

Tarrant County HIV Administrative Agency
Policy & Procedures Manual
for
Subrecipient Administrative & Programmatic

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A. OVERVIEW

The TC AA is accountable for the performance of the various funded HIV projects, programs or activities. In general, the requirements that apply to the TC AA, including public policy requirements, also apply to Subrecipients and contractors funded under grants, unless specified otherwise (See 45 CFR § 75.101).

The TC AA provides the compilation of Policies and Procedures referenced in this TC AA RWHAP Part A Policy & Procedures Manual for Subrecipient Administrative & Programmatic to guide Subrecipients. This document is a companion to the Fiscal Policies & Procedures, and the Quality Management Policies and Procedures.

A.1 PURPOSE:

To guide the Fort Worth/Arlington Transitional Grant Area (TGA) for Ryan White HIV/AIDS Program (RWHAP)

A.2 LEGAL AND PROGRAMMATIC REFERENCES:

Legal and programmatic references are provided in [Attachment A](#).

A.3 DEFINITIONS:

Definitions used in the policy and procedures are provided in [Attachment B](#).

A.4 SCOPE OF COVERAGE:

This policy applies to Ryan White Part A. **Ryan White Part A:** Grant Year: March 1st-February 28th/29th; Counties served: Tarrant, Parker, Hood, Johnson.

A.5 ADMINISTRATIVE & PROGRAMMATIC POLICIES:

The TC HIV AA is accountable for the performance of the RWHAP Part A,B, C, D, And EHE funded HIV projects, programs or activities. In general, the requirements that apply to the recipient, including public policy requirements, also apply to Subrecipients and contractors under grants, unless specified otherwise (See 45 CFR § 75.101 for more details). The TC AA provides this compilation of administrative and programmatic policies or other referenced sources to guide the Subrecipients and contractors.

B. ADMINISTRATIVE OPERATIONS & HIV SERVICES CONTRACTING PROCESS

B.1 Request for Proposal

The procurement and contracting process for HIV Services is managed by the Tarrant County HIV Administrative Agency (TC AA). Request for proposals (RFP) are developed by the TC AA and reviewed by the External Review Committee (ERC). The purpose of the ERC is to fairly and equitably evaluate proposals submitted in response to RFPs using a selection criteria tool developed by the TC AA. An Internal Technical Review is completed and then the qualifying proposal(s) are reviewed by the ERC. Refer to Attachment AD for the RFP Policy.

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Subrecipient Administrative and Programmatic Policies and Procedures

B.2 Grant award

The Subrecipient funding is to strengthen organizational capacity to meet needs of People with HIV (PWH) and provide high quality HIV health care and/or services for low income, uninsured and underserved living with HIV. The recipient, referred to as the Tarrant County Administrative Agency (TC AA), and Subrecipients must comply with all the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) requirements and other applicable federal and state statutes, regulations, and the terms and conditions of award. In keeping with the oversight responsibilities, the TC AA monitors and supports Subrecipients in complying with these requirements.

Upon notification from HRSA that Ryan White funds have been awarded to the TGA, funds are designated to service categories. Funding amounts are then allocated to contracted Subrecipients based on the allocation methodologies: Subrecipient's previous grant year's spending (trends), funding increases or decreases to the service category, and the total number of contracted Subrecipients for that service category.

For Part A the funds are allocated according to the Planning Council's Priority Setting and Resource Allocation (PSRA) directives.

B.3 Contracting Requirements and Information

Any Conditions of Award must be submitted to the TC AA within the specified timeframe per the contract. Failure to submit all required Conditions of Award by the due date assigned could result in nonpayment or termination of contract. Information is found in [Attachments D-K](#).

Agency Contacts: To ensure effective communication with all Subrecipients, the Agency Contacts help confirm that information gets to the appropriate person at a Subrecipient agency. Refer to [Attachment D](#).

Business Associates Agreement (BAA): Tarrant County Ryan White Program may make available and/or transfer to Associate Protected Health Information ("PHI") of individuals in conjunction with services, which Associate will use or disclose only in accordance with this Business Associate Agreement ([Attachment E](#)). Associate and Tarrant County Ryan White Program agree to the terms and conditions of this Agreement in order to comply with the use of handling of PHI under the HIPAA Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R Part 160 and Part 164, Subpart E ("Privacy Standards") and the HIPAA Security Standards, 45 C.F.R. Part 160 and Part 164, Subpart C ("Security Standards"), both as amended from time to time. Unless otherwise provided, all capitalized terms in this Agreement will have the same meaning as provided under the Privacy Standards and Security Standards. Associate and Tarrant County Ryan White Program will comply with the terms of this Agreement for the duration of the Contract and for such other continuing periods as provided in this Agreement. Upon the compliance date of any final regulation or amendment to final regulation promulgated by the Secretary of Health and Human Services that affects Associate's use or disclosure of PHI, the parties agree to take such reasonable action as is necessary to amend this Agreement for Tarrant County Ryan White Program to comply with such final regulation or amendment to final regulation.

Licensing and Qualifications: The applicant's primary medical care providers and case management agencies must have all applicable licenses as required by State and/or local jurisdiction.

The Tarrant County Ryan White Program requires that all direct Subrecipients submit proof of

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such qualifications and licensure to the TC AA upon award of funds. It is the Subrecipient's responsibility to be familiar with license & qualifications requirements per the service definitions and standards of care, and provide the following documentation, as applicable to the Subrecipient's contract(s) requirements. To comply with this COA, the Subrecipient must submit the following minimum information and documentation:

- Complete licensing and qualifications tables on [Attachment F Staff Credentials](#)
- Credentialed as required
- Agency and individual provider licenses
- Agency and individual provider certifications

Subcontracts (sub of sub): The Subrecipient may not subcontract (also known as sub of sub) with another provider for services that they are contracted to deliver under the Tarrant County HIV Administrative Agency's contract. If extenuating circumstances exist, the Subrecipient may request an annual waiver for a subcontract. Pharmacy and laboratory services are exempt from waiver request. If waiver is granted, the Subrecipient must submit the following:

1. Copies of all fully executed subcontracts with healthcare professionals and subcontractors used to provide services funded by Ryan White Programs. All subcontracts must include mandatory debarment and suspension language as defined in the Tarrant County contract.
2. Written policies and procedures describing how the Subrecipient monitors the subcontractor(s).
3. Provision of a list of all subcontracted direct client services that agency utilizes to provide the services under each contract within the Ryan White Program (See [Attachment G](#)).

Whistleblower: Current and former Health and Human Services (HHS) employees, applicants for HHS employment, HHS contractors, subcontractors, personal services contractors, recipients, and Subrecipients who disclose information to OIG, and other authorized recipients are protected from retaliation under the Whistleblower Protection Act of 1989, 41 U.S.C. § 4712 and [Presidential Policy Directive 19](#) (PPD-19). For more information go to: <https://www.hhs.gov/open/2016-plan/whistleblower-protection.html>. Refer to [Attachment I Whistleblower](#).

HHS requires recipients, their Subrecipients and subcontractors to:

1. Inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the pilot program;
2. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. § 4712 in the predominant native language of the workforce; and,
3. Contractors and recipients will include such requirements in any agreement made with a subcontractor or Subrecipient.

The Subrecipient must submit written documentation of employee notification. Subrecipients may use the sample form (See [Attachment I](#)) OR provide a copy of the email notification detailing the whistleblower protections as outlined in U.S.C. § 4712 and identifying all staff who received the email.

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Non-Discrimination: All grant funded Subrecipients contracting with Tarrant County will adhere to Federally Mandated (Civil Rights Act) Policies and Procedures on non-discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability, gender identity, and any other non-discrimination provision. Refer to [Attachment W](#).

Medicaid Provider Status and Clinic Verification: The Tarrant County Ryan White Program requires that all Subrecipients that provide medical services submit proof of status (Medicaid ID Number) as a Medicaid provider to the TC AA upon award of funds (See [Attachment J](#)). All applicants, including proposed Subrecipients and MOU funded organizations, must have Medicaid provider status for all primary medical care Subrecipients and case management agencies.

B.4 Circumstances/Criteria for Notification to Subrecipient

The Recipient shall, at a minimum, notify the Chair of the Subrecipients' Board of Directors, CEO, Executive Director or other authorized contact of the following:

- Contract terminations,
- Site visit reports/assessments,
- Other issues of concern or success impacting the contractual relationship, or the quality or appropriateness of services delivered.

B.5 Contingency Planning and Emergency Preparedness

Subrecipient contingency plan must be in place to assure continuity of services during a transition of Subrecipients or loss of agency services. Refer to [Attachment AF](#).

Subrecipients must maintain an Emergency Preparedness Plan. Refer to [Attachment AE](#).

B.6 Multi-Year Bidding Cycle

The TC AA has established a three to five-year cycle for bidding on all funded service categories, which is subject to change by the TC AA. Bidding and application for contract with Ryan White HIV funds is managed by TC AA.

B.7 Service Category Reallocation Approval by Planning Council

If reallocation of funds from one service category to another is deemed appropriate, a recommendation regarding the reallocation will be submitted to the Planning Council for approval before such a reallocation occurs. This ensures compliance with HRSA regulations.

B.8 Subrecipient Reallocations

See [Attachment AL](#).

B. 8 Anti-Kick Back / Conflict of Interest (42 USC 1320-7b(b) Universal National Monitoring Standards, Sections C.1 & C.2). Refer to [Attachment H](#) Conflict of Interest.

Administrative Agency shall establish safeguards to prohibit employees and Subrecipients and their employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain. This includes prohibition from soliciting or receiving payment in kind or cash for the purchase, lease, ordering,

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or recommending the purchase, lease, or ordering, of any goods, facility services, or items. TC AA and Subrecipient Staff are required to sign annual conflict of interest statements.

The TC AA and its Subrecipients shall demonstrate structured and ongoing efforts to avoid fraud, waste and abuse (mismanagement). This includes but is not limited to:

- Safeguards to prohibit employees and Subrecipients and their employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
- Prohibition from soliciting or receiving payment in kind or cash for the purchase, lease, ordering, or recommending the purchase, lease, or ordering, of any goods, facility services, or items.
- Employee Code of Ethics including:
 - Conflict of Interest
 - Prohibition on use of property Information or position without approval or to advance personal interest
 - Fair dealing – engaged in fair and open competition
 - Confidentiality
 - Protection and use of company assets
 - Compliance with laws, rules, and regulations
 - Timely and truthful disclosure of significant accounting deficiencies
 - Timely and truthful disclosure of non-compliance
- Have adequate policies and procedures to discourage soliciting cash or in-kind payments for:
 - Awarding contracts
 - Referring clients
 - Purchasing goods or services, and/or
 - Submitting fraudulent billings

In Addition, The TC AA will ensure that there is no undue influence or favoritism shown that would result in programs or activities receiving a competitive advantage over other potential Subrecipients within the service area.

B.9 Settlement of Contractual and Administrative Issues

B.9.1 Administrative Agency Grievance

The TC AA Grievance Policy is to establish a set of procedures for persons with standing (grievant) to grieve the processes established and maintained by Tarrant County or the External Review Committee (See [Attachment M](#)). This is specific to the processes for Ryan White and other Tarrant County services funding. The grievance policy is designed to provide a process that:

- Prevents avoidable grievances and resolves complaints at the informal level whenever possible,

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- Ensures that each complaint or grievance is addressed and resolved fairly and quickly, and
- Meets HRSA requirements (Section 2602 (c)(2) Ryan White Treatment Modernization Act of 2006) and represents sound practice for the Fort Worth Transitional Grant Area (TGA). Refer to TC AA Grievance Policy in [Attachment M](#).

B.9.2 Client Complaint and Grievance

The TC AA recognizes that the best way to deal with grievances is to prevent them. The TC AA will work with each of its Subrecipients to make reasonable efforts to prevent circumstances or situations within the service delivery processes that could give rise to a grievance.

Initial complaints and grievances shall be addressed at the lowest possible level and escalated to the TC AA only when the issue or grievance cannot be resolved at the lowest level. The bypassing of any level will result in the Grievance being returned to the lowest bypassed level. Subrecipients shall have a Grievance Policy approved by and on file with the TC AA by the beginning of their current contract date. Refer to Client Grievance Policy in [Attachment L](#).

B.9.3 Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

The Subrecipient must certify, by submission of their grant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. Where the Subrecipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation before being awarded grant funds. Refer to

TC AA verifies agency is eligible for funding by screening for prior violations/sanctions. Refer to Exhibit AD.1. An agency may not enter into a contract with Tarrant County for HIV/AIDS services if the agency has any outstanding sanctions:

- After an agency has successfully competed for funding or has been selected to receive funding, the TC AA staff will verify if the agency is authorized to work and received government awards; and
- As a part of the contract process, the agency will be required to sign a Debarment form ([Exhibit AD.2](#))

Suspension and debarment (S&D) actions serve to protect the government's interests and ensure the federal government does business only with presently responsible entities and individuals. 2 CFR §180.1015; 2 CFR §180.925. Check for exclusion records at <https://www.sam.gov/SAM/>

B.10 After Hours and Weekend Coverage to Provide Emergency Medical and Dental Services

The Subrecipient must have after-hours coverage operating procedures, which may include formal arrangements with non-Ryan White agencies/entities, that ensure:

- Coverage is provided via telephone or face-to-face by an individual with the qualification and training necessary to exercise professional judgment in assessing a client's need for emergency medical care;

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- Coverage includes the ability to refer clients either to a licensed independent practitioner for further consultation or to locations such as emergency rooms or urgent care facilities for further assessment or immediate care as needed; and
- Clients, including those with limited English proficiency, are informed of and are able to access after-hours coverage, based on receiving after-hours coverage information and instructions in the language(s), literacy levels, and formats appropriate to the health center's client population needs.

The Subrecipient has documentation of after-hours calls and any necessary follow-up resulting from such calls for the purposes of continuity of care.

B.11 Tracking System for a Full Range of Referral Services

Formal Written Referral Arrangement: If access to a required or additional service is provided and billed for by a third party with which the Subrecipient has a formal referral arrangement, this service is accurately recorded and the Subrecipient is responsible for the act of referral for clients and any follow-up care for these clients provided by the health center subsequent to the referral. This service is accurately recorded in Provide Enterprise, the client-level data system. Refer to [Attachment U](#) Referral Policy.

C. PROGRAM MONITORING

The TC AA will monitor compliance with the terms and conditions of the service contract(s) between the Subrecipient and Tarrant County Ryan White Program. On-site visits may be made by the TC AA and/or its grantor agencies at any time during a Subrecipient's normal business hours, announced or unannounced. The Subrecipient will make available for inspection and/or copying, all records and accounts related to the work performed or the services provided under the contract.

- Site visits for compliance monitoring can take place at a minimum of one time per annual grant year. Specific circumstances may justify more frequent review.
- Any amounts paid under the Subrecipient agreement that are disallowed by a Federal, State, County or Recipient audit or site review will be reimbursed. The Subrecipient will be notified in writing of the disallowance and the required course of action.
- The TC AA shall have access to Subrecipient facilities and has the right to examine any electronic or paper documents and records involving transactions related to the contract and that such electronic or paper documents and records shall be disposed of in accordance with the record retention policy, in compliance with the RWHAP contract requirements.

C.1 Oversight and Monitoring of Subrecipients:

See [Attachment AA](#).

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C.2 Contract Compliance Monitoring:

The Subrecipient will comply with 45 CFR 75 - §75.301. "Performance reporting frequency and content should be established to not only allow the HHS awarding agency to understand the progress but also to facilitate identification of promising practices among Subrecipients and build the evidence upon which the HHS awarding agency's program and performance decisions are made."

Administrative Monitoring Site Visits (45 CFR 74 45 CFR 92) Tools and Protocols to Conduct Subrecipient Annual Monitoring Visits (45 CFR 74.51, 45 CFR 92.40 and 2 CFR 215.51).

Two of the tools used during the site visit are: 1) Site Visit Pre-Document Request and Administrative Pre-Site Visit Questions ([See Attachment O](#)). Per HRSA National Monitoring Standards, Subrecipients are responsible to disclose accounting deficiencies, and contract non-compliance both internally and to the TC AA.

D. CONTINUING EDUCATION, TRAINING & TECHNICAL ASSISTANCE

D.1 Continuing Education of RWHAP Funded Staff

All Subrecipients must maintain documentation of appropriate staff licensure, accreditation and training/continuing education for those requiring the same. Minimally the following applies:

- All staff personnel files must have evidence of annual HIV training updates;
- For Professional staff such as those in clinical care, medical case management and adherence counseling HIV continuing education should be in accordance with HHS guidelines (<http://www.aidsinfo.nih.gov/>).

Subrecipients may wish to use training through the regional/local AETC. Information about the RWHAP AETC network can be found at <http://hab.hrsa.gov/abouthab/parteducation.html>
Refer to [Attachment F](#) Staff Credentials.

D.2 Training

The TC AA will ensure all Subrecipients have a sufficient level of knowledge concerning programmatic, fiscal, data, quality, and grant procedures to provide and adequately administer HIV services funded by RWHAP Part A. Clinical Quality Management funds may be used to support specific HIV staff training that is designed to enhance an individual's or an organization's ability to improve the quality of services provided to eligible clients, so long as such costs are in compliance with PCN 15-01.

D.3 Technical Assistance

TC AA will provide technical assistance to all current and potential Subrecipients and stakeholders upon request by that entity, as required by legislative, administrative or other changes to grant procedures, or to correct deficiencies in Subrecipient performance. (See [Attachment Q](#)).

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E. INVOLVING PEOPLE WITH HIV

E.1 Involving People with HIV

People with HIV (PWH) are and will be involved in the planning, implementation, and evaluation of agency programs. This includes involvement in interventions for linkage and retention in care, treatment adherence, and viral suppression that address the HIV care continuum. The participatory planning process ensures that local health care and social service programs are responsive to the needs of PWH. Unique PWH perspectives are a major benefit in the design of appropriate services and identification of needs. The TC AA recommends Subrecipients involve people with HIV in agency programs.

F. ELIGIBILITY DETERMINATION

Eligibility is determined based on the client's HIV diagnosis, household income, residency, and insurance status. Clients must sign the approved Ryan White Consent to be Enrolled form and receive and sign acknowledgment for receipt of Client Rights and Responsibilities (See [Attachment S for a sample language for Client Rights and Responsibilities](#)). See also [Attachment R Eligibility Policy](#) for information on eligibility requirements.

F.1 Client Record

TC AA uses an organized system for arranging materials in client files that is consistent throughout all files. Agencies using electronic methods to maintain client documentation must demonstrate the ability to produce or reproduce these documents upon request and adhere to the policies and procedures listed herein and must also continue to follow all relevant standards for documentation of client services. Provide Enterprise is the client-level data system and is

considered the primary client record for all service categories other than Outpatient Ambulatory Health Services.

G. SYSTEM COORDINATION

A continuum of care includes collaboration, partnering, and coordination between multiple sources of HIV treatment, care, testing, and prevention Subrecipients and agencies. This includes partnership among HIV testing sites, points of entry and non-Ryan White agencies/entities that are established and maintained in the planning and implementation of services.

Subrecipients should coordinate planning with all other public funding for HIV/AIDS to a) ensure that Ryan White funds are the payer of last resort, b) maximize the number and accessibility of services available, and c) reduce any duplication. Refer to [Attachment AB](#).

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Other Federal and local sources, including other Ryan White HIV/AIDS Programs must be taken into consideration in planning for the continuum of HIV/AIDS care. Sources may include but are not limited to:

- Medicaid
- Medicare, including Medicare Part D
- Children's Health Insurance Program (CHIP)
- Veterans Affairs
- CDC Prevention
- Services for Women and Children (e.g., Special Supplemental Food Program for Women, Infants, and Children (WIC) Program, and Substance Abuse Treatment Programs for Pregnant Women)
- Other State and local Social Service Programs (e.g., General Assistance, Vocational Rehabilitation)
- Local, State, and Federal Public Health programs
- Local and Federal funds for Substance Abuse/Mental Health Treatment Services.
- AETCs.

G.1 Intimate partner violence (IPV)

Connecting women and youth who also experience IPV to HIV primary care and community resources are important steps toward engagement and retention in care, viral suppression and, ultimately, the elimination of HIV in the United States. Subrecipients are encouraged to consider the impact of IPV on health outcomes for HIV-positive women and youth and the benefits of providing trauma-informed care. Subrecipients should work with community and public health partners to integrate awareness, universal education, and IPV screening, counseling, and referral across the WICY population. Subrecipients who provide services in a clinical setting are encouraged to implement intimate partner violence (IPV) screening and counseling in the clinical setting and establish referral networks to community-based social services organizations.

G.2 Documentation: Subrecipients must have documentation (e.g., Point of Entry, contracts, agreements) of coordination with other local, state, and/or private organizations that strengthen the care system for PWH.

G.3 Established a Full-Range of Service Referrals: Subrecipients needs to have MOUs and/or referral relationships between other RWHP Subrecipients. Subrecipients are required to ensure acceptance of referrals are established through Provide Enterprise from other RWHP agencies where appropriate. Refer to [Attachment U Referral Policy](#).

H. ACCESSIBILITY

H.1 Language Services

Subrecipients must make available for clients whose primary language is different from the primary language spoken by staff. In addition, the Subrecipient needs to provide American Sign

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Language services for person who are hearing impaired

- A Subrecipient serving a population that includes a substantial proportion of individuals must:
 - Develop a plan and make arrangements for interpretation and translation that are responsive to the needs of such populations for providing services to the extent practicable in the language and cultural context most appropriate to such individuals; and
 - Provide guidance to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences.

H.2 Cultural Competency

The Subrecipient must have a cultural competency policy that meets the CLAS standards. In addition, the staff are to be trained annually on culturally competency.

I. ACCESS TO CARE

I.1.Imposition of Charges for Services and Limitation (Cap) on Charges to Clients.

The imposition of charges applies to all HRSA RWHP. No client should be denied services for inability to pay. Regardless of an individual's ability to pay, Subrecipients must have billing, co-pay, and sliding fee policies that do not act as a barrier to providing services regardless of the client's ability to pay. In addition, the legislation explicitly defines and includes as part of "cumulative charges" the charges for HIV-related services performed by agencies other than Subrecipients. The legislation explicitly refers to enrollment fees, premiums, deductibles, cost sharing, co-payment, coinsurance, or similar charges. The cap on charges to clients applies to any charges made to clients for all HIV services performed by all Subrecipients.

I.2 Schedule of Charges

- The Subrecipient must operate in a manner such that no client shall be denied service due to an individual's inability to pay.
- The Subrecipient must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and must prepare a corresponding schedule of sliding fee scale to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the client's ability to pay.
- The Subrecipient must establish systems for [sliding fee] eligibility determination.

Post Schedule: The Subrecipient must publicly post the schedule of charges (e.g. sliding fee scale) to clients for services, which may include a documented decision to impose only a nominal charge.

The TC AA will require all Subrecipients to provide documentation of the following: 1) A sliding

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fee scale policy that identifies the fees for services for clients. If Subrecipients choose to waive the fees, a notice must be posted that identifies how fees are waived for clients; and 2) For clients that are to be charged a nominal fee for services, the RWHP legislation requires that individuals be charged no more than a maximum amount in a calendar year according to the following criteria noted in the next table.

Client Income	Fee for Service
Less than or equal to 100% of the official poverty line	No fees or charges to be imposed
Greater than 100%, but not exceeding 200%, of the official poverty line	Fees and charges for any calendar year may not exceed 5% of the client's annual gross income
Greater than 200%, but not exceeding 300%, of the official poverty line	Fees and charges for any calendar year may not exceed 7% of client's annual gross income
Greater than 300% of the official poverty line	Fees and charges for any calendar year may not exceed 10% of client's annual gross income

In addition, the Subrecipient policy must identify that the fees may be waived by the Subrecipient, if the charge is determined to be a financial hardship. The Subrecipient will have a process to track the collection of fees, and how the Subrecipient intends to use the program income that is generated by the collection of fees.

Subrecipient responsibilities include establish, document and have available for review:

- Policy for a schedule of charges
- Client eligibility determination in client records
- Fees charged by the Subrecipient, and payments made by client
- Process for obtaining and documenting client charges and payments through an accounting system manual or electronic
- Policy for schedule of charges does not allow clients below 100% of FPL to be charged for services
- Staff are aware of and consistently following the policy and schedule of charges
- Policy for schedule of charges must be publicly posted.

