



DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

April 09, 2024

Commissioners Court
Harris County, Texas

RE: Job No. 220352

Members of Commissioners Court:

Please approve the attached Order(s) authorizing the County Judge to execute the attached Third Amendment to the Agreement(s) for the following:

Description: Ryan White Program Part A Minority AIDS Initiative and Ending the HIV Epidemic Services for Harris County Public Health Services/Ryan White Grant Administration

Service

Categories: Primary Care, LPAP, MCM, SLW, EFA

Vendor(s): AIDS Healthcare Foundation

Amount: \$1,723,462 previously approved funds for the term - 02/29/2024
650,000 additional funds for the term - 02/29/2024
\$2,373,462

Reviewed By: • Harris County Purchasing • Public Health Services/Ryan White Grant Administration

The Third Amendment increases funds available to the vendor. Purchase order(s) will be issued upon Commissioners Court approval.

Sincerely,

DeWight Dopslauf
Purchasing Agent

MTM
Attachment(s)
cc: Vendor(s)

FOR INCLUSION ON COMMISSIONERS COURT AGENDA APRIL 23, 2024



**THIRD AMENDMENT TO CONTRACT BETWEEN HARRIS COUNTY AND
AIDS HEALTHCARE FOUNDATION**

THE STATE OF TEXAS §
 §
COUNTY OF HARRIS §

This Third Amendment to Contract ("Third Amendment") is made and entered into by and between **Harris County** ("the County") a body corporate and politic under the laws of the State of Texas and **AIDS HEALTHCARE FOUNDATION** ("the Subrecipient").

RECITALS

The County has entered into a Contract with the Subrecipient (C.A. File No. 23GEN0389) ("the Contract") for the Subrecipient to provide certain services to certain HIV-infected and affected individuals in the Houston Eligible Metropolitan Area ("the Services"). These services are being funded with federal grant monies received by the County under the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The County and Subrecipient now desire to amend the Contract to increase the amount of funds allocated to the Subrecipient by the amount of \$650,000.00 to provide the Services ("Third Amendment").

NOW, THEREFORE, the County and Subrecipient in consideration of the mutual covenants and Third Amendment to Agreements herein contained do mutually agree as follows:

TERMS:

1. The following language shall be added to Section XVIII.B. of the Contract: "Administrative costs include, but are not limited to, usual and recognized overhead activities, including rent, utilities, and facility costs, costs of management oversight of specific programs supported by Ryan White HIV/AIDS Program funds, including but not limited to, program coordination; clerical; financial and management staff not directly related to patient care; program evaluation and quality improvement; liability insurance; audits; and computer hardware/ software that is not directly related to patient care. If allowed per RFP requirements, any indirect charges pursuant to a federally approved indirect cost rate are considered Administrative Costs. Per HRSA HAB Policy Clarification Notice (PCN) 15-01, the portion of indirect and/or direct facilities expenses such as rent, maintenance, and utilities for areas primarily utilized to provide core medical and support services for eligible RWHAP clients (e.g., clinic, pharmacy, food bank, substance abuse treatment facilities) are not required to be included in the 10% administrative cost cap."
2. It is understood and agreed that Third Amended Attachments Nos. 01 and 02 shall replace Attachments Nos. 01 and 02 of the Contract in their entirety. Third Amended Attachments Nos. 01 and 02 are attached hereto and incorporated herein by reference. Any and all

references in the Contract to Attachment No. 01 shall be references to Third Amended Attachment No. 01. Any and all references in the Contract to Attachment No. 02 shall be references to Third Amended Attachment No. 02. Any and all references in the Contract to Attachment No. 03 shall be references to Third Amended Attachment No. 03. Any and all references in the Contract to Attachment No. 04 shall be references to Third Amended Attachment No. 04.

3. Except as set forth herein, all other terms and provisions of said Contract shall remain in full force and effect as originally written and subsequently amended.
4. The County executes this Third Amendment by and through the County Judge acting pursuant to Order of Commissioners Court of Harris County, Texas, so authorizing. This Third Amendment shall not become effective until executed by all parties hereto and remain in full force and effect until 2/29/2024. At the County's option, the Contract may be renewed on the same terms and conditions for four (4) one-year periods (each a "Renewal Term").
5. Contractor's funds will be increased by Six Hundred Fifty Thousand and 00/100 Dollars, (\$650,000.00) for providing services. Having previously certified funds in the amount of One Million Seven Hundred Twenty-Three Thousand Four Hundred Sixty-Two and 00/100 Dollars (\$1,723,462.00), the total funds available under the Contract is Two Million Three Hundred Seventy-Three Thousand Four Hundred Sixty-Three and 00/100 Dollars (\$2,373,463.00). Contractor understands and agrees, said understanding and agreement also being of the absolute essence of this Third Amendment, that the total maximum compensation that Contractor may become entitled to for the Services performed under this Contract and Third Amendment, and the total maximum sum that the County shall become liable to pay to Contractor under this Amendment for the Services, shall not under any conditions, circumstances, or interpretations thereof exceed the sum of Two Million Three Hundred Seventy-Three Thousand Four Hundred Sixty-Three and 00/100 Dollars (\$2,373,463.00).
6. Contractor further understands and agrees that payment for the Services under this Contract shall be made from Grant Funds awarded to the County for the term of the Contract. It is expressly understood and agreed that the County shall rely solely on Grant Funds under the Grant awarded to the County with which to pay its obligations for the Services provided under this Contract. The County shall not be liable under any circumstances or any interpretations hereof for any costs under the Contract until the Grant Funds are actually received by the County and then only to the extent that such monies are actually received and certified available for this Contract by the County Auditor, as evidenced by the issuance of a Purchase Order for the amount. Contractor agrees that the Grant Funds awarded to the County are the exclusive funding of the Contract.
7. The Parties understand that payment obligations created by this Contract are conditioned upon the availability of third-party funds (e.g., federal funds awarded to the State or County) from the United States Public Health Service, Health Resources and Services Administration ("HRSA") and appropriated for the payment of such obligations under the

Grant. In the event these funds are discontinued or reduced during the Contract term, the County shall not be liable for payment of any funds above the actual Grant Funds the County receives. If such a discontinuation/reduction occurs and the Parties are unable to renegotiate the Contract upon mutually acceptable terms, Contractor's sole and exclusive remedy shall be to terminate this Contract. The County obligation to make any payments under the Contract is limited to the amount of the Grant Funds. Contractor agrees that it will not be entitled to any damages or remedies of any kind including, but not limited to liquidated or incidental damages, late fees, penalties, or finance charges. Failure to certify funds or to certify sufficient funding for any reason shall not be considered a breach of the Contract.

