

**JEFFERSON COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA REQUEST

TO: Board of County Commissioners
Philip Morley, County Administrator

FROM: Leslie Locke, Deputy Clerk of the Board

DATE: July 5, 2011

SUBJECT: CERTIFICATION re: Project Sponsor for Housing Opportunities for Persons with AIDS; Federally Funded Program through Washington State Department of Commerce; No Dollar Amount; Longview Housing Authority

STATEMENT OF ISSUE:

CERTIFICATION re: Project Sponsor for Housing Opportunities for Persons with AIDS; Federally Funded Program through Washington State Department of Commerce; No Dollar Amount; Longview Housing Authority

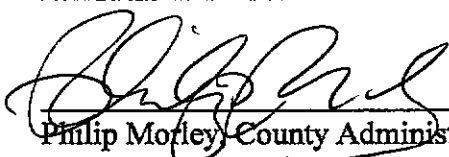
ANALYSIS:

The Clallam County Department of Health and Human Services, Barbara Ward, has requested that the Jefferson County Commissioners approve a Certification for Housing Opportunities for Persons with AIDS. She provides HIV case management services for Clallam and Jefferson residents per the consolidated contract with DOH.

RECOMMENDATION:

Approve **CERTIFICATION re: Project Sponsor for Housing Opportunities for Persons with AIDS; Federally Funded Program through Washington State Department of Commerce; No Dollar Amount; Longview Housing Authority.**

REVIEWED BY:


Philip Morley, County Administrator

6/22/11

Date



Clallam County Department of Health and Human Services

Mailing Address: 223 East 4th Street, Suite #14 • Port Angeles, WA 98362-3015 •
Physical Address: 111 East 3rd Street, Suite # 1A • Port Angeles, WA 98362 •
360-417-2274 • FAX: 360-452-4492

RECEIVED

June 16, 2011

JUN 20 2011

Jefferson County Commissioners
PO Box 1220
Port Townsend, WA 98368

JEFFERSON COUNTY
COMMISSIONERS

Ref: Housing Opportunities for Persons with AIDS

Dear Sirs:


Barbara Ward, CCHHS employee, provides HIV case management services for Clallam and Jefferson residents per the consolidated contract with Department of Health. The federal government funds housing programs for HIV clients. The enclosed information concerns a program called HOPWA (Housing for Persons with AIDS).

Your involvement is needed to provide a local government certification for Longview Housing Authority. LHA receives the housing funds for this program. The certification is a new requirement for LHA after an audit review.

Please place this request on the July 5th commissioner's agenda meeting for action. We need to have three signed copies. Please keep one copy for your files and return the other two copies to Barbara Ward at the above address.

If more information is needed it can be obtained through Longview Housing Authority, 360-423-0140 Ext 46.

Yours truly,


Barbara Ward
Case Manager

BW:
Attachment

360-417-2487

LOCAL GOVERNMENT CERTIFICATION

Per HUD regulations, local governments must approve of the HOPWA program in their county and documentation must occur before grants are executed with each Project Sponsor. The certification and information about the program should be presented to county commissioners with sufficient time for them to bring it to their board for signature.

Instructions for Local Government Certification

- This must be signed by the authorized official of the unit of local government in which the assisted project is located (County Commissioners)
- If the program services are provided in multiple counties, a certification must be signed by each of the counties.

HOPWA Program

The Housing Opportunities for People with AIDS (HOPWA) Program is offered by Longview Housing Authority (LHA) as part of a continuum of care to assist people affected by HIV/AIDS. The program is designed to achieve stable housing and independence for people who are experiencing temporary financial crisis as a result of their illness. LHA's HOPWA Program is made possible by a grant from the U.S. Department of Housing and Urban Development and is supported by LHA.

- HOPWA assistance is designed to help people who are able to work toward achieving stabilization and some degree of self-sufficiency.

Eligibility Requirements

The HOPWA Program will assist those low-income persons infected by HIV/AIDS who:

- Meet the income requirements of HOPWA.
- Are in imminent danger of homelessness due to financial crisis. Priority will be given to clients who are in imminent danger of homelessness because of their increased health risks due to HIV/AIDS.
- Are not in housing that is based on income, such as Section 8.
- Minimum consideration will be given to those applicants who are in safe, affordable housing.

