

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000284500001**

**AMENDMENT NO. 4**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“System Agency” or “DSHS”) and **TARRANT COUNTY** (“Grantee”), who are collectively referred to herein as the “Parties,” to that certain HIV Surveillance Grant Program contract, effective January 1, 2019, and denominated DSHS Contract No. HHS000284500001 (“Contract”), as amended, now desire to further amend the Contract.

**WHEREAS**, the Parties desire to extend the term of the Contract for a one-year period, from January 1, 2023 through December 31, 2023 (the “2023 Contract Year”); and

**WHEREAS**, DSHS desires to (1) add funds to the Contract to pay for services provided during the 2023 Contract Year, (2) revise the Budget, and (3) modify the Statement of Work.

**NOW, THEREFORE**, the Parties hereby amend and modify the Contract as follows:

1. **SECTION III, DURATION**, of the Contract is hereby amended to extend the termination date from December 31, 2022, to December 31, 2023.
2. **SECTION IV, BUDGET**, of the Contract is hereby deleted in its entirety and replaced with the following language:

The amount payable to the Grantee for the 2023 Contract Year shall be \$152,080.00. The total amount of the Contract will not exceed \$760,400.00. All expenditures for the 2023 Contract Year shall be in accordance with **ATTACHMENT B-4, BUDGET (2023 CONTRACT YEAR)**.

3. **ATTACHMENT A-3, REVISED STATEMENT OF WORK (2022)**, is hereby deleted in its entirety and replaced with **ATTACHMENT A-4, REVISED STATEMENT OF WORK (2023 CONTRACT YEAR)**.
4. **ATTACHMENT B, BUDGET, ATTACHMENT B-1, 2020 BUDGET, ATTACHMENT B-2, BUDGET (EFFECTIVE JANUARY 2021)**, and **ATTACHMENT B-3, 2022 BUDGET** are hereby supplemented with the addition of **ATTACHMENT B-4, BUDGET (2023 CONTRACT YEAR)**.
5. The following documents are attached and incorporated as part of the Contract:

**ATTACHMENT A-4 – REVISED STATEMENT OF WORK (2023 CONTRACT YEAR)**  
**ATTACHMENT B-4 – BUDGET (2023 CONTRACT YEAR)**

6. This Amendment No. 4 shall be effective on January 1, 2023.
7. Except as modified by this Amendment No. 4, all terms and conditions of the Contract, as amended, shall remain in effect.

8. Any further revision to the Contract shall be by written agreement of the Parties.
9. Each Party represents and warrants that the person executing this Amendment No. 4 on its behalf has full power and authority to enter into this Amendment No. 4.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 4**  
**DSHS CONTRACT NO. HHS000284500001**

**DEPARTMENT OF STATE HEALTH SERVICES**

**TARRANT COUNTY**

By:

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

APPROVED AS TO FORM:

CERTIFICATION OF  
AVAILABLE FUNDS: \$ \_\_\_\_\_

Kimberly Colliet Wesley  
Criminal District Attorney's Office\*

\_\_\_\_\_  
Tarrant County Auditor

\*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.

## **ATTACHMENT A-4 REVISED STATEMENT OF WORK (2023 CONTRACT YEAR)**

### **I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A. Provide System Agency with active surveillance and reporting activities for Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS).

Grantee will perform all activities under this Contract in accordance with the terms of this Contract and detailed budget, as approved by System Agency. Grantee must receive advance written approval from System Agency before varying from any of these requirements and must notify all staff working on activities of any such changes under this Contract within forty-eight (48) hours of System Agency's approval of changes.

For the purpose of this Contract, "HIV infection" and "AIDS" are as defined by the Centers for Disease Control and Prevention (CDC) of the United States Public Health Service, MMWR Recommendations and Reports, April 11, 2014/Vol. 63/No. 3, located at <http://www.cdc.gov/mmwr/pdf/rr/rr6303.pdf>.

- B. Perform the services described in this subsection with respect to staff, case reporting, epidemiological investigations, and security.