APPROVED AS TO FORM:

HARRIS COUNTY

CHRISTIAN D. MENEFEE

County Attorney

By: 

T. Scott Petty
Senior Assistant County Attorney
C.A. File No. 24GEN0327

By: _____

Lina Hidalgo
County Judge

Date signed: _____

APPROVED:

HARRIS COUNTY PUBLIC HEALTH

By: 

Barbie L. Robinson, MPP, JD, CHC
Executive Director, Harris County Public Health

Date signed: 2/28/2024

ATTEST:

AIDS Healthcare Foundation

By: _____

Secretary

By: 

Michael Weinstein, President

Date signed: 2/16/2024

THIRD AMENDED ATTACHMENT NO. 01

SECTION I. SCOPE OF SERVICES

HRSA Service Category: 1. Outpatient/Ambulatory Medical Care
2. AIDS Pharmaceutical Assistance (local)
3. Medical Case Management
4. Case Management (non-Medical)
5. Emergency Financial Assistance – Pharmacy Assistance
6. Outreach

Local Service Category: Adult Comprehensive Primary Medical Care - CBO
i. Community-based Targeted to African American
ii. Community-based Targeted to Hispanic
iii. Community-based Targeted to White/MSM

Amount Available: Initial Award Funding: \$1,351,174.00

1. Primary Medical Care: \$345,667.00
2. LPAP: \$70,316.00
(At least 75% of funds must be for medications)
3. Medical Case Management: \$64,615.00 (4.5 FTE)
4. Service Linkage: \$15,870.00 (2.5 FTE)
5. Emergency Financial Assistance: \$812,135.00
(At least 75% of funds must be for medications)
6. Outreach: \$42,571.00

Note: The Houston Ryan White Planning Council (RWPC) determines overall annual Part A and MAI service category allocations & reallocations. RWGA has sole authority over contract award amounts.

Target Population: Comprehensive Primary Medical Care – Community Based
i. Targeted to African American: African American ages 13 or older
ii. Targeted to Hispanic: Hispanic ages 13 or older
iii. Targeted to White: White (non-Hispanic) ages 13 or older

Client Eligibility: PLWHA residing in the Houston EMA (prior approval required for non-EMA clients). Subrecipient must adhere to Targeting requirements and Budget limitations as applicable.
Age, Gender, Race, Ethnicity, Residence, etc.

Financial Eligibility:	<i>See Approved Financial Eligibility for Houston EMA/HSDA</i>
Budget Type:	Hybrid Fee for Service
Budget Requirement or Restrictions:	<p>Primary Medical Care:</p> <p>No less than 75% of clients served in a Targeted subcategory must be members of the targeted population with the following exceptions:</p> <p>10% of funds designated to primary medical care must be reserved for invoicing diagnostic procedures at actual cost.</p> <p>Subrecipients may not exceed the allocation for each individual service component (Primary Medical Care, Medical Case Management, Local Pharmacy Assistance Program and Service Linkage) without prior approval from RWGA.</p> <p>Local Pharmacy Assistance Program (LPAP):</p> <p>Houston Ryan White Planning Council (RWPC) guidelines for Local Pharmacy Assistance Program (LPAP) services: Subrecipient shall offer HIV medications from an approved formulary for a total not to exceed \$18,000 per contract year per client. Subrecipient shall offer HIV-related medications for a total not to exceed \$3,000 per contract year per client. These guidelines are determined by the RWPC. The RWPC determines the subcategories that shall include Ryan White LPAP funding.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for LPAP services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p> <p>EFA-Pharmacy Assistance: Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.</p>

Service Unit **Outpatient/Ambulatory Medical Care:** One (1) unit of service = One (1)
Definition/s: primary care office/clinic visit or telehealth which includes the following:

- Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and
- Medication/treatment education
- Medication access/linkage
- OB/GYN specialty procedures (as clinically indicated)
- Nutritional assessment (as clinically indicated)
- Laboratory (as clinically indicated, not including specialized tests)
- Radiology (as clinically indicated, not including CAT scan or MRI)
- Eligibility verification/screening (as necessary)
- Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit.

Outpatient Psychiatric Services: 1 unit of service = A single (1) office/clinic visit or telehealth wherein the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit.

Nutritional Assessment and Plan: 1 unit of service = A single comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit.

AIDS Pharmaceutical Assistance (local): A unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.

Medical Case Management: 1 unit of service = 15 minutes of direct medical case management services to an eligible PLWHA performed by a qualified medical case manager.

Service Linkage (non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.

Outreach: 1 unit of service = 15 minutes of direct client service providing outreach services by a Outreach Worker for eligible HIV-infected clients,

including other allowable activities (includes staff trainings, meetings, and assessments at determined by Ryan White Grant Administration).

HRSA Service Category Definition: **Outpatient/Ambulatory medical care** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.

Medical Case Management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

Case Management (non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Outreach Services include the provision of the following three activities: Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services, Provision of additional information and education on health care coverage options, Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Standards of Care: Subrecipients must adhere to the most current published Part A/B Standards of Care for the Houston EMA/HSDA. **Services must meet or exceed applicable United States Department of Health and Human Services (DHHS) guidelines for the Treatment of HIV/AIDS.**

Local Service Category Definition/ Services to be Provided: **Outpatient/Ambulatory Primary Medical Care:** Services include on-site physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietitian, patient medication education, and patient care coordination. The Subrecipient must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).

Services provided to women shall further include OB/GYN physician & physician extender services on-site or by referral, OB/GYN services, colposcopy, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health care referral, licensed dietitian, patient medication/women's health education, patient care coordination, and social services. The Subrecipient must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral protocols to appropriate agencies upon primary care Physician's order).

Outpatient/Ambulatory Primary Medical Care must provide:

- Continuity of care for all stages of adult HIV infection;
- Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);

- Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);
- Access to the Texas ADAP program (either on-site or through established referral systems);
- Access to compassionate use HIV medication programs (either directly or through established referral systems);
- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Subrecipient must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent DHHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Subrecipient provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Outpatient Psychiatry services.
- On-site Medical Case Management services.
- On-site Medication Education.
- Physical therapy services (either on-site or via referral).
- Specialty Clinic Referrals (either on-site or via referral).
- On-site pelvic exams as needed for female patients with appropriate follow-up treatment and referral.
- On site Nutritional Counseling by a Licensed Dietitian.

Services for women must also provide:

- Well woman care, including but not limited to: PAP, pelvic exam, HPV screening, breast examination, mammography, hormone replacement and education, pregnancy testing, contraceptive services excluding birth control medications.
- Obstetric Care: ante-partum through post-partum services, child birth/delivery services. Perinatal preventative education and treatment.
- On-site or by referral Colposcopy exams as needed, performed by an OB/GYN physician, or physician extender with a colposcopy provider qualification.
- Social services, including but not limited to, providing women access to child care, transportation vouchers, food vouchers and support groups at the clinic site;

Nutritional Assessment: Services include provision of information about therapeutic nutritional/supplemental foods that are beneficial to the wellness and increased health conditions of clients by a Licensed Dietitian. Services may be provided either through educational or counseling sessions. Clients who receive these services may utilize the Ryan White Part A-funded nutritional supplement

provider to obtain recommended nutritional supplements in accordance with program rules. Clients are limited to one (1) nutritional assessment per calendar year without prior approval of RWGA.

Patient Medication Education Services must adhere to the following requirements:

- Medication Educators must be State Licensed Medical Doctor (MD), Nurse Practitioner (NP), Physician Assistant (PA), Nurse (RN, LVN) or Pharmacist. Prior approval must be obtained prior to utilizing any other health care professional not listed above to provide medication education.
- Clients who will be prescribed ongoing medical regimens (i.e. ART) must be assessed for adherence to treatment at every clinical encounter using the EMA's approved adherence assessment tool. Clients with adherence issues related to lack of understanding must receive more education regarding their medical regimen. Clients with adherence issues that are behavioral or involve mental health issues must be provided counseling by the Medical Case Manager, Physician or Physician Extender and/or licensed nursing staff and, if clinically indicated, assessment and treatment by a qualified Psychiatrist or Psychiatric Nurse Practitioner.

