

Amendment No. 1 to Attachment No. A1-2024009
Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B
CAN Community Health Inc., HRSA No. 6 UT8HA33961-05-01
March 1, 2024 through February 28, 2025

1. Scope of Work

CAN Community Health Inc. accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. Total funding, including this Amendment is \$751,363.00. The following service categories change:

Increase	\$234,000.00	EHE	Early Intervention Services for a total of \$234,000.00
Increase	\$84,000.00	EHE	Housing Services for a total of \$84,000.00
Decrease	<\$96,105.49>	EHE	Initiative Services for a total of \$66,000.00
Decrease	<\$3,503.00>	EHE	Quality Management for a total of \$9,497.00
Increase	\$357,866.00	EHE Carryover	Housing Services for a total of \$357,866.00

Ending the HIV Epidemic FY 24-25 (03/01/24-02/28/25)

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Early Intervention Services	\$ -	-	-	\$ 234,000.00	120	840
Housing Services	\$ -	-	-	\$ 84,000.00	10	10
Initiative Services	\$ 162,105.49	30	90	\$ 66,000.00	40	40
Quality Management	\$ 13,000.00	1	1	\$ 9,497.00	-	-

EHE Carryover FY 24-25 (03/01/24-02/28/25)

Service Categories	CURRENT BUDGET			REVISED BUDGET		
	\$ Amount	# Clients	# Units	\$ Amount	# Clients	# Units
Housing Services	\$ -	-	-	\$ 357,866.00	15	90

CAN Community Health must use Quality Management funding to develop and implement data driven quality improvement activities to improve health outcomes of newly diagnosed, clients re-engaging in care, and/or clients in care but not virally suppressed.

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2. Special Provisions

Ending the HIV Epidemic FY 24-25 (03/01/24-02/28/25)		
Budget Line Item	Current Budget	Revised Budget
Personnel	\$ 42,889.94	\$ 156,095.40
Fringe	\$ 11,279.92	\$ 33,185.94
Travel	\$ -	\$ 2,508.48
Equipment	\$ -	\$ -
Supplies	\$ -	\$ 2,000.00
Contractual	\$ 72,125.63	\$ 41,997.88
Other	<u>\$ 48,810.00</u>	<u>\$ 157,709.30</u>
Total EHE FY 24-25 Budget	\$ 175,105.49	\$ 393,497.00
EHE Carryover FY 24-25 (03/01/24-02/28/25)		
Budget Line Item	Current Budget	Revised Budget
Personnel	\$ -	\$ 32,001.60
Fringe	\$ -	\$ 6,656.40
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Supplies	\$ -	\$ 13,500.00
Contractual	\$ -	\$ 33,583.00
Other	<u>\$ -</u>	<u>\$ 272,125.00</u>
Total EHE CYO FY 24-25 Budget	<u>\$ -</u>	<u>\$ 357,866.00</u>
Total EHE & EHE CYO FY 24-25 Budget	\$ 175,105.49	\$ 751,363.00

Total reimbursements will not exceed \$751,363.00 of which 10% may be used for administrative costs.


3. Contract Attachments

Subrecipients will provide services for EHE clients following the requirement of the EHE Standard of Care Contract attached.

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SIGNED AND EXECUTED this _____ day of _____, 2024.


CAN COMMUNITY HEALTH INC.
4440 Fruitville Road
Sarasota, FL 34232
Attn: Rishi Patel

By: 
Title: President and CEO
Date: 08/13/24

COUNTY OF TARRANT
STATE OF TEXAS

Tim O'Hare
County Judge

APPROVED AS TO FORM:


Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ _____

Auditor Date: _____



Tarrant County HIV Administrative Agency Ending the HIV Epidemic Rapid Start Service Standard

I. Service Goals and Objectives of the Rapid Start Program

The goal of the Rapid Start program is to provide medications within 72 hours to individuals newly diagnosed with HIV, individuals previously diagnosed, but never in care.

The Rapid Start Program will consist of the following services:

- Providing Low-Barrier Access to Care
- Medical Provider Visit
- Laboratory Services
- Medication Assistance
- Client Support

II. Rapid Start Eligibility

The following eligibility criteria are specific to Rapid Start:

- Preliminary or Confirmatory HIV+ diagnosis;
- The client is newly diagnosed: does not self-report having previously tested positive and has not been previously reported or;
- The client has been previously diagnosed but never linked to HIV care
- The client returning to care: a client who has an HIV diagnosis and has not attended an HIV medical visit in the preceding 6 months, nor evidence of prior labs or medication during the same time period.

An EHE Enrollment must be completed within Provide Enterprise at the time of medication initiation. The Assessment is comprised of the diagnosis, demographics, applicable fields, and the client consent form.

III. Program Guidance

Clients must complete a EHE Enrollment within Provide Enterprise at the time of medication initiation. The EHE Enrollment is comprised of the client's diagnosis, demographics, applicable fields, and the client consent form. Rapid Start services are provided to individuals newly diagnosed, individuals never linked to care, and clients re-engaging in care.

The benchmark of the program is 90% of clients enrolled in the Rapid Start program must have Ryan White Eligibility conducted within 60 days of EHE Enrollment. This benchmark is in place to ensure that eligible Rapid Start clients are linked to Ryan White Core and Support Services, and the AIDS Drug Assistance Program (ADAP) to provide continued access and adherence to HIV medications along with other needed services.

IV. Proposed Rapid Start Funded Services

The following criteria are specific to Rapid Start Services:

Providing Low-Barrier Access to Care

The Rapid ART program should offer expedited access to all the services needed by the client in one visit within 72 hours of diagnosis or re-engagement.

