

COUNTY OF SACRAMENTO

COST REIMBURSEMENT AGREEMENT NO. 7275-07/08-709

## AGREEMENT

THIS AGREEMENT is made and entered into as of this 1st day of March, 2007, by and between the COUNTY OF SACRAMENTO, a political subdivision of the State of California, hereinafter referred to as "COUNTY", and EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT, a political subdivision of the State of California, hereinafter referred to as "CONTRACTOR".

RECITALS

WHEREAS, Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act planning process supports direct services for people living with HIV disease (PLWHs) and creates a comprehensive, participatory planning process designed to ensure that local health care and social service programs are responsive to individuals living with HIV disease; and

WHEREAS, the designated grantee for the Title I Ryan White CARE Program for the Sacramento County Eligible Metropolitan Area (EMA) is the COUNTY; and

WHEREAS, COUNTY desires to extend certain services to the residents of the County of El Dorado by contracting with CONTRACTOR; and CONTRACTOR is equipped, staffed and prepared to provide such services on the terms and conditions set forth in this Agreement; and

WHEREAS, the Director of the Department of Health and Human Services is authorized to enter into AGREEMENT pursuant to Sacramento County Resolution No. 2005-0824, approved June 21, 2005;

WHEREAS, COUNTY AND CONTRACTOR desire to enter into this Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual promises hereinafter set forth, COUNTY and CONTRACTOR agree as follows:

I. SCOPE OF SERVICES

CONTRACTOR shall provide services in the amount, type and manner described in Exhibit A, which is attached hereto and incorporated herein.

II. TERM

This Agreement shall be effective and commence as of the date first written above and shall end on February 29, 2008.

III. NOTICE

Any notice, demand, request, consent, or approval that either party hereto may or is required to give the other pursuant to this Agreement shall be in writing and shall be either personally delivered or sent by mail, addressed as follows:

TO COUNTY

DIRECTOR  
Department of Health & Human Services  
7001-A East Parkway, Suite 1000  
Sacramento, CA 95823

TO CONTRACTOR

El Dorado County Public Health Department  
929 Spring Street  
Placerville, CA 95667

Either party may change the address to which subsequent notice and/or other communications can be sent by giving written notice designating a change of address to the other party, which shall be effective upon receipt.

IV. COMPLIANCE WITH LAWS

CONTRACTOR shall observe and comply with all applicable Federal, State, and County laws, regulations and ordinances.

V. **GOVERNING LAWS AND JURISDICTION**

This Agreement shall be deemed to have been executed and to be performed within the State of California and shall be construed and governed by the internal laws of the State of California. Any legal proceedings arising out of or relating to this Agreement shall be brought in Sacramento County, California.

VI. **LICENSES AND PERMITS**

CONTRACTOR shall possess and maintain all necessary licenses, permits, certificates and credentials required by the laws of the United States, the State of California, County of Sacramento and all other appropriate governmental agencies, including any certification and credentials required by COUNTY. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Agreement by COUNTY.

VII. **PERFORMANCE STANDARDS**

CONTRACTOR shall perform its services under this Agreement in accordance with the industry and/or professional standards applicable to CONTRACTOR's services. COUNTY may evaluate CONTRACTOR's performance of the scope of services provided in Exhibit A in accordance with performance outcomes determined by COUNTY. CONTRACTOR shall maintain such records concerning performance outcomes as required by COUNTY and provide the records to COUNTY upon request.

VIII. **OWNERSHIP OF WORK PRODUCT**

All technical data, evaluations, plans, specifications, reports, documents, or other work products developed by CONTRACTOR hereunder shall be the exclusive property of COUNTY and shall be delivered to COUNTY upon completion of the services authorized hereunder. CONTRACTOR may retain copies thereof for its files and internal use. Publication of the information directly derived from work performed or data obtained in connection with services rendered under this Agreement must first be approved in writing by COUNTY. COUNTY recognizes that all technical data, evaluations, plans, specifications, reports, and other work products are instruments of CONTRACTOR's services and are not designed for use other than what is intended by this Agreement.