The program is able to serve only a limited number of persons per month who need housing assistance.

**Washington State Department of
Commerce
Housing Opportunities for Persons with
AIDS**

Local Government Certification

(Signing this certification does not obligate the county to do anything or pay for anything. This federally funded program has been available in the county for many years. Signing this certification only documents that the county is aware of and approves of the program. More information can be requested from the HOPWA Project Sponsor or Department of Commerce HOPWA Program Manager).

I, John Austin, Chair of
(name and title)

Jefferson County Board of Commissioners hereby certify that
(unit of local government)

Jefferson County approves the proposed program submitted
(unit of local government)

by Longview Housing Authority to the State of Washington Department of Commerce for
(name of nonprofit organization)

funding from the Housing Opportunities for Persons with AIDS Program.

Signature _____

Name John Austin

Title Chair, Jefferson County Board of Commissioners

Date _____

Project Sponsor Contact Information:

Longview Housing Authority
1207 Commerce Ave
Longview, WA 98632
(360) 423-0140 ext 46

Approved as to form only by:

David Alvarez 6/27/11
David Alvarez
Chief Civil Deputy Prosecuting Attorney
Jefferson County

**Exhibit A
Statement of Work
Contract Term: 2007-2011**

DOH Program Name or Title: HIV Client Services - Effective April 1, 2011 **Local Health Jurisdiction Name:** Clallam County Health & Human Services
Contract Number: C14942

SOW Type: Original **Amendment # (for this SOW)**

Funding Source	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other	

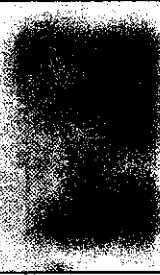
Period of Performance: April 1, 2011 through December 31, 2011

Statement of Work Purpose: The purpose of this statement of work is to provide funding to the LHJ for core medical services and support services for HIV-positive persons in accordance with the Health Resources and Services Administration (HRSA) 2011 Ryan White Part B HIV-related Service Categories posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>.

Amendment Purpose: N/A

Chart of Accounts Program Name or Title	CFDA #	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only) Start Date End Date	Current Consideration	Change Increase (+)	Total Consideration
FFY11 RW BASE CONTRACTS	93.917	333.99.17	72412213	04/01/11 12/31/11	0	37,396	37,396
TOTALS					0	37,396	37,396

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	LHJ will provide medical HIV case management Number of persons to be reached: 40 Quarterly service objective: 360 contacts	3	See Program Specific Requirements/Narrative below.	See Program Specific Requirements/Narrative below.	Salaries: HIV/AIDS Case Managers: all duties relate to the Ryan White Part B funded work. \$19,866 Fringe Benefits for above: \$8,850 Travel for above: \$2,250 Postage/Supplies/Printing /Telephone: \$690 Indirect Costs: \$3,490 Reimbursement made upon receipt and acceptance of deliverables.

Task Number	Task/Activity/Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	LHJ will provide medical transportation Number of persons to be reached: 15 Quarterly service objective: 15 contacts	3 	See Program Specific Requirements/Narrative below.	See Program Specific Requirements/Narrative below.	Medical Transportation \$2,250 Reimbursement made upon receipt and acceptance of deliverables

***For Information Only:**

Funding is not tied to the 2006 revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other revised Standards/Measures that may apply, may be found at: <http://www.doh.wa.gov/php/products/stds/10-11stds/overview.htm>

Program Specific Requirements/Narrative

1. Definitions and Responsibilities

- a. **Grantee** – The grantee is DOH, the direct recipient of Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Extension Act of 2009 (Ryan White Program), Part B, funds from the federal.
- b. **Contractor** – The contractor is the LHJ receiving Ryan White Part B funds directly from the grantee, DOH.