#### **1. STAFF**

- a. Grantee will document to System Agency that all Grantee project staff (i.e., working on activities under this Contract) have completed the trainings described at Paragraphs I(B)(1)(a)(i) – I(B)(1)(a)(iii).
- i. Grantee employees' standard of conduct. Grantee will submit the following to System Agency within fourteen (14) days of the Effective Date of this Contract:
  - (1) A copy of Grantee's employee standard of conduct policy; and
  - (2) Documentation of each employee's agreement to the Grantee's employee standard of conduct policy, and/or each employee's completion of Grantee's employee standard of conduct training.
- ii. System Agency security and confidentiality.
  - (1) Initial training course. Grantee project staff will complete an initial security and confidentiality training course and Grantee will submit training documentation for its project staff within thirty (30) days of beginning work on this Contract. Protected health information will not be viewed until training is completed.
  - (2) Refresher training course. Grantee project staff will annually complete a refresher confidentiality and security training course, within one year of having taken the previous confidentiality and security course, which will include HHS Information Security/Cybersecurity Training (INFO300). Grantee will submit documentation of completion to the

DSHS HIV Surveillance Coordinator and TB/HIV/STD Section Security Officer within ten (10) days of course completion.

- iii. All Grantee project staff will complete the HIV Surveillance Modules located at <http://www.dshs.texas.gov/hivstd/training/surveillance.shtm>.
  - (1) New project staff will complete these HIV Surveillance Module trainings within their first two weeks of employment and biannually thereafter.
  - (2) Existing project staff will be required to take the HIV Surveillance Modules biannually.
  - (3) Grantee will submit documentation of completion within ten (10) days of course completion.
- b. Grantee will, within thirty (30) days of the Effective Date of this Contract, provide System Agency with a copy of each job description for which a portion, or all, of a project staff member's salary is paid under this Contract.
- c. Grantee will require at least one project staff member to attend training, conferences, and meetings, as directed by System Agency.
- d. Grantee will notify the System Agency within forty-eight (48) hours of any personnel actions, including the details and outcome of such actions, involving project staff. A written report will be submitted, to back up the oral report, within seventy-two (72) hours. Such personnel actions include, but are not limited to, the following:
  - i. Counseling for misconduct regarding violations of personnel, project, state, and/or federal policies, procedures, requirements, and laws;
  - ii. Terminations, including voluntary or involuntary; and/or
  - iii. Employee grievances.
- e. Grantee will fill any surveillance staff vacancy within ninety (90) days.
- f. Grantee will submit complete and accurate travel support documentation to System Agency when submitting vouchers for reimbursement. Support documentation must list the employee who traveled, date of travel, purpose of travel, all receipts and a breakdown of the costs associated with travel.
- g. Grantee will provide at least one surveillance staff person to participate in standing monthly HIV Surveillance conference calls held by System Agency, as directed.
- h. Grantee will ensure funded surveillance staff participate in the annual HIV Surveillance workshop, when conducted by System Agency.
- i. Grantee will agree to read System Agency Grant Technical Assistance Guide (GTAG) located at <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/vendor-contract-information/grant-technical-assistance-guide.pdf>.
- j. Grantee will work with System Agency staff regarding the management of funds received under this Contract.

## 2. CASE REPORTING

### a. Reporting and Registry

#### i. Active Surveillance and Provider Education

- (1) Grantee will maintain a current list of key reporting sources in Grantee's designated Service Area (Tarrant County) and document, at minimum, monthly active surveillance for major providers/facilities as outlined in the HIV Surveillance Manual. Active surveillance must be conducted by

phone or in person to identify newly diagnosed HIV/AIDS cases and complete an HIV/AIDS case report form.