IX. **STATUS OF CONTRACTOR**

- A. It is understood and agreed that CONTRACTOR (including CONTRACTOR's employees) is an independent contractor and that no relationship of employer-employee exists between the parties hereto. CONTRACTOR's assigned personnel shall not be entitled to any benefits payable to employees of COUNTY. COUNTY is not required to make any deductions or withholdings from the compensation payable to CONTRACTOR under the provisions of this Agreement; and as an independent contractor, CONTRACTOR hereby indemnifies and holds COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by any third party that an employer-employee relationship exists by reason of this Agreement.
- B. It is further understood and agreed by the parties hereto that CONTRACTOR in the performance of its obligation hereunder is subject to the control or direction of COUNTY as to the designation of tasks to be performed, the results to be accomplished by the services hereunder agreed to be rendered and performed, and not the means, methods, or sequence used by CONTRACTOR for accomplishing the results.
- C. If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such person shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. All terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR, and the COUNTY shall have no right or authority over such persons or the terms of such employment.
- D. It is further understood and agreed that as an independent contractor and not an employee of COUNTY, neither the CONTRACTOR nor CONTRACTOR's assigned personnel shall have any entitlement as a COUNTY employee, right to act on behalf of COUNTY in any capacity whatsoever as agent, nor to bind COUNTY to any obligation whatsoever. CONTRACTOR shall not be covered by worker's compensation; nor shall CONTRACTOR be entitled to compensated sick leave, vacation leave, retirement entitlement, participation in group health, dental, life and other insurance programs, or entitled to other fringe benefits payable by the COUNTY to employees of the COUNTY.

E. It is further understood and agreed that CONTRACTOR must issue W-2 and 941 Forms for income and employment tax purposes, for all of CONTRACTOR's assigned personnel under the terms and conditions of this Agreement.

**X. CONTRACTOR IDENTIFICATION**

CONTRACTOR shall provide the COUNTY with the following information for the purpose of compliance with California Unemployment Insurance Code Section 1088.8 and Sacramento County Code Chapter 2.160: CONTRACTOR's name, address, telephone number, social security number and whether dependent health insurance coverage is available to CONTRACTOR.

**XI. COMPLIANCE WITH CHILD, FAMILY AND SPOUSAL SUPPORT REPORTING OBLIGATIONS**

A. CONTRACTOR's failure to comply with state and federal child, family and spousal support reporting requirements regarding a CONTRACTOR's employees or failure to implement lawfully served wage and earnings assignment orders or notices of assignment relating to child, family and spousal support obligations shall constitute a default under this Agreement.

B. CONTRACTOR's failure to cure such default within 90 days of notice by COUNTY shall be grounds for termination of this Agreement.

**XII. BENEFITS WAIVER**

If CONTRACTOR is unincorporated, CONTRACTOR acknowledges and agrees that CONTRACTOR is not entitled to receive the following benefits and/or compensation from COUNTY: medical, dental, vision and retirement benefits, life and disability insurance, sick leave, bereavement leave, jury duty leave, parental leave, or any other similar benefits or compensation otherwise provided to permanent civil service employees pursuant to the County Charter, the County Code, the Civil Service Rule, the Sacramento County Employees' Retirement System and/or any and all memoranda of understanding between COUNTY and its employee organizations. Should CONTRACTOR or any employee or agent of CONTRACTOR seek to obtain such benefits from COUNTY, CONTRACTOR agrees to indemnify and hold harmless COUNTY from any and all claims that may be made against COUNTY for such benefits.

**XIII. CONFLICT OF INTEREST**

CONTRACTOR and CONTRACTOR's officers and employees shall not have a financial interest, or acquire any financial interest, direct or indirect, in any business, property, or source of income which could be financially affected by or otherwise conflict in any manner or degree with the performance of services required under this Agreement.

**XIV. USE OF FUNDS**

It is understood and agreed that no funds provided by COUNTY pursuant to this Agreement shall be used by CONTRACTOR for any political activity or political contribution.

