243	
Linked in 1 month	909	73%
Linked in 2-3 months	147	12%
Linked in 4-12 months	68	5%
Linked in 12+ months	2	0%
Not Linked	117	9%

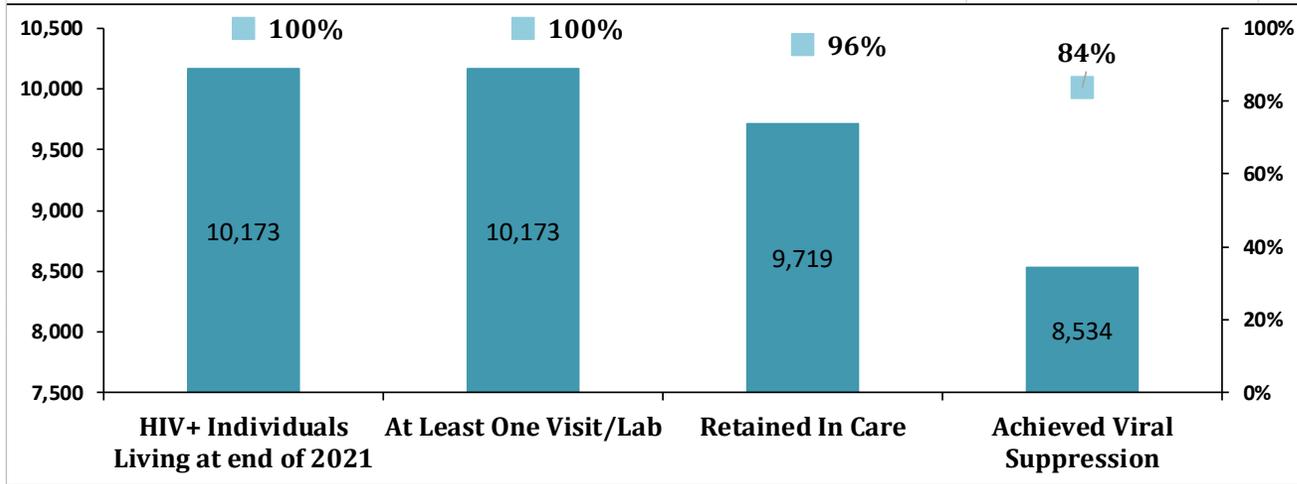
Sources: Enhanced HIV AIDS Reporting System as of July 1, 2022, Medicaid, ELR, Ryan White Services data (ARIES), ADAP, and private payers

Prepared by Program Informatics and Evaluation Group, HIV/STD Branch at the Texas Department of State Health Services, July, 2022

Questions? Contact Terri.Moore@dshs.texas.gov

# Ryan White HIV Treatment Cascade for Houston\_HSDA, 2021

## Houston HSDA Ryan White Cascade



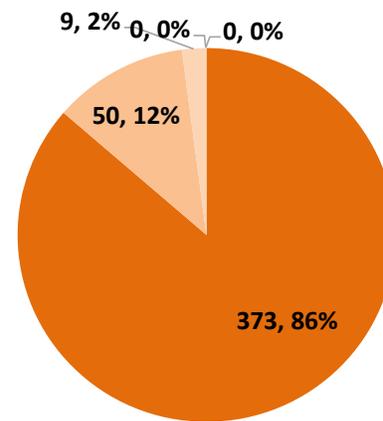
HIV+ Individuals at end of 2021 => No. of HIV+ individuals (alive) at the end of 2021.

At Least One Visit in 2021 => No. of PLWH with a met need (at least one: medical visit, ART prescription, VL test, or CD4 test) in 2021.

Retained in Care => number of PLWH with at least 2 visits or labs, at least 3 months apart or suppressed at end of 2021.

Achieved Viral Suppression at end of 2021 => No. of PLWH whose last viral load test value of 2021 was <= 200 copies/mL.