Establish and maintain a schedule of charges policy that includes a cap on charges and the following:

- Responsibility for client eligibility determination to establish individual fees and caps
- Tracking of first charges or medical expenses inclusive of enrollment fees, deductible,

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- co-payments, etc.
- A process for alerting the billing system that the client has reached the cap and should not be further charged for the remainder of the year
- Staff are aware of and consistently following the policy and schedule of charges and cap on charges.

J. DATA REQUIREMENTS & CONFIDENTIALITY

Provide Enterprise is the client-level data system used by Tarrant County HIV Administrative Agency and subrecipients.

J.1 Privacy and Confidentiality

Subrecipients are to have at least minimum standards for the confidentiality and security of paper and electronic client information in a policy. Refer to [Attachment X Confidentiality Policy](#).

All Subrecipient staff should document clients' rights and information for each eligible client receiving services. The documentation occurs in Provide Enterprise. In addition:

- All Subrecipient staff should attend HIPAA training and/or State or County confidentiality trainings offered. All Ryan White funded and other agency staff must complete the Texas DSHS Security and Confidentiality Training upon hire and annually.
- The Subrecipient will provide assurances and a method for protection of client rights and information in the process of care provision.
- The Subrecipient will provide assurances and a method for protection of client confidentiality with regard to medical information transmission, maintenance, and security.
- The Subrecipient will provide assurances regarding the provision of culturally appropriate care to clients. Subrecipient staff must have appropriate training, supervision, and/or experience delivering culturally appropriate services.

J.2 Safeguarding Protected Health Information:

Any Personal Health Information or Protected Health Information (PHI) is confidential and must not be divulged to unauthorized persons. Any unauthorized or improper attempts to obtain or use, actually obtaining or using, or assisting others to obtain or use PHI, will result in performance counseling or disciplinary action up to and including termination. All workforce members of Subrecipients must access and use PHI only on a 'need to know' basis as defined by their job role. Subrecipients and covered entities must ensure methods of collecting, transmitting, storing, or maintaining PHI.

Personal Health Information (PHI): is any information associated with an individual client's name, social security number, phone number, address, or any other piece or combination of pieces of such information which could effectively reveal the identity of the individual, and relating to the past, present, or future: physical or mental health or condition of an individual; the provision of health care to an individual; payment for the provision of health care to an individual.

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This may include, but is not limited to, information concerning a client's:

- Medical history;
- Current medical condition;
- Test results and images;
- Psycho-social assessments;
- Correspondence between health care professionals about the client;
- Histories of hospital admissions, discharges, and outpatient appointments;
- Health care insurance coverage and billing status, ot;
- The names and specialties of physicians or clinical care providers involved in the client's prior care.

Authorized Individual: Except where specifically authorized by the client or appropriate representative or as required by law, PHI may only be accessed or used by the: 1) client or by 2) workforce members who require access to PHI as defined by their job role. Reasons for accessing PHI may include:

- Delivery and continuity of the client's treatment or care;
- Approved educational or research purposes, or;
- Approved Agency business or operational purposes.
- Non-Agency health care providers who require information for the client's care.
- Third-party payers or non-Agency health care providers for direct client collection of payments by such entities.

Workforce: The workforce includes any individual whose work at/for an agency and whose job-related duties are funded by or are on behalf of programs funded by RWHAP include but is not limited to: all full-time, part-time, temporary, or contract employees and/or volunteers who are:

- Clinical;
- Social Service;
- Administrative;
- Volunteers, students, and trainees.

Subrecipient Responsibility: It is the policy of TC AA that each of Subrecipient must:

- Maintain confidentiality when using PHI in any form, including, but not limited to
 - Verbal communications;
 - Hard copy records (charts);
 - Electronic records, including email;
 - Printouts pertaining to the client;
 - Notes maintained by staff or faculty providing care to the client;
 - White boards;
 - Client sign-in sheets;
 - Message logs;
 - Inquiries or information from payers;
 - Faxed client information;
 - Diagnostic testing/results, and;
 - Staff listings.

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- Apply security measures (e.g. password protection, encryption) to prevent unauthorized users from accessing client information in computerized data systems.
- Restrict the amount of information released in response to calls about current clients.
- Adhere to and incorporate into policies and procedures existing laws that require a specific degree of confidentiality for specialized client information, including mental health, and drug/alcohol-related records regarding diagnosis and treatment.
- Incorporate into its policies and procedures additional protection for highly sensitive information, such as HIV diagnosis and treatment records.
- Provide training on privacy and security policies and practices to all members of the workforce.
- Secure storage of client information;
- Procedures for release of client information (to third party payers, Subrecipients, etc.);
- Procedures for disposal of hard copy records;
- Secure transmission and storage of electronic records;
- Protection of confidential information from access, use, or dissemination by unauthorized persons.
- Secure storage of media used to backup, transmit, transfer or copy electronic records.
- Report to TC AA any known or suspected violation of this policy or other privacy policies or any wrongful use or disclosure of PHI.

All workforce members or volunteers: associated with Tarrant County subcontracting agencies are responsible for adhering to this and related information security policies and standards and for safeguarding all PHI. These responsibilities shall include, but are not limited to, the following:

- Avoid access, retrieval, or use of any information on a current or former client unless authorized for legitimate duties (i.e., assisting in care/treatment, providing a consultation, or approved educational/research or business purposes) within their organizational unit.
- Limit the access, use, and disclosure of PHI to the minimum amount necessary to accomplish the intended purpose.
- Dictate client notes and discuss clients and their care only in private areas (i.e., not in hallways, elevators, cafeteria lines).
- Protect personal computerized data systems passwords from disclosure to others.
- Take special care to protect client information (e.g., in hard copy charts or printouts or on computer screens) from view by unauthorized persons.
- Use secure methods for authorized storage, transmission, and disposal of PHI.

Report to the TC AA any known or suspected internal or external violation of this policy or other privacy policies or any wrongful use or disclosure of PHI.

J.3 Capacity to manage and report administrative data:

Subrecipients must have the capacity to manage and report required administrative, fiscal, and clinical data. The Ryan White HIV/AIDS Treatment Extension Act of 2009 mandated new data requirements including the increased collection of medical information at the client level of service using a unique identifier, the collection of data only for funded services (those provided through RWHAP funding), and data transmission to HAB electronically.

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J.4 Electronic Health Record or Electronic Medical Record:

To improve the quality of clinical data collected, HAB further requires that any EHR or EMR component be configured to report appropriate clinical data electronically for HAB reporting (<http://www.hrsa.gov/healthit/toolbox/HIVAIDSCaretoolbox/index.html>).

The Subrecipient must have a system in place for overseeing the operations of the Federal award-supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance. Specifically:

- The Subrecipient has a system in place to collect and organize data related to the HRSA and TC AA approved scope of project as required to meet reporting requirements, including those data elements for RSR reporting; and
- The Subrecipient submits timely, accurate, and complete HRSA RSR reports in accordance with instructions and submits any other required program reports.

J.5 Record Retention

The Subrecipient retains final contracts and related procurement records, consistent with federal document maintenance requirements, for procurement actions paid for in whole or in part under the Federal award. See also Attachment Y.

J.6 Reporting Requirements (frequency and expectations)

In addition to monthly billing and clinical quality management reporting requirements, the Subrecipient must furnish the following to the TC AA:

- Additional monthly, quarterly and annual reports as required for fiscal and programmatic monitoring.
- Provide Enterprise tools will assist with the completion of the invoices for reimbursement that are due monthly and should include:
 - Summary Cover Page, signed by the agency's authorized signatory
 - General Ledger (monthly, generated from Subrecipient's accounting system)
 - Service Category Specific Cost Reimbursement Invoice
 - Back up invoices specific to reimbursement request
- Contract Deliverables are due yearly and should include:
 - Annual Financial Audit
 - Summary of all other funding sources
 - Proof of Insurance that meets County requirements
 - CPR Certification Log (as applicable)
 - Certification of Driver Safety Course (as applicable)
 - Medicare/Medicaid Certification Number (as applicable)
 - Clinical Quality Management Plan
- Grievance Logs upon request: should include all grievances received.
- Annual Submission of the HRSA Ryan White Program Services Report (RSR) is required by all Subrecipients using the HRSA RSR Web-based system, the Electronic Handbook (EHB). Subrecipients generate their respective provider and client level reports using Provide Enterprise:
 - Part I: Provider Report contains basic information about both the subrecipient

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- and the services delivered under each RWHAP contract.
- Part II: Client-level data report contains one record per client that includes information on demographic status, HIV clinical information, HIV-care medical and support services received, and the client's 'UCI', an encrypted, unique client identifier.

J.7 Centralized Data System to Provide Data

All Subrecipients are required to utilize Provide Enterprise for client level data reporting and referrals including but not limited to, demographic and service measures as required.

Subrecipients must adhere to procedures regarding Provide Enterprise data entry requirements, as outlined in Provide Enterprise User Manuals ([See Attachment T](#)).

K. STANDARDS OF CARE & OTHER SERVICE REQUIREMENTS

K.1 Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>

K.2 The Local Standards of Care for RWHAP Part A funded service categories are developed by the North Central Texas Planning Council and incorporate the Texas Department State Health Services (DSHS) Standards of Care. These Standards guide the delivery of core and support services in the TGA. In addition, Directives approved by the Planning Council may apply to selected service categories:

Local Standards - <https://www.ncthpc.com/standards-of-care>

DSHS Standards - <https://www.dshs.texas.gov/hivstd/taxonomy/>

Local Directives - <https://www.ncthpc.com/documentsandforms>

National Monitoring Standards –

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/program-monitoring-parta.pdf>

Universal Monitoring Standards –

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/universal-monitoring-partab.pdf>

K.3 Subrecipient Rights: clarifies the rights of a Subrecipient in responding to unacceptable client behavior while providing HIV Core and Support Services and outlines documentation and notification requirements. Refer to [Attachment AC: Subrecipient Rights Policy](#).

K.4 Referral Policy & Procedures: Directs Subrecipients to make appropriate and timely

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referrals to assist clients in accessing and maintaining core medical and support services. Refer to [Attachment U](#).

K.5 Waitlist Procedures: Waitlist Procedures - It is the expectation that clients will not be put on a Wait List nor will services be postponed or denied. Subrecipient must notify the TC AA when funds for service are either low or exhausted for appropriate measures to be taken to ensure adequate funding is available. Should a wait list be required, the Subrecipient must, at a minimum, develop a policy that addresses how they will handle situations where service(s) cannot be immediately provided and a process by which client information will be obtained and maintained to ensure that all clients that requested service(s) are contacted after service provision resumes. A wait list is defined as a roster developed and maintained by Subrecipients of clients who are awaiting a particular service when a demand for a service exceeds available appointments. The wait list will be created using a first come, next served method.

-The Subrecipient will notify TC AA of the following information when a wait list must be created:

- An explanation for the cessation of service; and
- A plan for resumption of service.

-The Subrecipient's plan must address:

- Action steps to be taken Subrecipient to resolve the service shortfall; and
- Projected date that services will resume.

-The Subrecipient will report to RWGA in writing monthly while a client wait list is required with the following information:

- Number of clients on the wait list.
- Progress toward completing the plan for resumption of service.
- A revised plan for resumption of service, if necessary.

K. 6 Medical Nutrition Therapy Products Form: All activities performed under Medical Nutrition Therapy Products must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. At the beginning of each contract year and anytime changes are made, the TC AA requires that all Subrecipients utilizing RWHAP funding for Medical Nutrition Therapy provide a list of the nutritional products and supplements being dispensed to clients. The list should include the name of the product/supplement, a description, common use(s), and assurance that the product/supplement meets RDA (Recommended Daily Allowance) guidelines. The Subrecipient may either use the chart in [Attachment K](#) or attach an agency-issued list, as long as it contains at minimum, the information listed in the chart.

K. 7 Local AIDS Pharmaceutical Assistance (LPAP) Formulary: The LPAP service category is provision of long-term medications. The formulary is located in Provide Enterprise. Refer to [Attachment P](#).

K. 8 Re-engagement in Care: Subrecipients are to actively identify clients at risk of falling out of care, as well as attempt to re-engage clients that are no longer active in care. All efforts should be made to provide timely follow-up when a client misses an appointment. Refer to [Attachment V](#).

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K.9 Records Retention: Subrecipients must retain all records for a period of 7 years past grant close out. Refer to [Attachment Y](#).

K.10 Telemedicine/Telehealth: Subrecipients are encouraged to use telehealth to deliver services related to HIV diagnosis, care, and support. Refer to [Attachment AG](#).

L. ATTACHMENTS

Attachment A: Legal & Programmatic References
Attachment B: Definitions
Attachment C: Subrecipient Meetings & Other Required Trainings
Attachment D: Subrecipients Contacts
Attachment E: Business Associate Agreement
Attachment F: Staff Credentials
Attachment G: Subrecipient's Subcontractors
Attachment H: Conflicts of Interest
Attachment I: Whistleblower Protection
Attachment J: Medicaid Verification
Attachment K: Medical Nutrition Therapy Form
Attachment L: Client Grievance Policy
 Exhibit L.1: How to Report A Problem
 Exhibit L.2: Client Grievance Form
 Exhibit L.3: Client Grievance Appeal Form
Attachment M: TC AA Grievance Policy
 Exhibit M.1: Request for Hearing Before External Grievance Committee
 Exhibit M.2: The Request for Mediation (Non-Binding)
 Exhibit M.3: The Request for Arbitration (Binding)
 Exhibit M.4: The Grievance Procedure/Timeline
Attachment N: No Content
Attachment O: Administrative Pre-Site Visit Documents and Questions
Attachment P: Local AIDS Pharmaceutical Assistance Program (LPAP) Formulary
Attachment Q: Subrecipient Technical Assistance Policy
 Exhibit Q.1: Technical Assistance Request Form
Attachment R: Eligibility Policy
Attachment S: Client Rights & Responsibilities
Attachment T: Data Management
Attachment U: Referral Policy
Attachment V: Out-of-Care/Re-engagement in Care Policy and Procedures
Attachment W: Non-Discrimination Policy
Attachment X: Confidentiality Policy
Attachment Y: Records Retention
Attachment Z: Subrecipient Performance Measures
Attachment AA: Oversight and Monitoring of Subrecipient Sites
 Exhibit AA.1: Sanctions for Subrecipient Non-Compliance
Attachment AB: Subrecipient Payer of Last Resort Policy
Attachment AC: Subrecipient Rights Policy
Attachment AD: Request for Proposal Process

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Exhibit AD.1: Agency Eligibility for Funding/Sanctions

Exhibit AD.2: Debarment Certification Form

Attachment AE: Emergency Preparedness Policy

Attachment AF: Contingency Planning Policy

Attachment AG: Telemedicine/Telehealth Policy

ATTACHMENT A: LEGAL AND PROGRAMMATIC REFERENCES

Ryan White Authorization: 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. The full Ryan White HIV/AIDS Program legislation is codified at Title XXVI of the Public Health Service (PHS) Act.

Ryan White Part A Authorization: Title XXVI of the Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L.111-87). Administrative / Program Tool only: Title XXVI of the Public Health Service Act, 42 USC. Section 300ff-11s as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L.111-87)

Policy Notices and Program Letters

The Ryan White HIV/AIDS Program 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. The legislation, the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009), delineates the statutory requirements of the program.

<https://ryanwhite.hrsa.gov/about/legislation>

HRSA develops policies that implement the legislation, providing guidance to recipients in understanding and implementing legislative requirements. These policies are available by clicking on the following link <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>

Uniform Guidance: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards (UAR) 45 CFR part 75. On December 26, 2013, the Office of Management and Budget (OMB) published new guidance for Federal award programs, OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Guidance), 2 CFR Part 200. The Guidance will supersede and streamline requirements from OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102 and A-133 and the guidance in Circular A-50 on Single Audit Act follow-up. It is a key component of a larger Federal effort to more effectively focus Federal grant resources on improving performance and

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outcomes while ensuring the financial integrity of taxpayer dollars. <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=91d21c164a2a8ea73a9a9627b33fe002&ty=HTML&h=L&r=PART&n=pt45.1.75#se45.1.75> 12. The effective date of **45 CFR 75** Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards is December 26, 2014, and the requirements are applicable to grants issued on or after that date. For non-Federal entities that are nonprofit organizations or institutions of higher education, there is a one-year grace period for implementation of the procurement standards in 45 CFR 75.316 through 75.325.

HIPAA: HIPAA Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Part 160 and Part 164, Subpart E (“Privacy Standards”) and the HIPAA Security Standards, 45 C.F.R. Part 160 and Part 164, Subpart C (“Security Standards”), both as amended from time to time. HITECH Act: Associate will comply with the requirements of Title XII, Subtitle D of this Health Information Technology for Economic and Clinical Health (HITECH) Act, codified at 42 U.S.C §§ 17921-17954, which are applicable to Business Associates, and will comply with all regulations issued by Department of Health and Human Services (HHS) to implement these referenced statutes, as of the date by which Associates are required to comply with such referenced statutes and HHS regulations.

Associate will also comply with Section 13402 of the HITECH Act, codified at 42 U.S.C. § 17932, and with all regulations issued by HHS to implement this statute, as of the date by which Associates are required to comply with such referenced statutes and HHS regulations.

Whistleblower protection: Current and former HHS employees, applicants for HHS employment, HHS contractors, Subrecipients, personal services contractors, recipients, and Subrecipients who disclose information to OIG, and other authorized recipients are protected from retaliation under the Whistleblower Protection Act of 1989, 41 U.S.C. § 4712 and [Presidential Policy Directive 19](https://www.hhs.gov/open/2016-plan/whistleblower-protection.html) (PPD-19). For more information go to: <https://www.hhs.gov/open/2016-plan/whistleblower-protection.html>.

Contract Compliance Monitoring Note: 45 CFR 75 - §75.301 “Performance reporting frequency and content should be established to not only allow the HHS awarding agency to understand the recipient progress but also to facilitate identification of promising practices among recipients and build the evidence upon which the HHS awarding agency’s program and performance decisions are made.”

Suspension and Debarment: The non-federal applicant for a federal award must disclose, in a timely manner, in writing to the HHS awarding agency or pass-through entity all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award (45 CFR §75.113). Failure to make required disclosures can result in any of the remedies described in 45 CFR §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321). Submission is required for all applicants and recipients, in writing, to the awarding agency and to the HHS Office of Inspector General (OIG) all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to: HRSA (The Awarding Agency) AND U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue,

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SW, Cohen Building Room 5527 Washington, DC 20201 URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp>(Include "Mandatory Grant Disclosures" in subject line) Fax: (202) 205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Imposition of Charges is a term used to describe all activities, policies, and procedures related to assessing RWHAP client charges as outlined in legislation.

Public Health Service Act Sections 2605(e), 2617(c), and 2664(e)(1)(B)(ii) Based on individual (not family income)

Prohibits charges imposed on RWHAP clients with incomes below FPL Requires charges imposed on RWHAP clients with incomes above FPL Established annual caps on charges

Legislative language pertaining to services and applicability:

- Part A: services with assistance provided under the grant
- Imposition of Charges applies to those services for which a distinct fee is typically billed within the local health care market
- This is practical, implementable, and in alignment with other Federal programs
- Applies to HRSA RWHAP Part A.

ATTACHMENT B: DEFINITIONS

Administrative Agency (TC AA): The Tarrant County HIV Administrative Agency is designated by Tarrant County to serve as the program and fiscal agent for HIV services grants. The TC AA is also referred to as the Recipient.

Administrative Liaison: a person able to address issues or answer questions related to contractual compliance, grievances, site visit notifications. This person acts as the main point of contact for an agency.

Agency/Subrecipient: The Subrecipient who is under contract with the TC AA and provides access to eligible service(s).

Annual Gross Income: A measure of income. There are several ways to measure an individual's Annual Gross Income. For example, these forms of income could be used by the provider for the purposes of imposition of charges: **Gross Income:** the total amount of income earned from all sources during the calendar year before taxes, **Adjusted Gross Income:** gross income less deductions.

Arbitration: The final stage in the grievance process that is binding in nature. Generally, the process is submission of a dispute to an impartial individual or panel for a binding determination. Arbitration is usually carried out in conformity with a set of rules. The decision of an arbitrator generally has the force of law, although it generally does not set a precedent. New points of contention (not included in the initial filing of the grievance) cannot be added to the grievance in the arbitration phase.

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Arbitration Committee (Arbitrator): An individual or panel selected to decide a grievance. Arbitrators for this process will be selected in the following manner: The Administrative Agency will designate one individual, the grievant will designate one individual, and the two individuals thus selected will jointly agree upon and designate a third individual, which three persons shall constitute the Arbitration Committee.

Binding: A process in which parties agree to be bound by the decision of the arbitrator or arbitration committee.

Cap on Charges: The limitation on aggregate charges imposed during the calendar year based on client's annual gross income. All fees must be waived once a RWHAP client reaches their cap for that calendar year.

Costs: Charges for administering a grievance settlement process (specific costs for each phase of this process are outlined in Item 6 of this policy).

Dispute Prevention: Techniques or approaches that are used by an organization to resolve disagreements at as early and informal a stage as possible to avoid or minimize the number of disputes that reach the formal grievance process.

Eligible Client: A person receiving Ryan White services within the Fort Worth TGA.

External Grievance Committee: The standing committee of the TC AA composed of no less than three (3) volunteers. which hears the initial grievance during the External Grievance Committee Review phase. Members are appointed by the HIV Administrative Agency.

External Grievance Hearing: The actual meeting between the grievant and the External Grievance Committee during the External Grievance Committee Review phase. Grievance hearings are public meetings subject to the Open Meetings Act of the State of Texas.

External Grievance Committee Review: Following failed attempts to resolve disputes through normal means, a grievant may request the initiation of the formal grievance process. The External Grievance Committee Review is the initial process of non-binding dispute resolution in this grievance process.

External Review Committee: A standing committee of the TC AA which reviews requests for proposals and makes recommendations for funding by service categories to qualified agencies based on the request for proposals.

Federal Poverty Level (FPL): A measure of income issued every year by HHS. Federal poverty levels are commonly used to determine eligibility for certain programs and benefits such as Medicaid, Food Stamps, the Children's Health Insurance Program (CHIP), and RWHAP.

Filing Fee (Administrative Filing Fee): A filing fee which is required to be paid by grievant to initiate each phase of the grievance process (Specific fees for each phase of this process are outlined in Item 6 of this policy). Administrative filing fees for any stage may be waived upon

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written request and written documentation of financial hardship from the grievant.

Fiscal Liaison: A person able to address issues or answer questions related to budgetary or billing items for their agency.

Grievance: A complaint or dispute that has reached the stage where the affected party seeks a structured approach to its resolution. In this process, grievances may be filed for disagreements with TC AA decisions or External Review Committee decisions, actions, processes or conflicts of interest.

Grievant: The party (entity or person) seeking a structured resolution of a grievance.

HIV Care Continuum: The HIV care continuum provides a framework that depicts the series of states a person with HIV engages in from initial diagnosis through the successful treatment with HIV medication.

HIV-related Charges: Those charges a RWHAP recipient imposes on the client plus any other out-of-pocket charges related to their HIV care (as determined by their provider) that a client incurs and reports to their RWHAP recipient/provider. These charges can be from any provider as long as the service is a RWHAP allowable service.

Imposition of Charges: term used to describe all activities, policies, and procedures related to assessing RWHAP client charges as outlined in legislation. The HRSA RWHAP statute defines who MUST NOT have a charge imposed, who MUST have a charge imposed, and limits the amount that CAN be imposed in a calendar year.

Mediation: The second step in grievance process in which an impartial and independent third party assists parties to a grievance in reaching an acceptable resolution to the issue(s) being grieved. Mediation may involve meetings held by the mediator with the parties together and/or separate. This is a non-binding process. New points of contention (not included in the initial filing of the grievance) cannot be added to the grievance in the mediation phase.

Mediation Service (Mediator): A trained impartial and independent third party determined in accordance with this procedure to help the parties of a grievance reach an agreement on a determined set of issues.

National HIV/AIDS Strategy: Updated to 2020: The National HIV/AIDS Strategy for the United State: Updated to 2020 (NHAS 2020) is a five-year plan that details, principles, priorities, and actions to guide the national response to the HIV epidemic. There are four goals: 1) Reduce new HIV infections; 2) Increase access to care and improve health outcomes for PLWH; and 3) Reduce HIV-related health disparities and health inequities; and 4) Achieve a more coordinated national response.