- (2) Grantee will maintain a current list of key reporting sources in Grantee's designated Service Area and document, at minimum, quarterly provider education to at least ten providers/facilities deemed by the Grantee or the System Agency to be in need of education on reporting requirements, current lab tests, recommended testing algorithm, or data collected and used by HIV surveillance. Provider education should establish and maintain communication about reporting requirements (including Molecular HIV Surveillance and Perinatal HIV Surveillance) and any changes in any relevant surveillance procedures, requirements, and recommendations.
  - ii. Grantee's appointed Program Manager will review Site Monitoring and Evaluation Reports and Monthly Data Quality Reports provided by System Agency.
  - iii. Grantee's appointed Program Manager will discuss and review data quality findings from the Monthly Data Quality Reports with surveillance staff.
  - iv. Grantee's appointed Program Manager will review HIV Surveillance Reports in TB/HIV/STD Integrated System (THISIS) to monitor site performance measures.
  - v. Grantee's appointed Program Manager and members of Grantee's project staff will attend DSHS Quarterly Review meetings and provide written documentation outlining current challenges and plans for improvement.
  - vi. Grantee will be knowledgeable of any reference laboratories or medical facilities conducting in-house HIV laboratory testing within Grantee's designated Service Area. Grantee is responsible for identifying any testing facilities that are not reporting their laboratory results electronically to System Agency and shall accordingly arrange a method for retrieving any non-electronic, paper-based labs. Grantee is responsible for manually entering all lab results received directly from any laboratory and/or medical facilities into the System Agency database(s) by the 30th day of each month. If no laboratory results were received locally in a given month, Grantee must notify the System Agency Electronic Laboratory Report (ELR) Program Specialist via the email address provided by the System Agency, indicating there were no laboratory results received for that month.
  - vii. Grantee will provide information, feedback, and clarification, as directed by System Agency staff, by requested timeframe or within ten (10) business days of an inquiry.
- b. Completeness
- i. Grantee will ensure completeness of case reporting provided to System Agency by conducting the following activities at least monthly: (1) fully reviewing monthly data quality reports and (2) regularly reviewing surveillance systems to identify any inconsistencies or gaps in laboratory reporting. Grantee is encouraged to implement additional methods of evaluating completeness of key source reporting after first receiving System Agency's written approval.
  - ii. Grantee will ensure HIV/AIDS case report forms are accurate and complete in accordance with guidance provided in the Texas HIV Surveillance Procedure Manual.

- iii. Grantee will collect reports of HIV and AIDS cases diagnosed and/or treated, which health care providers (e.g., physicians, HIV service providers, etc.) are required to complete under 25 Texas Administrative Code § 97.132.
  - iv. Grantee will collect reports of pediatric HIV and AIDS cases diagnosed and/or treated, infants born exposed to HIV, and pregnant women living with HIV diagnosed and/or treated, which health care providers (e.g., physicians, HIV service providers, etc.) and laboratories are required to complete under 25 Texas Administrative Code § 97.132. Grantee is responsible for collecting the reports within Grantee's designated Service Area. For each perinatal exposure investigated, Grantee shall complete a Pediatric Case Report Form (PCRF) along with an updated Adult Case Report Form (ACRF) for the infant's mother.
  - v. Grantee will collect all required data elements to conduct HIV surveillance follow-up activities, including conducting medical record abstractions within three (3) months of diagnosis for all patients seen in Grantee's designated Service Area, to properly report all HIV and AIDS cases diagnosed and/or treated within Grantee's designated Service Area.
  - vi. Grantee will abstract medical records requested by another jurisdiction in Texas within the timeframes outlined in the HIV Surveillance Manual.
  - vii. Grantee will conduct investigation to verify any reported adult and/or pediatric HIV or AIDS deaths within Grantee's designated Service Area and abstract medical chart when appropriate.
  - viii. Grantee will follow procedures as outlined in Texas HIV Surveillance Procedure Manual to conduct out-of-state record searches.
  - ix. Grantee will manage all laboratory reports in THISIS in accordance with the Texas HIV Surveillance Procedure Manual. As needed, Grantee will maintain an efficient tracking mechanism, either by paper or electronic file, to record outcomes for all laboratory reports received by local site (including all laboratory reports received through ELR and all paper laboratory reports received directly from providers or labs). With the use of THISIS and the use of an efficient tracking mechanism, Grantee will provide site standings as determined appropriate by Grantee and/or as requested by the System Agency (i.e., number of cases reported for the month, number of medical record abstractions completed, cases with incomplete algorithms, type of cases completed (new), update to AIDS, perinatal exposure, pregnancy update, and number of cases pending with estimated dates of completion).
  - x. In support of molecular HIV surveillance, Grantee will complete HIV Testing and Treatment History information from the reporting provider to complete the testing and treatment history data elements on the ACRF.
- c. Timeliness
- i. Grantee will ensure a case report form is completed, entered into the current HIV Surveillance reporting database, and submitted to System Agency for all confirmatory laboratory reports within sixty (60) days of the collection date of the initial laboratory or morbidity report (required for all cases) and within six (6) months for cases transitioned to AIDS since HIV diagnosis. If the Grantee's designated Service Area is an Ending the HIV Epidemic (EHE)-funded county, the case report form must be entered into the current HIV Surveillance reporting



