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| *Brazos Valley Council of Governments* |
| *HIV Administrative Services Program* |
| *Policies and Procedures* |

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| Revised1/10/2023 |

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# **Scope:**

These policies and procedures will be applicable to all services funded by the Brazos Valley Council of Governments through the Texas Department of State Health Services for HIV Health Services. As necessary, the Brazos Valley Council of Governments will revise these policies and procedures to include any mandated changes by the Texas Department of State Health Services.

# **Definitions:**

**Accelerated Monitoring** is a temporary status in which more frequent or extensive monitoring occurs more often than would routinely occur. Monitoring visits may be either scheduled or unannounced.

**Administrative Agent** is an agency funded to administer federal, state, or local funds. The administrative agent is responsible for a variety of tasks including verifying contract compliance and financial validity of the subcontractors’ billing. The Brazos Valley Council of Governments (BVCOG) is an administrative agent for DSHS, HRSA, and HUD.

**Central Texas HIV Administrative Service Area (CTHASA)** is composed of twelve health service delivery areas. It covers 147 counties in central Texas.

**Comment Period** refers to a period of thirty consecutive days during which anyone may contact BVCOG to offer comments or suggestions related to planning activities or products.

**Community Input** refers to anyone infected with HIV (consumer), affected by HIV (advocate), service provider (either contracted with BVCOG or non-contracted), and any person that expresses a desire to have input into the decision-making process.

**Community Input Plan (Input Plan)** refers to the document “Plan for Community Input in the Central Texas HIV Administrative Service Area” submitted to and approved by the Texas Department of State Health Services (DSHS).

**Community Input Meetings** refers to the presentation of the comprehensive plan (including allocations and epi data) to infected, affected, and interested community members in each Health Service Delivery Area (HSDA), to gather community feedback and input on planning products. Though a public comment period is open for 30 days following a community input meeting, community members may provide their input during the community input meetings, or at any time, anonymously, via toll-free telephone call, or the web feedback form on the BVCOG-HIV website.

**Complaining Party** is a person living with HIV/AIDS, or a family member or friend acting on behalf of the client, who has a complaint against a BVCOG HIV subcontractor regarding HIV care.

**Compliance Criteria** are minimum standards or requirements that are dictated by the funding source or administrative agent.

**Confidential information** is any information that, if disclosed to unauthorized personnel, could be detrimental to HIV Administrative Services, HIV Administrative Services employees, or an individual.

**Contract** is a legally enforceable agreement by which goods, services, property, or property rights are provided in return for considerations.

**Corrective Action** **Plan** is an action required of a subcontractor to develop a detailed plan to correct a finding found by a reviewer or by staff who are monitoring subcontractor activities. The plan could include what will be completed, who will do it, expected results, how progress will be monitored, and how long it will take to resolve the finding.

**Electronic Media** is electronic storage media including computer hard drives, removable digital memory media such as tape, disk, CD, DVD, memory card, USB drive, or transmission media used to exchange information. Transmission media includes the internet, an extranet, a private network, leased lines, dial-up lines, and the physical movement of electronic media.

**Emergency Actions** are immediate actions imposed on a subcontractor because:

1. there is a high potential of danger to clients;
2. subcontractor’s action or inaction presents a high possibility that serious harm or injury to patients or clients could occur, has already occurred, or may well occur again if clients are not protected or the threat removed;
3. the subcontractor is not meeting a performance measure;
4. the subcontractor is being reimbursed for expenditures which are not in accordance with federal and/or state laws and regulations or contract provisions, or
5. the subcontractor is spending funds inappropriately.

**Established Agency** is an agency that has been continuously funded for services by the Brazos Valley Council of Governments for more than one year.

**External Review Committee** is a panel used to review and score responses to competitive requests for proposals. The panel is comprised of impartial individuals with knowledge of HIV services and should include a diverse group of skills.

**Finding** is an area in which the agency failed to meet the required minimum compliance criteria.

**Follow-up Site Visit** is a site visit to ensure that the adopted Plan of Correction for a subcontractor's findings has been implemented appropriately.

**Funding Source** is any external agency/organization that provides funding to the Brazos Valley Council of Governments, either directly or indirectly (i.e., HUD, DSHS, HRSA).

**Grievance** isan allegation against an entity of wrongdoing, discrimination, or an expression of dissatisfaction with services involving an immediate and serious threat to a client, misuse of resources by providers, or denial of services to clients.

**Health Service Delivery Area (HSDA)** is an area eligible for funds under Part B and DSHS HIV Health and Social Services (State Services). The Central Texas HIV Administrative Service Area includes the Abilene HSDA, Amarillo HSDA, Austin HSDA, Bryan-College Station HSDA, Concho Plateau HSDA, Eagle Pass/Uvalde HSDA, Lubbock HSDA, Midland/Odessa HSDA, Temple-Killeen HSDA, Victoria HSDA, Waco HSDA, and Wichita Falls HSDA.

**High Priority Critical Service Needs** are service categories that are both high priority and have a strong relation to enrolling clients in, and maintaining access to, HIV-related medical services.

**Immediate and/or Serious Threat** is a situation presenting a high possibility that severe injury to clients could occur at any time, or already has occurred and may well occur again if clients are not protected effectively from the harm, or if the threat is not removed.

**Individual Identifiable Health Information** is any information, including demographic information that is created, transmitted, maintained, or received in any form or medium by a health care provider, health plan, employer, or health care clearinghouse that identifies an individual, or with which there is a reasonable basis to believe the information could be used to identify an individual.

**Investigation** the process of gathering information sufficient to allow a decision to be determined regarding the validity of the grievance, and/or determining what referrals should be made to ensure the grievance is overseen by the appropriate entity.

**Local Responsible Party (LRP)** is an individual who accepts responsibility for implementing and enforcing the uniform reporting system security and confidentiality policies and procedures and has the responsibility of reporting and assisting in the investigative breach process. For the Administrative Area, the LRP is the BVCOG Data Manager. Each subcontractor must establish an LRP for their organization.

**Newly Established Compliance Criteria** are any compliance criteria established or adopted since the date of the previous site visit.

**Newly Funded Subcontractor** is any agency receiving initial funding for HIV services through the Brazos Valley Council of Governments. Additionally, if an agency's funding has lapsed for a year or longer, the agency will be considered a newly funded subcontractor, since compliance requirements will have changed enough to warrant the additional technical assistance from the Compliance Monitor.

**Noncompliance** is a finding by a BVCOG reviewer or other DSHS staff wherein a subcontractor fails to perform or inadequately performs contract provisions that may result in emergency actions, corrective actions and/or sanction(s).

**Planning Products** comprises four documents produced by BVCOG for planning. These documents include a needs assessment, community input plan, service category allocations by HSDA, and a comprehensive services plan.

**Probation** is a sanction in which the subcontractor may be placed on accelerated monitoring for a period not to exceed six months, by which time items of noncompliance must be resolved or substantial improvements shown.

**Quality** is the degree to which a health or social service meets or exceeds established professional standards and user expectations.

**Quality Management** is the management of all activities through a systematic and determined focus on continual improvement, above minimum levels of performance set by a formal quality management standard. To continuously improve systems of care, evaluations of the quality of care should consider the service delivery process, quality of personnel and resources available, and outcomes.

**Reallocation of Funds** is the movement of funds *among service categories* (e.g., oral health care to drug reimbursement) within or across providers.

**Redistribution of Funds** is the movement of funds from one contract to a different contract within the same service category (e.g., moving drug reimbursement money from Service Provider A to Service Provider B).

**Request for Proposals (RFP)** is a document issued by the lead agency to solicit proposals based on a generalized scope of work. The document outlines the lead agency’s requirements and criteria for the evaluation of offers.

**Reviewer** is a member of the BVCOG staff who conducts a site visit to audit or review subcontractor operations and/or administration of contract funds. The term also includes BVCOG staff that monitor subcontractor reporting requirements, financial accounting activities, or data management.

**Sanction** is an intervention or adverse action taken by BVCOG against or toward a subcontractor due to noncompliance with contract provisions, program performance, or an inability/unwillingness to resolve legitimate, substantiated complaints.

**Sensitive Information** is information that would cause a negative effect if it were lost or compromised.

**Serious Concerns** are any issues that might negatively impact the health and safety of clients receiving services.

**Services** are program activities offered by a provider on behalf of the subcontractor for health, medical, and/or social services.

**Subcontractor** is an agency that has signed a contract with the Brazos Valley Council of Governments to provide services under Ryan White Part B, State Services, or HOPWA funds.

**Supplemental Site Visit** is a site visit conducted on an established agency to assess the agency's continued compliance with requirements and review the agency for compliance with additional guidelines implemented in the time between site visits.

**Tangible Reinforcement** is a non-monetary item (typically a gift card) offered to a community member or stakeholder during a planning event to encourage attendance, increase participation, or offset or partially offset time and travel costs incurred to attend the event.

**Target Expenditure** refers to the percentage of a contract appropriate to have been spent at a given time during a contract year. For example, a 12-month contract in its sixth month should be 50% spent.

**Technical Assistance** is any information or instruction needed from the Administrative Agent by the subcontractor to perform their contractual obligation(s) appropriately.

**Unduplicated Clients** refers to the number of unique clients receiving a service or being served at an agency.

**Units of Service** refer to the standardized quantified number of services provided by an agency. Each service category includes a DSHS-defined unit definition – agencies use this definition to quantify the services they provide in terms of time, visits, payments, trips, etc.

**User** is a staff member of an AIDS services organization utilizing the uniform reporting system who has a user profile in the uniform reporting system.

# **Section 1:** **Administrative Agency Policies**

## §1.01 CONFIDENTIALITY OF HEALTH INFORMATION

Policy:

Due to the private nature of individual and patient information, the Brazos Valley Council of Governments will take all steps necessary to protect the confidentiality of all identifiable information.

Procedure:

1. Physical Security
	1. All sensitive, confidential, or individual identifiable information (herein referred to as confidential information) will be secured in a locked cabinet that is in a locked room when not in use. All offices or storage areas that contain confidential information will be locked when no authorized personnel are present.
	2. All computers containing confidential information will be in a secure area with electronic security devices installed, including username and password authentication, restricted user access to group drives, and password protected documents or encryption, as necessary.
2. Confidentiality Policy
3. All BVCOG staff must sign a confidentiality agreement, which will be filed in their personnel files. Additionally, any volunteers or interns of the HIV Administrative Services program staff must sign a confidentiality agreement.
4. All electronic and physical access ends immediately when an employee leaves employment with BVCOG, regardless of whether the employee leaves voluntarily or involuntarily
5. Privacy/Confidentiality training for new will be provided as a part of new staff orientation.
6. All staff will receive annual training in privacy/confidentiality issues. A new confidentiality form must be signed and placed in the personnel file as a part of each employee’s annual evaluation.
7. Communications
	1. Telephone conversations where confidential information is discussed will be done so that unauthorized personnel cannot overhear conversations.
	2. Mail for the HIV Administrative Services program will not be opened by BVCOG mail handlers. It will be delivered to the HIV program staff, where it is logged in and distributed to the intended recipient.
	3. Fax transmission, sending or receiving, of confidential information will go to a secure area, available only to HIV program staff.
	4. Information or data containing identifiable information will not be sent via email. HIV services or client information, even if de-identified, will never be sent to a personal email address.
8. Technical Safeguards
	1. All confidential information stored on HIV Administrative Services’ computers will be password protected to avoid unintentional disclosure.
	2. All electronic media that is no longer needed will be completely erased to ensure confidential information is not disclosed. In such a case that the electronic media cannot be erased, it will be destroyed to avoid unintentional disclosure.
9. Security Breaches
10. Reporting a Suspected Breach
	1. In the event of a security breach, the HIV Administrative Services staff discovering the potential breach will document the incident using the “Breach Report Form.”
	2. The initial breach report must be submitted to the HIV Administrative Services Program Manager within 24 hours of the incident. If the Program Manager is not available, the Executive Director must be notified. Upon review of the initial breach report, the Program Manager will determine if a breach did occur and proceed with an investigation as appropriate.
11. Investigating a Reported Breach
	1. The Program Manager will be responsible for further investigating the incident and will complete all subsequent sections of the “Breach Report Form.” The investigation should be finished no later than seven business days following the initial incident date.
	2. Any breach of confidentiality will be investigated immediately to assess causes and implement corrective actions. If a breach of confidentiality is related to a state funded program, the Program Manager will report it promptly to the appropriate state program contact and to the Human Resources Manager who is also the BVCOG Privacy Officer.
12. Action Steps Based on Type of Breach
	1. If the investigation does not find a breach in protocol or confidentiality, the Program Manager will communicate this to the staff member who reported the breach, and close out the investigation.
	2. If the investigation determines there was a breach in protocol, but not a breach in confidentiality (no confidential information was divulged, but a risk to confidentiality was present) the Program Manager will determine if the breach was negligent or purposeful. Appropriate actions will be taken by the Program Manager, based on this determination. These actions include requiring emergency training on security and confidentiality, and documentation of the incident in the employee’s personnel file. If the employee continues to pose a threat to security of confidentiality, the employee’s access to HIV/STD Program information will be limited or rescinded until further personnel actions have been determined. It is the responsibility of the Program Manager to monitor the employee responsible for the breach and ensure that further incidents do not occur.
13. If the investigation determines there was a breach of confidentiality (confidential information has been divulged and an immediate response is necessary) the Program Manager will determine if the breach was negligent or purposeful. Regardless of the type of breach (negligent or purposeful) the following recommendations may be required based on the severity of the breach: The employee’s access to physical and electronic resources must be limited or rescinded until an investigation of the incident is complete. Options for handling the situation include immediately reassigning the employee to a temporary duty station; obtaining permission from the Executive Director to send the employee home pending investigation of the breach; or calling law enforcement in extreme situations.
14. Implement new or additional processes to address any deficiencies in the HIV/STD program security and confidentiality policies and procedures.
15. Regulatory Reference
16. 45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information
17. Sections 1171 through 1179 Social Security Act
18. Texas Health and Safety Code Chapters 81 and 181
19. DSHS HIV/STD Policy 303.001

## §1.02 PROVISION OF PROGRAM DATA TO THE BOARD

Policy:

Program data will be presented to the Brazos Valley Council of Governments (BVCOG) Board of Directors each month and will include, at a minimum, the following HIV program activities: planning, monitoring, data management, quality management, and technical assistance. Additionally, HIV service utilization, client satisfaction reports, and any grievances submitted to BVCOG will be reported on a quarterly basis.

Procedure:

1. HIV program staff will complete monthly reports no later than the Thursday before the last Friday of each month. Staff will use a standard format in completing their reports and will save them in the HIV group drive.
2. Staff will report on their job-specific activities, including participation in quality management activities, technical assistance and trainings conducted, meetings held, and other pertinent information.
3. HIV service utilization will be reported on a quarterly basis in the January, April, July, and October reports. No identifying information will be included. The information will be summarized from the uniform reporting system database and will include information about HIV service delivery and information about the clients served (general information about the population, not client-specific). The data will be reported for the Central Texas HIV Administrative Service Area as a whole.
4. The Program Manager will compile the information and submit the combined report to the BVCOG Office Manager for inclusion in the BVCOG Board of Directors meeting packet.
5. Budgetary information is provided to the BVCOG Board of Directors by the Finance Director. The BVCOG budget is presented and approved each year by the board, as well as any budget revisions. A statement of revenues and expenditures by program is also presented to the board, both a summary and detailed report by budget category, each month showing monthly and year-to-date expenditures.

## §1.03 GRIEVANCE PROCEDURES  FOR POTENTIAL SERVICE PROVIDERS

Policy:

Grievances concerning funding distribution are brought to the Administrative Agency, Brazos Valley Council of Governments, who is ultimately responsible for the administration of HIV funds. A grievance can be brought by agencies eligible to receive HIV Services funding that were not selected to receive funding through the Request for Proposals (RFP) process. Grievances will be submitted according to the procedure below.