Nominal Charge: Fee greater than zero.

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Non-binding: Techniques in which the parties to a grievance attempt to reach an agreement. The results are not final unless they are agreed upon by both parties.

Party: Refers to one of the participants in the grievance process. This includes the grievant who brings the grievance action, and the respondent against which the grievance is brought.

Person with Standing: The following individuals or groups may bring a grievance to the External Grievance Committee for action: Subrecipient agencies and other HIV service providers, Administrative Agency personnel, clients, or any individual or group who is affected by the Administrative Agency or External Review Committee decisions.

Points of Entry (POE): Points of Entry service coordination agreements assure community agencies provide information to HIV positive individuals about services available RWHAP funded subrecipients.

Planning Council: The North Central Texas Planning Council, which is the Fort Worth TGA Planning Council comprised of a volunteer group of local citizens, charged with conducting an annual needs assessment, setting priorities and determining allocations to service categories for HIV services in the Fort Worth TGA.

Quality Management/Improvement Liaison: A person able to address issues or answer questions related to Clinical/Non-Clinical, chart issues, and Standards of Care. This agency representative will participate in quarterly Clinical Quality Management Committee meetings.

Retention requirements for records: (CFR 75.361, The destruction of state records is prescribed by Texas Government Code 441, Subchapter L, Section 441.187 SLR 105, Records Retention Schedule): Financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a Federal award must be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the HHS awarding agency or pass-through entity in the case of a Subrecipient. HHS awarding agencies and pass-through entities must not impose any other record retention requirements upon non-Federal entities. The only exceptions are the following:

(a) If any litigation, claim, or audit is started before the expiration of the 3-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.

(b) When the non-Federal entity is notified in writing by the HHS awarding agency, cognizant agency for audit, oversight agency for audit, cognizant agency for indirect costs, or pass-through entity to extend the retention period.

(c) Records for real property and equipment acquired with Federal funds must be retained for 3 years after final disposition.

(d) When records are transferred to or maintained by the HHS awarding agency or pass-through entity, the 3-year retention requirement is not applicable to the non-Federal entity.

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(e) Records for program income transactions after the period of performance. In some cases, recipients must report program income after the period of performance. Where there is such a requirement, the retention period for the records pertaining to the earning of the program income starts from the end of the non-Federal entity's fiscal year in which the program income is earned.

(f) Indirect cost rate proposals and cost allocations plans. This paragraph applies to the following types of documents and their supporting records: Indirect cost rate computations or proposals, cost allocation plans, and any similar accounting computations of the rate at which a particular group of costs is chargeable (such as computer usage chargeback rates or composite fringe benefit rates).

Request for Hearing form: A form which is completed and submitted, along with a \$100 administrative filing fee, to initially file a formal grievance and begin the process of HIV Programs Review, available from the HIV Grants Manager.

Request for Mediation form: A form which is completed and submitted, along with a \$300 administrative filing fee, to initiate the second phase in the grievance process (Mediation), available from the HIV Grants Manager.

Request for Arbitration form: A form which is completed and submitted, along with a \$500 administrative filing fee, to initiate the third and binding phase of the grievance process (Arbitration), available from the HIV Grants Manager.

Respondent: The party (entity or person) against which the grievance is being brought.

Ryan White HIV/AIDS Program: Administered by HRSA/HAB, who authorizes RW as follows: Awards are made to the Chief Elected Official of an Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGAs) that are severely impacted by the HIV/AIDS epidemic. HIV funding is distributed two-thirds by formula (base) and one-third competitive (supplemental). HIV grants to EMAs and TGAs include formula and supplemental components as well as MAI funds, which support services targeting minority populations.

SAM: The System for Award Management (SAM) is eight federal procurement systems combined into one along with the Catalog of Federal Domestic Assistance. SAM was designed to streamline the process of both obtaining and procuring federal contracts by integrating these systems.

Schedule of Charges: Fees imposed on the RWHAP client for services based on the client's annual gross income. A schedule of charges may take the form of a flat rate or a varying rate (e.g. sliding fee scale). The schedule of charges is how you know what amount of money to charge a client. The schedule of charges applies to uninsured clients with incomes above 100% FPL and may be applied to insured clients as determined by RWHAP recipients' policies and procedures. When applied to insured clients, recipients should consider how their policy will be applied uniformly to all insured clients, rather than on a case-by-case basis.

Standing: A term referring to the eligibility of an entity or individual to bring a grievance.

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Third Party: A term used to describe an independent or impartial person, including a mediator or arbitrator, selected to resolve a grievance or assist the parties in resolving a grievance.

Time Extensions: The altering of time frames established in this policy. This may be done only by mutual agreement and must be in writing by both parties, to a new, specific time frame.

TGA: Transitional Grant Area. A combination of counties defined by Ryan White Treatment Extension Act grants as the area to which HIV services are delivered - a four county areas in the Fort Worth TGA (Tarrant, Hood, Parker and Johnson counties).

Waiver: A waiver of the imposition of charges requirement can only be requested by RWHAP recipients operating as free clinics (e.g. healthcare for the homeless clinics). Only a handful of RWHAP recipients are operating as free clinics; therefore, other RWHAP recipients or Subrecipients should be charging clients over 100% FPL for applicable services – even if it is only \$1. Organizations that receive funding from RWHAP and other Federal funding sources (i.e., facilities operated directly by the Indian Health Service or by Tribes through a contract with the Indian Health Service, Community Health Centers) must follow the requirements imposed by each Federal program. To the extent that services under the RWHAP are provided and attributed to the RWHAP, RWHAP statutory requirements on imposition of charges must be followed.

ATTACHMENT C: Subrecipient Meetings & Other Required Trainings

Monthly 1:1 Subrecipient Meetings & Other Required Trainings

PURPOSE: To establish and maintain a monthly 1:1 (one to one) meeting between the TC AA and each subrecipient for the purpose of monitoring funding utilization and service delivery, and to establish the requirement for subrecipient staff to attend technical assistance trainings.

POLICY: The TC AA will hold a monthly 1:1 meeting with each subrecipient, and will require attendance of RWHAP funded staff at other required trainings

PROCEDURES:

A recurring monthly meeting will be set up between the TC AA and subrecipient staff including administrative, fiscal, and quality. A standardized agenda template provided by the TC AA will be prepared by the subrecipient and submitted to the TC AA office manager 48 hours in advance of the meeting.

Subrecipient RWHAP grant funded staff will attend all required technical assistance trainings. This includes training hosted by the TC AA and training identified by the TC AA.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

ATTACHMENT D: Subrecipient Contacts

The HIV Administrative Agency wants to ensure effective communication with all Subrecipients. The Agency Contacts COA helps ensure that valuable information gets to the appropriate person at your agency. If more contacts are needed for a specific liaison, please add the individual(s) to the table.

Definitions:

-Administrative – a person able to address issues or answer questions related to contractual compliance, grievances, site visit notifications. This person acts as the main point of contact for the agency.

-Fiscal – a person able to address issues or answer questions related to budgetary or billing items for the agency.

-Quality Management/Improvement – a person able to address issues or answer questions related to, Clinical/Non-Clinical, chart issues, and Standards of Care. The agency representative will participate in quarterly Clinical Quality Management Committee meetings.

-Data – a person to address data quality, reporting, and confidentiality.

SUBRECIPIENT: Administrative				
	Full Name	Job Title	Email Address	Phone Number
Primary Contact				
Secondary Contact				
Fiscal				
	Full Name	Job Title	Email Address	Phone Number
Primary Contact				
Secondary Contact				
Quality Management				
	Full Name	Job Title	Email Address	Phone Number
Primary Contact				
Secondary Contact				
Data				
	Full Name	Job Title	Email Address	Phone Number
Primary Contact				
Secondary Contact				

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

ATTACHMENT E: Business Associate Agreement (BAA)

Tarrant County HIV Administrative Agency
 2300 Circle Drive, Suite 2306 Fort Worth
 Texas 76119 (817)370-4527

BUSINESS ASSOCIATE AGREEMENT

TARRANT HIV Administrative Agency

Associate

Agreed to by Tarrant County HIV Administrative Agency by:

Tarrant County HIV Administrative Agency
 By: _____

ASSOCIATE
 By: _____

SIGNATURE

DATE

SIGNATURE

DATE

 PRINTED NAME AND TITLE

 PRINTED NAME AND TITLE

This Agreement sets out the responsibilities and obligations of Associate, as noted above, as a business associate of Tarrant County Ryan White HIV Program, a covered entity, under the Health Insurance Portability and Accountability Act (HIPAA) and pursuant to the Contract between Associate and Tarrant County Ryan White HIV Program.

Tarrant County Ryan White HIV Program may make available and/or transfer to Associate Protected Health Information (“PHI”) of individuals in conjunction with services, which Associate will use or disclose only in accordance with this Agreement. Associate and Tarrant County Ryan White HIV Program agree to the terms and conditions of this Agreement in order to comply with the use of handling of PHI under the HIPAA Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R Part 160 and Part 164, Subpart E (“Privacy Standards”) and the HIPAA Security Standards, 45 C.F.R. Part 160 and Part 164, Subpart C (“Security Standards”), both as amended from time to time. Unless otherwise provided, all capitalized terms in this Agreement will have the same meaning as provided under the Privacy Standards and Security Standards. Associate and Tarrant County Ryan White HIV Program will comply with the terms of this Agreement for the duration of the Contract and for such other continuing periods as provided in this Agreement. Upon the compliance date of any final regulation or amendment to final

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

regulation promulgated by the Secretary of Health and Human Services that affects Associate's use or disclosure of PHI, the parties agree to take such reasonable action as is necessary to amend this Agreement in order for Tarrant County Ryan White HIV Program to comply with such final regulation or amendment to final regulation.

Definitions for terms in this Agreement:

1. **Business Associate** means an entity that performs or assists in the performance of a function on behalf of a Covered Entity, which involves the use, or disclosure of Individually Identifiable Health Information as defined in 45 C.F.R § 160.103. The terms "Business Associate" and "Contractor" are synonymous. Notwithstanding this definition, if Contractor does not have access to or create Protected Health Information under this Contract, Contractor is not a Business Associate, and the terms of this Agreement do not apply to Contractor.
2. **Individual** means the individual who is the subject of the Protected Health Information.
3. **Individually Identifiable Health Information** or **Protected Health Information** ("PHI") means the health information that is created or received by a Covered Entity; and relates to the physical condition, mental health or other health condition of an Individual, or to the provision of health care to the Individual (including but not limited to the payment for such health care); and identifies or can be used to identify the Individual as defined in 45 C.F.R § 160.103.

It is agreed concerning:

1. **Uses and Disclosures of Protected Health Information.** Associate will use and disclose PHI only for those purposes necessary to perform its duties, obligations and functions under the Contract, or as otherwise expressly permitted in this Agreement or required by other law. Associate will not use or further disclose any PHI in violation of this Agreement. Associate may use PHI to perform data aggregation services as permitted by 45 C.F.R. § 164.504(e)(2)(l)(B). Associate agrees that any time it provides PHI received from Tarrant County Ryan White HIV Program to a Subrecipient or agent to perform Services for Tarrant County Ryan White HIV Program, Associate first will enter into a contract with such Subrecipient or agent that contains the same terms, conditions, and restrictions on the use and disclosure of PHI as contained in this Agreement.
2. **Associate Use or Disclosure of Protected Health Information for its Own Purposes.** Associate may use or disclose PHI received from Tarrant County Ryan White HIV Program for Associate's management and administration, or to carry out Associate's legal responsibilities. Associate may disclose PHI received from Tarrant County Ryan White HIV Program to a third party for such purposes only if:
 - a. The disclosure is required by law; or
 - b. Associate secures written assurance from the receiving party that the receiving party will:
 - (i) hold the PHI confidentially; (ii) use or disclose the PHI only as required by law or for the purpose for which it was disclosed to the recipient; and (iii) notify the Associate of any breaches in the confidentiality of the PHI.

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3. **Safeguards.** Associate will implement and maintain appropriate safeguards to prevent any use or disclosure of PHI not otherwise permitted in this Agreement. Associate also will implement administrative, physical and technical safeguards to protect the confidentiality, integrity, and availability of any electronic protected health information (“e-PHI”), if any, that Associate creates receives, maintains, and transmits on behalf of Tarrant County Ryan White HIV Program. Upon request of Tarrant County Ryan White HIV Program, Associate will provide evidence to Tarrant County Ryan White HIV Program that these safeguards are in place and properly managed.
4. **Reports of Improper Use or Disclosure of Protected Health Information and of Security Incidents and Breaches.** Associate will report in writing to Tarrant County Ryan White HIV Program any use or disclosure of PHI not permitted by the contract between Associate and Tarrant County Ryan White HIV Program within five business days of Associate’s learning of such use or disclosure.

Associate also will report in writing to Tarrant County Ryan White HIV Program any Security Incident of which Associate becomes aware within five business days of Associate learning of such use or disclosure. Specifically, Associate will report to Tarrant County Ryan White HIV Program any successful unauthorized access, use, disclosure, modification, or destruction of e-PHI or interference with system operations in an information system containing e-PHI of which Associate becomes aware. Associate also will report the aggregate number of unsuccessful, unauthorized attempts to access, use, disclose, modify, or destroy e-PHI or interfere with system operations in an information system containing e-PHI, of which Associate becomes aware, provided that: (i) such reports will be provided only as frequently as the parties mutually agree, but no more than once per month; and (ii) if the definition of “Security Incident” under the Security Standards is amended to remove the requirement for reporting “unsuccessful” attempts to use, disclose, modify or destroy e-PHI, the portion of this Section 4 addressing the reporting of unsuccessful, unauthorized attempts will no longer apply as of the effective date of such amendment.

5. **Obligations Regarding Associate Personnel.** Associate will appropriately inform all of its employees, agents, representatives and members of its workforce (“Associate Personnel”), whose services may be used to satisfy Associate’s obligations under the Contract and this agreement of the terms of this Agreement. Associate represents and warrants that the Associate Personnel are under legal obligation to Associate, by contract or otherwise, sufficient to enable Associate to fully comply with the provisions of this Agreement. Associate will maintain a system of sanction for any Associate Personnel who violates this Agreement.
6. **Access to Protected Health Information.**
 - a. **Tarrant County Ryan White HIV Program Access.** Within five business days of a request by Tarrant County Ryan White HIV Program for access to PHI received from Tarrant County Ryan White HIV Program, Associate will make requested PHI available to Tarrant County Ryan White HIV Program.
 - b. **Client Access.** If a client requests access to PHI directly from Associate, Associate can provide the requested PHI to the client, provided the Associate created or

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- c. maintains the PHI. The Associate will note in the client's record whether the requested PHI was provided, per the Associate's privacy policy and procedure. The Associate will also provide a written summary to the Tarrant County Ryan White HIV Program as to the outcome of the client's request for PHI. However, if the client requests PHI related to services provided by another Ryan White HIV provider, Associate will, within five business days, forward such request in writing to the Tarrant County Ryan White HIV Program. The Tarrant County Ryan White HIV Program will be responsible for making all determinations regarding the grant or denial of a client's request for PHI, and Associate will make no such determinations. Under the direction of the Tarrant County Ryan White HIV Program, the Associate that maintains the requested PHI will be responsible to prepare and deliver the requested PHI records to the client, provided Associate has possession of the requested records.

7. Amendment of Protected Health Information.

- a. **Tarrant County Ryan White HIV Program Request.** Within five business days of receiving a request from Tarrant County Ryan White HIV Program to amend an individual's PHI received from Tarrant County Ryan White HIV Program, Associate will provide such information to Tarrant County Ryan White HIV Program for amendment. Alternatively, if a Tarrant County Ryan White HIV Program request includes specific information to be included in the PHI as an amendment, Associate will incorporate such amendment within five business days of receipt of the Tarrant County Ryan White HIV Program request.
- b. **Individual Request.** If an individual makes a request to amend PHI directly to Associate, Associate will follow the Associate's privacy policy and procedure for client request to amend PHI. The Associate shall provide a written summary to the Tarrant County Ryan White HIV Program of the outcome of the individual's request to amend PHI.

8. Accounting of Disclosures; Requests for Disclosure.

- a. **Disclosure Records.** Associate will keep a record of any disclosure of PHI received from Tarrant County Ryan White HIV Program that Associate makes to its agents, Subrecipients or other third parties other than:
 - (1) Disclosures to health care providers to assist in the treatment of clients;
 - (2) Disclosures to others to assist Tarrant County Ryan White HIV Program in paying claims;
 - (3) Disclosures to others to assist Tarrant County Ryan White HIV Program in conducting its health care operations, as defined in 45 C.F.R. § 164.501; or
 - (4) Disclosures made pursuant to an individual's Authorization.Associate will maintain this disclosure record for six years from the termination of this Agreement.
- b. **Data Regarding Disclosures.** For each disclosure for which it is required to keep a record under paragraph 8(a), Associate will record and maintain the following

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

- c. information:
 - (1) The date of disclosure;
 - (2) The name of the entity or person who received the PHI and the address of such entity or person, if known.
 - (3) A description of the PHI disclosed; and
 - (4) A brief statement of the purpose of the disclosure.
- d. **Provision to Tarrant County Ryan White HIV Program.** Associate will provide to Tarrant County Ryan White HIV Program its record of disclosures under paragraph 8(a), if any, within thirty days of each disclosure. Within five business days of receiving a notice from Tarrant County Ryan White HIV Program of an individual's request for an accounting, Associate also will provide to Tarrant County Ryan White HIV Program its disclosure record.
- e. **Client Request to Associate.** If a Client requests an accounting of disclosures directly from Associate, Associate will forward the request to Tarrant County Ryan White HIV Program within five business days of Associate's receipt of the request and will make its records of disclosures available to Tarrant County Ryan White HIV Program as otherwise provided in this Section. Tarrant County Ryan White HIV Program will be responsible to prepare and delivery the records of disclosure to the Client. Associate will not provide an accounting of its disclosure directly to the individual. .

9. Access to Books and Records.

- a. **Tarrant County Ryan White HIV Program Access.** Associate will, within five business days of Tarrant County Ryan White HIV Program written request, make available during normal business hours at Associate's offices, all records, books, agreements, policies and procedures relating to the use or disclosure of PHI received from Tarrant County Ryan White HIV Program for the purpose of allowing Tarrant County Ryan White HIV Program or its agents or auditors to determine Associate's compliance with this Agreement.
- b. **Government Access.** Associate will make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Associate on behalf of, Tarrant County Ryan White HIV Program available to the Secretary of the Department of Health and Human Services to the extent required for determining compliance with the Privacy Standards. Notwithstanding this provision, no attorney-client, accountant-client or other legal privilege will be deemed waived by Associate or Tarrant County Ryan White HIV Program as a result of this Section.

- 10. **Termination.** Tarrant County Ryan White HIV Program immediately may terminate the Contract, if any, and this Agreement upon written notice to Associate if Tarrant County Ryan White HIV Program determines that the Associate or Subrecipient(s) or agent(s) of Associate has breached a material term of this Agreement. Alternatively, Tarrant County Ryan White HIV Program may elect to provide Associate with written notice of Associate's or Subrecipient(s)' or agent(s)' of Associate breach of any term or condition of this Agreement and afford Associate the opportunity to cure the breach to the satisfaction of Tarrant County

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11. Ryan White HIV Program within thirty business days of the date of such notice. If Associate fails to timely cure the breach, as determined by Tarrant County Ryan White HIV Program at its sole discretion, Tarrant County Ryan White HIV Program may terminate the Contract and this Agreement.
12. **Return or Destruction of Protected Health Information.**
 - a. **Return of PHI; Destruction.** Within thirty business days of termination of the Contract or this Agreement, Associate will return to Tarrant County Ryan White HIV Program all PHI received from Tarrant County Ryan White HIV Program or created or received by Associate on behalf of Tarrant County Ryan White HIV Program that Associate maintains in any form or format. Associate will not maintain or keep in any form or format any portion of such PHI. Alternatively, Associate may, upon Tarrant County Ryan White HIV Program written consent, destroy all such PHI and provided written documentation of such destruction. The requirement to return or destroy such PHI will apply to all agents or Subrecipients of Associate. Associate will be responsible for recovering any PHI from such agents or Subrecipients. If Associate cannot obtain the PHI from any agent or Subrecipient, Associate will so notify Tarrant County Ryan White HIV Program and will require that such agents or Subrecipients directly return PHI to Tarrant County Ryan White HIV Program or otherwise destroy such PHI, subject to the terms of this Section.
 - b. **Alternative Measures.** If Associate believes that returning or destroying PHI at the termination of the Contract or this Agreement is infeasible, it will provide written notice to Tarrant County Ryan White HIV Program within five business days of the effective date of termination of this Agreement. Such notice will set forth the circumstances that Associate believes makes the return or destruction of PHI infeasible and the alternative measures that Associate recommends for assuring the continued confidentiality and security of the PHI. Tarrant County Ryan White HIV Program promptly will notify Associate of whether it agrees that the return or destruction of PHI is infeasible. If Tarrant County Ryan White HIV Program agrees that return or destruction of PHI is infeasible, Associate agrees to extend all protections, limitations and restrictions of this Agreement to Associate's use or disclosure of PHI retained after termination of this Agreement and to limit further uses or disclosures to those purposes that make the return or destruction of the PHI infeasible. Any such extended protections, limitations and restrictions will apply to any agents or Subrecipients of Associate for whom return, or destruction of PHI is determined by Tarrant County Ryan White HIV Program to be infeasible. If Tarrant County Ryan White HIV Program does not agree that the return or destruction of PHI from Associate or its agents or Subrecipients is infeasible, Tarrant County Ryan White HIV Program will provide Associate with written notice of its decision, and Associate, its agents and Subrecipients will proceed with the return or destruction of the PHI pursuant to the terms of this Section within fifteen business days of the date of Tarrant County Ryan White HIV Program notice.
13. **Restrictions on Use or Disclosure of Protected Health Information.** If Tarrant County Ryan White HIV Program advises Associate of any changes in, or restrictions to, the permitted use or disclosure of PHI received from Tarrant County Ryan White HIV Program, Associate

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14. will restrict the use or disclosure of such PHI consistent with the Tarrant County Ryan White HIV Program instructions.
15. **Mitigation Procedures.** Associate agrees to have procedures in place for mitigating, to the maximum extent practicable, any deleterious effect from the use or disclosure of PHI received from Tarrant County Ryan White HIV Program in a manner contrary to this agreement or the Privacy Standards.
16. **Compliance with the HITECH Act.** Associate will comply with the requirements of Title XII, Subtitle D of this Health Information Technology for Economic and Clinical Health (HITECH) Act, codified at 42 U.S.C §§ 17921-17954, which are applicable to Associates, and will comply with all regulations issued by Department of Health and Human Services (HHS) to implement these referenced statutes, as of the date by which Associates are required to comply with such referenced statutes and HHS regulations.

Associate will also comply with Section 13402 of the HITECH Act, codified at 42 U.S.C. § 17932, and with all regulations issued by HHS to implement this statute, as of the date by which Associates are required to comply with such referenced statutes and HHS regulations. Associate will make a report to the Tarrant County Ryan White HIV Program of any breach of unsecured protected health information, as required by 42 U.S.C. §17932(b), within five business days of Associate's discovery of the breach. Associate will indemnify Tarrant County Ryan White HIV Program for any reasonable expenses Tarrant County Ryan White HIV Program incurs in notifying individuals of a breach caused by Associate or its Subrecipients or agents.

