



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER 144954
PAGE 1 OF 37
DATE: 4/2/2025

SUBJECT: CONSIDERATION OF THE FISCAL YEAR 2025-2026 HEALTH RESOURCES AND SERVICES ADMINISTRATION ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA – RYAN WHITE HIV/AIDS PROGRAM PARTS A AND B SUBRECIPIENT CONTRACT RENEWAL WITH TARRANT COUNTY HOSPITAL DISTRICT

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider the FY 2025-2026 Health Resources and Services Administration (HRSA) Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Part A and B (EHE) subrecipient contract renewal with Tarrant County Hospital District (JPS).

BACKGROUND

Tarrant County is one of forty-eight (48) counties in the United States selected by HRSA to receive EHE funding to end the HIV epidemic. Tarrant County was selected based on the number of new HIV transmissions and is in the sixth (6th) year of receiving EHE funding.

JPS has been delivering HIV treatment services for more than twenty-five (25) years and is the safety-net hospital in Tarrant County that delivers quality health care services to the area’s most vulnerable populations. This contract supports AIDS Pharmaceutical Assistance, Early Intervention Services, and Emergency Financial Assistance.

On January 28, 2025, the Commissioners Court, through Court Order #144617, approved the FY2025-2026 HRSA EHE Grant Notice of Award (NOA) for partial funding of \$841,600.00.

The project period is March 1, 2025, through February 28, 2030. The term of the contract period is March 1, 2025, through February 28, 2026.

The recommended contract is as follows:

JPS –Total reimbursement shall not exceed \$314,250.00

The Criminal District Attorney’s Office has reviewed these documents as to form.

FISCAL IMPACT

All associated costs will be paid from grant allocations as follows:

SUBMITTED BY	HIV Administrative Agency	PREPARED BY:	Dulce Lozano
		APPROVED BY:	Lisa McKamie-Muttiah



COMMISSIONERS COURT COMMUNICATION

REFERENCE NUMBER: 144954 DATE: 4/2/2025 PAGE 2 OF 37

EHE Funding: Grant-2004 E0024-2026 Health Resources and Services Administration (HRSA) Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Part A and B (EHE) /1132200000 HIV Subrecipients /569013 Subrecipient Services – net impact: \$314,250.00

If the Subrecipient fails to achieve contracted outcome objectives and expenditures (see Policy PM.001.002, bill Monitoring, Units and Clients), the County may require the return of funds with reallocation or redistribution to other entities.

Subrecipient shall be subject to decrease of funds if funds are not utilized at the anticipated rate of expenditures. The anticipated rate of expenditures is one-twelfth of the contract amount by service category per month. The formula for reduction of funds shall be as follows:

- At one quarter of the contract period the Subrecipient shall have expended at a minimum twenty percent (20%) of allocated funds for each service category. If the minimum has not been expended, ten percent (10%) of the unspent funds allocated for that contract period can be swept through a budget reduction at the discretion of the TCAA.
- At one half of the contract period the Subrecipient shall have expended at a minimum forty percent (40%) of allocated funds for each service category. If the minimum has not been expended, fifty percent (50%) of the unspent funds allocated for that contract period can be swept through a budget reduction at the discretion of the TCAA.
- At three quarters of the contract period the Subrecipient shall have expended at a minimum seventy five percent (75%) of allocated funds for each service category. If the minimum has not been expended, one hundred percent (100%) of the unspent funds allocated for that contract period can be swept through a budget reduction at the discretion of the TCAA.

Subrecipient may become eligible for an increase in funding if it has spent its funds at the anticipated rate and can present a proposal for the utilization of additional funds by serving additional unduplicated clients and delivering additional units of service.

5. SEVERABILITY

If a court construes a provision of this Contract illegal or invalid, that construction will not affect the balance of the Contract, and the court will delete the illegal or invalid provision, with all other provisions of the Contract to remain in force and effect.

6. ASSURANCES, REPRESENTATIONS, AND COMPLIANCE

a. Subrecipient ensures that personnel paid from these funds are duly licensed, certified, registered, permitted, approved and qualified to perform contracted services. Subrecipient signifies that all necessary program or facility licenses are current. Subrecipient will notify County immediately if such licenses become invalid during the term of this Contract. The Subrecipient will document these assurances in the year-end program report.

b. Subrecipient assures that funds will not be used to provide items or services for which payment has already been made or reasonably can be expected to be made by third-party payers, including Medicaid, Medicare and/or other federal, state, or local entitlement programs, prepaid health plans, private insurance, or other services provided by community-based organizations. The Subrecipient understands that if services performed under this Contract are available under the state Medicaid plan, then the Subrecipient must enter into a participation agreement under the state Medicaid plan.

c. Subrecipient assures that it will adhere to confidentiality requirements, including policies regarding the confidentiality and security of Protected Health Information, the AIDS Workplace Guidelines, the HIV Services Grant Program Rules, and Requirements for Contents of AIDS-related Written Materials. Subrecipient will not engage in activities that advocate or promote the violation of state or federal laws.

d. Subrecipient assures that it will comply with fiscal, programmatic, and clinical quality monitoring applicable to EHE Subrecipients as implemented by Tarrant County.

e. Subrecipient assures that it will not transfer a client or patient record through any means, including electronically, to another entity, person, or other Subrecipient without a written consent from the client or patient, or someone authorized to act on his or her behalf; however, the County, or HRSA may require Subrecipient, or any subcontractor, to timely transfer a client or patient record to the County, or HRSA if the transfer is necessary to protect either the confidentiality of the records or the health and welfare of the client or patient.

f. Subrecipient assures that it will not expend funds from this Grant to lobby Congress, the legislature, or any agency in connection with a particular Contract. Subrecipient assures that it will not discriminate against any person on the grounds of race, creed, color, handicap, national origin, gender, sexual orientation, political affiliation, or beliefs.

g. Subrecipient assures that HIV health care and support services provided with assistance made available under this Contract will be provided without regard to the ability of the individual to pay for such services.

h. Subrecipient assures that for any fees it charges to clients for services, Subrecipient will publicly display its fee schedule. Annual aggregate charges (including fees and co-payments) will not exceed the total allowable annual charges. The term "aggregate charges" applies to the total annual charges that may be collected from a client for all HIV services. Subrecipient will create a tracking mechanism to ensure individual client charges do not exceed the maximum allowable annual charges.

i. Subrecipient assures that if it purchases or reimburses for drugs, the Subrecipient's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness, including 42 CFR Sections 50.501-50.504, 45 CFR Part 75.420-475, and other federal law to the extent applicable. The purchase or reimbursement for drugs must comply with the Community AIDS Pharmaceutical Assistance (LPAP) formulary. If Subrecipient is a drug reimbursement agency or a medical provider that dispenses medication, Subrecipient assures that drug costs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients, when available, the Public Health Services price, whichever is less expensive. Failure to participate, or failure to plan to participate in 340B pricing within 120 days of funding will eliminate organizations from eligibility to be awarded funding in the LPAP service category.

If a Subrecipient receives 340b revenue, this is considered program income and must be spent on allowable items within the grant period. Subrecipients must create a 340b budget.

j. Subrecipient assures that all medical and non-medical case managers will obtain Affordable Care Act Certified Application Counselor status through the Centers for Medicaid and Medicare Services. Subrecipient assures that uninsured clients will be assisted with the process of applying for health insurance through the Marketplace and that documentation of eligibility is maintained in client charts or files. Subrecipient will enroll physicians and clinics in Qualified Health Plans.

k. Subrecipient assures that it will comply with all requirements and guidelines outlined in the most recent HIV Services Standards of Care. Subrecipient will comply with all HRSA, and County program policies and operating procedures.

l. Subrecipient assures that this Contract will not be transferred, or otherwise assigned, or any interest in or any right, duty, or obligation under, or any claim arising under, without first obtaining the prior written approval from the HIV Administrative Agency located at

2300 Circle Drive, Suite 2306; Fort Worth, Texas 76119. Any attempt to transfer, or otherwise assign, will be void and will confer no rights upon any third person or entity.

m. Subrecipient assures and represents that its receipt of funding under this Contract will not be used to supplant private, state, local, or other federal funds received by the Subrecipient.

n. Subrecipient assures that case records of patients/clients who are receiving Ryan White services will contain documentation as required by the Standards of Care.

o. Provide Enterprise is the designated client management information system for the Tarrant County Ryan White Program that must be utilized to document client level information, services delivered, and all required data elements. Subrecipients will be required to pay for the Provide Enterprise Licensures for new users and annual maintenance fees per licensee. Subrecipients may utilize RWHAP-related funding such as grant funds, program income (i.e., 340b, insurance reimbursement) and/or other funding sources to pay for licensure fees and annual maintenance fees.

p. Subrecipient assures and represents that the person signing this Contract on behalf of Subrecipient is authorized to execute this Contract on the Subrecipient's behalf and to legally bind the Subrecipient to all Contract terms.

q. Subrecipient will complete and sign **Attachment 2** in compliance with the Federal Executive Order 12549 "Debarment and Suspension".

FAILURE TO COMPLY WITH ANY OF THE ASSURANCES AND REPRESENTATIONS CONTAINED IN THIS SECTION 6 HEREIN AS WELL AS ANY OTHER TERM AND CONDITION OF THIS CONTRACT MAY BE GROUNDS FOR TERMINATION OF THIS CONTRACT AND MAY RESULT IN THE WITHHOLDING OF FUTURE AWARDS. SUBRECIPIENT UNDERSTANDS THAT BY ENTERING INTO THIS CONTRACT COUNTY WILL AUDIT SUBRECIPIENT'S PERFORMANCE OF THIS CONTRACT, INCLUDING SUBRECIPIENT'S COMPLIANCE WITH THE ASSURANCES AND REPRESENTATIONS CONTAINED IN THIS SECTION 6 OF THIS CONTRACT.

7. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

This Contract is subject to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Privacy Regulations, 45 C.F.R. Parts 160 and 164 issued under said Act.

The parties acknowledge the existence of applicable legal requirements pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH Act"). Attached to and incorporated in this Agreement as **Attachment 3** is County's standard Business Associate Agreement ("BAA"). Subrecipient acknowledges that for all purposes under the BAA and this Agreement, the County is a "Covered Entity" and Subrecipient is a "Business Associate". Furthermore, Subrecipient agrees to comply with and satisfy all the terms and conditions of the BAA applicable to a Business Associate. Any violation of or failure to satisfy the terms and conditions of the BAA shall be a breach of this Agreement and render this Contract null and void. County will make the decision whether or not documents will be required, and the decision of County will be final. Subrecipient agrees that it will negotiate in good faith an amendment to this Agreement if, and to the extent required by, the provisions of HIPAA and regulations promulgated thereunder, in order to assure that this Agreement is consistent therewith.

8. STANDARDS FOR FINANCIAL MANAGEMENT

a. In accordance with 45 CFR 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, Subrecipient will develop, implement and maintain financial management and control systems, which include at a minimum accurate payroll, accounting and financial reporting records, cost source documentation, effective internal and budgetary controls, and determination of reasonableness, allowability and allocability of costs, and timely and appropriate audits and resolution findings.

b. A separate cost center will be maintained within the general ledger for each Contract, including a 340b specific cost center. Multiple cost centers may be used, provided the total cost in each of the cost centers equals and supports the reimbursement amount and the total cost reported to Tarrant County. A cost center is defined as a unique series of general ledger accounts established for the purpose of accumulating and categorizing expenses related to a specific cost objective. Each cost center will have a unique revenue account(s) that captures all income generated from these activities performed under a specific cost center. The balances reflected in these accounts will be the basis for monthly payment requests.

c. Subrecipient shall maintain an effective accounting system, which will:

- (i) Identify and record valid transactions
- (ii) Record transactions to the proper accounting period in which transactions occurred
- (iii) Describe transactions in sufficient detail to permit proper classification
- (iv) Maintain records that permit the tracing of funds to a level of detail that establishes that the funds have been used in compliance with Contract requirements
- (v) Adequately identify the source and application of funds of each Grant Contract
- (vi) Generate current and accurate financial reports in accordance with Contract requirements

d. Subrecipient will provide agency cost allocation plan to the Administrative Agency no later than sixty (60) days from Contract execution.

e. All recipients who are providing services under EHE that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.

9. PROGRAM INCOME

Program income is defined as the gross income received by a recipient or subrecipient that is directly generated by a grant supported activity or earned only as a result of a federal award during a contract period. Examples of program income include:

- Funds received by billing public or private health insurance for services provided to eligible EHE clients;
- Fees, payments, or reimbursement for the provision of specific services such as client care reimbursements received under Medicare, Medicaid, Children’s Health Insurance Program;
- The difference between the third-party reimbursement and the 340b drug purchase price (i.e. 340b revenue).

a. Subrecipient must use the ‘additive’ method for expending program income. Under the ‘additive’ method, program income must be used for the purposes for which the award was made and may only be used for allowable costs under the award.

b. Subrecipients will be required to have a policy and procedure in place for allocating and tracking program income, revenue, and expenditures.

c. Subrecipient will identify all revenues received from performing contract services as "Program Income." Subrecipient will use Program Income for allowable current costs. Subrecipient will budget and expend the Program Income during the budget period in which it is realized.

d. Program income may be expended on any allowable EHE Initiative Services and Ryan White core medical or support service category, clinical quality services, or administrative costs as part of a comprehensive system of care for eligible EHE clients.

e. Subrecipients will be required to have a policy and procedure in place for allocating and tracking program income, revenue, and expenditures.

f. Program income may be utilized to expand services within the allowable scope of the EHE client services.

g. Subrecipient will submit a 340b spending/allocation plan to the Administrative Agency within thirty (30) days of Contract execution.

10. ALLOWABLE COST

Tarrant County will pay the allowable and reasonable costs incurred in performing the scope of work that are sufficiently documented. Tarrant County will determine whether costs submitted by Subrecipient are allowable, reasonable, and eligible for payment. If Tarrant County has paid funds to Subrecipient for unallowable or ineligible costs, Tarrant County will notify Subrecipient in writing, and Subrecipient shall return the funds to Tarrant County within thirty (30) calendar days of the date of this written notice.

The Consolidated Appropriations Act, 2025, Public Law 118-83, signed into law on September 26, 2024, restricts the amount of direct salary which may be paid to an individual under an HHS grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 1, 2025, the Executive Level II salary level is \$225,700.00.

11. OVERTIME COMPENSATION

Subrecipient may not use Grant funds provided under this Contract for payment of overtime. Subrecipient will be responsible for any overtime pay not authorized by amendment.

12. CONTRACT FUNDING ADVANCES

Subrecipient may request Contract advances in the amounts as described in 45 CFR 75.305(b)(1).

- Subrecipients will submit payment requests every 30 days to reconcile with the contract advances.
- In order to reconcile any Contract advances, Subrecipient must submit a payment request no later than the 22nd day of each month in order to reconcile said Contract advances.
- Subsequent Contract advances shall not exceed the previous advance, less the amount of funds that remains unused from the previous advance.

13. MEETING ATTENDANCE

Subrecipient will attend all required meetings, as specified by the Administrative Agency, including but not limited to: monthly monitoring calls, quality management, technical assistance, trainings,

and care coordination trainings during the Contract term. Participation in required meetings and trainings will be specific to the position(s) and role(s) of grant funded position(s).

14. **REPORTS, INSPECTIONS, AND QM PLANS**

a. Subrecipient will submit fiscal, progress, programmatic, and other reports as requested by County in the approved format. Monthly payment requests are due no later than the 22nd day of the following calendar month. If the reporting due date falls on a weekend or holiday, the deadline is extended to no later than 5:00 pm Central Time the first weekday immediately following the weekend or holiday.

b. As required by the HRSA and the County, the Subrecipient will collect, update, maintain and report client level data in a manner consistent with the Uniform Reporting System (URS) based on reporting standards established by HRSA. Subrecipient will collect, update, maintain and report all data consistent for reporting in the annual Ryan White Services Report (RSR), as well as other demographic, medical, service, and other required data elements throughout the Contract period. Subrecipient will participate in all periodic and ongoing Data Improvement activities required by HRSA and the County.

c. In order to protect and retain client data, Subrecipient will incorporate appropriate procedures, including the systematic creation and maintenance of end-user passwords and other security measures outlined in County policies.

d. When state or federal funds are involved, any authorized representatives of the local, state or federal government have the right, at all reasonable times, to inspect or otherwise evaluate the work performed or being performed and the premises in which it is being performed. Subrecipient will participate in and provide reasonable access to facilities for assisting said representatives. All inspections and evaluations will be performed in such a manner as will not unduly delay the work.

e. County payment to Subrecipient does not stop the County from determining that certain costs were ineligible for reimbursement or that Program Income was not spent in accordance with this Contract. If the County determines that a cost the County has paid for is ineligible for reimbursement, the Subrecipient will refund the ineligible amount to the County.