database within thirty (30) days of collection date of the initial laboratory or morbidity report.

- ii. Grantee will ensure that a case report form is entered into the current HIV Surveillance reporting database within six (6) months of initial notification for all suspected HIV cases not confirmed through receipt of an algorithm diagnosing HIV (e.g., probable cases ascertained through matches with other databases, routine viral loads, medications, etc.).
- d. Pediatric
  - i. Grantee will collect copies of reports of pediatric HIV and AIDS cases of diagnosed and/or treated infants born exposed to HIV, and copies of reports for HIV-positive pregnant women diagnosed and/or treated in Grantee's designated Service Area, which health care providers (e.g., physicians, HIV service providers, etc.) and laboratories are required to complete under 25 Texas Administrative Code § 97.132. If the provider does not complete a case report form or does not provide sufficient information on the case report form, Grantee is responsible for abstracting the required case report form information from the provider's medical records.
  - ii. Grantee will follow up on perinatal HIV-exposed infants every six (6) months, to ensure that all infants born to women living with HIV have HIV status determined by eighteen (18) months of age and enter the PCRFS in the current HIV Surveillance reporting database in a timely manner following the procedure described in the Texas HIV Surveillance Procedure Manual. For each perinatal exposure investigated, Grantee will complete a PCRFS, along with an updated ACRF for infant's mother.
  - iii. Grantee will review every collected pediatric HIV case, in THISIS, birth match, and other sources, at least once to identify AIDS-defining conditions and update registry with a medical record abstraction.
  - iv. Grantee will abstract medical charts for pediatric case reports both at the birth hospital and at the mother's and infant's health providers' offices. Grantee will maintain an electronic list of negative polymerase chain reaction tests for infants, to include name of laboratory and doctor ordering the test, and maintain copies of all reporting laboratory test results for pediatric cases.
  - v. Grantee will assist System Agency staff, as directed, in the development of prevention plans and the implementation of prevention activities to reduce the perinatal transmission of HIV. Grantee will enter the required data elements in the current HIV Surveillance reporting database in a timely manner following the procedure described in the Texas HIV Surveillance Procedure Manual.
  - vi. Grantee will collect all required data elements to conduct Perinatal HIV surveillance activities, including reviewing and conducting medical record abstractions of the mother's and child's medical records in Grantee's designated Service Area to properly report all perinatally-exposed cases diagnosed and/or treated within Grantee's designated Service Area. Grantee will enter the required data elements in the current HIV Surveillance reporting database in a timely manner following the procedure described in the Texas HIV Surveillance Procedure Manual.

### 3. EPIDEMIOLOGIC INVESTIGATIONS

- a. Grantee will inform System Agency of newly reported cases of public health importance (COPHI) within three (3) business days of receipt of case report. Grantee will initiate epidemiologic investigations through contact with appropriate health care providers and a review of patients' medical records. Grantee will refer to the Texas HIV Surveillance Procedure Manual for COPHI case definitions.
- b. Grantee will determine the need for public health follow-up on all HIV-positive test results within three (3) business days of receipt of the test results. If no clear determination can be made within the three (3) business days, Grantee should send the HIV test results to a Disease Intervention Specialist (DIS) for investigation.
- c. Grantee will perform continuous epidemiologic follow-up on all cases missing key pieces of information.
- d. Grantee will assist System Agency with other epidemiologic investigations, as directed by System Agency. Grantee will adhere to all deadlines set by System Agency for other epidemiologic investigations, including but not limited to cluster investigations, special perinatal activities, and data to care activities.