Medical Provider Visit

For EHE-funded Rapid Start clients, diagnostic and therapeutic services are provided directly to a client in an emergency or outpatient setting.

For Ryan White-funded Rapid Start clients, diagnostic and therapeutic services must be provided directly to a client by a licensed healthcare provider in an outpatient medical setting.

Outpatient medical settings include clinics, medical offices, urgent care, emergency departments, telehealth, and mobile vans. The Medical Provider should have prescribing privileges, should be available immediately in person or via video-based telehealth, be knowledgeable about rapid services, be knowledgeable about additional services the prioritized community needs, and demonstrate cultural humility in providing care.

Laboratory Services

Lab diagnostics need to be accessible during the visit. The specialty tests (e.g., CD4 count, viral load level, HIV genotype) need to be ordered at the time of the visit and able to be performed by the lab. The facility should order lab baseline rapid tests including HIV-1 genotype.

Medication Assistance

Access to medications needs to be immediate and provided in or close to the clinic to support immediate access to care. It is preferred that the client should be able to have the first dose taken during the initial visit. The client should be able to access ARV's through samples, pharmaceutical assistance programs, private, or public insurance. Medications must be billed at the 340B rate.

Client Support

The clinic should provide ongoing support either through care teams to guide the initial visit, ensure proper follow-up, and support addressing social determinates of health. Client support may include:

- EHE Care team activities such as:
 - Linkage to care
 - Wellness visits with a mental health professional for ongoing support while the client establishes care and processes their new diagnosis;
 - Appointment reminders and community outreach for clients who miss an appointment;

- Referrals and follow up for housing, food, or other social determinates of health;
- Benefit enrollment counseling for insurance, ADAP, Ryan White, or other programs. Ryan White eligibility must be conducted within 60 days;
- Medication storage, if able, for unhoused clients;
- Transportation assistance;
- Telehealth options for visits.

V. Licensing, Experience, and Training Requirements

Rapid Start Program coordination and conducting services must be provided by qualified and appropriately licensed staff.

Medical care must be provided by licensed/credentialed healthcare professionals and treatment standards are consistent with Public Health Service (PHS) guidelines, including access to antiretroviral and other drug therapies. The provider must keep professional licensure of all staff providing clinical services including physicians, nurses, social workers, and mental health service providers etc. Professionals who do not have six months of experience in the HIV field must complete HIV training within three months of hire.

Client support services provided by non-medical personnel shall have at least six (6) months of relevant experience in the areas of outreach work, community services, supportive work with families and individuals, aging, supportive work with youth, corrections, medical coding, or public relations. If qualified individuals do not have relevant and current experience related to working with individuals living with HIV, they must receive HIV-specific training within three months of hire.

Training Expectations:

- Medical providers should be trained in Rapid ART assessments.
- Medical providers should be trained in social determinants of health.
- Annual staff training on cultural humility.
- Staff training on Trauma Informed Care.
- Participation in any training required by the AA.

VI. Performance Metrics

Percentage of newly diagnosed clients accessing medication within 72 hours of care
Percentage of clients returning to care that are receiving medication within 72 hours of care
Access to medication (1 st Care Visit to ART Start)
Diagnosis to Viral Load Suppression <200 c/ml <ul style="list-style-type: none"> • Percentage of Rapid Start clients achieving viral load suppression within 45 days
ART to Viral Load Suppression <200 c/ml

VII. Contact

For further information or clarification please contact the Tarrant County HIV AA, Grants Manager at (817) 370-4527, EHE Program Manager at (817) 370-4526, or via email: BEATHIVTC@TARRANTCOUNTY.COM.

CAN EHE FY24-25 Amendment No. 1

Final Audit Report

2024-08-13

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"CAN EHE FY24-25 Amendment No. 1" History

-  Document created by Ginny Garrison (ggarrison@cancommunityhealth.org)
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Federal Award Identification Checklist
(Grants Awarded After 12/26/2014)

		Part C	EHE	Part D
1.	Subrecipient Name	CAN Community Health Inc.	CAN Community Health Inc.	CAN Community Health Inc.
2.	Subrecipient DUNS Number	966571366	966571366	966571366
3.	Federal Award Identification Number (FAIN)	5 H76HA00123-33-00	5 UT8HA33961-05-01	5 H12HA24819-11-00
4.	Federal Award Date	Original Award: November 2023 (Subject to #2 CFR 200)	Original Award: January 2024 (Subject to #2 CFR 200)	July 2023 (Subject to #2 CFR 200)
5.	Subaward Period of Performance Start and End Date	January 1, 2024 - December 31, 2024	March 1, 2024 - February 28, 2025	August 1, 2023 - July 31, 2024
6.	Amount of Federal Funds Obligated by This Action	\$0	\$576,258	\$0
7.	Total Amount of Federal Funds Obligated to the Subrecipient	\$763,589	\$751,363	\$464,646
8.	Total Amount of the Federal Award	\$863,084	\$2,821,482	\$566,009
9.	Federal Award Project Description, as required by FFATA	Ryan White Part C Outpatient EIS Program	Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B	Ryan White Part D Women, Infants, Children, Youth and Affected Family Members
10.	Name of Federal Awarding Agency	Health Resources & Service Administration (HRSA)	Health Resources & Service Administration (HRSA)	Health Resources & Service Administration (HRSA)
11.	Pass-Through Entity	Tarrant County	Tarrant County	Tarrant County
12.	Contact Information for Awarding Official	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001
13.	CFDA Number and Name	93.918 Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.686 Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B	93.153 Ryan White Part D Provides HIV/AIDS Services to Women, Infants, Children, Youth and Affected Family Members
14.	Identification if the Award is R&D	N/A	N/A	N/A
15.	Indirect Cost Rate	N/A	N/A	N/A