The County reserves the right to redistribute and reallocate funds when necessary.

f. An audit must be completed if required by 2 CFR Part 200.500-520 and or 45 CFR Part 75.501-520. If the guidance does not require a single audit, the Subrecipient will notify County in writing.

15. **PARTICIPANT RECORDS**

a. Subrecipient grants County, HRSA, the Inspector General, the Comptroller General of the United States, or any of their duly authorized representatives, the right of timely and unrestricted access to any books, documents, papers, or other records of Subrecipient pertinent to the Contract, in order to make audit, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access by County fiscal and program personnel for the purpose of reviewing, interviewing, evaluating and monitoring related to such documents. This right includes access to records of for-profit enterprises owned by the Subrecipient and collocated with the non-profit in the same building.

b. County retains the right of access to Subrecipient's records or the right to obtain copies of said records for audit, litigation, or other circumstances that may arise. If this Contract is terminated during the Contract term, County may provide written notice to the Subrecipient requesting that the clients receiving services under this Contract have their cases and copies of

their records transferred to another Subrecipient. Upon receiving such notice from County, the Subrecipient will take all necessary and reasonable steps to obtain the written consent of the clients for transfer of their cases. The client's case and records will be transferred to another Subrecipient only with client's written consent. Any disclosure or transfer of records will conform to the confidentiality provisions of this Contract.

c. Subrecipient will have written policies and procedures that address the organization, content, compilation, storage, dissemination, transport and accessibility of client records.

d. These documents will be maintained and retained by the Subrecipient in accordance with state and federal retention schedules. If any litigation, claim, or audit involving these records begins before the retention period expires, the Subrecipient will retain the records and documents in accordance with state and federal retention schedule or until litigation, claims, or audit findings are resolved, whichever is later.

16. **EQUIPMENT AND SUPPLIES**

a. Subrecipient will purchase and maintain any equipment and supplies procured under this Contract in conformity with applicable federal and state laws, regulations, and rules affecting the purchase of these items with Grant funds. All equipment shall be acquired and paid for within the first ninety (90) days of the Grant start date. Failure to purchase equipment will result in loss of availability of funds for the purchase of equipment.

b. "Equipment" means controlled assets or an article of nonexpendable, tangible personal property having a useful lifetime of more than one year with an acquisition cost of \$10,000.00 or more. "Controlled assets" regardless of the acquisition cost, are defined as desktop and laptop computers, non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. If Subrecipient uses a cost reimbursement payment method for purchase of equipment, then it shall inventory all equipment. Subrecipient shall initiate in the first quarter of the Contract the purchase of all equipment approved in writing. Failure to timely initiate the purchase of equipment may result in the loss of availability of funds for the purchase of equipment. Requests to purchase previously approved equipment after the first quarter of the Contract will be submitted to the HIV Administrative Agency Manager. If seeking reimbursement for equipment purchases, Subrecipient must receive prior approval for equipment purchases.

c. The Subrecipient will maintain, repair, and protect equipment in order to assure its full availability and usefulness. Subrecipient will insure all equipment at its replacement value against any loss, destruction or damage. In the event the Subrecipient is indemnified, insured, reimbursed, or otherwise compensated for any loss of, destruction of, or damage to the equipment provided under this Contract, it will use the proceeds solely for the repair or replacement of this equipment.

d. Subrecipient will attach a detailed, cumulative listing of equipment inventory to Subrecipient's final request for Grant payment. If there have never been any equipment purchases paid for by funds from the County, Subrecipient will attach a statement to that effect. Subrecipient's final billing for each Grant will not be accepted if this inventory or statement is not attached. Additionally, failure to include the inventory listing or statement may result in an audit finding on Subrecipient's monitoring review and/or delay of reimbursement. Audit findings may cause termination of Contract for cause or suspension of payment of funds.

e. The Subrecipient will execute any necessary documents to transfer title of any equipment purchased with funds from this Contract to either the County, or any other party designated by the County; provided, however, that the County may at its option and to the extent allowed by law, transfer title of such property to the Subrecipient.

f. For the purposes of the contract, Subrecipient may not use funds to make cash payments to intended recipients of service; to purchase a building or facility; or to improve a building or other facility.

17. CONFIDENTIALITY

Subrecipient will maintain a system to protect client records and other Contract records deemed confidential by law from inappropriate disclosure. This system will encompass mechanisms for the protection and confidentiality of all paper and electronic records. Any disclosure of confidential client information by the Subrecipient, including information required by Section 15 will be in accordance with applicable law.

18. CONFLICT OF INTEREST

All employees and board members of any agency are required to complete and sign a Conflict of Interest Disclosure Form annually, which contains, at a minimum, the content in DSHS Board Member and Employee Conflict of Interest Disclosure Form.

19. ENDING THE HIV EPIDEMIC

a. Subrecipient will conduct activities focused on addressing the following four (4) goals in compliance with the National Goals to End the HIV Epidemic and demonstrate measurable progress towards the goals.

- (i) Reduce new HIV infections;
- (ii) Increase access to care and optimize health outcomes for people living with HIV (PLWH);
- (iii) Reduce HIV-related health disparities and health inequities; and
- (iv) Achieve a more coordinated national response to the HIV epidemic.

The HIV Care Continuum, at a minimum, should be used as a basis for planning and assessing outcomes.

b. In collaboration with County, the subrecipients responsibilities will include:

- (i) Completing proposed initiative work plan activities
- (ii) Collaborating with Tarrant County on review of activities, procedures, and budget items, including timely communication with HIV AA; Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
- (iii) Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
- (iv) Coordinating the initiative activities with existing RWHAP programs;
- (v) Collaborating with the technical assistance providers on implementation, coordination, and integration of initiative activities
- (vi) Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement; modifying activities as necessary to ensure relevant outcomes for the project; and
- (vii) Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA and Tarrant County guidelines pertaining to acknowledgment and disclaimer on all products

produced by HRSA and Tarrant County grant awards.

c. Ending the HIV Epidemic requirement of eligibility:

As outlined in Notice of Funding Opportunity HRSA-25-063, the only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis. All newly diagnosed clients who are provided any services (whether EHE or RWHAP) in an EHE-funded jurisdiction will be counted as an EHE client.

The following eligibility criteria are specific to Rapid Start: Preliminary or Confirmatory HIV+ diagnosis:

- The client is **Newly Diagnosed**: Testing positive for the first time in the past 12 months or has previously tested positive but has not been in care.
- The client is **Returning to Care**: client who has an HIV diagnosis and has not attended an HIV medical visit in the preceding 6 months, nor evidence of prior labs or medication during the same time period.
- The client is **in care and not virally suppressed** or client is **new to the jurisdiction**. The client is currently served by a subrecipient and has a detectable viral load or the client is transferring care from another jurisdiction.

d. EHE Standards of Care

Subrecipient will provide services to EHE clients following the requirements of the EHE Standard of Care contract **Attachment 6**.

e. Emergency Financial Assistance

Any medication provided with EFA funding must be in the context of a Rapid Start Protocol. Rapid Start is defined as medication initiation within 72 hours of diagnosis or return to care.

20. **QUALITY MANAGEMENT**

a. The Subrecipient will implement and maintain a Quality Management (QM) program which complies with HRSA Clinical Quality Management Policy Clarification Notice #15-02. The Ryan White program requires the establishment of a clinical quality management (CQM) program that assesses the extent to which care and services provided are consistent with federal, state, and local standards of HIV/AIDS care and services, and develops strategies for ensuring that such services are consistent guidelines for improving access to, and quality of HIV Service. The Subrecipient will:

- (i) Develop a CQM program that improves patient care, health outcomes, and patient satisfaction, and consists of:
 - a. Specific aims based in health outcomes.
 - b. Support by identified leadership.
 - i. Identification of at minimum one quality lead.
 - c. Accountability for CQM activities.
 - d. Dedicated CQM resources.
 - e. Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.
- (ii) Have a CQM committee:
 - a. With, at minimum, two client members living with HIV.
 - b. That meets at least quarterly, in a stand-alone meeting, with an agenda and meeting minutes.

- (iii) A CQM plan:
 - a. Detailing at minimum two quality improvement projects (QIP) per calendar year.
 - b. Identifying performance measures to be reviewed.
 - c. Explaining the CQM infrastructure, training, and capacity within the agency.
- (iv) Consistent utilization of data and measurable outcomes to make improvements and measure progress towards improving outcomes across the HIV Continuum of Care; and review performance data at least quarterly.
- (v) Dedicate staff responsible for carrying out CQM responsibilities.
- (vi) Involve people with HIV that reflect the population that is being served in quality initiatives.
- (vii) Focus on linkages to HIV medical care and support services.
- (viii) Focus on Viral Load Suppression
- (ix) Focus on Retention in HIV medical care and support services.
- (x) Conduct ongoing client satisfaction and effectiveness of services, routinely share survey instrument and results with TC HIV-AA, and actively participate in TC HIV-AA client satisfaction initiatives.
- (xi) Participate in quality management activities, including participation on a county-wide CQM committee, participation in county-wide CQM initiatives, including needs assessment activities, QIPs, care coordination meetings, and TC HIV-AA patient satisfaction processes.
- (xii) Participation by clinical staff in the formulary committee meetings.

Further, the Subrecipient will, upon request, provide evidence that the Quality Management Program is active and on-going. The County may inspect the minutes of the Quality Management Committee; documentation of quality improvement activities/projects and outcomes; and other summary documents related to quality improvement activities.

b. All funded service categories should have two (2) identified performance measures and the corresponding performance measure data collected by the TC-HIVAA. Provide Enterprise is the data collection system for performance measure data to demonstrate health outcomes. The two (2) performance measures which apply to all funded service categories are annual retention in care and viral load suppression.

21. TERMS AND CONDITIONS OF PAYMENT

a. Tarrant County agrees to pay Subrecipient for reimbursable costs under the Grant only to the extent that Grant funds are available. Tarrant County will pay in accordance with the approved budget for each funded category listed in **Attachment 1**.

b. Tarrant County approves and pays payment requests within thirty (30) days of receipt of a complete request. Errors in the payment request, including insufficient documentation, may result in payment delays. It is the responsibility of the Subrecipient to submit a complete and accurate payment request.

c. Subrecipient will submit complete monthly payment requests through Provide Enterprise within 22 days following the end of each month. If the 22nd falls on a weekend or holiday, the deadline for the payment request is extended to no later than 5:00 pm Central Time the first weekday immediately following the weekend or holiday. A final close-out bill may be submitted no later than fifteen (15) days following the end of the contract term. Payment requests should be submitted in Provide, and signature pages submitted to the Administrative Agency. To be considered a complete request, the following must be included:

- Cover page signed by the Subrecipient’s authorized signatory
- Provide Enterprise payment requests

- Provide Enterprise activity report with monthly service utilization data

The payment request must contain supporting documentation including service utilization reports. The following may be requested to substantiate a reimbursement request:

- General Ledger (monthly, generated from Subrecipient’s accounting system); or other supporting documentation acceptable to the Subrecipient
- Timesheets or Payroll Report (monthly, generated from Subrecipient’s payroll system) The timesheets must demonstrate time and effort.
- Cost-Based Reimbursement Monthly Expense Report

Payment requests will be reviewed to assure compliance with approved budget, federal cost principles, and contract goals.

d. Subrecipient shall enter client eligibility data into Provide Enterprise within twenty-four (24) hours of conducting eligibility and enter service delivery data into Provide Enterprise within five (5) business days of providing the service.

e. Subrecipient agrees that administrative costs will not exceed the amount listed on the Scope of Work, described in **Attachment 1**.

f. Subrecipient understands that acceptance of funds directly under the Contract or indirectly through a Subcontract under the Contract acts as acceptance of the authority of any county, state, or federal entity providing the funds to conduct an audit or investigation in connection with those funds. Entities with the authority to conduct an audit or investigation include, but are not limited to, the Tarrant County Auditor's Office (TCAO), the Texas State Auditor's Office (SAO), or any successor agency to these entities. Under the direction of the legislative audit committee, an entity that is the subject of an audit or investigation by the TCAO or SAO must provide the TCAO or SAO with access to any information the TCAO or SAO considers relevant to the investigation or audit. Subrecipient agrees to cooperate fully with the TCAO, SAO, or its successor in the conduct of the audit or investigation, including providing all records requested. Subrecipient will ensure that this clause concerning the authority to audit funds received indirectly by Subrecipient through Subrecipient and the requirement to cooperate is included in any Subcontract it awards.

g. Independent Single or Program-Specific Audit. If Subrecipient within Subrecipient’s fiscal year, expends a total amount of at least **SEVEN HUNDRED FIFTY THOUSAND DOLLARS (\$750,000)** in federal funds awarded, Subrecipient shall have a single audit or program-specific audit in accordance with the 45 CFR 75.501(a). The \$750,000 federal threshold amount includes federal funds passed through by way of state agency awards. The audit must be conducted by an independent certified public accountant and in accordance with applicable OMB Circulars, Government Auditing Standards.

h. Within thirty (30) calendar days of receipt of the audit reports required by the Independent Single or Program-Specific Audit section, Subrecipient shall submit copies to the following:

- (i) Tarrant County Auditor’s Office
100 E. Weatherford – RM 506A
Fort Worth, Texas 76196-0103
- (ii) Tarrant County Administrative Agency
HIV Administrative Agency Manager at lmuttiah@tarrantcountytx.gov

- (iii) Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/faqs.aspx>

If Subrecipient fails to submit the audit report as required by the Independent Single or Program-Specific Audit section within thirty (30) calendar days of receipt by Subrecipient of an audit report, Subrecipient shall be subject to Tarrant County sanctions and remedies for non-compliance with this Contract.

22. TERMINATION

a. Unless otherwise provided for, this Contract may be terminated by either of the parties by providing written notice to the other party at least thirty (30) days prior to the intended date of termination. Termination under these circumstances does not nullify a reimbursable cost incurred for performance prior to the date of termination.

b. This Contract may be terminated by the County in the event that federal or state laws or other requirements should be amended or judicially interpreted so as to render continued fulfillment of this Contract, on the part of either party, impossible. If the parties cannot amend the Contract to continue the services required by this Contract, then, upon written notification by the County to Subrecipient, the parties will be discharged from any further obligations created under the terms of this Contract, except for the equitable settlement of the accrued costs prior to the date of termination.

23. PERSONNEL

a. All personnel funded by this Contract must be employees of Subrecipient, which is solely responsible for the employees' direction and control. Subrecipient's staff will possess education, credentials and work experience specified within the job description, and will meet the minimum standards set forth by the local Standards of Care. Any personnel who have direct contact with clients will undergo criminal background checks prior to such direct contact. Subrecipient shall not permit any person who engaged in or was alleged to have engaged in an activity subject to reporting under this section to perform direct client services or have direct contact with clients. Employee positions that become vacant and that remain vacant for sixty (60) days will result in a return of funds.

b. Each personnel file will contain the following:

- (i) A copy of the employee's completed criminal background check.
- (ii) A copy of the employee's driver's license or official state ID card.
- (iii) A signed copy of the employee's job description.
- (iv) Relevant signed confidentiality and conflict of interest forms.
- (v) A copy of appropriate licensure (if applicable).
- (vi) Documentation of annual HIV training updates.
- (vii) Form I-9 Employment Eligibility Verification.

24. INDEPENDENT SUBRECIPIENT

Subrecipient is an independent Subrecipient under the terms of this Contract and is not an officer, agent, servant or employee of the County.

25. ENFORCEMENT

It is expressly understood and agreed that enforcement of the terms and conditions of this Contract, and all rights of action relating to such enforcement, will be strictly reserved to the parties, and nothing contained in this Contract will give or allow any claim or right of action whatsoever by any other person not a party to this Contract. This Contract shall be interpreted

under the laws of the State of Texas. The venue for any lawsuit arising out of this Contract will be the Fort Worth Division of the Northern District of Texas if the lawsuit arises in Federal Court; or Tarrant County, Texas if the matter arises in State Court.

26. CONTRACT COMPLIANCE

County may terminate this Contract upon thirty (30) calendar days written notice to the Subrecipient for non-compliance with Contract terms. Non-compliance occurs when a discrepancy is found between the actual delivery of services and what the Contract requires, including the Contract's administrative requirements.

27. COMPLIANCE WITH LAWS

In providing the services required by this Agreement, Subrecipient must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. Subrecipient shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

28. GRIEVANCE

Subrecipient agrees to maintain a written client grievance process that delineates procedures for clients to seek redress for grievances with Subrecipient. The process must include the investigation of complaints for denial of services. The subrecipient shall ensure that its grievance procedures are prominently posted in a visible location and provided in the appropriate language(s) to ensure accessibility for all clients. Subrecipient will inform clients that grievances may be presented to Tarrant County HIV Administrative Agency after all remedies with Subrecipient have been exhausted.