LHJ shall:

- i. Maintain written documentation that each client receiving Ryan White Program Part B services is HIV positive.
- ii. Monitor expenditures of Ryan White Program Part B funds to assure confidentiality, client equity, compliance with federal and state guidelines, and to remain within annual budget.
- iii. Follow fiscal and program standards as stated in the *Part B Provider Workbook; Implementing Community Programs in Washington State*.
- iv. Have a signed contract with the Department of Social and Health Services (DSHS) to provide Title XIX case management for eligible clients, ensuring Ryan White funds are the funds of last resort.
- v. Adhere to the Title XIX (Medicaid) HIV/AIDS Case Management Billing Instructions.
- vi. Adhere to the following system for meeting Medicaid match.
 - (1) DOH will retain state general funds and use the following system to pay the match:
 - (a) Providers will bill DSHS for Title XIX case management services
 - (b) DSHS will pay providers for services rendered
 - (c) DSHS will bill DOH for the state match
 - (d) DOH will pay the state match to DSHS
 - (2) This system will remain in place as long as the department has sufficient state general funds to meet Medicaid match.
- vii. Adhere to the *Statewide Standards for Medical HIV Case Management*.
- viii. Have clients sign Release of Information forms granting DOH permission to review client charts for quality assurance and evaluation purposes.
- ix. Engage in Quality Management activities as described in *Ryan White Part B Provider Workbook; Implementing Community Programs in Washington State*. Quality Management Programs must include quality assurance activities to measure performance against established standards of care, quality improvement activities to improve on services, and involve consumers. Required Quality Management activities outlined in *Ryan White Part B Provider Workbook* :
 - LHJ must identify a Quality Management Program lead.
 - LHJ must develop and submit their Quality Management Plan. All Quality Management Plans must be approved. LHJ must use the Quality Management plan template provided by DOH found in the *Ryan White Part B Provider Workbook*, or submit a Quality Management Plan of their own choosing that addresses all components listed in the Template.
 - Site visits will include Quality Management components including the review of LHJ progress in implementing their annual Quality Management Plan.

- The identified Quality Management Program Lead must participate in the Quality Management training provided by DOH.

2. Reporting Requirements

- a. The LHJ shall provide the following reports by electronic mail (preferred), U. S. mail, or fax no later than the close of business on the dates indicated. LHJ shall submit reports to the Community Contract Coordinator:

Abby Gilliland
 Washington State Department of Health
 P.O. Box 47841
 Olympia, WA 98504-7841
 Phone: (360) 236-3438/Fax: (360) 664-2216
 Email: Abby.Gilliland@doh.wa.gov

Receipt of timely program reports by DOH is imperative. Failure to comply with reporting requirements may result in the withholding of funds.

- b. **Monthly Report**
 The LHJ shall provide a monthly summary of expenditures to DOH Program Contact by the 15th of the following month.
- c. **Quarterly Report**

Reporting Time Period	Report due date
April 1, 2011 – June 30, 2011	July 15, 2011
July 1, 2011 – September 30, 2011	October 17, 2011
October 1, 2011 – December 31, 2011	December 31, 2011

Quarterly report shall include the following components:

- i) **Implementation Plan** – On DOH’s Implementation Plan form, LHJ shall document progress in meeting stated objectives. LHJ shall provide actual numbers for each quarter.
- ii) **Narrative** – On DOH’s Narrative form, LHJ shall discuss:
 - (1) Problems/issues around provision of Core Medical Services
 - (2) Problems/issues around provision of Support Services
 - (3) New Ryan White Part B-funded services added or deleted
 - (4) New access points into HIV care services
 - (5) Deficit Reduction ACT (DRA) – involvement with Medicaid office to address challenges of entitlement
 - (6) Accomplishments for the reporting period
 - (7) Regional activities/meetings
 - (8) Budget problems/concerns
- iii) May run a quarterly RDR in lieu of the Narrative Report and Implementation Plan. Agencies should send a narrative outlining any problems, issues, or concerns around provision of core or support services.
- iv) **Fiscal** – On DOH’s Narrative form, LHJ shall indicate Ryan White Program Part B funds expended to date and the amount of funds the LHJ anticipates expending during remainder of contract year.
- v) **Quality Management Reporting** - HRSA mandates that Ryan White funding recipients develop Quality Management Programs to measure, monitor and improve the quality of their services and the Ryan White Care system. The LHJ must complete and submit:

- Quality Management Plan Template or Quality Management Plan Update
 - Statewide Case Management Performance Measurement Data
- All Templates mentioned above will be available in the *Ryan White Part B Provider Workbook*.

d. Year-end Report

- i) Number of contacts and persons reached during the FFY 2011 (04/01/11 to 12/31/11)
- ii) Demographics of cumulative unduplicated clients served during the FFY 2011 (04/01/11 to 12/31/11)
- iii) Narrative report using CAREWare generated Ryan White Data Report (RDR)

Reporting Time Period	Report due date
April 1, 2011 – December 31, 2011	December 31, 2011

e. Semi-annual Reports

- i) **Unduplicated Client Demographics** – On DOH’s Client Demographics form, the LHJ shall indicate indicating the demographics of cumulative unduplicated clients served.

Reporting Time Period	Report due date
April 1, 2011 – September 30, 2011	October 17, 2011
October 1, 2011 – December 31, 2011	December 31, 2011

f. Annual Reports

- i) **Ryan White Services Report (RSR)**

HRSA requires all Ryan White Program service providers to use a client-level data collection and reporting system. This data system, known as the Ryan White Services Report (RSR), will report information on Ryan White-funded programs and the clients served to HRSA’s HIV/AIDS Bureau.

Each service provider will submit a client report online as an electronic file upload. Each upload file will contain one record per client. Each client report will include information on demographic status, HIV core medical and support services received, and the client's 'UCI', an encrypted, unique client identifier.

Data Collecting Period	Report due date
January 1, 2011 – December 31, 2011	December 31, 2011

- ii) **Ryan White Data Report (RDR)**

By December 31, 2011, an LHJ that receives Ryan White Program Part B funds, between January 1, 2011 and December 31, 2011, shall collect and enter calendar year 2011 data required for the RDR. LHJ shall enter data into the HRSA HIV/AIDS Bureau’s online data entry form at the following website: www.hab.hrsa.gov/tools.htm. LHJ shall review instructions for completing the online data form and for specific data required at this website prior to completion of the form.

Reporting Time Period	Report due date
January 1, 2011 – December 31, 2011	December 31, 2011

g. Additional Reporting Requirements

Within 30 days of written notification, the LHJ shall comply with any additional reporting requirements mandated by state or federal directive during the contract period.

3. Contract Management

a. Fiscal Guidance

- i) **Funding** – Funds provided in the Budget are for services provided during Federal Fiscal Year (FFY) 2011 (April 1, 2011 through December 31, 2011).

The LHJ shall submit all claims for payment for costs due and payable under this contract incurred during FFY 2011 by **February 28, 2012**.

- ii) **Submission of Invoice Vouchers** – On a monthly basis, the LHJ shall submit correct A19-1A invoice vouchers amounts billable to DOH under this contract.

(a) The LHJ shall use the budget categories as the expense categories on the A19-1A or shall attach a detailed summary sheet using the budget categories to each invoice voucher.

- iii) **Advance Payments Prohibited** – Ryan White Part B funds are “cost reimbursement” funds. DOH will not make payment in advance or in anticipation of services or supplies provided under this agreement. This includes payments of “one-twelfth” of the current fiscal year’s funding.
- iv) **Payer of Last Resort** – No Ryan White Program Part B funds shall be used to provide items or services for which payment has been made or reasonably can be expected to be made, by third party payers, including Medicaid, Medicare, the Early Intervention Program (EIP) and/or State or local entitlement programs, prepaid health plans or private insurance. Therefore, the LHJ providing case management services shall expeditiously enroll eligible clients in Medicaid. LHJ will not use Ryan White Program funds to pay for any Medicaid-covered services for Medicaid enrollees.
- v) **Cost of Services** – The LHJ will not charge more for HIV services than allowed by Sec. 2617 (c) of Ryan White legislation (Public Law 101-381; 42 USC 300ff-27).
- vi) **Provision of Non-cash Incentives** – LHJ may not use Ryan White Program Part B funds to provide non-cash incentives for activities such as participation in needs assessments, focus groups, surveys, etc.
- vii) **Payment of Cash or Checks to Clients Not Allowed** – Where direct provision of service is not possible or effective, vouchers or similar programs, which may only be exchanged for a specific service, shall be used to meet the need for such services. LHJ shall administer voucher programs to assure that recipients cannot readily convert vouchers into cash.
- viii) **Payment for “No Shows” Not Allowed** – Fee for Service providers shall not use Ryan White Program Part B funds to pay for scheduled appointments if a client fails to keep the appointment.
- ix) **Funds for Needle Exchange Programs Not Allowed** – LHJ shall not expend Ryan White Program Part B funds to support needle exchange programs.
- x) **Press Releases, Request for Proposals (RFPs), Bid Solicitations, etc.** – All statements, press releases, RFPs, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal funds shall clearly state:
- (1) The percentage and the dollar amount of the total costs of the program or project which will be financed with federal funds
 - (2) The percentage and dollar amount that will be financed by non-federal sources