Procedure:

1. Proposers not selected by the RFP process may appeal the decision by submitting, within ***3 business days*** of the receipt of BVCOG notification of the award decision, a written Request for Debriefing to obtain information on the RFP process and how their proposal was received and ranked.
2. BVCOG shall acknowledge receipt of the Request for Debriefing in writing within ***5 business days*** of receipt, along with the date and time of the scheduled Debriefing.
3. The Debriefing shall be scheduled as soon as possible and no later than 10 days from the receipt of the Request for Debriefing. (NOTE: A debriefing is offered as a courtesy to any proposer who is not selected for funding; the 10-day time must be adhered to only if a proposer is considering a grievance.) The purpose of the debriefing is to promote the exchange of information, explain the proposal evaluation system, and help unsuccessful proposers understand why they were not selected. Debriefings serve as an important educational function for new proposers. Debriefings will help them to improve the quality of future proposals. Additionally, staff get direct feedback to help improve future proposals.
4. If, after the debriefing, the proposer wishes to continue with the grievance process, they must complete, sign, date, and submit the Grievance Form to the Brazos Valley Council of Governments HIV Administrative Services Program Manager within ***3 business days*** after the day funding decisions have been publicly announced. Grievance forms are available from, and must be filed at, the Brazos Valley Council of Governments HIV Administrative Agency, 3991 East 29th Street, Bryan, Texas 77802.
5. The Program Manager will then submit copies of the grievance to the Executive Director of Brazos Valley Council of Governments within 24 hours of receipt.
6. After receipt of a grievance by the Administrative Agency, a determination will be made by a Grievance Review Committee, which will review grievances brought against the Administrative Agency. This committee will only determine if a grievance is valid in accordance with the accepted grievance procedures. The Grievance Review Committee will consist of the BVCOG Board Chairperson (or designee) who shall chair the committee, the BVCOG Board Vice Chairpersons (or designees) and two staff persons appointed by the Board Chairperson.
7. Grievances with respect to funding issues are brought by those directly affected by the outcome of the RFP process and any award decisions. This includes grievances that affect procurement issues such as:
	* Deviations from the established selection of contractors and/or award process as established by Brazos Valley Council of Governments and/or the Texas Department of State Health Services.
	* Deviations from the process for any subsequent selection of contractors or awards; and
	* Other types of grievances may be sought and determined in accordance with local procurement procedures.

***8 Within 10 business days*** after receiving a formal grievance, the Grievance Review Committee shall investigate all the facts surrounding the grievance, provide an impartial and objective analysis, and render a written decision(s) regarding the validity of the grievance and what action(s), if any, must be taken to fully remedy the issue. The written decision must be sent by registered mail to the grievant and a copy maintained on file by BVCOG for at least three years after the date of the ruling.

9. If the dispute is not resolved in the above manner, the grievant may, within 3 business days of receipt of the decision, file a request for appeal of the decision to DSHS for final resolution.

10 If the grievance resolution requires reallocation, the time involved in the grievance process and the timely distribution of funds will be taken into consideration. If the retroactive reversal of a decision will adversely affect the delivery of services to the community, an award shall be adjusted in the following grant reallocation process or possibly the next grant period.

## §1.04 QUALITY MANAGEMENT

Policy:

The HIV Administrative Services program of the Brazos Valley Council of Governments will perform tasks related to quality improvement in accordance with the Quality Management (QM) Plan developed by the HIV program. The purpose of the QM plan is to set forth a coordinated approach to addressing quality assessment and process improvement for the Brazos Valley Council of Governments, in its role as the HIV Administrative Agency, and all eligible subcontractors. In following the Quality Management Plan, BVCOG will: (1) assess the extent to which HIV health services meet or exceed established professional standards and user expectations, and (2) develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services. The plan will be evaluated and updated on an annual basis. Quality improvement activities will be reported to DSHS on a quarterly basis and to the BVCOG board monthly.

## §1.05 CLIENT GRIEVANCE PROCESS

Policy:

Following the guidelines established by the Texas Department of State Health Services, the Brazos Valley Council of Governments (BVCOG) has established a process for clients to file a grievance against a subcontractor. It is the policy of BVCOG to handle grievances effectively and promptly from persons living with HIV/AIDS, or family members and friends acting on behalf of the client, living within the Central Texas HIV Administrative Service Area. If the violation is of a clinical nature, BVCOG will request that DSHS clinical staff be involved in the investigation and resolution of the complaint. If BVCOG is not able to resolve the issue, it will be escalated to the Department of State Health Services.

The complaining party is first encouraged to utilize the internal grievance procedures of the subcontractor concerning programs funded by the contract. However, the client always has the right to file a grievance directly with BVCOG by phone or in writing via mail, fax, or email.

A grievance may be filed by a complaining party on one or more of the following grounds: improper application of rules, regulations, and procedures (but not the rules, regulations, and procedures themselves); unfair or improper treatment; discrimination based on race, religion, color, sex (including sexual harassment), sexual orientation, gender identity, marital status age, disability, or national origin. The complaining party shall not be discriminated against nor suffer retaliation because of filing a grievance in good faith or participating in the investigation of a grievance.

BVCOG will also investigate any complaints of denial of services or complaints of subcontractors dripping high risk, or high-cost clients, including any complaints of “dumping” or “cherry picking” of clients. We will investigate any suspicion of this, regardless of whether a complaint is made or if we even have a suspicion that this is the case and review data and contact the agency for clarification and handle that in the way we feel appropriate.

Procedure:

1. Grievances Regarding an Immediate and/or Serious Threat. Grievances regarding an immediate and/or serious threat to the client should be reported immediately to BVCOG’s HIV Program Manager. Staff uncertain about whether a grievance poses an immediate and/or serious threat should immediately contact the HIV Program Manager for clarification. BVCOG will refer grievances of a clinical nature that pose an immediate and/or serious threat to the DSHS HIV/STD Clinical Resources Division.
2. Reporting a Grievance. If the complaint cannot be resolved through communication between the complaining party and the subcontractor, or if the complaining party is not comfortable complaining to the subcontractor, the complaint may be made directly to BVCOG. The following procedures apply to complaints made directly to BVCOG:
	* 1. Complaints concerning subcontractors may be made to BVCOG via telephone, email, fax, or mailed letter.
3. The identity of the complaining party (ies) will remain confidential unless explicit permission to reveal their identity is obtained by BVCOG. Complaining party (ies) also may remain anonymous while reporting to BVCOG.
4. BVCOG will utilize the BVCOG HIV/Health Services Complaint Intake Form to document incoming complaints. This electronic record is password-protected and all physical documentation pertaining to the complaint (e.g., faxes, letters) will be stored in a locked file cabinet within the HIV/Health Services office.
5. Once the full complaint is recorded, BVCOG will begin investigating the complaint immediately.
6. BVCOG’s process for investigating a grievance regarding HIV services. The Program Manager or designee will investigate all verbal and/or written grievances provided that sufficient information is available. Investigations involving immediate and/or serious threats are given the highest priority. Grievances involving discrimination will be investigated to determine the best way to respond to the grievance. BVCOG’s investigation of public grievances regarding contractual services will focus on the fairness and completeness of the grievance process used by the provider, or its agent, as well as implementation of processes to resolve the grievance itself.
7. Time frames. If requested, the complaining party will receive an initial written acknowledgement from the HIV Program Manager within **ten (10) working days** following receipt of the written grievance. The response time may be longer if the Program Manager is unavailable at the time the grievance is received. This acknowledgement will outline the process for reviewing and responding to the grievance (including who will be involved in the process, the projected timeline, and who will respond in writing to the complainant). The subcontractor and complaining party, if the complainant has agreed to be contacted again regarding the complaint, will receive a written response to the grievance within **twenty (20) working days** following receipt of the written grievance. The response will outline the steps that will be taken to try and resolve the conflict. BVCOG will try and resolve conflicts as quickly as possible and, where appropriate, with the least amount of formality. Steps that will be used in resolving conflicts will most often include conference calls and meetings between BVCOG and subcontractors. Should BVCOG not be able to complete the investigation and resolve the issue within 20 working days, the complaining party will be notified and BVCOG will have an additional 20 working days to complete its investigation and resolve the issue.

After investigating the grievance, HIV Administrative Services will:

* Dismiss the grievance, should there be a lack of sufficient evidence or cause to proceed, or
* Request a corrective action plan from the subcontractor, which will outline the protocols and strategies utilized to address the issue.
1. Appeal Process. Should the conflict not be resolved to the complaining party's satisfaction, the complaining party may appeal to the Texas Department of State Health Services.
	1. If the grievance is related to an act of discrimination, appeals should be submitted in writing to the Civil Rights Office in accordance with time frames stated in their policy, be signed by the complainant, and contain the following information:
		1. The full name and home address of the complaining party submitting the grievance;
		2. The organization from which the grievance arose;
		3. A concise statement of the facts of the grievance to include the identity of the person(s) alleged to have committed a wrongdoing or discriminated against the complaining party; and,
		4. The remedy/solution sought by the complaining party submitting the grievance.
	2. If the grievance is unrelated to an act of discrimination, appeals should be submitted in writing to the Service Consultant assigned to BVCOG HIV Administrative Services , in accordance with time frames stated in their policy, signed by the complainant, and contain the following information:
		1. The full name and home address of the complaining party submitting the grievance;
		2. The organization from which the grievance arose;
		3. A concise statement of the facts of the grievance to include the identity of the person(s) alleged to have committed a wrongdoing or discriminated against the complaining party; and,
		4. The remedy/solution sought by the complaining party submitting the grievance.

## §1.06 NEW EMPLOYEE ORIENTATION AND TRAINING

Policy:

It is the policy of the Brazos Valley Council of Governments HIV Administrative Services Program to provide training and orientation to new employees of the program, in addition to and in conjunction with the orientation procedures outlined in the BVCOG policies and procedures. HIV program orientation and training will be limited to knowledge and skill building specific to the staff roles and responsibilities, as well as program and contract requirements.

Procedure:

1. New employee orientation for job-specific requirements will be conducted by both the Program Manager and the current employee, whenever possible. If an overlap in employment by the current and new employee is not possible, then training and orientation will be solely the responsibility of the Program Manager, who will involve other program staff in the orientation of the new employee as necessary and appropriate.
2. At a minimum, new employees will be trained on the topics outlined in the attached chart, in addition to a list of required readings and external trainings or meetings appropriate to the position. The orientation plan will be implemented in accordance with the following timeline:
* Reading materials will be provided at the start of employment and should be completed within the first 2 weeks. The employee’s manager will discuss the materials with the employee to ensure the employee fully understands the content.
* In-house training will be conducted on an ongoing basis throughout the first month of employment.
* External trainings and meetings will be scheduled within the first 90 days of employment whenever possible, as scheduling or budgeting constraints allow.
1. At the end of the 90-day introductory period, the employee’s supervisor will conduct a performance evaluation to determine whether the employee has met the minimum standards and what, if any, further trainings are needed. The supervisor will then develop a staff development plan to outline any further training needed for the employee to meet the standards, including a timeline for completion and re-evaluation. The performance standards should be met within 6 months of employment unless particular activities in the standards have not yet occurred, or another timeframe is specified by the supervisor in the staff development plan.
2. BVCOG’s Fiscal Monitor will be trained by the Finance Director and will receive additional training specific to HIV funding and program requirements by the HIV Program Manager.

|  | **Reading Materials** | **Training Topics (in-house)** | **Meetings, Shadowing, or External Trainings** |
| --- | --- | --- | --- |
| All HIV Program Staff | * + HIV program policies, procedures, and plans
	+ Texas Department of State Health Services HIV policies (global policies and HIV service policies)
	+ Administrative Agency Roles and Responsibilities
	+ HRSA Ryan White Part B Manual
	+ DSHS contract provisions, current work plans and performance measures
	+ Reporting forms, previous subcontractor and quarterly reports, and monthly reports to the BVCOG board
	+ Ryan White CARE Act of 2000 (with compilations)
	+ Current Ryan White Legislation
	+ Measuring What Matters: Allocation, Planning, and Quality Assessment for the Ryan White CARE Act
	+ Public Financing & Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White
	+ Most recent competitive RFP and subcontractor applications
	+ Most recent application to DSHS for funding
	+ Phone Manual
	+ Most recent reports sent to DSHS, and reports submitted by providers
	+ Monthly reports
	+ DSHS End the Epidemic Plan https://achievingtogethertx.org/
 | * + Overview of the entire program, each staff member’s roles, structure of the HIV service system in Texas, and other broad program and funding information
	+ The uniform reporting system (entry requirements, reports available, how the data are used, etc.) and the data reporting process/structure
	+ Reporting requirements (quarterly reports, BVCOG monthly report, etc.)
	+ Basic and relevant budget information, including travel and other budgeted activities, allowable and unallowable costs, and documentation of expenses/ BVCOG policies regarding expense documentation and processes
	+ Quality management: federal and state requirements, BVCOG QM program
 | * FEMA Online Courses related to: Workplace Violence Awareness Training (IS-106.12 ), Workplace Security Awareness (IS-906), and Active Shooter: What You Can Do (IS-907 ). Ask program manager for more details on where to find these trainings.
* Cyber Security Trainings, including the required trainings from DSHS and BVCOG.
 |
| Program Manager | * + Subcontractor contracts and correspondence
	+ Previous site visit reports
	+ Previous site visit reports from DSHS monitoring visits of BVCOG
	+ Previous HIV program expenditure and budget information
	+ Current Central Texas HIV/AIDS Planning Area Needs Assessment report
	+ Current Central Texas HIV/AIDS Planning Area Comprehensive Services Plan
	+ Current Data Improvement Plan
	+ DSHS HIV Services Taxonomy, including definitions and acceptable use
	+ HRSA monitoring standards
	+ HRSA HAB performance measures
 | * + BVCOG management procedures and processes, including staffing, check requests, credit card usage, etc.
	+ HOPWA program and reporting requirements
	+ Previous HOPWA training materials
	+ Monitoring process from initiation through closeout
	+ RFP and contract development process
	+ Contract amendments
	+ Subcontractor reporting and expenditure monitoring
	+ Overview/training on the planning process, needs assessments, priority setting, comprehensive plan development and implementation, allocations/reallocations process, community input
	+ The uniform reporting system training: reporting requirements, monitoring and oversight of data quality, status of subcontractor compliance with data requirements
	+ BVCOG contract and budget, BVCOG expenditure tracking and previous expenditures
 | * + Management training as available and identified by HR
	+ Attend site visits of BVCOG subcontractors
 |
| Compliance Monitor | * + DSHS HOPWA Manual
	+ DSHS Monitoring Standards and tools
	+ Federal HOPWA Regulations
	+ Previous site visit reports
	+ Current Central Texas HIV/AIDS Planning Area Needs Assessment report
	+ Current Central Texas HIV/AIDS Planning Area Comprehensive Services Plan
	+ HRSA monitoring standards
	+ HRSA HAB performance measures
 | * + HOPWA program and reporting requirements
	+ Previous HOPWA training materials
	+ Monitoring process from initiation through closeout
	+ RFP and contract development process
	+ Contract amendments
	+ Subcontractor reporting and expenditure monitoring
 | * + Shadow departing BVCOG Compliance Monitor, if possible
 |
| Planner | * + Current Central Texas HIV/AIDS Planning Area Needs Assessment report
	+ Current Central Texas HIV/AIDS Planning Area Comprehensive Services Plan
	+ Administrative Agency Planner Performance Standards, Expectations, Core Competencies, Duties and Required Activities
	+ DSHS HIV Services Taxonomy, including definitions and acceptable use
	+ HRSA HAB performance measures
 | * + Overview/training on the planning process, needs assessments, comprehensive plan development and implementation, allocations process, community input
	+ Contracting and budgeting process with BVCOG subcontractors, reallocations
	+ Monitoring process and how it ties into planning
	+ The uniform reporting system capabilities and information available, including sample reports, specific to the planning process
 | * + Shadow departing BVCOG Planner, if possible
	+ Meet with DSHS Consultant or other DSHS staff as available
	+ Meet with Austin Part A Office of Support (Planning Council Coordinator and Planner)
	+ Meet with Austin Part A Administrative Agent
 |
| Data Manager | * + Current Central Texas HIV/AIDS Planning Area Comprehensive Services Plan
	+ Current Central Texas HIV/AIDS Planning Area Needs Assessment
	+ DSHS HIV Services Taxonomy, including definitions and acceptable use
	+ Previous site visit reports
	+ DSHS Uniform Reporting System Policies
	+ HRSA HAB performance measures
 | * + Current data monitoring process and timelines
	+ Connection between data management, planning, and Compliance Monitoring
	+ Ryan White HIV/AIDS Program Services Report processes, timelines, and best practices training from current BVCOG data manager
	+ Processes for creating/deactivating: agencies, users, contracts
 | * + Shadow departing BVCOG data manager, if possible
	+ Advanced MS Access training, if needed
	+ Meet with Austin Part A Administrative Agent data manager and program manager
	+ Shadow another Part B data manager, as recommended by DSHS
	+ Meet with DSHS Part B data management contacts
	+ Conference call or individual phone meetings with all subcontracting agencies
 |
| Program Administrator | * + DSHS Taxonomy and service category Definitions
	+ Most Current Standards of Care and Monitoring Tools.
	+ BVCOG HIV Organizational Chart
	+ HRSA HAB performance measures
	+ Subcontractor contracts and correspondence
	+ Previous HIV program expenditure and budget information
	+ DSHS HIV Services Taxonomy, including definitions and acceptable use
 | * + BVCOG procedures and processes including check requests, credit card usage, copier, mailroom
	+ RFP and contract development process
	+ BVCOG travel processes
	+ BVCOG Finance Procedures
	+ Google Calendar
	+ Filing Grant Materials
	+ Monthly Reports
	+ BVCOG computers – HIV Drives
 | * + Shadow all positions
 |
| Regional ADAP Liaison | * + THMP New ADAP Enrollment Worker Training Manual
	+ THMP Homepage, Documents Page
	+ Agency THMP needs assessments
 | * + Payor of Last Resort/HIA
	+ Medicare + AAA + LIS
 | * + Shadow departing Regional ADAP Liaison, if possible
	+ Meet with non-BVCOG funded service providers who complete THMP applications (Austin Part As, StarCare); obtain THE UNIFORM REPORTING SYSTEM certificates for non-funded areas
	+ Meet with THMP Manager, Leads, Regional Coordinator, Trainer, Liaisons; request access to THMP Weekly Huddle
	+ Meet with PAP contacts (Gilead & HarborPath)
	+ Meet with PrideLife ACA and Medicare Teams; obtain Continuum access
	+ Conference call or individual phone meetings with all subcontracting agencies
 |

## §1.07 INTERNAL REVIEW OF EXPENDITURES

Policy:

The HIV Administrative Services Program will meet to review subcontractor expenditures monthly. During the review, HIV Administrative Services Program staff will identify expenditure trends for planning and monitoring purposes. Expenditures will be reviewed to ensure subcontractors are on target with projected expenditures and performance measures, to determine whether reallocations are necessary. If we need additional information regarding utilization, we will request that from our Data Manager.

