

**DEPARTMENT OF STATE HEALTH SERVICES**  
**GERMAIN & CO., INC., DBA GERMANE SOLUTIONS**  
(DSHS CONTRACT NO. 537-16-0137)

**AMENDMENT NO. 4**

The Texas Department of State Health Services (“**DSHS**”) and Germain & Co., Inc., dba Germane Solutions (“**Contractor**”), who are collectively referred to herein as the “**Parties**,” to that certain HIV monitoring Contract effective November 9, 2015, and denominated as DSHS Contract No. 537-16-0137, as amended, (the “**Contract**”), now desire to further amend the Contract.

**WHEREAS**, the Parties desire to extend the term of the Contract; to add funding to the Contract; and to revise the Contract Statement of Work.

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

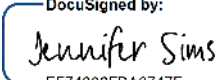
1. **SECTION II, DURATION** of the Contract is hereby amended to reflect a revised termination date of December 31, 2020.
2. The Contract is hereby amended by adding funding for the budget period of January 1, 2020 through December 31, 2020 in the amount of **\$910,000.00**, which shall be made in accordance with the **Deliverable Table** set forth in **Attachment A-3, 2020 Calendar Year Statement of Work**. The total not-to-exceed amount of the Contract is increased to \$4,055,013.00.
3. The Contract is hereby amended to add **Attachment A-3, 2020 Calendar Year Statement of Work**.
4. This Amendment shall be effective as of January 1, 2020.
5. Except as amended herein, the terms and conditions of the Contract, as amended, remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.


**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 4  
DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. 537-16-0137**

**DEPARTMENT OF STATE HEALTH SERVICES**

**GERMAIN & CO., INC., DBA GERMANE SOLUTIONS**

By:  \_\_\_\_\_  
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By:  \_\_\_\_\_  
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Name: Jennifer Sims

Name: Art Boll

Title: Deputy Commissioner

Title: CEO

Date of Execution: November 11, 2019

Date of Execution: November 5, 2019

**THE FOLLOWING ATTACHMENT IS ATTACHED HERETO AND INCORPORATED AS PART OF THE CONTRACT:**

**ATTACHMENT A-3: 2020 CALENDAR YEAR STATEMENT OF WORK**

## **ATTACHMENT A-3 2020 CALENDAR YEAR STATEMENT OF WORK**

### **I. CONTRACTOR RESPONSIBILITIES**

Contractor will:

- A. Assess and monitor HIV health services provided to patients under the Ryan White HIV/AIDS Program (RWHAP) Part B grant throughout the twenty-six (26) HIV Service Delivery Areas (HSDAs) in the State of Texas. The assessment will determine compliance with current national and state guidelines for the treatment of HIV/AIDS and related opportunistic infections.
  
- B. Continue activities related to the aggregate database to include the following:
  - 1. Provide a Health Resources and Services Administration (HRSA)-compliant, DSHS HIV Care Services Group (Care Services)-approved comprehensive database for the twenty-eight (28) service categories and the Universal Standards. The database will not have any patient identifiers or personal health information within any stage or document;
  - 2. Import into the database any and all chart review data submitted by the Administrative Agencies (AAs) or by Care Services;
  - 3. Update the database for 2020 to reflect the new service standard quality indicators and remove the universal indicators out of the current quality monitoring tools by service category;
  - 4. Revise all Standards of Care Excel monitoring tools;
  - 5. Update and maintain the DSHS aggregate database, including any updates to report structure;
  - 6. Contractor's Director of Quality Improvement will provide technical assistance (TA) and on-site training to Care Services team members regarding use of the database;
  - 7. Create user names and passwords for AA managers for read-only permissions. Create user names and passwords for AA monitors (those not subcontracted out by the AA) to allow monitors to enter data directly into the database in 2020 for monitoring (Germane Solutions will provide technical assistance and training to all AA employee FTE monitors);
  - 8. Export data from those AAs that submit Year 1 (data collected in 2016), Year 2 (data collected in 2017), Year 3 (data collected in 2018), and Year 4 (data to be collect in 2019) data into the database and assist Care Services in downloading reports, to include creating any reports in the database as deemed necessary by the Contractor and Care Services team. Data will continue to be imported in 2020 for AAs that subcontract their monitoring services to outside resources, and will continue to be imported throughout 2020 as necessary; and

