

**South Carolina Department of Health and Environmental Control
Ryan White Ending the HIV Epidemic Funding
2021-2022 Grant Year**

REQUEST FOR GRANT APPLICATIONS (RFGA)

CFDA Number: 93.686

Posting Date: April 12, 2021

ATTENTION! IMPORTANT DETAIL!

Your application must be submitted in a sealed package. (Original + 4 copies marked as “Copy”) RFGA Number and Deadline/Closing Date (see below) must appear on package exterior.

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| Deadline/Closing Date for Applications: | Must be received in the SC DHEC Public Health Contracts Office no later than May 28, 2021 by 2:30 PM EST |
| RFGA Number: FY2021-RFGA-HV-920 | |

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| Submit your sealed package to either of the following addresses: | |
| MAILING ADDRESS: SC DHEC – Public Health Contracts Bureau of Business Management 2600 Bull Street Columbia, SC 29201 | PHYSICAL ADDRESS: SC DHEC – Public Health Contracts Bureau of Business Management Columbia Mills Building – 4th Floor 301 Gervais Street Columbia, SC 29201 See additional physical address information below |

Number of Copies to be Submitted: One (1) original and four (4) bound, hard copies marked as “Copy”

The South Carolina (SC) Department of Health and Environmental Control (DHEC) offers this Request for Grant Applications (RFGA) for funds administered by the South Carolina Department of Health and Environmental Control from Health Resources & Services Administration (HRSA’s) “Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program” (EHE). Acceptable applications that will be considered as part of this grant program are those that support (1) Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program, (3) and the SC DHEC’s *Ending the HIV Epidemic Plan* through the development and/or expansion of a rapid continuum of care, including rapid access to HIV medical care and Antiretroviral Treatment (ART) initiation, for newly diagnosed and returning to care People Living with HIV (PLWH) with the goal of reducing new infections in SC.

The use of these EHE funds is subject to all federal and state requirements as outlined in the scope of work and revisions to the requirements made during the grant agreement period. Funds may not be used for any other purpose. DHEC reserves the right to determine whether a proposal falls within the scope of activities and is eligible under the stated guidelines. Applications are only accepted during the Request for Grant Applications period and will be evaluated by DHEC evaluators based on the award criteria stated in the solicitation.

It is the intent of the State of South Carolina, SC Department of Health and Environmental Control to accept grant applications from organizations to become DHEC subrecipients through SubAward agreements for Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program funding. In alignment with the goals and

objectives of SC DHEC's *Ending the HIV Epidemic Plan (Attachment 1)*, awarded funds will support rapid engagement in HIV medical care and rapid ART initiation, which includes funding to provide the following services: EHE initiative services (those not included in PCN 16.02), medical case management, non-medical case management, outpatient/ambulatory health, health education and risk reduction (including Peer Adherence and Patient Navigation, preferably through the employment of peers), transportation, and outreach. Provision of EHE funded services will be required to begin within sixty (60) days of grant execution.

Please note: EHE Initiative Services are those direct client services that will support rapid access to HIV medical care and ART initiation, as well as retention in care, for newly diagnosed or returning to care PLWH that are not specifically outlined in PCN 16.02. Examples may include rapid ART counseling, supported employment, digital medication reminder systems, etc.

The annual amount of each award, based on the anticipated available grant year funding, is expected to range from a minimum award of \$100,000 to a maximum award of \$250,000 to support rapid engagement in HIV care and expedited HIV ART for newly diagnosed or returning to care PLWH. The number of funded subrecipients is dependent on available funds but is anticipated to be no less than four (4).

Those applications not funded but meeting the criteria of this RFGA may be funded at a later date, without reapplication, if additional funds are received during the budget year (March 1, 2021-February 28, 2022). Any such additional funding will be allocated to qualifying applicants according to evaluation scores in the same manner as the initial awards.

Additionally, organizations applying for funds to develop and implement, or expand, rapid engagement in care and ART may request up to an additional \$50,000 per organization for Mental Health Services and/or Substance Abuse Outpatient Care Services and/or Substance Abuse Services (residential) with the goal to reduce mental health and substance abuse barriers preventing newly diagnosed or returning to care PLWH from accessing and adhering to HIV treatment. Again, in order to apply for additional funding for mental health and/or substance abuse services, applying organizations must also submit a funding request and plan to implement, or expand, rapid engagement in HIV medical care and rapid ART initiation for newly diagnosed or returning to care PLWH.

Depending on the availability of federal funds, funds will be awarded to selected entities based on the described rapid HIV medical care and ART initiation implementation plan.

The EHE subaward agreement will be awarded for a two-year project period, with an annual renewal, depending on performance, availability of funds, and service priorities.

ESTIMATE ONLY: FUNDING FOR PROJECT SPONSORS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS.

Eligibility: To be eligible, applicant organization must be a current DHEC Ryan White Part B-funded subrecipient. Also, applicant must have a minimum of one (1) year of documented, established history (within the past one (1) year) of providing HIV Outpatient/Ambulatory Health Services (consistent with HRSA HAB RW eligible services) to Ryan White Part B eligible PLWH.

An applicant applying to DHEC for EHE funding must provide EHE funded services to PLWH residing in all counties of their currently funded Ryan White Part B multi-county service area.

Eligible organizations must submit a Certificate of Existence, also known as a Certificate of Good Standing, from the SC Secretary of State. This certificate states that an entity is in good standing with the SC Secretary's Office,

and has, to the best of the SC Secretary of State's knowledge, filed all required tax returns with the SC Department of Revenue. The Certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>

DHEC subrecipients in a probationary status with DHEC are not eligible to apply for additional federal funding or funds derived from federal funds.

A subrecipient previously terminated by DHEC must wait three (3) years before an application will be considered for funding from DHEC.

Budget for HIV/AIDS Proposals: Every application must be accompanied by a Budget Narrative and Cost Allocation template and a statement that the project can be carried out for the budget requested. The Budget Narrative and Cost Allocation template may be found on the SC DHEC EHE webpage (**Attachment 6**). Applications received without the completed, specified Budget Narrative and Cost Allocation template will be rejected and not reviewed.

How to Apply: See the Request for Grant Applications (RFGA) Section IV for additional details regarding information to be included with your submission. A cover letter should be included and signed by a person having authority to commit the applicant to a subaward agreement. Eligible applicants must submit the required documents to either the mailing address or physical address listed above.

Deadline: The deadline for all applications is May 28, 2021, by 2:30 P.M. EST.

Questions & Answers: Questions will be accepted until 5:00 P.M. EST, April 23, 2021. All questions must be submitted in writing to Casondra Hamilton at hamiltc@dhec.sc.gov. Responses will be posted by April 28, 2021 by 5:00 PM EST.

RFGA Webinar: DHEC will also hold an informational webinar providing details on this RFGA and related activities and requirements on April 16, 2021 at 1:00 P.M. Follow this [LINK](https://scdhec.my.webex.com/scdhec.my/j.php?MTID=mf4aae3487bd834b3b071b1e515a83a8d) - <https://scdhec.my.webex.com/scdhec.my/j.php?MTID=mf4aae3487bd834b3b071b1e515a83a8d>

Letter of Intent: Completion of a Letter of Intent to apply is requested <https://forms.office.com/Pages/ResponsePage.aspx?id=iMQmMzN-G0KPWQmjnCa7qi5K-y6KdLNCrHXSZspk561UNEGyRTBHWk05U0NGQ1AwREJUTkU0SFRYSC4u> by 5:00 P.M. on April 30, 2021, by all organizations wishing to apply for this funding. Organizations are asked to answer the questions to the best of their ability but are allowed to make changes between the submission of the Letter of Intent and the complete application. Submission of a Letter of Intent is not required and does not obligate the Applicant to complete the application process nor does it obligate DHEC to award any funds.

Available Funding Date: Contingent upon available funds, anticipated to be awarded by HRSA no later than July 19, 2021.

Final selection of all successful applicants will be made, and notifications released on or before **June 9, 2021**. Final subaward agreements will be executed to be effective when signed by the Project Sponsor and DHEC. **July 19, 2021** is the anticipated start work date.

A subaward agreement, of which a draft copy is included in the RFGA (**Attachment 8**) must be signed by each applicant receiving an award.

You must have a state vendor number to receive reimbursement from DHEC. To obtain a state vendor number, visit www.procurement.sc.gov, and select New Vendor Registration. (To determine if your business is already

registered, go to “Vendor Search”). Upon registration, you will be assigned a state vendor number. You must keep your vendor information current. If you are already registered, you can update your information by selecting Change Vendor Registration. (Please note that vendor registration does not substitute for any obligation to register with the S.C. Secretary of State or S.C. Department of Revenue.)

Additional Physical Address Information: Visitors arriving at 301 Gervais Street will notice that this is also the location of the State Museum. Do not enter using the main museum entrance. To enter SC DHEC, visitors are to proceed from the front of the building to the left side (canal side), following the signs to “Visitor Parking Garage.” Parking is available on the lower and upper deck of the two-level parking garage.

Adjacent to the first floor of the parking garage is a glass door with an SC DHEC logo. This entrance is locked at all times. Press the intercom button to request entrance into the building. The door will be opened by the Agency receptionist. When you enter the building, you will be required to sign in. You will be escorted to the 4th floor receptionist for your application to be date/time stamped. If you have any issues with building access, please call DHEC’s procurement receptionist at (803) 898-3501.

It will take several minutes to obtain building access and have your application date/time stamped. Please allow at least thirty (30) minutes for this process of obtaining building access and getting your application stamped in. The deadline for applications is identified on this Cover Page. Please plan accordingly as deadline times will not be adjusted.

**South Carolina Department of Health and Environmental Control
Ryan White Ending the HIV Epidemic Program GY 2021-2022 Grant Year
Request for Grant Applications (RFGA)**

I. BACKGROUND

In February 2019, the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) along with several other agencies came together to present *Ending the HIV Epidemic: A Plan for America*. The plan, which aims to reduce new HIV transmissions by 75 percent by 2025 and by 90 percent by 2030, focused its Phase I efforts on seven states with a substantial number of HIV diagnoses in rural areas, along with 48 counties, Washington, D.C., and San Juan, Puerto Rico. These jurisdictions, which include the state of South Carolina, accounted for more than 50 percent of new HIV diagnoses in 2016 and 2017.

(A full list of funded states, counties, and territories can be found at: <https://www.cdc.gov/endhiv/docs/Ending-HIV-geographic-focus-508.pdf>).

The State of South Carolina met the CDC Phase I criteria because (1) 10 percent or more of the new diagnoses in 2016 and 2017 were in rural locations, those with populations below 50,000, (2) 75 or more individuals received a new HIV diagnoses in 2016 and 2017, and (3) the state did not have a priority county.

In addition to meeting the Phase I qualifications, the Centers for Disease Control and Prevention (CDC) estimates that 16% of persons living with HIV in South Carolina are undiagnosed and subsequently unaware of their infection (CDC HIV Surveillance Report, Vol. 24 No. 1). According to 2018 Epidemiological data, 19,749 South Carolinians are living with diagnosed HIV. Collective efforts over many years by the health department, local community-based organizations, Federally Qualified Health Care centers (FQHCs), and other providers have successfully increased the proportion of people living with HIV who know their status, are linked to care and are virally suppressed. However, South Carolina's data shows a high burden of HIV positive individuals who are presumed not in HIV medical care. As of January 2021, an estimated 5,889 PLWH are presumptively not in HIV medical care and living in South Carolina. Not in care is defined as having no CD4 or viral load documented in the Enhanced HIV/AIDS Reporting System (eHARS) within 13 months or more.

The State of South Carolina is committed to the national fight to End the HIV Epidemic (EHE). To achieve the national goal of reducing new HIV infections by 75 percent within the five-year period of performance (2020-2025), the STD/HIV & Viral Hepatitis and Surveillance and Technical Support (STS) Divisions, of the South Carolina Department of Health and Environmental Control (S.C. DHEC), plan to implement a Statewide Rapid Continuum of Care Program. Efforts will be enhanced at each program level:

- Prevention (Rapid Diagnosis, Rapid Linkage, and Pre-Exposure Prophylaxis [PrEP]);
- ***Care and Treatment (Rapid Care Engagement and Antiretroviral Treatment [ART]);***
- Re-engagement (Outreach, Data to Care, and Real-time Health Exchange); and
- Surveillance (Rapid Response to HIV Clusters).

Through the award of Ryan White Part B Ending the HIV Epidemic funds, DHEC plans to implement a Statewide Rapid Continuum of Care Program to rapidly link and reengage PLWH and provide rapid antiretroviral therapy treatment. The overarching goal is to reduce the number of new HIV cases in SC by rapidly engaging PLWH into care (newly diagnosed or returning to care) and ***expedite HIV ART within 7 days*** more quickly achieving viral suppression.

The Statewide Rapid Continuum of Care process will include: (1) Rapid Linkage and reengagement to HIV Care/Providers; (2) Accelerated eligibility and access to care services and ART initiation; (3) Accelerated AIDS Drug Assistance Program (ADAP) approval; (4) Sustained follow-up to provide support, including medication adherence; and (5) Rapid cluster response.

II. SCOPE OF GRANT PROPOSAL

The State of South Carolina, South Carolina Department of Health and Environmental Control requests grant applications from organizations to become subrecipients through SubAward agreements for Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B (EHE) funding. Provision of services will be required to begin within sixty (60) days of execution of the subaward agreement.

A. Funding

Applications will be accepted for EHE funding to support the development and/or expansion of a rapid continuum of care, including rapid access to HIV medical care and ART initiation, for newly diagnosed and returning to care people living with HIV (PLWH) with the goal of reducing new infections in SC.

The Project Sponsors selected must make services available to HIV-positive residents in all counties of their currently funded Ryan White Part B multi-county service area. The Project Sponsor must make services available within 60 days of the start of the Subaward agreement. Additionally, the Project Sponsor must have the capacity to operate on a cost reimbursement basis without prompt reimbursement, as reimbursement typically occurs 30 to 60 days after invoicing.

The annual amount of each award, based on the anticipated available grant year funding, is expected to range from a minimum award of \$100,000 to a maximum award of \$250,000 to support rapid engagement in HIV care and expedited HIV ART for newly diagnosed or returning to care PLWH. The number of funded subrecipients is dependent on available funds but is anticipated to be no less than four (4). The award amount will be in DHEC's discretion based on any of the following: application score, projects proposed, number of clients to be served, budget review, and funding availability.

Additionally, organizations applying for funds to develop and implement, or expand, rapid engagement in care and ART may request up to an additional \$50,000 per organization for Mental Health Services and/or Substance Abuse Outpatient Care Services and/or Substance Abuse Services (residential) with the goal to reduce mental health and substance abuse barriers preventing newly diagnosed or returning to care PLWH from accessing and adhering to HIV treatment. Again, in order to apply for additional funding for mental health and/or substance abuse services, applying organizations must also submit a funding request and plan to implement, or expand, rapid engagement in HIV medical care and rapid ART initiation for newly diagnosed or returning to care PLWH.

Depending on the availability of federal funds, funds will be awarded to selected entities based on the described rapid HIV medical care and ART initiation implementation plan.

The EHE subaward agreement will be awarded for a two-year project period, with an annual renewal, depending on performance, availability of funds, and service priorities.

ESTIMATE ONLY: FUNDING FOR PROJECT SPONSORS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS.

B. Purpose

EHE funding available through this request for applications is to be used for the development and/or enhancement of *rapid* access to a comprehensive continuum of high-quality HIV medical care and expedited ART for people living with HIV. All program activities should be consistent with and support the primary goals of *Ending the HIV Epidemic: A Plan for America* and SC DHEC’s *Ending the HIV Epidemic Plan (Attachment 1)*.