Procedure:

A. The monthly expenditure review meeting will be attended by the HIV Program Manager, the Program Administrator, Compliance Monitors, and Planners

B. Data sources

1. Expenditures will be reviewed using the monthly Service Category Expenditure reports (including Year To Date numbers) submitted by subcontractors, which are due to BVCOG the 15th of each month for the preceding month’s expenditures. The BVCOG Program Administrator will compile all Service Category Expenditure reports, including Year to Date expenditures and present them to the HIV program staff. The Service Category Expenditure reports will include the following information for each HIV services contract:

1. Monthly expenditures by primary service category
2. Cumulative expenditures by primary service category
3. For direct, administrative, and total expenditures:
	* 1. Total monthly expenditures
		2. Cumulative expenditures
		3. Allocation remaining
4. Explanations for any service category expenditures more than 10% off target
5. Description of trends or patterns in expenditures

2. The Program Administrator will also present HOPWA Detailed Expenditures Reports, including Year to Date expenditures, for review by program staff. Staff will review expenditures in Tenant-Based Rental Assistance (TBRA), Short Term Rent, Mortgage and Utilities (STRMU), Supportive Services, Permanent Housing Placement Services, and Administrative Costs.

C. Review of subcontractor expenditures

1. Prior to the monthly meeting:
2. The Program Administrator will receive monthly FSRs with the attached Service Category Expenditure report and record the date the reports were received into the FSR. The Program Administrator will review the Service Category Expenditure sheets for completeness and to ensure there are no over-expenditures in any service categories. If the subcontractor is over 100% spent in any service category, the Program Administrator will contact the subcontractor to discuss the over expenditure(s) and to request a revised reimbursement request. Copies of approved documents will be filed with the Program Administrator, who will forward the original documents to the HIV Program Manager
3. The Program Manager will then create a check request, attach the FSR, Service Category Expenditure report, and backup documentation, and submit it to the Accountant.
4. The Accountant will review the FSRs for expenditures from the subcontractor’s 8-category budget and compare the reimbursement request to the agency’s backup documentation (general ledger). The Accountant may follow up with the Program Administrator or subcontractor to discuss any problems or to clear up any questions the Accountant may have.
5. The check request will be forwarded to the Executive Director for signing, then to the Finance Department for processing.
6. Any areas identified in the reports that warrant immediate action or clarification will be brought to the Program Manager as soon as possible, who may call a meeting of program staff to discuss next steps. On a semiannual basis, the staff will also review the semiannual reports from subcontractors to compare expenditures to other items reported, such as funding issues, staffing changes, progress on performance measures, etc.

2. At the monthly meeting:

* 1. Program Administrator will distribute SCE and YTD forms for the previous month.
	2. All attendees will review expenditures and discuss any off-target amounts, trends, possible reallocation needs, and any inconsistencies with the utilization data.
	3. Topics needing additional clarification from subcontractors or opportunities for reallocation will be compiled by the Planner.

E. After each monthly meeting, the Program Administrator will compile questions and comments for each subcontractor and email to HIV Program staff who will make assignments for each item. HIV Staff will then contact the subcontractor for clarification. Each subcontractor will be provided a timeline for responding, and responses will be used to guide reallocations and ensure the program staff is aware of the status of expenditures/utilization at each agency. Comments from each meeting and responses from subcontractors will be kept on file by the Program Administrator.

F. If program staff identifies a potential overspending or lapse in funds, the Planners will first contact the subcontractor to determine the cause. If overspending is the problem, the Planners will work with the subcontractor to determine the best strategies for ensuring funds are available for the remainder of the contract year. If a subcontractor expects a lapse in funds, BVCOG will work with the subcontractor to determine the amount of anticipated unspent funds and will contact DSHS to determine whether that money can be reallocated to another agency.

G. Additional review of data quality: The Data Manager will complete t RSR report at least quarterly pertaining to each subcontractor. Subcontractors will be notified of deficiencies and a deadline for making corrections each month.

# **Section 2: Subcontractor Policies**

##

## §2.01 TECHNICAL ASSISTANCE

Policy:

Due to various needs that will arise for subcontractors, the Brazos Valley Council of Governments will provide technical assistance at the start of a contract for newly funded subcontractors and on an as-needed basis throughout the contract period. The responsibility lies with the subcontractor requesting additional technical assistance after the initiation of a contract. BVCOG may also initiate technical assistance if a need is identified.

Procedure:

A. Contract Start-Up

1. Within three (3) months of the date that an agency commences services, the Compliance Monitor will schedule an Orientation Site Visit or conference call as deemed necessary by BVCOG. BVCOG may choose to waive this requirement in specific situations, for example, if a previously funded program and its staff remain intact but fiscal and oversight responsibility move to a different umbrella organization. Orientation site visits will be conducted consistent with the policy on *Monitoring Newly Funded Subcontractors.*
2. BVCOG will work with the newly funded agency on developing a plan and timeline for creating new policies and processes, as necessary. BVCOG may also schedule multiple technical assistance conference calls, meetings, and/or desktop or follow up monitoring visits, as necessary. The level of technical assistance and oversight required for a new agency is dependent on the capacity and infrastructure already in place and will be determined at the sole discretion of BVCOG.

B. Further Technical Assistance

1. As the Brazos Valley Council of Governments becomes aware of significant changes in contract requirements, the program staff may schedule a subcontractor meeting as necessary and as funding allows. The Monitor may also send out information via e-mail or coordinate conference calls to conserve funds.
2. If the changes are minor, the Compliance Monitor will explain the changes via e-mail.
3. The Brazos Valley Council of Governments will also provide additional technical assistance as needed. Technical assistance will be provided mainly through e-mails, phone calls, meetings, and through the Administrative Agency’s website. Program staff will first attempt to resolve technical issues by phone or email. If TA is provided by phone, the appropriate staff will send a follow-up e-mail so both parties have the information in writing. Site visits will also be conducted as warranted by program needs.

C. Requests for Technical Assistance

1. Technical assistance needs that are minor and can be addressed quickly should be completed by email when appropriate.
2. The Administrative Agency staff has three (3) business days to attempt contact with the subcontractor regarding the request. This timeframe may be extended if the appropriate staff is unavailable.
3. If a request is made in writing and the appropriate staff is unavailable, the subcontractor may forward the TA request to the Program Manager for an attempt at contact.
4. When contact is made, the Administrative Agency staff member will assess the request and determine the most appropriate response with the agency.
5. Whenever possible, technical assistance will be documented in writing via email, either as the original source of the assistance provided or as a follow-up to a verbal discussion.
6. All technical assistance will be documented in the QM & TA Activity Master Log.

## §2.02 RESOLVING CONFLICTS WITH SUBCONTRACTORS

Policy:

The subcontractor shall utilize its internal complaint procedures for all complaints made by the subcontractor, participants, or other persons concerning programs funded by the Contract. If the complaint cannot be resolved at the subcontractor level, the complaining party has the right to file a complaint with the Brazos Valley Council of Governments.

The Brazos Valley Council of Governments will provide a process by which conflicts with subcontractors can be addressed and resolved quickly. A subcontractor shall not be discriminated against nor suffer retaliation because of filing a complaint in good faith or participating in the investigation of a complaint.

A grievance may be filed by an employee, subcontractor, or client on one or more of the following grounds: improper application of rules, regulations, and procedures (but not the rules, regulations, and procedures themselves); unfair treatment; illegal discrimination based on race, religion, color, sex (including sexual harassment), age, disability, or national origin; improper application of fringe benefits; or improper working conditions. It is the policy of BVCOG, insofar as possible, to prevent the occurrence of grievances and to deal promptly with those that occur. All subcontractors, clients, and BVCOG employees shall follow the grievance procedures covered under section 15.0 of the BVCOG policies and procedures manual.

Procedure:

1. Informal Complaints. The first step in the conflict resolution process is for the complaining party to attempt to resolve the conflict by some form of informal conference with the Program Manager. If this informal conference does not result in a resolution of the problem(s) that is satisfactory to all parties, a formal written complaint may be filed.
2. Formal Complaints. Formal complaints must be in writing, signed by the complaining party, and presented to the Program Manager. A statement of the specific remedial action requested by the complaining party must be included in the written complaint.
3. The HIV Program Manager of the BVCOG will review the complaint to determine the best way to respond to the complaint.
4. The subcontractor will receive an initial written acknowledgement from the HIV Program Manager within ten (10) working days following receipt of the written complaint. The response time may be longer if the Program Manager is unavailable at the time the complaint is received. This acknowledgement will outline the process for reviewing and responding to the complaint (including who will be involved in the process, the projected timeline, and who will respond in writing to the complainant).
5. The subcontractor will receive a written response to the complaint within twenty (20) working days following receipt of the written complaint, sending a copy of the response to the Executive Director. The response will outline the steps that will be taken to try and resolve the conflict. BVCOG will try and resolve conflicts as quickly as possible and, where appropriate, with the least amount of formality. Steps that will be used in resolving conflicts will most often include conference calls and meetings between BVCOG and subcontractors.
6. If the conflict is not resolved to the subcontractor's satisfaction, the subcontractor may appeal to the Executive Director. The appeal must be made in writing to the Executive Director, specifying the reason(s) for the appeal. At the time of the appeal, the Executive Director will determine the process for reviewing and responding to the appeal (including who will be involved and the projected timeline for reviewing and responding to the appeal).
7. If the conflict is not resolved to the subcontractor’s satisfaction following the appeal, the subcontractor can submit a complaint to the Department of State Health Services.

## §2.03 COLLECTION OF CLIENT AND CUSTOMER SATISFACTION

## INFORMATION

Policy:

It is the policy of BVCOG to collect client and customer satisfaction information for use in quality improvement and planning activities. Subcontractors are required to collect client satisfaction information to determine whether the services provided meet the needs of the clients. BVCOG may also directly collect satisfaction information from clients as a part of the annual monitoring process. All the information collected will be used by subcontractors and BVCOG to improve services provided.

Procedure:

A. BVCOG Subcontractor Satisfaction Surveys

1. BVCOG subcontractors are required to collect client satisfaction information annually. Subcontractors must include, at a minimum, questions that assess each of the service categories they are funded to provide.
2. The survey should be appropriately worded to elicit potential barriers to access, cultural competency, and quality (e.g., general satisfaction, client participation, perceived outcomes, continuity of care, effectiveness or result of service, timeliness of care, customer service/staff skills).
3. BVCOG will review client satisfaction surveys and responses to ensure the above requirements are met. These will be submitted to BVCOG with semiannual reports.
4. Subcontractors must distribute the surveys to all active clients and document that all clients were given an equal chance to participate. Subcontractors are encouraged to employ other methods of advertising the surveys as well, such as flyers posted at the agency where they would be visible to clients and blank surveys available onsite for clients to pick up if they did not receive or lost their copy.
5. Surveys must be distributed to clients in a way that allows them to return the surveys anonymously, including instructions asking clients not to provide their name, avoiding any type of coding on the surveys, and avoiding questions that might otherwise identify the client, such as county of residency. BVCOG also encourages surveys to be sent to clients electronically via something like Survey Monkey so that clients can complete them and submit them on a smart phone.
6. Subcontractors must implement methods to encourage client participation and maximize the return rate of surveys, including providing a self-addressed stamped envelope, providing a drop box in the office, sending multiple mailings, calling all clients to encourage participation, etc.
7. Providers are required to apply the information from these surveys to program improvement efforts, when possible. BVCOG will review documentation during regular monitoring visits that surveys were analyzed, shared with all staff, reviewed to determine ways to improve services, and testing/implementing changes to services.
8. Providers are required to report activities related to collection of client satisfaction information on the quarterly report submitted to BVCOG. Results of surveys and any other relevant documentation should be attached to the report.
9. BVCOG’s QM Committee will review receive relevant updates of client satisfaction data and will use information collected from the surveys for quality improvement efforts. BVCOG will work with subcontractors to implement needed changes.

## §2.04 SUBCONTRACTOR CLIENT COMPLAINT PROCESS

Policy:

The Brazos Valley Council of Governments has established required elements for a subcontractor's client complaint process.

Procedure:

1. Subcontractors must have a client complaint process that includes the following:

1. Assurance that the process will be conducted in an impartial and timely manner.
2. Assurance that, if requested, client confidentiality will be protected during the process.
3. Assurance that clients and their caregivers have the right to file and pursue grievances without fear of loss of services or any form of retaliation.
4. Assurance that the complainant will be provided with a written response regarding the result of the complaint.
5. There must be a policy and procedure in place which states that a clinician with appropriate training and credentials will address complaints of a clinical nature.
6. When there is or may be a conflict of interest by having a member of the agency staff review the complaint, it should be referred to BVCOG for either clinical or non-clinical care issues.
7. Client must have the option of contacting BVCOG at any point in the grievance process to have their grievance investigated by BVCOG staff. This must be included in the written policy along with updated contact information for BVCOG.
8. Timelines must be imposed for processing the complaint to ensure a rapid response.

2. For Housing Opportunities for Persons with AIDS (HOPWA) services, the subcontractor may terminate assistance to a participant who violates program requirements; however, subcontractors should terminate assistance only in the most severe cases. The subcontractor may resume assistance to a participant whose assistance was previously terminated. In terminating assistance to a participant, the subcontractor must provide a formal process that recognizes the rights of the individual receiving assistance to due process of law. This process, at a minimum, must consist of:

a. Written notice to the participant containing a clear statement of the reason for termination;

b. A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and

c. Prompt written notice of the final decision to the participant.

3. The subcontractor must afford at least equal protection for the client that DSHS's informal reconsideration and due process hearing procedure affords to the subcontractor.

## §2.05 TIMELY REIMBURSEMENT OF SUBCONTRACTORS

Policy:

Subcontractors *must* bill each month or submit a statement saying no expenses incurred during the past month by the 15th of each month. Any FSRs not received by this day may not be reimbursed until the following month.

Funds will only be reimbursed for actual incurred costs and must be accompanied by appropriate supporting documentation for each request, as determined by BVCOG. The subcontractor should use the budget as a guide for controlling expenditures and staying within the cost limits as set forth in the budget.

Expenditures should be planned to utilize all funds within the contract period. Low expenditures could lead to a redistribution of funds, including outside of the HSDA, unless adequate documentation and/or assurances is provided to ensure that expenditures will be incurred during the contract period.

Monthly billing should include (all information included on monthly Financial Status Report):

* Organization Identification
* Reimbursement address
* Contact person/phone number
* Identification of the funding source(s)
* Billing period
* Amount of payment requested by budget line item
* Calculation of the requested payment
* Total dollar amount of expenditures and remaining fund balance(s)
* Signature of authorized individual

Supporting documentation must also be submitted with the monthly Financial Status Report as well as other required reports such as the Service Category Expenditure Sheets for Ryan White and State Services and the Detailed Expenditures Report for HOPWA. BVCOG reserves the right to require additional reports as needed to fulfill contractual obligations or to satisfy requirements imposed by DSHS. The FSR and Service Category Expenditures Workbook for Ryan White and State Services as well as the FSR and Detailed HOPWA Expenditures Report workbook should also be submitted to the BVCOG by email by the 15th of the month.