17. **Miscellaneous.**

- a. **Compliance with Laws.** The Parties acknowledge that state and federal laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to ensure compliance with such developments. Should such developments occur, and upon either Party's good faith request, the other Party agrees to enter good faith negotiations concerning the terms of amendment to this Agreement.
- b. **Construction of Terms.** The terms of this Agreement will be construed in light of any applicable interpretation or guidance on the Privacy Standards and Security Standards issued by the Department of Health and Human Services.
- c. **No Third-Party Beneficiaries.** Nothing in this Agreement will confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities, whatsoever.
- d. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties with regard to the Privacy Standards and Security Standards, there are no understandings or agreements relating to this Agreement that are not fully expressed in this Agreement and no change, waiver or discharge of obligations arising under this Agreement will be valid unless in writing and executed by the party against whom such

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- e. change, waiver or discharge is sought to be enforced.
- f. **Written Agreement.** This Agreement will be considered an agreement to the Contract, which is incorporated as though fully set forth within the Contract. This Agreement will govern in the event of conflict or inconsistency with any provision of Contract.
- g. **Counterparts.** This Agreement may be executed in two or more counterparts, each of which shall be deemed and original and when taken together shall constitute one agreement.
- h. **Facsimile and Electronic Signatures.** Facsimile and electronic signatures shall be deemed to be original signatures for all purposes of this Agreement.
- i. **Notices.** Any notices required under this agreement will be sent to the parties at the following address first class mail, fax, email or hand delivery:

EXAMPLE OF BAA SIGNATURE FORM:

Tarrant County
HIV Administrative Agency
2300 Circle Drive, Suite 2306
Fort Worth Texas 76119
(817)370-4527

BUSINESS ASSOCIATE AGREEMENT
FOR RELEASE OF INFORMATION TO THIRD PARTIES

1. _____ (“Associate”) is a business associate of Tarrant County Ryan White HIV Program pursuant to the agreement between Associate an Tarrant County Ryan White HIV Program dated _____ (“Agreement”). Pursuant to that Agreement, Associate is required to comply with the requirements for the use and handling of Protected Health Information (“PHI”) from Tarrant County Ryan White HIV Program as set forth in the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. 164.501 et. seq. as amended from time to time (“Privacy Standards”).
2. Associate is permitted to disclose PHI to _____ (“Recipient”) for the necessary management and administration of Associate and to Carry out the legal responsibilities of the Associate, provided that Recipient provides Associate with the following assurances for Recipient’s use and disclosure of PHI.
3. Associate seeks to disclose PHI to Recipient for the following management, administration or _____ legal responsibilities of _____ Associate:

4. The Disclosure of PHI to Recipient is conditioned upon Recipient’s assurance that, and Recipient agrees that it will:
 - a. Hold the PHI confidentially and make no redisclosure to any third party without Associate’s express advance written consent;

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

- b. Use or disclose the PHI only as required by law or for the purposes set forth above; and
- c. Notify Associate in writing of any breaches in the confidentiality of the PHI within three days of discovery of any such breach.

ASSOCIATE

By: _____
SIGNATURE DATE

PRINTED NAME AND TITLE

RECIPIENT

By: _____
SIGNATURE DATE

PRINTED NAME AND TITLE

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ATTACHMENT F: Staff Credentials

The Tarrant County HIV Administrative Agency (TC AA) requires that all direct service providers maintain proof of qualifications and licensure(s) and to provide the documentation upon request. It is the individual’s responsibility to be familiar with license & qualifications requirements per the service definitions and standards of care, and provide the following documentation, as applicable to the provider’s requirements. Prior to hiring clinicians, the National Practitioner Data Bank should be used to verify malpractice payments and/or adverse actions, if any.

The provider must maintain the following minimum information and documentation:

- Complete licensing and qualifications tables on the next page
- Copies of résumés/curriculum vitae for all budgeted staff members and contracted employees/consultants
- Evidence of current status of required licenses
- Evidence of ensuring staff credentials and licenses remain current and valid
- Evidence that RWHAP employee qualifications meet position description requirements

Note: If individual service providers hold more than one license, certification and/or degree, complete multiple rows for each individual license, certification and/or degree. If additional rows are needed, add rows or use additional forms.

STAFF LICENSING & QUALIFICATIONS TABLE

Full Name	Job Title	Funded Service	Type License / Certification Number (if applicable)	License / Certification Number (if applicable)	Effective Date (all licenses, certifications and degrees)

ATTACHMENT G: Subrecipient's Subcontractors

Subrecipients may **not** subcontract (also known as sub of sub) with another provider for services that they are contracted to deliver under the Tarrant County contract. The exceptions to this policy are subcontracts for pharmacy and laboratory testing.

1. Subrecipient may not subcontract with another provider for services that they are contracted to deliver under the Tarrant County HIV Administrative Agency's contract. However, if extenuating circumstances exist, the Subrecipient may request an annual waiver in order to subcontract for limited services with another provider.
2. The waiver must describe why the Subrecipient cannot directly provide the service and the business need to establish a subcontract. The waiver request must also include the proposed contract between the Subrecipient and another provider.
3. Waiver form for RWHAP Part A is available upon request from the TC AA and the request is to be submitted prior to contract execution, and a response will be provided with ten (10) business days. Waiver requests are required to be submitted annually. Mid-year requests will be addressed on a case-by-case basis.
5. Subrecipients are required to annually conduct quality assurance monitoring to assure services are in compliance with Service Category Standards of Care.

ATTACHMENT H: Conflicts of Interest

Conflicts of Interest Statement

The Tarrant County Administrative Agency (TC AA) and its Subrecipients do not have, nor shall they knowingly acquire or retain any financial information or have an interest in, or in any manner be connected to situations that would conflict in any manner with their performance obligations.

1.0 Purpose:

The purpose of this policy is to define conflict of interest between TC AA employees, Subrecipients, clients, contractors, and vendors.

2.0 Policy:

The following is a list of some processes that may lead to conflicts of interest. The list is not exhaustive, and conflicts of interest may arise in other TC AA activities.

- Assessing community resources for HIV/STD services.
- Conducting a needs assessment and interpreting information from this process.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

- Prioritizing and allocating resources to service categories.
- Evaluating the planning process.
- Subcontracting for HIV care services.

The Administrative Agency shall establish safeguards to prohibit employees, Subrecipients and their employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.

Potential conflicts of interest include, but are not limited to, an existing or potential business or personal relationship between the Administrative Agency (or Subrecipient), its principal (or a member of the principal's immediate family) or any affiliate or Subrecipient of HHS, their commissioners, officer or employees, or any other entity or person involved in any way.

The TC AA shall disclose the actual or potential conflict of interest within ten days of when they become aware of the existence of an actual or potential conflict of interest.

The TC AA shall require each of its Subrecipients to report any conflict of interest or potential conflict of interest the Subrecipient has or may have within ten days of when the Subrecipient becomes aware of the actual or potential conflict of interest.

2.1 An Administrative Agency Employee May Not:

- Have an interest in, or in any manner be connected with a contract or bid for the purchase of goods or services by the TC AA.
- Be dually employed by a contractor of the TC AA.
- Accept or solicit anything of value whether by gift, rebate, service or favor from a person to whom an TC AA contract may be awarded, directly or indirectly.
- Contract for future reward or compensation from an actual or potential vendor in exchange for a promise or other obligation on a TC AA contract.
- Be employed by, or agree to work for, a vendor or potential vendor.
- Knowingly disclose confidential information acquired in the course of one's official duties for personal gain.

2.2 If a Violation Occurs:

- When an actual or potential violation of an ethical standard is discovered, the person(s) involved shall promptly file a written statement regarding the matter and request written instructions for the disposition of the matter from their immediate supervisor.
- If an actual violation occurs or is not disclosed the employee involved may be reprimanded, suspended, or dismissed from employment. Any Subrecipient, vendor or potential contract vendor determined to have acted unethically may be barred from receiving future contracts and/or have any existing contracts canceled.

3.0 Minimizing Conflict of Interest

To minimize the negative impact of conflict of interest, the planning and subcontracting

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

processes will be open, public, and based on clear policies. Planning and Subrecipient selection policies and procedures will include the following.

- A definition of conflict of interest.
- A method of disclosure of conflict of interest.
- A duration that a conflict of interest disclosure is effective.
- A method or methods of resolution when a conflict of interest action arises that violates planning policies and procedures.

4.0 Declaring Conflict of Interest

Any employee of the Administrative Agency or Subrecipient agency who perceives a conflict of interest for himself/herself must take the following actions:

1. Declare the conflict of interest prior to participating in business discussions or decisions regarding the affiliated person or entity;
2. Refrain from voting or exerting influence on an issue in which the conflict of interest exists, and
3. Refrain from influencing another person's decision in regard to the affiliated person or entity where the conflict of interest exists.

Upon request of other persons present, the person who declares a conflict of interest may provide technical advice and answer questions related to the issue in which a conflict exists.

When an Administrative Agency employee realizes a potential conflict of interest situation for another person, he/she will make known the concerns to the Grants Manager or the County Administrator. The potential conflict of interest is to be documented

5.0 Conflict of Interest Disclosure Statement

All employees of the Administrative Agency and Subrecipient staff are required to complete and sign a Conflict of Interest Disclosure Form which contains, at a minimum, the content in Conflict of Interest Disclosure Form. All Administrative Agency employees and Subrecipient employees sign a Conflict of Interest Statement each year. One copy of the signed statement shall be given to the employee, and one copy shall be filed in the employee's personnel file.

Forms must be completed annually before the employee participates in discussion, contract selection, allocations, or vote regarding any business within or on behalf of the Administrative Agency or Subrecipient agency. Signed disclosure statements will be kept on file in the Administrative Agencies office. Conflict of interest disclosure statements include any professional and/or personal affiliations with agencies or persons that provide goods or services to the Administrative Agency or Tarrant County Ryan White clients.

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ATTACHMENT I: Whistleblower Protection

SUBRECIPIENT NAME:
GRANT YEAR:

The Department of Health and Human Services requires Recipients and their Subrecipients to:

1. Inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the pilot program;
2. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. § 4712 in the predominant native language of the workforce; and,
3. Contractors and recipients will include such requirements in any agreement made with a subcontractor or Subrecipient.

The subrecipient or provider must submit the following:

8. Written documentation of employee notification. Providers may use the sample form OR provide a copy of the email notification detailing the whistleblower protections as outlined in U.S.C. § 4712 and identifying all staff recipients of the email.

Sample Table for Documenting Whistleblower Protection:

We the undersigned, have been advised of, have read and are fully informed of the United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), Pilot Program for Enhancement and Employee Whistleblower Protection as provided in 41 U.S.C. § 4712 and Attachment of this document.

Name and Title	Signature	Date

ATTACHMENT J: Medicaid Verification

The Tarrant County HIV Administrative Agency requires that all providers who deliver medical services submit proof of status (Medicaid ID Number) as a Medicaid provider to the TC AA upon award of funds.

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ATTACHMENT K: Medical Nutrition Therapy Form

SUBRECIPIENT NAME:

Contract YEAR:

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. At the beginning of each contract year and anytime changes are made, the TC AA requires that all Subrecipients utilizing RWHAP funding for Medical Nutrition Therapy provide a list of the nutritional products and supplements being dispensed to clients. The list should include the name of the product/supplement, a description, common use(s), and assurance that the product/supplement meets RDA (Recommended Daily Allowance) guidelines.

Subrecipients may either use the chart below or attach your agency-issued list, as long as it contains at minimum, the information listed in the chart.

Name of Product / Supplement	Description (i.e., tablets, liquid, capsules, dosage, etc.)	Common Uses	Meets RDA Guidelines? (Y/N)

ATTACHMENT L: Client Grievance Policy

PURPOSE

The Tarrant County HIV Administrative Agency Policy and Procedure, Client Grievance Policy, is established to provide a mechanism for resolution and reporting of disputes initiated by eligible Client recipients, of Ryan White funded services in the Fort Worth Transitional Grant Area (TGA).

SCOPE OF COVERAGE

Directly applicable to all clients of the Ryan White HIV/AIDS Program Grants; all potential clients; and Subrecipient agencies for the RWHAP Grants Programs.

POLICY

The TC AA acts as mediator for unresolved grievances between a Subrecipient and a client. A Ryan White client can directly grieve to the TC AA if the grievance involves a potential HIPAA violation or any type of harassment.

Initial complaints and grievances shall be addressed at the Subrecipient (lowest level) and may be escalated to the TC AA only when the grievance cannot be resolved at the Subrecipient. In the case of a serious/urgent grievance or if the TC AA does not resolve a complaint, it may escalate to appropriate federal or state grant project officers. The bypassing of any level will result in the grievance being returned to the lowest bypassed level. Anonymous complaints cannot be accepted, as anonymity does not allow for a full inquiry of the relevant issues.

1. Who May file a Grievance?

Any TGA or HSDA eligible Client.

2. Eligible Grievance

Any unresolved grievance, HIPAA violation, or harassment complaint between a TGA/HSDA eligible Client and any Subrecipient.

3. Subrecipient Agencies: Subrecipient Agencies shall minimally:

- a. Have a Grievance Policy approved by and on file with TC AA by the beginning of their current contract date;
- b. Have an information sheet on "How to Report a Problem"; Exhibit 2.1.
- c. Have the Grievance policy prominently displayed;
- d. Ensure the Subrecipient Grievance form, policy and procedure includes the TC AA contact information.
- e. Ensure there is documented evidence when Grievance form policy and procedure has been disseminated to clients.
- f. Ensure these policies include information on grievance escalation process.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

PROCEDURES

- 1. Dispute Prevention and Early Resolution:** TC AA recognizes that the best way to deal with grievances is to prevent them and will work with each of its Subrecipient Agencies to make reasonable efforts to prevent circumstances or situations within the service delivery processes that could give rise to a grievance. When potential grievances arise, first steps shall involve informal conflict resolution efforts before the concern becomes a grievance. This informal process includes the following:
 - a. If the eligible Client has an issue or complaint with any Subrecipient, the eligible Client must contact the Agency (any staff member) for a copy of the How to Report a Problem - (*Subrecipient Specific*). Follow the directions on “How to Report a Problem” found in Exhibit L.1.
 - b. The client shall request and complete the Client Grievance Form (sample Exhibit L.2).
 - c. If an eligible Client cannot resolve the issue at the Subrecipient level, the Client shall complete the Client Grievance Appeal form (Exhibit L.3) and submit to the TC AA.

- 2. Overview Formal Client/Subrecipient Grievance Process:** Formal grievances shall be handled through the following steps, each of which may lead to a resolution. If that step is not successful, the Client may move to the next step. The steps include:
 - a. An internal review of the grievance by the Subrecipient to determine whether the Client has standing under these procedures;
 - b. A meeting between the Client and the Subrecipient representative to seek a resolution to a grievance;
 - c. A final written decision from the Subrecipient to the Client,
 - d. Decision to Appeal to the TC AA.
 - e. Should the grievance not be resolved by the TC AA, it may escalate to the federal or state project officer.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

3. Client Filing of Formal Grievance with the Subrecipient:

- a. The Client must submit a completed Client Grievance Form (Exhibit 2.2) within ten (10) business days after the attempt at informal dispute resolution, or, if no informal discussion is attempted, within ten (10) business days after the event on which the grievance is based or after the decision was announced. If no Client Grievance Form is submitted within this period, the Client will lose the right to file a grievance.
- b. The completed form may be submitted to the Subrecipient by U.S. mail with return receipt requested, email, or personal delivery during normal business hours.
- c. The Subrecipient representative will document the grievance, and within two (2) business days after receipt will inform the Client that the grievance has been received and provide a written summary of the grievance process, including steps, forms, and timelines.
- d. If the Client or Subrecipient believes the issue has not been resolved they may appeal in writing by submitting copies of the original completed Client Grievance Form and the final written decision from the Subrecipient including a completed Client Grievance Appeal Form (Exhibit 2.3) to:

Tarrant County HIV Administrative Agency
Attn: Grant Coordinator, Quality and Planning
2300 Circle Drive, Suite 2306
Fort Worth, TX 76119
Or
Email to askhivaa@tarrantcountytexas.gov

4. Client Filing of Grievance Appeal with the Administrative Agency: The Quality and Planning Grant Coordinator will be responsible for tracking all client grievances at the Administrative Agency. The mechanism to document the grievances will be used to track trends so client input can be incorporated into the quality improvement process. The Grievance Appeal shall be handled by the following steps:

- a. The TC AA Quality and Planning Grant Coordinator will screen complaints of unresolved problems that have gone through the Subrecipient grievance process to determine if the solution is governed by grant requirements or an action unique to the provider.
- b. Complaints that have not gone through the individual Agency's grievance process will be referred back to the Agency.
- c. The TC AA will request a copy of supporting documentation pertaining to the grievance from the Subrecipient for review. If the Agency's grievance policy has been followed and grant requirements are met, no action will be taken, and the client will be informed.
- d. If further review is needed, the TC AA will provide mediation with a panel consisting of the HIV Grants Manager, a non-conflicted person living with HIV, and Tarrant County Criminal District Attorney's Office.
- e. If the TC AA determines it necessary, the grievance may be referred to Health Resource Service Administration (HRSA) or the Texas Department of State Health Services (DSHS) for final disposition.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

**Exhibit L.1:
How to Report a Problem**

STEP 1

Talk to the person providing service to you.

STEP 2

Speak to the Subrecipient Director or CEO. Client and Director/CEO will meet to create a solution.

STEP 3

If no resolution is reached proceed to step 4 and complete the Client Grievance Form.

STEP 4

File Client Grievance Form with the Subrecipient.

STEP 5

Subrecipient representative will document and provide a written summary.

STEP 6

If resolution not reached the client may appeal in writing to the TC AA.

Send grievance appeal to:

Tarrant County HIV AA
Attn: Grant Coordinator,
Quality and Planning 2300
Circle Drive, Suite 2306,
Fort Worth, TX 76119

or Email:
AskHIVAA@tarrantcountytx.gov

Step 7

Grant Coordinator, Quality and Planning

Upon receipt of the grievance the Grant Coordinator Quality and Planning will screen for further action to reach an appeal decision.

For questions, contact: (682) 285-1155 or email: AskHIVAA@tarrantcountytx.gov

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

Exhibit L.2: Client Grievance Form

Name of the person filing the Grievance (please print)	
Name of Agency involved in the grievance	
Street Address of person filing the grievance	
City, State, Zip Code	
Daytime Telephone	
Cell/Mobile Telephone (optional)	
Email Address (optional)	
How would you like us to communicate with you?	<input type="checkbox"/> Daytime Phone <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Other _____
What was the date of the alleged incident?	
What happened? Please describe how you were directly affected (please add additional page as needed).	
By signing, I attest that the information provided is true and correct, under penalty of perjury	<div style="display: flex; justify-content: space-between;"> (Signature) (Date) </div>

Note: Insert Individual Provider Information below.

Send to:

Provider Name:

Attention:

Address:

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

Exhibit L.3: Client Grievance Appeal Form

Name of the person requesting the appeal (please print)	
Name of Agency	
Street Address	
City, State, Zip Code	
Daytime Telephone	
Cell / Mobile Telephone (optional)	
Email Address (optional)	
How would you like us to communicate with you?	<input type="checkbox"/> Daytime Phone <input type="checkbox"/> Cell/Mobile Phone <input type="checkbox"/> Email <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Other _____
Required documentation for the appeal:	<input type="checkbox"/> Copy of the original Client Grievance Form <input type="checkbox"/> Copy of the original Final Decision Form <input type="checkbox"/> Additional pages stating reason for the appeal
By signing, I attest that the information provided is true and correct, under penalty of perjury	<div style="display: flex; justify-content: space-between;"> (Signature) (Date) </div>

Send to:
 Tarrant County HIV Administrative Agency
 Attention: Grant Coordinator, Quality and Planning
 2300 Circle Dr., Ste. 2306, Fort Worth, Texas, 76119 or
 email to askHIVAA@tarrantcounty.com

ATTACHMENT M. TC AA Grievance Policy

PURPOSE: To establish a set of procedures for persons with standing to grieve the processes established and maintained by Tarrant County HIV Administrative Agency and their Subrecipients for the Ryan White HIV/AIDS Program and other HIV services funding.

POLICY: The Ryan White CARE Act Amendments of 1996 require that grievance procedures be adopted by the Administrative Agency for HIV services grants in the Fort Worth TGA/HSDA consistent with the model procedures developed by the U.S. Department of Health and Human Services. Such procedures shall include a process for submitting grievances to binding arbitration.

PROCEDURES:

1. External Grievance Committee: A standing committee of the Administrative Agency composed of no less than three (3) volunteers who are appointed by the HIV Administrative Agency. This committee will conduct the initial nonbinding grievance review in an effort to resolve grievances filed.

2. External Grievance Committee Conflict of Interest¹

Members of the EGC who serve as a director, trustee, salaried, employee, volunteer, or who otherwise materially benefit from association with any agency currently receiving funds, or may seek funds being considered by the TC AA, are considered to have a conflict of interest.

- 1) A committee member who is aware of an undeclared conflict of interest on the part of another member must report the conflict to the committee as a whole;
- 2) The committee must disqualify the member with the conflict and dismiss the member for failure to declare the conflict of interest;
- 3) All members must sign a Conflict of Interest Form annually;
- 4) Members with a declared conflict of interest must recuse themselves; and
- 5) To avoid the appearance of impropriety, current Employees/interns of Tarrant County, current employees/interns of contractors of Tarrant County and/or individuals employed by a Subrecipient of Tarrant County, are excluded from service on the EGC.
- 6) Individuals employed by former contractors of Tarrant County, individuals formerly employed by a Subrecipient of Tarrant County, and former employees, interns or contractors of Tarrant County must wait a period of no less than 18 months before they are eligible to serve on the External Grievance Committee.

3. Dispute Prevention: The Administrative Agency will cooperate with any person or entity dissatisfied with the Administrative Agency or External Review Committee decisions and will explain its rationale for the decision in an effort to resolve a disagreement at as early and informal a stage as possible to avoid or minimize the number of situations that must be elevated to the formal grievance procedure. This represents the Administrative Agency's reasonable efforts to prevent circumstances or situations regarding decisions which could give rise to a grievance.

It is expected that any person or entity with a disagreement regarding a decision of, circumstance or situation within the Administrative Agency or the External Review Committee will notify the HIV Grants Manager of the disagreement. The HIV Grants Manager shall attempt

¹ Conflict of Interest does not refer to persons with HIV (PWH) whose sole relationship to a funded provider is as a client receiving services.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

to informally resolve disputes by providing information or statements to any person or entity dissatisfied with decisions, actions, processes or conflicts of interest. Grievants are expected to cooperate with the Administrative Agency in efforts to resolve the disagreement before formal grievance procedures are pursued.

4. Policy: The grievance procedure has been adopted to provide a policy by which a Grievant's complaint regarding the Administrative Agency or External Review Committee decisions, actions, processes or conflicts of interest can be addressed and resolved quickly. A Grievant shall not be discriminated against nor suffer retaliation as a result of filing a grievance in good faith, or participating in the investigation of a grievance. Any outcomes from the grievance process will not alter current year funding.

Grievances may be brought to the External Grievance Committee about any Administrative Agency or External Review Committee process including: the process of selecting Subrecipients; the process for administering grant funds; the process of terminating Subrecipients; or conflicts of interest. A grievance must initially be filed within five (5) business days following an announcement of an Administrative Agency or External Review Committee decision. See Grievance Procedure/Timeline (Appendix D) for specific time requirements. The needs assessment process; the comprehensive planning process; the priority setting process or any subsequent changes to it; the allocation of percentages to categories process or any subsequent changes to it; the peer review process; or Planning Council conflicts of interest are not Administrative Agency processes and must be grieved through the Planning Council grievance procedures.

The grievance shall relate only to a determination regarding the Grievant's eligibility, or the process utilized in arriving at recommended awards. A Grievant may not initiate a grievance concerning the recommended award amounts.

Due to the stringent timeframes associated with administration of the Ryan White HIV/AIDS Program (RWHAP) grant funds, and to ensure the provision of HIV-related services while a grievance is in process, the Administrative Agency will implement its funding decision according to its original recommended awards.

Any Person with Standing (see Item 5 below) and "probable cause" may bring a complaint to the External Grievance Committee of the Administrative Agency of the Fort Worth/Arlington TGA/HSDA. The HIV Grants Manager, in consultation with the Chair of the External Grievance Committee, will determine whether any grievance is within the scope of the procedures and whether or not a Grievant is eligible to initiate the non-binding process.

5. Person With Standing (Who May Grieve): Generally, the individuals or groups who may bring a grievance to the External Grievance Committee are:

- a. Subrecipient agencies and other HIV Service Providers;
- b. Consumers of services; or
- c. Any individual or group affected by the Administrative Agency or External Review Committee decisions, actions, processes or conflicts of interest.

6. Confidentiality of Grievances: Grievances shall be confidential in nature during the grievance process. In order to ensure confidentiality, the following procedures will be observed:

- a. Members of the External Grievance Committee, the HIV Grants Manager, and anyone else present at any grievance hearing shall sign confidentiality statements to ensure that the information gathered in the investigative process is held in confidence.
- b. Documents related to the grievance shall be collected and kept on file by the HIV Grants Manager for a length of time in accordance with applicable document retention laws.