The chart below provides current standards of care, as well as care and treatment goals for *rapid* access to a comprehensive continuum of high-quality HIV medical care and expedited ART for people living with HIV. Immediate transition to the EHE goal timeline for rapid access to care and ART initiation is not required but successful applicants will provide detailed, planned, incremental steps towards achieving these goals.

| | Current Standard | EHE Goal |
|--|---|---|
| Confirmatory HIV Positive Test | 1. First rapid test - positive result 2. Blood test - confirmatory positive result 3. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test | Referred to Social Worker/Linkage Coordinator the same day as confirmatory test |
| | 1. First rapid test - positive result 2. Second rapid test - confirmatory positive result 3. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test | |
| | 1. Blood test - confirmatory positive result 2. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test | |
| Days from confirmatory positive test, or re-engagement in care, to first medical visit | 14-30 days (avg. 14) | Day of confirmatory positive test (preferred) 2-3 days (acceptable) |
| Days from confirmatory positive test, or re-engagement in care, to ART prescription | Not currently defined (typically, follows results of initial lab work) | Day of first medical visit |
| Initial Supply of ART | Not available | Supplied during first medical visit (ex. 5-day starter pack) |
| Initial 30-day supply | Not available | Manufacturer vouchers provided for 30-day supply |
| Access to ADAP | 14 days for eligibility checking | 3-5 days for eligibility checking - if manufacturer voucher not available |
| PantherX | 3-4 days shipping | Expedite/Overnight 2-day shipping - if manufacturer voucher not available |

| | | |
|---|---|---------------------|
| Days from confirmatory positive test or re-engagement in care to viral suppression | 6 months (CDC Standard) | 4 months or less |
| Percentage of PLWH achieving viral suppression in the measurement year | 92% (per 2019 Ryan White Statewide Clinical Report Card) | Greater than 92% |
| Medical visit two or more times, at least three months apart, in the measurement year | 84.75% (per 2019 Ryan White Statewide Clinical Report Card) | Greater than 84.75% |

Each subrecipient must directly provide services or enter into contractual agreements with other acceptable entities for the provision of services with DHEC’s prior approval through written consent. Such acceptable entities would include any entity that provides Ryan White eligible services for PLWH in the service area. The subrecipient shall ensure entities receiving EHE dollars for the provision of EHE services will adhere to all grant agreement requirements as stated in this RFGA and the grant agreement.

Each subrecipient shall use EHE funds administered by DHEC to provide services to eligible persons in accordance with all federal and state requirements. The provisions of the subaward are subject to all federal and state requirements as outlined in the scope of work and revisions to the requirements made during the subaward period. In the case of EHE funding, the sole eligibility requirement is a documented HIV diagnosis.

C. Eligibility

To be eligible, applicant organization must be a current DHEC Ryan White Part B-funded subrecipient. Also, applicant must have a minimum of one (1) year of documented, established history (within the past one (1) year) of providing HIV Outpatient/Ambulatory Health Services (consistent with HRSA HAB RW eligible services) to Ryan White Part B eligible PLWH.

An applicant applying to DHEC for EHE funding must provide EHE funded services to PLWH residing in all counties of the currently funded Ryan White Part B multi-county service area.

Eligible organizations must submit a Certificate of Existence, also known as a Certificate of Good Standing, from the SC Secretary of State. This certificate states that an entity is in good standing with the SC Secretary’s Office, and has, to the best of the SC Secretary of State’s knowledge, filed all required tax returns with the SC Department of Revenue. The Certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>

DHEC subrecipients in a probationary status with DHEC are not eligible to apply for additional federal funding or funds derived from federal funds, including funds under this RFGA.

A subrecipient previously terminated by DHEC must wait three (3) years before an application will be considered for funding from DHEC.

Risk Assessment: As noted in the Code of Federal Regulations 2 CFR 200.331 (b), DHEC as the pass-through entity of federal subawards, is responsible for monitoring Project Sponsors for compliance with all requirements of the award and applicable federal, state, county, and municipal laws, ordinances, rules, and regulations.

Post-Award Monitoring: The post-award monitoring frequency will be determined by the identification of risk factors that indicate a need for increased monitoring. Actual Project Sponsor performance will be monitored on a continuous basis. In addition, a risk assessment survey like the one used in the RFGA process will be mailed to each subrecipient on an annual basis.

Methods for evaluating risk and ensuring compliance may include but are not limited to:

- (1) Risk assessment surveys
- (2) Desk review and monthly review of invoice documentation
- (3) Review of actions taken by Project Sponsors to ensure the obligations of subawards are being met
- (4) Interviews with Project Sponsors, their clients, and program staff
- (5) Review of financial stability (financial statements),
- (6) Assessment of quality of management systems and the ability to meet the management standards prescribed in 2 CFR 200
- (7) Review of the Project Sponsor's prior performance in managing Federal awards
- (8) Review of audit findings

Applications from all eligible organizations will be considered.

III. SCOPE OF WORK/SPECIFICATIONS

A. REQUIRED ACTIVITIES

EHE subrecipients awarded under this grant application shall:

1. Develop and implement a rapid continuum of care and treatment protocol and procedures for PLWH newly diagnosed and re-entering care, including rapid entry or re-entry to care and ART medication initiation to meet the EHE Rapid Goals above. The following services may be funded with EHE funds: EHE initiative services (those not included in PCN 16.02), outpatient ambulatory health services, medical case management, non-medical case management, health education and risk reduction (including peer adherence and patient navigation preferably through the employment of peers), transportation, and outreach. As noted above, those applying to implement a rapid continuum of care may also apply for funding for outpatient substance abuse services, residential substance abuse services, and mental health services.

Please note: EHE Initiative Services are those direct client services that will support rapid access to HIV medical care and ART initiation, as well as retention in care, for newly diagnosed or returning to care PLWH that are not specifically outlined in PCN 16.02. Examples may include rapid ART counseling, supported employment, digital medication reminder systems, etc.

2. Provide a rapid continuum of care and treatment to newly diagnosed and returning to care people living with HIV residing in all counties of the service area for which the organization provides or pays for services with the goals for clients to rapidly enter medical care, remain in care, are rapidly prescribed anti-retroviral therapy, and strive to achieve and maintain viral suppression.
3. Ensure that staff providing services must be licensed and accredited as required by the state for the service they provide when licensing and accreditation is required for service. As needed, the subrecipient will consult with the DHEC STD/HIV/Viral Hepatitis Program in developing programs/services and policies to assure compliance with EHE goals and objectives.

4. Develop and submit to DHEC an annual Budget Narrative and Cost Allocation Plan (BNCAP), and implementation plan (IP) using the DHEC required formats (**Attachment 6 and 7**, respectively). A maximum of ten (10%) percent of subrecipient expenditures may be used for administrative costs.
5. If any Ryan White Part B services are funded with EHE funds, but not offered with other RWB funding, develop agency Service Standards for RWB EHE services provided. Standards should include at a minimum service eligibility, service process, and service caps. The standards should function to ensure that all clients at the agency are offered the same fundamental components of a given service and establish the minimum level of service of care that the RW funded provider offers.
6. Maintain strong partnerships in the service area between health departments, HIV prevention service providers, HIV care service providers, and community health centers as these are necessary in meeting the goals of the SC's Ending the HIV Epidemic Plan.
7. Promote coordination and integration of community resources and services and address the needs of all affected populations. Maintain appropriate relationships with entities in the area being served that provide key points of access to the health care system for PLWH to facilitate early, rapid intervention for those individuals who are newly diagnosed and for those who know their status but are not currently in care. Subrecipient must show evidence of concrete collaborative relationships with providers of medical services, mental health services, and substance abuse services provided to people living with HIV. The provision of rapid care services to individuals newly diagnosed with HIV or identified as out of care by these partners is a key objective.
8. Ensure Ryan White HIV/AIDS Program is the payer of last resort and vigorously pursue alternate payer sources. The subrecipient must make every effort to ensure that alternate sources of payments are pursued, and that program income is received, tracked, and used consistent with grant requirements. Subrecipient is required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, basic health plans, and private insurance.
9. Have a grievance policy for the EHE Program. The grievance policy must be in writing and shared with EHE clients at the point of initial eligibility screening and annually thereafter. The policy must state that any grievance related to denial of services or a complaint about services received which is unresolved at the subrecipient level may be reported by the client to DHEC's STD/HIV Division by calling 800-856-9954 between the hours of 8:30AM-5:00PM Monday through Friday, excluding holidays. Further, the policy must state that grievances filed with DHEC will remain confidential, unless the client specifically requests that DHEC follow-up with the provider, and, there shall be no reprisal towards the client when grievances are made.
10. Certify that each client served has a documented HIV diagnoses; thereby meeting the singular eligibility requirement for EHE services. All clients who are provided service (whether EHE or Ryan White HIV and AIDS Program (RWHAP)) will be counted as an EHE client for mandatory tri-annual reporting purposes.
11. Use *Provide Enterprise (PE)* for tracking and reporting program services. All funded services provided must be documented in *PE*.

12. Agree to share Rapid Care and Treatment protocols and best practices with other Ryan White Part B subrecipients including group and provider-to-provider level training and development of statewide tools to expand access to rapid care and treatment for PLWH in SC.

B. GRANT REQUIREMENTS

EHE subrecipients awarded under this grant application shall:

1. Adhere to HRSA's HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards, and any revisions made during the grant period, which can be found at:

<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>,
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>,
<http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>

2. Adhere to SC DHEC's Ryan White Part B Program Service Standards (**Attachment 3**), and any revisions made during the grant period. The standards function to ensure that all Ryan White Part B service providers offer the same fundamental components of a given service category across the state, establish the minimum level of service or care that a RW funded provider may offer, and ensure accessibility of services funded by or derived from RW Part B Program funding.
3. Provide medical case management services as described in the Ryan White HIV/AIDS Program Services (**Attachment 2**) i.e. 1) initial assessment of the service needs, 2) development of a comprehensive, individualized service plan, 3) coordination of the services required to implement the plan as well as 4) client monitoring to assess the efficacy of the plan and 5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. Adhere to the South Carolina Part B Medical Case Management Standards, and any revisions made during the grant period, (**Attachment 4**), including the requirement for all Medical Case Managers to complete the Medical Case Management Educational Training series and pass the final examination within eighteen (18) months of their employment start date. Adhere to the Medical Case Manager and Medical Case Manager Supervisor qualifications (**Attachment 5**) when hiring new staff.
4. Adhere to the current Health and Human Services Treatment Guidelines are available at www.aidsinfo.nih.gov.
5. Adhere to adopted clinical, treatment, and HIV care related guidelines for monitoring of performance and quality metrics.
6. Participate in quality initiatives adopted by DHEC for services funded by EHE funds.
7. Subrecipients providing Medicaid eligible services must be Medicaid certified.
8. If the subrecipient desires to enter into contractual agreements with other entities for the provision of services, the subrecipient must first gain written prior approval from DHEC's STD/HIV/Viral Hepatitis Division. The contractual agreement must include the scope of work and terms and conditions related to the services they will provide to include all requirements in the parent grant agreement with DHEC. The subrecipient is responsible for providing oversight and monitoring to ensure entities receiving Ryan White Part EHE Program funds follow all HRSA and DHEC grant agreement and reporting requirements as stated in this RFGA and the SubAward agreement with

DHEC. If approved, DHEC will establish the monitoring profile in the HRSA Electronic Handbook (EHB). All subrecipients are required to submit an annual RSR directly to HRSA from PE.

9. Retain all records with respect to all matters covered by this agreement in accordance with SubAward agreement Terms and Conditions.
10. Allow HRSA and DHEC on-site for site visits and make records available upon request for financial, programmatic, quality management, and other topics, as required for monitoring purposes. Submit documentation of follow-up on all Corrective Actions, as indicated, until resolved.
11. Permit and cooperate with any State or Federal investigations undertaken regarding programs conducted under Ryan White Part B End the HIV Epidemic Initiative.
12. Provide, upon request by HRSA or DHEC, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
 - a. **FINANCIAL MANAGEMENT:** Financial records will be reviewed to assure compliance with generally accepted accounting requirements. The records should provide accurate, current, and complete disclosure of financial results. They must identify the source and application of funds and must be supported by invoices and other source documentation.
 - b. **PROGRAM PROGRESS:** Review progress in providing Ryan White EHE services and expending funds.
13. Document time and effort of staff funded with Ryan White Part B EHE Program funds demonstrating fiscal stewardship of Ryan White Part B EHE funds.
14. If the subrecipient agency utilizes the 340B covered entity status available as a Ryan White Part B Program provider, allow DHEC to review the financial documentation of revenues and expenditures to ensure that 340B revenues are generated and utilized in compliance with HRSA requirements.
15. Program income shall be monitored by DHEC, retained by the Subrecipient, and used to provide Ryan White HIV/AIDS Program (RWHAP) Part B services to eligible clients. Program income is gross income – earned by the Subrecipient directly generated by the grant-supported activity or earned as a result of the RWHAP Part B award. Subrecipient must have systems in place to account for program income and ensure tracking and use of program income consistent with HRSA’s requirements. All program income generated as a result of awarded funds must be used for HRSA’s Ryan White HIV/AIDS Program Part B approved project-related activities. For additional information regarding program income, reference the HAB Policy Notices: PCN 15-03 and the Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04 found at: <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>
16. Be responsible for all matters pertaining to applicable HIPAA, data security, and confidentiality, including references in the subaward.

C. GRANT REPORTING REQUIREMENTS

The subrecipient will provide programmatic, demographic, and financial reports as requested by the STD/HIV Division.

Reporting requirements, which are subject to change during the grant period, include:

1. ANNUAL/QUARTERLY/TRI-ANNUAL REPORTS:

- a. ANNUAL – EHE data will be included in the annual calendar year RSR submission.
- b. QUARTERLY – A financial statement for EHE Program funding which identifies the amount of funds received and the amount expended for each category of services provided.
- c. TRI-ANNUAL - Submission of service provision data through HRSA’s Electronic Handbook will be required on a tri-annual basis. And, submission of progress report including updates on staffing, progress on goals, key accomplishments, barriers encountered, and how they are resolved, and responses to summary questions regarding overall impact.

D. GRANT ACCOUNTABILITY MEASURES

| | Current Standard | EHE Goal | EHE Goal Timeline |
|--|---|---|---|
| Confirmatory HIV Positive Test | 1. First rapid test - positive result 2. Blood test - confirmatory positive result 3. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test | Referred to Social Worker/Linkage Coordinator the same day as confirmatory test | For organizations not currently referring newly diagnosed patients the same day, reduced the average number of days to referral by 3 days every six months. |
| | 1. First rapid test - positive result 2. Second rapid test - confirmatory positive result 3. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test | | |
| | 1. Blood test - confirmatory positive result 2. Referred to Social Worker/Linkage Coordinator within 7 days of confirmatory test | | |
| Days from confirmatory positive test, or re-engagement in care, to first medical visit | 14-30 days (avg. 14) | Day of confirmatory positive test (preferred) 2-3 days (acceptable) | For organizations not currently offering same day appointments, reduce the number of days to first medical visit by 2 days every 6 months. |
| Days from confirmatory positive test, or re-engagement in care, to ART prescription | Not currently defined (typically, follows results of initial lab work) | Day of first visit | Following completion of trainings provided, offer ART initiation at first medical visit |

| | | | |
|---|--|---|--|
| Initial Supply of ART | Not available | Supplied during first visit (ex. 5-day starter pack) | July 2021 |
| Initial 30-day supply | Not available | Manufacturer vouchers provided for 30-day supply | July 2021 |
| Access to ADAP | 14 days for eligibility checking | 3-5 days for eligibility checking - if manufacturer voucher not available | July 2021 |
| PantherX | 3-4 days shipping | Expedite/Overnight 2-day shipping - if manufacturer voucher not available | July 2021 |
| Days from confirmatory positive test or re-engagement in care to viral suppression | 6 months (CDC Standard) | 4 months or less | If not currently meeting EHE goal, reduce by 10% every 6 months |
| Percentage of PLWH achieving viral suppression in the measurement year | 92% (per Ryan White Statewide Clinical Report Card) | Greater than 92% | If not currently meeting EHE goal, increase by 2.5% every 6 months |
| Medical visit two or more times, at least three months apart, in the measurement year | 84.75% (per Ryan White Statewide Clinical Report Card) | Greater than 84.75% | If not currently meeting EHE goal, increase by 2.5% every 6 months |

E. FUNDING RELATED GRANT REQUIREMENTS

EHE subrecipients awarded under this grant application shall:

1. Submit annually a projected annual Budget Narrative and Cost Allocation Plan (BNCAP) and Implementation Plan (IP) for the EHE funding at the beginning of each grant year. Required BNCAP and IP templates can be found in **Attachments 6 and 7**. The Budget Narrative and Cost Allocation Plan must include planned expenditures details on personnel (including each funded staff by title, name, salary, and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within state rates), contractual, other, and administration (admin expenditures must be itemized) including a clear description of the use of the funds.
2. If throughout the course of a grant year a budget revision is necessary and exceeds twenty-five percent (25%) of the amount allocated for a budget line item, the subrecipient must make a written request to DHEC for approval of the revision. The budget revision will not be authorized until the subrecipient receives written approval from DHEC. Budget revision templates can be found in **Attachment 6**.