### 4. SECURITY

- a. Grantee will designate, from its staff, a Local Responsible Party (LRP) who has the overall responsibility for ensuring the security of the HIV/STD confidential information maintained by Grantee as part of activities under this Contract. The LRP must:
  - i. Ensure appropriate policies/procedures are in place for handling confidential information, for the release of confidential HIV/STD data, and for the rapid response to suspected breaches of protocol and/or confidentiality. These policies and procedures must comply with System Agency policies and procedures. Grantee may choose to adopt those System Agency policies and procedures as its own, but if they choose not to do so, the chosen policies and procedures cannot be less restrictive than the System Agency policies and procedures.
  - ii. Ensure security policies are reviewed periodically for efficacy, and that Grantee monitors evolving technology (e.g., new methods that may be used to illegally access confidential data; new technologies for keeping confidential data protected from security breaches) on an ongoing basis to ensure that the program's data remain as secure as possible.
  - iii. Approve any Grantee project staff requiring access to HIV/STD confidential information. LRP will grant authorization to Grantee project staff who have a work-related need (i.e., work under this Contract) to view HIV/STD confidential information.
  - iv. Maintain a list of Grantee project staff who are authorized to view and work with HIV/STD confidential information. The LRP will review the authorized user list ten (10) days from the Effective Date of this Contract to ensure it is current. All Grantee project staff with access to confidential information will have a signed copy of a confidentiality agreement on file upon being hired by the Grantee, and an updated signed copy refiled every twelve (12) months thereafter.

- v. Ensure that all Grantee project staff with access to confidential information will be trained on security policies and procedures upon hire and before access to confidential information is granted, and that such training will be completed every twelve (12) months thereafter.
- vi. In consultation with the System Agency LRP, thoroughly and quickly investigate all suspected breaches and violations of protocol and/or privacy incidences of confidentiality are in compliance with the System Agency TB/HIV/STD Section Breach of Confidentiality Response Policy located at <http://www.dshs.texas.gov/hivstd/policy/security.shtm>.
- b. Grantee will establish and/or maintain procedures to ensure computers and networks meet System Agency security standards, as certified by System Agency IT staff.
- c. Grantee will establish and/or maintain procedures to ensure termination requests for the current HIV Surveillance reporting database user account are sent to System Agency within one (1) business day of identifying the need for account termination.
- d. Grantee will establish and/or maintain procedures to ensure transfer of secure data electronically using Globalscape, or the current secure file transfer system.
- e. Grantee will establish and/or maintain procedures to ensure a visitor log for individuals entering the secured areas is maintained and reviewed quarterly by the LRP.
- f. Grantee will establish and/or maintain procedures to ensure confidential data and documents are:
  - i. Maintained in a secured area;
  - ii. Locked away when not in use;
  - iii. Not left in plain sight; and
  - iv. Shredded before disposal.
- g. Grantee will complete the LRP quarterly security checklist provided by System Agency biannually. The LRP reports are found at TB/HIV/STD Section Bi-Annual Report. The most up-to-date information for reporting guidelines can be found at <https://www.dshs.texas.gov/hivstd/policy/security.shtm>.
- h. Grantee will provide a list to System Agency of Grantee's project staff with access to secured areas and of all identified project staff who have received security training.
- i. Grantee will provide a list to System Agency of project staff with access to all network drives where confidential information is stored.
- j. Grantee will ensure that confidential data transmissions to System Agency or other approved partners are encrypted and transmitted via secure means.
- k. Grantee will ensure that files are scanned to a secure network drive and not scanned to email or any other unsecure directory.
- l. Grantee will ensure all flash drives used by surveillance staff are encrypted.
- m. Grantee will ensure confidential data is stored on stand-alone computers or on a secure drive of computers on a secure network.
- n. Grantee will ensure a list of authorized users with access to confidential data is maintained and limited to those approved by the LRP.
- o. Grantee will have systems in place to ensure confidential data taken out of the surveillance secured area are minimized to essential data required, stored in secure devices, and encrypted.

