

Appendix A: DSHS State Services

Service Categories

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

hour period.

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

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

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

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

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

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

Appendix B: Ryan White Part B
Service Categories

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

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

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

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

* Income is NOT earned while incarcerated in HCJ.

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

RWHAP Core Medical Services

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

RWHAP Support Services

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

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

APPENDIX E
EPIDEMIOLOGICAL PROFILE
HOUSTON HSDA

	Prevalence/Living with HIV/AIDS	Percentage of Total Prevalence
Total	27,285	
Gender		
Male	20,431	73.7%
Female	6,854	26.3%
Race/Ethnicity		
Ago/White/Caucasian	5,370	20%
Black/African American	13,343	50%
Latino/Hispanic	7,501	28%
Other/Unknown	369	2%
Age (in years)		
24 and under	1,402	5%
25-45	11,990	44%
45+	13,893	51%
Transmission Mode		
MSM	15,445	5%
IDU	3,449	13%
Heterosexual Contact	8,033	29%
Other	358	1%
Total	27,285	100.0%

APPENDIX F
HOUSTON COMPREHENSIVE PLAN
SPECIAL POPULATIONS

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

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

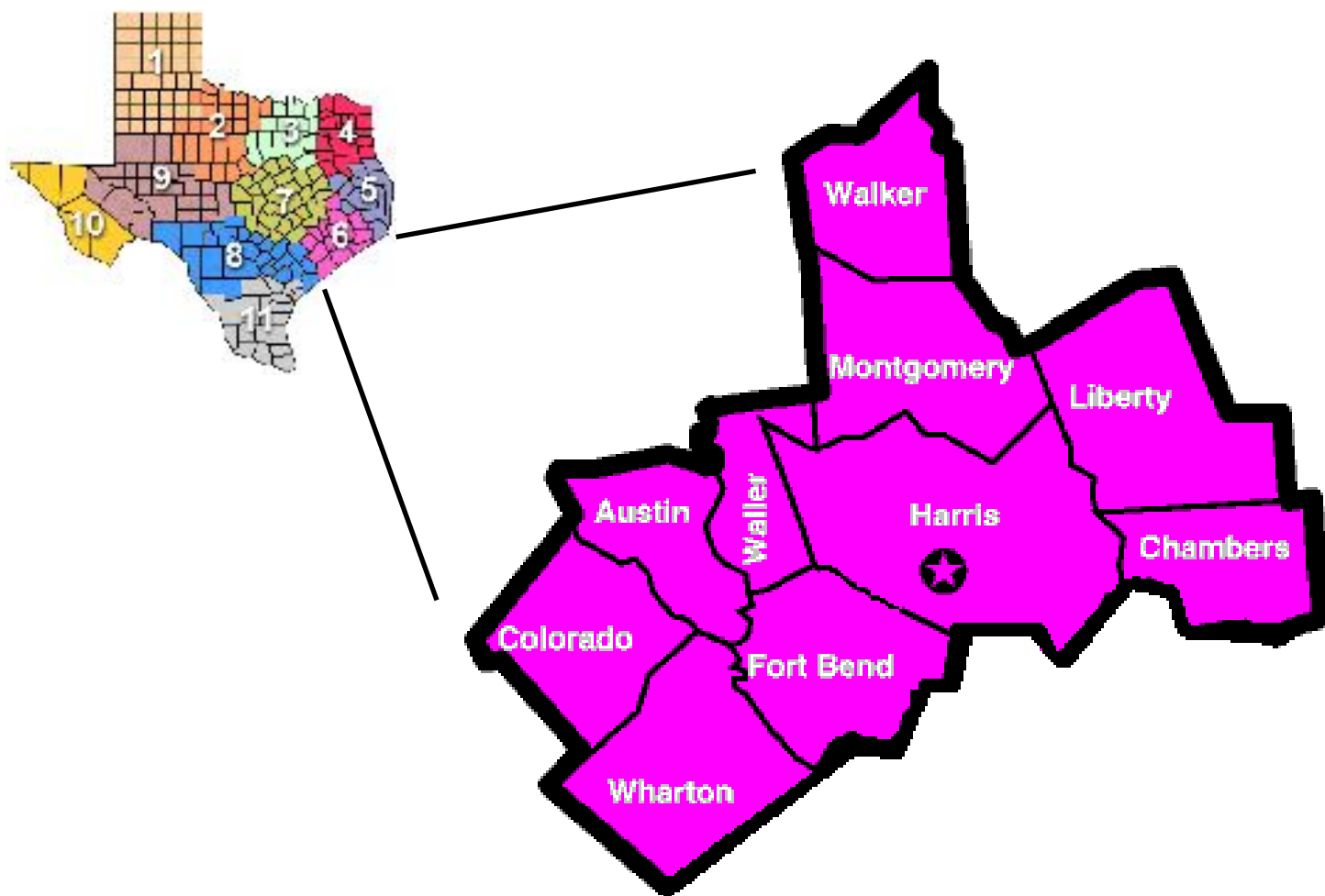
Women of color experience higher HIV prevalence and new diagnoses than any other women in the Houston Area. Women of color also experience intersections of racism and sexism, status as primary caretakers in families with children or elderly members, and high proportions of late diagnoses compared to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