3. Limit administrative charges to the grant to ten percent (10%) of expenditures. Administrative costs are costs associated with the administration of the RW Part B EHE program. Staff activities that are administrative in nature should be allocated to administrative costs. Subrecipient administrative activities include:
 - a. Usual and recognized overhead activities, including established indirect rates for agencies;
 - b. Management oversight of the subrecipient Ryan White Part B program;
 - c. Other types of program support such as quality assurance, quality control, and related activities (exclusive of RW HIV Program Clinical Quality Management)

4. While this list is not inclusive of all unallowable costs, EHE funds may not be used for the following:
 - a. International Travel
 - b. Construction
 - c. Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP)
 - d. Syringe Services Programs
 - e. Cash payment to intended recipient/client of RW services
 - f. Development of materials designed to promote or encourage, directly, intravenous drug use, or sexual activity
 - g. Funeral and burial expenses
 - h. Support for operating clinical trials
 - i. Support for criminal defense or for class action suits unrelated to access to services eligible for funding under the Ryan White legislation
 - j. Direct maintenance or any other expenses of a privately-owned vehicle
 - k. State and local taxes for personal property
 - l. Pet foods
 - m. Social/recreational activities if not provided on subrecipient premises
 - n. Marketing and promotion to general audiences
 - o. Vehicles
 - p. Start-up costs

5. Continually monitor the third-party reimbursement process and collect reimbursement. Charges that are billable to third party payers are unallowable for reimbursement with EHE Program funds.

6. Must have and maintain financial mechanisms for tracking of program expenditures and program income. Mechanisms must be in place for accurately tracking clients and expenditures. Program income must be used to further the Ryan White Part B program and can only be used in accordance with HRSA's Ryan White HIV/AIDS Program Part B requirements.

IV. INFORMATION FOR APPLICANTS TO SUBMIT/SCORING CRITERIA

Applicants should submit the following information for the purpose of evaluation and award determination. To be considered for an award, the application must include, at minimum, responses to the information requested in this section. Scoring points associated with each section are noted in parentheses. Applicants should restate each of the items listed below and provide their response immediately thereafter.

The applicant is to submit ONE (1) original and FOUR (4) bound hard copies.

ALL INFORMATION SHOULD BE PRESENTED IN THE LISTED ORDER:

COVER LETTER: Submit a cover letter, which includes:

1. Statement that the applicant is willing to perform the services as stated in the RFGA if awarded;
2. Statement that the applicant will comply with all requirements of the RFGA and the attached SubAward Agreement, if awarded;
3. A statement that the project(s) can be carried out for the amount requested;
4. The cover letter must be signed by a person having authority to commit the applicant to a subaward agreement.
5. The name and email address of the person to which the notification of award should be sent.

TABLE OF CONTENTS: Provide a *one-page* table of contents document that includes all the items listed below.

1. Eligibility Determination Documentation
2. Introduction of Proposed Project
3. EHE Program Methodology and Implementation
4. Resolution of Challenges
5. Reporting & Evaluation
6. EHE Budget Narrative and Cost Allocation

ELIGIBILITY DETERMINATION DOCUMENTATION:

1. Provide a statement that the organization is a current DHEC RWB Subrecipient.
2. Provide one annual Ryan White data report (CY2019 or CY2020). Data may be in the form of a summary data report such as a Client Summary Report from *Provide Enterprise (PE)* or a Ryan White Data or Services Report printed directly from another RSR-ready database (include the name of database) showing Outpatient Medical Services provided.
2. Provide a statement indicating that the applicant has the capacity to enter into a cost reimbursement grant agreement without prompt reimbursement from DHEC.
3. Submit a Budget Narrative and Cost Allocation Template with the application.
4. Submit a Certificate of Existence, also known as a Certificate of Good Standing, from the SC Secretary of State. This certificate states that an entity is in good standing with the SC Secretary of State's Office, and has, to the best of the SC Secretary of State's knowledge, filed all required tax returns with the SC Department of Revenue. The Certificate can be requested via: <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>
5. *Applicants who have ever had a DHEC subaward agreement/contract terminated for non-compliance:* Provide a description of the circumstances of the terminated subaward agreement/contract including: the DHEC subaward agreement/contract number, date of termination, reason for termination, and any changes within the applicant organization to ensure compliance with current and future subaward agreements/contracts.

INTRODUCTION (5 POINTS TOTAL)

Briefly describe the proposed project and a description of how the proposed activities will address the goals of the federal and SC EHE initiatives.

RYAN WHITE PART B EHE PROGRAM METHODOLOGY AND IMPLEMENTATION PLAN (70 POINTS TOTAL):

1. Complete an Implementation Plan (**Attachment 7**) showing the EHE funded services proposed to be provided and how many eligible PLWH are proposed to be served with each funded service for the time period July 19, 2021-February 28, 2022.

The following services may be funded:

- EHE Initiative Services (those not listed in PCN 16.02)
- Outpatient Ambulatory Services
- Health Education and Risk Reduction (including Peer Adherence and Patient Navigators, preferably peers)
- Medical Case Management
- Non-Medical Case Management
- Transportation
- Outreach

PLEASE NOTE: Organizations requesting funds for EHE Initiative Services must update the “Service Goal” and “Service Unit Definition” portion of the EHE Initiative Section of the Implementation Plan in addition to entering other information as required. EHE Initiative Services are those direct client services that will support rapid access to HIV medical care and ART initiation, as well as retention in care, for newly diagnosed or returning to care PLWH that are not specifically outlined in PCN 16.02. Examples may include rapid ART counseling, supported employment, digital medication reminder systems, etc.

In addition, if proposing to implement or expand rapid access to HIV medical care and ART, organizations may apply for up to an additional \$50,000 in funding for mental health and/or outpatient and/or residential substance use services.

These services must be offered as part of the development of a rapid continuum of care to reduce mental health and substance abuse barriers to accessing rapid care and treatment.

2. Describe the methodology for implementing rapid care and treatment, as follows:
 - a. Describe your organization’s process for accepting referrals for newly diagnosed and returning to care PLWH. And/or, if your organization provides testing on-site, describe the process to link newly diagnosed clients to medical care.
 - b. Explain how the organization plans to move from the current, average number of days from diagnosis/re-engagement in care, to the first medical visit, to the EHE goal of no more than three days to the first visit.
 - c. Explain how the organizations plan to implement ART initiation at the first medical visit following diagnosis/re-engagement in care by describing how the organization will provide immediate access to short-term ART supplies, while ADAP applications are pending, in order to support ART initiation during the first clinical visit for newly diagnosed or re-engaged individuals living with HIV (ex. Starter packs, 30 day vouchers from pharmaceutical companies).
 - d. If requesting funds for EHE Initiative Services (those not included in PCN 16.02), explain what these services are, how they will be delivered, and how these services will be used to support rapid engagement in care, rapid initiation of ART, and/or medication adherence.
 - e. If requesting funds for Health Education and Risk Reduction, including peer adherence and patient navigation, describe how these services will be used to support rapid engagement in care, rapid initiation of ART, as well as medication adherence.

- f. If requesting funds for medical case management or non-medical case management, explain how these funds will be used to return not in care PLWH to care and how they will obtain rapid access to medical care and ART initiation.
 - g. If requesting funds for transportation, explain how these funds will be used to return not in care PLWH to care and how they will obtain rapid access to medical care and ART initiation.
 - h. If requesting funds for outreach services, explain how these funds will be used to return not in care PLWH to care and how they will obtain rapid access to medical care and ART initiation.
 - i. If requesting funding for mental health and substance abuse services, explain how these funds will be used to support rapid engagement in care, rapid initiation, as well as medication adherence.
3. Describe the process the organization will use to ensure and document eligibility (those with a documented HIV diagnoses) for EHE funded services.
 4. Describe the organization's EHE staffing plan to provide the above EHE funded services and to administer the grant assuring compliance with all requirements listed in the RFGA. Submit job descriptions and biographical sketches (or resumes) of key personnel administering the grant and those providing services.
 5. Submit a proposed organizational chart of the EHE staffing plan.

RESOLUTION OF CHALLENGES (10 POINTS TOTAL)

1. Discuss challenges you are likely to encounter in designing and implementing the proposed activities.
2. Identify and describe the approaches that you will use to resolve such challenges.
3. Describe any needs for technical assistance for DHEC or other sources.

REPORTING AND EVALUATION (15 POINTS TOTAL)

The applicant must demonstrate the ability to meet the reporting requirements of the grant and evaluate the program.

1. Describe how the organization will meet the state and federal reporting requirements listed in the RFGA accurately and timely.
2. Describe how the organization will evaluate its services in accordance with the rapid care and treatment metrics described above.

ENDING THE HIV EPIDEMIC BUDGET NARRATIVE & COST ALLOCATION (Not scored. However, budget document must be submitted for the application to be reviewed.)

Provide an EHE Budget Narrative and Cost Allocation Plan. The plan must be submitted as part of the application but will not be scored. The budget documents will be reviewed to ensure a clear and understandable explanation of all costs in the budget narrative and a demonstration of project costs.

The budget should be for the period July 19, 2021-February 28, 2022.

APPLICATION SUBMISSION

Applicant shall submit a signed Cover Page and Application addressing all the above noted points.

Application must include one (1) original and four (4) copies of:

1. Signed Cover Letter (not scored)
2. Eligibility Documentation Determination (not scored)
3. Introduction (5 points)
4. EHE Program Methodology and Implementation Plan (70 points)
5. Resolution of Challenges (10 points)
6. Reporting and Evaluation (15 points)
7. EHE Budget Narrative and Allocation Plan (not scored)

Attachment 1

SC DHEC's Ending the HIV Epidemic Plan

<https://scdhec.gov/health/diseases-conditions/infectious-diseases/hiv-aids-sexually-transmitted-diseases/ryan-white-part-b-ending-hiv-epidemic-ehe>

Attachment 2

HRSA's Ryan White Service Definitions

<https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/RyanWhite/PartB/RWServiceDefinitions.pdf>

Attachment 3

South Carolina DHEC Ryan White Part B Standards

<https://scdhec.gov/sites/default/files/media/document/Ryan%20White%20Part%20B%20Service%20Standards%20December%202018.pdf>

Attachment 4

South Carolina Part B Medical Case Management Standards

https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/RyanWhite/PartB/Ryan%20White%20Part%20B%20Medical%20Case%20Management%20Standards_Final_6-27-18.pdf

Attachment 5

South Carolina Ryan White Part B Medical Case Management Qualifications and Training

All new hires for Ryan White Part B HIV Medical Case Manager and HIV Medical Case Management Supervisor positions must meet the following criteria:

HIV Medical Case Manager

An HIV Medical Case Manager must meet one (1) of the following qualifications:

1. Hold a master's degree from an accredited college or university in a human services field related to, Social Work, Sociology, Health Education, Child, and Family Development, Maternal and Child Health, Counseling, Psychology, or Nursing; or
2. Hold a bachelor's degree from an accredited school of social work; or
3. Hold a four-year degree from an accredited college or university in a human services field or related curriculum including at least fifteen (15) semester hours in courses related to social work or counseling and six (6) months of social work or counseling experience; or
4. Hold a four-year degree from an accredited college or university and one (1) year experience in counseling or in a related human services field with experience in techniques of counseling, casework, health education, group work, or community organization; or
5. Be a licensed Social Worker, Registered Nurse, Nurse Practitioner, or Certified Substance Abuse Counselor.

HIV Medical Case Management Supervisor

An HIV Medical Case Management Supervisor must meet one (1) of the following qualifications:

1. Hold a master's degree from an accredited college or university in a human services field related to, Social Work, Sociology, Health Education, Child and Family Development, Maternal and Child Health, Counseling, Psychology or Nursing, and one (1) year experience in direct service provision in a human services setting; or
2. Hold a bachelor's degree from an accredited school of social work and three (3) years of experience in case management or direct service provision in a human services setting; or
3. Hold a four-year degree from an accredited college or university in a human services field or related curriculum including at least fifteen (15) semester hours in courses related to social work or counseling and six (6) months of social work or counseling experience and three (3) years of experience in direct service provision in a human services setting; or
4. Hold a four-year degree from an accredited college or university and one (1) year experience in counseling or in a related human services field with experience in techniques of counseling, casework, health education, group work or community organization and three (3) years of experience in direct service provision in a human services setting; or

5. Hold a four-year degree from an accredited school of professional nursing and have a minimum of three (3) years of experience in direct service provision in a human services setting.
6. Be a licensed Social Worker, Registered Nurse, Nurse Practitioner, or Certified Substance Abuse Counselor and have three (3) years of experience working in human services.

Required Medical Case Manager Training

All newly hired Medical Case Managers and Supervisors must complete a minimum MCM Training regimen within twelve (12) months of their hire date. This includes:

- HIV 101
- New MCM Orientation & PE
- Benefits Navigation
- Basic Counseling

All Medical Case Managers and Supervisors must complete at least twelve (12) hours of continuing education in case management practices or HIV/AIDS each year. Guidance for determining appropriate continuing education opportunities will be provided SC DHEC. Documentation of completion of continuing education must be kept in the employee's personnel file.

Attachment 6

Ryan White Part B Program Budget Templates

<https://scdhec.gov/health/diseases-conditions/infectious-diseases/hiv-aids-sexually-transmitted-diseases/ryan-white-part-b-ending-hiv-epidemic-ehe>

Attachment 7

Ryan White Part B Program Implementation Plan Templates

<https://scdhec.gov/health/diseases-conditions/infectious-diseases/hiv-aids-sexually-transmitted-diseases/ryan-white-part-b-ending-hiv-epidemic-ehe>

Attachment 8

FEDERAL SUBAWARD BETWEEN SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL AND

Insert the Subrecipient's Full Legal Name as specified on W-9/SCEIS

This Federal Subaward shall be between the South Carolina Department of Health and Environmental Control (DHEC also known as Passthrough Entity) and *Insert the Subrecipient's Full Legal Name as specified on W-9/SCEIS* also known as Subrecipient. The parties to this Subaward agree as follows:

PURPOSE:

This subaward between DHEC and the Subrecipient is for the purpose of development and/or enhancement of *rapid* access to a comprehensive continuum of high-quality HIV medical care and expedited ART for people living with HIV. All program activities should be consistent with and support the primary goals of *Ending the HIV Epidemic: A Plan for America* and SC DHEC's *Ending the HIV Epidemic Plan* as outlined in FY2021-RFGA-HV-920 Request for Grant Applications (RFGA).

A. SCOPE OF SERVICES:

The Subrecipient agrees to serve as the "Project Sponsor" for *Insert Counties Served here* counties for funds administered by DHEC for the State of South Carolina from Health Resources & Services Administration (HRSA's) "Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program" (EHE). These funds are designed to be used to develop or enhance a rapid continuum of care and treatment protocol and procedures for PLWH newly diagnosed and re-entering care, including rapid entry or re-entry to care and ART medication initiation to meet the EHE metrics and reduce new HIV infections in SC.

The Subrecipient furthermore agrees to comply with all requirements in the Request for Grant Applications **FY2021-RFGA-HV-920 (Attachment I: Section I)** and agrees to operate the program and carry out eligible activities pursuant to the Health Resources & Services Administration (HRSA's) "Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program" (EHE), state and federal requirements and guidelines, the approved application, and the terms and conditions of this Subaward.

1. REQUIRED ACTIVITIES:

Subrecipient shall:

- a. Develop and implement a rapid continuum of care and treatment protocols and procedures for PLWH newly diagnosed and re-entering care, including rapid entry or re-entry to care and ART medication initiation to meet the EHE metrics as listed in the Request for Grant Applications. Those services included in the organization's implementation plan should be provided. Those services may include EHE initiative services (those not included in PCN 16.02), outpatient ambulatory health services, medical case management, non-medical case management, health education and risk reduction (including peer adherence and patient navigation preferably through the employment of peers), outreach, transportation, substance abuse services, residential substance abuse services, and mental health services.
- b. Provide a rapid continuum of care and treatment to newly diagnosed and returning to care people living with HIV residing in all counties of the service area for which the organization provides or pays for services with the goals for clients to rapidly enter medical care, remain in care, are rapidly prescribed anti-retroviral therapy, and strive to achieve and maintain viral suppression.