29. 1295 COMPLIANCE

Subrecipient acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as **Attachment 7**, with the Texas Ethics Commission as required by law. The electronic 1295 form can be accessed at the following: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

30. PROHIBITION ON BOYCOTT OF ISRAEL

Subrecipient verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

31. BOYCOTT OF ENERGY COMPANIES PROHIBITED

In compliance with Section 2274.002 of the Texas Government Code, Subrecipient verifies that it does not boycott energy companies and will not boycott energy companies during the term of this Contract. "Boycott energy company" is defined in Section 809.001(1) and means, without an ordinary business purpose, refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with a company because the company: (A) engages in the exploration, production, utilization, transportation, sale, or manufacturing of fossil fuel-based energy and does not commit or pledge to meet environmental standards beyond applicable federal and state law; or (B) does business with a company described by subsection (A).

32. BOYCOTT OF FIREARM ENTITIES OR FIREARM TRADE ASSOCIATIONS PROHIBITED

In compliance with Section 2274.002 of the Texas Government Code, Subrecipient verifies that it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association; and will not discriminate during the term of the Contract against a firearm entity or firearm trade association. "Discriminate against a firearm entity or firearm trade association" is defined in Section 2274.001(3) and means, with respect to the entity or association, to: (i) refuse to engage in the trade of any goods or services with the entity or association based solely on its status as a firearm entity or firearm trade association; (ii) refrain from continuing an existing business relationship with the entity or association based solely on its status as a firearm entity or firearm trade association; or (iii) terminate an existing business relationship with the entity or association based solely on its status as a firearm entity or firearm trade association; the term does not include: (i) the established policies of a merchant, retail seller, or platform that restrict or prohibit the listing or selling of ammunition, firearms, or firearm accessories; and (ii) a company's refusal to engage in the trade of any goods or services, decision to refrain from continuing an existing business relationship, or decision to terminate an existing business relationship: (aa) to comply with federal, state, or local law, policy, or regulations or a directive by a regulatory agency; or (bb) for any traditional business reason that is specific to the customer or potential customer and not based solely on an entity's or association's status as a firearm entity or firearm trade association.

33. MISCELLANEOUS PROVISIONS

a. Force Majeure

Except with respect to the obligation of payments under this Contract, if either of the Parties, after a good faith effort, is prevented from complying with any express or implied covenant of this Contract by reason of war; terrorism; rebellion; riots; strikes; acts of God; any valid order, rule, or regulation of governmental authority; or similar events that are beyond the control of the affected Party (collectively referred to as a "Force Majeure"), then, while so prevented, the affected Party's obligation to comply with such covenant will be suspended, and the affected Party will not be liable for damages for failure to comply with such covenant. In any such event, the Party claiming Force Majeure will promptly notify the other Party of the Force Majeure event in writing and, if possible, such notice will set forth the extent and duration thereof.

b. No Waiver of Sovereign Immunity

Nothing in the Contract will be construed as a waiver of sovereign immunity by the County.

c. Entire Contract and Modification

The Contract constitutes the entire agreement of the Parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Any additional or conflicting terms in any future document incorporated into the Contract will be harmonized with this Contract to the extent possible by the County.

d. Execution of Agreement

This Contract may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Contract, and all of which, when taken together, shall be deemed to constitute one and the same contract. The exchange of copies of this Contract and of signature pages by electronic transmission shall constitute effective execution and delivery of this Contract as to the parties and may be used in lieu of the original Contract for all purposes.

Signatures of the parties transmitted or executed electronically shall be deemed to be their original signatures for any purpose whatsoever.

e. Proper Authority

Each Party hereto represents and warrants that the person executing this Contract on its behalf has full power and authority to enter into this Contract. Any Services or Work performed by Subrecipient before this Contract is effective or after it ceases to be effective are performed at the sole risk of Subrecipient with respect to compensation.

34. CONTRACT ATTACHMENTS

- a. Attachment 1: **A1-2025006**
- b. Attachment 2: Debarment and Suspension Certification
- c. Attachment 3: Business Associate Agreement
- d. Attachment 4: Pilot Program for Enhancement of Employee Whistleblower Protection
- e. Attachment 5: Federal Award Identification Checklist
- f. Attachment 6: Ending the HIV Epidemic Rapid Start Service Standard
- g. Attachment 7: 1295 Compliance Form

35. NOTICES

All written notices required under this Contract, including proposed amendments, will be addressed and sent to:

COUNTY:

Tarrant County

Address: Tarrant County Administrative Agency
2300 Circle Drive, Suite 2306
Fort Worth, TX 76119
Attn: HIV Administrative Agency Manager

SUBRECIPIENT:

TARRANT COUNTY HOSPITAL DISTRICT
1500 S. Main Street
Fort Worth, TX 76104
Attn: Karen Duncan, MD

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first set forth below.

SIGNED AND EXECUTED this _____ day of _____, 2025.

TARRANT COUNTY HOSPITAL DISTRICT
1500 S. Main Street
Fort Worth, TX 76104
Attn: Karen Duncan, MD

By: 
067CAFC7B0A2418...

Title: President & CEO

03/17/25 | 6:01 AM CDT

Date: _____

COUNTY OF TARRANT

STATE OF TEXAS

By: Separate Electronic Signature Page
Tim O'Hare
County Judge

APPROVED AS TO FORM:


Criminal District Attorney's Office*

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

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ _____

Auditor Date: _____

**ATTACHMENT 1, A1-2025006
SCOPE OF WORK**

1. Performance Measures

Tarrant County Hospital District will provide services listed below that meet or exceed the performance goals found at <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>, including the number of clients to be served and units of service to be performed for each service category.

Ending the HIV Epidemic FY 25-26 (03/01/25-02/28/26)	CURRENT BUDGET		
Service Categories	\$ Amount	# Clients	# Units
AIDS Pharmaceutical Assistance (LPAP)	\$ 16,922.00	73	402
Early Intervention Services	\$ 281,250.00	261	1,826
Emergency Financial Assistance	\$ 16,078.00	8	8

2. Special Provisions

Funding under the Contract for the following budgetary items is contingent upon County receiving the funds through the Health Resources and Services Administration (HRSA) Grant. The budget period for this scope of work is March 1, 2025, through February 28, 2026.

Ending the HIV Epidemic FY 25-26 (03/01/25-02/28/26)	
Budget Line Item	Current Budget
Personnel	\$ 116,091.58
Fringe	\$ 43,961.89
Travel	\$ -
Equipment	\$ -
Supplies	\$ 14,616.36
Contractual	\$ 111,014.16
Other	<u>\$ 28,566.01</u>
Total EHE FY 25-26 Budget	\$ 314,250.00

Total payments will not exceed **\$314,250.00**, of which ten percent (10%) may be used for administrative costs.

3. Conditions of Award

- a. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>.
- b. Eligibility for RWHAP and EHE is required to be determined as follows:
 - i. In accordance with Ending the HIV Epidemic (EHE) eligibility requirements, proof of HIV positivity is needed to complete the EHE Enrollment in Provide Enterprise. Within 45-60 days, a RWHAP eligibility determination will be completed

- ii. In accordance with EHE guidelines, no geographic boundaries are considered for EHE eligibility.
 - iii. In accordance with HRSA PCN 21-02 RWHAP client eligibility determination requirements, client eligibility is to be conducted upon initial enrollment and as directed by local policy for timely eligibility confirmations to assess changes to income/residency status.
- c. The following goals are applicable to this Contract for medical providers:

Description	Standard
Viral Load Suppression	90%
Retention in Care	90%
Rapid Start Protocol	Medication initiation within 72 hours of initial diagnosis or upon return to care

- d. Subrecipients contracted for Outpatient Ambulatory Health Services (OAHS) will implement Rapid Antiretroviral Therapy (Rapid ART) as a standard practice. The goal is for clients to have access to Rapid ART within 72 hours of diagnosis/reengagement in care. As a condition of award, OAHS subrecipients will submit a Rapid ART Implementation Plan within 45 days of contract execution (template to be provided). Subrecipients must demonstrate progress in reducing the number of days from diagnosis/reengagement to initiation of Rapid ART. During monthly monitoring calls, subrecipient will report data on number of days from diagnosis/reengagement to medication initiation.
- e. EHE Care Team to support individuals who are newly diagnosed, clients reengaging in care, and clients currently in care and not suppressed. The focus of the care teams will be addressing social determinants of health which create barriers to full engagement in care. Care Teams will adopt models of care to include:
- i. Trauma Informed Care
 - ii. Data to Care
 - iii. Care Management Coordination
 - iv. Community Health Worker
- f. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.acf.hhs.gov/grants/award-term-and-condition-trafficking-persons>.

If you are unable to access this link, please contact the TCAA to obtain a copy.

- g. This award is subject to the requirements of Section 11 of the DSHS Monitoring Policy 530.001, Reporting Suspected Abuse and Neglect of Children. For the full text, go to: <https://hhs.texas.gov/doing-business-hhs/provider-portals/wic-providers/child-abuse-reporting>. All staff are required to complete annual child abuse reporting training, and documentation is to be maintained for proof of training.

If you are unable to access this link, please contact the TCAA to obtain a copy.

- h. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit

discrimination on these bases. Please see: <https://www.hhs.gov/civil-rights/for-individuals/race/index.html>.

- i. Subrecipient will maintain referral relationships to facilitate individuals' access to HIV-related health services. These referral relationships include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV/AIDS counseling and testing sites, health care points of entry specified by eligible areas, federally qualified health centers, immunization centers, Tuberculosis treatment facilities, and other entities constituting points of access to services described in Section 2652(a) of the Ryan White HIV/AIDS Treatment Modernization Act of 2006.
- j. The County will review Subrecipient's performance of this Contract. Subrecipient's compliance with the obligations and duties imposed by this Contract will be a factor in any future allocation of Ryan White Grant funds during this Contract Term.
- k. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period.
- l. Subrecipients are required to notify the TCAA in advance of any modifications to service delivery model including, closures, hours of operation, limitations and/or expansion of services, wait lists, staffing changes, termination of client services, or any other internal or external factors that impact service delivery.
- m. The client has the right to determine the location where they receive services under this Agreement.
- n. Subrecipient will submit an end-of-year program report within thirty (30) days following the close of the contract year, by March 31, 2026.

Remainder of the page intentionally left blank



DEBARMENT/SUSPENSION CERTIFICATION INDICATING THAT YOU ARE IN COMPLIANCE WITH THE BELOW FEDERAL EXECUTIVE ORDER.

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment and Suspension" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Name: Karen Duncan, MD

Company: Tarrant County Hospital District

Street Address: 1500 S. Main St.

City, State, Zip: Fort Worth, TX 76104

Phone: (817) 702-5913

Fax: (817) 702-6768

Email: DocuSigned by: g

Signature: *Karen Duncan*
067CAF7B0A2418...

Date: 03/17/25 | 6:01 AM CDT

STATE OF TEXAS §

§ AMENDED BUSINESS ASSOCIATE AGREEMENT

COUNTY OF TARRANT §

This Business Associate Agreement (“BA Agreement”) is between Tarrant County, Texas, (“COUNTY”), and **Tarrant County Hospital District**. (“Business Associate”), for the purpose of complying with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Standards for Privacy of Individually Identifiable Health Information (the “Privacy Rule”), and the Standards for Security of Electronic Protected Health Information (the “Security Rule”) promulgated thereunder, and the Health Information Technology for Economic and Clinical Health Act (Division A, Title XIII and Division B, Title IV, of the American Recovery and Reinvestment Act of 2009, Pub. L 111-5) (the “HITECH Act”), and the regulations implementing the HITECH Act and other applicable law with regard to the provision of services to Tarrant County.

Business Associate and COUNTY are engaged in a business relationship whereby Business Associate provides certain services to COUNTY (“Business Relationship”).

As part of this Business Relationship, Business Associate performs or assists in performing a function or activity on behalf of COUNTY that involves the use and/or disclosure of Protected Health Information (as defined in 45 CFR § 164.501).

1. Definitions

“Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR § 160.103, and in reference to the party to this agreement shall mean the COUNTY.

“Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Tarrant County Hospital District**.

Terms used but not otherwise defined in the BA Agreement shall have the same meaning given to such terms in HIPAA, the HITECH Act, or any implementing regulations promulgated thereunder, including but not limited to the Privacy Rule and the Security Rule.

2. Purpose

Business Associate has a legal and ethical responsibility to safeguard the privacy of individuals and protect the confidentiality of their health information. Business Associate may hear things that relate to Protected Health Information, or read or see computer or paper files containing confidential or Protected Health Information, even though Business Associate may not be directly involved in providing services. Business Associate may create documents containing Protected Health Information if directed to do so by COUNTY. Because Business Associate may have contact with Protected Health Information, COUNTY requests that Business Associate agrees to the following as a condition of Business Associate’s assignment.

3. Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in the Business Relationship or this BA Agreement, Business Associate may:

- 3.1 use and/or disclose Protected Health Information to perform functions, activities, or services for or on behalf of COUNTY, provided that such use and/or disclosure,
 - (a) would not violate the Privacy Rule if done by COUNTY;
 - (b) is reasonably limited to the minimum necessary information to accomplish the intended purpose of the use or disclosure;
 - (c) is in compliance with each applicable requirement of 45 CFR § 164.504(e);
 - (d) is in compliance with the HITECH Act and its implementing regulations;
- 3.2 use or disclose Protected Health Information as required by law;
- 3.3 use Protected Health Information for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate;
- 3.4 use Protected Health Information to provide Data Aggregation services relating to the health care operations of COUNTY.

All other uses and/or disclosures not authorized by the Business Relationship or this BA Agreement are prohibited.

- 3.5 Business Associate agrees to use and disclose confidential information only in the following manner:
 - (a) Business Associate will provide core medical and support services to eligible patients.
 - (b) Business Associate will maintain referral relationships as specified in the Community Subrecipient Contract.
 - (c) Business Associate collects client data and updates to Provide Enterprise and, if applicable, Take Charge Texas (TCT).

4. Responsibilities of Business Associate

With regard to the use and/or disclosure of Protected Health Information, Business Associate agrees:

- 4.1 not to use and/or disclose Protected Health Information other than as permitted or required by the Business Relationship or this BA Agreement or as Required by Law;
- 4.2 to use appropriate safeguards to prevent the use and/or disclosure of Protected Health Information other than as provided for by the Business Relationship or this BA Agreement;

- 4.3** to protect any Protected Health Information taken off-site from COUNTY from disclosure to others, and to return all Protected Health Information in any form to COUNTY or destroy such Protected Health Information in a manner that renders it unreadable and unusable by anyone else, if COUNTY agrees to the destruction;
- 4.4** to comply with the Security Rule provisions set forth in 45 CFR Part 164, Subpart C, including provisions relating to Security Standards General Rules (45 CFR § 164.306), Administrative Safeguards (45 CFR § 164.308), Physical Safeguards (45 CFR § 164.310), Technical Safeguards (45 CFR § 164.312), Organizational Requirements (45 CFR § 164.314) and Policies and Documentation (45 CFR § 164.316), and to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information Business Associate creates, receives, maintains, or transmits on behalf of COUNTY.
- 4.5** to report to COUNTY any Security Incident of which it becomes aware within 2 business days, and to report any potential Breach of Unsecured Protected Health Information within 2 business days of discovery. Any such report shall include the identification of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been accessed, acquired, used or disclosed during any such Security Incident or potential Breach. Any such report shall also include all other information known to Business Associate at the time of the report (such as the type of Protected Health Information involved in the event, the nature of the information, etc.) or promptly thereafter as such other information becomes available;
- 4.6** to notify COUNTY in writing within 2 business days of any use and/or disclosure of Protected Health Information that is not provided for by the Business Relationship or this BA Agreement;
- 4.7** to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this BA Agreement, or as the result of any Security Incident or potential Breach, using mitigation actions that are disclosed to COUNTY in advance and authorized by COUNTY, all at the sole cost and expense of Business Associate;
- 4.8** to work cooperatively with COUNTY in connection with COUNTY's investigation of any potential Breach and in connection with any notices COUNTY determines are required as a result, and to refrain from giving any notice itself unless COUNTY expressly agrees in advance and in writing to Business Associate giving notice and to the form, content and method of delivery of such notice, all at the sole cost and expense of Business Associate;
- 4.9** to ensure that all agents and/or subcontractors that create, receive, maintain or transmit Protected Health Information on behalf of Business Associate agree in writing to the same restrictions and conditions that apply to Business Associate with respect to such Protected Health Information;

- 4.10** to provide access (at the request of, and in the time and manner designated by COUNTY) to Protected Health Information in a Designated Record Set to COUNTY or, as directed by COUNTY, to an Individual in order to meet the requirements under 45 CFR § 164.524 and to notify COUNTY of any requests for access it receives from an individual within 2 business days of receipt;
- 4.11** to make any amendment(s) (at the request of, and in the time and manner designated by COUNTY) to Protected Health Information in a Designated Record Set that COUNTY directs pursuant to 45 CFR § 164.526 and to notify COUNTY of any amendment requests it receives from an individual within 2 business days of receipt;
- 4.12** to document such disclosures of Protected Health Information and information related to such disclosures as would be required for COUNTY to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528;
- 4.13** to provide to COUNTY, in a time and manner designated by COUNTY, information collected in accordance with 4.12 of this BA Agreement, to permit COUNTY to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528 (and HITECH Act § 13405(c) when such requirements are effective as to COUNTY);
- 4.14** to the extent Business Associate is to carry out an obligation of COUNTY under the Privacy Rule provisions set forth at 45 CFR Part 164, Subpart E (any such obligation to be carried out only when so directed by COUNTY pursuant to the Business Relationship or this BA Agreement), to comply with the requirements of the Privacy Rule that apply to COUNTY in the performance of such obligation;
- 4.15** to make its internal practices, books, and records relating to the use and/or disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of COUNTY available to COUNTY;
- 4.16** to cooperate with any investigation by the Secretary of Health and Human Services, or his agent, or an oversight agency, in a time and manner designated by COUNTY or the Secretary, for purposes of determining if COUNTY or Business Associate is in compliance with the Privacy Rule;
- 4.17** if Business Associate is aware of a pattern of activity or practice by COUNTY that constitutes a material breach or violation of COUNTY's obligations under this BA Agreement,

 - (a)** to give written notice of such pattern or practice to COUNTY within 2 business days of its discovery and to take reasonable steps to cure the breach or end the violation,
 - (b)** if Business Associate determines that such steps appear to have been unsuccessful, to give COUNTY written notice of such determination and to report the problem to the Secretary and provide COUNTY with a copy of any

such report at least 2 business days in advance of its submission to the Secretary.