7. Grievance Process: Grievances regarding Administrative Agency or External Review Committee decisions, actions, processes or conflicts of interest will be addressed by the External Grievance Committee using the following approach:

a. *External Grievance Committee Review (Non-Binding)* - In this phase, the Grievant will submit a completed Request for Hearing form (Appendix A) to the HIV Grants Manager. There is a \$300 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Hearing. The HIV Grants Manager, in consultation with the Chair of the External Grievance Committee, will determine whether the grievance is within the scope of the procedures and whether or not a Grievant is eligible to initiate the non-binding process. If within the scope of the procedures, the External Grievance Committee will conduct the initial non-binding grievance hearing with a simple majority of members of the committee present constituting a quorum for conducting the hearing. Grievance hearings are public meetings subject to the Open Meetings Act of the State of Texas.

b. *Mediation (Non-Binding)* – Failing resolution through the External Grievance Committee Review process, the Grievant may submit a completed Request for Mediation form (Appendix B) to the HIV Grants Manager. There is a \$500 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Mediation. New points of contention (not included in the initial filing of the grievance) cannot be added to the grievance in this phase. Mediation will be provided by Dispute Resolution Services, or any other such service that is mutually agreed upon by all the parties involved. The role of the mediator will be to help the parties reach agreement on a resolution to the grievance and document in a written agreement the recommended actions that are expected to resolve the grievance. If the agreement satisfies both parties, they will so indicate by signing the agreement. Costs of the mediation service will be shared equally among all parties involved.

Binding Arbitration - Failing resolution through the Mediation process the Grievant may submit a completed Request for Binding Arbitration form (Appendix C) to the HIV Grants Manager. There is a \$750 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Arbitration. New points of contention (not included in the initial filing of the grievance) cannot be added to the grievance in this phase. The HIV Grants Manager shall initiate the process for the Administrative Agency to designate one individual, the grieving party to designate one individual and the two individuals thus selected to jointly agree upon and designate a third individual. These three persons shall constitute the Arbitration Committee. The Arbitration Committee will review all relevant information concerning the grievance and render a resolution that will be binding on both parties. Both parties will acknowledge receipt and acceptance of the resolution by signing the Arbitration Committee's resolution. In addition,

costs of arbitration shall be paid by the non-prevailing party. If neither party prevails, costs of arbitration shall be shared equally among all parties involved.

Each of the above processes will be in accordance with the timelines indicated in the attached (Appendix D) Grievance Procedure/Timeline.

8. Grievance Procedure Filing Fees and Costs

- *External Grievance Committee Review (Non-Binding)* - There is a \$300 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Hearing. Failure to include fee with filing of form will result in an invalid request (a valid request form must be received within timelines indicated in this procedure in order to initiate a hearing in the External Grievance Committee Review phase).
- *Mediation (Non-Binding)* - There is a \$500 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Mediation. Failure to include fee with filing of form will result in an invalid request (a valid request form must be received within timelines indicated in this procedure). Costs of the mediation phase (non-binding) will be shared equally among all parties involved. Costs of mediation through Dispute Resolution Services, or any other such service, are per hour, per party. It is estimated that standard grievances in this phase may last four (4) to six (6) hours.
- *Binding Arbitration* - There is a \$750 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Arbitration. Failure to include fee with filing of form will result in an invalid request (a valid request form must be received within timelines indicated in this procedure). Costs of the Arbitration phase (binding) will be paid by the non-prevailing party. If neither party prevails, costs shall be shared equally among all parties involved. Depending on the parties selected to serve on the Arbitration Committee, estimated costs for this phase may be in excess of \$300 per hour. Actual costs may vary from this estimate. It is estimated that standard grievances in this phase may last four (4) to six (6) hours.

Administrative filing fees must be received at time of filing request forms. All other costs associated with this Grievance Procedure must be paid within ten (10) business days following the conclusion of each phase conducted, unless otherwise agreed to by all parties involved.

Administrative filing fees for any stage may be waived upon written request and written documentation of financial hardship from Grievant. The HIV Grants Manager, in consultation with the Chair of the External Grievance Committee, will have authority to waive administrative filing fees for financial hardship cases. Other costs associated with the mediation and arbitration phases cannot be waived.

If Grievant fails to appear at any hearings or meetings scheduled, all costs related to this Grievance Procedure shall be paid by the Grievant within ten (10) business days following failure to appear.

- 9. Time Extensions:** Time frames identified in this procedure may be altered only by mutual agreement, in writing, of both parties to a new, specific time frame.
- 10. Timeline Deviations:** Due to the stringent timeframes associated with administration of the RWHAP, and to ensure the provision of HIV-related services while a grievance is in process, timeline deviations may be employed in order to expedite resolution within sixty (60) days prior to the ending of a grant cycle. These deviations may result in a shortened timeline than defined in Appendix D of this policy. Written notification will be provided to all parties involved in the event of a modified schedule.
- 11. Waiver of Rights:** If the Grievant fails to appear without notice at any scheduled meetings during the grievance process, no further action will be taken on the grievance, the grievance will be dismissed and the Grievant will have waived all further rights to grieve the decision in question. Upon failure to appear, all costs related to this Grievance Procedure shall be paid by the Grievant within ten (10) business days following failure to appear. If the HIV Grants Manager does not receive written submission of completed, required forms, along with appropriate administrative filing fees, within the time limits established to initiate any phase of the grievance process, the Grievant will have waived all further rights to grieve the decision in question.
- 12. Future Action Limit:** Remedies sought through the grievance procedure are limited to prospective remedies and are not applied retroactively.
- 13. Revision of Grievance Procedures:** This procedure may be altered, amended or repealed, or a new procedure may be adopted by the Administrative Agency.

**EXHIBIT M.1:
REQUEST FOR HEARING BEFORE EXTERNAL GRIEVANCE COMMITTEE
FOR TARRANT COUNTY HIV ADMINISTRATIVE AGENCY**

The undersigned part(ies) request(s) a hearing before the External Grievance Committee for the grievance attached to this request and filed against the Tarrant County HIV Administrative Agency. This request is for (check appropriate form of appeal):

____ a non-accelerated appeal

or

____ an accelerated appeal

Name of Grievant (organization or individual)

Name of Respondent (organization or individual)

Name of authorized individual if Grievant is an organization

Name of authorized individual if Respondent is an organization

Address

Address

City/State/Zip Code

City/State/Zip Code

Telephone Number

Telephone Number

Fax Number

Fax Number

I affirm that the statements contained in this request and any attachments thereto are true and accurate to the best of my knowledge and that I have received a copy of the Tarrant County HIV Administrative Agency Grievance Policy. I submit with this request for a hearing the \$300.00 administrative filing fee (cashier's check or money order payable to Tarrant County, Texas).

Signature

Date

Instructions for Completion of Request for Hearing

Attach to and file with this form the following documents:

- **Statement of Grievance**—include a detailed description of the decision, action, process or conflict of interest being grieved; the date when the aggrieved decision, action, process or conflict of interest occurred; and how you or the organization have been directly affected by the aggrieved decision, action, process or conflict of interest.
- **Statement of Previous Action Taken (if any) to Resolve the Grievance**—include a brief description of the action you took, if any, to resolve this grievance without the necessity of a hearing before the External Grievance Committee.
- **Statement of the Relief Sought by the Grievant**—include a description of the remedy the Grievant seeks from the External Grievance Committee. See Item 4 of the *Tarrant County HIV Administrative Agency Grievance Policy* for guidance. Remedies are limited to changes to the process for future grant years unless you are filing an accelerated appeal and (1) you are grieving the process for terminating you as a vendor; or (2) you allege that collusion or conflict of interest has occurred in the vendor selection process, in the grant fund administration process, or in the vendor termination process.
- **Notarized Affidavit**—if you are filing an accelerated appeal and you are alleging that collusion or conflict of interest has occurred in the vendor selection process, in the grant fund administration process, or in the vendor termination process, you must include with this filing a notarized affidavit stating specific facts within the personal knowledge of the affiant supporting the contention that collusion or conflict of interest has occurred.
- **Filing Fee**—include the \$300.00 administrative filing fee (cashier's check or money order payable to Tarrant County, Texas).

Deliver this completed form together with all attachments and the \$300.00 administrative filing fee to:

Tarrant County Administrative Agency
Attn: Grants Manager
2300 Circle Drive, Suite 2306
Fort Worth, TX 76119

The Administrative Agency will register the filing of your grievance and will notify you of further action required on your part.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL:

EXHIBIT M.2: REQUEST FOR MEDIATION (NON-BINDING) WITH TARRANT COUNTY HIV ADMINISTRATIVE AGENCY (TC AA)

The undersigned party(ies) request(s) mediation for the grievance attached to this request and filed against the Tarrant County HIV Administrative Agency.

Name of Grievant (organization or individual)

Name of Respondent (organization or individual)

Name of authorized individual if Grievant is an organization

Name of authorized individual if Respondent is an organization

Address

Address

City/State/Zip Code

City/State/Zip Code

Telephone Number

Telephone Number

Fax Number

Fax Number

I affirm that the statements contained in this request and any attachments thereto are true and accurate to the best of my knowledge and that I have received a copy of the Tarrant County HIV Administrative Agency Grievance Policy. I submit with this request for mediation the \$500.00 administrative filing fee (cashier's check or money order payable to Tarrant County, Texas). I agree that other costs associated with this phase of the appeals process will be shared equally by both parties.

Signature

Date

Instructions for Completion of Request for Mediation

Attach to and file with this form the following documents:

- **Statement of Grievance**—include a detailed description of the decision, action, process or conflict of interest being grieved; the date when the aggrieved decision, action, process or conflict of interest occurred; and how you have been directly affected by the aggrieved decision, action, process or conflict of interest.
- **Date of Receipt of Decision by the External Grievance Committee**—state the date that you received notice of the External Grievance Committee’s decision regarding your grievance.
- **Results of the External Grievance Committee Review**—state the decision of the External Grievance Committee and why these results did not resolve your grievance. Attach supporting documentation as appropriate.
- **Statement of the Relief Sought by the Grievant**—include a description of the remedy the Grievant seeks through mediation. The remedy must be identical to the remedy sought by you from the External Grievance Committee. See Item 4 of the *Tarrant County HIV Administrative Agency Grievance Policy* for guidance. Remedies are limited to changes to the process for future grant years unless you originally filed an accelerated appeal and (1) you are grieving the process for terminating you as a vendor; or (2) you allege that collusion or conflict of interest has occurred in the vendor selection process, in the grant fund administration process, or in the vendor termination process.
- **Filing Fee**—include the \$500.00 administrative filing fee (cashier’s check or money order payable to Tarrant County, Texas).

Deliver this completed form together with all attachments and the \$500.00 administrative filing fee to:

Tarrant County Administrative Agency
Attn: Grants Manager
2300 Circle Drive, Suite 2306
Fort Worth, TX 76119

The Administrative Agency will register the filing of your grievance and will notify you of further action required on your part.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY
POLICY AND PROCEDURES MANUAL:

**Exhibit M.3:
REQUEST FOR ARBITRATION (BINDING)
WITH TARRANT COUNTY HIV ADMINISTRATIVE AGENCY (TC AA)**

The undersigned party(ies) request(s) binding arbitration for the grievance attached to this request and filed against the Tarrant County HIV Administrative Agency. This request is for (check appropriate form of appeal):

_____ a non-accelerated appeal

or

_____ an accelerated appeal

Name of Grievant (organization or individual)

Name of Respondent (organization or individual)

Name of authorized individual if Grievant is an organization

Name of authorized individual if Respondent is an organization

Address

Address

City/State/Zip Code

City/State/Zip Code

Telephone Number

Telephone Number

Fax Number

Fax Number

I affirm that the statements contained in this request and any attachments thereto are true and accurate to the best of my knowledge and that I have received a copy of the Tarrant County HIV Administrative Agency Grievance Policy. I submit with this request for arbitration the \$750.00 administrative filing fee (cashier's check or money order payable to Tarrant County, Texas). I agree that other costs associated with this phase of the appeals process will be paid by the non-prevailing party and will be due within ten (10) business days following the conclusion of this arbitration phase of the appeals process. If neither party prevails, costs shall be shared equally among all parties involved. I understand that results of the arbitration phase of the appeals process are binding in nature and are final.

Signature

Date

Instructions for Completion of Request for Arbitration

Attach to and file with this form the following documents:

- **Statement of Grievance**—include a detailed description of the decision, action, process or conflict of interest being grieved; the date when the aggrieved decision, action, process or conflict of interest occurred; and how you have been directly affected by the aggrieved decision, action, process or conflict of interest.
- **Date of Receipt of Decision by the External Grievance Committee**—state the date that you received notice of the External Grievance Committee’s decision regarding your grievance.
- **Date of Termination of Mediation (non-accelerated appeals)**—for non-accelerated appeals state the date that mediation terminated.
- **Results of the External Grievance Committee Review and Mediation Process**—state the decision of the External Grievance Committee and why these results did not resolve your grievance. Additionally, for non-accelerated appeals state why mediation was unsuccessful in resolving the grievance. Attach supporting documentation as appropriate.
- **Statement of the Relief Sought by the Grievant**—include a description of the remedy the Grievant seeks through arbitration. The remedy must be identical to the remedy sought by you from the External Grievance Committee and through mediation (non-accelerated appeals). See Item 4 of the *Tarrant County HIV Administrative Agency Grievance Policy* for guidance. Remedies are limited to changes to the process for future grant years unless you originally filed an accelerated appeal and (1) you are grieving the process for terminating you as a vendor; or (2) you allege that collusion or conflict of interest has occurred in the vendor selection process, in the grant fund administration process, or in the vendor termination process.
- **Notarized Affidavit**—if you originally filed an accelerated appeal and you are alleging that collusion or conflict of interest has occurred in the vendor selection process, in the grant fund administration process, or in the vendor termination process, you must include with this filing a notarized affidavit stating specific facts within the personal knowledge of the affiant supporting the contention that collusion or conflict of interest has occurred.
- **Name of Arbitrator**—state the name, address, and telephone number of one individual of your choosing who agrees to serve as one of the three arbitrators in this matter.
- **Filing Fee**—include the \$750.00 administrative filing fee (cashier’s check or money order payable to Tarrant County, Texas).

Deliver this completed form together with all attachments and the \$750.00 administrative filing fee to:

Tarrant County Administrative Agency
Attn: Grants Manager
2300 Circle Drive, Suite 2306
Fort Worth, TX 76119

The Administrative Agency will register the filing of your grievance and will notify you of further action required on your part.

**EXHIBIT M.4:
ADMINISTRATIVE AGENCY GRIEVANCE PROCEDURE/TIMELINE**

The following procedure must be observed using the timeline below in any grievance procedure:

External Grievance Committee Review (Non-Binding)

A Grievant may initiate the process for an External Grievance Committee Review. There is a \$300 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Hearing. Failure to include fee with filing of form will result in an invalid request (a valid request form must be received within timelines indicated in this procedure in order to initiate a hearing in the External Grievance Committee phase). The amount of time to complete this process is estimated to take up to twenty-three (23) business days. Time frames identified in this procedure may be altered only by mutual agreement, in writing, by both parties to a new, specific time frame. The following process will be observed for this review phase:

1. The Grievant, using a completed Request for Hearing form (Appendix A) and an accompanying \$300 administrative filing fee, must notify the HIV Grants Manager no later than five (5) business days after the results of the process being grieved are announced. For grievances not related to processes, decisions or actions, this time limit does not apply.
2. The HIV Grants Manager will immediately notify the Chair of the External Grievance Committee of the Request for Hearing.
3. The HIV Grants Manager, in consultation with the Chair of the External Grievance Committee, will determine whether the grievance is within the scope of the procedures and whether or not a Grievant is eligible to initiate the non-binding process. If within the scope of procedures and if the Grievant is eligible to grieve, the HIV Grants Manager will immediately, in writing, notify Grievant of receipt of completed Request for Hearing form and that a grievance hearing will be scheduled. If not within the scope of procedures and/or if the Grievant is not eligible to grieve, the HIV Grants Manager will immediately, in writing, notify Grievant of receipt of completed Request for Hearing form and that a grievance hearing will NOT be scheduled.
4. If within the scope of procedures and if the Grievant is eligible to grieve, a grievance hearing must be held within fifteen (15) business days of receipt of the completed Request for Hearing.
5. The Grievant will be notified, in writing, of the date, time and place of the hearing, at least three (3) business days before the hearing is to be held. The location of the hearing may be determined by the External Grievance Committee.
6. The External Grievance Committee will report a decision regarding the grievance, in writing, to the Grievant within three (3) business days following the hearing.
7. If the report satisfies the Grievant, the Grievant will so indicate by signing the report and returning it to the HIV Grants Manager within three (3) business days of receipt of the report. If the report does not satisfy the Grievant, the Grievant may request mediation as outlined below.

Mediation (Non-Binding)

If, after being notified of the External Grievance Committee's decision, the Grievant is not satisfied with said decision, the Grievant may request mediation of the dispute (request must be filed within five (5) business days of receipt of External Grievance Committee's decision). There is a \$500 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Mediation. Failure to include fee with filing of form will result in an invalid request (a valid request form must be received within timelines indicated in this procedure). Mediation costs will be shared equally among all parties involved (see Item 8 of this policy for estimated costs). The amount of time to complete this process is estimated to take eighteen (18) business days, subject to the schedule of the mediation service. Time frames identified in this procedure

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may be altered only by mutual agreement, in writing, by both parties to a new, specific time frame. The following process will be observed for this mediation phase:

1. The Grievant, using a completed Request for Mediation form (Appendix B) and an accompanying \$500 administrative filing fee, must notify the HIV Grants Manager of request for mediation no later than five (5) business days after receiving the External Grievance Committee's decision of the previous review phase. New points of contention (not included in the initial filing of the grievance) cannot be added to the grievance in the mediation phase.
2. The HIV Grants Manager will immediately notify, in writing, the Grievant of receipt of completed Request for Mediation form.
3. Mediation will be provided by Dispute Resolution Services, or any other such service that is mutually agreed upon by all parties involved.
4. The initial mediation meeting will be scheduled within fifteen (15) business days after the completed Request for Mediation form is received by the HIV Grants Manager (subject to the schedule of the mediation service).
5. The Grievant will be notified, in writing, of the date, time and place of the mediation meeting, at least three (3) business days before the meeting is to be held. The location of the meeting will be neutral to all parties involved, to be determined by the mediation service. Any subsequent mediation meetings, if necessary, will be mutually agreed upon by all parties.
6. During the mediation meeting(s), an agreement will be written which offers a solution to the dispute, including actions that are expected to resolve the grievance. All parties present at the mediation meeting(s) will sign the agreement which represents their mutually agreed upon solution.
7. Both parties will have three (3) business days following the date that their respective official body (e.g, Agency Board of Directors, or External Grievance Committee) meets after the final initial mediation agreement has been executed, in which to accept or reject the recommended solution.
8. If the mediation agreement satisfies both parties, a designated representative of each will so indicate by signing the mediation agreement and returning it to the HIV Grants Manager within three (3) business days. If the report does not satisfy both parties, the Grievant may request arbitration as outlined below.

Arbitration (Binding)

If, after the conclusion of the mediation phase above, the Grievant is not satisfied with said recommendations or the Administrative Agency rejects the recommendations, the Grievant may request arbitration of the dispute (request must be filed within five (5) business days following the meeting of the official body of the Grievant after the final mediation meeting). There is a \$750 administrative filing fee which shall be paid by the Grievant at the time of filing the Request for Arbitration. Failure to include fee with filing of form will result in an invalid request (a valid request form must be received within timelines indicated in this procedure). In addition, costs of the Arbitration phase (binding) will be paid by the non-prevailing party (see Item 8 of this policy for estimated costs). If neither party prevails, costs shall be shared equally among all parties involved. The amount of time to complete this process is estimated to take thirty (30) business days, subject to the schedule of the Arbitration Committee. Time frames identified in this procedure may be altered only by mutual agreement, in writing, by both parties to a new, specific time frame. The following process will be observed for this arbitration phase:

1. The Grievant, using a completed Request for Arbitration form (Appendix C) and an accompanying \$750 administrative filing fee, must notify the HIV Grants Manager of request for arbitration no later than five (5) business days after either party rejects the report of recommended solutions from the previous mediation phase. New points of contention (not included in the initial filing of the grievance) cannot be added to the grievance in the arbitration phase.

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2. The HIV Grants Manager will immediately notify, in writing, the Grievant of receipt of completed Request for Arbitration form.
3. An Arbitration Committee shall be formed as follows: the Administrative Agency shall designate one individual, the grieving party shall designate one individual, and the two individuals thus selected shall jointly agree upon and designate a third individual. These three persons shall constitute the Arbitration Committee.
4. The Arbitration Committee shall be formed no later than ten (10) business days after receipt of the completed Request for Arbitration form by the HIV Grants Manager.
5. The Arbitration Committee shall proceed to investigate and determine the matter in whatever manner it deems appropriate and expeditious, including the taking of informal testimony. This may or may not include an actual hearing/meeting of the parties involved. The location of any meetings will be neutral to all parties involved, to be determined by the Arbitration Committee.
6. The Arbitration Committee shall render a decision in writing no later than twenty (20) business days after formation of the Committee. The decision of the arbitration committee is final and binding on both parties.
7. Both parties will acknowledge receipt and acceptance of the resolution by signing the Arbitration Committee's resolution and returning the signed resolution to the HIV Grants Manager.

ATTACHMENT N. No Content

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ATTACHMENT O: Administrative Pre-Site Visit Documents and Questions

Administrative

The following documents are required for all new Subrecipients or if Subrecipient made revisions to any of the documents below:

- Board Code of Ethics (non-profit agency only)
- CLAS/Cultural Competency Policy
- CLAS/ Cultural Competency Training Documentation for each Staff
- Sliding Discount Fee Schedule Policy
- Corporate Compliance Plan (Medicaid/Medicare providers only)
- Employee Code of Ethics or Standards of Conduct
- Employee Orientation Manual
- Equal Employment Opportunity Policy
- I-9 Forms (for any new employee hired since the beginning of the grant year)
- Insurance Certificates
- Marketing Materials (samples, provisions for bi/multi-language compliance)
- No Cash Payment Policy
- Personnel Policies
- Records Retention Policy
- Recruitment Policy

See next page for Pre-Site Visit Questions.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL

Pre-Site Visit Questions:

Review Type	Item
Sliding Fee/Discount Schedule	Is there a billing collection, copay or sliding fee scale?
	Are services being delivered, regardless of client ability to pay?
	Is fee schedule published in visible location?
Employee Code of Ethics	Is there a policy regarding conflicts of interest?
	Is there a policy to prohibit use of property, information, or position without approval or to advance personal interest?
	Is there a policy regarding fair dealing?
	Is there a policy requiring timely and truthful disclosure of noncompliance?
	Is there a confidentiality policy?
	Is there a policy discouraging solicitation for case for in-kind payments?
	Is there a Continuity of Operations Plan (COOP)?
Payer of Last Resort	Is there a Payer of Last Resort policy?
	Are staff trained regarding payer of last resort?
Medicaid	Is there documentation of the provider or contractor Medicaid status?
Records Retention	Is there a policy for seven-year minimum record retention?
Insurance Coverage	Is there liability coverage appropriate to services delivered?
MOUs/Referral Relationships	Are there MOUs and/or referral relationships between other RWHAP subrecipients/providers?
	Is there a policy on cultural competence?
CLAS/Cultural Competency	Are staff trained annually on cultural competence?
	Are services offered in other languages, as needed?

ATTACHMENT P: Local AIDS Pharmaceutical Assistance Program (LPAP) Formulary

NOTE: The Tarrant County Formulary list can be found in Provide Enterprise.

The Fort Worth TGA Local Pharmacy Assistance Program (LPAP) provides HIV/AIDS and HIV-related pharmaceutical services to clients who are not eligible for medications through private insurance, Medicaid/Medicare, State ADAP, State SPAP or other sources. As with all Ryan White funded programs, the LPAP program is the payer of last resort. Clients who are eligible for LPAP services must meet TGA service category Federal Poverty Level (FPL) limit guidelines. In accordance with the Health Resources and Services Administration (HRSA) recommendations for a local advisory body for LPAP programs, the TC AA Clinical Quality

Management ad hoc Formulary Committee is the local advisory board for the development and implementation of the formulary for the Tarrant County LPAPs. HRSA guidelines require that the LPAP formulary be consistent with the most current US Public Health Services (USPHS) guidelines for the treatment of HIV/AIDS and co-morbidities. Several resources were utilized in the development of the formulary. These include formularies from Ryan White Part A funded LPAP programs, USPHS guidelines for antiretroviral therapy and guidelines for the prevention and treatment of opportunistic infections.