- c. Develop and submit to DHEC an annual narrative and cost allocation plan (BNCAP), and implementation plan (IP) using the DHEC required formats. A maximum of ten (10%) percent of subrecipient expenditures may be used for administrative costs.
- d. If any RWB services are funded with EHE funds, but not offered with other RWB funding, develop agency Service Standards for RWB EHE services provided. Standards should include at a minimum service eligibility, service process, and service caps. The standards should function to ensure that all clients at the agency are offered the same fundamental components of a given service and establish the minimum level of service of care that the EHE funded provider offers.
- e. Maintain strong partnerships in the service area between health departments, HIV prevention service providers, HIV care service providers, and community health centers as these are necessary in meeting the goals of the SC's Ending the HIV Epidemic Plan.
- f. Promote coordination and integration of community resources and services and address the needs of all affected populations. Maintain appropriate relationships with entities in the area being served that provide key points of access to the health care system for PLWH to facilitate early, rapid intervention for those individuals who are newly diagnosed and for those who know their status but are not currently in care. Subrecipient must show evidence of concrete collaborative relationships with providers of medical services, mental health services, and substance abuse services provided to people living with HIV. The provision of rapid care services to individuals newly diagnosed with HIV or identified as out of care by these partners is a key objective.
- g. Ensure Ryan White HIV/AIDS Program is the payer of last resort and vigorously pursue alternate payer sources. The subrecipient must make every effort to ensure that alternate sources of payments are pursued, and that program income is received, tracked, and used consistent with grant requirements. Subrecipient is required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, basic health plans, and private insurance.
- h. Certify that all clients served has a documented HIV diagnoses; thereby meeting the singular eligibility requirement for EHE services. All clients who are provided service (whether EHE or RWHAP) will be counted as an EHE client for mandatory tri-annual reporting purposes.
- i. Use *Provide Enterprise (PE)* for tracking and reporting program services. All funded services provided must be documented in *PE*.
- j. Have a grievance policy for the EHE Program. The grievance policy must be in writing and shared with EHE clients at the point of initial eligibility screening and annually thereafter. The policy must state that any grievance related to denial of services or a complaint about services received which is unresolved at the subrecipient level may be reported by the client to DHEC's STD/HIV Division by calling 800-856-9954 between the hours of 8:30AM-5:00PM Monday through Friday, excluding holidays. Further, the policy must state that grievances filed with DHEC will remain confidential, unless the client specifically requests that DHEC follow-up with the provider, and, there shall be no reprisal towards the client when grievances are made.
- k. As needed, the subrecipient will consult with the DHEC STD/HIV/Viral Hepatitis Program in developing programs/services and policies to assure compliance with EHE goals and objectives.

1. Agrees to share Rapid Care and Treatment protocols and best practices with other Ryan White Part B subrecipients including group and provider-to-provider level training and development of statewide tools to expand access to rapid care and treatment for PLWH in SC.

2. GRANT REQUIREMENTS:

Subrecipient shall:

- a. Adhere to HRSA's HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards, and any revisions made during the grant period, which can be found at:
<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>,
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>,
<http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>
- b. Adhere to SC DHEC's Ryan White Part B Program Service Standards, and any revisions made during the grant period. The standards function to ensure that all Ryan White Part B service providers offer the same fundamental components of a given service category across the state, establish the minimum level of service or care that a RW funded provider may offer, and ensure accessibility of services funded by or derived from RW Part B Program funding.
- c. Provide medical case management services as described in the Ryan White HIV/AIDS Program Services - i.e. 1) initial assessment of the service needs, 2) development of a comprehensive, individualized service plan, 3) coordination of the services required to implement the plan as well as 4) client monitoring to assess the efficacy of the plan and 5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. Adhere to the South Carolina Part B Medical Case Management Standards, and any revisions made during the grant period, including the requirement for all Medical Case Managers to complete the Medical Case Management Educational Training series and pass the final examination within eighteen (18) months of their employment start date. Adhere to the Medical Case Manager and Medical Case Manager Supervisor qualifications when hiring new staff.
- d. Adhere to the current HHS Treatment Guidelines are available at www.aidsinfo.nih.gov.
- e. Adhere to adopted clinical, treatment, and HIV care related guidelines for monitoring of performance and quality metrics.
- f. Participate in quality initiatives adopted by DHEC for services funded by EHE funds.
- g. Subrecipients providing Medicaid eligible services must be Medicaid certified.
- h. If the subrecipient desires to enter into contractual agreements with other entities for the provision of services, the subrecipient must first gain written prior approval from DHEC's STD/HIV/Viral Hepatitis Division. The contractual agreement must include the scope of work and terms and conditions related to the services they will provide to include all requirements in the parent grant agreement with DHEC. The subrecipient is responsible for providing oversight and monitoring to ensure entities receiving Ryan White Part B EHE Program funds follow all HRSA and DHEC grant agreements and reporting requirements as stated in this Subaward agreement with DHEC. If approved, DHEC will establish the monitoring profile in the HRSA Electronic Handbook (EHB). All subrecipients are required to submit an annual RSR directly to HRSA from PE.

- i. Retain all records with respect to all matters covered by this agreement in accordance with Subaward agreement Terms and Conditions.
- j. Allow HRSA and DHEC on-site for site visits and make records available upon request for financial, programmatic, quality management, and other topics, as required for monitoring purposes. Submit documentation of follow-up on all Corrective Actions, as indicated, until resolved.
- k. Permit and cooperate with any State or Federal investigation's undertaken regarding programs conducted under Ryan White Part B End the HIV Epidemic Initiative.
- l. Provide, upon request by HRSA or DHEC, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
 - 1. FINANCIAL MANAGEMENT: Financial records will be reviewed to assure compliance with generally accepted accounting requirements. The records should provide accurate, current, and complete disclosure of financial results. They must identify the source and application of funds and must be supported by invoices and other source documentation.
 - 2. PROGRAM PROGRESS: Review progress in providing Ryan White EHE services and expending funds.
- m. Document time and effort of staff funded with Ryan White Part B EHE Program funds demonstrating fiscal stewardship of Ryan White Part B EHE funds.
- n. If the subrecipient agency utilizes the 340B covered entity status available as a Ryan White Part B Program provider, allow DHEC to review the financial documentation of revenues and expenditures to ensure that 340B revenues are generated and utilized in compliance with HRSA requirements.
- o. Program income shall be monitored by DHEC, retained by the Subrecipient, and used to provide Ryan White HIV/AIDS Program (RWHAP) Part B services to eligible clients. Program income is gross income – earned by the Subrecipient directly generated by the grant-supported activity or earned as a result of the RWHAP Part B award. Subrecipient must have systems in place to account for program income and ensure tracking and use of program income consistent with HRSA's requirements. All program income generated as a result of awarded funds must be used for HRSA's Ryan White HIV/AIDS Program Part B approved project-related activities. For additional information regarding program income, reference the HAB Policy Notices: PCN 15-03 and the Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04 found at: <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>
- p. Responsible for all matters pertaining to applicable HIPAA, data security, and confidentiality, including references in the Grant Agreement.

3. GRANT REPORTING AND MONITORING REQUIREMENTS (FINANCIAL, PROGRAMMATIC, AND MONITORING):

The subrecipient will provide programmatic, demographic, and financial reports as requested by the STD/HIV Division.

Reporting requirements, which are subject to change during the grant period, include:

- 1. ANNUAL REPORTING:

EHE data will be included in the annual calendar year RSR submission.

2. QUARTERLY FINANCIAL REPORTS:

Quarterly Financial Reports identifying the amount of funds received and the amount expended for each category of services provided are required to be submitted to DHEC quarterly. Quarterly Financial Reports on the required templates are due 15 days after the end of each quarter.

3. TRI-ANNUAL REPORTS - Submission of service provision data through HRSA's Electronic Handbook will be required on a tri-annual basis. And, submission of progress report including updates on staffing, progress on goals, key accomplishments, barriers encountered, and how they are resolved, and responses to summary questions regarding overall impact.

4. FUNDING-RELATED GRANT REQUIREMENTS:

Subrecipients shall:

1. Submit an annual Budget Narrative and Cost Allocation Plan. The Budget Narrative and Cost Allocation Plan must include planned expenditures details on personnel (including each funded staff by title, name, salary, and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within state rates), contractual, other, and administration (admin expenditures must be itemized) including a clear description of the use of the funds.
2. If throughout the course of a grant year a budget revision is necessary and exceeds twenty-five percent (25%) of the amount allocated for a budget line item, the subrecipient must make a written request to DHEC for approval of the revision. The budget revision will not be authorized until the subrecipient receives written approval from DHEC.
3. Limit administrative charges to the grant to ten percent (10%) of expenditures. Administrative costs are costs associated with the administration of the RW Part B program. Staff activities that are administrative in nature should be allocated to administrative costs. Subrecipient administrative activities include:
 1. Usual and recognized overhead activities, including established indirect rates for agencies;
 2. Management oversight of the subrecipient Ryan White Part B EHE program;
 3. Other types of program support such as quality assurance, quality control, and related activities (exclusive of RW HIV Program Clinical Quality Management)
4. While this list is not inclusive of all unallowable costs, EHE funds may not be used for the following:
 - International Travel
 - Construction
 - Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP)
 - Syringe Services Programs
 - Cash payment to intended recipient/client of RW services
 - Development of materials designed to promote or encourage, directly, intravenous drug use or sexual activity
 - Funeral and burial expenses
 - Support for operating clinical trials
 - Support for criminal defense or for class action suits unrelated to access to services eligible for funding under the Ryan White legislation
 - Direct maintenance or any other expenses of a privately-owned vehicle
 - State and local taxes for personal property

- Pet foods
 - Social/recreational activities if not provided on subrecipient premises
 - Marketing and promotion to general audiences
 - Vehicles
 - Start-up costs
5. Continually monitor the third-party reimbursement process and collect reimbursement. Charges that are billable to third party payers are unallowable for reimbursement with EHE Program funds.
 6. Must have and maintain financial mechanisms for tracking of program expenditures and program income. Mechanisms must be in place for accurately tracking clients and expenditures. Program income must be used to further the Ryan White Part B program and can only be used in accordance with HRSA's Ryan White HIV/AIDS Program Part B requirements.

B. SOURCE OF FUNDING and AMOUNT:

The current amount of funding per this Subaward is \$ **Enter dollar value** from the following sources:

1. **Source of Funds 1 (SOF1): “RWB Ending the Epidemics Federal Funding”**
 - a. RWB Ending the Epidemics Federal Funding: \$ **Enter dollar value**

Unless otherwise negotiated with DHEC, the total amount to be paid under this Subaward for services rendered under Section A will not exceed \$ **Enter dollar value**, dependent upon federal funding availability.

Annual funding awards are contingent upon funding availability from HRSA and service priorities. Federal funding level may change from year-to-year, as a result, Subaward amounts are subject to change annually.

No carryforward of funds will be allowed between years.

Attachment II - SOF1 contains the federal award identification information as required by 2 CFR §200.331 (a) (1) and is incorporated into this Subaward.

C. PROJECT PERIOD:

The project period for SOF1 “RWB Ending the HIV Epidemic Federal Funding” begins on **July 19, 2021** and ends on **February 28, 2025**.

D. PERIOD OF PERFORMANCE:

This Subaward shall become effective on **July 19, 2021 or whenever all parties have signed**, whichever is later and ends on **February 28, 2022**.

This Subaward is renewable for three (3) additional one-year period. At the end of the initial term, and at the end of each renewal term, this Subaward shall automatically renew for a period of one year, unless Subrecipient receives notice that the state elects not to renew the Subaward at least thirty (30) days prior to the date of renewal. Regardless, this Subaward expires no later than the last date of the maximum Subaward period which is **February 28, 2025**. Only work done in accordance with the effective dates of the Subaward will be compensated.

E. COMPENSATION:

1. **BUDGET:** Compensation will only be made for allowable costs consistent with the approved budget incorporated into this Subaward.
2. **INDIRECT COST:** If the Subrecipient utilizes an approved federally negotiated indirect cost rate, the Subrecipient must provide a copy of the approved indirect cost rate letter from its federal cognizant agency. Any Subrecipient that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as the Subrecipient chooses to negotiate a rate, which the non-Federal entity may do at any time. If chosen, the Subrecipient must submit the breakdown of the MTDC to DHEC. HRSA restricts administrative costs, which include indirect costs, to 10% of expenditures.
3. **PRIOR APPROVALS:** The Subrecipient must obtain prior approval before obligating or expending Subaward funds for equipment, permanent improvements, or any purchase above the simplified acquisition threshold. The simplified acquisition threshold is adjusted periodically for inflation. The current amount is \$150,000. Please refer to the applicable Federal Acquisition Regulations (FAR) found at <https://www.acquisition.gov/sites/default/files/current/far/pdf/FAR.pdf>.

No revisions over 25% per line item (either operating line item or service category line item) to the approved budget may be made without prior written approval from DHEC.

Subrecipient shall not subcontract any of the work or services covered by this Subaward without DHEC's prior written approval.

Subrecipient must obtain approval prior for the sale or replacement of any equipment purchased under this subaward.

Out-of-state travel may be eligible for reimbursement only if approved in advance in writing.

Gift cards are eligible for reimbursement only if approved in advance in writing.

4. **PROHIBITED ITEMS:** No Subaward funds may be used for the purchase of real property.
5. **TRAVEL:** Reimbursement of Subrecipient's travel expenses, including mileage and subsistence (meals), incurred in connection with the services under this Subaward will be limited to the standard rates for State employee travel in effect during the period of this Subaward and will be included within the maximum amount of the Subaward. The standard rates for mileage and subsistence can be found at <https://cg.sc.gov/guidance-and-forms-state-agencies/travel-forms-and-mileage-rate>. All rates are subject to the Office of the Comptroller General's policies and procedures in effect for the calendar year and are subject to change annually.

Reimbursement for room and board will be at the established federal Government Services Administration (GSA) rate or below for the area of travel. The standard GSA rates for hotels can be found at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. All rates are updated and published each federal fiscal year and are subject to seasonal fluctuations. GSA rates must be verified prior to making each reservation. Please refer to the attachment "DHEC OVERVIEW OF STATE OF SC TRAVEL REIMBURSEMENT POLICIES FOR VENDORS AND SUBRECIPIENTS" for details on travel reimbursement policies (*Attachment IV*).

The Subrecipient must submit lodging receipts showing a zero balance when seeking reimbursement. Out-of-state travel may be eligible for reimbursement only if approved in advance in writing. The request for approval must include a breakdown of all proposed travel expenses including, but not limited to, airfare, registration, and lodging and an explanation of how the travel is related to the activities described in the Scope of Services.

DHEC can provide a letter to the Subrecipient stating that the Subrecipient is performing work on behalf of DHEC under Subaward No. **subaward number** and that the Subrecipient is eligible and authorized to receive government rates or discounts as provided to State employees. However, this letter does not guarantee that the hotel/motel will honor the government rate.

6. **EQUIPMENT:** Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the \$5,000 capitalization level. DHEC retains title to all equipment purchased under this Subaward.

F. METHOD OF PAYMENT: The Subrecipient shall submit a monthly request for payment (invoice) for services rendered as outlined in the Scope of Services and approved budget. Reimbursement will be for actual allowable costs incurred and must be consistent with the approved budget incorporated into this Subaward. Only expenditures obligated during the Subaward period of performance can be submitted for reimbursement. The invoice should be received by DHEC within fifteen (15) days after the end of each month. Please refer to the attachment “SUBAWARD INVOICES AND SUPPORTING DOCUMENTATION” for details on invoice submission and supporting documentation (*Attachment V*). Email requests for payment must be sent to RWBEHEInvoices@dhec.sc.gov.

G. ACCESS TO RECORDS:

The Subrecipient must permit DHEC and auditors to have access to the Subrecipient’s records and financial statements in order to meet the requirements of the Subaward. The Subrecipient must allow DHEC and auditors to attend activities and events paid for or sponsored from this Subaward. The Subrecipient must allow DHEC to inspect or monitor in person, activities performed in accordance with the scope of services and paid for or sponsored from this Subaward.