5. Responsibilities of COUNTY with Respect to Protected Health Information

If deemed applicable by COUNTY, COUNTY shall:

- 5.1 provide Business Associate with the notice of privacy practices that COUNTY produces in accordance with 45 CFR §164.520 as well as any changes to such notice;
- 5.2 provide Business Associate with any changes in, or revocation of, permission by Individual to the use and/or disclosure of Protected Health Information, if such changes affect Business Associate's permitted or required uses and/or disclosures;
- 5.3 notify Business Associate of any restriction to the use and/or disclosure of Protected Health Information that COUNTY has agreed to in accordance with 45 CFR § 164.522.

6. Sanctions

Business Associate understands that violation of this agreement may result in sanctions, including, but not limited to, termination of the ability to perform services on behalf of COUNTY.

7. Disclosures Required by Law

Nothing in this agreement prevents Business Associate from making a disclosure of Protected Health Information, if required by law to make such a disclosure.

8. Term and Termination

8.1 Term. This agreement will begin on **March 1, 2025** and will terminate when all of the Protected Health Information provided by COUNTY to Business Associate or created or received by Business Associate on behalf of COUNTY is destroyed or returned to COUNTY, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such Protected Health Information, in accordance with 8.3 below, or at termination of the Business Relationship between COUNTY and Business Associate.

8.2 Termination for Cause. COUNTY may immediately terminate the Business Relationship and/or this BA Agreement if COUNTY determines that Business Associate has breached a material term of this BA Agreement.

8.3 Effect of Termination. Upon termination of the Business Relationship and/or this BA Agreement, for any reason, Business Associate agrees to return or destroy all Protected Health Information received from COUNTY, or created or received by Business Associate on behalf of COUNTY. If permitted by COUNTY, Protected Health Information shall be destroyed in a manner that renders it unreadable and unusable by anyone else. Discharge or termination, whether voluntary or not, shall not affect Business Associate's ongoing obligation to safeguard the confidentiality of

Protected Health Information and to return or destroy any such information in Business Associate's possession.

This Section 8.3 shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate.

In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide in writing to COUNTY notification of the conditions that make return or destruction infeasible. Upon mutual written agreement of the Parties, Business Associate shall extend the protections of this BA Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information for as long as Business Associate maintains such Protected Health Information.

9. Miscellaneous

9.1 INDEMNIFICATION.

NOTWITHSTANDING ANYTHING TO THE CONTRARY IN THE UNDERLYING AGREEMENT(S), AT BUSINESS ASSOCIATE'S EXPENSE, BUSINESS ASSOCIATE AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS COVERED ENTITY AND COVERED ENTITY'S EMPLOYEES (THE "INDEMNITEES") AGAINST ALL DAMAGES, FINES, PENALTIES, COSTS OR EXPENSES (INCLUDING REASONABLE FEES OF ATTORNEYS AND EXPERTS) AND ALL LIABILITY TO THIRD PARTIES ARISING FROM ANY MATERIAL BREACH OF THIS AGREEMENT BY BUSINESS ASSOCIATE OR ITS EMPLOYEES, DIRECTORS, OFFICERS, SUBCONTRACTORS, AGENTS OR OTHER MEMBERS OF BUSINESS ASSOCIATE'S WORKFORCE. BUSINESS ASSOCIATE'S OBLIGATION TO INDEMNIFY THE INDEMNITEES SHALL SURVIVE THE EXPIRATION OR TERMINATION OF THIS AGREEMENT.

COUNTY MAY EMPLOY ATTORNEYS SELECTED BY IT TO DEFEND ANY SUCH ACTION, THE COSTS AND EXPENSES OF WHICH WILL REMAIN THE RESPONSIBILITY OF BUSINESS ASSOCIATE. COUNTY WILL PROVIDE BUSINESS ASSOCIATE WITH TIMELY NOTICE OF THE EXISTENCE OF SUCH PROCEEDINGS AND SUCH INFORMATION, DOCUMENTS AND OTHER COOPERATION AS REASONABLY NECESSARY TO ASSIST BUSINESS ASSOCIATE IN ESTABLISHING A DEFENSE TO SUCH ACTION.

THESE INDEMNITIES SURVIVE TERMINATION OF THIS BA AGREEMENT, AND COUNTY RESERVES THE RIGHT, AT ITS OPTION AND EXPENSE, TO PARTICIPATE IN THE DEFENSE OF ANY SUIT OR PROCEEDING THROUGH COUNSEL OF ITS OWN CHOOSING.

9.2 Survival. The respective rights and obligations of Business Associate survive the termination of the Business Relationship and/or this BA Agreement.

9.3 Notices. Any notices pertaining to this BA Agreement must be given in writing and will be deemed duly given when personally delivered to a Party or a Party's authorized representative, as listed below, or sent by means of a reputable overnight carrier, or sent by means of certified mail, return receipt requested, postage prepaid.

A notice sent by certified mail shall be deemed given on the date of receipt or refusal of receipt. All notices shall be addressed to the appropriate Party as follows:

If to Business Associate:

Tarrant County Hospital District
1500 S. Main Street
Fort Worth, TX 76104
Attn: Karen Duncan, MD

If to Covered Entity:

Tarrant County
2300 Circle Drive, Suite 2306
Fort Worth, TX 76119
Attn: Grants Manager

9.4 Amendments. This BA Agreement may not be changed or modified in any manner except by an instrument in writing signed by a duly authorized officer of each of the Parties hereto. The Parties, however, agree to amend this Agreement from time to time as necessary, in order to allow COUNTY to comply with the requirements of the Privacy Rule, the Security Rule, HIPAA, the HITECH Act and its implementing regulations.

9.5 Interpretation. Any ambiguity in this BA Agreement shall be resolved in favor of a meaning that permits COUNTY to comply with the Privacy Rule.

9.6 Third Parties. Nothing in this BA Agreement is intended, not shall be deemed, to confer any benefits on any third party.

9.7 Assignments. Neither Party may assign its rights or obligations under this BA Agreement without the prior written consent of the other Party, which consent may not be unreasonably withheld.

9.8 Independent Contractor. This BA Agreement does not create any relationship between the Parties other than that of independent parties contracting with each other for the sole purpose of effecting the provisions of this BA Agreement and any other agreements between them evidencing their Business Relationship.

9.9 Governing Law and Venue. This BA Agreement will be interpreted under the laws of the State of Texas. The venue for any lawsuit arising out of this BA Agreement will be the Fort Worth Division of the Northern District of Texas, if the lawsuit arises in Federal Court, or Tarrant County, Texas, if the matter arises in State Court.

9.10 Third Party Interpretation. This agreement shall not be interpreted to inure to the benefit of a third party not a party to this contract. This agreement may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage to any Party to this contract, Party's agent, or Party's employee, otherwise provided by law.

9.11 Form 1295 Compliance. The Tarrant County Hospital District acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295, and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

9.12 Required Attachments. This BA Agreement will be considered incomplete without the submission of the completed Form 1295 as referenced in section 9.11.

COUNTY shall be responsible to include Form 1295, attached as Exhibit A, to this BA Agreement prior to Business Associate review and execution. For the purposes of this BA Agreement, the following statement applies in regard to Form 1295:

- Exhibit A is a required component of this BA Agreement. Form 1295 is attached and must be completed prior to approval of this BA Agreement by COUNTY.
- The Parties involved in this BA Agreement are governmental entities and are not required by the Texas Ethics Commission to complete their Form 1295.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Office of Federal Assistance Management

Rockville, MD 20857

DEC 23 2013

TO: HRSA Grantees

FROM: Chief Grants Management Officer, HRSA
Associate Administrator, OFAM

SUBJECT: Pilot Program for Enhancement of Employee Whistleblower Protection

Congress has enacted many whistleblower protection statutes to encourage employees to report fraud, waste, and abuse. You should be aware that the latest whistleblower protection statutes went into effect on July 1, 2013. The statute, 41 U.S.C. § 4712, applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subcontractors to:

1. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
2. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. § 4712 in the predominant native language of the workforce; and,
3. Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

The statute (41 U.S.C. § 4712) states that an "employee of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure "that the employee reasonably believes is evidence of any of the following:

- Gross mismanagement of a federal contract or grant;
- A gross waste of federal funds;

- An abuse of authority relating to a federal contract or grant;
- A substantial and specific danger to public health or safety; or
- A violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant).

To qualify under the statute, the employee's disclosure must be made to:

- A Member of Congress, or a representative of a Congressional committee;
- An Inspector General;
- The Government Accountability Office;
- A federal employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice, or other law enforcement agency;
- A court or grand jury; or
- A management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

The requirement to comply with, and inform all employees of, the "Pilot Program for Enhancement of Contract Employee Whistleblower Protections" is in effect for all grants, contracts, subgrants, and subcontracts issued beginning July 1, 2013 through January 1, 2017.



Michael J. Nelson

Federal Award Identification Checklist (Grants Awarded After 12/26/2014)

	Part A	State Services	EHE
1. Subrecipient Name	Tarrant County Hospital District (JPS)	Tarrant County Hospital District (JPS)	Tarrant County Hospital District (JPS)
2. Subrecipient DUNS Number	068368901	068368901	068368902
3. Federal Award Identification Number (FAIN)	2 H89HA00047-30-00	Contract #HHS001317000005 (State Funds)	5 UT8HA33961-06-00
4. Federal Award Date	Original Award: January 2025 (Subject to #2 CFR 200)	March 2024	Original Award: January 2025 (Subject to #2 CFR 200)
5. Subaward Period of Performance Start and End Date	March 1, 2025- February 28, 2026	September 1, 2024 - August 31, 2025	March 1, 2025 - February 28, 2026
6. Amount of Federal Funds Obligated by This Action	\$0	\$0	\$314,250
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$366,162	\$699,002	\$314,250
8. Total Amount of the Federal Award	\$1,002,747	\$1,094,360	\$841,600
9. Federal Award Project Description, as required by FFATA	HIV Emergency Relief Project Grants	HIV/SRVS HIV/STD Prevention and Care Branch State Services	Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B
10. Name of Federal Awarding Agency	Health Resources & Service Administration (HRSA)	Pass-through from HRSA to Texas Department of State Health Services (DSHS)	Health Resources & Service Administration (HRSA)
11. Pass-Through Entity	Tarrant County	Tarrant County	Tarrant County
12. Contact Information for Awarding Official	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001
13. CFDA Number and Name	93.914 HIV Emergency Relief Project Grants	HIV/SRVS HIV/STD Prevention and Care Branch State Services	93.686 Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B
14. Identification if the Award is R&D	N/A	N/A	N/A
15. Indirect Cost Rate	N/A	N/A	N/A



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

I. Service Goals and Objectives of the Rapid Start Program

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

The Rapid Start Program will consist of the following services:

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

II. Rapid Start Eligibility

The following eligibility criteria are specific to Rapid Start:

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

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

III. Program Guidance

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

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

IV. Proposed Rapid Start Funded Services

The following criteria are specific to Rapid Start Services:

Providing Low-Barrier Access to Care

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

Medical Provider Visit

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

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

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

Laboratory Services

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

Medication Assistance

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

Client Support

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

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

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

V. Licensing, Experience, and Training Requirements

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

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

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

Training Expectations:

- Medical providers should be trained in Rapid ART assessments.
- Staff training on Trauma Informed Care.
- Participation in any training required by the AA.

VI. Performance Metrics

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

VII. Contact

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

BEATHIVTC@TARRANTCOUNTY.COM.



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER 144954
PAGE 1 OF 37
DATE: 4/2/2025

SUBJECT: CONSIDERATION OF THE FISCAL YEAR 2025-2026 HEALTH RESOURCES AND SERVICES ADMINISTRATION ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA – RYAN WHITE HIV/AIDS PROGRAM PARTS A AND B SUBRECIPIENT CONTRACT RENEWAL WITH TARRANT COUNTY HOSPITAL DISTRICT

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider the FY 2025-2026 Health Resources and Services Administration (HRSA) Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Part A and B (EHE) subrecipient contract renewal with Tarrant County Hospital District (JPS).

BACKGROUND

Tarrant County is one of forty-eight (48) counties in the United States selected by HRSA to receive EHE funding to end the HIV epidemic. Tarrant County was selected based on the number of new HIV transmissions and is in the sixth (6th) year of receiving EHE funding.

JPS has been delivering HIV treatment services for more than twenty-five (25) years and is the safety-net hospital in Tarrant County that delivers quality health care services to the area's most vulnerable populations. This contract supports AIDS Pharmaceutical Assistance, Early Intervention Services, and Emergency Financial Assistance.

On January 28, 2025, the Commissioners Court, through Court Order #144617, approved the FY2025-2026 HRSA EHE Grant Notice of Award (NOA) for partial funding of \$841,600.00.

The project period is March 1, 2025, through February 28, 2030. The term of the contract period is March 1, 2025, through February 28, 2026.

The recommended contract is as follows:

JPS –Total reimbursement shall not exceed \$314,250.00

The Criminal District Attorney's Office has reviewed these documents as to form.

FISCAL IMPACT

All associated costs will be paid from grant allocations as follows:

SUBMITTED BY	HIV Administrative Agency	PREPARED BY:	Dulce Lozano
		APPROVED BY:	Lisa McKamie-Muttiah



COMMISSIONERS COURT COMMUNICATION

REFERENCE NUMBER: 144954 DATE: 4/2/2025 PAGE 2 OF 37

EHE Funding: Grant-2004 E0024-2026 Health Resources and Services Administration (HRSA) Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Part A and B (EHE) /1132200000 HIV Subrecipients /569013 Subrecipient Services – net impact: \$314,250.00

The State of Texas §
County of Tarrant §

COMMUNITY SUBRECIPIENT CONTRACT

1. BACKGROUND

Tarrant County, Texas ("County") has received a grant (the "Grant") from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), **Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B (EHE)**, to help fund the provision of HIV services in the community; and

The County Judge designated the Tarrant County HIV Administrative Agency ("TCAA") as recipient of the EHE funding to make sure funds are used fairly and appropriately, in a way that maximizes linkage of people living with HIV to care, retention in care, and positive medical outcomes.

Tarrant County Hospital District ("Subrecipient") is an organization in Tarrant County, Texas, that provides HIV Care and Treatment and has requested an award of Grant proceeds from the County to support the delivery of HIV Care and Treatment services.

The County, acting by the Commissioners Court of Tarrant County, agrees to provide Subrecipient funds from the Grant to the extent available, in an amount not to exceed **\$314,250.00** in exchange for Subrecipient's agreement to provide EHE Initiative Services and HIV Care and Treatment services based upon certain terms and conditions.