Outpatient Psychiatric Services:

The program must provide:

- Diagnostic Assessments: comprehensive evaluation for identification of psychiatric disorders, mental status evaluation, differential diagnosis which may involve use of other clinical and laboratory tests, case formulation, and treatment plans or disposition.
- Emergency Psychiatric Services: rapid evaluation, differential diagnosis, acute treatment, crisis intervention, and referral. Must be available on a 24-hour basis including emergency room referral.
- Brief Psychotherapy: individual, supportive, group, couple, family, hypnosis, biofeedback, and other psychophysiological treatments and behavior modification.
- Psychopharmacotherapy: evaluation and medication treatment of psychiatric disorders, including, but not limited to, anxiety disorders, major depression, pain syndromes, habit control problems, psychosis and organic mental disorders.
- Rehabilitation Services: Physical, psychosocial, behavioral, and/or cognitive training.

Screening for Eye Disorders: Subrecipient must ensure that patients receive appropriate screening and treatment for CMV, glaucoma, cataracts, and other related problems.

Local Medication Assistance Program (LPAP): LPAP provides pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. Allowable medications are only those on the Houston EMA Ryan White Part A Formulary. Eligible clients may be provided Fuzeon™ on a case-by-case basis with prior approval of Ryan White Grant Administration (RWGA). The cost of Fuzeon™ does not count against a client's annual maximum. HIV-related medication services are the provision of physician or physician-extender prescribed HIV-related medications to prevent serious deterioration of health. Does not include drugs available to the patient from other programs or payers or free of charge (such as birth control and TB medications) or medications available over the counter (OTC) without prescription.

Subrecipient must offer all medications on the Texas ADAP formulary, for a total not to exceed \$18,000.00 per contract year per client. Subrecipient must provide allowable HIV-related medications (i.e. non-HIV medications) for a total not to exceed \$3,000 per contract year per client.

Emergency Financial Assistance – Pharmacy Assistance: provides limited one-time and/or short-term 30-day supply of pharmaceuticals to patients otherwise ineligible for medications through private insurance, Medicaid/Medicare, State ADAP, SPAP or other sources. One refill for up to 30-day supply available with RWGA prior approval. Allowable medications are only those HIV medications on the Houston EMA Ryan White Part A Formulary. Does not include drugs available to the patient from other programs or payers or free of charge or medications available over the counter (OTC) without prescription. Contractor must offer all medications on the Texas ADAP formulary.

Medical Case Management Services: Services include screening all primary medical care patients to determine each patient's level of need for Medical Case Management services, performing a comprehensive assessment, including an assessment of the patient's health literacy, and developing a medical service plan for each client that demonstrates a documented need for such services, monitoring medical service plan to ensure its implementation, and educating client regarding wellness, medication and health care appointment adherence. The Medical Case Manager serves as an advocate for the client and as a liaison with medical providers on behalf of the client. The Medical Case Manager ensures linkage to mental health, substance abuse and other client services as indicated by the medical service plan.

Service Linkage: The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with

HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Subrecipient must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.

Outreach: Providing allowable Ryan White Program outreach and service linkage activities to newly-diagnosed and/or Lost-to-Care PLWHA who know their status but are not actively engaged in outpatient primary medical care with information, referrals and assistance with medical appointment setting, mental health, substance abuse and psychosocial services as needed; advocating on behalf of clients to decrease service gaps and remove barriers to services helping clients develop and utilize independent living skills and strategies. Assist clients in obtaining needed resources, including bus pass vouchers and gas cards per published HCPHES/RWGA policies. Outreach services must be conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior, designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness, planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort, targeted to populations known, through local epidemiologic data or review of service

utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

Agency

Providers and system must be Medicaid/Medicare certified.

Requirements:

Eligibility and Benefits Coordination: Subrecipient must implement consumer-friendly, culturally and linguistically appropriate new and ongoing patient eligibility verification and benefit coordination processes that ensure accountability with Ryan White Payer of Last Resort requirements while achieving maximum utilization of eligible benefits. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and other information needed to ensure full and continued participation in care.

LPAP and EFA Services: Subrecipient must:

Provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.

Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:

Ensure a comprehensive financial intake application to determine client eligibility for this program to insure that these funds are used as a last resort for purchase of medications.

Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA.

Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.

Ensure, either directly or via a 340B Pharmacy Program Provider, at least 2 years of continuous documented experience in providing HIV/AIDS medication programs utilizing Ryan White Program or similar public sector funding. This experience must be documented and is subject to independent verification by RWGA.

Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or

termination of contract awarded. Subrecipient must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.

Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Subrecipient must maintain documentation of such marketing efforts.

Implement a consistent process to enroll eligible patients in available pharmaceutical company Patient Assistance Programs prior to using Ryan White Part A funded LPAP resources.

Ensure information regarding the program is provided to PLWHA, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV and HIV-related medications.

Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.

Case Management Operations and Supervision: The Service Linkage Workers (SLW) and Medical Case Managers (MCM) must function within the clinical infrastructure of Subrecipient and receive ongoing supervision that meets or exceeds published Standards of Care. A MCM may supervise SLWs.

Staff Requirements: Subrecipient is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders with a colposcopy provider qualification, x-ray technologists, State licensed dietitians, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease. In addition, Subrecipient must ensure the following staff requirements are met:

Outpatient Psychiatric Services: Director of the Program must be a Board Certified Psychiatrist. Licensed and/or Certified allied health professionals (Licensed Psychologists, Physicians, Psychiatric Nurse Practitioners, Licensed Master Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Alcohol and Drug Abuse Counselors, etc.) must be used in all treatment modalities. Documentation of the Director's credentials, licensures and certifications must be in personnel file. Documentation of the Allied Health professional licensures and certifications must be in personnel file.

Medication and Adherence Education: The program must utilize an RN, LVN, PA, NP, pharmacist or MD licensed by the State of Texas, who has at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care, to provide the educational services. Licensed social workers who have at least two (2) years paid experience in the preceding five (5) years in HIV/AIDS care may also provide adherence education and counseling.

Nutritional Assessment (primary care): Services must be provided by a licensed registered dietician. Dieticians must have a minimum of two (2) years of experience providing nutritional assessment and counseling to PLWHA.

Medical Case Management: The program must utilize a state licensed Social Worker to provide Medical Case Management Services. The Subrecipient must maintain the assigned number of Medical Case Management FTEs throughout the contract term. **Subrecipient must provide to RWGA the names of each Medical Case Manager and the individual assigned to supervise those Medical Case Managers by 03/31/23, and thereafter within 15 days after hire.**

Service Linkage: The program must utilize Service Linkage Workers who 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 client services to PLWHA 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 Service Linkage Workers must have a minimum of one (1) year paid work experience with PLWHA. Subrecipient must maintain the assigned number of Service Linkage FTEs throughout the contract term. **Subrecipient must provide to RWGA the names of each Service Linkage Worker and the individual assigned to supervise those Service Linkage Workers by 03/31/23, and thereafter within 15 days after hire.**

Supervision of Case Managers: The Service Linkage Workers and Medical Case Managers must function within the clinical infrastructure of Subrecipient and receive ongoing supervision that meets or exceeds Houston EMA/HSDA Part A/B Standards of Care for Service Linkage and Medical Case Management as applicable. A MCM may supervise SLWs.

Special Requirements: **All primary medical care services must meet or exceed current United States DHHS Treatment Guidelines for the treatment and management of HIV disease.**

Subrecipient must provide all required program components - Primary Medical Care, Medical Case Management, Service Linkage (non-medical Case Management) and Local Pharmacy Assistance Program (LPAP) services.

Primary Medical Care Services: Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Subrecipient bill the County for the difference between the reimbursement from Medicaid, Medicare or Third-Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Subrecipient based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.