b. Contract Modifications

- i) **Notice of Change in Services** – The LHJ shall notify DOH program staff, within 45 days, if any situations arise that may impede implementation of the services contained in the Statement of Work. DOH and the LHJ will agree to strategies for resolving any shortfalls. DOH retains the right to withhold funds in the event of substantial noncompliance.
- ii) **Transfer of Funds among Budget Categories** – Non-fee-for-service providers may transfer contracted funds identified in the budget among direct expense categories, EXCEPT equipment, as long as the amount of the cumulative transfer does not exceed ten percent of the total contracted funds for the current Ryan White fiscal year and does not change the Statement of Work.

c. **Subcontracts**

Subcontracting is not permitted. When executing a Fee for Service, a Memorandum of Understanding must be approved by the HIV Client Services Contract Manager. Technical Assistance is available through DOH.

4. **Coordination with Comprehensive Risk Counseling Services (CRCS)**

If requested by a CRCS provider, LHJ shall execute written agreements with CRCS providers to document how CRCS services and activities will be coordinated with Ryan White-funded Medical HIV Case Management services and activities, to avoid duplication of effort and resources. Technical assistance is available through DOH.

5. **Confidentiality Requirements**

The LHJ must preserve the confidentiality of the clients they serve pursuant to the Washington Administrative Code (WAC) and the Revised Code of Washington (RCW). Please see below to identify the category your agency best fits. Failure to maintain client confidentiality could result in civil or legal litigation against employees or agencies per the WAC and RCW.

Category One: Agencies that keep confidential and identifiable records including medical diagnosis and lab slips.

If your local health jurisdiction fits this definition, you must comply with federal and state requirements regarding the confidentiality of client records. During site visits or audits, DOH may request proof that the LHJ meets confidentiality requirements. To meet the requirements the LHJ must have the following in place:

- (1) Clearly written agency policies regarding confidentiality and security of records
- (2) Appropriate physical and electronic security measures to prevent unauthorized disclosures
- (3) Signed statements of confidentiality and security for all staff members who have access to sensitive information, either through access to files or through direct contact with clients
- (4) Signed confidentiality statements on file at the LHJ's office and updated yearly
- (5) Appropriate confidentiality training provided to employees with records of attendance

Category Two: Agencies that have access to HIV/STD information (through contact with clients or target populations), but do not maintain client records.

If your local health jurisdiction fits this definition, you are required to have the following in place:

- (1) Signed confidentiality statements from each employee
- (2) Signed confidentiality statements are on file at the LHJ's office and updated yearly
- (3) Appropriate confidentiality training provided to employees with records of attendance

Technical assistance is available through DOH.

*Disclosure of information is governed by the Washington Administrative Code (WAC) 246-101-120, 520 and 635, and the Revised Code of Washington (RCW) 70.24.080, 70.24.084, and 70.24.105 regarding the exchange of medical information among health care providers related to HIV/AIDS or STD diagnosis and treatment. Please note that LHJs fit under the definition of "health care providers" and "individuals with knowledge of a person with a reportable disease or condition" in the WAC and RCW.

DOH Program Contact:

Neil Good

Washington State Department of Health

P.O. Box 47841

Olympia, WA 98504-7841

Phone: (360) 236-3457/Fax: (360) 664-2216

Email: Neil.Good@doh.wa.gov