Request to Add Medications to the Formulary:

All drug codes for various drug formulations and strengths for each listed medication are allowable. Other FDA-approved prescription medications necessary for the treatment of HIV-related conditions that are not listed on the formulary may be requested by submitting a Request to Add Medication Form to the Grant Coordinator for Quality & Planning.

LPAP Requirements:

- Uniform benefits for all enrolled clients throughout the TGA.
- Utilization of Ryan White formulary.
- Client eligibility process which includes screening for ADAP and LPAP eligibility every six months. This includes screening for client assistance and other pharmaceutical assistance programs.
- Differentiation between short term medications purchased with Emergency Financial Assistance funds and long-term medications purchased with LPAP.
- Drug pricing in accordance with 340B pricing, Prime Vendor Program and/or Alternative Methods Project in order to ensure “best price” to maximize resources.
- Upon request, provide reports on the number of individuals served and the medications provided.

Unallowable Expenses:

- Medications that are dispensed or administered as a result or component of a primary medical visit.
- Short term medications; vouchers to clients on an emergency basis
- Medications available over the counter (OTC)
- Syringes, Test Kits or other similar items
- Medications that are available without cost from other sources (e.g. TB Treatment provided by Health Department)
 - Erectile Dysfunction (ED) Medications

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL

Tarrant County HIV Administrative Agency (TC AA)

LOCAL PHARMACY ASSISTANCE PROGRAM (LPAP)

REQUEST TO ADD MEDICATION TO APPROVED FORMULARY

Advance Approval Required - All sections must be completed.

SUBRECIPIENT:	
Expedited Request: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Expedited Response Requested by (date):

LPAP FORMULARY ADDITION REQUEST:

MEDICATION GENERIC NAME:	
MEDICATION BRAND NAME:	

DRUG CLASSIFICATION (check one):

<input type="checkbox"/> Analgesic Agents	<input type="checkbox"/> Antiretrovirals: Combined NRTIs and NNRTIs	<input type="checkbox"/> Dermatological Agents
<input type="checkbox"/> Anti-Depressants / Psychotropic / CNS Agents	<input type="checkbox"/> Antiretrovirals: Fusion Inhibitors	<input type="checkbox"/> Diabetes Agents
<input type="checkbox"/> Anti-Hyperlipidemic Agents	<input type="checkbox"/> Antiretrovirals: Integrase Inhibitors	<input type="checkbox"/> Endocrine / Metabolic Agents (Steroids)
<input type="checkbox"/> Anti-Hypertensive / Cardiac Agents	<input type="checkbox"/> Antiretrovirals: NNRTIs	<input type="checkbox"/> Gastrointestinal Agents
<input type="checkbox"/> Anti-Neoplastic Agents	<input type="checkbox"/> Antiretrovirals: NRTIs	<input type="checkbox"/> Other/Miscellaneous
<input type="checkbox"/> Anti-Viral Agents: Hepatitis B/C Treatments	<input type="checkbox"/> Antiretrovirals: Protease Inhibitors (PIs)	<input type="checkbox"/> Non-Steroidal Anti-Inflammatory Drugs (NSAID)
<input type="checkbox"/> Anti-Viral Agents: Herpes/CMV Disease	<input type="checkbox"/> Bronchial Dilators / Respiratory Agents	<input type="checkbox"/> Other Antimicrobial Agents
<input type="checkbox"/> Antiretrovirals: CCR5 Antagonist	<input type="checkbox"/> Decongestant & Expectorant	<input type="checkbox"/> Vaccines

JUSTIFICATION (How medication is related to the treatment of HIV – please provide a detailed description):

By:			
Clinician Name	Licensure	Signature	Date

Must be approved by applicable Agency clinician (MD, DO, NP, PE, Pharmacist)

Submit to Tarrant County AA via email kmlopez@tarrantcounty.com

Submitted by:		Phone #	
Name (print)			
Signature		Date	
	Email		

APPROVED

 DISAPPROVED

Grant Coordinator Quality & Planning, TC AA	Date

Tarrant County AA, 03/16/2021

Submit

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL

Tarrant County HIV Administrative Agency (TC AA)

LOCAL PHARMACY ASSISTANCE PROGRAM (LPAP) REQUEST TO **REMOVE** MEDICATION FROM APPROVED FORMULARY

Advance Approval Required - All sections must be completed.

Subrecipient: _____
 Expedited Request: Yes or No Expedited Response Requested by (date): _____

LPAP FORMULARY REMOVAL REQUEST:

MEDICATION GENERIC NAME: _____
 MEDICATION BRAND NAME: _____

DRUG CLASSIFICATION (check one):

<input type="checkbox"/> Analgesic Agents	<input type="checkbox"/> Antiretrovirals: Combined NRTIs and NNRTIs	<input type="checkbox"/> Dermatological Agents
<input type="checkbox"/> Anti-Depressants / Psychotropic / CNS Agents	<input type="checkbox"/> Antiretrovirals: Fusion Inhibitors	<input type="checkbox"/> Diabetes Agents
<input type="checkbox"/> Anti-Hyperlipidemic Agents	<input type="checkbox"/> Antiretrovirals: Integrase Inhibitors	<input type="checkbox"/> Endocrine / Metabolic Agents (Steroids)
<input type="checkbox"/> Anti-Hypertensive / Cardiac Agents	<input type="checkbox"/> Antiretrovirals: NNRTIs	<input type="checkbox"/> Gastrointestinal Agents
<input type="checkbox"/> Anti-Neoplastic Agents	<input type="checkbox"/> Antiretrovirals: NRTIs	<input type="checkbox"/> Other/Miscellaneous
<input type="checkbox"/> Anti-Viral Agents: Hepatitis B/C Treatments	<input type="checkbox"/> Antiretrovirals: Protease Inhibitors (PIs)	<input type="checkbox"/> Non-Steroidal Anti-Inflammatory Drugs (NSAID)
<input type="checkbox"/> Anti-Viral Agents: Herpes/CMV Disease	<input type="checkbox"/> Bronchial Dilators / Respiratory Agents	<input type="checkbox"/> Other Antimicrobial Agents
<input type="checkbox"/> Antiretrovirals: CCR5 Antagonist	<input type="checkbox"/> Decongestant & Expectorant	<input type="checkbox"/> Vaccines

JUSTIFICATION (Why medication should be removed from formulary):

By: _____
Clinician Name Licensure Signature Date
 Must be approved by applicable Agency clinician (MD, DO, NP, PE, Pharmacist)

Submit to the TC AA via email kmlopez@tarrantcounty.com

Submitted by: _____
 Name (print) _____ Phone # _____
 Signature _____ Email _____ Date _____

APPROVED **DISAPPROVED**

Grant Coordinator Quality & Planning, TC AA Date

Tuesday, March 16, 2021

SUBMIT

ATTACHMENT Q: Subrecipient Technical Assistance Policy

PURPOSE:

The Administrative Agency will ensure all Subrecipients have a sufficient level of knowledge concerning programmatic, fiscal, data, quality and grant procedures to provide and adequately administer HIV services.

POLICY: The Administrative Agency will provide technical assistance to Subrecipients upon request.

PROCEDURES:

Technical Assistance

1. Subrecipients may submit Technical Assistance Request to the Administrative Agency by email;
2. The TC AA will acknowledge request within three business days;
3. The TC AA will schedule TA in coordination with the Subrecipient;

Mandatory TA Trainings

1. The TC AA or consultant will conduct periodic mandatory training to new and existing Subrecipient staff.

ATTACHMENT R: Eligibility Policy

Purpose: This policy defines the Ryan White HIV/AIDS Program (RWHAP) expectations for eligibility assessment and clarifies recertification requirements.

Policy Overview: Tarrant County Subrecipients that receive RWHAP funding must follow all relevant standards for documentation of client eligibility as outlined by the Health Resources Services Administration (HRSA) and any locally defined requirements for eligibility determination. Eligibility documentation must be maintained in the client level data system, Provide Enterprise.

Immigration status is irrelevant for the purpose of determining Ryan White eligibility. Subrecipients should not share immigration status with immigration agencies (PCN 21-02).

Policy: All Subrecipients' must collect, verify, and maintain documentation for the following items that validate an individual's eligibility for Ryan White services:

- Proof of HIV diagnosis (only collected once)
- Proof of identity
- Proof of residency
- Proof of income
- Proof of insurance

NOTE: An individual who presents at initial assessment with an urgent need but who does not have the required documentation of HIV status or Texas residency may be granted presumptive eligibility for 30 (thirty) days. Subrecipients must make reasonable efforts to assist individuals to obtain the necessary documentation to prove eligibility within those 30 (thirty) days. Any expenses incurred on clients determined to be ineligible cannot be billed to RWHAP.

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL

All Subrecipients are required to determine Ryan White eligibility at an individual's initial assessment and every six months thereafter using the birth month of the client. The eligibility recertification assessment at the six-month mark may be conducted through a self-attestation of no change, if there is no change in any of the client's information, however, the Annual Renewal Reassessment of eligibility renewal determination must be a thorough eligibility determination and reassessment. Clients who have access to private insurance coverage through an employer or family member should utilize the insurance option before relying on Ryan White funding, as Ryan White funding must be the payer of last resort.

Following each eligibility determination, a client should be informed of all services for which they may be eligible, and an explanation provided about how to access those services. Referrals should be made as necessary and as indicated. See Attachment U for the Referral Policy.

For consistency, the following terms will be used:

- Initial Eligibility Assessment
- Six Month Recertification Assessment (may be a self-attestation of no change)
- Annual Renewal Assessment

Procedures:

An eligibility assessment will be conducted for each client requesting services. At least once a year (whether defined as a 12-month period or calendar year); the annual or recertification procedures for client eligibility include collecting in-depth supporting documentation, similar to what is collected at the initial eligibility determination.

Additionally, to maintain eligibility for RWHAP services, clients must be recertified every six months, with one certification for uninsured clients to take place during the Affordable Care Act Open Enrollment period. The primary purpose of the recertification process is to ensure an individual's residency, income, and insurance statuses continue to meet the eligibility requirements and to verify RWHAP is the payer of last resort. The recertification process includes checking for the availability of all other third party payers.

Self-attestation is permitted as a recertification method for the six (6) month eligibility verification. Self attestation can be conducted over the phone, and signed by the eligibility worker with the clients permission. Subrecipients can accept client self-attestation for the six (6) month recertification and document the following:

- 1) Self-attestation of "no change" in residency, income, or insurance status. No documentation such as proof of income or address is required to validate the 'no change' status by the client. Subrecipient's staff document client self-attestation was completed, along with the results of the self-attestation (no change or change).
- 2) Self-attestation of "change" – documentation is required from the client to verify/support the change in residency, income, or insurance status; the necessary documentation submitted for a self-attestation of change is the same documentation a client needs to submit at the initial eligibility determination and once a year/12 month period recertification.
- 3) Subrecipients will ensure the following is documented in Provide Enterprise for the initial eligibility determination, once a year/12 month period, and 6 month self-attestation:

TARRANT COUNTY HIV ADMINISTRATIVE AGENCY POLICY AND PROCEDURES MANUAL

- Proof of HIV diagnosis (only at initial assessment)
 - Proof of identity
 - Proof of residence
 - Proof of Insurance
 - Proof of Income
(FPL percentage by service category is maintained and updated in Provide Enterprise and is auto-calculated based on income during the eligibility assessment. FPL maximum is 500% but will vary by service category.)
- Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare. For underinsured, proof that service is not covered by other third party insurance programs including Medicaid and Medicare;
 - Documentation that the process and timelines for establishing initial client eligibility, assessment, and recertification takes place at a minimum every six months; and
 - Self-attestation statement of 'no change' in residency, income, or insurance status at the 6 month recertification or proof of "change" in any category above.

Proof of Diagnosis (only required at initial assessment)

Proof of HIV diagnosis may be found in laboratory test results that bear the client's name, if the client has a detectable viral load. Some examples include:

- Positive result from HIV screening test (HIV 1/2 Combo Ab/Ag enzyme immunoassay [EIA])
- Positive result from an HIV 1 RNA qualitative virologic test such as a HIV 1 Nucleic Acid Amplification Test (NAAT)
- Detectable quantity from an HIV 1 RNA quantitative virologic test (e.g. viral load test). An undetectable viral load cannot be used for proof of HIV diagnosis and another form of documentation will be required.

NOTE: HIV testing technology is rapidly changing, and standards of HIV confirmation continue to evolve. Subrecipient must stay informed of advances in testing technology, as newer tests may also provide proof of HIV diagnosis.

Other Forms of Documentation

Some examples are:

- A signed statement from a medical provider with prescribing privileges attesting to the HIV diagnosis of the person
- A complete THMP Medical Certification Form signed by a physician
- A hospital discharge summary documenting HIV diagnosis of the individual.

Facilitating linkage with an HIV Preliminary Positive result

A preliminary positive is a positive result from an HIV screening test. Although a preliminary positive is not considered proof of HIV status (because it is not a confirmatory test in the current HIV testing algorithm), individuals with such a result are very likely to have HIV diagnosis and would benefit from quick linkage to ongoing care. **Having only a preliminary positive result from one HIV test should not be a barrier in linkage to medical care.**

The ability to use a preliminary positive test result to facilitate linkage to care does not negate the responsibility of the HIV testing site to conduct confirmatory testing. The receiving medical Subrecipient must be informed of the individual's unconfirmed preliminary positive HIV test result. Once the confirmatory results are received from the lab, HIV testing staff must provide these results to the individual and if a Release of Information is signed, to the HIV care Subrecipient. Clinics receiving such individuals may choose to arrange an abbreviated first appointment, during which the individual could receive counseling on HIV diagnosis, orientation to medical care, conduct eligibility screening, and/or begin laboratory work. Note: HIV medical

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Subrecipients may elect to conduct the HIV confirmatory test if a memorandum of understanding (MOU) is signed with the HIV testing agency.

Proof of Identity

- Acceptable documentation for proof of identity only:
- Texas Driver's License
- Texas Identification Card (ID)
- Texas Department of Corrections ID
- Employment badge with picture
- Student ID with picture
- US immigration documents with picture
- Credit card with picture
- U.S. naturalization, citizenship, passport, or other Federal documents with picture
- Driver's license or ID issued by another US state
- A government-issued ID from a country other than the US
- Veteran's Administration ID Card

For undocumented and/or homeless clients, or for clients recently released from or referred by prison or judicial system, a letter on company letterhead from a case manager, social worker, counselor, or other professional who has personally provided services to the client or a letter from the incarceration facility will be acceptable.

Proof of Residency

Documentation of Residency

Acceptable proof of residency documents must include the applicant's full legal name and current residential address and be unexpired or dated within the same month or one month prior to the month the application is submitted.

In an effort to expedite eligibility determination, the following source documents are preferred to show proof of Texas residency:

- valid (unexpired) Texas Driver's License
- Texas State identification card (including identification from criminal justice systems)
- recent Social Security, Medicaid/Medicare or Food Stamp/TANF benefit award letters
- IRS Tax Return Transcript, Verification of Non-Filing, W2, or 1099
- current employment records (pay stub)
- post office records;
- current voter registration;
- a mortgage or official rental lease agreement in the client's name;
- valid (unexpired) motor vehicle registration;
- proof of current college enrollment or financial aid;
- property tax receipt;
- any bill in the client's name for a service connected to a *physical address (client's place of residency)* dated within one month of the month of application (e.g. bills for rent, mortgage, electric, gas, water, trash, cable, landline phone, etc.)
- a letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals; or
- a statement/attestation (does not require notarization) with client's signature declaring that client has no resources for housing or shelter.

If none of the preferred source documents listed above are available, Texas residency may be verified through one of the following:

- any piece of mail addressed to the client and meets ALL of the following criteria

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- proof that the item went through the mail system (stamped with postmark or metered mark from postal office),
- date of postmark or date printed on contents of mail (e.g. date printed on letter or statement date of bill) is within one month of the month of application,
- if envelope has a clear window to display client's address instead of client's name and address printed directly on the envelope, the envelope must have a return address, name, logo, or some means of identifying the sender that matches the address, name, logo, etc. printed on the contents of the mail. This verifies that
- contents of mail with client's address is truly what came inside of said postmarked envelope.
- observance of personal effects and living arrangement (e.g., visit to residence). Individuals do not lose their Texas residency status because of a temporary absence from the state.

Students

- Students from another state who are living in Texas to attend school may claim Texas residency based on their student status while they are residing in Texas.

Proof of Income

To be eligible for services paid for by RWHAP, an applicant must submit proof of income in order to calculate Federal Poverty Limit (FPL). Income is calculated within Provide Enterprise. Documents used to calculate income are outlined below:

- pay stubs (30 continuous days of payment within the last 60 days);
- supporter statement;
- employer statement;
- agency letter;
- Social Security Income (SSI) Award Letter;
- Social Security Disability Income (SSDI) Award Letter;
- Self-employment log; or
- other income documentation.

Note: If the client is unable to provide any other form of income documentation, bank statements are acceptable forms of income documentation for the RWHAP.

Proof of No Income

- Termination or layoff notice from most recent employer on company letterhead.
- A "proof of no income" letter that identifies the source of the applicant's food and shelter. This signed letter can be provided by an agency or shelter on appropriate letterhead, and should have a contact phone number if verification is needed.
- If the applicant is dependent on a relative, friend, or some other non-agency source of support, the individual providing the source of support must provide the "proof of no income" or supporter letter. Letter must include a statement of the relationship to the applicant and a certification as to the truthfulness of the letter; along with a statement describing the extent of the support and that there is no knowledge of any income received by the applicant.

Screening Clients for Third Party Payers

Subrecipients must ensure that staff are coordinating benefits and the use of third party reimbursement by:

- Monitoring how staff determine client eligibility to ensure that RWHAP is the payers of last resort;
 - Monitoring the documentation that shows clients have been screened for and enrolled in eligible programs prior to the use of Ryan White; and
 - Subrecipients are required to utilize a third party payer verification system.
- Subrecipients must screen individuals for ability to pay, as well as their eligibility for other

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potential sources of payment for these services. Programs/benefits that must be used first include:

- private/employer insurance;
- Medicare (including Part D prescription benefit);
- County Indigent Health Programs;
- Patient Assistance Programs (PAP'S);
- Medicaid;
- Children's Health Insurance Programs (CHIP); or
- other comprehensive healthcare plans.
- A client may be eligible for RWHAP services in addition to having other payers and RWHAP services may be used to 'bridge' the gap when other payers cannot fully meet a client's needs.

Documentation of eligibility status must be maintained in Provide Enterprise.

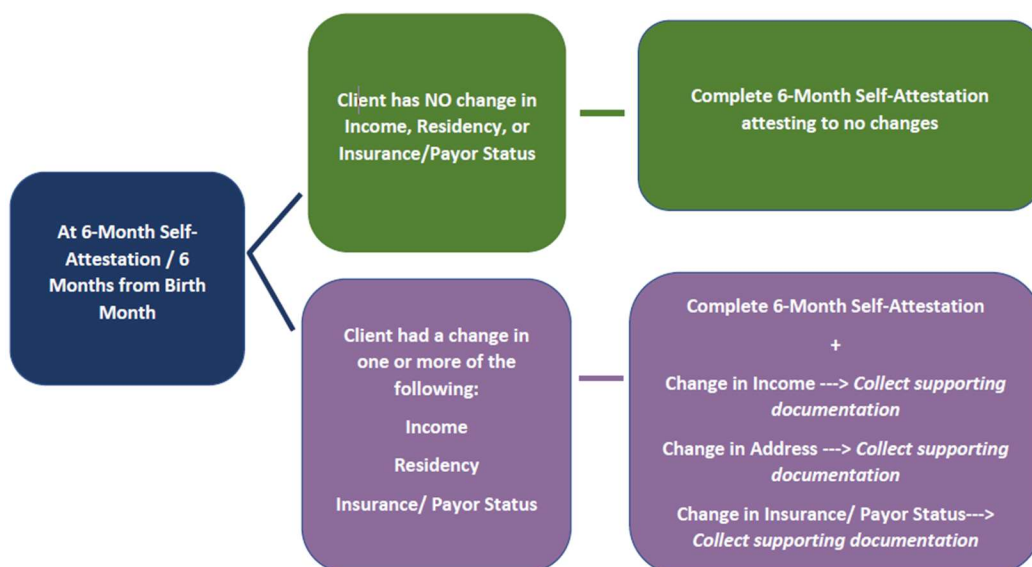
Six-month Self-Attestation (Half Birth Month)

To assess eligibility at the 6-month mark, Subrecipients may accept client self-attestations of changes/no changes in *income, residency, and insurance status* (self-attestations are not acceptable forms of documentation at the annual/12-month recertification). Self-attestations may be signed by the client or the provider, with verbal affirmation from the client. This process occurs by the last day of the month, six months after the client's birth month.

Related communications from Subrecipients must be transmitted in a confidential manner. If a client has had a change in income, residency/address, or insurance status, they must submit appropriate supporting documentation.

Self-attestations must be documented in the Provide Enterprise, even if there is no change. Supporting documentation must be kept in Provide Enterprise.

While eligibility for services **must be determined every six months** for active clients, Subrecipients should assess changes in eligibility at the time of service. The Subrecipients' policies and procedures must address how clients will be contacted regarding their 6-month recertification, and how changes in eligibility will be assessed at the time of service. Consult the table below for guidance on the recertification process and required documentation.



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TC AA REQUIRED ELIGIBILITY DOCUMENTATION TABLE

	Initial Eligibility Determination & Once a Year/12 Month Period Recertification	Recertification (minimum of every six months)
HIV Status	Documentation required for Initial Eligibility Determination Documentation is collected one time.	No documentation required
Income	Documentation required	Self-attestation of no change Self-attestation of change- provider must require documentation
Residency	Documentation required	Self-attestation of no change Self-attestation of change- provider must require documentation
Insurance Status	Provider must verify if the applicant is enrolled in other health coverage and document status in client file.	Provider must verify if the applicant is enrolled in other health coverage and document status in client file. Self-attestation of no change Self-attestation of change- provider must require documentation

ATTACHMENT S: Clients Rights and Responsibilities

As a client, you will be granted the right to:

1. Be treated at all times with respect and courtesy.
2. Receive treatment in a setting with the highest degree of privacy possible.
3. Receive services without being discriminated against on the basis of HIV diagnosis, race, creed, color, age, sex, gender, marital or parental status, sexual orientation, gender orientation, religion, ancestry, national origin, physical or mental disability (including substance abuse), marital or parental status, immigration status, political affiliation or belief, justice involved status, unfavorable military discharge, membership in activist organization, or any basis prohibited by law.
4. Know the names, titles, specialties, and affiliations of all service providers, and anyone else, involved in your care.
5. Know about the service provider's rules and regulations about the care you receive.
6. Have any biases or conflicts of interest that the service provider may have revealed. You must be advised of the risk and benefits of any proposed treatment considered to be experimental.
7. Receive information that is easily understood and sensitive to your background, culture, and orientation.
8. Be involved in and make decisions about your plan of care prior to the start of and during the course of service.
9. You have the right to renegotiate the care plan at any time.
10. Access all services, provided that the service is currently available and all program guidelines, including eligibility requirements have been met.
11. Refuse any service. The client may change his or her mind after refusing service without affecting ongoing care.
12. Receive an explanation of any service fees and to obtain a copy of how eligibility was determined.
13. Freely voice complaints and suggest changes without retaliation. You must be informed of the service provider's grievance process for resolving problems. You have the right to receive a timely response to a grievance.
14. Have your information and records kept confidential, except when allowed by federal and state guidelines.
15. Have access to treatment records as allowed by federal and state guidelines. You will be provided with copies of your records as allowed by law, at a fair cost and within the timeline established by each service provider.
16. Continuous care whenever possible. You have the right to appropriate referrals, based on eligibility and availability, to another service provider for treatment as outlined in your care plan.
17. Access all information from the health care providers about current FDA approved or other proven HIV/AIDS treatments and about HIV-related social and support services.