For primary medical care services targeted to the Latino community at least 50% of the clinical care team must be fluent in Spanish.

Diagnostic Procedures: A single Diagnostic Procedure limited to procedures on the approved list of diagnostic procedures (see below) without prior County approval. Approved diagnostic procedures will be reimbursed at invoice cost. Part A and Part A/MAI-funded programs must refer to the RWGA website for the most current list of approved diagnostic procedures and corresponding codes: www.hcphtx.org/rwga. **Diagnostic procedures not listed on the website must have prior approval by RWGA.**

Outpatient Psychiatric Services: Client must not be eligible for services from other programs/providers or any other reimbursement source (i.e. Medicaid, Medicare, private insurance) unless the client is in crisis and cannot be provided immediate services from the other programs/providers. In this case, clients may be provided services, as long as the client applies for the other programs/providers, until the other programs/providers can take over services.

Program must be supervised by a Psychiatrist and include diagnostic assessments, emergency evaluations and psycho-pharmacotherapy.

Maintaining Referral Relationships (Point of Entry Agreements): Subrecipient must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Subrecipient and appropriate point of entry entities and are subject to audit by RWGA. Subrecipient and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.

Use of CPCDMS Data System: Subrecipient must comply with CPCDMS business rules and procedures. Subrecipient must enter into the CPCDMS all required clinical data, including but not limited to, HAART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and Hepatitis A, B, C and other clinical screening and treatment data required by HRSA, TDSHS and the County. Subrecipient must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Subrecipient is client's CPCDMS record-owning agency. Subrecipient must utilize an electronic verification system to verify insurance/3rd party payer status monthly or per visit (whichever is less frequent).

Patient Transportation: The County will provide Agency with METRO bus card vouchers and access to Ride Sharing services. Bus card vouchers must be distributed and ride sharing services used in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Agency may only issue METRO bus card vouchers to clients wherein the Agency is the CPCDMS record owning agency. Clients who receive primary medical care services from a Ryan White funded provider, must obtain their bus card voucher from their primary medical care provide.

METRO bus pass vouchers shall be distributed as follows:

Expiration of Current Bus Pass: In those situations wherein the bus pass expiration date does not coincide with the CPCDMS registration update the Subrecipient must distribute METRO bus pass vouchers to eligible clients upon the expiration of the current bus pass or when a Value-based bus card has been expended on eligible transportation needs. Subrecipient may issue METRO bus passes to eligible clients living outside the METRO service area in those situations where the Subrecipient has documented in the client record that the client will utilize the METRO system to access needed HIV-related health care services located in the METRO service area.

Gas Cards: Primary Medical Care Subrecipients must distribute gasoline vouchers to eligible clients residing in the rural service area in accordance with RWGA policies and procedures, standards of care and financial eligibility guidelines. Gas Cards are only available to Rural primary medical care Subrecipients without prior approval by RWGA.

Subrecipient must comply with CPCDMS system business rules and procedures.

Subrecipient must submit proof of active System for Award Management (SAM) registration annually, and thereafter prior to expiration of active registration.

Only individuals diagnosed with HIV/AIDS residing in the Houston EMA (Harris, Chambers, Fort Bend, Liberty, Montgomery and Waller Counties) will be eligible for services.

Objective 1: By 2/29/24 to provide at least **810 (including MAI-funded clients)** unduplicated eligible HIV-infected adult clients¹ as listed below with comprehensive outpatient primary health care services as documented by entries in the CPCDMS database. This includes a minimum of 325 new unduplicated clients.² The population targets for this contract are:

- a. African American (non-Hispanic): **380** unduplicated PLWHA
- b. Hispanic: **350** unduplicated PLWHA
- c. White (non-Hispanic): **80** unduplicated PLWHA

Objective 2: By 2/29/24 to provide at least **610** unduplicated eligible HIV-infected adult clients³ as listed below with medical case management services as documented by entries in the CPCDMS database. The population targets for this contract are:

- a. African American (non-Hispanic): **325** unduplicated PLWHA
- b. Hispanic: **225** unduplicated PLWHA
- c. White (non-Hispanic): **60** unduplicated PLWHA

¹ For purposes of calculating unduplicated clients served, a client shall be counted if they had two or more physician or physician extender visits more than 90 days apart between 3/1/23 and 5/31/23, including visits charged to MAI.

² For purposes of calculating **new** unduplicated clients served under primary medical care, a client shall be counted if they had two or more physician or physician extender visits more than 90 days apart during the contract year including visits charged to MAI and had no physician or physician extender visit charged to Ryan White between March 1, 2023 and February 29, 2024.

³ For medical case management, a client shall be counted if they had two or more primary care visits more than 90 days apart and medical case management services during the contract year.

Objective 3: By 2/29/24 to provide at least **390** unduplicated eligible HIV-infected adult clients with service linkage worker services as documented by entries in the CPCDMS database.

Objective 4: By 2/29/24 to provide at least **605** unduplicated eligible HIV-infected clients⁴ with local pharmacy assistance program services as documented by entries in the CPCDMS database.

Objectives are subject to revision upon issuance of final (total) contract amount.

SECTION II. SPECIAL PROVISIONS

All information and educational materials developed and provided by the Subrecipient will be accurate, comprehensive, and consistent with the current findings of the United States Public Health Service.

Subrecipient must comply with the Client Level Reporting and Ryan White HIV/AIDS Treatment Extension Act Services Data Report filing requirements established by HRSA. The County will provide the Subrecipient with the required format for submitting reports in accordance with these requirements.

The Act requires that resources be allocated at no less than the percentage constituted by the ratio of the population of women, infants, youth, and children with HIV/AIDS to the general population with HIV/AIDS. For the Houston EMA, the following minimum percentages of funding must be utilized to provide services to women, infants, children, and youth as applicable under the Subrecipient's scope of services:

23.36% Women (ages 25 and older)
0.01% Infants (ages 0 - < 1 year)
0.12% Children (ages 1 – 12 years)
3.39% Youth (ages 13 – 24)

⁴ For local pharmacy assistance services, a client shall be counted if they had two or more primary care visits more than 90 days apart and local pharmacy assistance during the contract year.

THIRD AMENDED ATTACHMENT NO. 02

BUDGET

Primary Health Care Visits by Physician & Physician Extender

Total

FEE CHARGED PER UNIT OF SERVICE

\$345.00

One (1) unit of service = One (1) primary care office/clinic visit or telehealth which includes the following:

- Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and
- Medication/treatment education
- Medication access/linkage
- OB/GYN specialty procedures (as clinically indicated)
- Nutritional assessment (as clinically indicated)
- Laboratory (as clinically indicated, not including specialized tests)
- Radiology (as clinically indicated, not including CAT scan or MRI)
- Eligibility verification/screening (as necessary)
- Follow-up visits wherein the patient is not seen by the MD/NP/PA are considered to be a component of the original primary care visit. In situations where a client is examined by both the Physician and Physician Extender on the same date, only the Physician Visit may be billed.

NUMBER OF UNITS OF SERVICE TO BE PROVIDED

672.21

TOTAL COST OF THESE SERVICES

(\$345.00 x 672.21)

\$231,913.21

Personnel	\$ 54.87
Fringe	\$ 13.71
Travel	\$.00
Equipment	\$.00
Supplies	\$.00
Contractual	\$.00
Other	<u>\$276.42</u>
TOTAL	\$345.00

Total Amount of Funds for Disbursements of Diagnostic Procedures*

\$83,155.12

A single Diagnostic Procedure limited to procedures listed on the *Approved List of Diagnostic Procedures* located at www.hcphtx.org/rwga Approved diagnostic procedures will be reimbursed at invoice cost. *Diagnostic procedure codes must be provided on invoice to process reimbursements.