### Procedure:

1. All reimbursement requests will be logged in by BVCOG staff with the date the request is received.
2. The request will then be reviewed by the Program Administrator to ensure the contractor has not requested reimbursement for funds exceeding the allocated amount. If the contractor has exceeded the allocation of any service category, the Program Administrator will contact the subcontractor and they will be required to resubmit the report.
3. The request will then be submitted to the HIV Program Manager to create a check request. The check request and backup documentation will then go to the program Accountant who will review the FSR and tie out the requested amounts with the backup documentation. The Accountant and Program Administrator will contact the subcontractors for corrections and re-submission if any discrepancies are found.
4. The Program Manager will submit the request to the Executive Director for signature and submission to the Finance Department for payment.

Any request forms that do not include the appropriate supporting documents will not be sent to Finance until the outstanding issues are resolved. Subcontractors will be notified of the discrepancy immediately to avoid delays in reimbursements. Checks will be held until BVCOG receives reimbursement from DSHS. All subcontractors will be reimbursed no later than 10 days after BVCOG receives reimbursement from DSHS.

## §2.06 DISALLOWED COSTS

Policy:

It is the policy of BVCOG to recoup any costs paid to Contractors who have paid for services that have been disallowed.

Contractors are entitled to payment for any allowable cost incurred while providing services according to the terms of their contracts. Funds must be expended and accounted for in accordance with contract terms, federal and state laws, rules, regulations, and appropriate guidelines. Disallowed costs may occur when an agency provides services to a client who is not eligible to receive services, when services are not documented correctly, when applications and other backup documents are not completed, etc. These disallowed costs may be discovered during financial reviews or programmatic reviews. When disallowed costs are discovered, those funds must be returned to BVCOG.

The following are some examples of occurrences that will result in disallowed costs:

* Non-receipt of policies and procedures prior to the site visit will result in disallowed costs for all services in the categories for which policies and procedures were not received.
* Findings not correctable on site will be disallowed
* Expired eligibility during the review period
* Documents not filed in sync with the Table of Contents
* Supportive Documents not clearly identified (i.e., proof of residence, income, insurance)
* Annual/Review date not clearly identifiable
* Case notes not signed/sealed and in client file
* Emergent need and follow up not clearly documented with supportive documents
* Payor of Last Resort screening tool incomplete
* Proof of ADAP application/approval letter not in file for clients receiving LPAP or EFA services.
* Supportive documentation not in file for STRMU/EFA assistance (i.e., utility bills, medical statements, service repair invoices, where required).
* Receipts, Invoices, and/or Statements verifying service not in file (where required).
* No verification of tracking client contribution (where required)
* Not having 30 days of income (award letters, supporter statements, Declaration of Income statements, etc.) for the entire review period.

If disallowed costs are determined, the agency may refute within 30 days of notification. This must be done in writing and submitted to the BVCOG Compliance Monitor. Once final determination of the disallowed cost has been made, the agency must present a written payment plan to the BVCOG Fiscal Monitor. If a delinquency of 30 days for a scheduled payment occurs, BVCOG will withhold that payment from future reimbursements until the balance is paid in full.

Specific questioned services will be indicated in an invoice that the agency receives with their site visit report. The services will be broken down by contract, so it will be possible to tell which contract each service is associated with for purpose of repayment. Each contract must be paid back separately. If the agency is paying back the disallowed costs with a check, local funds must be used to pay the disallowed cost. If the disallowance is from a closed contract, it must be paid from agency general funds. If the agency prefers the liability withheld from future reimbursements until the balance has been fully paid, this must be stated in the repayment plan.

Services provided which have been entered into the uniform reporting system will remain in the uniform reporting system but will be transferred to a new contract. The agency will need to contact the BVCOG Data Manager to create a new contract, named DAC(year),once created, the service must be moved to that contract. This will allow services to still be reported for annual reporting purposes but excluded from additional monitoring.

## §2.07 TECHNICAL ASSISTANCE FOR NONCOMPLIANCE

Policy:

The Brazos Valley Council of Governments will provide technical assistance to all subcontractors who are found to be out of compliance with contract provisions. Technical assistance will be provided by the Administrative Agency whenever possible to prevent imposing a sanction.

Procedure:

A. Identifying the Need for Technical Assistance

1. BVCOG will conduct informal reviews of each subcontractor monthly to ensure compliance with contract requirements, including reporting, fiscal, data, and program requirements.
2. BVCOG monitoring staff will also conduct desktop audits and an on-site monitoring visit with each subcontractor on an annual basis to review the program for contract compliance and program performance.
3. BVCOG Data Manager will monitor each subcontractor monthly via the RSR in the uniform monitoring system to ensure compliance with the program.
4. Implementing Technical Assistance
	1. The subcontractor will be notified in writing immediately when they are out of compliance with a contract requirement.
	2. The written notice can be delivered either by e-mail or mailed letter detailing the noncompliance, what action needs to be taken to correct the problem, and a timeline for correcting the problem.
	3. If the problem can be corrected by the subcontractor without assistance, the subcontractor will be required to submit evidence that the problem has been corrected.
	4. If the subcontractor requires additional technical assistance to correct the problem, the Compliance Monitor will arrange a meeting, either via conference call or in person, to discuss steps that need to be taken and ways the Administrative Agency can assist the subcontractor in correcting the problem.
	5. The Program Manager will send the subcontractor written notification of compliance with the requirement once the Compliance Monitor receives sufficient evidence that the problem is corrected.
5. Imposing Sanctions
	1. BVCOG will impose one or more sanctions, following BVCOG’s Sanctions Policy (§2.07), when one of the following occurs:
		* The subcontractor fails to cooperate with the Administrative Agency or respond to the Administrative Agency regarding noncompliance with contract requirements.
		* The subcontractor fails to respond to adverse findings resulting from a site visit or a complaint filed against the subcontractor.
		* The subcontractor’s actions adversely affect the provision of client services.
		* Any other situation in which the Administrative Agency determines that a finding of noncompliance warrants such action.
	2. The decision to impose a sanction depends on the severity of the finding or if similar or recurring problems have been found in the past.
	3. BVCOG will work with the subcontractors as much as possible to avoid the imposition of sanctions.

## §2.08 SUBCONTRACTOR SANCTIONS FOR CONTRACT NONCOMPLIANCE

Policy:

It is the policy of the Brazos Valley Council of Governments HIV Program to follow the procedure below when a subcontractor is found to be out of compliance with contract terms. BVCOG has various options it may take regarding contract noncompliance, including emergency action, corrective action, or imposition of a sanction. The decision to require corrective action or to impose a sanction depends on the severity of the finding or if similar or recurring problems have been found in the past. If a discrepancy occurs between BVCOG’s sanctions policy and the current contract(s) with the subcontractor, the most recently enacted contract will be followed.

Procedure:

**Noncompliance with Contract Terms**

Each subcontractor receiving funds through BVCOG signs a contract which outlines tasks or requirements associated with receiving the funds. In signing the contract, the subcontractor agrees to perform those tasks or requirements. Noncompliance results when a discrepancy is found in the administration of a program or a service, or an irregularity is found in the way the subcontractor is spending and/or accounting for the funds. The discrepancy may be found during a compliance review, or it may be found by staff responsible for monitoring subcontractor compliance with programmatic or financial accounting activities. The subcontractor may also be found in noncompliance for failing to cooperate with the investigation of a complaint or failing to respond to adverse findings resulting from a complaint filed against the subcontractor.

**Emergency Action**

BVCOG is authorized to take an immediate emergency action when a reviewer determines that a finding of noncompliance warrants such action.

*Time frame and method for notifying subcontractor of emergency action*

The reviewer, after conferring with appropriate BVCOG management staff, gives a verbal notice on-site to the subcontractor to immediately discontinue the action or process. The reviewer provides written notice of the required emergency action by certified mail within 10 calendar days.

*Time frame for the subcontractor to respond to emergency action*

The subcontractor must immediately discontinue the action or process that has prompted the required emergency action. In addition, the subcontractor must provide an acceptable action plan in a time frame specified by BVCOG to ensure that the circumstances or conditions which caused noncompliance will not recur.

*BVCOG action when the subcontractor fails to respond to the emergency action notice*

BVCOG will decide what additional actions or recourse may be needed to effectively stop the noncompliant action or process. Recourse may include the imposition of any of the corrective actions listed in this policy and/or imposition of any of the sanctions described in this policy or any combination thereof.

*Discontinuing emergency action*

Emergency action is discontinued when the condition causing BVCOG to take emergency action has been eliminated and BVCOG is reasonably sure that the condition will not recur. Compliance will be determined by accelerated monitoring or other appropriate BVCOG procedures. BVCOG notifies the subcontractor in writing that the condition which elicited the emergency action(s) has been resolved and additional action is not required.

**Corrective Action**

When possible, BVCOG staff will require the subcontractor to remedy adverse findings by recommending that the subcontractor take certain corrective action(s) before imposing a sanction(s). When corrective action is recommended, the subcontractor is subject to the following BVCOG actions:

* announced or unannounced compliance reviews to determine the cause(s) of noncompliance;
* technical assistance/training to assist the subcontractor in rectifying certain noncompliant areas of service delivery or administration;
* follow-up site visits, and
* accelerated monitoring.

The decision to require corrective action or to impose a sanction depends on the severity of the finding or if similar or recurring problems have been found in the past.

*Time frame and method for notifying the subcontractor of required corrective action*

Within 30 business days of finding subcontractor irregularities BVCOG sends the subcontractor a written notice requiring corrective action to resolve the irregularities. The notice may be part of the site visit report, or it may be a letter relating to findings from contract monitoring activities. The notice informs the subcontractor of the need to develop an action plan to address the irregularities that were found, the expected time frame for resolving the irregularities and the time frame for responding to the corrective action requirement.

*Time frame for the subcontractor to respond to the corrective action*

The subcontractor has 30 business days from the date of the letter to respond to the corrective action requirement by outlining the action that has been taken, or will be taken, to address the findings. BVCOG may shorten this time frame based on the nature of the non-compliance. A time frame for completing the action plan and how the subcontractor will determine the effectiveness of the action plan should be included.

*BVCOG action when the subcontractor fails to respond to the corrective action notice*

BVCOG will decide whether or not to issue a formal sanction if, by the end of the allotted time period, the subcontractor fails to respond by providing the proposed action plan.

*BVCOG action when the subcontractor responds to the corrective action notice*

BVCOG staff which directed the use of a corrective action reviews the subcontractor's response and evaluates it. Within 30 business days or less from receipt of the plan, the following alternatives are available:

1. When the corrective action is acceptable, BVCOG staff will reply in writing acknowledging receipt of the response and that it is accepted.
2. When the corrective action is unacceptable, staff informs the subcontractor in writing that additional action or information is needed. The subcontractor must respond within the timeline established by BVCOG. Staff may discuss unacceptable portions of the corrective action plan with the subcontractor over the telephone. Any agreements or changes from those discussions should be documented in the subcontractor’s file. BVCOG may decide to impose a formal sanction if the subcontractor fails to negotiate a satisfactory corrective action plan.

*BVCOG action when corrective action fails to resolve noncompliance*

When corrective action has been required and the subcontractor is still not in compliance or will not comply, BVCOG may then decide to impose a sanction. BVCOG will determine what sanction is appropriate based on the severity of the issues.

**Sanctions That May Be Imposed By BVCOG**

A list of possible sanctions is found in the BVCOG contract, which both parties sign. One or more sanctions may be imposed, depending on the extent of the problem, the impact on the clients being served, and/or the seriousness of the problem. For the purposes of this policy, sanctions are shown in three different levels depending on the seriousness of the action to be taken.

*Level I Sanctions*

One or more of the following Level I sanctions may be imposed:

1. accelerated monitoring;
2. requiring the provider to accept technical/management assistance or training;
3. disallowing claims for payment or reimbursement on expenditures for which prior approval was required but not obtained;
4. requiring additional, more detailed, programmatic reports;
5. requiring additional prior approvals for expenditure of funds, and/or
6. referral to the DSHS Grants Management Division or Internal Audit for monitoring.

Imposing the Level I sanction

BVCOG staff finding noncompliance may impose the level I sanction. Staff should follow program procedures when imposing a level I sanction.

Time frame for subcontractor sanction notification

BVCOG provides written notice by certified mail to the subcontractor within 30 calendar days of the decision to impose sanctions.

Content of the sanction notice and method of calculating response time

BVCOG staff issues a written notice to the subcontractor telling the subcontractor that this is the official notice imposing the sanction. **The sanction is effective upon receipt of the notice.** The notice must contain the following:

1. the area(s) found to be in noncompliance;
2. any references to previous correspondence;
3. a narrative outlining what must be done to achieve compliance;
4. the expected time frame for reaching compliance, and
5. the deadline for the subcontractor to reply.

The time frame for the subcontractor's response begins with the receipt date on the return receipt or the date delivery was attempted whichever comes first. That date is considered day zero and the time will begin at that point.

NOTE: When accelerated monitoring is one of the sanctions, a notice is not required to be sent prior to performing the monitoring.

Subcontractor action in response to a notice of sanction

The subcontractor has 30 business days from the date the sanction notice is received or by the timeline given in the letter to respond in writing to the findings. The written response is sent to the person imposing the sanction and must include the following:

* acknowledgment of receiving the notice;
* a narrative explaining how the area(s) of noncompliance will be corrected, and
* specific time frames for achieving compliance.

The subcontractor may also ask for reasonable technical/management assistance or training to correct the area of noncompliance. BVCOG will decide if the request is reasonable and within the capability of BVCOG to provide the requested assistance.

BVCOG action when the subcontractor fails to respond to the Level I sanction notice

BVCOG will decide whether to issue additional sanctions if, by the end of the timeline given, the subcontractor fails to respond by providing the proposed action plan.

Action required of BVCOG when a subcontractor responds to the sanction

The BVCOG program which imposed the sanction evaluates the response to determine if the actions to be taken are appropriate and acceptable. The following alternatives are available:

* When the response is acceptable, the program acknowledges receipt of the response in writing and informs the subcontractor that it is accepted.
* When the response is unacceptable, BVCOG may negotiate with the subcontractor to agree on an acceptable response or impose additional sanctions.

All decisions and agreements are to be written and sent to the subcontractor for authorized approval signatures.

Lifting the sanction

A sanction is lifted when the area(s) of noncompliance has been brought into compliance. Compliance may be determined by monitoring through normal BVCOG procedures. BVCOG notifies the subcontractor in writing that the sanction is lifted.

Should a contract with a subcontractor expire, the sanction remains active until the subcontractor has, if necessary, made restitution or has been prosecuted. In addition, according to the contracts signed by BVCOG and its subcontractors, BVCOG may delay contract execution with a subcontractor while proposed or actual sanctions are pending resolution. BVCOG will determine what action, if any, will be taken on the new contract. All correspondence, notices and other pertinent documentation about the sanction become a permanent part of the subcontractor's file.

*Level II Sanctions*

The following are the Level II sanctions which may be imposed by BVCOG:

1. Probation for a time period specified by BVCOG
2. Temporarily withholding a portion of funds
3. Other actions BVCOG deems to be appropriate

Time frame for the subcontractor sanction notification

BVCOG provides written sanction notice by certified mail to the subcontractor within 30 calendar days of finding noncompliance.

Content of the sanction notice and method of calculating response time

BVCOG staff issue a written notice to the subcontractor telling the subcontractor that this is the official notice imposing the sanction. **The sanction is effective upon receipt of the notice.** The notice must contain the following:

1. the area(s) found to be in noncompliance;
2. any references to previous correspondence;
3. a narrative outlining what must be done to achieve compliance;
4. the expected time frame for reaching compliance, and
5. the deadline for the subcontractor to reply.

The time frame for the subcontractor's response begins with the receipt date on the return receipt or the date delivery was attempted whichever comes first. The date of receipt or attempted delivery is considered day zero.

NOTE: When accelerated monitoring is one of the sanctions or is used as a method of determining compliance, a notice may not be sent prior to performing the monitoring.

Subcontractor action in response to a notice of sanction

The subcontractor has 30 business days from the date the sanction notice is received, or the timeline given in the letter to respond in writing to the findings. The written response is sent to the person imposing the sanction and must include the following:

1. acknowledgment of receiving the notice;
2. a narrative telling how the area(s) of noncompliance will be corrected, and
3. specific time frames for achieving compliance.

The subcontractor may also ask for reasonable technical/management assistance or training to correct the area of noncompliance. BVCOG will decide if the request is reasonable and within the capability of BVCOG to provide the requested assistance.

BVCOG action when the subcontractor fails to respond to the Level II sanction notice

BVCOG will decide whether to issue an additional sanction if, by the end of 30 business days or the timeline given, the subcontractor fails to respond by providing the proposed action plan.