**XV. NONDISCRIMINATION IN EMPLOYMENT, SERVICES, BENEFITS AND FACILITIES**

A. CONTRACTOR agrees and assures COUNTY that CONTRACTOR and any subcontractors shall comply with all applicable federal, state, and local anti-discrimination laws, regulations, and ordinances and to not unlawfully discriminate, harass, or allow harassment against any employee, applicant for employment, employee or agent of COUNTY, or recipient of services contemplated to be provided or provided under this Agreement, because of race, ancestry, marital status, color, religious creed, political belief, national origin, ethnic group identification, sex, sexual orientation, age (over 40), medical condition (including HIV and AIDS), or physical or mental disability. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment, the treatment of COUNTY employees and agents, and recipients of services are free from such discrimination and harassment.

B. CONTRACTOR represents that it is in compliance with and agrees that it will continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), the Fair Employment and Housing Act (Government Code § 12900 et seq.) and regulations and guidelines issued pursuant thereto.

C. CONTRACTOR agrees to compile data, maintain records and submit reports to permit effective enforcement of all applicable antidiscrimination laws and this provision.

D. CONTRACTOR shall include this nondiscrimination provision in all subcontracts related to this Agreement.

**XVI. INDEMNIFICATION**

CONTRACTOR shall indemnify, defend, and hold harmless COUNTY, its Board of Supervisors, officers, directors, agents, employees, and volunteers from and against any and all claims, demands, actions, losses, liabilities, damages and costs, including reasonable attorney's fees, arising out of or resulting from the performance of this Agreement, regardless of whether caused in part by a party indemnified hereunder.

**XVII. INSURANCE**

Without limiting CONTRACTOR's indemnification, CONTRACTOR shall maintain in force at all times during the term of this Agreement and any extensions or modifications thereto, insurance as specified in Exhibit B. It is the responsibility of CONTRACTOR to notify its insurance advisor or insurance carrier(s) regarding coverage, limits, forms and other insurance requirements specified in Exhibit B. It is understood and agreed that COUNTY shall not pay any sum to CONTRACTOR under this Agreement unless and until COUNTY is satisfied that all insurance required by this Agreement is in force at the time services hereunder are rendered. Failure to maintain insurance as required in this Agreement may be grounds for material breach of contract.

**XVIII. INFORMATION TECHNOLOGY ASSURANCES**

CONTRACTOR warrants that any hardware, software, and/or embedded chip devices used by CONTRACTOR in the performance of services under this Agreement, other than those owned or provided by COUNTY, shall be free from viruses and date related issues, and shall accurately process without error date/time data (including, but not limited to, calculating, comparing, and sequencing) from, into, and between the twentieth and twenty-first centuries, the years 1999 and 2000, and leap year calculations. CONTRACTOR'S indemnification obligations to COUNTY under this Agreement shall apply to claims, liability, loss, injury, or damage resulting from the failure of any such hardware, software, and/or embedded chip devices to perform in compliance with this standard. Nothing in this provision shall be construed to limit any rights or remedies otherwise available to COUNTY under this Agreement.

**XIX. WEB ACCESSIBILITY**

CONTRACTOR shall ensure that web sites and web applications provided by CONTRACTOR pursuant to this Agreement shall comply with COUNTY'S Web Accessibility Policy adopted by the Board of Supervisors on February 18, 2003 as well as any approved amendment thereto.