Performance Incentive Disbursement

\$14,070.00

HRSA approved health outcome performance-based incentive disbursement. HIV viral load suppression rate disparities benchmark met in accordance with the RWGA pay for performance model. Eligible budget expenditures require RWGA prior approval.

THIRD AMENDED ATTACHMENT NO. 02

BUDGET

Outpatient Psychiatric Visits

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$160.00
the patient is seen by a State licensed and board-eligible Psychiatrist or qualified Psychiatric Nurse Practitioner. This visit may or may not occur on the same date as a primary care office visit. Maximum reimbursement allowable for a psychiatry visit may not exceed \$160.00 per visit.		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		20.79
TOTAL COST OF THESE SERVICES	(\$160.00 x 20.79)	\$3,326.20
Personnel	\$.00	
Fringe	\$.00	
Travel	\$.00	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$160.00	
Other	<u>\$.00</u>	
TOTAL	\$160.00	

THIRD AMENDED ATTACHMENT NO. 02

BUDGET Nutritional Assessment

Total

FEE CHARGED PER UNIT OF SERVICE

\$185.00

1 unit of service = A single (1) comprehensive nutritional assessment and treatment plan performed by a Licensed, Registered Dietician initiated upon a physician's order. Does not include the provision of Supplements or other products (clients may be referred to the Ryan White funded Medical Nutritional Therapy provider for provision of medically necessary supplements). The nutritional assessment visit may or may not occur on the same date as a medical office visit. Limit one assessment per client per contract year.

NUMBER OF UNITS OF SERVICE TO BE PROVIDED

71.36

TOTAL COST OF THESE SERVICES

(\$185.00 x 71.36)

\$13,202.47

Personnel	\$.00
Fringe	\$.00
Travel	\$.00
Equipment	\$.00
Supplies	\$.00
Contractual	\$185.00
Other	<u>\$.00</u>
TOTAL	\$185.00

THIRD AMENDED ATTACHMENT NO. 02

BUDGET Medical Case Management

Total

FEE CHARGED PER UNIT OF SERVICE

\$30.00

1 unit of service = 15 minutes of direct client service providing medical care coordination by a Medical Case Manager for eligible HIV-infected clients, including other allowable activities*. Subrecipient must enter time in exact increments of 1 minute each. For example, 23 minutes of medical case management services to an eligible client must be entered into the CPCDMS as 23 minutes. Subrecipient may not round time up or down. *The RWGA designated units for completing Assessments & Service Plans may only be billed twice per contract year (i.e., every 6 months) which consist of two (2) units for a comprehensive assessment or service plan, and one (1) unit for a brief assessment.*

NUMBER OF UNITS OF SERVICE TO BE PROVIDED

2,153.83

TOTAL COST OF THESE SERVICES

(\$30.00 x 2,153.83)

\$64,615.00

Personnel	\$24.00
Fringe	\$ 6.00
Travel	\$.00
Equipment	\$.00
Supplies	\$.00
Contractual	\$.00
Other	\$.00
TOTAL	\$30.00

*** Case Management/SLW Other Allowable Activities**

Service	Minutes	Comments
Online TDSHS Case Management Certification	Maximum of 16 hours (contingent on completing course and making passing score)	As required by SOC
Online FEMA Training	Maximum 180 min. per req. courses (contingent on completion certificate)	As required by SOC
Online Certified Application Counselor Training	Maximum 360 minutes (contingent on completion certificate)	As required by SOC
Online CPCDMS Training Module	Maximum of 2 hours (upon completion of all modules)	As required
Case Mgmt. trainings & meetings¹	Exact ¹	As required by SOC
CPCDMS trainings¹	Exact ¹	As required
Mandatory Meetings and/or Trainings Required by RWGA¹	Exact ¹	As required

¹Only billable if provided by RWGA staff, and excludes breaks and lunch

THIRD AMENDED ATTACHMENT NO. 02

BUDGET

Service Linkage Worker (Non-Medical Case Management)

Total

FEE CHARGED PER UNIT OF SERVICE

\$25.00

1 unit of service = 15 minutes of direct client service providing non-medical case management services by a Service Linkage Worker for eligible HIV-infected clients, including other allowable activities*. Subrecipient must enter time in exact increments of 1 minute each. For example, 23 minutes of medical case management services to an eligible client must be entered into the CPCDMS as 23 minutes. Subrecipient may not round time up or down. *The RWGA designated units for completing Assessments & Service Plans may only be billed twice per contract year (i.e., every 6 months) which consist of two (2) units for a comprehensive assessment or service plan, and one (1) unit for a brief assessment.*

NUMBER OF UNITS OF SERVICE TO BE PROVIDED

634.80

TOTAL COST OF THESE SERVICES

(\$25.00 x 634.80)

\$15,870.00

Personnel	\$20.00
Fringe	\$ 5.00
Travel	\$.00
Equipment	\$.00
Supplies	\$.00
Contractual	\$.00
Other	\$.00
TOTAL	\$20.00

THIRD AMENDED ATTACHMENT NO. 02

BUDGET

Adult Community Based Comprehensive Primary Medical (Outreach)

Total

FEE CHARGED PER UNIT OF SERVICE

\$70.00

1 unit of service = 15 minutes of direct client service providing non-medical case management services for eligible HIV-infected clients, including other allowable activities*. Subrecipient must enter time in exact increments of 1 minute each. For example, 23 minutes of medical case management services to an eligible client must be entered into the CPCDMS as 23 minutes. Subrecipient may not round time up or down. *The RWGA designated units for completing Assessments & Service Plans may only be billed twice per contract year (i.e., every 6 months) which consist of two (2) units for a comprehensive assessment or service plan, and one (1) unit for a brief assessment.*

NUMBER OF UNITS OF SERVICE TO BE PROVIDED

608.16

TOTAL COST OF THESE SERVICES

(\$70.00 x 608.16)

\$42,571.00

Personnel	\$56.00
Fringe	\$14.00
Travel	\$.00
Equipment	\$.00
Supplies	\$.00
Contractual	\$.00
Other	<u>\$.00</u>
TOTAL	\$70.00

THIRD AMENDED ATTACHMENT NO. 02

BUDGET

Emergency Financial Assistance (EFA)

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$40.00
1 unit of service per service transaction = \$40.00. EFA provides short-term (up to 30 days of medication) access to HIV pharmaceutical services to clients who have not yet completed eligibility determination for medications through Pharmaceutical Assistance Programs, State ADAP, State SPAP or other services. HRSA requirements for EFA include a client enrollment process, uniform benefits for all enrolled clients and a record system for dispensed medications and a drug distribution system.		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		2,900.48
TOTAL COST OF THESE SERVICES	(\$40.00 x 2,900.48)	\$116,019.25
Personnel	\$32.00	
Fringe	\$ 8.00	
Travel	\$.00	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$.00	
Other	<u>\$.00</u>	
TOTAL	\$40.00	
Total Amount of Funds To Be Invoiced for EFA Disbursements		\$696,115.75
EFA provides up to 30 days of medication payments to assist clients with an emergent need for HIV Medication. HRSA requirements for EFA include a client enrollment process, uniform benefits for all enrolled clients, a record system for dispensed medications and drug distribution system. 1 unit of service = a transaction involving the filling of a prescription or any other allowable medication \$40.00.		