### Linkage to Care



stage	number_clients	pct_clients
Total New Diagnoses	432	
Linked in 1 month	373	86%
Linked in 2-3 months	50	12%
Linked in 4-12 months	9	2%
Linked in 12+ months	0	0%
Not Linked	0	0%

COUNTIES: Harris, Walker,  
Montgomery, Liberty, Chambers,  
Waller, Fort Bend, Wharton,  
Colorado, Austin

Sources: Enhanced HIV AIDS Reporting System as of July 1, 2022, Medicaid, ELR, Ryan White Services data (ARIES), ADAP, and private payers

Prepared by Program Informatics and Evaluation Group, HIV/STD Branch at the Texas Department of State Health Services, July, 2022

Questions? Contact Terri.Moore@dshs.texas.gov

	PLWH		At least one visit		Retained in Care		% retained if any care	Suppressed		% Retained (of those suppressed)
	#	%	#	%	#	%	%	#	%	%
<b>All PLWH</b>	<b>10,173</b>		<b>10,173</b>		<b>9,719</b>			<b>8,534</b>		
<b>Female</b>	2,374		2,374		2,274			2,009		
<b>Male</b>	7,799		7,799		7,445			6,525		
<b>White</b>	1,022		1,022		976			869		
<b>Black</b>	4,758		4,758		4,498			3,841		
<b>Latinx</b>	3,869		3,869		3,742			3,378		
<b>&lt;=24</b>	512		512		473			412		
<b>25 – 34</b>	2,545		2,545		2,384			2,034		
<b>35 – 44</b>	2,518		2,518		2,383			2,037		
<b>45+</b>	4,598		4,598		4,479			4,051		
<b>MSM</b>	6,243		6,243		5,954			5,276		
<b>PWID</b>	710		710		681			593		
<b>Heterosexual</b>	2,713		2,713		2,600			2,291		
<b>White MSM</b>	737		737		704			647		
<b>Black MSM</b>	2,448		2,448		2,292			1,950		
<b>Latino MSM</b>	2,732		2,732		2,648			2,401		
<b>Black Women</b>	1,469		1,469		1,403			1,225		

	PLWH		At least one visit		Retained in Care		% retained if any care	Suppressed		% Retained (of those suppressed)
	#	%	#	%	#	%	%	#	%	%
<b>All PLWH</b>	<b>32,118</b>		<b>24,458</b>		<b>22,477</b>			<b>20,164</b>		
<b>Female</b>	7,772		5,945		5,443			4,827		
<b>Male</b>	24,346		18,513		17,034			15,337		
<b>White</b>	5,188		4,051		3,798			3,558		
<b>Black</b>	15,332		11,510		10,382			9,052		
<b>Latinx</b>	9,878		7,508		7,027			6,394		
<b>&lt;=24</b>	1,268		1,042		884			768		
<b>25 – 34</b>	6,501		5,067		4,517			3,930		
<b>35 – 44</b>	7,376		5,547		5,021			4,422		
<b>45+</b>	16,973		12,802		12,055			11,044		
<b>MSM</b>	19,270		14,918		13,778			12,549		
<b>PWID</b>	2,414		1,718		1,551			1,333		
<b>Heterosexual</b>	8,776		6,591		6,029			5,379		
<b>White MSM</b>	3,929		3,160		2,982			2,837		
<b>Black MSM</b>	7,395		5,564		5,004			4,390		
<b>Latino MSM</b>	6,869		5,320		4,990			4,580		
<b>Black Women</b>	5,110		3,924		2,569			3,134		

**APPENDIX F**  
**HOUSTON COMPREHENSIVE PLAN**  
**SPECIAL POPULATIONS**

After review of local epidemiological data, needs assessment/special study data, service utilization data, and the NHAS Updated to 2020, the Special Populations selected and defined the 2023 Comprehensive Plan Special Populations according to the following