**XX. COMPENSATION AND PAYMENT OF INVOICES LIMITATIONS**

- A. Compensation under this Agreement shall be limited to the Maximum Total Payment Amount set forth in Exhibit C, or Exhibit C as modified by COUNTY in accordance with express provisions in this Agreement.
- B. CONTRACTOR shall submit an invoice on the forms and in accordance with the procedures prescribed by COUNTY on a monthly basis. Invoices shall be submitted to COUNTY no later than the tenth (10th) day of the month following the invoice period, and COUNTY shall pay CONTRACTOR within thirty (30) days after receipt of an appropriate and correct invoice.
- C. COUNTY operates on a July through June fiscal year. Invoices for services provided in any fiscal year must be submitted no later than July 31, one month after the end of the fiscal year. Invoices submitted after July 31 for the prior fiscal year shall not be honored by COUNTY unless CONTRACTOR has obtained prior written COUNTY approval to the contrary.
- D. CONTRACTOR shall maintain for four years following termination of this Agreement full and complete documentation of all services and expenditures associated with performing the services covered under this Agreement. Expense documentation shall include: time sheets or payroll records for each employee; receipts for supplies; applicable subcontract expenditures; applicable overhead and indirect expenditures.
- E. In the event CONTRACTOR fails to comply with any provisions of this Agreement, COUNTY may withhold payment until such non-compliance has been corrected.

**XXI. LEGAL TRAINING INFORMATION**

If under this Agreement CONTRACTOR is to provide training of County personnel on legal issues, then CONTRACTOR shall submit all training and program material for prior review and written approval by County Counsel. Only those materials approved by County Counsel shall be utilized.

**XXII. SUBCONTRACTS, ASSIGNMENT**

- A. CONTRACTOR shall obtain prior written approval from COUNTY before subcontracting any of the services delivered under this Agreement. CONTRACTOR remains legally responsible for the performance of all contract terms including work performed by third parties under subcontracts. Any subcontracting will be subject to all applicable provisions of this Agreement. CONTRACTOR shall be held responsible by COUNTY for the performance of any subcontractor whether approved by COUNTY or not.
- B. This Agreement is not assignable by CONTRACTOR in whole or in part, without the prior written consent of COUNTY.

**XXIII. AMENDMENT AND WAIVER**

Except as provided herein, no alteration, amendment, variation, or waiver of the terms of this Agreement shall be valid unless made in writing and signed by both parties. Waiver by either party of any default, breach or condition precedent shall not be construed as a waiver of any other default, breach or condition precedent, or any other right hereunder. No interpretation of any provision of this Agreement shall be binding upon COUNTY unless agreed in writing by DIRECTOR and counsel for COUNTY.

**XXIV. SUCCESSORS**

This Agreement shall bind the successors of COUNTY and CONTRACTOR in the same manner as if they were expressly named.

**XXV. TIME**

Time is of the essence of this Agreement.

**XXVI. INTERPRETATION**

This Agreement shall be deemed to have been prepared equally by both of the parties, and the Agreement and its individual provisions shall not be construed or interpreted more favorably for one party on the basis that the other party prepared it.

**XXVII. DIRECTOR**

As used in this Agreement, "DIRECTOR" shall mean the Director of the Department of Health and Human Services, or his/her designee.

**XXVIII. DISPUTES**

In the event of any dispute arising out of or relating to this Agreement, the parties shall attempt, in good faith, to promptly resolve the dispute mutually between themselves. If the dispute cannot be resolved by mutual agreement, nothing herein shall preclude either party's right to pursue remedy or relief by civil litigation, pursuant to the laws of the State of California.

**XXIX. TERMINATION**

- A. Either party may terminate this Agreement without cause upon thirty (30) days written notice to the other party. Notice shall be deemed served on the date of mailing. If notice of termination for cause is given by COUNTY to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to this paragraph (A).
- B. COUNTY may terminate this Agreement for cause immediately upon giving written notice to CONTRACTOR should CONTRACTOR materially fail to perform any of the covenants contained in this Agreement in the time and/or manner specified. In the event of such termination, COUNTY may proceed with the work in any manner deemed proper by

COUNTY. If notice of termination for cause is given by COUNTY to CONTRACTOR and it is later determined that CONTRACTOR was not in default or the default was excusable, then the notice of termination shall be deemed to have been given without cause pursuant to paragraph (A) above.