THIRD AMENDED ATTACHMENT NO. 02

BUDGET

Local Pharmacy Assistance Program (LPAP)

Total

FEE CHARGED PER UNIT OF SERVICE

\$40.00

1 unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client, but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost. **The transaction date must be the date the client picks up their medication.**

NUMBER OF UNITS OF SERVICE TO BE PROVIDED

439.48

TOTAL COST OF THESE SERVICES

(\$40.00 x 439.48)

\$17,579.00

Personnel	\$32.00
Fringe	\$ 8.00
Travel	\$.00
Equipment	\$.00
Supplies	\$.00
Contractual	\$.00
Other	<u>\$.00</u>
TOTAL	\$40.00

Total Amount of Funds To Be Invoiced for LPAP Disbursements

\$52,737.00

A disbursement is the actual cost of medication(s) provided to a Ryan White eligible client.

TOTAL

\$1,351,174.00

Total reimbursements to the Subrecipient under the Contract shall not exceed \$1,351,174.00. The Subrecipient further understands and agrees that the Subrecipient shall only be reimbursed for expenses incurred in connection with the Subrecipient's adult outpatient primary medical health care, medical case management, non-medical case management, and local pharmacy assistance program.

The Subrecipient shall submit its final request for payment to the County no later than March 31, 2024.

THIRD AMENDED ATTACHMENT NO. 03

SECTION I. SCOPE OF WORK

Houston EMA Ryan White Ending the HIV Epidemic Service Definition Test and Treat Outpatient Primary Medical Care including Non-Medical Case Management (SLW) and Emergency Financial Assistance – Pharmacy Assistance Services (Revision Date: February 2023)	
HRSA Service Category	<ol style="list-style-type: none">1. Outpatient/Ambulatory Health Services2. Emergency Financial Assistance3. Service Linkage Worker (Non-Medical Case Management)
Local Service Category Title:	Test and Treat Primary Medical Care <ol style="list-style-type: none">i. Outpatient/Ambulatory Health Servicesii. Emergency Financial Assistance – Pharmacy Assistanceiii. Service Linkage Worker (Non-Medical Case Management)
Amount Available:	<ol style="list-style-type: none">1. Ending the HIV Epidemic: <u>\$1,022,288.00</u><ol style="list-style-type: none">i. EHE Primary Medical Care: <u>\$120,874.00</u>ii. EHE EFA-Pharmacy: <u>\$687,683.00</u>iii. EHE – Service Linkage Worker: <u>\$ 63,000.00</u>iv. EHE Ride Share: <u>\$150,731.00</u>
Target Population:	Test and Treat Primary Medical Care <ol style="list-style-type: none">i. Newly Diagnosis with HIVii. Return to Care
Client Eligibility: Age, Gender, Race, Ethnicity, Residence, etc.	PLWH residing in the Harris County (prior approval required for non-Harris County clients). Sub-recipient must adhere to Targeting requirements and Budget limitations as applicable.
Financial Eligibility:	Not Applicable
Budget Type:	Hybrid Fee for Service
Budget Requirement or Restrictions:	<p>100% of clients served in a Targeted subcategory must be members of the targeted population.</p> <p>Sub-recipient may not exceed the allocation for each individual service component (Primary Medical Care and Emergency Financial Assistance – Pharmacy Assistance, Service Linkage Worker) without prior approval from RWGA.</p>

	<p>Emergency Financial Assistance – Pharmacy Assistance:</p> <p>Continuous provision of an allowable service (medications) to a client must not be funded through Emergency Financial Assistance.</p> <p>Sub-recipient shall offer only HIV treatment medications from an approved formulary.</p> <p>Medications must be provided in accordance with Houston EMA guidelines, HRSA/HAB rules and regulations and applicable Office of Pharmacy Affairs 340B guidelines.</p> <p>At least 75% of the total amount of the budget for EFA services must be solely allocated to the actual cost of medications and may not include any storage, administrative, processing or other costs associated with managing the medication inventory or distribution.</p>
Service Unit Definition/s:	<p>Test and Treat Outpatient/Ambulatory Medical Care: One (1) unit of service = One (1) primary care office/clinic visit or telehealth which includes the following:</p> <ul style="list-style-type: none"> • Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and • Medication/treatment education • Medication access/linkage • Laboratory (as clinically indicated, not including specialized tests) • Eligibility verification/screening (as necessary) <p>Test and Treat Emergency Financial Assistance – Pharmacy Assistance: One (1) unit of service = a transaction involving the filling of a prescription or any other allowable medication need ordered by a qualified medical practitioner. The transaction will involve at least one item being provided for the client but can be any multiple. The cost of medications provided to the client must be invoiced at actual cost.</p> <p>Service Linkage (Non-Medical Case Management): 1 unit of service = 15 minutes of direct service linkage services to an eligible PLWHA performed by a qualified service linkage worker.</p>
HRSA Service Category Definition:	<ul style="list-style-type: none"> • Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient

	<p>medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. Allowable activities include: · Medical history taking · Physical examination · Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing · Treatment and management of physical and behavioral health conditions · Behavioral risk assessment, subsequent counseling, and referral · Preventive care and screening · Pediatric developmental assessment · Prescription and management of medication therapy · Treatment adherence · Education and counseling on health and prevention issues · Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology</p> <ul style="list-style-type: none"> • Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. • Case Management (non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
Standards of Care:	<p>Sub-recipient must adhere to the most current published Part A Standards of Care for the Houston EMA.</p> <p>Test and Treat Services must meet or exceed applicable United States Department of Health and Human Services (HHS) Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.</p>
Local Service Category Definition/Services to be Provided:	<p>Test and Treat Outpatient/Ambulatory Primary Medical Care: Services include physician, physician extender, nursing, phlebotomy, radiographic, laboratory, pharmacy, intravenous therapy, home health</p>

care referral, patient medication education, and patient care coordination. The Sub-recipient must provide continuity of care with inpatient services and subspecialty services (either on-site or through specific referral to appropriate medical provider upon primary care Physician's order).

Test and Treat Outpatient/Ambulatory Primary Medical Care must provide:

- Be performed within 72 hours of HIV diagnosis, or presenting to clinic for return to care patients
- Continuity of care for all stages of adult HIV infection;
- Laboratory and pharmacy services including intravenous medications (either on-site or through established referral systems);
- On-site Outpatient psychiatric care, including lab work necessary for the prescribing of psychiatric medications when appropriate (either on-site or through established referral systems);
- Access to the Texas ADAP program (either on-site or through established referral systems);
- Access to compassionate use HIV medication programs (either directly or through established referral systems);
- Access to HIV related research protocols (either directly or through established referral systems);
- Must at a minimum, comply with Houston EMA/HSDA Part A/B Standards for HIV Primary Medical Care. The Sub-recipient must demonstrate on an ongoing basis the ability to provide state-of-the-art HIV-related primary care medicine in accordance with the most recent HHS HIV treatment guidelines. Rapid advances in HIV treatment protocols require that the Sub-recipient provide services that to the greatest extent possible maximize a patient's opportunity for long-term survival and maintenance of the highest quality of life possible.
- On-site Medical Case Management services.
- On-site Medication Education.