1. **Youth** – People living with or at risk for HIV aged 13-24 years. Youth represent one of the fastest growing populations experiencing new diagnoses in the Houston Area, particularly young MSM of color. Youth also have unique challenges with securing employment and healthcare coverage. Those with healthcare coverage through a parent or guardian may encounter fear of disclosure or stigma as a barrier to seeking needed HIV prevention and care services.
2. **Homeless** – People living with or at risk for HIV who lack a fixed, regular, and adequate nighttime residence, including those who live in locations not meant for human habitation such as public parks and streets, those who live in or are transitioning from temporary housing or shelters, and those who have persistent housing instability. Housing services is one of the most needed but least accessible services in the Houston Area, and just over a quarter of all PLWH surveyed in the 2016 Houston Area HIV Care Services Needs Assessment reported currently experiencing housing instability (see Section I.D.). Individuals experiencing homelessness have unique challenges to safe medication storage and accessing eligibility documentation that are not experienced by the general Houston population.
3. **Incarcerated/Recently Released (I/RR)** – People living with or at-risk for HIV who are currently incarcerated in the jail or prison system or have been released from jail or prison within the past 12 months. Status unaware incarcerated individuals who leave jail before the 14 day medical assessment and intake do not experience the benefit of HIV testing in the Houston Area. People living with or at-risk for HIV with felony charges have substantially higher difficulty accessing housing than the general Houston population.
4. **Injection Drug Users (IDU)** – People living with or at-risk for HIV who inject medications or drugs, including illegal drugs, hormones, and cosmetics/tattooing. Injection drug use is one of the highest estimated HIV transmission risk per exposure modes of HIV transmission. Individuals with substance use concerns have more difficulty accessing services than the general Houston population.
5. **Men who have Sex with Men (MSM)** – People living with or at-risk for HIV who engage in male-to-male sexual practices and identify as gay or bisexual, those who engage in male-to-male sexual practices and do not identify as gay or bisexual, and those who engage in gay or bisexual male culture regardless of gender identity. MSM make up the largest proportions of both PLWH and new diagnoses in the Houston Area, though many still experience homophobia, rejection from family members, and HIV stigma related to sexual orientation.
6. **Transgender and Gender Non-conforming** – People living with or at-risk for HIV who cross or transcend culturally-defined categories of gender. Transgender and gender non-conforming individuals are often not accurately reflected in epidemiologic data, and share an unequal HIV burden as a result of transphobia, physical and sexual assault, and engaging in sex work.
7. **Women of Color** – People living with or at-risk for HIV who identify racially or ethnically as Black/African American, Hispanic/Latina, or multiracial women, regardless of sex at birth.