Statement of Client Responsibilities

As a client, you have the responsibility to:

1. Treat all services providers with respect and courtesy.
2. Give correct and complete information to the service provider about your health status and other information related to your care.
3. Give immediate notification of any changes in residency, employment, insurance and/or financial status.
4. Reveal the availability or use of other payment sources, treatment medications, and health or social service providers.
5. Give all necessary documentation to the service provider to help determine eligibility for Ryan White Services.
6. Seek facts and ask questions about the risks, benefits, and financial aspects of a service or treatment.
7. Follow the agreed upon care plan. You are responsible for the results if you choose not to follow professional advice or do not follow the instructions of an agreed upon treatment plan.
8. Keep your appointments. You have the responsibility of canceling and/or rescheduling with the service provider in a timely manner when an appointment cannot be kept.
9. State financial burdens related to your care before receiving health and/or social services. It is your responsibility to provide accurate information about payment sources. You are responsible for asking for reimbursement forms to ensure financial burdens may be adequately addressed with your service provider.
10. Follow the rules and regulations of the service providers.
11. Be respectful of the rights, property, and confidentiality of others.
12. Voice individual complaints and requests for change in an appropriate and timely manner through the service provider's grievance process.

ATTACHMENT T: Data Management

POLICY:

Data management is collaborative between the TC AA and Subrecipients to maintain integrity in the client level data systems that support the HIV/AIDS program delivery.

DATA MANUALS

The TC AA utilizes the Groupware Technologies, Inc. client-level data system, Provide Enterprise Care Management Software. Complete Provide Enterprise User Guides are located within the PE system reference library and are available upon request.

DATA MANAGER

ROLES AND RESPONSIBILITIES of DATA MANAGER

PROCEDURE:

I. Roles & Responsibilities

A. **Administrative Agency Data Manager** will ensure the successful collection and reporting of data associated with the HIV/AIDS program. The AA Data Manager is responsible for ensuring Provide Enterprise users accounts have accurate user roles that align with their job function; and that only those who need access have access to the confidential data. The Data Manager ensures the confidentiality/protection of client information and reports suspected or actual breaches to the responsible parties outlined further in this document. The role and responsibility of the TC AA Data Manager includes, but is not limited to, the following:

1. Will be in direct contact with the Subrecipient's Local Responsible Party and/or Program Manager.
2. Collect and import client level data
3. Enters service definitions in PE
4. Ensure Subrecipients submit the Ryan White HIV/AIDS Program Services Report (RSR [HRSA]) annually for the calendar year and assist in improving data collection, data quality, and reporting.
5. Respond to special requests.
6. Work with the DSHS TCT as requested on special projects and testing processes, and coordination of HRSA RSR submission.
8. Comply with and fulfill all requirements of the Provide Enterprise and attend/conduct and arrange for trainings as appropriate.
9. Create curriculum for technical assistance
10. Develop and keep current data management policies in line with HRSA requirements so they do not place an undue burden on Subrecipients or create barriers to client services and care.
11. Establish confidentiality and client file information security processes;

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12. Ensure quality data in reporting to HRSA.
13. Provide data-driven leadership to Subrecipients and stakeholders.
14. Facilitate customized report requests to Provide Enterprise Helpdesk to enhance monitoring and reporting of client level data.
15. Prepare all Subrecipients for HRSA RSR and HRSA HAB annual year-end reporting.
16. Perform data support functions to Subrecipient and TC AA staff.
17. All other functions to support the success of the program.

B. **Local Responsible Party.** The Local Responsible Party (LRP) for the Administrative Agency is the Data Manager. Each Subrecipient also staffs an LRP or Data Improvement Staff (DIP), who is appointed at the discretion of the Subrecipient. The Subrecipient LRP or DIP acts as the data quality manager for the Subrecipient. Responsibilities include, but are not limited to:

1. Ensuring internal security of client level data and information;
2. Ensuring HIV/STD data management and security policies are in place;
3. Contributing to security related QA (Quality Assurance);
4. Monthly or quarterly reports such as the DIP, HRSA RSR preparation and submission, etc.;
5. Acting as a liaison to the TC AA Data Manager; and,
6. Other data management and quality assurance duties as identified.
7. Maintain client list of Provide Enterprise Users and Permissions.

SYSTEM & SECURITY REQUIREMENTS

PROCEDURE:

Tarrant County's client level data system, Provide Enterprise, is hosted on a secure, certified Federal Risk and Authorization Management Program (FedRAMP) hosting center

CLIENT FILES AND INFORMATION

For the purpose of client files, this refers to the electronic sharing of files or transferring of client files and/or information or data.

PROCEDURE:

There shall be no transferring of confidential or sensitive personal information; including Personal Health Information (PHI) and Personal Identifiable Information (PII), unless submitted through Provide Enterprise using a secure message.

When it is time for a hard copy client file to be destroyed, after the appropriate time frame, the file must be cross shredded by the agency; or the agency must provide proof that the file is to be shredded by a reputable company that handles confidential client information.

CONFIDENTIALITY TRAINING

Agency staff and volunteers must undergo confidentiality and security training upon hire and annually thereafter.

PROCEDURE:

All Subrecipient staff must take the online DSHS Security and Confidentiality Training upon hire, annually, and/or prior to gaining access to data system(s). The purpose of the Security Training is to ensure staff are aware of and adhere to security and confidentiality requirements. The

annual training will be coordinated by the TC AA Data Manager, generally in April or May of each year.

DATA QUALITY MANAGEMENT

TC AA Data Manager works with all Subrecipients to ensure a high level of data quality in the Provide Enterprise. Subrecipients maintain the ultimate responsibility of reporting clean data.

PROCEDURE:

Subrecipients are notified when missing or unknown data is found and are required to correct the data within a timeframe outlined by the TC AA Data Manager. The deadline may be adjusted to meet the needs of the TC AA Data Manager and the Subrecipient. TC AA will provide assistance to Subrecipients when possible and may require corrective action plans.

TRAINING AND TECHNICAL ASSISTANCE

Due to the various needs regarding data management that will arise for Subrecipients, the TC AA Data Manager will provide technical assistance on an as-needed basis when requested by the Subrecipient.

PROCEDURE:

All training should be sent via email to the TC AA Data Manager. Email from Subrecipient should include what topic(s) the Subrecipient has questions or needs clarification on.

1. The Technical Assistance will occur via teleconference and / or by computer conferencing and / or in person.
2. The TC AA may also conduct in-person data management training sessions, covering topics to be determined by TC AA and Subrecipient staff.

ATTACHMENT U: Referral Policy

REFERRAL POLICY AND PROCEDURES

PURPOSE:

To guide the administration of Referrals within the Tarrant County Ryan White Program. It is the intention that appropriate and timely Referrals assist clients in accessing and maintaining core medical and support services. The intention is for Referrals to be completed consistently among all Ryan White funded agencies.

POLICIES:

Referrals are to be completed within the client level data system, Provide Enterprise. Faxed Referrals are accepted but should be entered into Provide Enterprise for processing. There are two types of Referrals within the Ryan White program (internal and external).

- Internal Referrals are made between agencies within the Ryan White Part A TGA network via Provide Enterprise.
- External Referrals are made to non-Ryan White funded agencies and are the responsibility of the referring provider to track or resolve.

Ryan White funded agencies are required to enter all Internal Referrals in Provide Enterprise and follow up on both Internal and External Referrals for updating client files and tracking purpose. Referrals must be tracked to completion. If a client refuses a Referral, it should be documented in a client note in the Provide Enterprise client record.

Responsibilities of Agency making Internal Referrals

It is the responsibility of the referring agency to check a client's Ryan White eligibility prior to making a Referral to another internal agency. Agencies making Referrals are expected to contact the agency they are referring to for their current referral policy. Referring agencies are to complete all the required data fields in the client record in Provide Enterprise.

All Referrals should be responded to within 5 business day. All Referrals must be tracked and completed/closed within 30 business days, and the Referral record updated to reflect the status/outcome.

PROCEDURES:

In Provide Enterprise, after creating a Referral in the client record, the following fields must be completed:

- Referring Person
- Referral Date
- Referred Type (internal/external)
- Referred To (agency)
- Referred To Assignee is auto-populated with designated individual by specific service category
- Referred for Service Type (service category)
- Referred for Service Description (description for reason of Referral)
- Date Check Back (follow up date)

The referring agency must ensure the specific purpose of the Referral is clear. Incomplete or inappropriate Referrals may be rejected at the discretion of the provider receiving the Referral. Internal Referrals can be documented in Provide Enterprise in real time during a client encounter. The Referral is submitted, and Provide Enterprise generates a system email to alert

the receiving agency designated individual that a Referral has been created. If the agency that the referral is being made to does not currently have access to the client record, the referral submission will automatically generate an informed consent to release the client to the referred agency for 30 days. This gives the agency enough time to work the Referral and, if appropriate, open a Client Service Profile. Opening a Client Service profile will keep the client record open to the agency until the "HIV Care System" consent expires or until the agency closes their Client Service Profile.

It is the responsibility of each staff at the referring agency to track the status of the Referrals they make (completed, rejected, lost to follow-up), and to keep the client informed of referral status.

Responsibilities of Agency Receiving Internal Referral(s)

It is the responsibility of all agencies receiving Referrals to address incoming internal Provide Enterprise Referrals in a timely manner. Agency staff who receive Referrals must confirm client's Ryan White eligibility following receipt of Referral. The incoming Referral can be reassigned to another staff at the agency; however, clients shall be contacted by agency staff within 5 business days of receipt of Referral and all necessary documents. Clients shall receive an appointment with the receiving agency within 30 days of being contacted.

It is the responsibility of the referring agency to follow-up within 10 business days of a referral to ensure the client accessed the service, and to document evidence of referral follow-up in Provide Enterprise.

Agency staff or the reassigned staff who receive Internal Referrals are responsible for updating the Referral Status in Provide Enterprise. This includes entering a Referral Closed Date, Disposition, and Disposition comments and the name of staff completing or closing the Referral is tracked in Provide Enterprise. Referrals are considered complete when an appointment has been scheduled or other applicable item/service has been prepared.

Agency staff marking incomplete or inappropriate Referrals as "Rejected" must clearly state reason for rejecting Referral in the Comments and the staff name is tracked in Provide Enterprise.

All Internal Referrals should be resolved: e.g., Referral Status changed to "Completed, lost to follow up, or Rejected," within 30 days. A minimum of three attempts must be made to contact the client prior to changing the Referral Status to "Lost to follow up."

External Referrals

External Referrals made to non-Ryan White entities must be tracked/resolved by the agency making the Referral. As with Internal Referrals, agency staff have 30 days to mark outgoing external Referrals as complete.

External Referrals should be entered in Provide Enterprise to document comprehensive client care and are created using the same steps for Internal Referrals.

External Referrals should be tracked to completion within 30 days and the Referral updated to note the outcome, disposition, and comments.

ATTACHMENT V: Out of Care and Re-engagement in Care Policy and Procedures

PURPOSE: Ryan White funded agencies make efforts to bring people back into care who know their HIV status but have fallen out of care.

POLICY: For optimal health outcomes, Subrecipients receiving Ryan White funding must use a variety of methods to identify and locate individuals who are out of care and to re-engage them into medical care.

PROCEDURES:

Subrecipients are to actively identify clients at risk of falling out of care, as well as attempt to re-engage clients that are no longer active in care. All efforts should be made to provide timely follow-up when a client misses an appointment.

Specific Activities

1. Measures to Promote Retention in Care - Subrecipients should update all client contact information at each visit.
2. Appointment Reminders - Clients are provided an appointment reminder at least 24 hours prior to appointment.
3. Missed Appointments - All Clients missing appointments are contacted within 72 hours of the missed appointment. Subrecipient staff will monitor no-show percentages. Multiple contact methodologies should be utilized.
4. Efforts to Contact – All attempts to communicate with clients should be documented in Provide Enterprise.
5. Re-engaging Lost to Care 60 days - A call list report is generated for clients that have not been seen within 60 days. Subrecipients will contact the client to check status, schedule appointments, and document contacts. Incarceration databases should be queried.
6. Referrals - Clients who are identified at risk of falling out of care should be referred to Medical Case Management, Referral for Health Care & Support Services (Patient Navigation) or Early Intervention Services.
7. Re-engaging Lost to Care 6 months - Clients who have not had a primary care visit in 6 months are considered “Lost to Care” and should be referred to Early Intervention Services or disease intervention services for re-engagement in care.

ATTACHMENT W: Non-Discrimination Policy

POLICY:

Tarrant County HIV Administrative Agency (TC AA) and Subrecipients are committed to a policy of providing HIV services that do not discriminate in the terms, conditions, or privileges of receiving services on account of race, color, national origin, religion, sex, sexual orientation, age, or disability, gender identity, and any other non-discrimination provision in specific statutes under which application for federal or state assistance is being made.

PROCEDURES:

All grant funded Subrecipients contracting with Tarrant County will adhere to Federally Mandated (Civil Rights Act) Policies and Procedures on non-discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability, gender identity, and any other non-discrimination provision.

- All Subrecipients must prominently display non-discrimination policy and reporting procedures in waiting areas where clients congregate.
- Any client who believes that they have been discriminated against is strongly encouraged to report this concern promptly to the HIV Grants Manager, 2300 Circle Drive, Suite 2306, Fort Worth, Texas, 76119; (817) 370-4527 or email ASKHIVAA@tarrantcounty.com.
- If a complaint alleges discrimination, the TC AA should inform the Health and Human Services Commission (HHSC) Office of Civil Rights and proceed as instructed (<http://www.hhs.gov/civil-rights/for-individuals/fact-sheets.html>).

ATTACHMENT X: Confidentiality Policy

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION (PHI) POLICY:

All steps necessary to protect the confidentiality of all identifiable information, Protected Health Information (PHI), will be taken when collecting, transmitting, storing, or maintaining client information.

PROCEDURE:

A. Physical Security

- a. All sensitive, confidential, or individual identifiable information (herein referred to as confidential information) will be secured in a locked cabinet that is in a locked room when not in use. All offices or storage areas that contain confidential information will be locked when no authorized personnel are present.
- b. All computers containing confidential information will be located in a secure area with electronic security devices installed, including username and password authentication, restricted user access to group drives, and password protected documents or encryption, as necessary.

B. Confidentiality Policy

- a. All staff will be required to sign a confidentiality agreement, which will be maintained in the personnel files. Additionally, any volunteers or interns will be required to sign a confidentiality agreement.
- b. All electronic and physical access is terminated immediately when an employee leaves employment, regardless of whether the employee leaves voluntarily or involuntarily.
- c. Privacy/Confidentiality training for new personnel will be provided as a part of orientation.
- d. All staff will receive annual training in privacy/confidentiality issues. A new confidentiality form will be signed and placed in the personnel file as a part of each employee's annual evaluation.

C. Communications

- a. Telephone conversations where confidential information is discussed will be done so that unauthorized personnel cannot overhear conversations.
- b. Fax transmission, sending or receiving, of confidential information will be done in a secure area, available only to HIV program staff.
- c. Information or data containing identifiable information will not be transmitted via email. HIV services or client information, even if de-identified, will never be sent to a personal email address.

D. Technical Safeguards

- a. All confidential information stored on computers will be password protected to avoid unintentional disclosure.
- b. All electronic media that is no longer needed will be completely erased to ensure confidential information is not disclosed. In such a case that the electronic media cannot be erased, it will be destroyed to avoid unintentional disclosure.

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E. Security Breaches

1. Reporting a Suspected Breach
 - a. In the event of a security breach, the staff discovering the potential breach will document the incident using the “Breach Report Form”.
 - b. The initial breach report must be submitted to the Data Manager within 24 hours of the incident. Upon review of the initial breach report, the Data Manager will determine if a breach did occur and proceed with an investigation as appropriate.
2. Investigating a Reported Breach
 - a. The Data Manager will be responsible for further investigating the incident and will complete all subsequent sections of the “Breach Report Form”. The investigation should be finished no later than seven business days following the initial incident date.
 - b. Any breach of confidentiality will be investigated immediately to assess causes and implement corrective actions. If a breach of confidentiality is related to a state funded program, the Data Manager will report it promptly to the appropriate state program contact.
3. Action Steps Based on Type of Breach
 - a. If the investigation does not find a breach in protocol or confidentiality, the Data Manager will communicate this to the staff member who reported the breach and close out the investigation.
 - b. If the investigation determines there was a breach in protocol, but not a breach in confidentiality (no confidential information was divulged, but a risk to confidentiality was present) the Data Manager will determine if the breach was negligent or purposeful. Appropriate actions will be taken based on this determination. These actions include requiring emergency training on security and confidentiality, and documentation of the incident in the employee’s personnel file. If the employee continues to pose a threat to security of confidentiality, the employee’s access to HIV/STD Program information will be limited or rescinded until further personnel actions have been determined. It is the responsibility of the Data Manager to monitor the employee responsible for the breach and assure that further incidents do not occur.
 - i. If the investigation determines there was a breach of confidentiality (confidential information has been divulged and an immediate response is necessary) the Data Manager will determine if the breach was negligent or purposeful. Regardless of the type of breach (negligent or purposeful) the following recommendations may be required based on the severity of the breach: The employee’s access to physical and electronic resources must be limited or rescinded until an investigation of the incident is complete. Options for handling the situation include: immediately reassigning the employee to a temporary duty station; obtaining permission from the Executive Director to send the employee home pending investigation of the breach; or calling law enforcement in extreme situations.
 - ii. Implement new or additional processes to address any deficiencies in the HIV/STD program security and confidentiality policies and procedures.

F. Regulatory Reference

45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information and Sections 1171 through 1179 Social Security Act.

ATTACHMENT Y: Records Retention

The TC AA follows all guidelines and policies from the Texas Department of State Health Services for Record Retention:

Adults who are HIV-positive – HIV services records must be maintained for 7 years past the last date of service or client's death, if known.

Financial and administrative records must be maintained for 7 years past the grant close-out.

ATTACHMENT Z: Measuring Subrecipient Performance

Measuring HIV AA Subrecipient Performance

Program	Fiscal	Data	Clinical Quality Management (CQM)
Service Utilization (unduplicated clients and services)	Expenditure Tracking/Utilization of funding	Ryan White Services Report (RSR)—data completeness	HIV/AIDS Bureau (HAB) Performance Measure Report
Monthly Monitoring Calls	Monthly Monitoring Calls	Monthly Monitoring Calls	Monthly Monitoring Calls
Subrecipient Monitoring	Subrecipient Monitoring; technical assistance requests and needs	Quarterly Import Calls	Quarterly CQM Performance Measure Review and Feedback
Leadership and staff engagement (required meeting and training participation, responsiveness, cooperation)	Annual Risk Assessment	Subrecipient Monitoring	Technical assistance requests and needs
Resolution of client complaints and grievances	Accuracy and timeliness of reimbursement request submissions	Technical assistance requests and needs	Subrecipient Monitoring
Under investigation by Tarrant County	Review of time and effort	Ongoing evaluation and analysis of data quality	Annual CQM program Review
Technical assistance requests and needs	Under investigation by Tarrant County	Security and confidentiality/HIPAA compliance	Annual organizational assessment
Timely responses to requests	Review of single audit records	Timely notifications—staff changes; death of clients	Annual telehealth assessment
Timely and accurate submission of conditions of award	Timely and accurate submission of conditions of award	Timely entry of data	Annual licensure review
Compliance with HIV AA, federal, and state policies and procedures; Policy Clarification Notice (PCN) 16-02	Compliance with HIV AA, federal, and state policies and procedures; Code of Federal Regulations	Compliance with HIV AA, federal, and state policies and procedures	Compliance with HIV AA, federal, and state policies and procedures; PCN 15-02

ATTACHMENT AA: Oversight and Monitoring of Subrecipient Sites

POLICY: The Tarrant County Administrative Agency (TC AA) provides oversight to ensure contract compliance for all funded service categories. The TC AA complies with the mandates set by the Health Resources and Services Administration (HRSA) and the Department of State Health Services (DSHS) for enforcing the following requirements for monitoring of Subrecipient sites.

Note: The Tarrant County Auditor’s Office conducts Fiscal Monitoring at least once annually; Fiscal Requirements are *not* noted below.

New Subrecipients and/or those with New Services

All new Subrecipients, or those with new services funded by the TC AA, may be contacted and/or visited at least quarterly, and technical assistance may be provided on an on-going basis or as requested for the first year. Feedback will be provided from the TC AA to Subrecipients via a written report as *necessary* and based upon the contact, visit, and/or training provided.

Current Subrecipients

Subrecipients are monitored, at the least, on an annual basis and technical assistance is provided as necessary and as requested. A preliminary written report of the site visit will be provided to the Subrecipient by the TC AA following the completion of the site visit. Subrecipients have 10 business days to review the preliminary report and provide comments in writing. The TC AA has 10 business day to finalize the report with corrective action and provide to Subrecipients. If immediate action is required for any identified issue, the TC AA will accelerate the response timeline.

Subrecipients Experiencing Compliance Issues

Subrecipients that are experiencing compliance issues may be monitored on a more frequent basis and extensive technical assistance may be provided with the goal of improving overall performance and compliance. A written report will be provided to the Subrecipient by the TC AA within 30 days of the completion of the site visit. Subrecipients will have an abbreviated time frame to respond in writing to the recommendations or findings: the time frame will vary, depending on the ongoing nature and severity of finding(s). Sanctions for non-compliance may be imposed; refer to [Exhibit AA.1](#).

PROCEDURES:

I. Minimum Requirements for Monitoring of Subrecipient Sites

- A. Each Subrecipient will be monitored at least once annually by TC AA/contractor to conduct a comprehensive quality, clinical, programmatic, and data review. At least 30 days written notice will be provided prior to the review, and a pre-site visit workshop will be held with Subrecipient sites to review the monitoring process. The monitoring will encompass the following minimum standards:

- 1. The number of client records to be reviewed will follow the sample size guidelines:

Unduplicated Clients	Sample Size Guidelines
1 – 24 =	100% of files
25 – 50 =	25 randomized files

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51 – 100 =	30 randomized files
100 – 499 =	40 randomized files
500 + =	50 randomized files

2. An entrance and exit conference will be held. End of day check ins will occur with Subrecipient primary point of contact.
 3. Client records in Provide Enterprise, Electronic Health Records, and other documentation will be reviewed for all required elements as outlined in the monitoring tool(s); and
 4. The site visit may include observation of services/facilities, client interviews, staff and service provider interviews.
 5. Policies and procedures will be requested in advance.
 6. Monitoring could occur onsite, virtually, or hybrid.
- B. The monitoring tool(s) will be distributed to all Subrecipients:
1. No less than thirty (30) days prior to an on-site monitoring visit; and
 2. Immediately following major updates that will require a change in Subrecipient policies or procedures;
 3. The HIV TC AA staff will monitor the HRSA website on a regular basis for changes to policies that could affect the monitoring tool(s) and make immediate changes as required by federal policies.
- C. The monitoring sample will be distributed within ten (10) days of the monitoring visit.
- D. The monitoring staff will create a written report following the on-site visit outlining any recommendation, requirement, or finding. The report will be sent to the Subrecipient’s Executive Director and Board Chair, or comparable position(s).
- E. Within 30 days following the final monitoring report, the Subrecipient and TC AA will hold the first meeting to outline the corrective action plan (CAP) and begin documenting corrective action into LifeQI. The CAP response in LifeQI should detail all actions to be taken by the Subrecipient to remain in compliance with contractual obligations, and/or State/Federal requirements.
- F. Subsequent meetings to review progress on the CAP will be held at 60, 90, and 180 days from date of final report.
- G. Following the 180-day meeting, if the Subrecipient has demonstrated sufficient improvement, the CAP will be closed out. If improvement is still needed, the CAP will be continued until in compliance. The TC AA may schedule a return visit, if needed.
- H. All documentation pertaining to Subrecipient site visits will be maintained in accordance with the federal, state, and local record retention requirements, and available for review upon request by HRSA and Tarrant County.

EXHIBIT AA.1: SANCTIONS FOR SUBRECIPIENT NON-COMPLIANCE

A. The TC AA will assess appropriate Sanctions to any Subrecipient that fails to meet standards and requirements for grant compliance set out in policies, contracts, Requests for Proposal, and/or Tarrant County, HRSA, or DSHS-specific requirements. In performing the services set forth in their contract, the Subrecipient agrees to perform all obligations in accordance with the required standards, and in compliance with all applicable federal, state, or local laws, rules, regulations, and ordinances which in any manner affect its performance of all obligations required by their contract, including receipt, disbursement, and accounting of funds received.

The Subrecipient shall immediately notify the TC AA HIV Grants Manager of any problems, delays, or adverse conditions which may affect the ability of the Subrecipient to perform its obligations under the contract. Any such notice shall include a statement of actions taken or proposed to be taken by the Subrecipient, to resolve such problems, delays, or adverse conditions.