Test and Treat Emergency Financial Assistance – Pharmacy

Assistance: Pharmacy Assistance provides limited one-time and/or short-term supply of up to 30 days of HIV treatment pharmaceuticals to patients. Medication is dispensed within 72 hours of HIV diagnosis or presenting to clinic for return to care patients. One refill for up to 30-day supply available with RWGA prior approval. Allowable medications are only those HIV treatment medications on the Houston EMA Ryan White Part A Formulary. Does not include drugs available to the patient from other programs or payers or free of

	<p>charge or medications available over the counter (OTC) without prescription. Sub-recipient must offer all medications on the Texas ADAP formulary.</p> <p>Service Linkage: The purpose of Service Linkage is to assist clients with the procurement of needed services so that the problems associated with living with HIV are mitigated. Service Linkage is a working agreement between a client and a Service Linkage Worker for an indeterminate period, based on client need, during which information, referrals and service linkage are provided on an as-needed basis. Service Linkage assists clients who do not require the intensity of Medical Case Management per RWGA Quality Management guidelines. Service Linkage is both office-based and field based. Service Linkage Workers are expected to coordinate activities with referral sources where newly-diagnosed or not-in-care PLWHA may be identified, including 1:1 case conferences with testing site personnel to ensure the successful transition of referrals into Primary Care Services. Such incoming referral coordination includes meeting prospective clients at the referring Provider location in order to develop rapport with individuals prior to the individual's initial Primary Care appointment and ensuring such new intakes to Primary Care services have sufficient support to make the often difficult transition into ongoing primary medical care. Service Linkage also includes follow-up to re-engage lost-to-care patients. Lost-to-care patients are those patients who have not returned for scheduled appointments with Provider nor have provided Provider with updated information about their current Primary Medical Care provider (in the situation where patient may have obtained alternate service from another medical provider). Subrecipient must document efforts to re-engage lost-to-care patients prior to closing patients in the CPCDMS. Service Linkage extends the capability of existing programs by providing "hands-on" outreach and linkage to care services to those PLWHA who are not currently accessing primary medical care services. Service Linkage includes the issuance of bus pass vouchers and gas cards per published RWGA guidelines. Service Linkage complements and extends the service delivery capability of Medical Case Management services.</p>
Agency Requirements:	<p>Providers and system must be Medicaid/Medicare certified.</p> <p>Eligibility and Benefits Coordination: Sub-recipient must implement consumer-friendly, culturally and linguistically appropriate new and returning patient eligibility verification and benefit coordination processes that ensure successful patient transition to Ryan White, or other public or private medical care. Eligibility processes should provide clients with a meaningful understanding of their benefits, expected out-of-pocket expenses and</p>

	<p>other information needed to ensure full and continued participation in care.</p> <p>Test and Treat Emergency Financial Assistance – Pharmacy Assistance: Sub-recipient must provide pharmacy services on-site or through an established contractual relationship that meets all requirements. Alternate (off-site) approaches must be approved prior to implementation by RWGA.</p> <p>Either directly, or via subcontract with an eligible 340B Pharmacy program entity, must:</p> <p>Ensure the documented capability of interfacing with the Texas HIV Medication Program operated by the Texas Department of State Health Services. This capability must be fully documented and is subject to independent verification by RWGA.</p> <p>Ensure medication assistance provided to clients does not duplicate services already being provided in the Houston area. The process for accomplishing this must be fully documented and is subject to independent verification by RWGA.</p> <p>Ensure all medications are purchased via a qualified participant in the federal 340B Drug Pricing Program and Prime Vendor Program, administered by the HRSA Office of Pharmacy Affairs. Note: failure to maintain 340B or Prime Vendor drug pricing may result in a negative audit finding, cost disallowance or termination of contract awarded. Sub-recipient must maintain 340B Program participation throughout the contract term. All eligible medications must be purchased in accordance with Program 340B guidelines and program requirements.</p> <p>Ensure Houston area HIV/AIDS service providers are informed of this program and how the client referral and enrollment processes functions. Sub-recipient must maintain documentation of such marketing efforts.</p> <p>Ensure information regarding the program is provided to PLWH, including historically under-served and unserved populations (e.g., African American, Hispanic/Latino, Asian, Native American, Pacific Islander) and women not currently obtaining prescribed HIV medications.</p> <p>Offer, at no charge to the client, delivery options for medication refills, including but not limited to courier, USPS or other package delivery service.</p>
Staff Requirements:	Sub-recipient is responsible for ensuring that services are provided by State licensed internal medicine and OB/GYN physicians, specialty

	care physicians, psychiatrists, registered nurses, nurse practitioners, vocational nurses, pharmacists, physician assistants, clinical nurse specialists, physician extenders, licensed social worker and ancillary health care providers in accordance with appropriate State licensing and/or certification requirements and with knowledge and experience of HIV disease.
Special Requirements:	<p>All primary medical care services must meet or exceed current HHS Treatment Guidelines for the treatment and management of HIV disease.</p> <p>Sub-recipient must submit Ending the HIV Epidemic Test and Treat Clinic protocol for review and approval no later than July 9, 2021. Protocol must fully document clinic operations necessary to complete initiate HIV medication treatment within 72 hours for all newly diagnosed and return to care PLWH. Protocol approval and review will be conducted collaborative by RWGA and South Central AETC local performance site, at Baylor College of Medicine.</p> <p>The Subrecipient must participate in the local AETC technical assistance and related Ending the HIV Epidemic Test and Treat program quality improvement activities implemented by the County, including access to client clinical records by the County, or the County's duly authorized representatives, for the purpose of assessing the extent to which HIV health services provided by the Subrecipient are consistent with the most recent U.S. Department of Health and Human Services ("HHS") recommendations for the rapid initiation of antiretroviral therapy.</p> <p>Sub-recipient must provide all required program components - Primary Medical Care and Emergency Financial Assistance – Pharmacy Assistance services.</p> <p>Primary Medical Care Services: Services funded under this grant cannot be used to supplant insurance or Medicare/Medicaid reimbursements for such services. Clients eligible for such reimbursement may not be billed to this contract. Medicare and private insurance co-payments may be eligible for reimbursement under Ryan White Health Insurance Assistance (HINS) program guidelines. Patients needing such assistance should be referred to the local Ryan White-funded HINS provider for assistance. Under no circumstances may the Sub-recipient bill the County for the difference between the reimbursement from Medicaid, Medicare or Third-Party insurance and the fee schedule under the contract. Furthermore, potential clients who are Medicaid/Medicare eligible or have other Third Party payers may not be denied services or referred elsewhere by the Sub-recipient based on their reimbursement status (i.e. Medicaid/Medicare eligible clients may not be referred</p>

	<p>elsewhere in order that non-Medicaid/Medicare eligible clients may be added to the contract). Failure to serve Medicaid/Medicare eligible clients based on their reimbursement status will be grounds for the immediate termination of contract.</p> <p>Maintaining Referral Relationships (Point of Entry Agreements): Sub-recipient must maintain appropriate relationships with entities that constitute key points of access to the health care system for individuals with HIV disease, including but not limited to, Harris Health System and other Houston EMA-located emergency rooms, Harris County Jail, Texas Department of Criminal Justice incarceration facilities, Immigration detention centers, substance abuse treatment and detoxification programs, adult and juvenile detention facilities, Sexually Transmitted Disease clinics, federally qualified health centers (FQHC), HIV disease counseling and testing sites, mental health programs and homeless shelters. These referral relationships must be documented with written collaborative agreements, contracts or memoranda of understanding between Sub-recipient and appropriate point of entry entities and are subject to audit by RWGA. Sub-recipient and POE entity staff must regularly (e.g. weekly, bi-weekly depending on volume of referrals) meet 1:1 to discuss new referrals to primary medical care services. Such case conferences must be documented in the client record and properly entered into the CPCDMS.</p> <p>Use of CPCDMS Data System: Sub-recipient must comply with CPCDMS business rules and procedures. Sub-recipient must enter into the CPCDMS all required clinical data, including but not limited to, ART treatment including all changes in medication regimens, Opportunistic Infections, screening and treatment for STDs and other clinical screening and treatment data required by HRSA, TDSHS and the County. Sub-recipient must ensure accuracy of related HIV testing in HHD Maven system. <u>Sub-recipient must perform Registration updates in accordance with RWGA CPCDMS business rules for all clients wherein Sub-recipient is client's CPCDMS record-owning agency.</u></p> <p>Patient Transportation: The County will provide Sub-recipient with access to Test and Treat Patient Ride Sharing Services. Test and Treat Patient Ride Sharing Services must be used in accordance with RWGA policies and procedures, standards of care and patient eligibility guidelines.</p>
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Subrecipient must comply with CPCDMS system business rules and procedures.