9. Annually, provide support for the database to refine, review, and revise any indicators, Standards of Care, and providers linked to the database. User names and passwords will be monitored and housed with the Care Services management team, as well as with the appointed Contractor staff, to ensure appropriate access to the system and for any technical assistance needs.
- C. Continue activities related to on-site TA and training or by webinar, if applicable, to providers, AAs, and Care Services staff throughout 2020. TA will be provided by two Contractor staff members and overseen by Director of Quality Improvement. Training and curricula development will be directed and approved by Care Services, as appropriate. Activities will include the following:
1. Refine current curriculum and conduct routine Plan-Do-Study-Act (PDSA) and Corrective Action Plan (CAP) training;
  2. Hold chart review training for Care Services and AA Staff (how to conduct chart reviews);
  3. Conduct quarterly training for eligibility and update eligibility curriculum as applicable in 2020;
  4. Create curriculum and provide training on regional-specific eligibility issues based on outcomes in 2019;
  5. Continue to work with current curriculum and Case Management (CM) Care Services Trainer to refine Medical Case Management (MCM) and Non-Medical Case Management (NMCM) training based on 'eligibility specialist'-based program; and
  6. Cover other topics as applicable to the 2020 monitoring project, as agreed upon between Care Services and Contractor.
- D. Provide TA to Care Services staff to include the following:
1. Take the lead role on reviewing PDSAs and CAPs with DSHS Care Services Nurse Consultant and Program Consultants to determine effectiveness;
  2. Facilitate TA during monitoring visits where significant high-risk issues are identified;
  3. Conduct TA through webinar or conference call meetings for lower-risk providers;
  4. Assist Care Services staff with review of taxonomy changes for all twenty-eight (28) Standards of Care;
  5. Work with Care Services to update Frequently Asked Questions (FAQs) for Standards of Care;
  6. Provide consultant services for the DSHS HIV/STD Quality Management (QM) Plan to include the following:
    - a. Review and update implementation plan and measures;
    - b. Recommend Quality Assurance (QA) and Quality Improvement (QI) strategies;

- c. Assist with QM sections in program reports and grant applications; and
  - d. Provide continued training with Care Services QM Coordinator nurses. Contractor will provide support for: PDSA monitoring with AAs and providers; review and refinement of the AA QM plans; assistance with preparation and facilitation of internal DSHS QM meetings; and follow-up review and monitoring of QM plan activities implemented in each AA region;
  - 7. Attend DSHS HIV/STD QM Meetings as requested by Care Services; and
  - 8. Provide consultant services for development of program policies, documents, and tools as determined necessary by Care Services.
- E. Continue activities related to the Universal Standards (Program Compliance Standards) and the corresponding monitoring tool, to include the following:
- 1. Assist Care Services to refine the Universal Standards for compliance with all HRSA program requirements to detail the indicator, numerator, denominator, and documentation necessary to show evidence of compliance;
  - 2. Use all feedback in refining the Universal Standards for the following three areas: Compliance (program requirements that are to be monitored annually); Quality Management; and Quality Assurance;
  - 3. Assist Care Services to refine the Universal Standards monitoring tool for use in 2020 to conduct on-site monitoring reviews;
  - 4. Assist DSHS to create a Texas AIDS Drug Assistance Program (ADAP) monitoring tool in conjunction with ADAP staff to confirm that all components of compliance with the Universal Standards, the HRSA/HIV/AIDS Bureau (HAB) ADAP manual, and any applicable legislation are included in the tool; and
  - 5. Assist with creation of ADAP performance and QM metrics, and with analysis of metrics and trends.
- F. Continue activities related to the DSHS Standards of Care to include the following:
- 1. Work with the Care Services team and DSHS-contracted consultants to refine the Standards of Care per any new HRSA guidance and definitions and DSHS policy changes, and to incorporate feedback from the AAs using the DSHS tools. The following Standards of Care and monitoring tools will be reviewed for refinement based on current policy change notices, HRSA/HAB performance measures, and notes from recommendations from previous year's monitoring:
    - a. Universal Standards (US);
    - b. Outpatient/Ambulatory Health Services (OAHS);
    - c. Emergency Financial Assistance (EFA);
    - d. Local Pharmaceutical Assistance Program (LPAP); and
    - e. Health Insurance Assistance (HIA);