Action required of BVCOG when a subcontractor responds to the sanction

1. When the response is acceptable, BVCOG acknowledges receipt of the response in writing and informs the subcontractor that it is accepted.
2. When the response is unacceptable, BVCOG may negotiate with the subcontractor to agree on an acceptable response or may impose additional sanctions.

All decisions and agreements are reduced to writing and sent to the subcontractor for authorized approval signatures.

Lifting the sanction

A sanction is lifted when the area(s) of noncompliance has been brought into compliance. Compliance may be determined by monitoring through normal BVCOG procedures. BVCOG notifies the subcontractor in writing that the sanction is lifted.

When the contract with a subcontractor expires, the sanction remains active until the subcontractor has, if necessary, made restitution or has been prosecuted. In addition, BVCOG may delay contract execution with a subcontractor while proposed or actual sanctions are pending resolution. BVCOG will determine what action, if any, will be taken on the new contract.

All correspondence, notices and other pertinent documentation about the sanction become a permanent part of the BVCOG subcontractor's file.

*Level III Sanctions and Final Notice of Permanently Withholding Cash Payments*

One or more of the following Level III sanctions may be imposed:

1. Termination of all or part of the contract.
2. Suspension of all or part of the contract.
3. Denial of contract renewal or future contract awards for a period not to exceed five years.
4. Reduction of contract funding amounts if the subcontractor is not:
5. achieving or maintaining the proposed level of service, or
6. spending funds appropriately and at a rate which will make full use of the award, or
7. providing services as set out in the contract.
8. Contract amendments resulting from noncompliance.

In addition to these sanctions, this process also applies to a final notice of permanently withholding cash payments.

Time frame for subcontractor sanction notification

BVCOG provides written notice by certified mail to the subcontractor within 30 calendar days of finding noncompliance.

Content of the sanction notice and method of calculating response time

BVCOG staff issue a written notice to the subcontractor telling the subcontractor that this is the official notice imposing the sanction, or that this is the final notice of permanently withholding cash payments. **The sanction or the permanent withholding of cash payments is effective upon receipt of the notice.** The notice must contain the following:

* 1. the area(s) found to be in noncompliance;
	2. any references to previous correspondence;
	3. a narrative outlining what must be done to achieve compliance;
	4. the expected time frame for reaching compliance, and
	5. the deadline for the subcontractor to reply.

The time frame for the subcontractor's response begins with the receipt date on the return receipt or the date delivery was attempted, whichever comes first. The receipt date or the attempted delivery date is considered day zero.

Subcontractor response to Level III sanction(s) or final notice of permanently withholding cash payments (25 TAC § 1.51-1.55)

When the subcontractor wishes to protest the Level III sanction or final notice, a response requesting a due process hearing must be sent to BVCOG within 20 calendar days of receiving the sanction notice or final notice of permanently withholding cash payments. The response is addressed to the person who sent the notice and must be mailed, or hand delivered.

The subcontractor may also include the following:

1. a copy of the notification letter from BVCOG;
2. a written summary outlining the grounds upon which the subcontractor bases the request;
3. a written description of the issue or issues to be resolved;
4. a written statement of the relevant facts;
5. documentation in support of the subcontractor's position, and
6. a statement and listing of authorities who support the subcontractor's position.

BVCOG action when the subcontractor fails to respond

After the 20 calendar days have elapsed, BVCOG sends a certified letter notifying the subcontractor that the sanction is being enforced immediately.

## §2.09 SUBCONTRACTING HIV HEALTH AND SUPPORT SERVICES

Policy:

BVCOG develops the RFP for HIV services according to DSHS requirements. BVCOG may request assistance or consultation from DSHS in developing the RFP.

Procedure:

I. RFP PROCESS

A. Methods of notifying providers regarding the RFP

Written notice will be published in at least one widely distributed newspaper within the county or counties in which the majority of the clients who are served with the funds reside. BVCOG determines the content of each notice. The notice will include, but is not limited to, the following items:

* A description of eligible applicants
* Required services
* Deadline dates
* Notice of applicant meeting dates
* Contact point for the application/instructions
* The source of funding

BVCOG may request a waiver of newspaper publication requirement from the State and use an alternative means of notification. A request for a waiver will include documentation supporting the reason a waiver from newspaper publication is needed. The following circumstances are examples for justification to use an alternative means of notification.

* The number of responding bidders has historically been very small
* The size of the service area and the services available make newspaper publication impractical
* An alternative method of notification has proven to be equally/more effective

If a waiver is granted, BVCOG will retain documentation of the alternative methods of notification. Two or more of the following methods of notification must be used when a waiver has been granted.

* Public service announcements on radio and television
* Mailings to service providers, organizations appearing on bidders’ lists, local chamber of commerce list, and past applicants.
* Phone calls
* Posters and /or fliers

B. Contract solicitation methods

A competitive RFP is an open competition in which anyone who meets the qualifications for the RFP may submit a proposal. In most cases, multiple proposals requesting funding considerations for service categories will be submitted. The proposals are then evaluated by an external review committee selected by BVCOG. The external review committee will review and evaluate all proposals and submit them to BVCOG for review and final funding decision.

A sole source RFP is an unusual situation in which a noncompetitive proposal is solicited due to one of the following circumstances:

* The requested services are only available from one source,
* An emergency need for the services will not permit the delay associated with the competitive solicitation,
* Having sought several sources, competition is determined to be inadequate.

A single source RFP is a noncompetitive RFP that is adequately justified with restricted qualifications. The item(s) or service(s) are so specifically and narrowly defined that item(s) or services(s) could only be procured from a single source.

Justification must be documented and approved in advance by the State for sole source and single source contracts.

C. Letter of Intent

The RFP will request that any organization considering applying for these funds submit a letter of intent and give a due date. The letter of intent will not be required to submit a proposal but will be strongly encouraged in order to assist BVCOG in preparing for the review process.

D. Request for proposal content

The RFP contents must include the selection criteria tool that will be used to evaluate and score proposals. It must contain the following information, depending on the type of the potential provider:

* For eight-category budget providers, the following information must be included in the proposal to provide services:

 ○ Background of the agency,

 ○ Program objectives,

 ○ Experience delivering the services to the targeted populations,

 ○ Budget,

 ○ Other funding awarded or pending for similar HIV projects,

 ○ Letters indicating interagency collaboration,

 ○ Community outreach to target audience,

 ○ Project evaluation,

 ○ Quality management system description,

 ○ Assurances of licensure or certification (if applicable),

 ○ Assurances of audit and other internal controls for funds, and

 ○ All other assurances required of the primary contract with the State.

The RFP may also stipulate that potential bidders should provide information about any special considerations that apply to the category for which the proposal is submitted.

* For fee-for-service providers (e.g., an individual doctor, dentist, therapist, nutritionist, or home health agency), service units are reimbursable at a predetermined rate per unit that includes all associated costs relevant to the delivery of that service. To encourage participation of fee-for-service providers, BVCOG must ask for a detailed resume to include valid state licensure (if applicable) and background experience. The RFP may allow fee-for-service providers to submit a proposal that does not contain information that may be expected of an eight-category budget provider (e.g., community outreach, project evaluation, agency background, etc.).

BVCOG must conduct meetings/workshops through various means, including conference calls, webinars, and in-person workshops, to aid potential applicants in the application process. These opportunities will be announced and scheduled in advance of the proposal submission deadline. Announcements regarding the meetings/workshops and other pertinent information should be sufficiently broadcast to ensure all potential applicants receive the notice in a timely manner. Samples and examples of all information requested in the RFP should be provided.

II. EXTERNAL REVIEW COMMITTEE

A. Purpose

BVCOG is responsible for ensuring the external review process meets the standards set forth in this section. All actions related to external review committee processes must be documented.

The purpose of the external review committee is to fairly and equitably evaluate proposals submitted because of the RFP using a selection criteria tool developed by BVCOG. The selection criteria tool must be included in the RFP. When two or more agencies are to be funded to deliver the same service, BVCOG decides funding amounts based on an objective and equitable process.

B. Membership

BVCOG selects the members of the external review committee. BVCOG will set up the external review committee to provide a balance of service expertise and those infected and affected by the HIV epidemic. Others to be included may be persons who have professional expertise in providing the services to be offered. A balanced membership shall be achieved by using the following guidelines:

* Appoint no fewer than three members
* Decide on the maximum membership
* Include at least one person living with HIV infection
* Reflect the epidemic profile as closely as possible
* Include an experienced health care professional when reviewing ambulatory care or case management issues
* Consider including business professionals
* The review panel may not include AA or subrecipient staff
* Select the remaining membership from traditionally under-represented populations, including but not limited to: persons living with HIV, people of color, women, teenagers at risk, mental health/social workers, family members, and other individuals who are representative of the HIV epidemic in the service area.

When unable to achieve this balance, BVCOG will document how it attempted to meet these requirements and submit to the State documentation for review prior to convening the external review committee. We will have multiple ERCs, based on area so that no member must review more than 5 applications.

C. Process

BVCOG develops the selection criteria tool used to evaluate proposals that have been submitted in response to the RFP. The tool must not discriminate against any class of provider and should be included in the RFP. The criteria should include, but is not limited to the following:

* Fiscal management (e.g., qualified financial management staff, accounting system which allows for funds tracking by source, board-adopted financial management procedures, incorporation as a legal business entity, etc.)
* Administrative management (e.g., well-defined, measurable goals and objectives; client grievance policies; clear and easily understood evaluation methods; quality management systems; relevance to Comprehensive Plan goals, etc.)
* Service capabilities (e.g., access to target population, service delivery experience in HIV/AIDS or in providing services to similar populations, qualified staff, adequate facilities to deliver the services covered under the funding, history of cooperation and collaboration with other service providers, ability to meet national, state, and/or community level standards of care, service, and quality, etc.)
* Other areas deemed appropriate to ensure that selected providers will deliver quality services to those in need.

D. Conflict of Interest

Potential members of the external review committee who serve as a director, trustee, salaried employee, volunteer, or who otherwise materially benefit from association with any agency that currently receives funds, or may seek funds, from BVCOG are considered to have a conflict of interest. This conflict of interest must be declared, and membership of the external review committee must be declined.

A committee member who is aware of a conflict of interest on the part of another member, who does not declare the conflict, must report the conflict to the committee. The committee must dismiss the member for failure to declare the conflict of interest.

III. SUBCONTRACTOR INFORMATION

Subcontractors must submit the following to BVCOG as required by BVCOG’s RFP or renewal application.

* + Subcontractor Data Sheet(s)
	+ Detailed budget information, and
	+ Other documentation as requested by BVCOG for all providers.

IV. DOCUMENTATION

BVCOG must maintain all documentation supporting the selection process described in this policy as specified in the General Provisions for DSHS Contracts. The documentation must be kept on file and available for inspection by state or federal officials upon request. The required documentation includes the following information:

* + Announcements published in area newspapers or other media,
	+ Copies of RFPs and requests for renewal applications, formats for competitive proposals and documentation for sole source and single source proposals and awards,
	+ Documentation of the criteria selection tool used to review and score proposals,
	+ Copies of scoring sheets, minutes of meetings in which determination of funding recommendations were discussed, and resulting scores,
	+ Lists of the external review committee membership, including a brief description of each member and their expertise which justified their participation, and
	+ All waivers that have been requested.

V. PROCESS OF AWARD NOTIFICATION

BVCOG will notify awarded agencies of funding decisions in writing as soon as the decisions have been made. Awards will also be posted on BVCOG’s HIV program website at https://www.bvcog.org/programs/hiv-health-services. No other information about the decision process will be released, although applicants will be provided with a summary of the reviewers’ comments from their proposal. This information will be included in the RFP guidance document.

VI. GRIEVANCES

Grievances concerning funding decisions must be submitted in writing to the administrative agency no later than the close of business three working days after the announcement of award. BVCOG has a policy and procedure for reviewing and responding to a grievance that may be filed because of this process. The grievance policy/procedure is available upon request. The result of the grievance process may be appealed to DSHS for final resolution.

## § 2.10   PROCESS FOR REALLOCATION AND REDISTRIBUTION OF FUNDS

Policy:

The Brazos Valley Council of Governments has established elements for a process for reallocations. This process must be complied with for all reallocations. Reallocations may be requested by the subcontractor or initiated by BVCOG at any time based on a determination of client need. Subcontractors may request a reallocation if the subcontractor realizes a change in client needs or service utilization and another funding source is not available to meet the need. However, if an existing request is still outstanding at the time of the new request, as in BVCOG has not yet received the completed and signed documentation prior to, subcontractor’s new request will not be submitted to DSHS until prior has been submitted and received.

The Brazos Valley Council of Governments is charged with allocating funds to service categories based on client needs for each HSDA, as well as reallocating funds as necessary. Subcontractors are required to conform to the allocations that were approved by BVCOG and DSHS. Funds may not be moved between service categories without prior approval through the reallocation process and BVCOG cannot reimburse subcontractors for expenses over 100% of what is allocated to each service category.

Procedure:

1. Subcontractors requesting a reallocation of Ryan White Part B Service Delivery, HOPWA, or HIV Health & Social Services (State Services) funds must follow this procedure, which includes a sequence of steps designed for the efficient processing of reallocation requests:
	1. The subcontractor must complete and submit to BVCOG a reallocation request on the most recent BVCOG Reallocation Request Form. This form should include adequate justification and be submitted via email to the BVCOG Planner. All dollar amounts on the reallocation request form must be stated as the overall service category allocation, in other words, administrative costs should not be subtracted when entering the amounts for “current allocation,” “requested change,” and “requested allocation.” Along with the request the subcontractor must submit an updated budget and contract setup form. The contract setup form is sent to the Data Manager to be entered into  the universal reporting system. Both the reallocation request and screenshot from  the universal reporting system need to be sent to DSHS for approval.
	2. Subcontractors of BVCOG may submit a reallocation request at any time during the contract period up to 30 calendar days before the end of the contract period. This limitation may be suspended at the discretion of BVCOG in the case of extenuating circumstances such as a demonstration of extreme need, emergency situations, or other events. In the event of such a situation, the subcontractor should submit the reallocation request as per the procedure defined in this policy.
	3. Within 3 business days of receiving the request, the Planner will review the request using current utilization and expenditure data, most recent quarterly report, needs assessment, community input, and other sources of data as appropriate.  Approval of the request will be determined by the following factors: (1) all required forms are correct and complete, (2) the request is fully explained and justified, (3) all factors were taken into consideration, including other sources of funding, and utilizing funds as payer of last resort.
	4. The subcontractor will be contacted via phone or email and advised of any revisions that must be made to the reallocation request or questions needing clarification by the subcontractor.
	5. If revisions or additional information are required, the subcontractor will be required to provide the requested information to BVCOG via email within 3 business days.  The Planner will review the revised request within 3 business days of receipt of revisions or additional information.
2. If a reallocation request is initiated by BVCOG based on an identified need, the following procedure will be followed:
	1. BVCOG will discuss the re-allocation with the affected subcontractor(s).
	2. BVCOG will compile any documents and data necessary for review.
	3. The Planner will send the reallocation documentation to the subcontractor and discuss any additional concerns via email.
3. If the reallocation request is approved by DSHS, the following procedure will be followed:
	1. The Planner will notify the subcontractor of approval within 2 business.
4. Within 5 business days of receiving the final revision of the Table 1 and contract amendment request, the Administrator will update contract documents, and send the updated Table 1 to the Data Manager to update the contract in  THE UNIFORM REPORTING SYSTEM.    The contract documents will be sent through DocuSign for signature from the contractor and BVCOG’s Executive Director. When the signed amendment is completed then copies will go to the subcontractor and the BVCOG finance office.
5. If the subcontractor’s request for reallocation is not approved at any of the levels listed above, the subcontractor will be notified in writing of the denial within two business days, as along with the reason for the denial and any further action(s) requested by BVCOG regarding revisions or resubmission of the request.
6. In the event one of the above timelines cannot be met due to unforeseen circumstances, BVCOG will notify all affected parties of the delay and will present a revised timeline for complete resolution of the reallocation request. If a subcontractor is unable to meet any of the above deadlines, the requesting subcontractor must contact BVCOG staff prior to the deadline to arrange a new timeline for completion.
7. If any of the above requirements and deadlines are not met, the reallocation request will be denied, and the subcontractor must wait 90 calendar days before resubmitting.

## § 2.11 PAYOR OF LAST RESORT

Policy:

HIV Subcontractors receiving Ryan White or State Services funds through Brazos Valley Council of Governments must bill third-party payors before charging services to Ryan White and State Services funds for all core medical care services. HIV Subcontractors funded for any core medical service, whether a direct medical or non-medical provider, must also charge a fee to clients without a third-party payor. The above activities must be conducted in accordance with Texas Department of State Health Services’ Payor of Last Resort policy, number HIV/STD 590.001. Subcontractors who cannot meet certain provisions of the DSHS Payor of Last Resort policy must apply for a waiver. BVCOG will monitor all subcontractors for compliance with this policy.

Procedure:

* + - 1. Subcontractors receiving Ryan White or State Services funds through BVCOG for core medical services must develop and implement policies and procedures that are in line with DSHS policy 590.001.
			2. Policies regarding payor of last resort and client fees must be submitted to and approved by BVCOG prior to implementation.
			3. BVCOG will monitor all subcontractors for compliance with DSHS policy and subcontractor policies regarding payor of last resort and collection of client fees.
			4. Subcontractors submitting a waiver must do so in accordance with policy 590.001. Waivers must be submitted to BVCOG for approval.
			5. If a waiver is approved by BVCOG, it will go to DSHS for final approval.
			6. BVCOG will promptly notify subcontractors when a waiver is approved or denied, in addition to any further instructions or requirements.
			7. BVCOG will monitor subcontractors who have been approved for a waiver to ensure a current waiver is in place.

**§ 2.12 SETTING RESTRICTIONS ON CLIENT SERVICES OR PAYMENT AMOUNTS**

Policy:

Ryan White Part B, State Services, and HOPWA Subcontractors of the Brazos Valley Council of Governments must get prior approval from BVCOG before setting restrictions or caps on any client services funded by BVCOG, including implementation of waiting lists. Subcontractors wishing to implement a waiting list or impose a restriction or cap beyond state or federal requirements, either on the service provided by the agency or the amount of financial assistance provided, must submit a request and justification to BVCOG for approval. BVCOG and HIV subcontractors will make a good faith effort to ensure clients have access to needed services and that, when possible, services and/or funds are not restricted beyond state or federal requirements.

Procedure:

* + - 1. Subcontractors must ensure they are maximizing Ryan White, State Services, and HOPWA funds by strictly adhering to DSHS’ Payor of Last Resort policy and utilizing all other community resources whenever possible prior to requesting a restriction on client services or funds. Subcontractors must closely monitor expenditures, so action is taken before a lapse in funds occurs. Subcontractors should also work with BVCOG to determine whether a reallocation or redistribution of funds is possible before restricting services.
			2. If, after the steps above have been completed, and all options for securing additional funding have been exhausted, a subcontractor determines that client need outweighs the resources and funds available and setting a cap/restriction on funds is necessary, a request and justification must be submitted to BVCOG, along with a proposed policy for the restriction or waiting list. Subcontractors are encouraged to work with BVCOG on developing the proposed policy.
			3. The request and justification must include the following information:
* the primary category names
* secondary category name(s)
* all funding sources contributing to provision of this service and amounts of those sources
* whether restrictions/waiting lists are in place for other funding sources
* other resources/community agencies utilized
* the reason for the cap/restriction/waiting list
* how the restriction will be determined, including more restrictive eligibility criteria, and the reason for that method of restriction
* the projected result of implementing the restriction (e.g., how this will help you achieve your goals; how it will impact the agency financially)
* how this change will affect client outcomes and performance measures.

The proposed draft policy must be attached to the request. BVCOG may request additional information or documentation as needed to assist in making the decision.

* + - 1. Subcontractors may use a variety of methods for imposing the restriction including, but not limited to, more restrictive eligibility criteria, the number of times in a given timeframe the client can receive the service, limits on the amount of financial assistance provided, or various levels of assistance based on some criteria (e.g., X amount of assistance for clients at or below 200% FPL, Y amount of assistance for clients at or below 300% FPL, etc.).
			2. Subcontractors may use one or more of the following criteria for imposing restrictions on services or financial assistance (this is not a comprehensive list, and the subcontractor may propose criteria not included below; some of the criteria below may not be appropriate for all funded services):
* Income level (e.g., at or below 300% FPL)
* Number of dependents
* Disease stage
* Severity of need
	+ - 1. Regardless of the method and criteria used, the agency must implement the restriction consistently and fairly with all clients. If the agency has a method for approving assistance outside the restriction (e.g., in emergency situations), the process must be clearly defined in the agency’s policy and documented in client charts. The agency must also have a process in place (included in the policy) for objectively evaluating the criteria used for determining the client’s eligibility for a service and should put processes in place to avoid subjectivity or perceived bias (e.g., approval by a supervisor).
			2. Once the request is submitted, BVCOG HIV program staff will meet to review the request and justification. Staff will also review patterns in expenditure and utilization data, quarterly reports, relevant information from the most recent site visit report, and other information as needed.
			3. Once the decision is made, BVCOG will contact the subcontractor with any further instructions, if necessary.
			4. Once the policy is in place, agencies must make the policy available to all clients. BVCOG will request evidence that clients were made aware of the policy change during subsequent site visits. Whenever possible, subcontractors should make every effort to provide clients with advanced notice of restrictions on services.
			5. The subcontractor must closely track the progress of the service and continually re-evaluate the need for the restriction (at least quarterly). If the subcontractor finds it necessary to increase restrictions, this process must be repeated. The subcontractor must decrease or remove the restriction as soon as it is possible to do so. In this instance, the subcontractor must notify BVCOG of the change, and submit a revised waiver if appropriate. Clients must be notified of any change in the policy immediately after the policy is finalized or the change is implemented, whichever occurs first.

**§ 2.13 TRANSITIONING CLIENTS FROM CASE MANAGEMENT SERVICES**

Policy:

BVCOG subcontractors who receive case management funds through Ryan White Part B and/or State Services must implement a policy and procedure for graduating clients who no longer need case management but continue to need minimal financial assistance to agency level status. These clients would continue to be “active clients” of the agency but would not be enrolled in case management services. Clients in this category must be identified using an established, documented acuity tool, in accordance with DSHS Texas HIV Case Management Standards.

Procedure:

BVCOG subcontractors funded for case management services through Ryan White Part B or State Services must establish a policy and procedure for case closure/graduation from case management. Clients fitting in this category would remain as active clients of the agency and maintained in the uniform reporting system database. The subcontractors’ policy/procedure must address the following components, at a minimum.

1. Subcontractors funded for case management must establish criteria for determining when clients fit into this category.
	1. The policy must include specific criteria used to determine when clients fit into the categories of (1) no longer needing any services or financial assistance from the agency (thus discharging them completely from services), or (2) no longer needing case management, but still requiring minimal financial assistance from the agency (e.g., only needs assistance for insurance premiums)
	2. The criteria in both instances above must include financial, psychosocial, and medical stability and adherence to HIV care standards.
	3. The methods utilized to determine the criteria above, including a thorough needs assessment (at a minimum: assessment of housing situation, financial stability, adherence to medical and dental treatment plans, medication adherence, access to transportation, social support systems, mental health status and need for substance abuse treatment or counseling), and identification of standard tools used for screenings.
2. Procedures and timeframes must be clearly defined in the policy, and must include:
3. Procedure for identifying clients no longer needing case management (e.g., evaluation of care plans; no need for assistance demonstrated over a 6-month period, etc.).
4. Procedure for conducting the needs assessment and screenings (from Section I above)
5. Procedures for oversight and approval of graduating clients by a supervisor
6. Procedure for notifying client of graduation from case management with clear instructions to call if anything changes, as well as education about local resources
7. Procedure for quality assurance of these files to ensure policies/procedures were followed
8. Timeframes for any of the procedures detailed in the policy, including notifying client of change in status, updating files, re-assessments (i.e., to occur by the anniversary of change in status), approval by supervisor, etc.
9. Procedures must be established for managing agency-level clients, and must include:
10. Procedure for notifying the client of his/her change in status with the agency – including that the client must notify agency of any change in their circumstances, as well as any changes in contact information and/or payment information (i.e., change of health insurance, or whatever it is the agency is paying for)
11. Documentation procedures, including how you will identify/document agency-level clients, both in the chart and in the uniform reporting system, and documenting services provided to the client
12. Procedures for approving payments for agency-level clients (who, when, how, etc.)
13. Reassessment procedures for conducting a yearly re-assessment of the client’s needs (this should include a standard re-assessment tool to determine if anything has changed and if the client needs to re-enter case management). The reassessment must examine all needs and areas of the client’s life relating to the client’s ability to remain in care (including categories of assessment from I.C. above – housing, financial, psychosocial, etc.). The re-assessment cannot merely be a case note indicating that there are no changes.
14. Procedures for maintenance of agency-level clients’ files, including where they will be kept, who is responsible for adding payment information and any updated case notes to the file, as well as filing re-assessments, and who ultimately bears responsibility for these clients (e.g., supervisor, or a specific CM)
15. Description of the threshold for how much financial assistance, and what types of financial assistance, a client receives before CM is mandatory. For example, if a client receives only financial assistance for co-pays but doesn’t need anything else, vs. a client who receives only financial assistance, but it’s for transportation, food, medical care, and medications.

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# **Section 3: Monitoring Policies**

## §3.01   FAIR MONITORING OF SUBCONTRACTORS

Policy:

All subcontractors providing HIV client services funded by the Brazos Valley Council of Governments are to be treated equitably. A Priority Assessment Tool (PAT), specific to the Scope of Work, will be completed for all subcontractors following each compliance site visit in conjunction with the development of the Site Visit Report. The resulting rating is an assessment of the contractor to provide guidance in determining when future site visits are to be conducted.

Procedure:

1. A Priority Assessment Tool (PAT) will be completed for each BVCOG subcontractor following each site visit in conjunction with the development of the Site Visit Report.
2. The PAT is to be completed for each contract reviewed. This information should be completed based upon the most current site visit, the resulting site visit report, and any other appropriate documentation, as necessary.
3. The PAT will be scored by tallying the number of yes and no answers. The resulting rating is an assessment of the subcontractor to provide guidance in determining when future site visits are to be conducted. This is based on the BVCOG programmatic review and is independent of any other monitoring that is happening on the DSHS level.
4. A priority rating of I or II will be assigned based on the score. The subcontractor may be imposed with a sanction if determined necessary by BVCOG.
5. The Compliance Monitor will use the completed instrument to determine the date of the next site visit, according to the priority rating and sanction levels of each contract attachment.
6. The PAT is sent out with the close out letter for the site visit.
7. The PAT rating becomes effective on the last date of the site visit.

## §3.02   MONITORING OF NEWLY FUNDED SUBCONTRACTORS

Policy:

Due to the complexity of each funding source's compliance requirements, all newly funded subcontractors may receive additional guidance in the form of an Orientation Site Visit and an Initial Site Visit. The Brazos Valley Council of Governments reserves the right to conduct additional site visits, as necessary.

Procedure:

* 1. Pre-Award Site Visit

At least 2 months prior to the initiation of the contract (when possible), and prior to final approval of the agency, BVCOG may conduct a Pre-Award Site Visit. The Pre-Award Site Visit may be waived at BVCOG’s discretion if current contracts are in place and in good standing with DSHS, another Administrative Agency, or other similar state/federal agencies and/or documentation received during the proposal process provides BVCOG with sufficient evidence of the agency’s capacity, competency, and infrastructure.

The purpose of this visit is to determine the agency’s capacity for meeting the contractual requirements and minimum standards for service providers.

If an on-site visit is not conducted, BVCOG will work with the newly funded agency on developing a plan and timeline for creating new policies and procedures, as necessary. BVCOG may also schedule multiple technical assistance conference calls, meetings, and/or desktop or follow up monitoring visits, as necessary. The level of technical assistance and oversight required for a new agency is dependent on the capacity and infrastructure already in place and will be determined at the sole discretion of BVCOG.

1. The first part of the Pre-Award Site Visit includes a meeting between BVCOG and key subcontractor staff. The meeting will begin with introductions and an explanation of the roles and responsibilities of the Administrative Agency and the subcontractor. Administrative Agency staff will provide the subcontractor with an overview of contract and reporting requirements, the planning process, monitoring requirements, and data requirements. The subcontractor will also have an opportunity to ask any questions they may have.
2. The second part of the Pre-Award Site Visit includes a review of the subcontractor’s existing policies, procedures, and documentation. This portion of the visit consists of a review of the subcontractor's Administrative and Programmatic Policy and Procedure manuals, a review of personnel files, a review of any service specific standards of care, and a review of documentation required in the monitoring tools, including a review of client files. The review of the policies and procedures can be done separate from the visit and included in the letter to the subcontractor. The Accountant's visit will consist of, but is not limited to, reviewing the subcontractor's fiscal policies and financial records, as well as providing additional technical assistance as needed. The Data Manager will also look at data security requirements.
3. The Compliance Monitor will verify that the subcontractor's client satisfaction process is in place.
4. Any recommendations for improvements and any required actions will be documented in a letter to the subcontractor. The subcontractor is responsible for addressing these recommendations prior to the Initial Site Visit. Failure to address the recommendations could result in sanctions including, but not limited to, disallowed expenses for that time.
	1. Orientation Site Visit
		* 1. Within four (4) months of the date that a subcontractor commences services, the Compliance Monitor may schedule an Orientation Site Visit with the subcontractor. The Orientation Site Visit may not be conducted in one of the following circumstances:  (1) BVCOG determines that all of the items to be reviewed and the information needed by the subcontractor were covered during the Pre-Award Site Visit, (2) a previously funded program and its staff remains intact but fiscal and oversight responsibility move to a different umbrella organization, and BVCOG is confident that the capacity of the program staff remains intact and meets expectations; and (3) in other circumstances taken on a case-by-case basis that leads BVCOG to determine that an on-site orientation site visit is not warranted.
			2. The agency will be sent all the monitoring tools in advance of the visit, 30 calendar days prior to the visit if time permits, including programmatic, fiscal, and data tools, as well as clinical tools if applicable.
			3. The review will be consistent with the regular monitoring BVCOG conducts of current subcontractors. Any requirements that the potential subcontractor does not have in place, including policies and procedures for proposed service categories, must either be developed according to timelines set by BVCOG, or the agency must demonstrate their capacity to meet the requirement.
			4. The site visit will be followed by a site visit report to be completed as soon as possible, but no later than 30 business days, after the visit. The report will include timelines that the potential subcontractor must adhere to receive a contract.
			5. BVCOG will work with the agency as much as possible to assist them in understanding the requirements of the contract and site visit report. BVCOG will provide trainings when possible and as needed by the agency to meet requirements.
			6. If deadlines are not met by the agency, or documentation provided is inadequate, BVCOG may determine that the agency doesn’t have sufficient capacity to provide services or may determine that there are disallowed costs.
	2. Initial Site Visit

Within the initial contract year, the Compliance Monitor will schedule an Initial Site Visit.

This site visit is an opportunity to evaluate the implementation of compliance guidelines and recommendations from the Orientation Site Visit. Failure to address the required actions from the Orientation Site Visit could result in sanctions for that time.

The Initial Site Visit will be a full review using all current monitoring tools including data and fiscal tools.

When possible, the Accountant will conduct a Financial Site Visit at this time. It will include, but is not limited to, verification of timesheets/units of service and analysis of expense reports against the general ledger.

 Any findings and recommendations will be documented in a Site Visit Report to the agency.

Any findings will need to be addressed in a formal Plan of Correction in accordance with the Plan of Correction policy.

1. Following the Initial Site Visit, each BVCOG subcontractor will be monitored according to their PAT rating and BVCOG monitoring policies.

## §3.03   ANNUAL SITE VISITS

Policy:

All subcontractors providing HIV client services funded by the Brazos Valley Council of Governments (BVCOG) shall receive one pre-arranged site visit, to include a review of compliance with financial, programmatic, and data requirements within the timeframe required based on the most recent Priority Assessment Tool rating, which has been adjusted to reflect the most recent burden reduction plan enacted by DSHS. Additional site visits may be conducted as needed. A formal written report on the site findings shall be provided to the subcontractor by BVCOG within one month of the completion of the site visit. Subcontractors have one month in which to respond in writing to findings unless another timeline is given as part of the site visit report. BVCOG retains the right to make unscheduled site visits at any time when a need is indicated by specific circumstances.