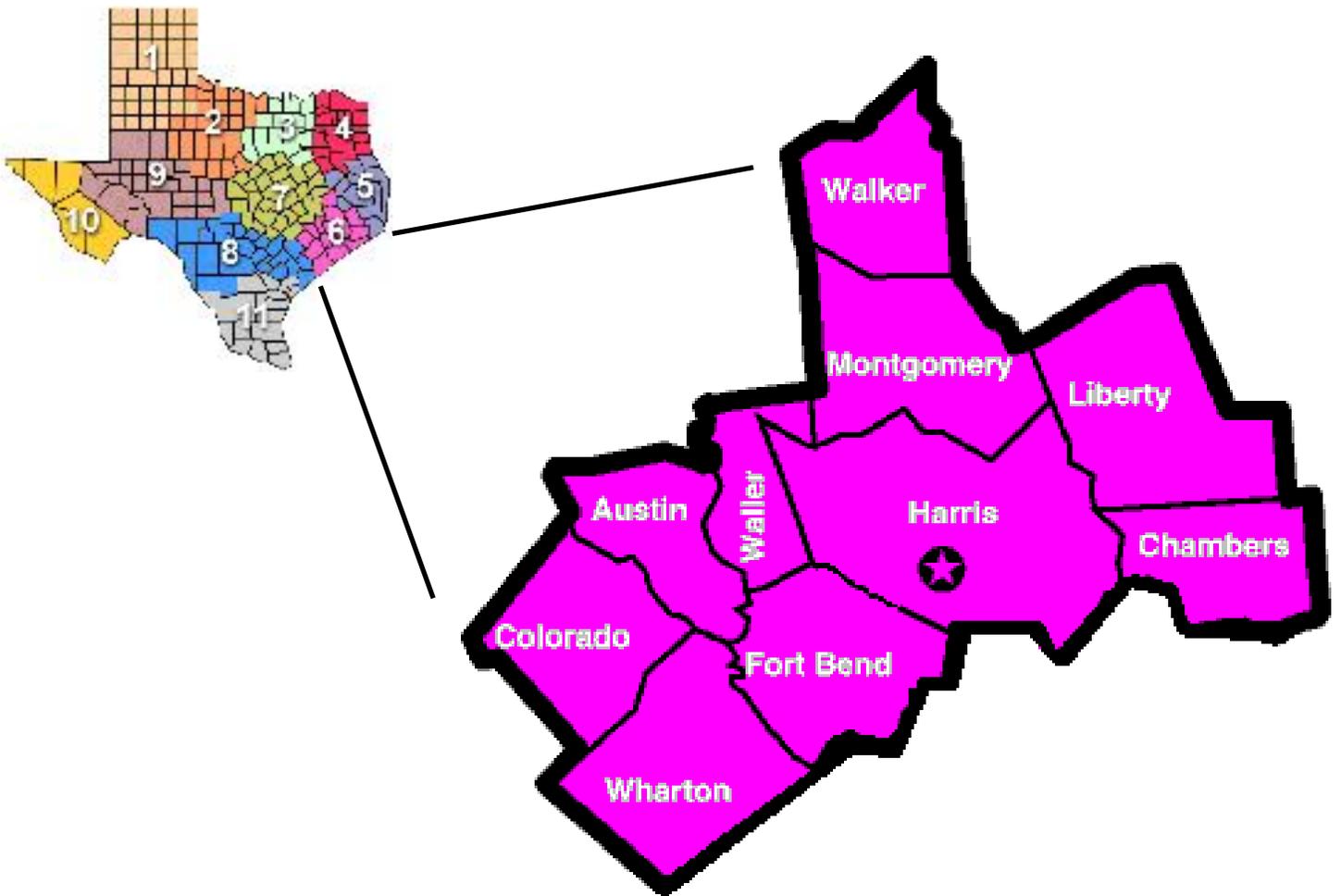
Women of color experience higher HIV prevalence and new diagnoses than any other women in the Houston Area. Women of color also experience intersections of racism and sexism, status as primary caretakers in families with children or elderly members, and high proportions of late diagnoses compared to the general Houston population.

8. Aging – People living with or at risk for HIV aged 50 years and older; Aging present the highest proportions of late diagnoses and, by 2021, will account for the majority of PLWH in the Houston Area. Long-term survivors experience challenges not typically experienced by younger PLWH, such as AIDS Survivor Syndrome, lack of retirement or income resources, and age-related co-morbidities caused or affected by HIV medications.

**APPENDIX G**

**HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.  
RYAN WHITE PART B/DSHS STATE SERVICES SERVICE AREA**

**HIV SERVICE DELIVERY AREA (HSDA)**



## **APPENDIX H CLASSIFICATION OF EXPENSES**

All costs included in the reimbursement rate that you are requesting must be directly related to the program and allowable.

### Allowable Costs

#### Personnel

Compensation for personal services (Including portion of executive director, accounting, and administrative staff allocated to the program based on timesheets)

#### Fringe Benefits

Payroll taxes

FICA (Employer's share)

Unemployment insurance

Employee fringe benefits

Health and life insurance

Retirement plans

Worker's compensation insurance

#### Travel (in-state only)

Transportation

Lodging

Subsistence (meals on a per diem basis excluding alcohol and tip)

Related items (i.e. long distance telephone calls to the office)

(Out of state travel is not allowed.)