- C. COUNTY may terminate or amend this Agreement immediately upon giving written notice to CONTRACTOR, 1) if advised that funds are not available from external sources for this Agreement or for any portion thereof; 2) if funds in COUNTY's yearly proposed and/or final budget are not appropriated by COUNTY for this Agreement or any portion thereof; or 3) if funds that were previously appropriated for this Agreement are reduced, eliminated, and/or re-allocated by County as a result of mid-year budget reductions.
- D. If this Agreement is terminated under paragraph A or C above, CONTRACTOR shall only be paid for any services completed and provided prior to notice of termination. In the event of termination under paragraph A or C above, CONTRACTOR shall be paid an amount which bears the same ratio to the total compensation authorized by the Agreement as the services actually performed bear to the total services of CONTRACTOR covered by this Agreement, less payments of compensation previously made. In no event, however, shall COUNTY pay CONTRACTOR an amount which exceeds a pro rata portion of the Agreement total based on the portion of the Agreement term that has elapsed on the effective date of the termination.
- E. CONTRACTOR shall not incur any expenses under this Agreement after notice of termination and shall cancel any outstanding expense obligations to a third party that CONTRACTOR can legally cancel.

### **XXX. REPORTS**

CONTRACTOR shall, without additional compensation therefore, make fiscal, program evaluation, progress, and such other reports as may be reasonably required by DIRECTOR concerning CONTRACTOR's activities as they affect the contract duties and purposes herein. COUNTY shall explain procedures for reporting the required information.

### **XXXI. AUDITS AND RECORDS**

Upon COUNTY's request, COUNTY or its designee shall have the right at reasonable times and intervals to audit, at CONTRACTOR's premises, CONTRACTOR's financial and program records as COUNTY deems necessary to determine CONTRACTOR's compliance with legal and contractual requirements and the correctness of claims submitted by CONTRACTOR. CONTRACTOR shall maintain such records for a period of four years following termination of the Agreement, and shall make them available for copying upon COUNTY's request at COUNTY's expense.

### **XXXII. PRIOR AGREEMENTS**

This Agreement constitutes the entire contract between COUNTY and CONTRACTOR regarding the subject matter of this Agreement. Any prior agreements, whether oral or written, between COUNTY and CONTRACTOR regarding the subject matter of this Agreement are hereby terminated effective immediately upon full execution of this Agreement.

### **XXXIII. DUPLICATE COUNTERPARTS**

This Agreement may be executed in duplicate counterparts. The Agreement shall be deemed executed when it has been signed by both parties.

### **XXXIV. DEBARMENT OR SUSPENSION**

45 CFR Part 76.100 (Code of Federal Regulations), which applies to any contract that receives Federal funding, provides that Federal funds may not be used if the contractor is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency. If 45 CFR Part 76.100 applies to this Agreement, then CONTRACTOR shall execute the Certification Regarding Debarment And Suspension contained in Exhibit G attached hereto and incorporated by reference herein, and shall comply with its provisions.

### **XXXV. CHARITABLE CHOICE 42 CFR PART 54**

CONTRACTOR certifies that if it identified as a faith-based religious organization, and receives direct funding of substance abuse prevention and treatment services under the Substance Abuse Prevention and Treatment Block Grant (SAPT), the Projects for Assistance in Transition from Homelessness (PATH) formula grant program, Substance Abuse and Mental Health Services Administration (SAMSHA), or Temporary Assistance to Needy Families (TANF) discretionary grants that:

1. CONTRACTOR shall adhere to the requirements contained in Title 42, Code of Federal Regulations (CFR) Part 54;
2. CONTRACTOR's services shall be provided in a manner consistent with the Establishment Clause and the Free Exercise Clause of the First Amendment of the United States Constitution (42 CFR Part 54.3);
3. If CONTRACTOR offers inherently religious activities, they shall be provided separately, in time or location, from the programs or services for which the organization receives funds from Federal, State or local government sources. Participation in religious activities must be voluntary for program beneficiaries (42 CFR Part 54.4);
4. CONTRACTOR shall not expend any Federal, State or local government funds to support any inherently religious activities such as worship, religious instruction, or proselytization (42 CFR Part 54.5);
5. CONTRACTOR shall not, in providing program services or engaging in outreach activities under applicable programs, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice (42CFR Part 54.7);
6. CONTRACTOR shall inform program beneficiaries that they may refuse to participate in any religious activities offered by CONTRACTOR;
7. CONTRACTOR shall inform program beneficiaries that, if they object to the religious character of the program, they have the right to a referral to an alternate service provider to which they have no objections (42 CFR Part 54.8); and,
8. CONTRACTOR shall, within a reasonable time of learning of a beneficiary's objection to the religious character of the program, refer the program beneficiary to an alternate service provider (42 CFR Part 54.8).

If 42 U.S.C. 2000e-1 regarding employment practices is applicable to this Agreement, it shall supersede 42 CFR Part 54.7 to the extent that 42 CFR Part 54.7 conflicts with 42 U.S.C. 2000e-1.

**XXXVI. ADDITIONAL PROVISIONS**

The additional provisions contained in Exhibits A, B, C, D, E, F, G and Attachments A and B attached hereto are part of this Agreement and are incorporated herein by reference.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed as of the day and year first written above.

**COUNTY OF SACRAMENTO, a political subdivision of the State of California**

**EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT**

By Lynn Frank  
Lynn Frank, Director, Department of Health and Human Services. Approval delegated pursuant to Sacramento County Code Section 2.61.012 (h)

By Gayle Erbe-Hamlin  
Gayle Erbe-Hamlin, Director for Public Health

Date: 6/29/07

Date: 6/29/07

CONTRACT AND CONTRACTOR TAX STATUS  
REVIEWED AND APPROVED BY COUNTY COUNSEL

By: Michael Bask Date: April 3, 2007



EXHIBIT A to Agreement  
 between the COUNTY OF SACRAMENTO  
 hereinafter referred to as "COUNTY", and  
 EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
 hereinafter referred to as "CONTRACTOR"

**SPECIAL PROVISIONS**

The Special Provisions listed below will apply to Exhibits A-1 through A-6 of this Agreement.

**I. SERVICE LOCATION(S)**

**Facility Name(s):** El Dorado County Public Health Department  
**Street Address:** 3053 Harrison Ave., Su. 203  
**City and Zip Code:** South Lake Tahoe, CA 96151

**Facility Name(s):** El Dorado County Public Health Department  
**Street Address:** 550 Pleasant Valley Road, Su. 2E  
**City and Zip Code:** Diamond Springs, CA 95619

**II. COUNTY SERVICE PERFORMANCE MONITOR**

**Name and Title:** Health Program Coordinator (Adrienne Rogers)  
**Organization:** Department of Health and Human Services, Public Health/Ryan White CARE Program  
**Street Address:** 7001-A East Parkway, Suite 600  
**City and Zip Codes:** Sacramento, CA 95823

**III. CONTRACTOR CONTRACT ADMINISTRATOR**

The El Dorado County officer or employee responsible for administering this agreement is:

**Name and Title:** Michael Ungeheuer, Deputy Director  
**Organization:** El Dorado County Public Health Department  
**Street Address:** 931 Spring Street, Suite 3  
**City and Zip Codes:** Placerville, CA 95667

**IV. COUNTY RESIDENCY**

Funding provided under Exhibit A of this Agreement is for services to Sacramento, El Dorado and Placer County residents only. A person is a Sacramento, El Dorado or Placer County resident if he/she is currently staying in one of these counties with the intent to remain and live in one of the specified counties. Any person who comes to Sacramento, El Dorado or Placer County for the express purpose of qualifying to receive services from a COUNTY-funded program, and intends to leave the county after receipt of services, is not considered a resident. Proof of residency can be established by the following:

- A. Any bill or correspondence current to within the previous two weeks showing the individual's name and a Sacramento, El Dorado or Placer County address
- B. Written statement by homeless shelter staff verifying that the individual has been in shelter residence in Sacramento, El Dorado or Placer County continuously for the previous two weeks
- C. Current state issued identification card reflecting a Sacramento, El Dorado or Placer County address
- D. Other reliable evidence that establishes Sacramento, El Dorado or Placer County residency