Therefore, County and Subrecipient enter into the following Community Subrecipient Contract (the "Contract") based upon the following terms and conditions.

2. SCOPE OF WORK

Subrecipient will perform the Scope of Work described in **Attachment 1, A1-2025006**. On receipt of this Contract, Subrecipient will begin and complete the work within the Contract term. Subrecipient will provide services in accordance with the EHE Initiative Services and Ryan White HIV Program Services: Eligible Individuals and Allowable Use of Funds Policy Clarification Notice #16-02. Subrecipient will also provide services in accordance with the local Standards of Care.

3. TERM

The term of this Contract is from **March 1, 2025, to February 28, 2026**.

4. AMENDMENTS

This Contract may not be amended without written agreement. However, Subrecipient may move up to 10% of allocated funds within any budget category without written approval of County, except for Equipment or Indirect Cost budget line items, if the movement is consistent with the budget in **Attachment 1**. In order to move any amount over and above a cumulative total of 10% of allocated funds within any budget category, Subrecipient will request the reallocation in writing to County.

The Subrecipient will submit a revised budget narrative to the TCAA prior to the submission of the Subrecipient's first monthly billing to the County following the movement of funds between budget line items.

If the Subrecipient fails to achieve contracted outcome objectives and expenditures (see Policy PM.001.002, bill Monitoring, Units and Clients), the County may require the return of funds with reallocation or redistribution to other entities.

Subrecipient shall be subject to decrease of funds if funds are not utilized at the anticipated rate of expenditures. The anticipated rate of expenditures is one-twelfth of the contract amount by service category per month. The formula for reduction of funds shall be as follows:

- At one quarter of the contract period the Subrecipient shall have expended at a minimum twenty percent (20%) of allocated funds for each service category. If the minimum has not been expended, ten percent (10%) of the unspent funds allocated for that contract period can be swept through a budget reduction at the discretion of the TCAA.
- At one half of the contract period the Subrecipient shall have expended at a minimum forty percent (40%) of allocated funds for each service category. If the minimum has not been expended, fifty percent (50%) of the unspent funds allocated for that contract period can be swept through a budget reduction at the discretion of the TCAA.
- At three quarters of the contract period the Subrecipient shall have expended at a minimum seventy five percent (75%) of allocated funds for each service category. If the minimum has not been expended, one hundred percent (100%) of the unspent funds allocated for that contract period can be swept through a budget reduction at the discretion of the TCAA.

Subrecipient may become eligible for an increase in funding if it has spent its funds at the anticipated rate and can present a proposal for the utilization of additional funds by serving additional unduplicated clients and delivering additional units of service.

5. SEVERABILITY

If a court construes a provision of this Contract illegal or invalid, that construction will not affect the balance of the Contract, and the court will delete the illegal or invalid provision, with all other provisions of the Contract to remain in force and effect.

6. ASSURANCES, REPRESENTATIONS, AND COMPLIANCE

a. Subrecipient ensures that personnel paid from these funds are duly licensed, certified, registered, permitted, approved and qualified to perform contracted services. Subrecipient signifies that all necessary program or facility licenses are current. Subrecipient will notify County immediately if such licenses become invalid during the term of this Contract. The Subrecipient will document these assurances in the year-end program report.

b. Subrecipient assures that funds will not be used to provide items or services for which payment has already been made or reasonably can be expected to be made by third-party payers, including Medicaid, Medicare and/or other federal, state, or local entitlement programs, prepaid health plans, private insurance, or other services provided by community-based organizations. The Subrecipient understands that if services performed under this Contract are available under the state Medicaid plan, then the Subrecipient must enter into a participation agreement under the state Medicaid plan.

c. Subrecipient assures that it will adhere to confidentiality requirements, including policies regarding the confidentiality and security of Protected Health Information, the AIDS Workplace Guidelines, the HIV Services Grant Program Rules, and Requirements for Contents of AIDS-related Written Materials. Subrecipient will not engage in activities that advocate or promote the violation of state or federal laws.

d. Subrecipient assures that it will comply with fiscal, programmatic, and clinical quality monitoring applicable to EHE Subrecipients as implemented by Tarrant County.

e. Subrecipient assures that it will not transfer a client or patient record through any means, including electronically, to another entity, person, or other Subrecipient without a written consent from the client or patient, or someone authorized to act on his or her behalf; however, the County, or HRSA may require Subrecipient, or any subcontractor, to timely transfer a client or patient record to the County, or HRSA if the transfer is necessary to protect either the confidentiality of the records or the health and welfare of the client or patient.

f. Subrecipient assures that it will not expend funds from this Grant to lobby Congress, the legislature, or any agency in connection with a particular Contract. Subrecipient assures that it will not discriminate against any person on the grounds of race, creed, color, handicap, national origin, gender, sexual orientation, political affiliation, or beliefs.

g. Subrecipient assures that HIV health care and support services provided with assistance made available under this Contract will be provided without regard to the ability of the individual to pay for such services.

h. Subrecipient assures that for any fees it charges to clients for services, Subrecipient will publicly display its fee schedule. Annual aggregate charges (including fees and co-payments) will not exceed the total allowable annual charges. The term "aggregate charges" applies to the total annual charges that may be collected from a client for all HIV services. Subrecipient will create a tracking mechanism to ensure individual client charges do not exceed the maximum allowable annual charges.

i. Subrecipient assures that if it purchases or reimburses for drugs, the Subrecipient's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness, including 42 CFR Sections 50.501-50.504, 45 CFR Part 75.420-475, and other federal law to the extent applicable. The purchase or reimbursement for drugs must comply with the Community AIDS Pharmaceutical Assistance (LPAP) formulary. If Subrecipient is a drug reimbursement agency or a medical provider that dispenses medication, Subrecipient assures that drug costs are expected to secure the best prices available for such products and to maximize results for the recipient organization and its patients, when available, the Public Health Services price, whichever is less expensive. Failure to participate, or failure to plan to participate in 340B pricing within 120 days of funding will eliminate organizations from eligibility to be awarded funding in the LPAP service category.

If a Subrecipient receives 340b revenue, this is considered program income and must be spent on allowable items within the grant period. Subrecipients must create a 340b budget.

j. Subrecipient assures that all medical and non-medical case managers will obtain Affordable Care Act Certified Application Counselor status through the Centers for Medicaid and Medicare Services. Subrecipient assures that uninsured clients will be assisted with the process of applying for health insurance through the Marketplace and that documentation of eligibility is maintained in client charts or files. Subrecipient will enroll physicians and clinics in Qualified Health Plans.

k. Subrecipient assures that it will comply with all requirements and guidelines outlined in the most recent HIV Services Standards of Care. Subrecipient will comply with all HRSA, and County program policies and operating procedures.

l. Subrecipient assures that this Contract will not be transferred, or otherwise assigned, or any interest in or any right, duty, or obligation under, or any claim arising under, without first obtaining the prior written approval from the HIV Administrative Agency located at

2300 Circle Drive, Suite 2306; Fort Worth, Texas 76119. Any attempt to transfer, or otherwise assign, will be void and will confer no rights upon any third person or entity.

m. Subrecipient assures and represents that its receipt of funding under this Contract will not be used to supplant private, state, local, or other federal funds received by the Subrecipient.

n. Subrecipient assures that case records of patients/clients who are receiving Ryan White services will contain documentation as required by the Standards of Care.

o. Provide Enterprise is the designated client management information system for the Tarrant County Ryan White Program that must be utilized to document client level information, services delivered, and all required data elements. Subrecipients will be required to pay for the Provide Enterprise Licensures for new users and annual maintenance fees per licensee. Subrecipients may utilize RWHAP-related funding such as grant funds, program income (i.e., 340b, insurance reimbursement) and/or other funding sources to pay for licensure fees and annual maintenance fees.

p. Subrecipient assures and represents that the person signing this Contract on behalf of Subrecipient is authorized to execute this Contract on the Subrecipient's behalf and to legally bind the Subrecipient to all Contract terms.

q. Subrecipient will complete and sign **Attachment 2** in compliance with the Federal Executive Order 12549 "Debarment and Suspension".

FAILURE TO COMPLY WITH ANY OF THE ASSURANCES AND REPRESENTATIONS CONTAINED IN THIS SECTION 6 HEREIN AS WELL AS ANY OTHER TERM AND CONDITION OF THIS CONTRACT MAY BE GROUNDS FOR TERMINATION OF THIS CONTRACT AND MAY RESULT IN THE WITHHOLDING OF FUTURE AWARDS. SUBRECIPIENT UNDERSTANDS THAT BY ENTERING INTO THIS CONTRACT COUNTY WILL AUDIT SUBRECIPIENT'S PERFORMANCE OF THIS CONTRACT, INCLUDING SUBRECIPIENT'S COMPLIANCE WITH THE ASSURANCES AND REPRESENTATIONS CONTAINED IN THIS SECTION 6 OF THIS CONTRACT.

7. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

This Contract is subject to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Privacy Regulations, 45 C.F.R. Parts 160 and 164 issued under said Act.

The parties acknowledge the existence of applicable legal requirements pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH Act"). Attached to and incorporated in this Agreement as **Attachment 3** is County's standard Business Associate Agreement ("BAA"). Subrecipient acknowledges that for all purposes under the BAA and this Agreement, the County is a "Covered Entity" and Subrecipient is a "Business Associate". Furthermore, Subrecipient agrees to comply with and satisfy all the terms and conditions of the BAA applicable to a Business Associate. Any violation of or failure to satisfy the terms and conditions of the BAA shall be a breach of this Agreement and render this Contract null and void. County will make the decision whether or not documents will be required, and the decision of County will be final. Subrecipient agrees that it will negotiate in good faith an amendment to this Agreement if, and to the extent required by, the provisions of HIPAA and regulations promulgated thereunder, in order to assure that this Agreement is consistent therewith.

8. STANDARDS FOR FINANCIAL MANAGEMENT

a. In accordance with 45 CFR 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, Subrecipient will develop, implement and maintain financial management and control systems, which include at a minimum accurate payroll, accounting and financial reporting records, cost source documentation, effective internal and budgetary controls, and determination of reasonableness, allowability and allocability of costs, and timely and appropriate audits and resolution findings.

b. A separate cost center will be maintained within the general ledger for each Contract, including a 340b specific cost center. Multiple cost centers may be used, provided the total cost in each of the cost centers equals and supports the reimbursement amount and the total cost reported to Tarrant County. A cost center is defined as a unique series of general ledger accounts established for the purpose of accumulating and categorizing expenses related to a specific cost objective. Each cost center will have a unique revenue account(s) that captures all income generated from these activities performed under a specific cost center. The balances reflected in these accounts will be the basis for monthly payment requests.

c. Subrecipient shall maintain an effective accounting system, which will:

- (i) Identify and record valid transactions
- (ii) Record transactions to the proper accounting period in which transactions occurred
- (iii) Describe transactions in sufficient detail to permit proper classification
- (iv) Maintain records that permit the tracing of funds to a level of detail that establishes that the funds have been used in compliance with Contract requirements
- (v) Adequately identify the source and application of funds of each Grant Contract
- (vi) Generate current and accurate financial reports in accordance with Contract requirements

d. Subrecipient will provide agency cost allocation plan to the Administrative Agency no later than sixty (60) days from Contract execution.

e. All recipients who are providing services under EHE that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.

9. PROGRAM INCOME

Program income is defined as the gross income received by a recipient or subrecipient that is directly generated by a grant supported activity or earned only as a result of a federal award during a contract period. Examples of program income include:

- Funds received by billing public or private health insurance for services provided to eligible EHE clients;
- Fees, payments, or reimbursement for the provision of specific services such as client care reimbursements received under Medicare, Medicaid, Children's Health Insurance Program;
- The difference between the third-party reimbursement and the 340b drug purchase price (i.e. 340b revenue).

a. Subrecipient must use the 'additive' method for expending program income. Under the 'additive' method, program income must be used for the purposes for which the award was made and may only be used for allowable costs under the award.

b. Subrecipients will be required to have a policy and procedure in place for allocating and tracking program income, revenue, and expenditures.

c. Subrecipient will identify all revenues received from performing contract services as "Program Income." Subrecipient will use Program Income for allowable current costs. Subrecipient will budget and expend the Program Income during the budget period in which it is realized.

d. Program income may be expended on any allowable EHE Initiative Services and Ryan White core medical or support service category, clinical quality services, or administrative costs as part of a comprehensive system of care for eligible EHE clients.

e. Subrecipients will be required to have a policy and procedure in place for allocating and tracking program income, revenue, and expenditures.

f. Program income may be utilized to expand services within the allowable scope of the EHE client services.

g. Subrecipient will submit a 340b spending/allocation plan to the Administrative Agency within thirty (30) days of Contract execution.

10. ALLOWABLE COST

Tarrant County will pay the allowable and reasonable costs incurred in performing the scope of work that are sufficiently documented. Tarrant County will determine whether costs submitted by Subrecipient are allowable, reasonable, and eligible for payment. If Tarrant County has paid funds to Subrecipient for unallowable or ineligible costs, Tarrant County will notify Subrecipient in writing, and Subrecipient shall return the funds to Tarrant County within thirty (30) calendar days of the date of this written notice.

The Consolidated Appropriations Act, 2025, Public Law 118-83, signed into law on September 26, 2024, restricts the amount of direct salary which may be paid to an individual under an HHS grant, cooperative agreement, or applicable contract to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 1, 2025, the Executive Level II salary level is \$225,700.00.

11. OVERTIME COMPENSATION

Subrecipient may not use Grant funds provided under this Contract for payment of overtime. Subrecipient will be responsible for any overtime pay not authorized by amendment.

12. CONTRACT FUNDING ADVANCES

Subrecipient may request Contract advances in the amounts as described in 45 CFR 75.305(b)(1).

- Subrecipients will submit payment requests every 30 days to reconcile with the contract advances.
- In order to reconcile any Contract advances, Subrecipient must submit a payment request no later than the 22nd day of each month in order to reconcile said Contract advances.
- Subsequent Contract advances shall not exceed the previous advance, less the amount of funds that remains unused from the previous advance.

13. MEETING ATTENDANCE

Subrecipient will attend all required meetings, as specified by the Administrative Agency, including but not limited to: monthly monitoring calls, quality management, technical assistance, trainings,

and care coordination trainings during the Contract term. Participation in required meetings and trainings will be specific to the position(s) and role(s) of grant funded position(s).

14. REPORTS, INSPECTIONS, AND QM PLANS

a. Subrecipient will submit fiscal, progress, programmatic, and other reports as requested by County in the approved format. Monthly payment requests are due no later than the 22nd day of the following calendar month. If the reporting due date falls on a weekend or holiday, the deadline is extended to no later than 5:00 pm Central Time the first weekday immediately following the weekend or holiday.

b. As required by the HRSA and the County, the Subrecipient will collect, update, maintain and report client level data in a manner consistent with the Uniform Reporting System (URS) based on reporting standards established by HRSA. Subrecipient will collect, update, maintain and report all data consistent for reporting in the annual Ryan White Services Report (RSR), as well as other demographic, medical, service, and other required data elements throughout the Contract period. Subrecipient will participate in all periodic and ongoing Data Improvement activities required by HRSA and the County.

c. In order to protect and retain client data, Subrecipient will incorporate appropriate procedures, including the systematic creation and maintenance of end-user passwords and other security measures outlined in County policies.

d. When state or federal funds are involved, any authorized representatives of the local, state or federal government have the right, at all reasonable times, to inspect or otherwise evaluate the work performed or being performed and the premises in which it is being performed. Subrecipient will participate in and provide reasonable access to facilities for assisting said representatives. All inspections and evaluations will be performed in such a manner as will not unduly delay the work.

e. County payment to Subrecipient does not stop the County from determining that certain costs were ineligible for reimbursement or that Program Income was not spent in accordance with this Contract. If the County determines that a cost the County has paid for is ineligible for reimbursement, the Subrecipient will refund the ineligible amount to the County.

The County reserves the right to redistribute and reallocate funds when necessary.

f. An audit must be completed if required by 2 CFR Part 200.500-520 and or 45 CFR Part 75.501-520. If the guidance does not require a single audit, the Subrecipient will notify County in writing.