- p. If surveillance-issued laptops are used, Grantee will ensure that all such laptops have updated virus protection software.
- q. Grantee will ensure that computers with confidential information have power-on and screensaver passwords with time-out setting of ten (10) minutes or less.
- r. Grantee will ensure that surveillance staff computer passwords are not shared or visible to other users.
- s. Grantee will ensure that shredders, printers, and fax machines for confidential data are housed in a secured area that is limited to those individuals that are approved by the LRP.
- t. If shredding is outsourced, Grantee will ensure that the shredder is bonded for working with health information.
- u. Grantee will ensure that HIV/STD terminology usage is excluded from outgoing faxes, including cover sheet, header, and footer.
- v. Grantee will ensure that computers and networks meet System Agency security standards, as certified by System Agency IT Staff.

## **II. PERFORMANCE MEASURES**

The System Agency will monitor the Grantee's performance of the requirements in the Statement of Work and compliance with the Contract's terms and conditions.

Grantee will:

### **A. ACCURACY**

Diligently work to ensure 80% of case report forms have no major discrepancies (missing, unknown or drastically different) when compared to information found during chart re-abstractions (based on a random case sample).

### **B. COMPLETENESS**

1. Provide complete and correct information, at a minimum of 97% of the time, for the following ten (10) data elements in each HIV/AIDS case report:
  - a. Legal Name;
  - b. Race/Ethnicity;
  - c. Sex;
  - d. Facility of Diagnosis;
  - e. Date of Diagnosis;
  - f. Date of Birth;
  - g. Diagnostic Status;
  - h. Residence at Diagnosis;
  - i. Vital Status (alive or deceased); and
  - j. Valid date of death for vital status indicated as "deceased."
2. Provide complete and correct risk information in accordance with the Texas HIV Surveillance Procedure Manual for 80% of cases, at minimum.
3. Ensure 97% of cases were CDC eligible and had no required fields missing.

4. Ensure 97% of case report forms had correct information in the form information fields.
5. Report 95% of expected number of new cases for the diagnosis year.
6. Contact 100% of major HIV reporting facilities monthly for active surveillance.
7. Ensure at least ten (10) HIV reporting facilities receive in-person, or virtual, provider education annually. Grantee must focus on those facilities that failed to link 85% of newly diagnosed patients to care within thirty (30) days of diagnosis, measured by comparing dates of CD4 and viral load testing to diagnosis date.
8. Enter 100% of HIV-related laboratory results received by Grantee locally into THISIS.
9. Ensure that 70% of newly diagnosed cases have prior antiretroviral (ARV) use history in accordance with the HIV Surveillance Manual, and as further clarified or instructed by System Agency.
10. Ensure that 70% of newly diagnosed cases have a known value for previous negative HIV test in accordance with the HIV Surveillance Manual, and as further clarified or instructed by System Agency.
11. Ensure that 50% of newly diagnosed cases have a known value for previous negative HIV test date in accordance with the HIV Surveillance Manual, and as further clarified or instructed by System Agency.
12. Ensure 85% of newly diagnosed cases had a CD4 result within one (1) month of diagnosis.
13. Ensure 85% of newly diagnosed cases had a viral load result within one (1) month of diagnosis.
14. Ensure 60% of newly diagnosed cases have a genotype (nucleotide sequence) test performed.
15. Ensure 100% of perinatal cases had mother's Stateno or comments indicating surveillance efforts taken for not found cases.
16. Ensure 85% of prenatal care records were reviewed for all newly reported exposed infants, if it is indicated that the mother received prenatal care.
17. Ensure 100% of pregnant women living with HIV were monitored and followed up with by the estimated delivery date.
18. Ensure 90% of the responses to the ARV usage during pregnancy question were not left blank or identified as "unknown."

19. Ensure 90% of the responses to the ARV usage during labor and delivery questions were not left blank or identified as “unknown.”
20. Ensure 90% of the responses to the neonatal ARV usage question were not left blank or identified as “unknown.”
21. Ensure 90% of the responses to the prenatal care question were not left blank or identified as “unknown.”
22. Ensure 85% of labor and delivery records were reviewed for all newly reported exposed infants.
23. Ensure 90% of PCRFS were completed by Grantee’s project staff.