#### Equipment

Acquisition cost of equipment (as defined in Contractor's Financial Procedures Manual) that has been specifically pre-approved for purchase.

#### Supplies

Office supplies

Medical supplies

Drugs

Software

Patient educational supplies

Tangible personal property other than that defined as equipment and/or controlled assets (see Equipment above)

#### Contractual

Cost of activities directly associated with the Statement of Work that are delegated to a third party. General and administrative services (accounting, payroll, etc.) are classified as "Other".

#### Other

Accounting

Advertising

Audit

Bonding

Data processing

Exterminating services

Insurance which the organization is required to carry which is maintained in connection with the general conduct of operations (fidelity bond, property, liability)

Janitorial services  
Maintenance and repair of equipment used for the grant  
Meetings and conferences with prior approval  
Patient transportation  
Payroll preparation  
Postage  
Printing and reproduction  
Professional services  
Recruiting costs  
Registration fees  
Rental costs  
Security services  
Taxes which the grantee is legally required to pay (hotel, licenses, permits)  
Telephone/Internet/Fax  
Training and education  
Utilities  
Vehicle gas/maintenance

#### Unallowable Costs

Alcoholic beverages  
Acquisition of real property, building construction, alterations, renovations, or capital improvements  
Bad debts  
Cash payments to intended recipients of services  
Charges billable to third party payers  
Contingencies (reserves made for events the occurrence of which cannot be foretold with certainty as to time, intensity, or with an assurance of their happening)  
Contributions and donations  
Deposits or prepaid expenses  
Duplication of services already available to the target group  
Entertainment  
Fines and penalties  
Fund-raising  
Idle facilities and idle capacity (unused facilities that are excess to the organization's needs)  
Interest and other financial costs  
Investment management costs  
HIV counseling and testing (confirmatory HIV testing is allowable)  
Lobbying  
Losses on other awards  
Mortgage payments  
Overtime, extra-pay shift, and multi-shift premiums  
Supplanting of other funding for services already in place  
Taxes from which the organization is exempt  
Tips and gratuities  
Tobacco products  
Under-recovery of costs under grant agreements (Any excess of cost over the Federal contribution under one grant agreement is unallowable under the other grant agreements.)

For definitions of above costs or more information see OMB Circular A-122, the Contractor's Financial Procedures Manual, or contact Damien Shrock, Senior Accountant, at 713- 526-1016 x110.

APPENDIX I  
 EXTERNAL REVIEWERS' SUMMARY SCORE SHEET  
 HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.

GRANT APPLICATION #: \_\_\_\_\_

AGENCY SUBMITTING PROPOSAL: \_\_\_\_\_

SERVICE TO BE PROVIDED: \_\_\_\_\_

Assign points to each section of the application based on the Evaluation Criteria.

<b>FORMS Sections</b>			
Comments:			
Reasons for Deducting Points:			
Maximum Points	5	Points Awarded	
<b>1. DESCRIPTION OF ORGANIZATION</b>			
Strengths:			
Reason for deducting points:			
Maximum Points	20	Points Awarded	

<b>2. DESCRIPTION OF THE PROPOSED PROJECT</b>			
Strengths:			
Reasons for deducting points:			
Maximum Points	20	Points Awarded	
<b>3. COLLABORATION AND REFERRAL</b>			
Strengths:			
Reasons for deducting points:			
Maximum Points	15	Points Awarded	
<b>4. QUALITY MANAGEMENT AND EVALUATION</b>			
Strengths:			
Reasons for deducting points:			
Maximum Points	15	Points Awarded	

<b>5. Meaningful Engagement</b>			
Strengths:			
Reasons for deducting points			
Maximum Points	10	Points Awarded	
<b>6. BUDGET</b>			
Strengths:			
Reason for deducting points:			
Maximum Points	15	Points Awarded	
TOTAL POINTS AWARDED FOR APPLICATION		(Out of 100):	

APPENDIX J  
HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP  
PROPOSAL TECHNICAL REVIEW

GRANT \_\_\_\_\_

AGENCY \_\_\_\_\_

SERVICE \_\_\_\_\_ PROPOSAL # \_\_\_\_\_

Review Questions 1-4 are concerning required documents and correct format and are not to be considered by External Reviewers in evaluation and scoring of proposals.