- B. Sanctions will be based on the frequency, severity, duration and/or repetitiveness of non-compliance issues associated with:
1. Failure to meet minimum requirements for compliance with grant requirements, including failure to comply with fiscal requirements, and/or special instructions to any federal, state and local standards
 2. Failure to maintain appropriate staff licensure, accreditation, or training for those services requiring same
 3. Failure to comply with contract requirements
 4. Failure to meet assigned deadlines
- C. Sanctions will be assessed based on a level of severity of the requirement with which the Subrecipient is non-compliant;
1. Level 1 Non-Compliance may include, but may not be limited to, instances of non-compliance such as:
 - a. Failure to attend required technical assistance, meetings, or trainings when need for training is evidenced
 - b. Failure to adhere to TC AA, HRSA, or DSHS required policies or standards
 - c. Failure to implement corrective action plans and address site visit findings
 - d. Failure to collect and properly document required eligibility certification
 - e. Failure to submit accurate and timely reimbursement requests
 - f. Failure to maintain compliance with all financial records and documentation.
 - g. Failure to meet contract goals and requirements
 2. The Sanction for Level 1 Non-Compliance may include, but may not be limited to:
 - a. Recommendations for bringing the program into immediate compliance
 - b. The Subrecipient to create a corrective action plan in LifeQI to address the non-compliant program with actionable steps, measurable timeframe, persons responsible
 - c. Potential escalation to more frequent on-site monitoring visits and/or desktop monitoring
 3. Level 2 Non-Compliance may include, but may not be limited to, instances of non-compliance such as:
 - a. Failure to attend mandatory meetings or trainings when need for training is evidenced
 - b. Failure to submit requested reports and documents in a timely manner
 - c. Repeated or continual instances of non-compliance with adherence to TC AA, HRSA, or

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- DSHS requirements
 - d. Failure to comply with HIPAA requirements
 - e. Validated client complaints
 - f. Subrecipient is identified as medium-risk on annual Risk Assessment
 - g. Failure to bill third party payers in the same grant year
 - h. Failure to respond to on-site monitoring reports in a timely manner
 - i. Submitting reimbursement requests with ineligible expenses
 - j. Failure to adhere to required corrective action plans and protocols; or
 - k. One or more repeated Level One Non-Compliance issues.
4. The Sanction for Level 2 Non-Compliance may include, but may not be limited to, any one or more of the following:
- a. Requirements for bringing the program into immediate compliance
 - b. The Subrecipient to create a corrective action plan in LifeQI to address the non-compliant program with actionable steps, measurable timeframe, persons responsible
 - c. Escalation to more frequent on-site monitoring visits and/or desktop monitoring
 - d. Possible withholding of financial reimbursement until compliance is attained
5. Level 3 Non-Compliance may include, but may not be limited to, instances of non-compliance such as:
- a. Failure to bill third party payers
 - b. Habitual non-compliance with adherence to TC AA, HRSA, or DSHS requirements
 - c. Subrecipient is identified as high-risk on annual Risk Assessment
 - d. Failure to report incidents of child abuse
 - e. Misappropriation of grant funds
 - f. Two or more repeated Level One Non-Compliance issues; or
 - g. One or more repeated Level Two Non-Compliance issues.
6. The Sanction for Level 3 Non-Compliance may include, but may not be limited to, any one or more of the following:
- a. Requirements for bringing the program into immediate compliance
 - b. The Subrecipient to create a corrective action plan in LifeQI to address the non-compliant program with actionable steps, measurable timeframe, persons responsible
 - c. Immediate escalation to more frequent on-site monitoring visits and/or desktop monitoring
 - d. Possible withholding of financial reimbursement until compliance is attained
 - e. Possible repayment of funds and/or suspension of Subrecipient contract(s)
 - f. Possible termination of Subrecipient contract(s)

ATTACHMENT AB: Subrecipient Payer of Last Resort

PURPOSE: By statute, Ryan White HIV/AIDS Program (RWHAP) funds may not be used “for any item or service to the extent that payment has been made or can reasonably be expected to be made...” by another payment source. This means Subrecipients must make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Subrecipients are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-

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sponsored health insurance coverage, and/or other private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services.

POLICY: Subrecipients must bill third party payers before charging services to Ryan White and all billable core medical care services. Subrecipients who cannot meet certain provisions of the Payer of Last Resort policy must apply for a waiver.

PROCEDURES:

1. Policies regarding payer of last resort and client fees must be submitted to and approved by Tarrant County prior to implementation.
2. Tarrant County Administrative Agency will monitor all subrecipients for compliance regarding payer of last resort and collection of client fees.
3. Subrecipients submitting waivers must be submitted to Tarrant County Administrative Agency for approval.
4. Tarrant County Administrative Agency will promptly notify Subrecipients when a waiver is approved or denied, in addition to any further instructions or requirements.
5. Tarrant County Administrative Agency will monitor Subrecipients who have been approved for a waiver to ensure a current waiver is in place.

ATTACHMENT AC: Subrecipient Rights Policy

PURPOSE

The Tarrant County Fort Worth TGA Policy and Procedure, Subrecipient Rights, clarifies the rights of a Subrecipient in responding to unacceptable client behavior while providing HIV Core and Support Services. Subrecipients reviewing this policy should be able to identify unacceptable client behavior and respond accordingly with reasonable confidence that the actions taken on behalf of the Subrecipient agency regarding a client were appropriate.

POLICY and PROCEDURES

The Subrecipient Rights policy and procedure has been adopted to provide a process by which Subrecipients maintain a climate in the office or other service delivery setting that is free of physical or mental abuse or exploitation.

1) Modifying, Suspending, or Terminating Client Services: During the course of serving clients, clients may behave in a disruptive, abusive, or threatening manner toward staff or other clients. When this type of behavior occurs, the Subrecipient may take the following progressive action:

- a. Modify all or part of the services provided to the client
- b. Suspend all or part of the services provided to the client
- c. Terminate all or part of the services provided to the client

2) Modifying Client Services: The Subrecipient may modify all or part of the services provided to the client in situations where the client is disruptive or uncooperative. Modification may include, but is not limited to:

- a. rescheduling the client's appointment for a time later that day or in the near future,
- b. arranging client services by telephone, and/or
- c. mailing food vouchers, bus passes, etc.

3) Suspending Client Services: Suspension is the temporary withdrawal of a service or services provided to a client by a Provider. It may be necessary for the Subrecipient to suspend all or part of the services provided to the client for a specific time period when alternative service delivery methods have not produced appropriate client behavior (i.e., the client is repeatedly disruptive or abusive towards staff or other clients).

4) Terminating Client Services: The Subrecipient may choose to terminate all or part of the services provided to the client when alternative services delivery methods are not appropriate to the situation (i.e., the client threatens injury or homicide to a staff member or another client, etc.) or when modification or suspension of services has not produced appropriate client behavior.

Clinical service providers (e.g., physicians, advanced practitioners, and registered nurses) who terminate services should follow professional practice standards with regard to how client services are terminated. Professional organizations and/or licensing bodies can provide guidance to clinical service providers for managing these situations.

5) Denying, suspending, or terminating a client's service on the basis of substance abuse:

Subrecipient may not deny, suspend, or terminate any service funded because the client is suspected of substance abuse or refuses to accept treatment for substance abuse.

Exceptions to this may occur in the course of delivering medical care when a client's active substance abuse contraindicates the prescription of certain medications and/or treatments. These professional decisions must be evaluated by the treating clinician on a case-by-case basis.

6) Notification of the decision to modify, suspend, or terminate client services: The decision to modify, suspend, or terminate services must be communicated to the client in a timely and appropriate manner which may be done by any verifiable method, such as in person or by certified letter. When services are to be modified or suspended, staff should establish and communicate a specific time period for the suspension and inform the client that resumption of services will depend on the client's willingness and ability to meet certain behavior expectations. The behavior expectations should be clearly outlined and communicated to the client. The client should be given information about alternative methods by which services will be delivered or where such assistance may be obtained.

7) Documentation: The Subrecipient should ensure that all actions regarding modification, suspension, and termination are clearly documented in the client's record. The TC AA must be notified within three business days of modification, suspension, and termination.

8) Technical assistance: When desired, the Subrecipient may contact the HIV Administrative Agency to discuss specific situations or to obtain technical assistance. Decisions regarding whether to modify, suspend, or terminate client services remain with the Provider.

9) HIV Administrative review of decisions to modify, suspend, or terminate client services:

As part of a routine review of the quality of client services or a complaint investigation, HIV Administrative Agency staff or contractor may review the events which led to a modification, suspension or termination of client services. HIV Administrative Agency staff will evaluate, at minimum, whether the Provider:

- a. followed their internal policies and those of the HIV Administrative Agency in taking action to resolve the situation;
- b. respected client rights; and
- c. applied the least restrictive limitation on client services necessary to maintain a service delivery setting that is free of physical and/or mental abuse or exploitation.

10) Future Action Limit: This policy limits remedies to future processes and cannot be applied retroactively without expressed written approval from the Administrative Agency.

ATTACHMENT AD: Request for Proposal Process

PURPOSE:

The Administrative Agency will ensure the integrity of the Request for Proposal (RFP) process which assures equitable access to information.

POLICY: The Administrative Agency will utilize the RFP process to award RWHAP Part A funding in alignment with the Planning Council's Priority Setting and Resource Allocations.

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PROCEDURES:

- The RFP is developed by TC AA staff or consultants, approved by the Tarrant County District Attorney's office.
- The Administrative Agency advertises the RFP release in local publication for legal notices and bid opportunities, and other relevant publications.
- The RFP will list the date, time, and location of a Bidders' Conference specific to the potential funding.
- The RFP will outline the process for submitting technical assistance questions.
- The RFP will specify funding available by service category.
- The RFP will instruct potential applicants on the submission process.
- The RFP will include review criteria for scoring of applications.
- The RFP will explain the process of award notification.

Technical Assistance

- Administrative Agency staff will conduct one formal technical assistance workshop (Bidder's Conference) for each RFP process.
- Administrative Agency staff will accept questions sent to askhivaa@tarrantcounty.com for a specified time period, and the responses to those questions will be posted under the Frequently Asked Questions section on <http://www.tarrantcounty.com/HIVServicesRFP> within (2) two business days of the submission of the question. *No questions will be answered after the date/time specified in the RFP.*
- Administrative Agency staff will not assist with any application, review any application, nor respond to questions outside of the formal Bidder's Conference or FAQ process.

Application Submission

- Application must be in order of the RFP Checklist included in the RFP.
- Unless otherwise indicated, all forms included in the RFP must be completed and submitted as part of the Submission.
- Applicants must use the forms provided with the RFP.
- Applications must be electronically submitted through www.tarrantcounty.com/HIVServicesRFP.
- A system-generated notification will confirm submission. If the system generated notification is not displayed, Applicant should resubmit.
- Applications submitted by any other method other than to the above web address will not be deemed as received or considered.
- Applicant should send email notification to askhivaa@tarrantcounty.com when the application has been submitted.
- Tarrant County HIV Administrative Agency (TC AA) will respond with a final confirmation email.
- Only one submission per Applicant is accepted.
- It is the responsibility of the Applicant to ensure that the Application is received by the TC AA no later than the required deadline posted on the RFP.
- Applications received after the deadline WILL NOT be accepted.
- No revisions to applications will be allowed after the deadline.

EXHIBIT AD.1:
Agency Eligibility for Funding/Sanctions

PURPOSE: The Administrative Agency is to determine if an agency is eligible for funding by screening to see if the agency is excluded from being awarded federal dollars due to prior violations/sanctions.

POLICY: The Administrative Agency establishes policies and procedures to designate roles and responsibilities, which assure the delivery of comprehensive HIV health and support services.

PROCEDURES:

➤ **General**

- An agency may not enter into a contract with Tarrant County for HIV/AIDS services if the agency has any outstanding sanctions;
- After an agency has successfully competed for funding or has been selected to receive funding, the TC AA staff will verify if the agency is authorized to work and received government awards; and
- As a part of the contract process, the agency will be required to sign a Debarment form

➤ **Contract Management**

- All potential subcontracting agencies will be verified for agency eligibility to check for outstanding sanctions.

➤ **Financial**

- All Subrecipient must sign a Debarment form as part of the contract process.

EXHIBIT AD.2:

**DEBARMENT CERTIFICATION FORM
DEBARMENT/SUSPENSION CERTIFICATION INDICATING THAT YOU ARE IN
COMPLIANCE WITH THE BELOW FEDERAL EXECUTIVE ORDER.**

Debarment:

Federal Executive Order (E.O.) 12549 “Debarment and Suspension,” requires that all contractors receiving individual awards, using federal funds, and all Subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Name: _____
Company: _____
Street _____
Address: _____
City, State, _____
Zip: _____
Phone: _____
Fax: _____
Email: _____
Signature: _____
Date: _____

ATTACHMENT AE: Emergency Preparedness Policy

PURPOSE: If a Subrecipient is impacted by an emergency and unable to deliver services as normally provided, an emergency operations plan and business continuity plan can be implemented to reduce the impact of an emergency and minimize the time when services are not provided to HIV clients.

POLICY: The Tarrant County Administrative Agency (TC AA) assures an all-hazards emergency operations plan, and a business continuity plan are in place in the interest of assuring that services continue during the time of an emergency.

PROCEDURES:

- 1) The TC AA will require each funded agency to have an all-hazards emergency operation plan and a business continuity plan in place specific to the funded Subrecipients location. This is a requirement of the contract for services.
- 2) The Subrecipient should inform the TC AA within 24 hours of an emergency.
- 3) Plan Elements should include, at a minimum:

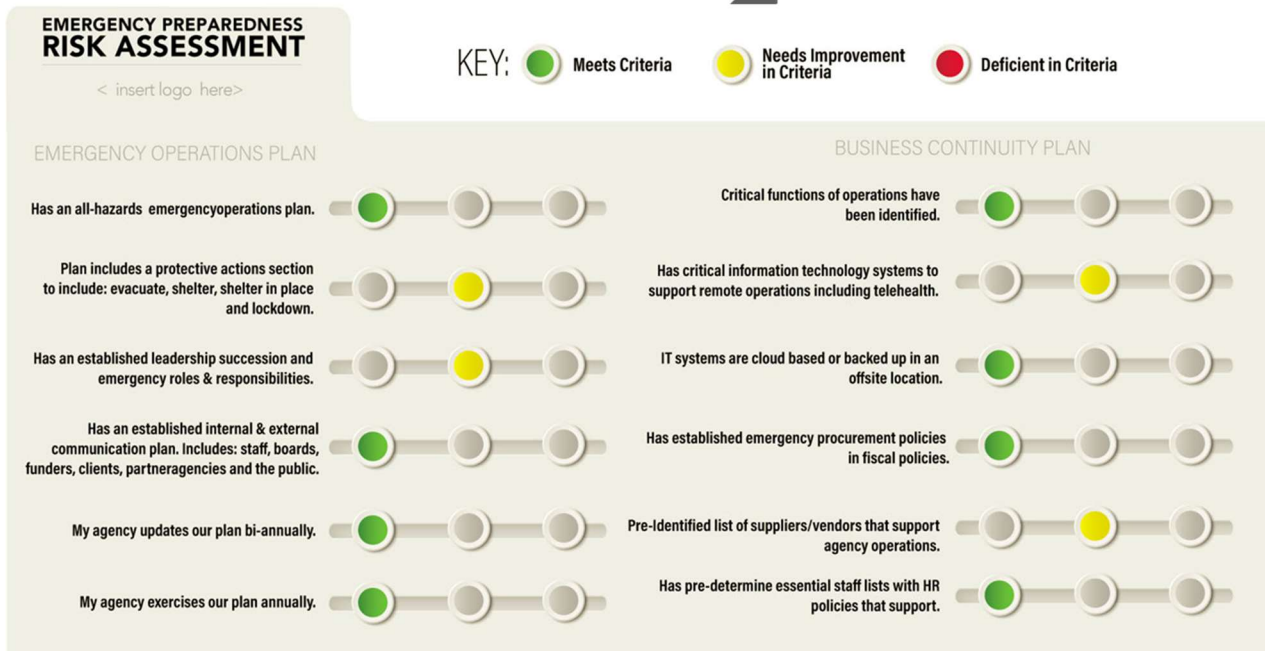
- Leadership and staff should have assigned roles and responsibilities;
- Communications procedures for internal and external purpose, including client notification.
- Emergency Operations Plan should be written in an all-hazards format, so it can be easily adaptable for any type of emergency response;
- Plan should include protective actions including evacuation, shelter, sheltering in place and a lockdown;
- Timeline for restoration of services:

Restoration of HIV Services Timeline	
<i>Time Services May Be Interrupted</i>	<i>Services to be Restored</i>
< 24 hours	Services may be temporarily disrupted.
24 hours (Day 1)	Notify TC AA of situation and provide alternate contact information.
48 hours (Day 2)	Provide telephone and e-mail support to clients and community partners.
72 hours (Day 3)	Make arrangements for alternate office, including e-mail and remote access to shared files.
1 week	Begin recreating grants management information from electronic sources and community partners.
2-6 weeks	Resume normal operations.

- 4) Emergency Operations plan should be updated every six months to include an update log;
- 5) Emergency Operations Plan should be exercised annually with a documented brief to include a scenario, staff participation, date, after action briefing and corrective actions;

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- 6) Business Continuity plan should include a Business Impact Assessment;
- 7) Complete Information Technology evaluation with all items needed to continue service delivery with a timeframe
- 8) Identify alternative site locations;
- 9) Ensure Human Resources job descriptions and policy allow for staffing needs during an emergency;
- 10) Ensure fiscal policies account for emergency procurement of items needed during an emergency response;
- 11) Ensure vendors and suppliers contracts can accommodate emergencies to quickly return to pre-emergency service delivery;
- 12) Establish a schedule to review the business continuity plan on an ongoing basis;
- 13) Require each Subrecipient to complete an annual emergency preparedness risk assessment and submit it to the TC AA. The TC AA could require ongoing planning efforts for Subrecipients if plan components are missing or incomplete;
- 14) The TC AA is not a governing or accreditation authority for emergency operations plans or business continuity plans. The requirement is to ensure plans are in place to reduce the impact of a potential emergency and continue client service delivery;
- 15) The TC AA can require continuous updates regarding service delivery status; and
- 16) The TC AA can require emergency related information to be submitted in the Provide software or another determine manner.



ATTACHMENT AF: Contingency Planning Policy

PURPOSE: If a Subrecipient is unable to or chooses to no longer deliver services, a contingency plan must be in place to ensure that services will be continued.

POLICY: The Tarrant County Administrative Agency (TC AA) assures contingency plans are in place in the interest of assuring that services continue during the transition of Subrecipients and loss of agency services.

PROCEDURES:

- 1) A formal transition plan must immediately be requested and received from the Subrecipient no longer providing services.
- 2) The TC AA will create a contingency plan should the Subrecipient be unable to provide one.
- 3) Plan Elements should include, at a minimum:
 - Client notification;
 - Referral of clients to another agency for continuity of care; close out of records in Provide Enterprise (PE);
 - Assess the need for AA staff to be on the ground or virtually at the closing of agency to assist in the transition;
 - A plan for transition of client records including confidentiality and releases of information;
 - Storage of inactive and deceased client files including archiving and destruction of files in accordance with Tarrant County Records Retention Policy, as well as development of a timeline for completion of records management;
 - Identification of a new provider (s);
 - Assurance, if possible, of multiple access points in the service delivery system so clients can maintain choice of providers, if possible;
 - Initiate the process of moving equipment and files by assessing what will be needed;
 - Assure computer equipment used for data storage is wiped clean, including the Removal of PE access; and
 - Assure financial vouchers are paid to Subrecipient ceasing to provide services.

Restoration of TC HIV Services Timeline	
Time Services May Be Interrupted	Services to be Restored
< 24 hours	<i>Services may be temporarily disrupted.</i>
24 hours (Day 1)	Notify TC AA of circumstances and provide alternate contact information.
48 hours (Day 2)	Provide telephone and e-mail support to clients and community partners.
72 hours (Day 3)	Arrange for alternate office space, including e-mail and remote access to shared files.
1 week	Begin restoring any lost information.
2-6 weeks	Resume normal operations.

ATTACHMENT AG: Telemedicine/Telehealth Policy

Purpose

The purpose of this policy is to provide information to Ryan White (RW) providers who are using telemedicine and telehealth to provide Core Medical or Support Services. The Health Resources and Services Administration's (HRSA) Policy Clarification Notice (PCN) update to 16-02 encourages the use of telehealth to deliver services related to HIV diagnosis, care, and support. This guide is based on Texas Medicaid Telecommunications Policy, Version 2, September 2019.

General Requirements

RW Subrecipients using telemedicine or telehealth to provide Core Medical or Support Services, must adhere to the following DSHS and Texas Administrative Code (TAC), the Texas Occupations Code (TOC) requirements:

- Medical or health services must be permitted to be delivered through telemedicine or telehealth under TAC, TOC, and State licensing boards
- Licensed or accredited providers providing clinical or other care operate within the scope of their licenses
- Clinical oversight by Subrecipient's medical director or designated physician responsible for medical leadership
- Priority in using a telemedicine or telehealth system for clinical care of individuals
- Subrecipient must develop guidelines for contraindication considerations for telemedicine/telehealth—see item number three in the sample Informed Consent
- Established safeguards to ensure confidentiality/privacy in accordance with state and federal laws (HIPAA)
- Demonstrated competency in the telemedicine/telehealth platform by all staff members involved in the operation of the system and provision of services
- Appropriate management of information and documentation for telemedicine/telehealth services

Telemedicine/Telehealth Services

Telemedicine medical services are defined in Title 3, Subtitle A, Chapter 11, §111.001(4) of the Texas Occupations Code (TOC) as health-care services delivered by a physician licensed in Texas or a health professional who acts under the delegation and supervision of a health professional licensed in Texas and within the scope of the health professional's license to a client at a different physical location using telecommunications or information technology. Communication must have audio and video capability.

Telemedicine is regulated under Title 22, Part 9, Chapter 174 of the Texas Administrative Code (TAC). Subchapter A pertains to medical services, while Subchapter B pertains to mental health services. Note that mental health services, even those delivered by providers without prescribing authority, are defined by TAC to be telemedicine and not telehealth. Telehealth services are defined in Title 3, Subtitle A, Chapter 11, §111.001(3) of TOC as a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health

professional's license, certification, or entitlement to a client at a different physical location than the health professional using telecommunications or information technology.

Telemedicine Medical Services Delivery Modalities

The following modalities may be used to deliver telemedicine medical services:

- Real time synchronous or store and forward telemedicine
- Mobile health care services delivered by use of a smart phone or tablet to provide telemedicine services
- Any HIPAA approved telemedicine platform is strongly recommended.
- Distant Site
- Client Site

Documentation Requirements for Telemedicine

During delivery of telemedicine or telehealth services, the documentation of services rendered must be the same as for a comparable in-person service. The service should be documented in Provide with evaluation, analysis, diagnosis, and explanation of the treatment provided by the distant site provider. Providers of mental health services (psychiatry) are requested to make available a treatment summary to the client's primary care provider.

Informed Consent

Prior to rendering the first telemedicine or telehealth service with a client, the provider should obtain informed consent regarding the benefits and risks of telemedicine and telehealth from the client prior to evaluation or treatment. This should be secured even if the client has an established in-person relationship with the provider. This may be obtained through a client portal function, electronic signature, or signed materials returned through encrypted email.

Client Health Information Security

The following guidelines regarding the security of client health information must be followed when providing telemedicine and telehealth services:

- The physical environments of the client and the distant site provider must ensure that the client's Protected Health Information (PHI) remains confidential.
- Providers of telehealth or telemedicine medical services must maintain the confidentiality of PHI as required by Federal Register 42, Code of Federal Regulations (CFR) Part 2, 45 CFR Parts 160 and 164, Chapters 111 and 159 of the Texas Occupations Code, and other applicable federal and state law.
- Providers of telehealth or telemedicine services must comply with the requirements for authorized disclosure of PHI relating to clients in an ambulatory health setting.
- All client health information generated or utilized during a telehealth or telemedicine medical service must be stored securely by the distant site provider in a client health record or electronic health record.
- A Business Associate Agreement (BAA) is required to ensure safety of PHI when using electronic communications and telehealth platforms.

Tarrant County Ryan White Administrative Agency (AA)

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