Procedure:

* 1. Monitoring Process
1. Brazos Valley Council of Governments staff will contact appropriate subcontractor staff to negotiate a scheduled date for the visit. Site visits may be conducted either virtually or in person.
2. Written notification of the site visit, along with a copy of the monitoring tools to be used, will be sent via e-mail to primary agency contacts one month prior to the visit. Monitoring staff will identify the staff to be present and activities planned.
3. Monitors will conduct desktop audits of the subcontractor prior to the on-site or virtual review. The desktop audit may include, but is not limited to, a review of timeliness of reports submitted by the subcontractor, a review of agency/program policies and procedures, and a review of information in the uniform reporting system regarding case management and client care.
4. Monitoring staff at the Brazos Valley Council of Governments includes the Compliance Monitors (programmatic monitoring), the Data Manager (all files in the uniform monitoring system are monitored), and the HIV Program Accountant (fiscal monitoring). The Program Manager and other staff may accompany monitoring staff on site visits, as necessary.
5. Monitoring staff will arrive at (or log onto) the designated subcontractor site visit at the agreed upon date and time with all proper materials for conducting the site visit (site visit evaluation instrument, copy of appropriate sections of contract, schedule of subcontractor submission dates for required reports, etc.).
6. A verbal entrance conference will be conducted which will include introductions and an overview/outline of the site visit.
7. Monitoring staff will conduct an evaluation of the subcontractor using the most current evaluation instruments.
8. A verbal exit conference will be conducted with appropriate subcontractor staff to summarize initial findings and recommendations.
9. Monitoring staff will complete a formal written report of the site visit identifying specific recommendations and findings and send the report to the subcontractor within 30 days of completion of the site visit. This report notifies the subcontractor of the requirement that they respond in writing to all findings within 30 days, or timeframes indicated by BVCOG in the report.  The report will list indicators identified in the DSHS Master Service Category Monitoring Tool and/or DSHS HOPWA Monitoring Tool.
10. BVCOG staff will evaluate the subcontractor’s written response and notify the subcontractor in writing of any inadequate responses.
11. The Compliance Monitor will review the subcontractor response and take further actions if the response is not received within the required timeframe, findings are not resolved in a timely manner, or the subcontractor is otherwise noncompliant.
12. Staff shall notify the subcontractor in writing when all findings are properly resolved to close out the site visit and include the PAT.
	1. Required Elements of a Site Visit

The elements below are minimum required items to be reviewed on a full site visit. Some of the items may not be applicable for follow-up site visits which usually have a narrower focus.

1. Programmatic Site Visit

a. Desktop Review

* 1. Review semiannual reports to see agency progress on performance measures.
	2. Review of policies submitted by the agency prior to visit.
	3. Review case notes and other documents in the uniform reporting system.
	4. Completion of tools to the extent possible.

b. On-Site Review

1. Review client files for appropriate documentation, referrals, and follow up on stated issues.
2. Look for evidence of agency policies being followed.
3. Complete monitoring tools.
4. Interview staff, when necessary
5. Fiscal Site Visit

a. Desktop Review

* + 1. Examine contracts, related correspondence, requests for reimbursements, budget revisions and other appropriate documents.
		2. Examine chart of accounts and General Ledger for the chosen quarter.
		3. Check to ensure expenditures are allowed.
		4. Test several employees in a pay period for correct calculations.
		5. Ensure that no overtime was charged to the program.

b. On-Site (or virtual) Review

1. General – review reports, examine personnel policies and job descriptions, examine IRS tax exemption certification, and examine Board minutes,
2. Accounting Structure
3. General Ledger
4. Cash Disbursements (CD) Journal
5. Cash Receipts (CR) Journal
6. Personnel
7. Fringe Benefits
8. Travel
9. Equipment
10. Supplies
11. Contractual
12. Other Costs
13. Indirect Cost
14. Program Income (PI)
15. Program Compliance
16. Data Monitoring

a. Desktop Review performed in the uniform reporting system:

1. Check for missing and unknown data, as well as inconsistencies indicating improper or misleading data being recorded.
2. Data Management will conduct a review of all uniform reporting system clients to ensure Health Insurance Programs (HIP) – both CARE/HIPP and State Services-Insurance are accurately recorded in the uniform reporting system and copied/printed to client’s file. A variety of monitoring tools found in the uniform reporting system will be utilized, i.e., RSR, lag time reporting for case management, notes, needs assessments and care plans, etc.
3. Discussion of effectiveness of current Agency Data Improvement Plan contained in Policies & Procedures.
4. Review Agency Data Management Policy for completeness and effectiveness of its guidance for agency staff, including but not limited to, training with frequency and topics, uniform reporting system use, frequency of reviews and data input.

b. On-Site (or virtual) Review

1. Client file review to check for backup documentation, consistency with uniform reporting system data entry, and complete records of printed case notes, current care plans, and referrals in client files, as well as requirements detailed in the Monitoring Tool based upon funding requirements for that provider.
2. Security requirements check – computer access, client files - physical access and electronic access, etc.

C.  Client File Selection

## BVCOG will send a random sample client list with unique uniform reporting system IDs to subcontractors at least two weeks prior to the scheduled visit. A list of clients will be provided for each monitored service category a subcontractor is funded for that has units of service provided during the time monitored. This is determined by running the “Random Sampling for Monitoring” report in the uniform reporting system for each service category.

## The sample size for each service category will be determined by the following tier sampling methodology:

|  |  |
| --- | --- |
| Unduplicated uniform reporting system IDs | Sample Size Guidelines |
| 1 - 24 = | 100% of files |
| 25 - 50 = | 25 randomized files |
| 51 - 100 = | 30 randomized files |
| 101 - 499 = | 40 randomized files |
| 500+    = | 50 randomized files |

## Eligibility for Ryan White and State Services for all monitored files will also be reviewed during visits.

## §3.04   FOLLOW-UP MONITORING

Policy:

When deficiencies are found that warrant additional monitoring at a subcontractor before the next annual visit, BVCOG staff will conduct follow-up monitoring through on-site and/or desktop audits to verify that the Plan of Correction is being implemented. The Brazos Valley Council of Governments reserves the right to conduct additional follow-up audits as necessary to verify the implementation of a Plan of Correction.

Procedure:

1. BVCOG staff will conduct follow-up monitoring when a subcontractor receives a Priority Rating of I from the Priority Assessment Tool from the most recent site visit. BVCOG may also conduct follow-up site monitoring when it is determined necessary to ensure that a subcontractor is meeting contractual obligations and standards of care. Follow-up monitoring may also be conducted due to a change at the subcontracting agency, such as a change in management, staff, or other circumstances that might warrant follow-up monitoring.
2. BVCOG staff will conduct follow-up monitoring within twelve months following the adoption of the Corrective Action Plan for an agency that received a Priority I status.
3. BVCOG staff will contact the subcontractor to determine staff availability if an onsite visit is required.
4. The Compliance Monitors will focus their review on the findings from the Site Visit Report, any changes made to address the findings in the adopted Plan of Correction, and any newly established compliance criteria.
5. Employee or client interviews can be scheduled at BVCOG’s discretion as needed to assist BVCOG in determining agency compliance and effectiveness of service delivery. When scheduling and conducting client interviews, BVCOG will strictly uphold client confidentiality procedures and ensure that clients fully understand that the interview is completely voluntary and that they may opt out at any time.
6. The Compliance Monitor will send a letter to the subcontractor regarding the follow-up monitoring that was conducted. In the letter, the Compliance Monitor will state that an adequate system has been implemented to address each finding or recommend further action by the agency.
7. Failure to implement the Plan of Correction and address each finding to the satisfaction of the Administrative Agency could result in disallowed expenses for that time, withheld reimbursements, or other sanctions.

## §3.05  CORRECTIVE ACTION PLANS

Policy:

When findings are identified during a site visit, the subcontractor will be required to submit and implement a Plan of Correction to address all findings. A Corrective Action Plan may also be required when deficiencies are found through desktop monitoring or if issues are identified between site visits.

Procedure:

1. BVCOG staff will notify a subcontractor of any findings in a written monitoring report. This report will be accompanied by a dated cover letter.
2. The subcontractor will have one month from the date of the cover letter to respond in writing to the report, unless given another timeline from BVCOG in the cover letter.
3. The response will include a Corrective Action Plan. The Corrective Action Plan will detail the way the subcontractor will address each finding and will include a timeline of implementation for each step of the plan.
4. Failure to submit a Corrective Action Plan within the allotted timeframe may result in suspension of reimbursement or the implementation of sanctions.
5. BVCOG staff will review the Corrective Action Plan for appropriateness and will either adopt or revise the Corrective Action Plan.
6. Once the Corrective Action Plan has been adopted or revised, BVCOG staff will follow the progress of the subcontractor's implementation of the established Plan of Correction.
7. Following the established deadlines, BVCOG staff will conduct follow-up monitoring as necessary based on the Priority Assessment Tool.
8. Follow-up site visits will be conducted in accordance with the Follow-Up Monitoring policy.
9. The Brazos Valley Council of Governments reserves the right to conduct as many Follow-Up Site Visits or desktop audits as necessary to verify the implementation of a Plan of Correction.
10. Failure to implement a Corrective Action Plan will initiate the Sanctions Article of the Contract. This can include, but is not limited to, disallowing expenses, suspending reimbursements, or terminating the contract.

## §3.06   SIGNIFICANT SITE VISIT FINDINGS

Policy:

When onsite or desktop monitoring leads to the discovery of serious concerns about the quality of services that might negatively impact the health and safety of clients, BVCOG staff will meet to determine the appropriate way the finding(s) should be resolved and the appropriate sanction(s), if any, which should be imposed until the finding has been corrected.

Procedure:

1.         When on-site or desktop monitoring leads to the discovery of serious concerns about the quality of services that might negatively impact the health and safety of clients, BVCOG staff will meet as soon as possible and will include appropriate DSHS staff if necessary.

2.         Staff will determine the appropriate course of action that needs to be taken in accordance with BVCOG policies to resolve the concern. This information will be articulated in a plan of action and conveyed to the subcontractor.

3.         Depending on the severity of the concern, the Administrative Agency may elect to immediately institute sanctions against the subcontractor until the situation is resolved.

4.         The Administrative Agency will address the concern in any manner necessary to assure client health and safety, up to and including termination of the contract.

# **Section 4: Planning Policies**

## §4.01   COMMUNITY INPUT

Policy:

To ensure that the voice of the community, those infected with and affected by HIV/AIDS, is incorporated in planning the delivery of services, planning activities will be carried out in accordance with the most current “Plan for Community Input in the Central Texas HIV Administrative Service Area” (Input plan attached to this policy).

Procedure:

BVCOG will conduct planning activities in accordance with the community input plan. Planning products will be open to public comment for a period of 30 calendar days, utilizing the input methods detailed in the input plan. Comment periods and input regarding planning products will be handled in accordance with § 4.04 of the BVCOG planning policies.

## §4.02   REQUIRED INPUT

Policy:

In accordance with DSHS policy regarding required community input, BVCOG will obtain community input when setting service category allocations, and in developing and revising the comprehensive services plan. BVCOG staff may obtain community input for other planning activities utilizing the methods detailed in the community input plan.

Procedure:

BVCOG staff will use input methods appropriate for each HSDA and notify community members of the planning product(s) in development and incorporate community input and participation into the documents. The final draft of the planning product will be open to a 30-calendar day public comment period. Any community input received after this time will be incorporated in the next update or revision of the planning product. Input will be handled in accordance with §4.04 of the BVCOG planning policies.

## §4.03   COMMUNITY INPUT MEETINGS

Policy:

To comply with DSHS policy regarding community input requirements, the BVCOG will conduct a community input meeting once a year in each HSDA of the Central Texas HIV Administrative Service Area.

Procedure:

Community input meetings will be advertised through the following methods: flyer mailings to clients, emails to clients who have elected to be on the BVCOG-HIV Planning Distribution List, advertisement on the BVCOG-HIV website, and flyer postings in the lobby/waiting area of each BVCOG-funded provider in the HSDA. Potential attendees will be encouraged to bring infected, affected, and interested family members and friends to community input meetings. The BVCOG Planner will implement other advertising and recruitment methods, as necessary. BVCOG will make a good faith effort to recruit as many people as possible to attend the community input meetingsIf the alternate community input meeting also has an attendance of zero, input will be gathered from medical and support service providers, and other community stakeholders as available until the next annual community input meeting.

Community input meetings will be scheduled for dates and times most convenient for clients and take advantage of occasions where clients may already be present, such as food pantry or support group days. The meetings will be conducted at a facility that is wheelchair accessible, and near public transportation whenever possible. The BVCOG Planner will compile a report within seven to ten business days of the community input meeting. No personally identifiable information will be included in the report. The subcontractor will receive a copy of the report to incorporate into quality management and service provision activities as needed. The report will also inform the allocations process. Copies of materials being presented will be made available to those in attendance.

Community input meetings will, at minimum, include a presentation of basic demographic data for people living with HIV/AIDS in the HSDA, the comprehensive services plan (including service system improvement goals) and service category allocations for the next contract year. The BVCOG Planner will solicit meeting attendees for their input during the meeting, and will provide attendees with BVCOG contact information, should the attendees wish to provide anonymous feedback after the community input meeting has been held.

Any use of tangible reinforcements in conjunction with community input activities must first be approved by the BVCOG Program Manager. Tangible reinforcements purchased for community input meetings will be kept secure in a locked file cabinet in the BVCOG HIV Administrative Services office. The Planner will maintain a log tracking the tangible reinforcement card number, the event and date at which the card was issued, the recipient’s signature, and the issuer’s signature. Participants at community input meetings or other community input activities will not receive more than one tangible reinforcement item (e.g. one gift card) per grant year. Participants attempting to attain multiple tangible reinforcements per event may be banned from participation in future community input events at BVCOG HIV’s discretion. If the BVCOG Planner does not bring enough tangible reinforcements for each participant at a community input event, the BVCOG Planner will attain the mailing address of the participants who did not receive a tangible reinforcement and will mail a tangible reinforcement to those participants within two weeks after the event.

Once a quarter virtual community meeting will be held for each agency to increase client access to the planners. Virtual community meetings will go over various client-based topics such as HOPWA, ADAP, and eligibility requirements. The planners will also use this meeting time to hear any feedback that clients may have regarding services or agency performance. In addition, these virtual meetings will be taken into consideration when planners are meeting with agencies to assess the feedback received. Clients will be encouraged to submit questions beforehand if they would like and to RSVP for the meeting time.

1. Planning for community input meeting
	1. Work with agency to set a date and time for the meeting.
	2. Create flyer for the agency to advertise the meeting and for planners to receive RSVPs.
	3. Create a PowerPoint presentation that covers the “Achieving together” plan, the BVCOG HSDAs, who the BVCOG is, and the services provided by the agency.
	4. Send over a “how to host a community input meeting” document to the agency.
	5. Send over finished PowerPoint to agency for any potential edits.
	6. Confirm details with agency the week before the meeting.
2. Hosting the community input meeting
	1. Pick up food for event an hour before the meeting starts.
	2. Pass out lunch/brunch to clients and get to know them for about an hour.
	3. Pass out evaluation and feedback forms to clients so they may fill them out at their pace
	4. Present the PowerPoint presentation.
	5. Have a questions and answers session.
	6. Play a game for a prize.
	7. Winner receives a large prize (can vary from WIC merch to a oil diffuser with a blanket). Everyone else receives a small prize that normally consists of a WIC stress ball or water bottle.
	8. Wrap up meeting, collect evaluation form and see agency staff.
	9. Go over some notes or follow up questions for the staff.
3. Send over pre-evaluation form a week after the community input meeting. Pre-evaluation form allows the agencies to tell us what they think they are doing well and what they need to work on before receiving client feedback. It allows the planners to get better insight on what the agency is prioritizing vs what needs to be prioritized.
4. Meeting with agency to discuss community input findings and go over their pre-evaluation form. All client feedback is confidential, and planners use gender neutral language to ensure the identity of the client can’t be identified. In addition, necessary trainings will be distributed to the agency as needed. Meeting with agency must occur no more than 2 weeks after the community input meeting.
5. Secondary meeting with agency to assess the progress they have made since the last call.

## §4.04   COMMENT PERIOD AND USE OF INPUT

Policy:

The comment period for planning products will be open for 30 calendar days and use the methods of community input as detailed in the community input plan. At the close of the comment period, the BVCOG Planner and Program Manager will review all comments/input. Individual stakeholders may provide community input at any time, but it will not be incorporated into planning products until the following document update or revision if the input is received after the 30-day comment period has ended.

Procedure:

Comments/input received during community input meetings and the comment period following each planning product will be evaluated based on economic and logistic feasibility, improvements to client services, delivery system, administration, or other system components. When appropriate, comments/input will be incorporated or change the planning product that is open to comment.

## §4.05                   ANNUAL REVIEW AND UPDATE OF COMMUNITY INPUT PLAN

Policy:

The BVCOG Planner will review the community input plan on an annual basis to ensure that the plan reflects the best methods available in the CTHASA for people to provide input into the services planning process. The BVCOG Program Manager will review the update before sending the Community Input Plan to DSHS for approval. The reviewed and updated community input plan must be submitted to DSHS no later than May 21.

Procedure:

The review will evaluate the input methods and their effectiveness. Those methods that are not effective for eliciting and collecting community input will be removed from the input plan. When necessary and available, new methods will be added to replace those previously removed or augment the overall collection of community input. The BVCOG Planner will keep track of all community input method suggestions offered throughout the year. These suggestions will be evaluated at the same time as input plan evaluation for possible inclusion in the plan.