C. REPORTING TIMELINESS AND CRF COMPLETENESS

1. Ensure that Grantee’s policy outlines how public health follow-up will be made within three (3) business days of the receipt of the HIV test results. If no clear determination can be made within the three (3) business days, the HIV test results must be sent to a DIS for investigation.
2. Ensure appropriate follow-up of all new adult HIV cases, including newly diagnosed and eligible cases not previously captured in the current HIV Surveillance reporting database, in accordance with the Texas HIV Surveillance Procedure Manual.
3. Conduct and enter medical record abstraction into the current HIV Surveillance reporting database within three (3) months of diagnosing laboratory result for at least 95% of eligible cases.
4. Ensure appropriate follow-up of all AIDS cases in accordance with the Texas HIV Surveillance Procedure Manual.
5. Conduct and enter a medical record abstraction into the current HIV Surveillance reporting database on all AIDS cases within six (6) months of AIDS-defining laboratory result indication of opportunistic infection for 85% of cases.
6. Ensure that 85% of infants born to women diagnosed with HIV have an HIV status determined, i.e., not be coded as indeterminate, within eighteen (18) months after the infant’s birth.
7. Ensure 90% of newly diagnosed cases were reported within six (6) months of diagnosis and all CDC-required fields were completed.
8. Ensure 95% of confirmed cases in THISIS had an associated case report form entered within ninety (90) days of diagnosis. If the Grantee conducts business in an EHE-funded county, the case report form must be entered into the current HIV Surveillance

reporting database within thirty (30) days of collection date of the initial laboratory or morbidity report.

9. Ensure 100% of potential COPHI were reported to System Agency within three (3) days of identification of potential COPHI.
10. Ensure 100% of newly identified cases were referred to Public Health Follow-Up within three (3) days of receipt of confirmatory lab report.
11. Ensure 90% of newly diagnosed Out-of-Jurisdiction cases were completed and entered into the current HIV Surveillance reporting database within ninety (90) days of diagnosis.
12. Ensure 100% of “potential” exposed infants were investigated within three (3) months through timely completion of birth certificate match.

### **III. INVOICE AND PAYMENT**

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) provided by System Agency prior to the start date of the effective Contract. Invoices must be submitted monthly to prevent delays in subsequent months. If Grantee does not incur expenses for a month, it is required to submit a timely “zero dollar” invoice.

Invoices and all supporting documentation must be simultaneously emailed to [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and [cmsinvoices@dshs.texas.gov](mailto:cmsinvoices@dshs.texas.gov).

Grantee shall submit an annual close-out invoice and final financial status report no later than forty-five (45) days from the end of the Contract term, and invoices received more than forty-five (45) days after the end of the Contract term are subject to denial of payment.

- B. Grantee shall submit the Financial Status Report (FSR-269A) for the two reporting intervals outlined below and by the respective due date stated below. If the due date is on a weekend or holiday, the due date is the following business day.

<b>Reporting Period</b>	<b>Due Date</b>
January 2023 – June 2023	July 31, 2023
July 2023 – December 2023	February 15, 2024

- C. Grantee will be paid on a cost reimbursement basis and in accordance with **ATTACHMENT B-4, BUDGET (2023 CONTRACT YEAR)**.

System Agency reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. System Agency will monitor Grantee’s expenditures on a quarterly basis. If expenditures are below the amount in Grantee’s total Contract,

Grantee's budget may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.



**ATTACHMENT B-4  
BUDGET (2023 CONTRACT YEAR)**

**Contract No. HHS000284500001**

<b>2023 CATEGORICAL BUDGET</b>	
PERSONNEL	\$99,241.00
FRINGE BENEFITS	\$50,752.00
TRAVEL	\$468.00
EQUIPMENT	\$0.00
SUPPLIES	\$1,065.00
CONTRACTUAL	\$0.00
OTHER	\$554.00
TOTAL DIRECT CHARGES	\$152,080.00
INDIRECT CHARGES	\$0.00
<b>TOTAL</b>	<b>\$152,080.00</b>

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [alison.joffrion@hhsc.state.tx.us](mailto:alison.joffrion@hhsc.state.tx.us) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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