15. PARTICIPANT RECORDS

a. Subrecipient grants County, HRSA, the Inspector General, the Comptroller General of the United States, or any of their duly authorized representatives, the right of timely and unrestricted access to any books, documents, papers, or other records of Subrecipient pertinent to the Contract, in order to make audit, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access by County fiscal and program personnel for the purpose of reviewing, interviewing, evaluating and monitoring related to such documents. This right includes access to records of for-profit enterprises owned by the Subrecipient and collocated with the non-profit in the same building.

b. County retains the right of access to Subrecipient's records or the right to obtain copies of said records for audit, litigation, or other circumstances that may arise. If this Contract is terminated during the Contract term, County may provide written notice to the Subrecipient requesting that the clients receiving services under this Contract have their cases and copies of Tarrant County Hospital District

their records transferred to another Subrecipient. Upon receiving such notice from County, the Subrecipient will take all necessary and reasonable steps to obtain the written consent of the clients for transfer of their cases. The client's case and records will be transferred to another Subrecipient only with client's written consent. Any disclosure or transfer of records will conform to the confidentiality provisions of this Contract.

c. Subrecipient will have written policies and procedures that address the organization, content, compilation, storage, dissemination, transport and accessibility of client records.

d. These documents will be maintained and retained by the Subrecipient in accordance with state and federal retention schedules. If any litigation, claim, or audit involving these records begins before the retention period expires, the Subrecipient will retain the records and documents in accordance with state and federal retention schedule or until litigation, claims, or audit findings are resolved, whichever is later.

16. EQUIPMENT AND SUPPLIES

a. Subrecipient will purchase and maintain any equipment and supplies procured under this Contract in conformity with applicable federal and state laws, regulations, and rules affecting the purchase of these items with Grant funds. All equipment shall be acquired and paid for within the first ninety (90) days of the Grant start date. Failure to purchase equipment will result in loss of availability of funds for the purchase of equipment.

b. "Equipment" means controlled assets or an article of nonexpendable, tangible personal property having a useful lifetime of more than one year with an acquisition cost of \$10,000.00 or more. "Controlled assets" regardless of the acquisition cost, are defined as desktop and laptop computers, non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. If Subrecipient uses a cost reimbursement payment method for purchase of equipment, then it shall inventory all equipment. Subrecipient shall initiate in the first quarter of the Contract the purchase of all equipment approved in writing. Failure to timely initiate the purchase of equipment may result in the loss of availability of funds for the purchase of equipment. Requests to purchase previously approved equipment after the first quarter of the Contract will be submitted to the HIV Administrative Agency Manager. If seeking reimbursement for equipment purchases, Subrecipient must receive prior approval for equipment purchases.

c. The Subrecipient will maintain, repair, and protect equipment in order to assure its full availability and usefulness. Subrecipient will insure all equipment at its replacement value against any loss, destruction or damage. In the event the Subrecipient is indemnified, insured, reimbursed, or otherwise compensated for any loss of, destruction of, or damage to the equipment provided under this Contract, it will use the proceeds solely for the repair or replacement of this equipment.

d. Subrecipient will attach a detailed, cumulative listing of equipment inventory to Subrecipient's final request for Grant payment. If there have never been any equipment purchases paid for by funds from the County, Subrecipient will attach a statement to that effect. Subrecipient's final billing for each Grant will not be accepted if this inventory or statement is not attached. Additionally, failure to include the inventory listing or statement may result in an audit finding on Subrecipient's monitoring review and/or delay of reimbursement. Audit findings may cause termination of Contract for cause or suspension of payment of funds.

e. The Subrecipient will execute any necessary documents to transfer title of any equipment purchased with funds from this Contract to either the County, or any other party designated by the County; provided, however, that the County may at its option and to the extent allowed by law, transfer title of such property to the Subrecipient.

f. For the purposes of the contract, Subrecipient may not use funds to make cash payments to intended recipients of service; to purchase a building or facility; or to improve a building or other facility.

17. CONFIDENTIALITY

Subrecipient will maintain a system to protect client records and other Contract records deemed confidential by law from inappropriate disclosure. This system will encompass mechanisms for the protection and confidentiality of all paper and electronic records. Any disclosure of confidential client information by the Subrecipient, including information required by Section 15 will be in accordance with applicable law.

18. CONFLICT OF INTEREST

All employees and board members of any agency are required to complete and sign a Conflict of Interest Disclosure Form annually, which contains, at a minimum, the content in DSHS Board Member and Employee Conflict of Interest Disclosure Form.

19. ENDING THE HIV EPIDEMIC

a. Subrecipient will conduct activities focused on addressing the following four (4) goals in compliance with the National Goals to End the HIV Epidemic and demonstrate measurable progress towards the goals.

- (i) Reduce new HIV infections;
- (ii) Increase access to care and optimize health outcomes for people living with HIV (PLWH);
- (iii) Reduce HIV-related health disparities and health inequities; and
- (iv) Achieve a more coordinated national response to the HIV epidemic.

The HIV Care Continuum, at a minimum, should be used as a basis for planning and assessing outcomes.

b. In collaboration with County, the subrecipients responsibilities will include:

- (i) Completing proposed initiative work plan activities
- (ii) Collaborating with Tarrant County on review of activities, procedures, and budget items, including timely communication with HIV AA; Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
- (iii) Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
- (iv) Coordinating the initiative activities with existing RWHAP programs;
- (v) Collaborating with the technical assistance providers on implementation, coordination, and integration of initiative activities
- (vi) Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement; modifying activities as necessary to ensure relevant outcomes for the project; and
- (vii) Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA and Tarrant County guidelines pertaining to acknowledgment and disclaimer on all products

produced by HRSA and Tarrant County grant awards.

c. Ending the HIV Epidemic requirement of eligibility:

As outlined in Notice of Funding Opportunity HRSA-25-063, the only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis. All newly diagnosed clients who are provided any services (whether EHE or RWHP) in an EHE-funded jurisdiction will be counted as an EHE client.

The following eligibility criteria are specific to Rapid Start: Preliminary or Confirmatory HIV+ diagnosis:

- The client is **Newly Diagnosed**: Testing positive for the first time in the past 12 months or has previously tested positive but has not been in care.
- The client is **Returning to Care**: client who has an HIV diagnosis and has not attended an HIV medical visit in the preceding 6 months, nor evidence of prior labs or medication during the same time period.
- The client is **in care and not virally suppressed** or client is **new to the jurisdiction**. The client is currently served by a subrecipient and has a detectable viral load or the client is transferring care from another jurisdiction.

d. EHE Standards of Care

Subrecipient will provide services to EHE clients following the requirements of the EHE Standard of Care contract **Attachment 6**.

e. Emergency Financial Assistance

Any medication provided with EFA funding must be in the context of a Rapid Start Protocol. Rapid Start is defined as medication initiation within 72 hours of diagnosis or return to care.

20. QUALITY MANAGEMENT

a. The Subrecipient will implement and maintain a Quality Management (QM) program which complies with HRSA Clinical Quality Management Policy Clarification Notice #15-02. The Ryan White program requires the establishment of a clinical quality management (CQM) program that assesses the extent to which care and services provided are consistent with federal, state, and local standards of HIV/AIDS care and services, and develops strategies for ensuring that such services are consistent guidelines for improving access to, and quality of HIV Service. The Subrecipient will:

- (i) Develop a CQM program that improves patient care, health outcomes, and patient satisfaction, and consists of:
 - a. Specific aims based in health outcomes.
 - b. Support by identified leadership.
 - i. Identification of at minimum one quality lead.
 - c. Accountability for CQM activities.
 - d. Dedicated CQM resources.
 - e. Use of data and measurable outcomes to determine progress and make improvements to achieve the aims cited above.
- (ii) Have a CQM committee:
 - a. With, at minimum, two client members living with HIV.
 - b. That meets at least quarterly, in a stand-alone meeting, with an agenda and meeting minutes.

- (iii) A CQM plan:
 - a. Detailing at minimum two quality improvement projects (QIP) per calendar year.
 - b. Identifying performance measures to be reviewed.
 - c. Explaining the CQM infrastructure, training, and capacity within the agency.
- (iv) Consistent utilization of data and measurable outcomes to make improvements and measure progress towards improving outcomes across the HIV Continuum of Care; and review performance data at least quarterly.
- (v) Dedicate staff responsible for carrying out CQM responsibilities.
- (vi) Involve people with HIV that reflect the population that is being served in quality initiatives.
- (vii) Focus on linkages to HIV medical care and support services.
- (viii) Focus on Viral Load Suppression
- (ix) Focus on Retention in HIV medical care and support services.
- (x) Conduct ongoing client satisfaction and effectiveness of services, routinely share survey instrument and results with TC HIV-AA, and actively participate in TC HIV-AA client satisfaction initiatives.
- (xi) Participate in quality management activities, including participation on a county-wide CQM committee, participation in county-wide CQM initiatives, including needs assessment activities, QIPs, care coordination meetings, and TC HIV-AA patient satisfaction processes.
- (xii) Participation by clinical staff in the formulary committee meetings.

Further, the Subrecipient will, upon request, provide evidence that the Quality Management Program is active and on-going. The County may inspect the minutes of the Quality Management Committee; documentation of quality improvement activities/projects and outcomes; and other summary documents related to quality improvement activities.

b. All funded service categories should have two (2) identified performance measures and the corresponding performance measure data collected by the TC-HIVAA. Provide Enterprise is the data collection system for performance measure data to demonstrate health outcomes. The two (2) performance measures which apply to all funded service categories are annual retention in care and viral load suppression.

21. TERMS AND CONDITIONS OF PAYMENT

a. Tarrant County agrees to pay Subrecipient for reimbursable costs under the Grant only to the extent that Grant funds are available. Tarrant County will pay in accordance with the approved budget for each funded category listed in **Attachment 1**.

b. Tarrant County approves and pays payment requests within thirty (30) days of receipt of a complete request. Errors in the payment request, including insufficient documentation, may result in payment delays. It is the responsibility of the Subrecipient to submit a complete and accurate payment request.

c. Subrecipient will submit complete monthly payment requests through Provide Enterprise within 22 days following the end of each month. If the 22nd falls on a weekend or holiday, the deadline for the payment request is extended to no later than 5:00 pm Central Time the first weekday immediately following the weekend or holiday. A final close-out bill may be submitted no later than fifteen (15) days following the end of the contract term. Payment requests should be submitted in Provide, and signature pages submitted to the Administrative Agency. To be considered a complete request, the following must be included:

- Cover page signed by the Subrecipient's authorized signatory
- Provide Enterprise payment requests

- Provide Enterprise activity report with monthly service utilization data

The payment request must contain supporting documentation including service utilization reports. The following may be requested to substantiate a reimbursement request:

- General Ledger (monthly, generated from Subrecipient's accounting system); or other supporting documentation acceptable to the Subrecipient
- Timesheets or Payroll Report (monthly, generated from Subrecipient's payroll system) The timesheets must demonstrate time and effort.
- Cost-Based Reimbursement Monthly Expense Report

Payment requests will be reviewed to assure compliance with approved budget, federal cost principles, and contract goals.

d. Subrecipient shall enter client eligibility data into Provide Enterprise within twenty-four (24) hours of conducting eligibility and enter service delivery data into Provide Enterprise within five (5) business days of providing the service.

e. Subrecipient agrees that administrative costs will not exceed the amount listed on the Scope of Work, described in **Attachment 1**.

f. Subrecipient understands that acceptance of funds directly under the Contract or indirectly through a Subcontract under the Contract acts as acceptance of the authority of any county, state, or federal entity providing the funds to conduct an audit or investigation in connection with those funds. Entities with the authority to conduct an audit or investigation include, but are not limited to, the Tarrant County Auditor's Office (TCAO), the Texas State Auditor's Office (SAO), or any successor agency to these entities. Under the direction of the legislative audit committee, an entity that is the subject of an audit or investigation by the TCAO or SAO must provide the TCAO or SAO with access to any information the TCAO or SAO considers relevant to the investigation or audit. Subrecipient agrees to cooperate fully with the TCAO, SAO, or its successor in the conduct of the audit or investigation, including providing all records requested. Subrecipient will ensure that this clause concerning the authority to audit funds received indirectly by Subrecipient through Subrecipient and the requirement to cooperate is included in any Subcontract it awards.

g. Independent Single or Program-Specific Audit. If Subrecipient within Subrecipient's fiscal year, expends a total amount of at least **SEVEN HUNDRED FIFTY THOUSAND DOLLARS (\$750,000)** in federal funds awarded, Subrecipient shall have a single audit or program-specific audit in accordance with the 45 CFR 75.501(a). The \$750,000 federal threshold amount includes federal funds passed through by way of state agency awards. The audit must be conducted by an independent certified public accountant and in accordance with applicable OMB Circulars, Government Auditing Standards.

h. Within thirty (30) calendar days of receipt of the audit reports required by the Independent Single or Program-Specific Audit section, Subrecipient shall submit copies to the following:

- (i) Tarrant County
Auditor's Office
100 E. Weatherford – RM 506A
Fort Worth, Texas 76196-0103
- (ii) Tarrant County Administrative Agency
HIV Administrative Agency Manager at lmuttiah@tarrantcountytexas.gov

- (iii) Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/faqs.aspx>

If Subrecipient fails to submit the audit report as required by the Independent Single or Program-Specific Audit section within thirty (30) calendar days of receipt by Subrecipient of an audit report, Subrecipient shall be subject to Tarrant County sanctions and remedies for non-compliance with this Contract.

22. TERMINATION

a. Unless otherwise provided for, this Contract may be terminated by either of the parties by providing written notice to the other party at least thirty (30) days prior to the intended date of termination. Termination under these circumstances does not nullify a reimbursable cost incurred for performance prior to the date of termination.

b. This Contract may be terminated by the County in the event that federal or state laws or other requirements should be amended or judicially interpreted so as to render continued fulfillment of this Contract, on the part of either party, impossible. If the parties cannot amend the Contract to continue the services required by this Contract, then, upon written notification by the County to Subrecipient, the parties will be discharged from any further obligations created under the terms of this Contract, except for the equitable settlement of the accrued costs prior to the date of termination.

23. PERSONNEL

a. All personnel funded by this Contract must be employees of Subrecipient, which is solely responsible for the employees' direction and control. Subrecipient's staff will possess education, credentials and work experience specified within the job description, and will meet the minimum standards set forth by the local Standards of Care. Any personnel who have direct contact with clients will undergo criminal background checks prior to such direct contact. Subrecipient shall not permit any person who engaged in or was alleged to have engaged in an activity subject to reporting under this section to perform direct client services or have direct contact with clients. Employee positions that become vacant and that remain vacant for sixty (60) days will result in a return of funds.

b. Each personnel file will contain the following:

- (i) A copy of the employee's completed criminal background check.
- (ii) A copy of the employee's driver's license or official state ID card.
- (iii) A signed copy of the employee's job description.
- (iv) Relevant signed confidentiality and conflict of interest forms.
- (v) A copy of appropriate licensure (if applicable).
- (vi) Documentation of annual HIV training updates.
- (vii) Form I-9 Employment Eligibility Verification.

24. INDEPENDENT SUBRECIPIENT

Subrecipient is an independent Subrecipient under the terms of this Contract and is not an officer, agent, servant or employee of the County.

25. ENFORCEMENT

It is expressly understood and agreed that enforcement of the terms and conditions of this Contract, and all rights of action relating to such enforcement, will be strictly reserved to the parties, and nothing contained in this Contract will give or allow any claim or right of action whatsoever by any other person not a party to this Contract. This Contract shall be interpreted

under the laws of the State of Texas. The venue for any lawsuit arising out of this Contract will be the Fort Worth Division of the Northern District of Texas if the lawsuit arises in Federal Court; or Tarrant County, Texas if the matter arises in State Court.

26. CONTRACT COMPLIANCE

County may terminate this Contract upon thirty (30) calendar days written notice to the Subrecipient for non-compliance with Contract terms. Non-compliance occurs when a discrepancy is found between the actual delivery of services and what the Contract requires, including the Contract's administrative requirements.

27. COMPLIANCE WITH LAWS

In providing the services required by this Agreement, Subrecipient must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. Subrecipient shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

28. GRIEVANCE

Subrecipient agrees to maintain a written client grievance process that delineates procedures for clients to seek redress for grievances with Subrecipient. The process must include the investigation of complaints for denial of services. The subrecipient shall ensure that its grievance procedures are prominently posted in a visible location and provided in the appropriate language(s) to ensure accessibility for all clients. Subrecipient will inform clients that grievances may be presented to Tarrant County HIV Administrative Agency after all remedies with Subrecipient have been exhausted.

29. 1295 COMPLIANCE

Subrecipient acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295 and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as **Attachment 7**, with the Texas Ethics Commission as required by law. The electronic 1295 form can be accessed at the following: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

30. PROHIBITION ON BOYCOTT OF ISRAEL

Subrecipient verifies that it does not boycott Israel and will not boycott Israel during the term of this contract. The term "boycott Israel" is as defined by Texas Government Code Section 808.001, effective September 1, 2017.

