Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Domain 7 Standard 7.2 Measure 7.2.1A.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department’s activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Eastern Idaho Public Health STD HIV Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Date:</td>
<td>3/22/2016</td>
</tr>
</tbody>
</table>

Version of Standards and Measures Used: 1.5

<table>
<thead>
<tr>
<th>Domain:</th>
<th>Standard:</th>
<th>Measure:</th>
<th>Required Documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7.2</td>
<td>7.2.1A</td>
<td>2</td>
</tr>
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</table>

Short description of how this document meets the Standard and Measure’s requirements:

The attached contract with Eastern Idaho Public Health District provides funding for case management, transportation, and transportation services as a method of increasing access to care for the qualifying HIV positive population. Information that satisfies PHAB measure 7.2.1 A 2 is located on pdf pages 1-3 and 6-8.

<table>
<thead>
<tr>
<th>Submitting Agency:</th>
<th>Idaho Division of Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Contact Name:</td>
<td>Traci Berreth</td>
</tr>
<tr>
<td>Staff Contact Position:</td>
<td>Chief, Public Health Business Operations/Accreditation Coordinator</td>
</tr>
<tr>
<td>Staff Contact Email:</td>
<td><a href="mailto:Traci.Berreth@dhw.idaho.gov">Traci.Berreth@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Staff Contact Phone:</td>
<td>208-334-5774</td>
</tr>
</tbody>
</table>

Can we attribute the document to your agency?

☒ Yes, you can include our agency name when posting
☐ No, please post the document anonymously

Can we include staff name and contact information with the documentation?

☐☐ Yes, you can include staff contact information
☐☐ No, please do not include staff contact information

Thank you for submitting your health agency’s documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.
This Contract Amendment is entered into by the State of Idaho, Department of Health and Welfare, hereinafter referred to as the DEPARTMENT, and HEALTH DISTRICT VII EASTERN, hereinafter referred to as the CONTRACTOR. The effective date of the original contract was 04/01/2015. The expiration date of the contract as amended is 03/31/2017.

ADDITIONAL SERVICES/PROVISIONS/DELIVERABLES:

Add funds and extend contract.

The following amended Attachments are hereby incorporated and made a part of this Agreement:

Cost/Billing Procedure

<table>
<thead>
<tr>
<th>AMENDMENT AMOUNT</th>
<th>$63,749.60</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB OBJECT</td>
<td></td>
</tr>
<tr>
<td>PROGRAM COST ACCOUNT (PCA) 100%</td>
<td></td>
</tr>
</tbody>
</table>

CONTRACT MONITOR: [Name]

CONTRACT MANAGER: [Name]
THIS AGREEMENT is an amendment of the original contract between the Contractor and the Department.

WHEREAS, the Department desires to amend the original contract and;

WHEREAS, the Department is legally authorized to enter into this agreement by power granted by Title 56, Chapter 10, of the Idaho Code; and

WHEREAS, the Contractor has been determined qualified and available to continue the provision of services for the time period covered by this Agreement; and

The parties hereby agree that all other provisions of the original contract, with the exception of the amendments as provided herein, shall remain in force during the period covered by this Agreement.

IN WITNESS WHEREOF, the Department and the Contractor have executed this Agreement.

CONTRACTOR:  
Organization  
Name  
Director  
Title  
Signature  
Date  
Mailing Address:  
Telephone No.:  
Contract Number:  

STATE OF IDAHO:  
Department of Health and Welfare  
Name of Organization  
Name of Signature Authority (printed)  
Grants/Contracts Management Supervisor  
Title  
Signature  
Date  
Mailing Address:  
P.O. Box 83720  
Boise, ID 83720-0036  
Telephone No.
Cost/Billing Procedure
Health District 7 Service Area
Amendment 3

Cost:

This is a FIRM FIXED FEE, DEFINITE QUANTITY plus COST REIMBURSEMENT contract.

The Department will pay and the Contractor shall receive up to the total sum of SIXTY THREE THOUSAND SEVEN HUNDRED FORTY NINE DOLLARS AND SIXTY CENTS ($63,749.60) for services satisfactorily performed and authorized under the contract as defined in the matrices below.

The initial contract term will be for one (1) year with the option to renew this contract for three (3) additional one (1) year periods. Each of the service costs shall be a fully burdened rate which shall include, but is not limited to, all operating and personnel expenses, such as: startup costs, overhead, salaries, administrative expenses, profit, supplies and/or equipment, travel, etc.