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

APPENDIX G

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

HIV SERVICE DELIVERY AREA (HSDA)



APPENDIX H

CLASSIFICATION OF EXPENSES

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

Allowable Costs

Personnel

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

Fringe Benefits

Payroll taxes

FICA (Employer's share)

Unemployment insurance

Employee fringe benefits

Health and life insurance

Retirement plans

Worker's compensation insurance

Travel (in-state only)

Transportation

Lodging

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

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

(Out of state travel is not allowed.)

Equipment

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

Supplies

Office supplies

Medical supplies

Drugs

Software

Patient educational supplies

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

Contractual

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

Other

Accounting

Advertising

Audit

Bonding

Data processing

Exterminating services

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

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

Unallowable Costs

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

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

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

GRANT APPLICATION #: _____

AGENCY SUBMITTING PROPOSAL: _____

SERVICE TO BE PROVIDED: _____

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

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

2. DESCRIPTION OF THE PROPOSED PROJECT

Strengths:

Reasons for deducting points:

Maximum Points	20	Points Awarded	
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3. COLLABORATION AND REFERRAL

Strengths:

Reasons for deducting points:

Maximum Points	15	Points Awarded	
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4. QUALITY MANAGEMENT AND EVALUATION

Strengths:

Reasons for deducting points:

Maximum Points	15	Points Awarded	
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5. Meaningful Engagement

Strengths:

Reasons for deducting points

Maximum Points

10

Points Awarded

6. BUDGET

Strengths:

Reason for deducting points:

Maximum Points

15

Points Awarded

TOTAL POINTS AWARDED FOR APPLICATION

(Out of 100):

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

GRANT _____

AGENCY _____

SERVICE _____ PROPOSAL # _____

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

1. When was the proposal due? Thursday, January 18, 2024, 5:00 P.M. CST
A. Proposal submitted on time? Yes No
B. If “No,” when was the proposal submitted?

2. A. Required number (7) of copies of the proposal submitted? Yes No
B. If “No,” how many copies were submitted?

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

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

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

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

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

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

APPENDIX H – SECTION B
HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP
PROPOSAL TECHNICAL REVIEW

GRANT: _____

AGENCY: _____

SERVICE: _____ PROPOSAL #: _____

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

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

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

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

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

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

4. Are all CATEGORICAL budget items allowable?

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

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

Reviewed By: _____ Date: _____

Reviewed By: _____ Date: _____

Budget Review By: _____ Date: _____

APPENDIX K: INDIVIDUAL REVIEWER'S CHECKLIST

Applicant: _____

Service: _____

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

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

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

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

Copy of Survey and Results Tabulations	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
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5. CONSUMER INVOLVEMENT INFORMATION

SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
FORM C-1- Does the form address the following:			Areas on Form	
Other Methods to get Consumer Feedback	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Recruitment and Retention Consumer Feedback	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Topic of Trainings and Consumer Activities	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Coordinator/Educators (who)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Frequency (when)	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	

6. BUDGET INFORMATION

SECTION	IN PACKET	PAGE #	MEETS CRITERIA	QUESTIONS/COMMENTS (WERE QUESTIONS RESOLVED AT PANEL MEETING?)
Experience in Grants/ Contract Management	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
D1 – HIV/AIDS Contracts/Grants Form	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Screening process for third party payers (i. e. Medicaid, Medicare, insurance)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible
Form D-2 – Licensure, Permits & Certifications Form	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible
Software/3 rd Party service for verifications	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible
Copies of Medicaid/ Medicare certification notifications	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a		<input type="checkbox"/> Y <input type="checkbox"/> N	n/a only if service is not eligible
Capacity for third party billing	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Form D-3: Line Item and Categorical Budget	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Description of Financial Management Staff	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	

Role of Board of Directors

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

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

Reviewer Signature