31. BOYCOTT OF ENERGY COMPANIES PROHIBITED

In compliance with Section 2274.002 of the Texas Government Code, Subrecipient verifies that it does not boycott energy companies and will not boycott energy companies during the term of this Contract. "Boycott energy company" is defined in Section 809.001(1) and means, without an ordinary business purpose, refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with a company because the company: (A) engages in the exploration, production, utilization, transportation, sale, or manufacturing of fossil fuel-based energy and does not commit or pledge to meet environmental standards beyond applicable federal and state law; or (B) does business with a company described by subsection (A).

32. BOYCOTT OF FIREARM ENTITIES OR FIREARM TRADE ASSOCIATIONS PROHIBITED

In compliance with Section 2274.002 of the Texas Government Code, Subrecipient verifies that it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association; and will not discriminate during the term of the Contract against a firearm entity or firearm trade association. "Discriminate against a firearm entity or firearm trade association" is defined in Section 2274.001(3) and means, with respect to the entity or association, to: (i) refuse to engage in the trade of any goods or services with the entity or association based solely on its status as a firearm entity or firearm trade association; (ii) refrain from continuing an existing business relationship with the entity or association based solely on its status as a firearm entity or firearm trade association; or (iii) terminate an existing business relationship with the entity or association based solely on its status as a firearm entity or firearm trade association; the term does not include: (i) the established policies of a merchant, retail seller, or platform that restrict or prohibit the listing or selling of ammunition, firearms, or firearm accessories; and (ii) a company's refusal to engage in the trade of any goods or services, decision to refrain from continuing an existing business relationship, or decision to terminate an existing business relationship: (aa) to comply with federal, state, or local law, policy, or regulations or a directive by a regulatory agency; or (bb) for any traditional business reason that is specific to the customer or potential customer and not based solely on an entity's or association's status as a firearm entity or firearm trade association.

33. MISCELLANEOUS PROVISIONS

a. Force Majeure

Except with respect to the obligation of payments under this Contract, if either of the Parties, after a good faith effort, is prevented from complying with any express or implied covenant of this Contract by reason of war; terrorism; rebellion; riots; strikes; acts of God; any valid order, rule, or regulation of governmental authority; or similar events that are beyond the control of the affected Party (collectively referred to as a "Force Majeure"), then, while so prevented, the affected Party's obligation to comply with such covenant will be suspended, and the affected Party will not be liable for damages for failure to comply with such covenant. In any such event, the Party claiming Force Majeure will promptly notify the other Party of the Force Majeure event in writing and, if possible, such notice will set forth the extent and duration thereof.

b. No Waiver of Sovereign Immunity

Nothing in the Contract will be construed as a waiver of sovereign immunity by the County.

c. Entire Contract and Modification

The Contract constitutes the entire agreement of the Parties and is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Any additional or conflicting terms in any future document incorporated into the Contract will be harmonized with this Contract to the extent possible by the County.

d. Execution of Agreement

This Contract may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Contract, and all of which, when taken together, shall be deemed to constitute one and the same contract. The exchange of copies of this Contract and of signature pages by electronic transmission shall constitute effective execution and delivery of this Contract as to the parties and may be used in lieu of the original Contract for all purposes.

Signatures of the parties transmitted or executed electronically shall be deemed to be their original signatures for any purpose whatsoever.

e. Proper Authority

Each Party hereto represents and warrants that the person executing this Contract on its behalf has full power and authority to enter into this Contract. Any Services or Work performed by Subrecipient before this Contract is effective or after it ceases to be effective are performed at the sole risk of Subrecipient with respect to compensation.

34. CONTRACT ATTACHMENTS

- a. Attachment 1: **A1-2025006**
- b. Attachment 2: Debarment and Suspension Certification
- c. Attachment 3: Business Associate Agreement
- d. Attachment 4: Pilot Program for Enhancement of Employee Whistleblower Protection
- e. Attachment 5: Federal Award Identification Checklist
- f. Attachment 6: Ending the HIV Epidemic Rapid Start Service Standard
- g. Attachment 7: 1295 Compliance Form

35. NOTICES

All written notices required under this Contract, including proposed amendments, will be addressed and sent to:

COUNTY:

Tarrant County

Address: Tarrant County Administrative Agency
2300 Circle Drive, Suite 2306
Fort Worth, TX 76119
Attn: HIV Administrative Agency Manager

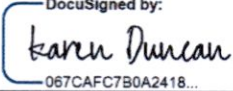
SUBRECIPIENT:

TARRANT COUNTY HOSPITAL DISTRICT
1500 S. Main Street
Fort Worth, TX 76104
Attn: Karen Duncan, MD

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first set forth below.

SIGNED AND EXECUTED this _____ day of _____, 2025.

TARRANT COUNTY HOSPITAL DISTRICT
1500 S. Main Street
Fort Worth, TX 76104
Attn: Karen Duncan, MD

By: 
067CAFC790A2418...

Title: President & CEO

03/17/25 | 6:01 AM CDT

Date: _____

COUNTY OF TARRANT
STATE OF TEXAS


By: Separate Electronic Signature Page
Tim O'Hare
County Judge

APPROVED AS TO FORM:


Criminal District Attorney's Office*

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

CERTIFICATION OF FUNDS IN THE AMOUNT OF \$ 314,250⁰⁰


Auditor Date: 3-28-25

**ATTACHMENT 1, A1-2025006
SCOPE OF WORK**

1. Performance Measures

Tarrant County Hospital District will provide services listed below that meet or exceed the performance goals found at <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>, including the number of clients to be served and units of service to be performed for each service category.

Ending the HIV Epidemic FY 25-26 (03/01/25-02/28/26)	CURRENT BUDGET		
Service Categories	\$ Amount	# Clients	# Units
AIDS Pharmaceutical Assistance (LPAP)	\$ 16,922.00	73	402
Early Intervention Services	\$ 281,250.00	261	1,826
Emergency Financial Assistance	\$ 16,078.00	8	8

2. Special Provisions

Funding under the Contract for the following budgetary items is contingent upon County receiving the funds through the Health Resources and Services Administration (HRSA) Grant. The budget period for this scope of work is March 1, 2025, through February 28, 2026.

Ending the HIV Epidemic FY 25-26 (03/01/25-02/28/26)	
Budget Line Item	Current Budget
Personnel	\$ 116,091.58
Fringe	\$ 43,961.89
Travel	\$ -
Equipment	\$ -
Supplies	\$ 14,616.36
Contractual	\$ 111,014.16
Other	<u>\$ 28,566.01</u>
Total EHE FY 25-26 Budget	\$ 314,250.00

Total payments will not exceed **\$314,250.00**, of which ten percent (10%) may be used for administrative costs.

3. Conditions of Award

- a. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>.
- b. Eligibility for RWHAP and EHE is required to be determined as follows:
 - i. In accordance with Ending the HIV Epidemic (EHE) eligibility requirements, proof of HIV positivity is needed to complete the EHE Enrollment in Provide Enterprise. Within 45-60 days, a RWHAP eligibility determination will be completed

- ii. In accordance with EHE guidelines, no geographic boundaries are considered for EHE eligibility.
 - iii. In accordance with HRSA PCN 21-02 RWHAP client eligibility determination requirements, client eligibility is to be conducted upon initial enrollment and as directed by local policy for timely eligibility confirmations to assess changes to income/residency status.
- c. The following goals are applicable to this Contract for medical providers:

Description	Standard
Viral Load Suppression	90%
Retention in Care	90%
Rapid Start Protocol	Medication initiation within 72 hours of initial diagnosis or upon return to care

- d. Subrecipients contracted for Outpatient Ambulatory Health Services (OAHS) will implement Rapid Antiretroviral Therapy (Rapid ART) as a standard practice. The goal is for clients to have access to Rapid ART within 72 hours of diagnosis/reengagement in care. As a condition of award, OAHS subrecipients will submit a Rapid ART Implementation Plan within 45 days of contract execution (template to be provided). Subrecipients must demonstrate progress in reducing the number of days from diagnosis/reengagement to initiation of Rapid ART. During monthly monitoring calls, subrecipient will report data on number of days from diagnosis/reengagement to medication initiation.
- e. EHE Care Team to support individuals who are newly diagnosed, clients reengaging in care, and clients currently in care and not suppressed. The focus of the care teams will be addressing social determinants of health which create barriers to full engagement in care. Care Teams will adopt models of care to include:
- i. Trauma Informed Care
 - ii. Data to Care
 - iii. Care Management Coordination
 - iv. Community Health Worker

- f. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.acf.hhs.gov/grants/award-term-and-condition-trafficking-persons>.

If you are unable to access this link, please contact the TCAA to obtain a copy.

- g. This award is subject to the requirements of Section 11 of the DSHS Monitoring Policy 530.001, Reporting Suspected Abuse and Neglect of Children. For the full text, go to: <https://hhs.texas.gov/doing-business-hhs/provider-portals/wic-providers/child-abuse-reporting>. All staff are required to complete annual child abuse reporting training, and documentation is to be maintained for proof of training.

If you are unable to access this link, please contact the TCAA to obtain a copy.

- h. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit

discrimination on these bases. Please see: <https://www.hhs.gov/civil-rights/for-individuals/race/index.html>.

- i. Subrecipient will maintain referral relationships to facilitate individuals' access to HIV-related health services. These referral relationships include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV/AIDS counseling and testing sites, health care points of entry specified by eligible areas, federally qualified health centers, immunization centers, Tuberculosis treatment facilities, and other entities constituting points of access to services described in Section 2652(a) of the Ryan White HIV/AIDS Treatment Modernization Act of 2006.
- j. The County will review Subrecipient's performance of this Contract. Subrecipient's compliance with the obligations and duties imposed by this Contract will be a factor in any future allocation of Ryan White Grant funds during this Contract Term.
- k. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period.
- l. Subrecipients are required to notify the TCAA in advance of any modifications to service delivery model including, closures, hours of operation, limitations and/or expansion of services, wait lists, staffing changes, termination of client services, or any other internal or external factors that impact service delivery.
- m. The client has the right to determine the location where they receive services under this Agreement.
- n. Subrecipient will submit an end-of-year program report within thirty (30) days following the close of the contract year, by March 31, 2026.

Remainder of the page intentionally left blank



DEBARMENT/SUSPENSION CERTIFICATION INDICATING THAT YOU ARE IN COMPLIANCE WITH THE BELOW FEDERAL EXECUTIVE ORDER.

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment and Suspension" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Name: Karen Duncan, MD

Company: Tarrant County Hospital District

Street Address: 1500 S. Main St.

City, State, Zip: Fort Worth, TX 76104

Phone: (817) 702-5913

Fax: (817) 702-6768

Email: DocuSigned by: g

Signature: *Karen Duncan*

Date: 03/17/25 | 6:01 AM CDT

STATE OF TEXAS §
§ AMENDED BUSINESS ASSOCIATE AGREEMENT
COUNTY OF TARRANT §

This Business Associate Agreement (“BA Agreement”) is between Tarrant County, Texas, (“COUNTY”), and **Tarrant County Hospital District**. (“Business Associate”), for the purpose of complying with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Standards for Privacy of Individually Identifiable Health Information (the “Privacy Rule”), and the Standards for Security of Electronic Protected Health Information (the “Security Rule”) promulgated thereunder, and the Health Information Technology for Economic and Clinical Health Act (Division A, Title XIII and Division B, Title IV, of the American Recovery and Reinvestment Act of 2009, Pub. L 111-5) (the “HITECH Act”), and the regulations implementing the HITECH Act and other applicable law with regard to the provision of services to Tarrant County.

Business Associate and COUNTY are engaged in a business relationship whereby Business Associate provides certain services to COUNTY (“Business Relationship”).

As part of this Business Relationship, Business Associate performs or assists in performing a function or activity on behalf of COUNTY that involves the use and/or disclosure of Protected Health Information (as defined in 45 CFR § 164.501).

1. Definitions

“Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR § 160.103, and in reference to the party to this agreement shall mean the COUNTY.

“Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR § 160.103, and in reference to the party to this agreement, shall mean **Tarrant County Hospital District**.

Terms used but not otherwise defined in the BA Agreement shall have the same meaning given to such terms in HIPAA, the HITECH Act, or any implementing regulations promulgated thereunder, including but not limited to the Privacy Rule and the Security Rule.

2. Purpose

Business Associate has a legal and ethical responsibility to safeguard the privacy of individuals and protect the confidentiality of their health information. Business Associate may hear things that relate to Protected Health Information, or read or see computer or paper files containing confidential or Protected Health Information, even though Business Associate may not be directly involved in providing services. Business Associate may create documents containing Protected Health Information if directed to do so by COUNTY. Because Business Associate may have contact with Protected Health Information, COUNTY requests that Business Associate agrees to the following as a condition of Business Associate’s assignment.

3. Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in the Business Relationship or this BA Agreement, Business Associate may:

- 3.1** use and/or disclose Protected Health Information to perform functions, activities, or services for or on behalf of COUNTY, provided that such use and/or disclosure,
 - (a)** would not violate the Privacy Rule if done by COUNTY;
 - (b)** is reasonably limited to the minimum necessary information to accomplish the intended purpose of the use or disclosure;
 - (c)** is in compliance with each applicable requirement of 45 CFR § 164.504(e);
 - (d)** is in compliance with the HITECH Act and its implementing regulations;
- 3.2** use or disclose Protected Health Information as required by law;
- 3.3** use Protected Health Information for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate;
- 3.4** use Protected Health Information to provide Data Aggregation services relating to the health care operations of COUNTY.

All other uses and/or disclosures not authorized by the Business Relationship or this BA Agreement are prohibited.

- 3.5** Business Associate agrees to use and disclose confidential information only in the following manner:
 - (a)** Business Associate will provide core medical and support services to eligible patients.
 - (b)** Business Associate will maintain referral relationships as specified in the Community Subrecipient Contract.
 - (c)** Business Associate collects client data and updates to Provide Enterprise and, if applicable, Take Charge Texas (TCT).

4. Responsibilities of Business Associate

With regard to the use and/or disclosure of Protected Health Information, Business Associate agrees:

- 4.1** not to use and/or disclose Protected Health Information other than as permitted or required by the Business Relationship or this BA Agreement or as Required by Law;
- 4.2** to use appropriate safeguards to prevent the use and/or disclosure of Protected Health Information other than as provided for by the Business Relationship or this BA Agreement;

- 4.3** to protect any Protected Health Information taken off-site from COUNTY from disclosure to others, and to return all Protected Health Information in any form to COUNTY or destroy such Protected Health Information in a manner that renders it unreadable and unusable by anyone else, if COUNTY agrees to the destruction;
- 4.4** to comply with the Security Rule provisions set forth in 45 CFR Part 164, Subpart C, including provisions relating to Security Standards General Rules (45 CFR § 164.306), Administrative Safeguards (45 CFR § 164.308), Physical Safeguards (45 CFR § 164.310), Technical Safeguards (45 CFR § 164.312), Organizational Requirements (45 CFR § 164.314) and Policies and Documentation (45 CFR § 164.316), and to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic Protected Health Information Business Associate creates, receives, maintains, or transmits on behalf of COUNTY.
- 4.5** to report to COUNTY any Security Incident of which it becomes aware within 2 business days, and to report any potential Breach of Unsecured Protected Health Information within 2 business days of discovery. Any such report shall include the identification of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been accessed, acquired, used or disclosed during any such Security Incident or potential Breach. Any such report shall also include all other information known to Business Associate at the time of the report (such as the type of Protected Health Information involved in the event, the nature of the information, etc.) or promptly thereafter as such other information becomes available;
- 4.6** to notify COUNTY in writing within 2 business days of any use and/or disclosure of Protected Health Information that is not provided for by the Business Relationship or this BA Agreement;
- 4.7** to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this BA Agreement, or as the result of any Security Incident or potential Breach, using mitigation actions that are disclosed to COUNTY in advance and authorized by COUNTY, all at the sole cost and expense of Business Associate;
- 4.8** to work cooperatively with COUNTY in connection with COUNTY's investigation of any potential Breach and in connection with any notices COUNTY determines are required as a result, and to refrain from giving any notice itself unless COUNTY expressly agrees in advance and in writing to Business Associate giving notice and to the form, content and method of delivery of such notice, all at the sole cost and expense of Business Associate;
- 4.9** to ensure that all agents and/or subcontractors that create, receive, maintain or transmit Protected Health Information on behalf of Business Associate agree in writing to the same restrictions and conditions that apply to Business Associate with respect to such Protected Health Information;

- 4.10** to provide access (at the request of, and in the time and manner designated by COUNTY) to Protected Health Information in a Designated Record Set to COUNTY or, as directed by COUNTY, to an Individual in order to meet the requirements under 45 CFR § 164.524 and to notify COUNTY of any requests for access it receives from an individual within 2 business days of receipt;
- 4.11** to make any amendment(s) (at the request of, and in the time and manner designated by COUNTY) to Protected Health Information in a Designated Record Set that COUNTY directs pursuant to 45 CFR § 164.526 and to notify COUNTY of any amendment requests it receives from an individual within 2 business days of receipt;
- 4.12** to document such disclosures of Protected Health Information and information related to such disclosures as would be required for COUNTY to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528;
- 4.13** to provide to COUNTY, in a time and manner designated by COUNTY, information collected in accordance with 4.12 of this BA Agreement, to permit COUNTY to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528 (and HITECH Act § 13405(c) when such requirements are effective as to COUNTY);
- 4.14** to the extent Business Associate is to carry out an obligation of COUNTY under the Privacy Rule provisions set forth at 45 CFR Part 164, Subpart E (any such obligation to be carried out only when so directed by COUNTY pursuant to the Business Relationship or this BA Agreement), to comply with the requirements of the Privacy Rule that apply to COUNTY in the performance of such obligation;
- 4.15** to make its internal practices, books, and records relating to the use and/or disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of COUNTY available to COUNTY;
- 4.16** to cooperate with any investigation by the Secretary of Health and Human Services, or his agent, or an oversight agency, in a time and manner designated by COUNTY or the Secretary, for purposes of determining if COUNTY or Business Associate is in compliance with the Privacy Rule;
- 4.17** if Business Associate is aware of a pattern of activity or practice by COUNTY that constitutes a material breach or violation of COUNTY's obligations under this BA Agreement,
 - (a)** to give written notice of such pattern or practice to COUNTY within 2 business days of its discovery and to take reasonable steps to cure the breach or end the violation,
 - (b)** if Business Associate determines that such steps appear to have been unsuccessful, to give COUNTY written notice of such determination and to report the problem to the Secretary and provide COUNTY with a copy of any

such report at least 2 business days in advance of its submission to the Secretary.

5. Responsibilities of COUNTY with Respect to Protected Health Information

If deemed applicable by COUNTY, COUNTY shall:

- 5.1** provide Business Associate with the notice of privacy practices that COUNTY produces in accordance with 45 CFR §164.520 as well as any changes to such notice;
- 5.2** provide Business Associate with any changes in, or revocation of, permission by Individual to the use and/or disclosure of Protected Health Information, if such changes affect Business Associate's permitted or required uses and/or disclosures;
- 5.3** notify Business Associate of any restriction to the use and/or disclosure of Protected Health Information that COUNTY has agreed to in accordance with 45 CFR § 164.522.

6. Sanctions

Business Associate understands that violation of this agreement may result in sanctions, including, but not limited to, termination of the ability to perform services on behalf of COUNTY.

7. Disclosures Required by Law

Nothing in this agreement prevents Business Associate from making a disclosure of Protected Health Information, if required by law to make such a disclosure.

8. Term and Termination

8.1 Term. This agreement will begin on **March 1, 2025** and will terminate when all of the Protected Health Information provided by COUNTY to Business Associate or created or received by Business Associate on behalf of COUNTY is destroyed or returned to COUNTY, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such Protected Health Information, in accordance with 8.3 below, or at termination of the Business Relationship between COUNTY and Business Associate.

8.2 Termination for Cause. COUNTY may immediately terminate the Business Relationship and/or this BA Agreement if COUNTY determines that Business Associate has breached a material term of this BA Agreement.

8.3 Effect of Termination. Upon termination of the Business Relationship and/or this BA Agreement, for any reason, Business Associate agrees to return or destroy all Protected Health Information received from COUNTY, or created or received by Business Associate on behalf of COUNTY. If permitted by COUNTY, Protected Health Information shall be destroyed in a manner that renders it unreadable and unusable by anyone else. Discharge or termination, whether voluntary or not, shall not affect Business Associate's ongoing obligation to safeguard the confidentiality of

Protected Health Information and to return or destroy any such information in Business Associate's possession.

This Section 8.3 shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate.

In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide in writing to COUNTY notification of the conditions that make return or destruction infeasible. Upon mutual written agreement of the Parties, Business Associate shall extend the protections of this BA Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information for as long as Business Associate maintains such Protected Health Information.

9. Miscellaneous

9.1 INDEMNIFICATION.

NOTWITHSTANDING ANYTHING TO THE CONTRARY IN THE UNDERLYING AGREEMENT(S), AT BUSINESS ASSOCIATE'S EXPENSE, BUSINESS ASSOCIATE AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS COVERED ENTITY AND COVERED ENTITY'S EMPLOYEES (THE "INDEMNITEES") AGAINST ALL DAMAGES, FINES, PENALTIES, COSTS OR EXPENSES (INCLUDING REASONABLE FEES OF ATTORNEYS AND EXPERTS) AND ALL LIABILITY TO THIRD PARTIES ARISING FROM ANY MATERIAL BREACH OF THIS AGREEMENT BY BUSINESS ASSOCIATE OR ITS EMPLOYEES, DIRECTORS, OFFICERS, SUBCONTRACTORS, AGENTS OR OTHER MEMBERS OF BUSINESS ASSOCIATE'S WORKFORCE. BUSINESS ASSOCIATE'S OBLIGATION TO INDEMNIFY THE INDEMNITEES SHALL SURVIVE THE EXPIRATION OR TERMINATION OF THIS AGREEMENT.

COUNTY MAY EMPLOY ATTORNEYS SELECTED BY IT TO DEFEND ANY SUCH ACTION, THE COSTS AND EXPENSES OF WHICH WILL REMAIN THE RESPONSIBILITY OF BUSINESS ASSOCIATE. COUNTY WILL PROVIDE BUSINESS ASSOCIATE WITH TIMELY NOTICE OF THE EXISTENCE OF SUCH PROCEEDINGS AND SUCH INFORMATION, DOCUMENTS AND OTHER COOPERATION AS REASONABLY NECESSARY TO ASSIST BUSINESS ASSOCIATE IN ESTABLISHING A DEFENSE TO SUCH ACTION.

THESE INDEMNITIES SURVIVE TERMINATION OF THIS BA AGREEMENT, AND COUNTY RESERVES THE RIGHT, AT ITS OPTION AND EXPENSE, TO PARTICIPATE IN THE DEFENSE OF ANY SUIT OR PROCEEDING THROUGH COUNSEL OF ITS OWN CHOOSING.

9.2 Survival. The respective rights and obligations of Business Associate survive the termination of the Business Relationship and/or this BA Agreement.

9.3 Notices. Any notices pertaining to this BA Agreement must be given in writing and will be deemed duly given when personally delivered to a Party or a Party's authorized representative, as listed below, or sent by means of a reputable overnight carrier, or sent by means of certified mail, return receipt requested, postage prepaid.

A notice sent by certified mail shall be deemed given on the date of receipt or refusal of receipt. All notices shall be addressed to the appropriate Party as follows:

If to Business Associate:
Tarrant County Hospital District
1500 S. Main Street
Fort Worth, TX 76104
Attn: Karen Duncan, MD

If to Covered Entity:
Tarrant County
2300 Circle Drive, Suite 2306
Fort Worth, TX 76119
Attn: Grants Manager

9.4 Amendments. This BA Agreement may not be changed or modified in any manner except by an instrument in writing signed by a duly authorized officer of each of the Parties hereto. The Parties, however, agree to amend this Agreement from time to time as necessary, in order to allow COUNTY to comply with the requirements of the Privacy Rule, the Security Rule, HIPAA, the HITECH Act and its implementing regulations.

9.5 Interpretation. Any ambiguity in this BA Agreement shall be resolved in favor of a meaning that permits COUNTY to comply with the Privacy Rule.

9.6 Third Parties. Nothing in this BA Agreement is intended, nor shall be deemed, to confer any benefits on any third party.

9.7 Assignments. Neither Party may assign its rights or obligations under this BA Agreement without the prior written consent of the other Party, which consent may not be unreasonably withheld.

9.8 Independent Contractor. This BA Agreement does not create any relationship between the Parties other than that of independent parties contracting with each other for the sole purpose of effecting the provisions of this BA Agreement and any other agreements between them evidencing their Business Relationship.

9.9 Governing Law and Venue. This BA Agreement will be interpreted under the laws of the State of Texas. The venue for any lawsuit arising out of this BA Agreement will be the Fort Worth Division of the Northern District of Texas, if the lawsuit arises in Federal Court, or Tarrant County, Texas, if the matter arises in State Court.

9.10 Third Party Interpretation. This agreement shall not be interpreted to inure to the benefit of a third party not a party to this contract. This agreement may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage to any Party to this contract, Party's agent, or Party's employee, otherwise provided by law.

9.11 Form 1295 Compliance. The Tarrant County Hospital District acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295, and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit A, with the Texas Ethics Commission as required by law.

9.12 Required Attachments. This BA Agreement will be considered incomplete without the submission of the completed Form 1295 as referenced in section 9.11.

COUNTY shall be responsible to include Form 1295, attached as Exhibit A, to this BA Agreement prior to Business Associate review and execution. For the purposes of this BA Agreement, the following statement applies in regard to Form 1295:

- Exhibit A is a required component of this BA Agreement. Form 1295 is attached and must be completed prior to approval of this BA Agreement by COUNTY.
- The Parties involved in this BA Agreement are governmental entities and are not required by the Texas Ethics Commission to complete their Form 1295.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Office of Federal Assistance Management

Rockville, MD 20857

DEC 23 2013

TO: HRSA Grantees

FROM: Chief Grants Management Officer, HRSA
Associate Administrator, OFAM

SUBJECT: Pilot Program for Enhancement of Employee Whistleblower Protection

Congress has enacted many whistleblower protection statutes to encourage employees to report fraud, waste, and abuse. You should be aware that the latest whistleblower protection statutes went into effect on July 1, 2013. The statute, 41 U.S.C. § 4712, applies to all employees working for contractors, grantees, subcontractors, and subgrantees on federal grants and contracts. The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013) mandates a pilot program entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections." This program requires all grantees, their subgrantees, and subcontractors to:

1. Inform their employees working on any federal award they are subject to the whistleblower rights and remedies of the pilot program;
2. Inform their employees in writing of employee whistleblower protections under 41 U.S.C. § 4712 in the predominant native language of the workforce; and,
3. Contractors and grantees will include such requirements in any agreement made with a subcontractor or subgrantee.

The statute (41 U.S.C. § 4712) states that an "employee of a contractor, subcontractor, grantee [or subgrantee] may not be discharged, demoted, or otherwise discriminated against as a reprisal for "whistleblowing." In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is defined as making a disclosure "that the employee reasonably believes is evidence of any of the following:

- Gross mismanagement of a federal contract or grant;
- A gross waste of federal funds;

- An abuse of authority relating to a federal contract or grant;
- A substantial and specific danger to public health or safety; or
- A violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant).

To qualify under the statute, the employee's disclosure must be made to:

- A Member of Congress, or a representative of a Congressional committee;
- An Inspector General;
- The Government Accountability Office;
- A federal employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice, or other law enforcement agency;
- A court or grand jury; or
- A management official or other employee of the contractor, subcontractor, grantee, or subgrantee who has the responsibility to investigate, discover, or address misconduct.

The requirement to comply with, and inform all employees of, the "Pilot Program for Enhancement of Contract Employee Whistleblower Protections" is in effect for all grants, contracts, subgrants, and subcontracts issued beginning July 1, 2013 through January 1, 2017.



Michael J. Nelson

Federal Award Identification Checklist
 (Grants Awarded After 12/26/2014)

	Part A	State Services	EHE
1. Subrecipient Name	Tarrant County Hospital District (JPS)	Tarrant County Hospital District (JPS)	Tarrant County Hospital District (JPS)
2. Subrecipient DUNS Number	068368901	068368901	068368902
3. Federal Award Identification Number (FAIN)	2 H89HA00047-30-00	Contract #HHS001317000005 (State Funds)	5 UT8HA33961-06-00
4. Federal Award Date	Original Award: January 2025 (Subject to #2 CFR 200)	March 2024	Original Award: January 2025 (Subject to #2 CFR 200)
5. Subaward Period of Performance Start and End Date	March 1, 2025- February 28, 2026	September 1, 2024 - August 31, 2025	March 1, 2025 - February 28, 2026
6. Amount of Federal Funds Obligated by This Action	\$0	\$0	\$314,250
7. Total Amount of Federal Funds Obligated to the Subrecipient	\$366,162	\$699,002	\$314,250
8. Total Amount of the Federal Award	\$1,002,747	\$1,094,360	\$841,600
9. Federal Award Project Description, as required by FFATA	HIV Emergency Relief Project Grants	HIV/SRVS HIV/STD Prevention and Care Branch State Services	Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B
10. Name of Federal Awarding Agency	Health Resources & Service Administration (HRSA)	Pass-through from HRSA to Texas Department of State Health Services (DSHS)	Health Resources & Service Administration (HRSA)
11. Pass-Through Entity	Tarrant County	Tarrant County	Tarrant County
12. Contact Information for Awarding Official	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001	Tarrant County 100 E. Weatherford Street Fort Worth, TX 76196-0001
13. CFDA Number and Name	93.914 HIV Emergency Relief Project Grants	HIV/SRVS HIV/STD Prevention and Care Branch State Services	93.686 Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B
14. Identification if the Award is R&D	N/A	N/A	N/A
15. Indirect Cost Rate	N/A	N/A	N/A



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

I. Service Goals and Objectives of the Rapid Start Program

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

The Rapid Start Program will consist of the following services:

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

II. Rapid Start Eligibility

The following eligibility criteria are specific to Rapid Start:

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

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

III. Program Guidance

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

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

IV. Proposed Rapid Start Funded Services

The following criteria are specific to Rapid Start Services:

Providing Low-Barrier Access to Care

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

Medical Provider Visit

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

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

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

Laboratory Services

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

Medication Assistance

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

Client Support

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

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

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

V. Licensing, Experience, and Training Requirements

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

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

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

Training Expectations:

- Medical providers should be trained in Rapid ART assessments.
- Staff training on Trauma Informed Care.
- Participation in any training required by the AA.

VI. Performance Metrics

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

VII. Contact

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

BEATHIVTC@TARRANTCOUNTY.COM.

TARRANT COUNTY HOSPITAL DISTRICT

Unique Entity ID FV5JX1HNMDH3	CAGE / NCAGE 4U2H5	Purpose of Registration Federal Assistance Awards Only
Registration Status Active Registration	Expiration Date Jan 27, 2026	
Physical Address 1500 S Main ST Fort Worth, Texas 76104-4917 United States	Mailing Address 1500 South Main Street Fort Worth, Texas 76104-4917 United States	

Business Information

Doing Business as JPS HEALTH NETWORK	Division Name (blank)	Division Number (blank)
Congressional District Texas 33	State / Country of Incorporation (blank) / (blank)	URL http://www.jpshealthnet.org/

Registration Dates		
Activation Date Jan 29, 2025	Submission Date Jan 27, 2025	Initial Registration Date Aug 1, 2007

Entity Dates	
Entity Start Date Sep 12, 1975	Fiscal Year End Close Date Sep 30

Immediate Owner	
CAGE (blank)	Legal Business Name (blank)

Highest Level Owner	
CAGE (blank)	Legal Business Name (blank)

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USApending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?
No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:
Yes

Entity Types

Business Types		
Entity Structure U.S. Government Entity	Entity Type US Local Government	Organization Factors (blank)
Profit Structure (blank)		

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. Local Government

County

Other Entity Qualifiers

Hospital

Financial Information

Accepts Credit Card Payments
Yes

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
4U2H5

Points of Contact

Electronic Business

☒
Tricia Elliott, Dr.

1500 South Main Street
Fort Worth, Texas 76104
United States

Government Business

☒
Margery K Blake, Manager, Office of Sponsored Programs

1500 South Main Street
Fort Worth, Texas 76104
United States

Karen Duncan, Dr.

1500 South Main Street
Fort Worth, Texas 76104
United States

Past Performance

☒
Angela Walker, Manager, General Accounting

1500 Main Street
Fort Worth, Texas 76104
United States

Service Classifications

NAICS Codes

Primary

NAICS Codes

NAICS Title

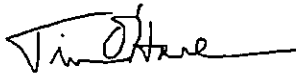
Disaster Response

This entity does not appear in the disaster response registry.

Consideration of the Fiscal Year 2025-2026 Health Resources and Services Administration
Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B
Subrecipient Contract Renewal with Tarrant County Hospital District

SIGNED AND EXECUTED this 2 day of April, 2025.

**COUNTY OF TARRANT
STATE OF TEXAS**

A handwritten signature in black ink that reads "Tim O'Hare". The signature is written in a cursive style with a long horizontal line extending to the right.

Tim O'Hare
County Judge
4/10/2025