Cost Matrix
(Amd 3) Effective 4/1/2016 to 3/31/2017

<table>
<thead>
<tr>
<th>Item</th>
<th>Unit</th>
<th>Number of Units</th>
<th>Cost Per Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Case Manager 0.5 FTE</td>
<td>Per Hour</td>
<td>1040</td>
<td>$33.00</td>
<td>$34,320.00</td>
</tr>
<tr>
<td>Case Management Supervisor 0.25 FTE</td>
<td>Per Hour</td>
<td>520</td>
<td>$40.00</td>
<td>$20,800.00</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>Per Month</td>
<td>12</td>
<td>$80.00</td>
<td>$960.00</td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Case Manager Travel</td>
<td>Per Mile</td>
<td>1500</td>
<td>$0.45</td>
<td>$675.00</td>
</tr>
<tr>
<td>Travel for Training</td>
<td>Per Person</td>
<td>2</td>
<td>$576.50</td>
<td>$1,153.00</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpretation</td>
<td>Per 15 minute increment</td>
<td>80</td>
<td>$6.77</td>
<td>$541.60</td>
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<tr>
<td><strong>Fixed Fee Subtotal</strong></td>
<td></td>
<td></td>
<td></td>
<td>$58,449.60</td>
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</table>

Project Budget

<table>
<thead>
<tr>
<th>Item</th>
<th>Not To Exceed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Amd 3) Emergency Financial Assistance</td>
<td>Actual Expenditures $1,500.00</td>
</tr>
</tbody>
</table>
| (Amd 3) Medical Transportation     | Gas Vouchers To be billed in $10.00 increments $3,000.00  
|                                   | Medical Transport $0.45 per mile not to exceed 1,111 miles $800.00 |
| (Amd 3) Reimbursement Budget Subtotal | $5,300.00 |
Scope of Work

I. General Requirements:
   A. Department Responsibilities. The Department will:
      1. Provide access to a data collection system to collect client demographics, medical status and data, and service utilization information.
         a. Idaho Ryan White Programs use a data collection system provided by the Health Resources and Services Administration (HRSA) called CAREWare.
         b. CAREWare is housed on a server located at the Department offices.
         c. Contractors will be provided a website and user ID to access the system.
      2. Provide the Idaho RWPB/ADAP Policies Manual (FY2012) to the contractor as well as any updates to the manual.
   B. Contractor Responsibilities. The Contractor shall:
      1. Comply with the rules, regulations, and policies as defined by the Department, in IDAPA 16.02.05 at http://adminrules.idaho.gov/rules/2014/16/0205.pdf
      2. Comply with federal regulations in CFDA 93.917, HIV Care Formula Grants.
      4. Provide annual verification of professional credentials (degrees, certifications or professional licensure) of all staff providing Human Immunodeficiency Virus (HIV) Medical Case Management (MCM) services to the Department within sixty (60) calendar days of each new contract term.
      5. Provide RWPB HIV MCM services, on behalf of the Department, for eligible Idaho residents living with HIV and/or AIDS.
      6. Provide HIV MCM services in accordance with the rules, regulations, policies, and procedures as written in the Idaho RWPB/ADAP Policies Manual (FY2012) found at www.safesex.idaho.gov under the HIV Care page.
      7. Ensure staff providing the contracted services complete the following before providing any direct client services:
         a. Review the current RWPB/ADAP Policies Manual (FY2012);
         b. Be assigned a Juniper System Login ID and Password;
c. Be assigned a CAREWare Username and Password;

d. Review the Idaho RWPB CAREWare User Guide; and

e. Review the webpages: HIV, STD, & Hepatitis Programs and the HIV Care at www.safesex.idaho.gov for program forms, eligibility, and resources.

II. **Contract Administration:**
   A. The Contractor shall:

   1. Maintain staff positions as required in Section 3.9.1 of the RFP.

   2. Be fully operational (which shall include providing the required personnel, completion of all necessary functions, actions, set-up, etc., necessary for the successful business operation, and full implementation of all required services pursuant to the requirements of this RFP) by the contract effective date.

   3. Provide interpretive language services for effective communication between the Contractor and persons with limited English proficiency.

      a. Interpretive services must focus on Spanish language interpretation and medical translation and shall accommodate all other language interpretation as needed by clients.

   4. Ensure RWPB Medical Case Managers and supervisory staff:

      a. Attend at least one (1) Department facilitated or approved training per year in Boise, Idaho of one (1) to three (3) days in duration; and

      b. Participate in monthly conference calls scheduled by the Department.