1. When was the proposal due? Thursday, January 18, 2024, 5:00 P.M. CST  
A. Proposal submitted on time?  Yes  No  
B. If “No,” when was the proposal submitted?  
\_\_\_\_\_
  
2. A. Required number (7) of copies of the proposal submitted?  Yes  No  
B. If “No,” how many copies were submitted?  
\_\_\_\_\_

**If the answer to either question #1 or #2 is “No,” the proposal will NOT be reviewed.**

3. Are all required documents included?  Yes  No  
 If "NO," deduct 5 points from the final External Review Score.

- 1) Form E-1: Section II Cover Sheet  Yes  No
- 2) Form E-2: DSHS Assurances and Certifications  Yes  No
- 3) Form E-3: HIV Contractor Assurances  Yes  No
- 8) Form E-4: Non-Profit Board Member/Executive Officer Assurance  Yes  No
- 9) Form E-5: General Provisions for Grant Agreement Assurances  Yes  No
- 10) Board of Director's List  Yes  No
- 11) Current Financial Audit  Yes  No
- 12) Quality Management Plan & PI Goals  Yes  No
- 13) Article of Incorporation  Yes  No  N/A
- 14) By-Laws  Yes  No  N/A
- 15) IRS Tax-exempt Determination Letter  Yes  No  N/A
- 16) Licensure, Permits, or Certifications  Yes  No  N/A
- 15) Subcontracts  Yes  No  N/A

4. Is the proposal in the required format?  Yes  No

If "NO," deduct 5 points from final External Review Score.

- 1) Is the proposal typed or computer generated?  Yes  No
- 2) Is the font correct and size within required limits?  Yes  No
- 3) Is the number of pages within required limits?  Yes  No
- 4) Is paper size correct?  Yes  No
- 5) Is line spacing in required limits? (No single spacing)  Yes  No
- 6) Are margins within required limits?  Yes  No
- 7) Are all pages printed only on one side?  Yes  No
- 8) Are all pages black and white as required? (no color)  Yes  No
- 9) Are page numbers on all pages (as applicable)?  Yes  No

HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP  
PROPOSAL TECHNICAL REVIEW

GRANT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

SERVICE: \_\_\_\_\_ PROPOSAL #: \_\_\_\_\_

Reviewers WILL be given PART B to be used in their evaluation and scoring of proposals.

1. Is all information completed on the "Application for Financial Assistance" form?  Yes  No

2. Are the following sections included in the proposal as required?

Description of the Organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description of the Proposed Project	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Collaboration and Referral	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality Management and Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consumer Involvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Are required Budget Forms (D- Series) Included? Complete?

Current HIV/AIDS Funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensure, Permits, & Certs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Line Item & Budget Justification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proposed Subcontracting	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Are all CATEGORICAL budget items allowable?

Personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fringe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Does the CATEGORICAL budget separate the administrative and the program cost?  Yes  No

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Review By: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX K: INDIVIDUAL REVIEWER'S CHECKLIST

Applicant: \_\_\_\_\_

Service: \_\_\_\_\_

Reviewers: Refer to the evaluation criteria for a complete description of each section.