H. CLOSEOUT OF SUBAWARD:

Subrecipient is responsible for implementing the necessary administrative actions to close-out the Subaward. Administrative actions may include but are not limited to:

- liquidate all obligations
- expenditure adjustments +/-
- refunding unobligated cash balances
- financial reporting
- program performance reporting
- accounting for real and personal property if applicable
- patent and invention certifications if applicable
- records retention
- perform audits

I. SUBRECIPIENT AUDIT REQUIREMENTS:

Subrecipients, except for-profit entities, must submit a certification of total federal grant expenditures upon request from DHEC. If Subrecipient expends \$750,000 or more in federal awards from all sources during the

fiscal year, Subrecipient must have a single or program-specific audit conducted for that fiscal year, in accordance with the provisions of 2 CFR Part 200, Subpart F. The Subrecipient is responsible initiating the process to implement the audit.

Entities which are audited as part of the State of South Carolina Statewide Single Audit are required to furnish the auditor's report on findings and the Subrecipient's corrective action plan. The Subrecipient shall complete and submit the audit within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. Subrecipient agrees to send one copy of any audit conducted under the provisions of 2 CFR Part 200, Subpart F, to:

SC Department of Health and Environmental Control
Kimberly O. Paradeses, Finance Director
Bureau of Financial Management
2600 Bull Street
Columbia, SC 29201

Or, Email to: GrantsMgt@dhec.sc.gov

Non-federal entities that expend less than \$750,000 a year in total federal awards, from all sources, are exempt from the Federal audit requirements of 2 CFR Part 200, Subpart F for that year, but records must be available for review or audit by appropriate officials of the federal agency, pass-through entity, and General Accounting Office (GAO).

A Subrecipient is prohibited from charging the cost of an audit to federal awards if the Subrecipient expended less than \$750,000 from all sources of federal funding in the Subrecipient's fiscal year. If the Subrecipient expends less than \$750,000 in federal funding from all sources in the Subrecipient's fiscal year, but obtains an audit paid for by non-federal funding, then DHEC requests a copy of that audit to be sent to:

SC Department of Health and Environmental Control
Kimberly O. Paradeses, Finance Director
Bureau of Financial Management
2600 Bull Street
Columbia, SC 29201

Or, Email to: GrantsMgt@dhec.sc.gov

For-profit Subrecipients are exempt from the audit requirements set forth in 2 CFR §200.501 Audit Requirements. In all such cases DHEC requires submission of an audited financial statement. DHEC reserves the right to request pre-award audits and post-award audits in addition to monitoring during the agreement.

In all cases the Subrecipient is expected to promptly address audit findings through a corrective action plan. Failure to follow up or make corrective action can lead to a delay in payments, disallowed costs, suspension of the Subaward, prohibition from future awards.

J. TERMS AND CONDITIONS:

The Subrecipient is responsible for the efficient and effective administration of the federal subaward through the application of sound management practices. The Subrecipient is responsible for administering federal funds in manner consistent with the underlying agreements, program objectives, and the terms and conditions of the federal award. The Subrecipient is responsible for understanding and maintaining compliance with 2

CFR 200 “Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.”

1. **2ND TIER SUBAWARDS:** Subrecipient shall not subcontract any of the work or services covered by this Subaward without DHEC's prior written approval.
2. **ASSIGNMENT:** Subrecipient cannot assign nor transfer the Subaward or any of its provisions without DHEC's written consent. Any attempted assignment or transfer not in compliance with this provision is null and void. A change in ownership of Subrecipient is considered an assignment.
3. **ANNUAL RISK ASSESSMENT SURVEY:** On an annual basis, Subrecipient will be required to complete and return a risk assessment survey.
4. **AUDIT VERIFICATION:** On an annual basis, Subrecipient will be required to complete and return a statement verifying subrecipient’s status as to the single audit requirement.
5. **AUDIT RESULTS:** If a single audit, program specific audit or agreed upon procedures engagement is conducted, Subrecipient will be required to submit the full text of the Schedule of Findings and Questioned Costs or the Auditors Report with the Corrective Action Plan.
6. **FFATA:** Funding for this subaward may be subject to the Federal Funding Accountability and Transparency Act (FFATA).

If the annual value of this subaward is equal to or greater than \$25,000 at any time during this subaward period of performance, Subrecipient is required to complete and return the attached Subaward FFATA checklist.

If Subrecipient is required to complete the FFATA checklist DO NOT enter this information into the Federal Reporting database. DHEC maintains that responsibility.

7. **SAM (System for Award Management):**
On an annual basis, Subrecipient is required to maintain an active registration in SAM. Failure to comply may result in a suspension of payments and possibly a termination of the subaward.
8. **MINORITY BUSINESS:** Subrecipient must make positive efforts to use small and minority owned businesses and individuals.
If the Subrecipient is a hospital, the following statement may be used:
Does the hospital have a minority utilization plan? Yes ___ No ___
If response is no, is the hospital in the process of developing a plan?
Yes ___ No ___
9. **SUBCONTRACTORS:** Contractor shall not subcontract any of the work or services covered by this Contract without DHEC’s prior written approval.
10. **AMENDMENTS:** The Subaward may only be amended by written agreement of all parties, which must be executed in the same manner as the Subaward.
11. **RECORD KEEPING, AUDITS, & INSPECTIONS:** Subrecipient shall create and maintain adequate records to document all matters covered by this Subaward. Subrecipient shall retain all such records for three (3) years or other longer period required by law after the end of the Subaward period and make

records available for inspection and audit at any time DHEC deems necessary. If any litigation, claim, or audit has begun but is not completed, or if audit findings have not been resolved at the end of the three-year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken. Subrecipient shall allow DHEC to inspect facilities and locations where activities under this Subaward are to be performed on reasonable notice. Unjustified failure to produce any records required under this paragraph may result in immediate termination of this Subaward with no further obligation on the part of DHEC.

Subrecipient must dispose of records containing DHEC confidential information in a secure manner such as shredding or incineration once the required retention period has ended. Confidential information means information known or maintained in any form, whether recorded or not, consisting of protected health information, other health information, personal information, personal identifying information, confidential business information, and any other information required by law to be treated as confidential, designated as confidential by DHEC, or known or believed by Subrecipient or Subrecipient's employee or agent to be claimed as confidential or entitled to confidential treatment.

Subrecipient is responsible for the creation and maintenance of its own records in accordance with professional standards and for compliance with HIPAA, the South Carolina Physicians' Patient Records Act, and other laws. DHEC assumes no responsibility for the creation, maintenance, completeness, or accuracy of Subrecipient's records, or for compliance of any person or entity other than DHEC with HIPAA, the South Carolina Physicians' Patient Records Act, or other laws.

12. TERMINATION:

- a. Either party may terminate this Subaward by providing thirty (30) calendar days written notice of termination to the other party.
- b. DHEC funds for this Subaward are payable from federal sources. If funds are not granted or otherwise available to DHEC to pay the charges or fund activities under this Subaward, it shall terminate without any further obligation by DHEC upon written notice to Subrecipient. Unavailability of funds will be determined in DHEC's sole discretion. DHEC has no duty to reallocate funds from other programs or funds not granted specifically for the purposes of this Subaward.
- c. DHEC may terminate this Subaward for cause, default or negligence on the Subrecipient's part at any time without thirty days advance written notice. Failure to comply with the terms and conditions of this subaward may result in a delay in payment, request for additional documentation, audit, termination of the subaward and prohibition of receiving additional awards from DHEC. DHEC may, at its option, allow Subrecipient a reasonable time to cure the default before termination.

13. NON-DISCRIMINATION: No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this Subaward on the grounds of race, religion, color, sex, age, national origin, disability, or any other basis prohibited by law. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.

14. INSURANCE: During the term of this Subaward, Subrecipient will purchase and maintain from a company or companies lawfully authorized to do business in South Carolina, such insurance as will protect Subrecipient from the types of claims which may arise out of or result from the Subrecipient's activities under the Subaward and for which Subrecipient may be legally liable. The insurance required by this provision must be in a sufficient and reasonable amount of coverage and include, at a minimum, professional liability and/or malpractice insurance covering any professional services to be performed

under the Subaward, and general liability insurance. If coverage is claims-based, Subrecipient must maintain in force and effect any "claims made" coverage for a minimum of two years after the completion of all work or services to be provided under the Subaward. Subrecipient may be required to name DHEC on its insurance policies as an additional insured and to provide DHEC with satisfactory evidence of coverage. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its own employees.

15. **DRUG FREE WORKPLACE:** By signing this Subaward, Subrecipient certifies that it will comply with all applicable provisions of The Drug-free Workplace Act, S. C. Code of Laws, Section 44-107-10 et seq., as amended.
16. **STANDARD OF CARE:** Subrecipient will perform all services under this Subaward in a good and workmanlike manner and with at least the ordinary care and skill customary in the profession or trade. Subrecipient and Subrecipient's employees will comply with all professional rules of conduct applicable to the provision of services under the Subaward.
17. **NON-INDEMNIFICATION; LIMITATION ON TORT LIABILITY:** Any term or condition of this Subaward or any related agreements is void to the extent it: (1) requires DHEC to indemnify, hold harmless, defend, or pay attorney's fees to anyone for any reason; or (2) would have the purpose or effect of increasing or expanding any liability of the State or its agencies or employees for any act, error, or omission subject to the South Carolina Tort Claims Act, whether characterized as tort, contract, equitable indemnification, or any other theory or claim.
18. **RELATIONSHIP OF THE PARTIES:** Neither party is an employee, agent, partner, or joint venturer of the other. Neither party has the right or authority to control or direct the activities of the other or the right or authority to bind the other to any agreement with a third party or to incur any obligation or liability on behalf of the other party, unless expressly authorized in this Subaward. Neither party assumes any liability for any claims, demands, expenses, liabilities, or losses that may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services under this Subaward.
19. **CHOICE OF LAW:** The Subaward, any dispute, claim, or controversy relating to the Subaward and all the rights and obligations of the Parties shall, in all respects, be interpreted, construed, enforced and governed by and under the laws of the State of South Carolina, except its choice of law rules.
20. **DISPUTES:** All disputes, claims, or controversies relating to the Subaward shall be resolved in accordance with the South Carolina Procurement Code, S.C. Code Section 11-35-10 *et seq.*, to the extent applicable, or if inapplicable, claims shall be brought in the South Carolina Court of Common Pleas for Richland County or in the United States District Court for the District of South Carolina, Columbia Division. By signing this Subaward, Subrecipient consents to jurisdiction in South Carolina and to venue pursuant to this Subaward. Subrecipient agrees that any act by DHEC regarding the Subaward is not a waiver of either sovereign immunity or immunity under the Eleventh Amendment of the United States Constitution and is not a consent to the jurisdiction of any court or agency of any other state.
21. **DEBARMENT:** Subrecipient certifies that it has not been debarred suspended, proposed for debarment, or declared ineligible for the award of contracts or grants by any state, federal or local agency. This certification is a material representation of fact upon which reliance was placed when entering into this Subaward. If it is later determined that the Subrecipient knowingly or in bad faith rendered an erroneous certification, DHEC may terminate the Subaward for cause in addition to other remedies available.

22. **SERVICE OF PROCESS:** Subrecipient consents to service of process by certified mail (return receipt requested) to the address provided as the Subrecipient's Notice Address herein, or by personal service or by any other manner that is permitted by law, in or outside South Carolina. Notice by certified mail is deemed effective when received.
23. **NOTICE:** All notices under this Subaward may be given by personal delivery, fax or email (with confirmed receipt), or express, registered, or certified mail, FedEx or other common express delivery service, return receipt requested, postage prepaid, and addressed as indicated below (or to such other persons, addresses and fax numbers as a party may designate by notice to the other parties). Notice shall be effective when received or, if delivery by mail or other delivery service is refused, then upon deposit in the mail or other delivery service.

SUBRECIPIENT:

Name

Address

Telephone

Fax

Email

DHEC:

Leigh Oden, Program Manager
SC DHEC – STD/HIV Division
Box 101106
Columbia, SC 29211
Telephone: (803) 898 - 0650
Fax: (803) 898 - 7683
Email: odenl@@dhec.sc.gov

If any individual named above is no longer employed by the party in the same position at the time notice is to be given, and the party has failed to designate another person to be notified, then notice may be given to the named person's successor, if known, at the same address.

24. **COMPLIANCE WITH LAWS:** Subrecipient shall comply with all applicable laws and regulations in the performance of this Subaward.
25. **THIRD PARTY BENEFICIARY:** This Subaward is made solely and specifically among and for the benefit of the Parties, and their successors and assigns, and no other person will have any rights, interest, or claims or be entitled to any benefits under or on account of this Subaward as a third-party beneficiary or otherwise.
26. **INSOLVENCY, BANKRUPTCY, DISSOLUTION:** (a) Notice. Subrecipient shall notify DHEC in writing within five (5) business days of the initiation of insolvency, receivership, or bankruptcy proceedings, whether voluntary or involuntary, and not less than thirty (30) calendar days before dissolution or termination of business. Notification shall include, as applicable, the date the petition was filed, anticipated date of dissolution or closure of business, identity of the court in which the petition was filed, a copy of the petition, and a listing of all State contracts/grants against which final payment has not been made. This obligation remains in effect until completion of performance and final payment under this Subaward. (b) Termination. This Subaward is voidable and subject to immediate termination by DHEC upon Subrecipient's insolvency, appointment of a receiver, filing of bankruptcy proceedings, making an assignment for the benefit of creditors, dissolution (if an organization), death (if an individual),

or ceasing to do business.

27. **SEVERABILITY:** The invalidity or unenforceability of any provision of this Subaward shall not affect the validity or enforceability of any other provision, which shall remain in full force and effect.
28. **WAIVER:** DHEC does not waive any prior or subsequent breach of the terms of this Subaward by making payments on the Subaward, by failing to terminate the Subaward for lack of performance, or by failing to enforce any term of the Subaward. Only the DHEC Contracts Manager has actual authority to waive any of DHEC's rights under this Subaward. Any waiver must be in writing.
29. **PLACE OF CONTRACTING:** This Subaward is deemed to be negotiated, made, and performed in the State of South Carolina.
30. **ATTACHMENTS/ENTIRE AGREEMENT:** attachments, addenda, or other materials attached to the Subaward are specifically incorporated into and made part of this contract. This Subaward, with all attachments, represents the entire understanding and agreement between the parties with respect to the subject matter of this contract and supersedes all prior oral and written and all contemporaneous oral negotiations, commitments and understandings between such parties. The terms of this contract take priority over any conflicting or inconsistent terms of any other document, invoice, or communication between the parties.
 - Attachment I: FY2021-RFGA- HV-920
 - Attachment II: Subaward Source of Funding
 - Attachment III: FFATA Data Checklist for Source of Funding
 - Attachment IV: DHEC Overview of State SC Travel Reimbursement Policies for Vendors and Subrecipients
 - Attachment V: Subaward Invoice and Supporting Documentation
 - Attachment VI: Subrecipient Certification of Compliance
31. **CONFLICT OF INTEREST:** Subrecipient's execution and performance of this Agreement do not violate or conflict with any other obligation of Subrecipient. Subrecipient must disclose in writing to DHEC any potential conflicts of interest whether existing at the time of or arising after execution of this Agreement. Subrecipient must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by this award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. Subrecipient's officers, employees, and agents may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, Subrecipient may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by Subrecipient's officers, employees, or agents.

If Subrecipient has a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe, Subrecipient must also maintain written standards of conduct covering organizational conflicts of interest. Organizational conflicts of interest means that because of relationships with a parent company, affiliate, or subsidiary organization, Subrecipient is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization.

32. PREVENTING AND REPORTING, FRAUD, WASTE AND ABUSE: DHEC has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or contractor shall direct, participate in, approve, or tolerate any violation of federal or state laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other "whistleblower" statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the federal and State laws prohibiting false claims and DHEC's policies and procedures regarding false claims may be obtained from DHEC's Contracts Manager or Bureau of Business Management.

Any employee, agent, or contractor of DHEC who submits a false claim in violation of federal or State laws will be reported to appropriate authorities.

If Subrecipient or Subrecipient's agents or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-free at 1-866-206-5202. Subrecipient is required to inform Subrecipient's employees of the existence of DHEC's policy prohibiting FWA and the procedures for reporting FWA to the agency. Subrecipient must also inform Subrecipient's employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

33. OTHER REPRESENTATIONS OF SUBRECIPIENT:

Subrecipient represents, warrants, and covenants:

- a. Subrecipient has and will maintain the professional, technical, logistical, financial, and other ability to perform its obligations under this Subaward.
- b. Subrecipient's execution and performance of this Subaward do not and will not violate or conflict with any other obligation of Subrecipient.
- c. Subrecipient has no conflict of interest with its obligations under this Subaward.
- d. Subrecipient has not initiated or been the subject of insolvency, receivership, or bankruptcy proceedings, whether voluntary or involuntary, within the last seven years.
- e. Subrecipient has not previously been found in breach or default of any government contract or grant and is not the subject of any investigation (to its knowledge) or pending litigation for breach or default of any government contract or grant, except as disclosed in Exhibit _____.
- f. Subrecipient is not and has not been subject to a Corporate Integrity Agreement within the last seven years, except as disclosed in Exhibit _____.

- g. Subrecipient is a *[specify entity type, e.g., corporation/limited liability company/other _____]* duly organized, validly existing and in good standing under the laws of _____ and authorized to transact business in South Carolina, with full power and authority to execute and perform its obligations under this Subaward.

34. LOBBYING:

- a. Subrecipients who receive federal funds pursuant to this agreement, are prohibited from using any of the federal funds to engage in lobbying activities and must adhere to applicable statutes and regulations as a condition of receiving the federal funds. These prohibited activities include both direct and "grass roots" lobbying at the federal, state, and local levels, legislative and executive functions.
- b. No part of any grant or contract funds will be used to pay the salary or expenses of any person related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. This prohibition shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- c. 31 U.S.C. § 1352 certification (45 CFR Part 93).
The undersigned certifies, to the best of his or her knowledge and belief, that:
- I. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- II. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- III. The undersigned shall require that the language of this certification be included in the award documents for all Subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required

certification shall be subject to a civil penalty of not less than \$20,489 and not more than \$204,892 for each such failure.

35. **PROVIDER-PATIENT RELATIONSHIP:** DHEC does not, by virtue of entering into or performing this Subaward, assume a provider-patient relationship with any person with whom DHEC does not otherwise have such a relationship. Persons receiving services from Subrecipient will be deemed Subrecipient's patients.

36. **SPECIAL SECURITY REQUIREMENTS:**

- a. Individuals served by Subrecipient are Subrecipient's clients, not DHEC clients, and therefore Subrecipient is responsible for creating and maintaining client records and for all matters pertaining to HIPAA and data security and confidentiality.
- b. Subrecipient must:
 - i. Adhere to CDC's Data Security and Confidentiality Guidelines (*Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (Atlanta, GA: U.S. DHHS, Centers for Disease Control and Prevention; 2011 (<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>) including any amendments;
 - ii. Submit annually a certification of compliance in the form attached (Attachment II) assuring compliance with the standards; and
 - iii. Ensure that staff members and Subrecipients with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.
- c. DHEC may at any time review and audit all Subrecipient files and records for matters pertaining to the funded services, including Subrecipient's compliance with CDC's Data Security and Confidentiality Guidelines. Subrecipient must make medical records, files, or other documentation available to DHEC upon request.
- d. Subrecipient must manage all breaches of protected health information (PHI) or personally identifiable information (PII) in compliance with applicable law. Subrecipient must notify DHEC immediately upon discovery of any breach. If the breach relates to CDC funded services, Subrecipient must also notify CDC within one (1) hour of the discovery.

37. **CONFIDENTIALITY:**

- a. Subrecipient will comply with all confidentiality obligations under federal and state laws and DHEC policies and requirements including but not limited to the Federal Educational Rights and Privacy Act, 20 U.S.C. §1232g, and the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-92, as amended, and regulations (45 CFR Parts 160 and 164), as applicable. Confidential information means information known or maintained in any form, whether recorded or not, consisting of protected health information, other health information, personal information, personal identifying information, confidential business information, and any other information required by law to be treated as confidential, designated as confidential by DHEC, or known or believed by Subrecipient or Subrecipient's employee or agent to be claimed as confidential or entitled to confidential treatment.
- b. Subrecipient will not, unless required to perform its responsibilities under this Contract or required by

law (as determined by a court or other governmental body with authority):

- i. access, view, use, or disclose confidential information without written authorization from DHEC;
 - ii. discuss confidential information obtained in the course of its relationship with DHEC with any other person or in any location outside of its area of responsibility in DHEC; or
 - iii. make any unauthorized copy of confidential information or remove or transfer this information to any unauthorized location or media.
- c. Subrecipient will direct any request it receives for confidential information obtained through performance of services under this Subaward, including a subpoena, litigation discovery request, court order, or Freedom of Information Act request, to the DHEC Contracts Manager and DHEC Office of General Counsel as soon as possible, and in every case within one business day of receipt. If Subrecipient discloses confidential information pursuant to a properly completed authorization or legal process, order, or requirement, Subrecipient must document the disclosure and make the documentation and authorization available for DHEC inspection and audit.
- d. Subrecipient must ensure that its employees, agents, and subcontractors who may have access to DHEC confidential information are aware of and comply with these confidentiality requirements. Subrecipient must ensure that any release of confidential information is limited to the minimum necessary to meet its obligations under this Subaward and applicable law. If Subrecipient is a business associate and will or may have access to any Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-92, as amended, and regulations (45 CFR Parts 160 and 164), Contractor will sign and comply with DHEC's Business Associate Agreement (DHEC Form 0854) and protect PHI in compliance with HIPAA. DHEC may, in its discretion, require Subrecipient and Subrecipient's employees, agents, and subcontractors to sign DHEC Form #321A, the DHEC Contractor Confidentiality Agreement, to protect information contained in a particular DHEC program area.
- e. Subrecipient must immediately notify the DHEC Compliance Officer at 803-898-3350; 1-888-843-3718, compliance@dhec.sc.gov, and the DHEC Contracts Manager of any unauthorized use or disclosure of confidential information received under this Subaward. Subrecipient will promptly notify DHEC of any suspected or actual breach of security of an individual's personal identifying information under S.C. Code Section 1-11-490 and will assist DHEC in responding to the breach and fulfilling its notification obligations under applicable law, including S.C. Code Section 1-11-490.
- f. Subrecipient's obligations under this provision and any other agreements concerning confidentiality shall survive termination, cancellation, or expiration of the Subaward.
- g. Subrecipient must treat **all** information, documents, and electronically stored information received from or through DHEC or generated by Subrecipient or DHEC in connection with the performance of this Subaward as confidential information and must not disclose any such information or documents except as permitted by the Subaward, and except to the extent DHEC authorizes the disclosure in writing or the disclosure is required by law (as determined by a court or other governmental body with authority).

38. **HIPAA TRAINING:** Before participating in any DHEC clinical activity or rendering any service to DHEC and its clients under this Subaward, Subrecipient its employees/agents will be educated and trained regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related

regulations pertaining to the privacy and security of protected health information (the HIPAA Privacy Rule.) Subrecipient will provide documentation of successful completion of this training to the Contracts Manager before initiating performance of this Subaward. If this training has not been conducted, or documentation of training has not been provided, Subrecipient and its employees/agents will be required to receive necessary instruction using DHEC's e-learning system before initiating performance of this Subaward.

39. **INFORMATION SECURITY AWARENESS TRAINING:** Before any DHEC Information System access can be granted, Subrecipient must ensure that its employees and agents have been educated and trained regarding information security awareness pertaining to information and cyber security. Subrecipient will provide documentation of successful completion of this training to the Contracts Manager before initiating performance of this Subaward. If this training has not been conducted, or documentation of training has not been provided, Subrecipient and its employees/agents will be required to receive necessary instruction using DHEC's e-learning system before initiating performance of this Subaward.
40. **CERTIFICATION OF DESTRUCTION OF AGENCY DATA:** At the termination of this Subaward, Subrecipient will provide DHEC, in writing, certification that all DHEC data provided to the Subrecipient has been removed from all Subrecipient systems, backups, media and electronic storage mechanisms at all locations and/or under the control of the Subrecipient. This includes all original data files, copies made of the data files, derivatives or subsets of the data files and any manipulated data files.
41. **SURVIVAL OF OBLIGATIONS:** The Parties' rights and obligations which, by their nature, would continue beyond the termination, cancellation, rejection, or expiration of this Subaward shall survive such termination, cancellation, rejection, or expiration, including, but not limited to, the rights and obligations created by the following clauses: Indemnification – Third Party Claims, Intellectual Property Indemnification, and any provisions regarding warranty or audit. [07-7A075-1].
42. **SURVIVAL:** Clauses which by their nature require performance or forbearance after the Subaward period will survive termination, cancellation, or expiration of the Subaward unless expressly provided otherwise in the Subaward or an amendment.
43. **RETURN OF FUNDS:** Subrecipient shall return to DHEC any funds paid by DHEC and not used for completion of services in accordance with this Subaward. If DHEC determines, through audit or otherwise, that Subrecipient has misused funds, Subrecipient shall return those funds as directed by DHEC.
44. **LICENSE/ACCREDITATION:** Subrecipient represents and warrants that Subrecipient and Subrecipient's employees and/or agents who will perform services under this Subaward currently hold in good standing all federal and state licenses (including professional licenses), certifications, approvals, and accreditations necessary to perform services under this Subaward, and Subrecipient has not received notice from any governmental body of any violation or threatened or actual suspension or revocation of any such licenses, certifications, approvals, or accreditations. Subrecipient and its employees/agents shall maintain licenses, certifications, and accreditations in good standing during the term of this Subaward. Subrecipient will immediately notify DHEC if a board, association, or other licensing or accrediting authority takes any action to revoke or suspend the license, certification, approval, or accreditation of Subrecipient or Subrecipient's employees or agents providing or performing services under this Subaward.
45. **POST-EXPOSURE PROPHYLAXIS:** In the event that an uninsured, HIV negative individual reports a non-occupational, accidental needle-stick from an HIV positive client of the Subrecipient, the

Subrecipient may request payment assistance for post-exposure prophylaxis from DHEC in accordance with the public health purpose of this Grant.

- a. Subrecipient may request funding for post-exposure medications only. DHEC will not provide counseling, monitoring or other clinical advice or support in response to a post-exposure request under this Grant.
- b. Requests for medication payment assistance may be made via the RW or ADAP program manager. If approved, DHEC will require a separate invoice with verification and explanation of the event for reimbursement to be processed and paid.
- c. This Grant provision exists for public health emergencies only to prevent accidental HIV infection and implies no liability to DHEC for receiving, processing or reimbursing the Subrecipient for payment of HIV post-exposure medications.
- d. Request for payment will be considered by DHEC only if no unrestricted or other available funding source exists.
- e. The Subrecipient request shall not include occupational, recreational, or sexual assault related needle-stick or exposure since other non-RW payment systems exist when these instances occur.

46. USE OF RYAN WHITE FUNDS REGARDING INSURANCE COORDINATION: The Ryan White HIV/AIDS Program (RWHAP) requires all Subrecipients to “vigorously pursue” health insurance enrollment that is cost-efficient for medication coverage under the plan as opposed to the RWHAP cost of medications without coverage.

- a. RWHAP clients of the Subrecipient organization may be or become enrolled for insurance coverage under a health care plan that meets the RWHAP medication cost-savings requirement but is not accepted (in-network) for RW-eligible services provided to standard (non RW) clients of the organization.
- b. The Grant funds awarded under this Grant exist to establish payment systems and service models for RW-eligible services provided by the Subrecipient - even for clients who have no insurance coverage, are under-insured, or are covered by out-of-network plans.
- c. The Subrecipient is expected to coordinate solutions with the DHEC RW program to provide systems of wrap-around assistance using RWHAP or other program funds to ensure uninterrupted access to eligible services-as clients obtain, lose, or change coverage - in accordance with RWHAP policies and requirements.
- d. The Subrecipient may not institute a policy, program, or practice to systematically deny contracted services to uninsured, under-insured, or out-of-network RWHAP clients of the organization if such policies, programs, or practices contradict RWHAP policies, standards, allowances, or authorized exceptions.
- e. Subrecipient coordination with the DHEC RW program may include systems to refer RWHAP clients covered by out-of-network plans to in-network hospitals or providers for admissions/procedures/surgeries that are not eligible under the RW grant but are covered by the insurance plan.

47. **REVISIONS OF LAW:** The provisions of the Subaward are subject to revision of State or federal regulations and requirements governing Ryan White Care Act Title II, Ryan White Part B Supplemental, and Rebates generated through the Ryan White Part B SC AIDS Drug Assistance Program (ADAP).
48. **EQUIPMENT TITLE:** Title to any equipment, goods, software, or database whose acquisition cost is borne wholly or in part by this Subaward shall vest in DHEC upon acquisition and will be transferred to the Subrecipient upon the end of the successful completion of the Subaward for use in continued support of the effort of the work as outlined in the Subaward.
49. **THIRD PARTY BILLING:** The Subrecipient will bill the third-party source directly for reimbursement for such services. DHEC will be responsible for reimbursing the Subrecipient only that portion of charges not reimbursed by the third-party source.
50. **TOBACCO-FREE CAMPUS POLICY:** Tobacco-Free Campus Policy: Use of all tobacco products, including smokeless tobacco and electronic cigarettes, is prohibited in any facility or on any property owned or controlled by DHEC (including parking lots, parking garages, sidewalks, and breezeways).
51. **WORK ENVIRONMENT:** Harassment in any form constitutes misconduct that undermines the integrity of the employment relationship. Any act of harassment by employees, including sexual and discriminatory harassment, is prohibited and subjects the employee to disciplinary measures. All reports of harassment, either verbal or in writing, will be investigated in a timely manner. Retaliation against an employee or other person who reports a concern about harassment is strictly prohibited. Acts of harassment by agents, contractors or vendors are also prohibited and may result in sanctions.
52. **INDEMNIFICATION:** "Claim" in this provision means a claim, demand, suit, cause of action, loss or liability. Notwithstanding any limitation in this Subaward, and to the fullest extent permitted by law, Subrecipient shall defend, indemnify, and hold DHEC and its officers, directors, agents, and employees harmless from any Claims made by a third party for bodily injury, sickness, disease or death, defamation, invasion of privacy rights, breach of confidentiality obligations, infringement of intellectual property rights, or for injury to or destruction of tangible property arising out of or in connection with any act or omission of Subrecipient, in whole or in part, in the performance of services pursuant to this Subaward. Further, Subrecipient shall defend and hold DHEC harmless from any claims against DHEC by a third party as a result of the Subrecipient's breach of this Subaward, including any breach of confidentiality by a person to whom Subrecipient disclosed confidential information in violation of this Subaward. Subrecipient shall not be liable for any claims by a third party proven to have arisen or resulted solely from the negligence of DHEC. This indemnification shall include reasonable expenses including attorney's fees incurred by defending such claims. DHEC shall provide timely written notice to Subrecipient of the assertion of the claims alleged to be covered under this clause. Subrecipient's obligations hereunder are in no way limited by any protection afforded under workers' compensation acts, disability benefits acts, or other employee benefit acts. This clause shall not negate, abridge, or reduce any other rights or obligations of indemnity which would otherwise exist. The obligations of this paragraph shall survive termination, cancellation, or expiration of the Subaward.

The parties to the Subaward hereby agree to any and all provisions of the Subaward as stipulated herein.

SOUTH CAROLINA DEPARTMENT OF
HEALTH AND ENVIRONMENTAL CONTROL

SUBRECIPIENT NAME

BY: _____
Linda Bell, MD
State Epidemiologist
Director, Bureau of Communicable
Disease Prevention and Control

DATE: _____

MAILING ADDRESS:
SC DHEC - Public Health Contracts
Bureau of Business Management
2600 Bull Street
Columbia, SC 29201
803-898-3501

*This is a draft copy of a Subaward,
for informational purposes. Awarded
applicant would be required to sign a
Subaward Agreement with SCDHEC
before any billable services could be
provided. A Subaward Agreement
will be mailed to awarded applicant
for signature after the award posting
period has ended*

BY: _____
Program Signatory Name
Title

DATE: _____

MAILING ADDRESS:

Phone:
Fax:
E-mail: |

REMITTANCE ADDRESS: (if applicable)
|

TAX/EMPLOYER ID#: _____
DUNS # _____ |

TYPE OF ENTITY (check one):

- Corporation
- LLC
- Partnership
- Nonprofit organization
- Government agency or political subdivision -
specify state if not SC: _____
- Other Governmental body (specify) _____
- Individual/sole proprietor
- Other (specify) _____ |

If a corporation or LLC, or nonprofit organization:
State of incorporation/organization:

Registered agent and address in South Carolina:

SCDLLR or other license #

_____ |

ATTACHMENT I

Ryan White Part B EHE RFGA

<https://scdhec.gov/health/diseases-conditions/infectious-diseases/hiv-aids-sexually-transmitted-diseases/ryan-white-part-b-ending-hiv-epidemic-ehe>

ATTACHMENT II

SUBAWARD SOURCE OF FUNDING

SUBAWARD SOURCE OF FUNDING (SOF) # 1

(1) Subaward #: _____ (2) Subaward Amendment #: N/A

(3) Subrecipient Name: _____

(4) Subrecipient's Unique Entity Identifier (DUNS #): _____

(5) Grant Award Title: _____

(6) Federal Award Identification Number (FAIN): _____ (7) FAIN Date: _____

(8) Primary Grant Project Period Start Date: _____ End Date: _____

(9) Subaward Project Period Start Date: _____ End Date: _____

(10) Current Subaward Period of Performance Start Date: _____ End Date: _____

(11) Amount of Federal Funds Obligated by this Action: \$ _____

(12) Prior Periods Obligated: \$ _____ (13) Obligated Total: \$ _____

(14) Total Amount of Federal Award Committed to the Subrecipient: \$ _____

(15) Federal Award Project Description:

(16) Federal Awarding Agency: _____

(17) Passthrough Entity: South Carolina Department of Health and Environmental Control

(18) CFDA #: 93.686 (19) CFDA Title: Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program

(20) Is the Subaward Research and Development? Yes No

(21) DHEC's Federally Negotiated Rate at time of Grant Award % (NOT TO BE USED BY SUBRECIPIENT)

(22) Subrecipient's Indirect Cost: Federally Negotiated Rate* % **De minimis No Indirect

*A copy of the approved federally negotiated rate agreement must be submitted to DHEC prior to 1st payment.

** A detailed breakdown of the various cost elements that constitute the MTDC must be submitted to DHEC prior to 1st payment

SUBAWARD SOURCE OF FUNDING (SOF) # 1

(23) Passthrough Entity (DHEC) Contact Information

| NAME | ADDRESS | EMAIL | PHONE NUMBER |
|--|---|-----------------------|--------------|
| Finance Director | 2600 Bull Street Columbia, SC 29201-1708 | GrantsMgt@dhec.sc.gov | N/A |
| Linda Bell, MD | 2100 Bull Street Columbia, SC 29201 | Bellw@dhec.sc.gov | 803-898-0798 |
| EHE Grant Program Coordinator, Casandra Hamilton | 2100 Bull Street Columbia, SC 29201 | hamiltc@dhec.sc.gov | 803-898-4097 |
| | | | |
| | | | |

Prepared by _____ Date _____
 (Program Signature)

Prepared by _____ Date _____
 (Finance Signature)

ATTACHMENT III

FFATA

FFATA DATA CHECKLIST FOR SOURCE OF FUNDING (SOF) # _____

Primary Grant Award / Passthrough Entity Data

- (1) Subaward System Generated (2) Subaward Amendment System Generated
(2) CFDA # and Title 93.686 Ending the HIV Epidemic; A Plan for America – Ryan White HIV/AIDS Program Parts A and B
(3) Federal Awarding Agency Health Resources and Services Administration
(4) Grant Award Title Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B
(5) Grant Award Date _____ (6) Federal Award Identification Number (FAIN) _____
(7) Total Grant Award Amount \$ _____ (8) DHEC Unique Entity Identifier (DUNS #) 80 8385892
(9) DHEC Principal Place of Performance 2600 Bull Street, Columbia, SC 29201-1708

(10) Federal Award Project Description

Program or Finance Copy from SOF

Subaward / Subrecipient Data

- (11) Subrecipient Name Subrecipient
(12) Subrecipient DBA Name Subrecipient
(13) Subrecipient Unique Entity Identifier (DUNS #) Subrecipient
(14) Subrecipient Address (include zip +4 digits) Subrecipient
Subrecipient
(15) Subaward Date System Generated (16) Subaward Amount (must be >=\$25,000) \$ Copy from SOF
(17) Subaward Principal place of Performance Subrecipient
(18) Subaward Area of Benefit (congressional districts) Subrecipient
(19) Subrecipient Parent Unique Entity Identifier (DUNS #) Subrecipient

FFATA DATA CHECKLIST: EXECUTIVE COMPENSATION

(20) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: 80% or more of its annual gross revenues in U.S. Federal Contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes No **Subrecipient**

(21) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: \$25 million or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes No If the answer to question 1 and question 2 are both NO, this questionnaire is complete, otherwise continue to question 3. **Subrecipient**

(22) Does the public have access to information about the compensation of senior executives of the subrecipient organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under the Securities Exchange Act of 1934 or the Internal Revenue Code of 1986? Yes No If yes, questionnaire is complete, otherwise list the names and compensation of the Subrecipient’s five most highly compensated officers. **Subrecipient**

List the names and total compensation of the five most highly compensated officers of the subrecipient/contractor as listed in the subrecipient’s System for Award Management profile, as applicable.

| NAME | TOTAL COMPENSATION |
|------------------------|--------------------|
| 1. Subrecipient | |
| 2. Subrecipient | |
| 3. Subrecipient | |
| 4. Subrecipient | |
| 5. Subrecipient | |

Subrecipient Completed by: **Subrecipient**

ATTACHMENT IV

**DHEC OVERVIEW OF STATE OF SC TRAVEL REIMBURSEMENT POLICIES FOR VENDORS
AND SUBRECIPIENTS**

(Mileage Rates to be Updated Annually)

Overview of State of SC/DHEC Travel Reimbursement Policies for Vendors & Subrecipients
Updated June 2019
Rates Updated January 2021

Non-state employees, including sub-recipients, who are on official, approved travel status for DHEC related-business AND whose contract with DHEC states specifically that they follow the State travel reimbursement policies follow the same State/DHEC travel reimbursement policies that State employees follow. And they must provide the same documentation and receipts that a state employee would provide.

DHEC and the State Comptroller General's Office have the authority to deny any travel reimbursement requests that do not follow the State and DHEC travel reimbursement policies. This overview is not a substitute for reading and understanding the full travel reimbursement policies in the DHEC Travel Manual. Please see the manual for more detailed information.

Note that if a non-state employee is traveling from out-of-state to SC while on official, approved travel status for DHEC related-business, all of the trip's reimbursable expenses are processed as in-state and the meals follow the State of SC's in-state rates. If a non-state employee travels from SC to out-of-state while on official, approved travel status for DHEC related-business, all of the trip's reimbursable expenses are processed as out-of-state and the meals follow the State of SC's out-of-state rates.

A. TRAVEL REIMBURSEMENT DOCUMENTATION REQUIREMENTS:

- 1. DHEC 103 Manual Travel Expense Report:** A DHEC manual travel expense report is available upon request in PDF and Excel formats. The vendor must complete a DHEC 103 Manual Travel Expense Report or comparable form and must include the following information:
 - the itemized expenses for each day
 - the departure time from home or office for the first day of their trip
 - the arrival time to home or office for the last day of their trip
 - signature for the vendor's traveling employee
 - signature for the DHEC supervisor involved with the vendor's project
- 2. DHEC 104 Out-of-State Travel Form:** This form is required to be completed if DHEC is reimbursing or paying travel expenses for DHEC-related business conducted outside of the state of South Carolina.
- 3. DHEC 178 Travel Log:** Optional, available tool for the traveler to keep track of their travel expenses.
- 4. Receipts:**
 - Itemized, paid receipts are required for the following types of expenses:
 - LODGING: Must show hotel name, hotel address, name of room occupant, dates of stay, amount charged for nightly rate, taxes and fees, and total amount due. When reimbursing the employee, the hotel invoice must show a zero balance to support reimbursing the employee.
 - AIRFARE: Must show airfare rate/charges and flight itinerary. Airline baggage fees are reimbursable and require receipt.
 - OTHER TRANSPORTATION such as major buses, Amtrak and rental cars. Taxis, subways, metro, etc., do not require receipt; however, please explain amounts on travel form.
 - MISCELLANEOUS EXPENSES, such as the following, purchased for DHEC-related business use while on travel status:
 - parking,
 - telephone calls,
 - internet/wi-fi access,
 - gasoline for rental or State cars. Receipt must include vehicle tag number. (Considered Misc Travel Expense but uses 5031530000 Gasoline GL code),
 - faxes,

- maps, and other supplies
- REGISTRATION FEES. Must include paid registration receipt showing event name, dates, amount paid, and an agenda showing if meals are included in fee or not.
- Receipts are NOT required for the following reimbursable travel expenses:
 - Regular meal receipts at or below State allowances and not included in registration fees are not required.
 - Tolls, taxi, subway, airport shuttle, metro, and portorage (mandatory charge for carrying bags in/out of hotel, NOT a tip).

B. OVERVIEW OF MOST COMMON TRAVEL EXPENSES:

1. MILEAGE:

- Mileage is only reimbursed when driving their own car. Mileage is not reimbursed for using a rental car.
- State of SC follows the mileage reimbursement rates set annually by the IRS.

| MILEAGE TYPE | Reimbursement Rate* for travel dates | |
|---------------|--------------------------------------|------------------------|
| | 1/1/2020 TO 12/31/2020 | 1/1/2021 TO 12/31/2021 |
| REGULAR MILES | \$0.575 per mile | \$0.56 per mile |
| REDUCED MILES | \$0.535 per mile | \$0.52 per mile |

**Rate published by the Office of the Comptroller General. Rate may change annually on Jan 1.*

2. MEALS:

- Must be at least 10 miles from their assigned headquarters and residence on official, approved travel status for DHEC-related business for DHEC to reimburse for meals.
- **DHEC follows the State of SC meal reimbursement rates, NOT the Federal GSA meal and incidental rates.**
- Meals for non-state employees who are on official, approved travel status for DHEC-related business are reimbursable ONLY at the State daily allowable meal amounts.
- DAILY MEAL ALLOWANCE RATES

| | TRIP DATES ON OR BEFORE JUNE 30, 2019 | | TRIP DATES ON OR AFTER JULY 1, 2019 | | Departure from home or HQ | Arrival back to home or HQ |
|------------------|---------------------------------------|--------------|-------------------------------------|--------------|---------------------------|----------------------------|
| | In-State | Out-of-State | In-State | Out-of-State | | |
| DAILY | | | | | | |
| Breakfast | \$6.00 | \$7.00 | \$8.00 | \$10.00 | prior to 6:30 am | after 11:00 am* |
| Lunch | \$7.00 | \$9.00 | \$10.00 | \$15.00 | prior to 11:00 am | after 1:30 pm |
| Dinner | \$12.00 | \$16.00 | \$17.00 | \$25.00 | prior to 5:15 pm | after 8:30 pm |
| Maximum | \$25.00 | \$32.00 | \$35.00 | \$50.00 | prior to 6:30 am | after 8:30 pm |

**The time limitation for breakfast will not apply for overnight trips with early morning returns.*

- The travel expense report must include the departure time from home or headquarters for the first day of the trip and the arrival time back to home or headquarters for the last day of the trip.
 - For the first day of the trip, they would use the Departure column in the table above to decide which meals they are eligible for based on their departure time. For example, they must depart home or HQ before 6:30am on the first day to be eligible for breakfast reimbursement.
 - For the middle days of the trip, times are not required, and they receive the maximum in-state or out-of-state daily amount for meals, if meals are not included already in a registration or hotel stay.

- For the last day of the trip, they would use the Arrival column in the table above to decide which meals they are eligible for based on their arrival time. For example, they must arrive back at home or HQ after 8:30pm on the last day to be eligible for dinner reimbursement.
- Meals for one-day trips (no overnight stay) follow the same daily allowable amounts listed above but they follow special rules for reimbursement eligibility.
 - One Day Trip (No Overnight Stay and Meal NOT Included with Registration). In most cases, one-day meals are NOT reimbursable. If the employee has a one-day trip with no overnight stay, meals are not reimbursable unless they are at least 10 miles from headquarters and residence AND meet these other requirements:
 - Dinner is reimbursable only if the employee leaves headquarters before 5:15 pm and returns after 10:00 pm.
 - Breakfast and lunch are not reimbursable for one-day trips unless the employee has written Bureau Director approval AND follows the departure and arrival times for both meals.
 - Meals already paid as part of a registration fee are not reimbursable to the employee.
 - Any meals claimed for a one-day trip are subject to income tax, except for non-optional meals included in registration fees. Please talk with your tax consultant regarding any reporting requirements.
- If the non-state employee attends a conference or meeting where the registration fee includes a meal, then the non-state employee is not reimbursed for that meal, unless a valid, written justification is provided to explain why they couldn't participate in the meal.
 - Meals Included with Registrations:
 - If an employee is requesting reimbursement for a registration fee they paid that includes a meal(s) (breakfast, lunch, or dinner; NOT a continental breakfast or “reception”), State policy requires that meals included in registration fees at no option be separated from the total amount of the registration fee and claimed as a meal at the State rate on the travel document. This does not result in any loss of reimbursement to the employee, but is simply a matter of accounting.
 - If a meal is included in a direct bill registration fee or lodging fee, the employee should not claim additional reimbursement unless the employee is unable to eat the included meal and pays for a substitute meal out-of-pocket. The claim will be restricted to the same rates as any other meal reimbursement.
- If the hotel provides a hot breakfast (including a hot protein like eggs, bacon, etc.; does not include a “continental” breakfast) as part of the hotel rate, they do not receive a separate breakfast reimbursement. They only receive a breakfast reimbursement if they pay for breakfast out of their own pocket and it meets the time-of-day restrictions for the meal reimbursements.

3. LODGING:

- Must be at least 50 miles from their assigned headquarters and residence on official, approved travel status for DHEC-related business for DHEC to reimburse or pay hotel direct bill for overnight accommodations.
- Paid lodging "folio" receipt showing nightly rate is required for reimbursement.
- **State of SC agencies follow the official GSA maximum lodging rates, available at GSA.gov.** The nightly rate before taxes charged by the hotel must be at or below the GSA max lodging rate. The GSA max lodging rate is before taxes. Taxes on the GSA max lodging rate are reimbursable.
- Be aware that some hotels may say they have a "government" or "special" rate, but it may still be higher than the official GSA max lodging rate. State of SC only acknowledges the official GSA max rate.

- 4. AIRFARE:** When making airline reservations, whoever makes the reservation should secure the most cost- efficient flight, taking advantage of any cost savings that may be available at the time of travel. In accordance to State policy, “State agencies and employees shall select air carriers based on cost and time criteria, not on whether frequent flyer premiums are given. First class and business class airlines tickets are not allowed.” The employee must fly at the lowest rate available and any extras will be at the employee’s cost.
- Itemized airfare receipt is required showing entire itinerary.
 - Baggage fee is reimbursable and baggage receipts must be included with travel reimbursement claim.
 - Any charges for flight changes must include an explanation/justification. Charges for flight changes can only be reimbursed if there is a cost benefit to Agency to change the flight.
- 5. RENTAL CAR:** If the non-state employee drives a RENTAL CAR while on official, approved travel status for DHEC-related business, then the mandatory, non-optional expenses on the rental company's invoice can be paid.
- Requires paid receipt.
 - In addition to the fee to rent the car, the rental company may also charge for mileage used while the car is rented, where they check the rental car's odometer before and after the trip. If that is on the rental company's bill, DHEC can pay that.
 - Optional items can NOT be paid or reimbursed by DHEC.
 - DHEC can NOT reimburse the non-state employee for personal-car mileage at the current IRS mileage rates when a rental car is used instead of a personal car.
 - DHEC can reimburse the non-state employee for gasoline for the rental car during the rental period. The gas receipt or credit card statement showing the expense must be provided WITH the rental car's license plate number written on the receipt. Note that the rental car license plate often appears on the rental car receipt or contract. Gas for a rental or State car is considered a Misc. Travel Expense but uses 5031530000 Gasoline GL code.
- 6. TAXI, AIRPORT SHUTTLE, AND METRO:** These three types of "other transportation" do NOT require receipts but are reimbursable. If they do have the paid receipt, it is nice to see it with the travel reimbursement, but again, the receipt is not required for these. Tips are NOT reimbursable.
- 7. TOLL ROADS:** Reimbursable but receipts are NOT required.
- 8. TIPS VS. PORTERAGE:** Tips are NOT reimbursable. Porterage, a mandatory charge for carrying bags in/out of a hotel, is reimbursable and does NOT require a receipt.
- 9. MISCELLANEOUS TRAVEL EXPENSES:**
- Reimbursed with a paid receipt:
 - parking fees,
 - gas for rental or State car (with car license plate number written on receipt) (considered a Misc Travel Expense but uses 5031530000 Gasoline GL code),
 - internet/wifi access for business use,
 - hotel safe fees for business use,
 - phone calls for business use.
 - Reimbursed but do not require a receipt:
 - tolls,
 - porterage (charge for carrying bags in/out of hotel-- NOT A TIP).