   5. Maintain written policies and procedures that include the Contractor’s:

      a. Hours of operation;

      b. Client grievance procedures including processes for clients to be informed of the policy;

      c. Non-discrimination policy; and

      d. Training requirements for cultural competency including, but not limited to: race, gender, sexual orientation, ethnicity, literacy, age, language, and cultural differences, etc.
III. Medical Case Management (MCM):
A. The Contractor shall:

1. Accept referrals of potential new clients, enroll clients, and provide MCM to Idaho residents with a verified HIV positive diagnosis, regardless of insurance status according to the policies and procedures located at www.safesex.idaho.gov on the HIV Care page.
   a. Ryan White funds are to be used as the payer of last resort.

2. Obtain a signed consent for release of information on a Release of Information Form for each client that allows Medical Case Managers to better coordinate services with other care providers.

3. Ensure all referrals for client services and authorizations are made based upon necessity and according to a written plan of care created in collaboration with the client.

4. Provide core medical or support services in accordance with the U.S. Public Health Service and the HRSA HIV/AIDS Bureau guidelines.

5. Utilize the CAREWare system to collect, track and report timely client level and program-wide data as instructed in the Idaho RWPB CAREWare User Guide (FY2012) (Attachment 7 of the RFP).

6. Provide a Ryan White Services Report (RSR) annually that includes the Client Level Data XML Report and Provider Services Report as described in the Reports section.

7. Collaborate with the Department and the community planning body, Idaho Advisory Council on HIV and AIDS, (IACHA) in determining population and provider needs and appropriate prevention and care services for the HIV positive population living in Idaho.

8. Promote the coordination and integration of community resources and services that constitute key points of access to the health care system, such as:
   a. Local Health Department staff epidemiologist(s),
   b. HIV testing agencies,
   c. Hospital discharge planners,
   d. Homeless shelters,
   e. Substance abuse treatment centers,
f. Mental health providers,

g. Local Medicaid and Social Security offices,

h. Your Health Idaho, insurance brokers, in person assisters, or similar resource navigators who can provide guidance in evaluating coverage options and potentially enrolling when warranted,

i. Local community health centers,

j. Other Ryan White clinics and case managers, and

k. Other agencies that serve low-income individuals.

IV. AIDS Drug Assistance Program (ADAP) Eligibility and Outpatient Care Needs:
A. The Contractor shall:

   1. Ensure that all clients are screened and/or apply for and utilize other state, federal and private/commercial insurance benefits prior to making a referral for ADAP benefits as applicable, including, but not limited to:

      a. Medicaid;

      b. Medicare;

      c. State health insurance exchange, and

      d. Employer provided insurance.

2. Communicate with the client's medical team to assist the client in adhering to the prescribed HIV medication regimen.

V. Agency Reimbursable Services:
A. The Contractor shall provide the following agency reimbursable services and shall comply with the requirements as listed below:

   1. Emergency Financial Assistance. The provision of short term payments to agencies or the establishment of voucher programs to assist clients with emergency expenses related to essential utilities, housing, food, and medication, when other resources are not available. "Essential" utilities are defined as power, water, heat, and phone. The Department will reimburse for expenditures under this category with the following
restrictions:

a. Expenditures must be “short term”; defined as no more than ninety (90) calendar days within a twelve (12) month period;

b. Funding may not be used to pay for insurance co-pays for medications; and

c. Funds shall only cover seventy five percent (75%) of any eligible charge.

2. Medical Transportation. An allowable support service under the Ryan White HIV/AIDS Program. Funds may be used to provide transportation services for a client to access HIV-related health services; including services needed to maintain the client in HIV/AIDS medical care.

a. Transportation shall be provided through the purchase of gas cards in ten dollar ($10.00) increments.

i. The Contractor shall calculate the amount of the gas card by calculating the roundtrip mileage to and from the core medical or support service appointment, multiply the total mileage by twenty three cents ($0.23) and round the product to the nearest ten dollar ($10.00) increment.

3. Medical Transport. A reimbursement model for mileage incurred by a Medical Case Manager when transporting client(s) to and from a medical or support service appointment. Medical, oral health, mental health, substance use (including verified Alcoholics Anonymous or Narcotics Anonymous meetings), and housing services appointments are allowed medical transport mileage reimbursement.

a. Requirements for mileage reimbursement for the use of privately owned vehicles to transport clients are as follows:

i. Only RWPB-funded Medical Case Managers may transport clients;

ii. Private vehicles must be in working order;

iii. Vehicle must have full coverage insurance for all passengers;

iv. The Contractor must have secondary insurance for Medical Case Managers who transport clients; and

v. Medical Case Managers who transport clients must have a valid Idaho driver's license.

b. Restrictions of the use of RWPB funds for privately owned vehicles are as follows:

i. Maintenance of privately owned vehicles. Funds awarded under the Ryan White HIV/AIDS Program may not be used for direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle, or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees.