Contractor Specific Requirements

1. Adhere to all federal and Michigan laws pertaining to HIV/AIDS treatment, disability accommodations, non-discrimination and confidentiality.


3. Adhere to MDCH Culturally and Linguistically Appropriate Service (CLAS) Standards. Specifically, Standards and Practices must address sexual minorities.

4. Develop, in consultation with MDCH staff, and implement an annual work plan that describes the objectives, activities and measures for work to be performed under this contract. The work plan will include measurable outcomes, and anticipated numbers of clients and services provided for each funded service.

5. Develop a Quality Management plan and submit to the MDCH HIV Care Section Grants and Contracts Administrator no later than March 31, 2015.

6. Participate in monitoring site visits including review of fiscal and programmatic compliance with federal and MDCH policies and contract requirements.

7. Ensure that records are available for review by MDCH auditors, staff and federal government agencies, if applicable, to monitor performance. Maintain and provide access to primary source documentation.

8. Contractors may enter into subcontracts or vendor agreements to fulfill the service delivery expectations of this agreement.

   A. All subcontracts issued under this funding agreement are subject to the same requirements as outlined in this agreement and subject to prior approval by MDCH.

   B. The Contractor will monitor subcontractors annually to assess compliance with the subcontract; take primary responsibility to monitor follow-up and remediate in cases where the subcontracted entity is not in compliance with the contract; and report the results of all contract monitoring activities to MDCH Grants and Contracts Administrator.
C. Provide one copy of all fully signed subcontracts, memorandums of understanding (MOUs) or letters of agreement related to the services in this agreement to MDCH Grants and Contracts Administrator by the start of the contract year or within 30 days of execution.

9. Provide immediate notification to MDCH Grants and Contracts Administrator, in writing, in the event of any of the following:

A. Any formal grievance initiated by a service recipient and subsequent resolution of that grievance.

B. Any event occurring, or notice received by the contractor or subcontractor that reasonably suggests that the contractor or subcontractor may be the subject of, or a defendant in, legal action related to services covered by this contract or administrative and/or financial practices of the contractor. This includes, but is not limited to, events or notices related to grievances by service recipients or contractor or subcontractor employees.

C. Ryan White-funded staff vacancies that exceed 30 days.

10. Establish written procedures for protecting client information kept electronically or in charts or other paper records. Protection of electronic client-level data will minimally include: a) regular back-up of client records with back-up files stored in a secure location; b) use of passwords to prevent unauthorized access to the computer or Client Level Data program; c) use of virus protection software to guard against computer viruses; and d) provide annual training to staff on security and confidentiality of client level data and sharing of electronic data files according to MDCH policies concerning Sharing and Secured Electronic Data.

11. Providers are required to enter all captured client level data into CAREWare monthly in order for MDCH to be able to measure grant specific outcomes for HRSA and monitor performance.

12. The following language must be included in all Client Consent and Release of Information forms used for services in this agreement:

“I also understand that some limited information in the electronic data may be shared with other agencies if they also provide me with services and are part of the same care and data network.”

13. In the event that services are no longer delivered under this agreement, all client files held outside of the CAREWare database must be destroyed using a cross-shredder before disposal.

14. Establish evaluation methods to assess client satisfaction to improve service delivery using any of the following methods: Consumer Advisory Board, client satisfaction survey, suggestion box or other client input mechanisms, focus groups, and/or public meetings.

15. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage
of the total costs of the program or project which will be financed with Federal money, (2) The dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

16. Maintain relationships with entities in the area that constitute key points of access to the health care system for individuals with HIV. Key points of access to health care system that link and retain clients in care which leads to healthy outcomes and viral suppression. Examples include, but are not limited to, medical providers, emergency rooms, substance abuse treatment programs, STD clinics, HIV counseling and testing sites, mental health programs, homeless shelters, community health centers, and FQHCs.

17. Participate in MDCH needs assessment activities.

18. Maintain, for a minimum of three (3) years, program and fiscal records and files including documentation to support program activities and expenditures, under the terms of this agreement.

19. The Ryan White legislation imposes a cap on contractor administration. The legislative intent is to fund services and keep administrative costs to a minimum. Contractors must keep administrative costs to 10% of the total Ryan White budget unless MDCH provides the contractor with a written exception to the 10% cap. Refer to MDCH Ryan White Guidance 14-02.