ATTACHMENT V

SUBAWARD INVOICES AND SUPPORTING DOCUMENTATION

SUBAWARD INVOICES AND SUPPORTING DOCUMENTATION

PREFACE

The Subrecipient is responsible for the efficient and effective administration of the federal subaward through the application of sound management practices. The Subrecipient is responsible for administering federal funds in manner consistent with the underlying agreements, program objectives, and the terms and conditions of the federal award. The Subrecipient is responsible for understanding and maintaining compliance with 2 CFR 200 “Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.”

A. SUPPORTING DOCUMENTATION REQUIREMENTS:

This document is intended as a guide to the appropriate supporting documentation for subrecipient expenditures. This document applies to all federal subawards. Federal grantors often impose more specific, detailed and/or restrictive documentation requirements on the Agency. Based on the funding source of the subaward, DHEC may require additional documentation that is not addressed in this guide. Please refer to the “Method of Payment” section of your subaward for additional details if applicable.

All expenditures and financial transactions must be supported by documentation that supports why the transaction is allowable for grant purposes. Accounting records must trace back to source documentation. Subrecipients should design a system to organize, group, submit and retain the related information for each grant and activity. DHEC can and will audit records at any time.

1. DOCUMENTATION MUST DEMONSTRATE THAT COSTS ARE:

- Reasonable, allocable, and allowable
- Within grant limits
- Treated consistently
- Determined in accordance with Generally Accepted Accounting Principles (GAAP) and the applicable OMB cost principles.

2. RETENTION AND AVAILABILITY:

Supporting documentation must be retained by the Subrecipient for the entire retention period indicated in the subaward.

Supporting documentation is required as an attachment to the invoice dependent upon the individual circumstances of the subrecipient, the category of expenditure or other condition(s) cited in the subaward.

Additional supporting documentation may be requested by DHEC at any time during the subaward period of performance and retention period as a whole. **Documentation must be readily available upon request.**

3. EXAMPLES OF SUPPORTING DOCUMENTATION: Supporting documentation includes but is not limited to the following:

- Paid receipts
- Canceled checks or check & payment registers from Subrecipient’s financial management system
- Travel logs
- Hotel/motel folios
- Journal entries
- Training or other event attendance rosters
- Time and attendance activity reports
- Payroll time sheets completed by employee and signed by supervisor

- Performance reports
- Payroll registers indicating the employee's name, dates, hours and costs charged to the grant
- Credit Card Statements
- Depreciation/amortization schedules
- Cost allocation plans
- Detailed audit reports including auditor's comments and corrective action plans
- 2nd tier subawards
- Contracts with and invoices from vendors or other service providers
- Policies and procedures
- Personnel position descriptions

B. PROCEDURES FOR SUBMITTING INVOICES:

Reimbursement will be for actual allowable costs incurred and must be consistent with the approved budget incorporated into the subaward. Only expenditures obligated during the subaward period of performance can be submitted for reimbursement. Depending on the unique nature of services for a particular subaward, payments to individuals must be in the form of a check or direct deposit. No cash transactions to individuals will be reimbursed.

The invoice and any required supporting documentation should be submitted by funding source. The preferred method of submission is via email as a PDF or similar formatted attachment. The invoice must be clean and readable with all protected health information redacted.

The invoice must include:

- Subaward document number
- Subrecipient name and remittance address
- Billing period
- Funding source for which reimbursement is being requested
- If the subaward contains multiple sources of funding a separate invoice for each funding source must be submitted.
- A brief description of the Scope of Services
- An itemized listing of expenses incurred by budget category with the total amount clearly stated
- If salary or fringe benefit reimbursement is being requested, please specify the payroll periodicity such as "1st thru 16th" or "once every two weeks".

1. INSTRUCTIONS FOR SPECIFIC BUDGET CATEGORIES

The level of detailed documentation may vary based on your risk assessment and past history.

- a. **SALARIES:** All salaries must be supported by a time and attendance system which accurately reflects the time employees spend on federal grant activities. At the beginning of your grant period, the first invoice for reimbursement of salary expenses must demonstrate how the expense was calculated. Subsequent invoices may not require this demonstration unless specifically requested.

Example: Employee #1 has an annual salary \$72,000 and is paid semi-monthly (twice a month or 24 times a year)

Employee #1 works full time for the federal program with no other funding

Monthly Invoice: Employee #1 payroll $\$72,000/24 = \$3,000$ paid on 1st and 16th = \$6,000

Employee #2 has an annual salary \$72,000 and is paid semi-monthly (twice a month or 24

times a year)

Employee #2 works part of the time (40%) for the federal program and is split funded

Monthly Invoice: Employee #2 payroll $\$72,000/24 = \$3,000 * 40\% = \$1,200$ paid on 1st and 16th = \$2,400

The Subrecipient must monitor each employee's time spent on federal grant activities to assure all final expenses are within the limits of the approved budget. By the end of the federal subaward period of availability, the value of the time must be reconciled with the invoiced expenses and approved budget. If an employee's final federal payroll exceeds the value of the time reported, the difference MUST be returned to DHEC.

- b. FRINGE BENEFITS, PAYROLL TAXES, ETC.: The Subrecipient is responsible for maintaining cost documentation related to health insurance, state and federal withholdings and any other benefits paid. At the beginning of your grant period, the first invoice for reimbursement of fringe benefit expenses must demonstrate how the expense was calculated. Subsequent invoices may not require this demonstration unless specifically requested.

Example: Employee #1 monthly payroll = \$6,000, FICA = 6.2% of payroll + Medicare = 1.45% for a total of 7.65%

Employee #1 works full time on the federal program with no other split funding

Monthly Invoice: Employee #1 payroll $\$6,000 * 7.65\% = \459

Example: Employee #2 is split funded and only works 40% for the federal program
Health Insurance premium per employee per month = \$600

Monthly Invoice: Employee #2 $\$600 * 40\% = \240

The Subrecipient must monitor each employee's time spent on federal grant activities to assure all final expenses are within the limits of the approved budget. By the end of the federal subaward period of availability, the value of the time must be reconciled with the invoiced expenses and approved budget. If an employee's final federal payroll exceeds the value of the time reported, the pro-rata share of fringe benefits MUST be returned to DHEC.

- c. TRAVEL: Reimbursement of travel expenses, including mileage and subsistence (meals), will be limited to the standard rates for State employee travel in effect during the period of availability for the subaward. All rates are subject to the Office of the Comptroller General's policies and procedures in effect for the calendar year and are subject to change. The standard rates for mileage and subsistence can be found on the following website <https://www.cg.sc.gov/guidance-and-forms-state-agencies/travel-forms-and-mileage-rate>.

All requests for travel mileage reimbursement must include the following documentation with the invoice.

- Employee name
- Employee headquarters (work address)
- Date(s) of the travel
- Destination (address)
- Reason for the visit

- Parking fees if applicable
- Miles traveled
- Mileage reimbursement rate (must not exceed SC State employee reimbursement rate)
- Total reimbursement requested

All requests for travel subsistence (food) reimbursement must include the following documentation with the invoice.

- Employee name
- Employee headquarters (address)
- Destination (address)
- Date and time of departure from official headquarters or home
- Date and time of arrival to destination
- Date and time of return to official headquarters or home
- Total reimbursement requested

Reimbursement for room and board will be at the established federal General Services Administration (GSA) rate (before taxes are applied) or below for the area of travel. All rates are subject to seasonal fluctuations and must be verified prior to making each reservation. The standard GSA rates for hotels can be found on the following website <https://www.gsa.gov/travel/plan-book/per-diem-rates>.

All requests for travel lodging reimbursement must include the following documentation with the invoice.

- Employee name
- Employee headquarters (address)
- Destination (address)
- Date(s) of the travel
- Hotel/Motel folio showing zero balance owed
- Total "Paid" reimbursement requested

d. ALL OTHER OPERATING EXPENDITURES: For all other operating expenses, please submit a copy of the appropriate source document with the invoice. Refer to the "Examples of Supporting Documentation" listed above.

e. INDIRECT COST: In the event the Subrecipient charges indirect cost, the following must be submitted:

- For federally approved negotiated rates, a copy of the indirect cost rate agreement must be submitted to DHEC upon execution of the subaward. If a copy has not been received, reimbursement cannot be completed. At the beginning of your grant period, the first invoice for reimbursement of indirect cost must demonstrate how the expense was calculated. Subsequent invoices may not require this demonstration unless specifically requested.

Example: Labor base monthly payroll = \$6,000, indirect cost rate = 19.75%
 Monthly Invoice: Payroll \$6,000 * 19.75% = \$1,185

- For Subrecipients using the 10% de minimis rate, at the beginning of your grant period, the first invoice for reimbursement of indirect cost must demonstrate how the expense was calculated. Subsequent invoices do not require this demonstration.

Example: Monthly Invoice: De minimis MTDC * 10% = \$59,200

| MODIFIED TOTAL DIRECT COST (MTDC) | | | |
|--|--------------------|-------------------------|-----------------------|
| BUDGET LINE ITEM | MONTHLY | | MTDC ELIGIBLE |
| | DIRECT COST | UNALLOWABLE COST | |
| Direct Salaries | 450,000 | | 450,000 |
| Fringe Benefits | 60,000 | | 60,000 |
| Travel | 15,000 | | 15,000 |
| Equipment (non capitalized) | 7,000 | | 7,000 |
| Equipment (capitalized) | 12,000 | -12,000 *1 | 0 |
| Subawards | 65,000 | -40,000 *2 | 25,000 |
| Supplies | 35,000 | | 35,000 |
| Capital Expenditures | 150,000 | -150,000 *3 | 0 |
| Rent | 5,500 | -5,500 *4 | 0 |
| | 799,500 | -207,500 | MTDC = 592,000 |
| | | Deminimis 10% | 59,200 |
| *1 Capitalized equipment >= \$5,000 is unallowable for purposes of indirect cost | | | |
| *2 Only the first \$25,000 is eligible for purposes of indirect cost | | | |
| *3 Rent is unallowable for purposes of indirect cost | | | |
| *4 Capital expenditures are unallowable for purposes of indirect cost | | | |

- f. **JOURNAL ENTRIES:** In the event the Subrecipient’s accounting records must be adjusted via journal entry, DHEC requires a written explanation as to the reason why it was done and a reconciliation with previously paid expenses if applicable.

For any journal entry that reduces the cost of a previously reimbursed expenditure, the resulting cash balance must be returned to DHEC. The return amount cannot be not used to offset other expenditures.

For any journal entry that transfers previously posted cost to the federal subaward, the journal entry must be included on the monthly invoice.

ATTACHMENT VI
SUBRECIPIENT CERTIFICATION OF COMPLIANCE
(REQUIRES SIGNATURE)

Subrecipient Certification of Compliance

CERTIFICATION OF COMPLIANCE WITH THE “SECURITY AND CONFIDENTIALITY STANDARDS FOR PUBLIC HEALTH DATA AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)”

By signing and submitting this form, we certify our compliance with CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention’s *Data Security and Confidentiality Guidelines*. We acknowledge that all standards included in the guidelines have been implemented unless otherwise justified in an attachment to this statement. We agree to apply the standards to all staff and contractors funded through CDC HIV/AIDS Prevention or HRSA’s Ryan White Care and HUD’s HOPWA programs that have access to or maintain confidential health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the persons listed below and available upon request.

Name(s), title(s), & phone number(s) of the proposed Overall Responsible Party (ORP) or ORP Panel.

| Name | Title | Telephone |
|------|-------|-----------|
| | | |
| | | |
| | | |

Organization

Signature: Executive Director

Date

Signature: Authorized Business Official

Date

Attachment 9

Procedures for Dispute Resolution

I. DISPUTE PROCEDURES FOR GRANT PROGRAM APPLICATIONS DURING THE APPLICATION PROCESS

The following dispute procedures are available to any community based organization, local or county program or any other applicant that objects to any requirement(s) as outlined in a Request for Grant Applications (RFGA), amendment to RFGA or does not receive a distribution of funding as a grantee under a federal, state, or combined federal/state grant program. An applicant or grantee that disagrees with any element of the grant requirements or with the distribution of funding is also referred to herein as a “requestor.”

- A. **Request or Application for Funding.** Subject to conditions set forth in these procedures, any prospective applicant desiring to file a dispute concerning DHEC’s proposed evaluation of applications or proposed manner of distribution of funds (as outlined in the RFGA) shall e-mail or fax a Notification of Appeal to the First Line of Dispute*, within *three (3) business days* of the posting date of the RFGA or any amendment thereto. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within *three (3) business days* of receipt of a notification of appeal, the First Line of Dispute shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the prospective applicant. If the prospective applicant is not satisfied with the decision rendered by the First Line of Dispute, the applicant shall e-mail or fax written notification to the DHEC Program Area Director* within *two (2) business days* of the date of the written notification of decision from the First Line of Dispute. The Program Area Director will conduct a review and e-mail or fax a written decision to the prospective applicant within *three (3) business days*. The written decision will be final and may not be further appealed by the requestor.
- B. **Award to an Applicant.** A requestor with a dispute regarding the Notification of Award shall e-mail, fax or mail a Notification of Appeal to the First Line of Dispute within *three (3) business days* of the date of posting of the Notification of Award. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within *three (3) business days* of receipt of a notification of appeal, the First Line of Dispute shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the requestor. If the requestor is not satisfied with the decision rendered by the First Line of Dispute, the requestor shall e-mail or fax written notification to the Program Area Director within *three (3) business days* of the date of the written response from the First Line of Dispute. The Program Area Director will conduct a review and e-mail or fax a written decision to the requestor within *three (3) business days*. The written decision will be final and may not be further appealed by the requestor.
- C. **Notice of Decision.** A copy of all correspondence or decisions under this dispute resolution procedure shall be mailed or otherwise furnished immediately to the requestor and any other party intervening.

Awards are not final until the dispute process has concluded.

II. PROCEDURES FOR GRANT DISPUTES OR CONTROVERSIES REGARDING DHEC'S EVALUATION OF A GRANTEE'S EXPENDITURES IN THE POST-AWARD PHASE

- A. **Applicability.** These procedures shall apply to controversies between DHEC and a grantee when the grantee disagrees with DHEC's evaluation of an expenditure by the grantee as "not allowed" under the grant program requirements. These procedures constitute the exclusive means of resolving a controversy between DHEC and a grantee of an awarded grant.
- B. **Complaint against Grant Program Management.** No later than *thirty (30) calendar days* after receiving notice that the agency's grant program area has denied an expenditure, a grantee must e-mail, or fax written notice identifying any dispute or controversy to the Grant Program Manager. The Grant Program Manager will, within *thirty (30) calendar days* thereafter, review and attempt to informally resolve the dispute or controversy. If the dispute cannot be mutually resolved within that timeframe, a grantee wishing to continue pursuit of the dispute must e-mail or fax written notice of the dispute to the Program Area Director within *five (5) business days* following the 30-day review period. The Program Area Director or his/her designee will, within *ten (10) business days* of receipt of a written notice of the dispute, meet or hold a conference call with the grantee. Within *ten (10) business days* after such consultation with the grantee, the Program Area Director will e-mail or fax the grantee with a written determination as to his/her decision regarding the disposition of the expenditure. The decision of the Program Area Director will be final and may not be further appealed by the requestor.

* *Contacts are listed below:*

First Line of Dispute:

Larisa Bruner
SCDHEC
2100 Bull Street
Columbia, SC 29201
SCDHEC
Phone: (803) 898-0419
Email: brunerld@dhec.sc.gov

Program Area Director:

Ali Mansaray
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Phone: (803) 898-0625
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Grant Program Coordinator

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