Meeting criteria: if form – is it completed entirely and correctly; does it answer/address the questions/statements

FORMS SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
<b>A-1 Application of Financial Assistance</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>A-2 Application Checklist</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>A-3 Agency Contact List</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>1. DESCRIPTION OF THE ORGANIZATION</b>				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
History/Mission of Agency	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Service Provision Experience	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Agency Structure	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Organizational Chart (appendices)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Job Descriptions and Resumes (appendices)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Current Programs and Activities	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Software Technology	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Eligibility and Service Delivery	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Security of Client-level Information	<input type="checkbox"/> Y <input type="checkbox"/> N	# or <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	
List strategies from National HIV/AIDS Strategy/ Continuum of Care	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Activities to accomplish strategies	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>2. DESCRIPTION OF THE PROPOSED PROJECT</b>				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
How Does Service fit into Overall Mission & Goals	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Form B-1: Work Plan for service delivery</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Is Plan complete and with objectives?

2. DESCRIPTION OF THE PROPOSED PROJECT				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
Describe how proposed service targets Epi Profile	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Form B-2: Clients to be Served Chart</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Is form complete with correct data?
Method of Informing Priority Populations	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Activities to ensure Priority Populations are served.	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
System to Identify Barriers	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Are Barriers to Access Identified	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Barriers to Access Addressed/Eliminated	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
3. COLLABORATION AND REFERRAL				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
<b>Form B-3: Collaborative Agreements</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Is the form complete and include date requested
Procedure to Identify Newly-Diagnosed or Out of Care	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Linkage to Care Model	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Referral Procedure (Step by Step)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Follow-Up Procedure	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
4. QUALITY MANAGEMENT AND EVALUATION				
SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
Description of CQI Process	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Copy of QM Plan (copy in appendices)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Was the plan included and did the Plan detail the process?
Grievance Process and Designated Staff	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Resolutions Incorporated into CQI Process	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Copy of Client Grievance Policy	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Client Satisfaction Survey Process	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	

Copy of Survey and Results Tabulations	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>5. CONSUMER INVOLVEMENT INFORMATION</b>				
<b>SECTION</b>	<b>IN PACKET</b>	<b>PAGE #</b>	<b>MEETS CRITERIA</b>	<b>QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)</b>
<b>FORM C-1- Does the form address the following:</b>			<b>Areas on Form</b>	
Other Methods to get Consumer Feedback	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Recruitment and Retention Consumer Feedback	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Topic of Trainings and Consumer Activities	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Coordinator/Educators (who)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Frequency (when)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>6. BUDGET INFORMATION</b>				
<b>SECTION</b>	<b>IN PACKET</b>	<b>PAGE #</b>	<b>MEETS CRITERIA</b>	<b>QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)</b>
Experience in Grants/ Contract Management	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>D1 – HIV/AIDS Contracts/Grants Form</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Screening process for third party payers ( i. e. Medicaid, Medicare, insurance)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible
<b>Form D-2 – Licensure, Permits &amp; Certifications Form</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible
Software/3 <sup>rd</sup> Party service for verifications	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible
Copies of Medicaid/ Medicare certification notifications	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible
Capacity for third party billing	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Form D-3: Line Item and Categorical Budget</b>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Description of Financial Management Staff	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Role of Board of Directors</b>				
1. Board Trainings	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	

2. Board Meetings, When and Where?	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
3. Board Reports and Statements	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Process/Procedures				
Approve/Amend Budgets	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Address Variances	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Determining ED Salary Level and Increases	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
5. Agency Fundraising	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Form D-4: Proposed Subcontracting of Services Form	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible

This form is for use by each reviewer before the panel meeting. The purpose is to assist the reviewer in remembering their questions, comments, and points of clarification for each application when they attend the panel meeting. Comments on this form may or may not be used in the final summary comments and scoring and therefore are not grounds for grievance. Agencies should use the summary score sheet which reflects the deliberations and discussions of all the reviewers then preparing a grievance. The comments on this form should give agencies an indication of what questions a reviewer has about their agency and statements or sections that may not be as clear as the agency intended. Agencies should use the comments on this form to strengthen their next proposal.

---

*Reviewer Signature*