Subrecipient must submit proof of active System for Award Management (SAM) registration annually, and thereafter prior to expiration of active registration.

Only individuals diagnosed with HIV/AIDS residing in Harris County will be eligible for services.

Objective 1: By 2/29/24 to provide at least **458** unduplicated eligible HIV-infected adult clients with comprehensive Outpatient/Ambulatory Health Services and/or Emergency Financial Assistance as documented by entries in the CPCDMS database.

SECTION II. SPECIAL PROVISIONS

Subrecipient agrees to submit billing under the following criteria:

1. All bills must be submitted no later than 30 days after the end of each month in which services were provided.
2. All required CPCDMS data entry for each billing month must be entered into the CPCDMS no later than 30 days, match any extension, after the end of each month in which services were provided.
3. All charges, such as pharmacy and take-home supplies, not eligible to be billed to this contract may be billed to patients according to subrecipient's billing procedures.

All information and educational materials developed and provided by the Subrecipient will be accurate, comprehensive, and consistent with the current findings of the United States Public Health Service.

Subrecipient must comply with the Client Level Reporting and Ending The HIV Epidemic: A Plan for America Data Report filing requirements established by HRSA. The County will provide the Subrecipient with the required format for submitting reports in accordance with these requirements.

THIRD AMENDED ATTACHMENT NO. 04

BUDGET

Ending the HIV Epidemic:

Primary Health Care Visits by Physician or Physician Extender

Total

FEE CHARGED PER UNIT OF SERVICE

One (1) unit of service = One (1) primary care office/clinic visit or telehealth which includes the following:

\$345.00

- Primary care physician/nurse practitioner, physician's assistant or clinical nurse specialist examination of the patient, and
- Medication/treatment education
- Medication access/linkage
- Laboratory (as clinically indicated, not including specialized tests)
- Eligibility verification/screening (as necessary)

NUMBER OF UNITS OF SERVICE TO BE PROVIDED

349.93

TOTAL COST OF THESE SERVICES

(\$345.00 x 349.93)

\$120,726.18

Personnel	\$276.02
Fringe	\$ 68.98
Travel	\$.00
Equipment	\$.00
Supplies	\$.00
Contractual	\$.00
Other	\$.00
TOTAL	\$345.00

Total Amount of Funds for Disbursements of Diagnostic Procedures*

\$147.82

List of Diagnostic Procedures located at www.hcphe.org/rwga.

Approved diagnostic procedures will be reimbursed at invoice cost.

*Diagnostic procedure code and client 11-digit code must be provided on invoice to process reimbursements.

Total Amount of Funds for Disbursements of Ride Share Services

\$150,731.00

Test and Treat Patient Ride Sharing Services must be used in accordance with RWGA policies and procedures, standards of care and patient eligibility guidelines.

THIRD AMENDED ATTACHMENT NO. 04

BUDGET

Ending the HIV Epidemic:

Service Linkage Worker (Non-Medical Case Management)

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$25.00
1 unit of service = 15 minutes of direct client service providing non-medical case management services by a Service Linkage Worker for eligible HIV-infected clients, including other allowable activities*. Subrecipient must enter time in exact increments of 1 minute each. For example, 23 minutes of medical case management services to an eligible client must be entered into the CPCDMS as 23 minutes. Subrecipient may not round time up or down. <i>The RWGA designated units for completing Assessments & Service Plans may only be billed twice per contract year (i.e., every 6 months) which consist of two (2) units for a comprehensive assessment or service plan, and one (1) unit for a brief assessment.</i>		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		2,520.00
TOTAL COST OF THESE SERVICES	(\$25.00 x 2,520.00)	\$63,000.00
Personnel	\$20.00	
Fringe	\$ 5.00	
Travel	\$.00	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$.00	
Other	\$.00	
TOTAL	\$25.00	

THIRD AMENDED ATTACHMENT NO. 04

BUDGET

Ending the HIV Epidemic: Emergency Financial Assistance (EFA)

		<u>Total</u>
FEE CHARGED PER UNIT OF SERVICE		\$40.00
1 unit of service per service transaction = \$40.00. EFA provides short-term (up to 30 days of medication) access to HIV pharmaceutical services to clients who have not yet completed eligibility determination for medications through Pharmaceutical Assistance Programs, State ADAP, State SPAP or other services. HRSA requirements for EFA include a client enrollment process, uniform benefits for all enrolled clients and a record system for dispensed medications and a drug distribution system.		
NUMBER OF UNITS OF SERVICE TO BE PROVIDED		235.71
TOTAL COST OF THESE SERVICES	(\$40.00 x 235.71)	\$9,428.33
Personnel	\$32.00	
Fringe	\$ 8.00	
Travel	\$.00	
Equipment	\$.00	
Supplies	\$.00	
Contractual	\$.00	
Other	<u>\$.00</u>	
TOTAL	\$40.00	
Total Amount of Funds To Be Invoiced for EFA Disbursements		\$678,254.67
EFA provides up to 30 days of medication payments to assist clients with an emergent need for HIV Medication. HRSA requirements for EFA include a client enrollment process, uniform benefits for all enrolled clients, a record system for dispensed medications and drug distribution system. 1 unit of service = a transaction involving the filling of a prescription or any other allowable medication \$40.00.		
TOTAL		\$1,022,288.00

Total reimbursements to the Subrecipient under the Contract shall not exceed \$1,022,288.00. The Subrecipient further understands and agrees that the Subrecipient shall only be reimbursed for expenses incurred in connection with the Subrecipient's adult outpatient primary medical health care, medical case management, non-medical case management and local pharmacy assistance program.

The Subrecipient shall submit its final request for payment to the County no later than March 31, 2024.

ORDER OF COMMISSIONERS COURT
Authorizing execution of an amendment to a contract

The Commissioners Court of Harris County, Texas, met in regular session at its regular term at the Harris County Administration Building in the City of Houston, Texas, on _____, with all members present except _____.

A quorum was present. Among other business, the following was transacted:

ORDER AUTHORIZING THIRD AMENDMENT TO THE CONTRACT BETWEEN
HARRIS COUNTY AND AIDS HEALTHCARE FOUNDATION

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

	Yes	No	Abstain
Judge Lina Hidalgo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Rodney Ellis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Adrian Garcia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Tom S. Ramsey, P.E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Lesley Briones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The County Judge thereupon announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that:

1. The Harris County Judge is authorized to execute on behalf of Harris County a Third Amendment to the Contract in an amount not to exceed \$650,000.00 with AIDS Healthcare Foundation. The Third Amendment is incorporated by reference and made a part of this order for all intents and purposes as thought set out in full word for word.
2. All Harris County officials and employees are authorized to do any and all things necessary or convenient to accomplish the purposes of this order.