**EXHIBIT A-1 to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT  
hereinafter referred to as "CONTRACTOR"**

**SCOPE OF SERVICES: AMBULATORY/OUTPATIENT MEDICAL CARE**

**I. PROJECT DESCRIPTION**

- A. **Type of Program:** CONTRACTOR will provide Ambulatory/Outpatient Medical Care to People Living with HIV/AIDS (PLWH/A). Contractor will provide comprehensive high quality, client-centered, timely and cost-effective outpatient primary medical services to HIV-infected persons at all stages of disease.
- B. **Length of Treatment:** Discharge from Ambulatory/Outpatient Medical Care will terminate upon the client's voluntary departure, death, or by termination on the part of CONTRACTOR from its owned or operated treatment facility. Termination will only be used as a last resort. Alternatives to termination, including conflict resolution and mediation, will be sought. Behavior that is threatening, violent, or endangers self or others will not be tolerated and shall be grounds for termination from the program.
- C. **Population:** HIV-infected adults residing in the Sacramento Eligible Metropolitan Area (EMA) which encompasses Sacramento, El Dorado and Placer Counties, who meet the Ryan White CARE Program eligibility guidelines.

**II. SERVICES**

- A. CONTRACTOR will maintain and enhance individual health care by providing Ambulatory/Outpatient Medical Services to adults living with HIV/AIDS in Sacramento EMA. CONTRACTOR shall establish and implement policies and procedures which:
1. Ensure that referred clients receive timely, effective, and quality Ambulatory/Outpatient Medical Care that meets his/her special needs.
  2. Incorporates and ensures compliance of ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).
  3. Incorporates and ensures, to the extent possible, adherence to established HIV clinical practice standards and the most current Public Health Services (PHS) guidelines for treatment and care of adult HIV+ persons.
- B. CONTRACTOR will provide access to Ambulatory/Outpatient Medical Services for People Living with HIV/AIDS in the Sacramento EMA. Ambulatory/Outpatient Medical Services will include the following services:
1. Lab Visits.
  2. Primary care visits with a HIV health care provider.
  3. Specialty care visits with other medical specialist health care providers.
  4. Medication adherence sessions as part of medical visits.
- C. CONTRACTOR shall maintain an individualized medical file for each client, which contains documentation of all services provided, appropriate signed release of information forms and case notes documenting client contact and resource and referral follow-up.

- D. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 2 to 7 below and provide the levels of service delivery as follows:
1. Number of Unduplicated Clients: A minimum of 8 clients will receive Ambulatory/Outpatient Medical Services during the project year.
    - a) Number of Units of Service: A minimum of 1 unit of service per client and an overall maximum of 2,181.82 units of service will be provided (1 unit of service = One vendor paid dollar for primary care visit with Health Care Provider).
    - b) Number of Units of Service: A minimum of 1 unit of service per client and an overall maximum of 454.55 units of service will be provided (1 unit of service = 1 vendor paid dollar for lab visit).
    - c) Number of Units of Service: A minimum of 1 unit of service per client and an overall maximum of 454.55 units of service will be provided (1 unit of service = 1 vendor paid dollar for specialty care visit with Health Care Provider).
  2. Documentation of on-going medical care will be charted in case files for 100% of clients.
  3. The number of Hospital admissions as a ratio of the annual unduplicated caseload will be tracked and trended.
  4. The number of emergency room visits as a ratio of the annual unduplicated caseload will be tracked and trended.
  5. CD4 Counts and Viral Load counts as a ratio of the annual unduplicated caseload will be tracked and trended.
  6. Death Rates per year as a percentage of annual unduplicated clients will be tracked and trended.
  7. 70% of clients will receive a minimum of one primary care visit per year (12 month period).
  8. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
  9. CONTRACTOR will provide screening and treatment to 95% of clients reporting opportunistic infections who remain in care.
  10. 60% of clients on HAART therapy will show improved or stable CD4 and viral load counts.
  11. 100% of primary care services offered will meet Public Health Standard guidelines.