20. HRSA funds and Ryan White funds identify specific items for which Ryan White funds may not be used. For a detailed description of all unallowable costs, refer to HRSA and Ryan White documents (http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf, pages II-30 - II-34) and http://www.hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html).


22. In order to ensure that Ryan White funds are payer of last resort, clients must be screened to determine eligibility to receive services through other programs (e.g., Medicaid; Medicaid Expansion; Medicare; VA benefits; private health insurance through the Marketplace Exchange, family, employer or direct purchase). This screening must also take place every six months and documentation must be included in the client files. Policies and procedures must be in place addressing these screening requirements.

23. Policies and procedures must be established to implement a schedule of charges for all services provided with Ryan White funds and an annual cap on charges to implement with each individual client. Refer to MDCH Ryan White Guidance 14-04.

24. Each employee funded in whole or part with federal funds must record time and effort spent on the project(s) funded. Policies and procedures must be in place to ensure this occurs. The staff member must clearly identify the percentage of time devoted to contract activities in accordance with the approved budget. The percent of effort devoted to the project may vary from month to month. The percent of effort recorded for Ryan White funds must match the percentage being claimed on the Ryan White voucher for the same period. In cases where the percentage of effort of contract staff
changes during the contract period, sub-recipients must submit a budget modification request to MDCH.

25. The contractor and its subcontractors are required to use the HRSA-supported software CAREWare to enter client and service data into the centrally managed database on a secure server. Data must include all clients who receive any Part B eligible service (regardless of the source of funding for the services) and all Part B eligible services delivered to HIV-infected or affected clients. All data should be entered into CAREWare monthly. The collection of all required data variables and the clean-up of any missing data or service activities should be completed in CAREWare each month.

**Contractor Reporting Requirements**

1. To complete the RSR, a HRSA required annual data report, all CAREWare data must be complete, cleaned and entered into an online form via the HRSA Electronic Handbook between March 10 and 20, 2015. The report will be closed for any further data entry at end of business on March 20, 2015.

2. Financial Status Reports (FSR) must be submitted monthly in EGrAMS, no later than 30 days after the end of the period.

3. Bi-Annual and Annual Progress Reports will be required. Submit to the MDCH HIV Care Section Grants and Contracts Administrator in accordance with the following dates:

<table>
<thead>
<tr>
<th>Period Covered</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1 – March 31</td>
<td>April 30, 2015</td>
</tr>
<tr>
<td>April 1 – September 30</td>
<td>October 30, 2015</td>
</tr>
</tbody>
</table>

These reports will include:

A. Progress made to date on work plan objectives and activities.

B. Other measurable outcomes negotiated between the Contractor and MDCH.

C. Complete Attachment F.

NOTE: The initial funding under this contract will cover the period October 1 – December 31, 2015. Funding for the period starting January 1, 2015, will be determined based on proposals selected through a Request for Proposals process. Any sub-recipient that is not funded for the period beginning January 1, 2015, will be required to submit a Final Progress report and a Final Financial Report for the period October 1 – December 31, 2014. These reports will be due January 31, 2015.

4. Allocations reports are required three times each year to identify expenses by Ryan White Service Category. These must be submitted according to the following schedule:

<table>
<thead>
<tr>
<th>Report</th>
<th>How to Submit</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Allocation by</td>
<td>To MDCH HIV Care</td>
<td>October 31, 2014</td>
</tr>
</tbody>
</table>
5. Administrative Costs and Program Income must be reported quarterly, attached to the FSR.

**MDCH Requirements**

1. MDCH will provide technical assistance, as requested, on the development and/or implementation of the Quality Management Plan.

2. MDCH will provide technical assistance and training, as requested, on CAREWare, CLAS, and other issues related to Ryan White services.

3. MDCH will conduct a site visit, including both fiscal and programmatic review, at least annually. MDCH will provide 30 days written notice of the site visit, including an agenda and the assessment tool to be used. MDCH will provide a written report post-site visit within 45 days. If a plan of correction is necessary as a result of the site visit, a timeframe will be provided in the report.

4. MDCH will review bi-annual and annual reports. Questions or clarifications, if any, will be requested within 45 calendar days of submission due date.