## §4.06            COMPREHENSIVE AND SPECIAL NEEDS ASSESSMENTS

Policy:

The BVCOG Planner will assess the need for services of people living with HIV in the CTHASA and examine these needs in light of available resources in each HSDA.  Needs assessment activities will not duplicate efforts of the Austin TGA Part A Administrative Agent, the Austin TGA Part A Office of Support, or the Austin Area Comprehensive HIV Planning Council, but will incorporate the findings of such needs assessments into reporting and planning products as applicable. Needs assessment activities will not be designed to capture data that is currently available and accessible through other assessments or reports, such as the Brazos Valley Regional Health Survey and DSHS’ Texas Integrated Epidemiologic Profile for HIV/AIDS Prevention and Services Planning. Comprehensive needs assessments evaluating need for services in the entire CTHASA will be conducted every 3 years. Interim needs assessments investigating specific needs or HSDAs will be conducted as needed. Recruitment efforts for needs assessments will attempt to capture responses from clients and non-clients representing special high-risk populations.

Procedure:

1. Comprehensive Needs Assessments
	1. Each comprehensive needs assessment will inform and guide planning activities (including but not limited to comprehensive plan development and implementation, allocations and priorities, and community input) for the following 3 years before another comprehensive needs assessment must be conducted. The BVCOG Planner will retain bound copies of the most recent comprehensive needs assessment report, along with the reports for the two preceding comprehensive needs assessments, on a shelf in the BVCOG HIV office.
	2. The BVCOG Planner will review the previous comprehensive needs assessment report for successes, limitations, and opportunities for improvement identified, along with emerging needs identified during the interim period, and adjust the needs assessment survey tool accordingly before conducting a new comprehensive needs assessment

3.    If time and resources are available, the BVCOG Planner will attempt to pretest any new needs assessment survey tool with clients or former clients.

4.    The needs assessment survey tool must be available in both English and Spanish. Spanish surveys will be administered by a researcher who is fluent in both written and verbal Spanish.

5.    DSHS must approve all new needs assessment surveys prior to utilization of the tool for the comprehensive needs assessment. The BVCOG Planner will submit the final draft of the tool to BVCOG HIV’s DSHS consultant for review and approval via email.

6.    BVCOG has historically contracted with the Center for Community Health Development (CCHD) at the Texas A&M Health Science Center School of Rural Public Health (SRPH) to perform data collection for the comprehensive needs assessment.BVCOG will continue partnering with CCHD to conduct comprehensive needs assessment surveys for as long as is favorable to both BVCOG and CCHD. The BVCOG Planner and Program Manager will approach CCHD to negotiate a contract for the comprehensive needs assessment. This contract will include contract payment terms, expected outputs/produces (raw data, analyzed data, and/or a report), the extent of CCHD’s involvement in the comprehensive needs assessment (data collection, analysis, and report production), and a project timeline.

7.    Once the survey period has been established, BVCOG will provide each subcontractor with materials to mail to clients as a recruitment packet. These materials will include: A letter template for the agency to adapt, encouraging clients to participate in the survey; a CCHD consent form with contact information; and a self-addressed stamped envelope.

8.    Subcontractors will mail recruitment packets to all active clients who have received at least one service within the past 18 months, consented to be contacted via mail by their service provider, and are at least 18 years old, as identified in  the uniform reporting system. Subcontractors will mail reminder letters to these clients at both two weeks and four weeks following the initial mailing.

9.    Clients who return the CCHD consent form will be contacted by CCHD to schedule a phone survey.

10.  Special activities will also be undertaken to recruit individuals who have ever been out of care, may currently be out of care, or represent special populations such as young men who have sex with men (MSM), women of color, recently released from incarceration, and intravenous drug users. The BVCOG Planner will directly contact community gatekeepers in each HSDA to recruit such individuals.

       B. Interim Needs Assessments

* 1. Each interim needs assessment will inform and guide planning activities (including but not limited to comprehensive plan development and implementation, allocations and priorities, and community input) as needed, and will shape the following comprehensive needs assessment as applicable.

2. Interim needs assessments become necessary when emerging needs, quality management issues, barriers identified in the comprehensive needs assessment, or issues otherwise not addressed in the comprehensive needs assessment require follow up.

3. The BVCOG Planner will design, conduct, and analyze data from interim needs assessments.

4. DSHS must approve all needs assessment tools utilized during interim needs assessment data collection. Data collection methods for interim needs assessments include, but are not limited to:

* + 1. Surveys and questionnaires (self-administered, phone, or personal/in person)
		2. Interviews (group or individual) with clients, stakeholders, or agency staff
		3. Focus groups
		4. Direct observation
		5. Community Input meetings with clients
		6. Expenditure Reviews

5.The BVCOG Planner will determine appropriate recruitment methods depending on the need being investigated and the time, staff, and funding available to conduct the interim needs assessment.

Section 5: Data Management Policies

**§5.1: ROLES AND RESPONSIBILITES**

Policy:

There are two key components involved in grant contract compliance and reporting: Client Level Services given and Client Level Data Collection for reporting to the funders. The two elements do not operate separately but work as a complimentary team to ensure:

1. The client remains at the center of all we do; and,
2. Continued support remains in place.

Within data management, there are two critical data managers – one at the Administrative Agency level and the other at the subcontractor level. The two must work in tandem to support not only the client but also the subcontractor and its HIV/AIDS program(s).

Procedure:

**I. Roles & Responsibilities**

A.  **Administrative Agency Data Manager** will abide by the requirements in DSHS HIV/STD Policy 231.002.  The BVCOG AA Data Manager will ensure the successful collection and reporting of data associated with the HIV/AIDS program in all contracts awarded to BVCOG.

BVCOG Data Manager is responsible for ensuring  the uniform reporting system users’ level of permissions is correct and matches their job function; and only those who need access have access to the confidential data. BVCOG Data Manager ensures the confidentiality protection of client information emanating from BVCOG and its subcontractors and reporting suspected or actual breaches to the responsible parties outlined further in this document. The role and responsibility of the AA Data Manager includes, but is not limited to, the following:

1. Will be always in direct contact with the subcontractor’s Local Responsible Party and/or Program Manager.
2. Will collect and report program data as required by DSHS of all client level information into the uniform reporting system following the uniform reporting system Data Improvement Plan (DIP) Policy 231.003, found at [http://www.dshs.texas.gov/hivstd/policy/policies/231-003.shtm?terms= ARIES](http://www.dshs.texas.gov/hivstd/policy/policies/231-003.shtm?terms=%20ARIES) .
3. Will enter all contracts and amendments into  the uniform reporting system;
4. Ensure that each subcontractor utilizes the data and program reporting format provided by DSHS.
5. Ensure subcontractors submit the Ryan White HIV/AIDS Program Services Report (RSR [HRSA]) annually for the calendar year, i.e., 01/01/20xx to 12/31/20xx. Will assist in improving data collection and reporting.
6. Respond to special requests for data from DSHS by the deadline specified.
7. Work with the DSHS UNIFORM REPORTING SYSTEM Team as requested on special projects and testing processes, as well as coordination of HRSA RSR cleanup and submitting.
8. Assist in ensuring Ryan White funds are the payor of last resort, specifically by monitoring the insurance status and federal poverty level of clients entered into the  uniform reporting system. **(Note: HOPWA clients may not be above 80% FPL).**
9. Comply with and fulfill all requirements of the Uniform Reporting System and attend computer systems training supported by DSHS.
10. Fulfill data management activities consistent with the performance standards developed by DSHS & HRSA.
11. Provide technical training on a Uniform Reporting System when requested to subcontractors.
12. Create curriculum for technical assistance, if needed;
13. Create an internal uniform reporting system Data Management process manual for specific job functions for when Data Manager is unavailable for subcontractor assistance.
14. Develop and keep current data management policies in line with the DSHS and HRSA requirements, and that do not place an undue burden on subcontractors or create barriers to client services and care. Policies are to include, but not limited to:
15. Establish the uniform reporting system confidentiality and client file information security processes;
16. Ensure quality data in reporting to DSHS and HRSA.
17. Provide data-driven leadership to subcontractor uniform reporting system users.
18. Create customized reports to enhance monitoring and reporting of client level data.
19. Prepare the Data Improvement Plan for submission to DSHS in a timely manner; meeting DSHS deadlines.
20. Prepare all subcontractors for HRSA RSR and HRSA HAB annual year-end reporting.
21. Ensure all computers used for accessing  the uniform reporting system meet required standards established by DSHS.
22. Performing support functions to AA BVCOG team members.
23. All other functions to support the success of the program.

B**. Local Responsible Party** is a requirement of the HIV/AIDS Program established by DSHS and monitored by BVCOG. The Local Responsible Party (LRP) is employed at the discretion of the subcontractor and is the data quality manager for the subcontractor. Responsibilities include, but are not limited to:

1. Ensuring internal security of client level data and information;
2. Ensuring HIV/STD data management and security policies are in place;
3. Contributing to security related QA (Quality Assurance) through: Office walk-throughs of case management offices;
4. Monthly or quarterly reports such as the DIP, HRSA RSR preparation, etc.;
5. Self-assessments;
6. Acting as a liaison to the BVCOG Data Manager; and,
7. Other data management and quality assurance duties as identified.
8. Maintain client list of  the uniform reporting system Users and Permissions.

**§5.02   SYSTEM & SECURITY REQUIREMENTS**

Policy

The Brazos Valley Council of Governments, in accordance with DSHS requirements, will enforce the following requirements prior to approving access to  the uniform reporting system security certificates on subcontractor computers.

Procedure:

All users’ computers are required to comply with the minimum hardware criteria and security standards set forth in DSHS policy 231.001, which can be found at <http://www.dshs.texas.gov/hivstd/policy/policies/231-001.shtm?terms=> ARIES

**§5.03   CONFIDENTIALITY: CLIENT FILES AND INFORMATION**

Policy:

For the purpose of client files, this portion of the policy will cover the sharing of files or transferring of client files and/or information or data electronically.

Procedure:

There shall be no transferring of confidential or sensitive personal information; including Personal Health Information (PHI) and Personal Identifiable Information (PII), unless the venue through which the information is shared is password protected.

When it is time for a hard copy client file to be destroyed, after the appropriate time frame, the file must be cross shredded by the agency; or the agency must provide proof that the file is to be shredded by a reputable company that handles confidential client information.

**§5.04   CONFIDENTIALITY TRAINING**

Policy:

All  the uniform reporting system users must undergo yearly confidentiality and file security training.

Procedure:

All new uniform reporting system users must take the approved DSHS online security training and confidentiality training prior to gaining access to  the uniform reporting system. The purpose of the Security Training Standard is to ensure users are aware of and adhere to security requirements. All continuing uniform reporting system users must take the approved DSHS online security training yearly. The training information will be provided to the subcontractors by the AA Data Manager, at the beginning of a new calendar year.

**§5.05  THE UNIFORM REPORTING SYSTEM CLIENT DUPLICATION PREVENTION**

Policy:

Each subcontractor is responsible for auditing and monitoring the uniform reporting system for quality data. A major negative impact to each subcontractor is the creation of duplicated clients in  the uniform reporting system. The client level data, including the number of UDC and UOS, are closely monitored by BVCOG, DSHS and ultimately HRSA.

Procedure:

I.  The uniform reporting system users are **prohibited from forcing a client into the uniform reporting  system**.

 The uniform reporting system users are required to notify the BVCOG AA Data Manager by telephone when a new client has been seen by a subcontractor and that client cannot be entered into  the uniform reporting system, due to an error message, advising that the URN is already in the system.

The definition of forcing:

1. Changing a DOB, or
2. Changing a digit(s) in the Social Security number, or
3. Changing the client’s full name, etc., or
4. Any combination of the above and others potentially not listed.
5. No  uniform reporting system user may leave the client’s information in a voice telephone messaging system or send the client the new client information in an email as this is a violation of HIPAA, unless the email is password protected. The password, if it was not previously shared with the BVCOG AA Data Manager, will need to be sent in a separate email from the password protected document, or can be given to the AA Data Manager on the phone.
6. If a subcontractor comes across duplicate records in  the uniform reporting system. The subcontractor will either send an email to the BVCOG AA Data Manager listing only the duplicate uniform reporting system ID number and letting the Data Manager know there is a duplicate client in the system. The subcontractor can also call the BVCOG AA Data Manager and provide the Data Manager with that information over the phone.
7. Clients who cannot be merged by the BVCOG Data Manager will be merged by DSHS designated team members. Only duplicate  uniform reporting system ID’s will be emailed to the DSHS email Help box. The new uniform reporting system ID will be shared with the subcontractors impacted by the merge.

**§5.07   THE UNIFORM REPORTING SYSTEM: CLIENT SHARE STATUS AND BREACH**

Policy:

Take Charge Texas is the uniform reporting system for the state of Texas. Clients must mark indicate whether they want to share or not share their information in the system upon signing up for an account in the system. Not sharing does not stop information from being gathered and input into the uniform reporting system

Procedure:

I.  **Sharing Clients**

No client information may be shared without the express written consent of the client as documented with the  uniform reporting system Client Consent form that is noted in  the uniform reporting system and documented in the client’s hard copy file and  the uniform reporting system. Subcontractors must indicate (“Yes” or “No”) while submitting the initial eligibility application or through the client dashboard).

II. **Client** **Information Breach**

The subcontractor will immediately notify the BVCOG Data Manager of any breach, or suspected breach, of  the uniform reporting system. BVCOG Data Manager will follow HIV-STD Program Policies 303.002 Beach Report Form and 303.002 Breach Report Form Instructions. The BVCOG Data Manager will:

1. Initiate processing of the breach protocol document to be shared with DSHS;
2. Initiate a mandatory corrective action plan involving the uniform reporting system  user;
3. Notify all required parties:
4. The AA BVCOG Program Manager;
5. Notify the subcontractor’s Program Manager and LRP;
6. DSHS UNIFORM REPORTING SYSTEM Team: and,
7. Others as stipulated in the DSHS breach policies.

**§5.8   DATA QUALITY MANAGEMENT**

Policy:

BVCOG Data Manager works with all subcontractors to ensure a high level of data quality in the Central Texas HIV Administrative Service Area. The teamwork does not replace the ultimate responsibility of reporting clean data by the subcontractor.

Procedure:

Subcontractors are notified when missing or unknown data is found and are required to correct the data within a timeframe outlined by the BVCOG Data Manager. The deadline may be adjusted to meet the needs of the BVCOG Data Manager and the subcontractor. BVCOG will help subcontractors when possible and may require corrective action plans.

Subcontractors must comply with DSHS policy 231.004: Documenting Case Management Actions in  THE UNIFORM REPORTING SYSTEM, which can be found at <http://www.dshs.texas.gov/hivstd/policy/policies/231-004.shtm?terms=> ARIES.

**§5.9    THE UNIFORM REPORTING SYSTEM TRAINING AND TECHNICAL ASSISTANCE**

Policy:

Due to the various needs regarding data management that will arise for subcontractors, the BVCOG Data Manager will provide technical assistance on an as-needed basis throughout the contract period when requested by the subcontractor.

Procedure:

All training should be sent via email to the BVCOG AA Data Manager. Email from subcontractor should include what topic(s) the subcontractor has questions or needs clarification on.

1. The Technical Assistance will occur via teleconference and / or by computer conferencing and / or in person.
2. It is the sole discretion of the subcontractor as to whether they would like the BVCOG AA Data Manager to train new employees or if the subcontractor would prefer to train their own new employees.
3. BVCOG may also conduct an annual all-subcontractor, in-person data management training session, covering topics to be determined by BVCOG and subcontractor staff.

**§5.10 DATE OF DEATH POLICY**

Policy:

The Date of Death Policy was established by DSHS and BVCOG to keep all subcontractors within the State of Texas abreast of the client’s status. All subcontractors who served the client at any point of time must be given ample time to input their services and/or ensure their files are prepared for closure in  the uniform reporting system.

Procedure:

1. The client’s date of death must be confirmed via a third party, i.e., obituary, doctor, medical profession.
2. Only the BVCOG Data Manager may input the Date of Death per DSHS.
3. Once a client is reported deceased, report via an email to the BVCOG Data Manager the following:
4. The uniform reporting system Client ID
5. Reported Date of Death
6. The BVCOG Data Manager will email all subcontractors and HSDAs involved with the client that this client has been “Confirmed Deceased.”
7. **NOTE:** No subcontractor  the uniform reporting system user is allowed to perform this process.
8. **Should the subcontractor unintentionally mark the client as “Confirmed Deceased,” immediately contact the BVCOG Data Manager.**