2. Work with Care Services, including DSHS-contracted consultants, to review Core Service Standards and set target performance measure goals for each indicator (based on national strategies) and provide numerator/denominator for each indicator.
- G. Continue to take the lead role and assist with activities for the Standards of Care reviews with DSHS Care Services throughout 2020 to include the following:
1. Submit all monitoring tool changes to Care Services for approval;
  2. Co-facilitate and lead discussion with Care Services to finalize drafts of each Standard of Care reviewed;
  3. Prepare Standards of Care in the format to include the indicator being reviewed, the numerator, the denominator, and the documentation necessary to show evidence of compliance; and
  4. Complete edits, as approved by Care Services, and finalize Standards of Care, with the next review to be conducted after completion of the 2020 on-site monitoring reviews.
- H. Throughout 2020, conduct monitoring site visits to all subrecipients (currently 54) to include the following:
1. Provide Contractor's Health Access team to implement the monitoring of all individual direct service care providers within each of the respective AAs. Site visits will take place at each of the respective individual direct service care provider locations in coordination with Care Services, the respective AA, and the individual direct service care provider;
  2. To generate the samples, Contractor shall run all subrecipient unduplicated client lists from the AIDS Regional Information and Evaluation System (ARIES) by subrecipient, by total client count, and by each service category to be monitored by Contractor with dates of service and demographics. Contractor will also randomize client lists for monitoring. Client lists will be shared with the DSHS Care Services Consultant for the respective provider and region prior to sharing final lists with subrecipients before monitoring. Lists will be sent to AAs two weeks prior to a subrecipient's scheduled site review for 2020;
  3. Use the standardized Standards of Care Monitoring Tools (DSHS Monitoring Tools) reflective of the HRSA program mandates for RWHAP Part B-funded entities, including all HAB performance measure quality indicators, where applicable; and monitor all providers using the DSHS Universal Standards and Universal Standards Monitoring Tool, for the following four (4) service categories (plus Universal Standards) using 80% confidence level with +/- 8% confidence interval, with a full year review in 2020:
    - a. Outpatient/Ambulatory Health Services;
    - b. Oral Health Care Services;

- c. Medical Case Management Services; and
- d. Non-Medical Case Management Services;
- 4. Monitor all providers using the DSHS Standards of Care and approved monitoring tools to trend outcomes for the following three (3) service categories (including MAI-funded providers) with Tiered Sampling Methodology:
  - a. AIDS Pharmaceutical Assistance (local) (LPAP);
  - b. Health Insurance Premium & Cost Sharing Assistance; and
  - c. Emergency Financial Assistance;
- 5. The following estimated number of providers will be monitored by AA for the Universal Standards (including review of CAP for eligibility indicators not met in 2019 outcomes) plus the Standards of Care listed above (total of seven [7] service categories for comprehensive review in 2020):
  - a. Lubbock AA: 5 service provider locations;
  - b. Dallas AA: 10 service provider locations;
  - c. Houston AA: 13 service provider locations (2 providers “share” physical location);
  - d. Brazos Valley Council of Governments (BVCOG) AA: 12 service provider locations;
  - e. Bexar AA: 5 service provider locations;
  - f. South Texas Development Council (STDC) AA: 3 service provider locations; and
  - g. Tarrant AA: 5 service provider locations;
- 6. In total, an estimated 54<sup>1</sup> individual direct service care providers will be monitored during the project period, including MAI-funded providers. All site visits will include a comprehensive review of policies for all indicators listed within the DSHS-approved Universal Standards monitoring tool (developed in description above) and a comprehensive review of the indicators specific to the seven (7) service category Standards of Care as indicated above. ARIES desktop reviews, as applicable, will be conducted by the Contractor;
- 7. Conduct all clinical and non-clinical chart reviews with a team of no less than three (3) persons per individual direct service care provider location to ensure all charts are reviewed per the proposed project requirements. The Contractor team will include a Registered Nurse (RN) with a current Texas license at all locations, one additional trained Contractor staff person as deemed necessary to complete the clinical and non-clinical chart reviews, and one Contractor team trainer. No patient or client private healthcare information will be documented or stored within the tools utilized by the Contractor staff;
- 8. With the assistance of the Care Services team, coordinate scheduling of seven (7) mandatory Provider Workshops. These Provider Workshops will be held at each respective AA and as follows:

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<sup>1</sup> Total number of subrecipients subject to change if AAs have added or terminated subrecipients during the review period.



- a. Contractor will work with each AA to ensure all individual direct service care providers are available to attend the Workshop;
  - b. The Workshop will include a PowerPoint presentation inclusive of the following topics: an introduction of Care Services and Contractor staff; an overview of the program/quality monitoring activities; and an overview of the DSHS-approved service category monitoring tools to be utilized; and
  - c. These Provider Workshops will be held at the respective AA offices and facilitated by the AA program staff and Contractor staff;
9. Coordinate with Care Services and the respective AA staff in scheduling individual direct service care provider on-site chart monitoring:
- a. Provide proposed selected dates to conduct each individual direct service care provider on-site monitoring; and
  - b. Work with the providers, the AA, and Care Services to ensure all entities comply with the DSHS monitoring project;
10. Develop a monitoring client sample for all service categories on a 12-month rotating basis with the end month occurring one month prior to the scheduled review. Example: If Provider A has been scheduled for review August 2019, the client sample period will be August 1, 2018, to July 31, 2019. Client sample lists will be randomized for the entire unduplicated client population by service provider for the Universal Standards review. Client sample lists for each service category indicated above will be completed and randomized utilizing the 80% confidence level with a +/-8% confidence interval or the approved tiered methodology as indicated; and
11. Produce and provide narrative reports for approval by the Care Services team prior to presentation to the AAs and the individual direct service care providers as determined in Year 1's process, to include the following:
- a. One (1) narrative report for each individual direct service care provider for Universal Standards;
  - b. One (1) narrative report for quality monitoring of Standards of Care for each individual direct service care provider;
  - c. One (1) narrative Executive Summary report for each AA;
  - d. One (1) aggregated narrative report for the Care Services team that will include PDSA implementation initiatives for all OAHF-funded providers with updates to PDSA succession;
  - e. Fifty-four (54) individual Universal Standard and QM reports;
  - f. Seven (7) AA Executive Summaries; and
  - g. One (1) Care Services narrative report.
- I. Provide monitoring assistance (one FTE) with DSHS Fiscal Monitoring Unit (FMU) financial analysts for seven (7) AAs for programmatic review of services in relation to fiscal spend-down. Assistance will include at least one week on site for each of the seven (7) AA monitoring reviews with the FMU team, follow-up with reporting, conference



calls/meetings with FMU, and program management post-review visits for determination of compliance with fiscal and program requirements under RWHAP- funded services.

## **II. PERFORMANCE MEASURES**

System Agency will monitor Contractor's performance of the requirements in Attachment A-3 and compliance with the Contract's terms and conditions.

## **III. INVOICE AND PAYMENT**

A. Contractor will request payments using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services  
 Claims Processing Unit, MC 1940  
 1100 West 49<sup>th</sup> Street  
 P.O. Box 149347  
 Austin, TX 78714-9347

The fax number for submitting the Form B-13 to the Claims Processing Unit is (512) 458-7442. The email address is [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and [cmsinvoices@dshs.texas.gov](mailto:cmsinvoices@dshs.texas.gov).

B. Contractor will be paid on a monthly basis and in accordance with the amounts listed in the following table.

<b>Deliverable Components</b>	<b>Total Cost</b>
I. Aggregate Database Activities, as outlined in B. 1-8	\$50,000.00 database updates \$40,000.00 training for AAs
II. On-Site TA to Providers, AAs, and DSHS Staff, as outlined in C. 1-6 and D. 1-8	\$120,000.00
III. Universal Standards Activities and Corresponding Monitoring Tools, as outlined in E. 1-5	\$10,000.00
IV. DSHS Standards of Care Activities, as outlined in F. 1-2 and G. 1-4	\$10,000.00
V. 54 Subrecipient Monitoring Site Visits in 2020, as outlined in H 1-11	\$610,000.00
VI. 7 AA On-Site Monitoring Site Visits with FMU Analysts in 2020, as outlined in I	\$70,000.00
<b>TOTAL</b>	<b>\$910,000.00</b>