EXHIBIT A-2 to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: CASE MANAGEMENT

I. PROJECT DESCRIPTION

- A. **Type of Program:** CONTRACTOR will provide Case Management services to HIV+ persons residing in the Sacramento Eligible Metropolitan Area (EMA) which encompasses Sacramento, El Dorado and Placer Counties. The purpose of this program is to improve the overall health and well being of Persons Living with HIV/AIDS (PLWH/A) by ensuring that all the client's medical and psychosocial concerns are being adequately addressed within a case management system.
- B. **Length of Treatment:** Discharge from Case Management services will terminate upon the client's voluntary departure, death, or by termination on the part of CONTRACTOR. Termination will only be used as a last resort. Alternatives to termination, including conflict resolution and mediation, will be sought. Behavior that is threatening, violent, or endangers self or others will not be tolerated and shall be grounds for termination from the program.
- C. **Population:** CONTRACTOR'S Case Management program shall target HIV+ men, women, transsexuals, and children residing in the Sacramento EMA. All clients must meet the Ryan White CARE Program eligibility guidelines.

II. SERVICES

- A. CONTRACTOR shall perform an intake process on each participant to evaluate client's suitability for CONTRACTOR's Case Management Program. Clients who do not meet CONTRACTOR's eligibility criteria for Case Management will be referred to other providers that can meet their Case Management needs. To be eligible for CONTRACTOR Case Management Services, client must be an HIV+ person and must meet the Ryan White CARE Program eligibility guidelines.
- B. CONTRACTOR'S Case Management services will include but not be limited to a range of client-centered services that link clients with health care, psychosocial and other services to ensure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, and ongoing assessment of the client's and other family members' needs and personal support systems. CONTRACTOR'S Case Management services shall be operated in compliance with the Sacramento HIV Health Planning Council adopted "Standards of Care for Case Management", as amended and found in CONTRACTOR's Ryan White Resource Manual. Case Management will include, but not be limited to:
1. **Intake Process:** CONTRACTOR shall perform an intake process on each client meeting eligibility criteria for Case Management services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to CONTRACTOR's program. CONTRACTOR'S providing field-based case management services will offer clients the opportunity to have the intake process completed in their home or at a site more accessible for the client than the CONTRACTOR'S regular place of business.
  2. **Evaluation and Assessment:** During the initial intake process, CONTRACTOR shall perform an assessment of medical and psychosocial needs of the participant using the adopted EMA Case Management Service Standards as a guide to determine appropriate service and/or resource referrals.
  3. **Care Plan:** During the initial intake process, CONTRACTOR shall provide a face-to-face interview with participant to develop a comprehensive individualized Care Plan that prioritizes client needs, identifies resources necessary to meet those needs, and documents mutually agreed-upon goals. The specific number of case management sessions with the client will be tailored by the CONTRACTOR to an individual's needs based upon the results of an assessment and Care Plan. Care Plans shall be up-dated a minimum of once every six months.

4. Information and Referral: CONTRACTOR shall make referrals to the most appropriate resource to meet needs prioritized in the client's Case Plan. CONTRACTOR will document referrals and provide follow-up action to ensure that services are provided.
  5. Case Files: CONTRACTOR shall maintain an individualized case file for each client which contains documentation of all services provided, appropriate signed release of information forms and case notes documenting client contact and resource and referral follow-up.
- C. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 3, 4, 5, 6, 7 and 8 below and provide the level of service delivery as follows:
1. Number of Unduplicated Clients: A minimum of 1 and a maximum of 28 clients will receive case management services during the project year
  2. Number of Units of Service: A minimum of 8 units of service per client and an overall maximum of 2,702.56 units of service will be provided not to exceed the total contract award (1 unit of service = 15 minutes of field based face-to-face encounter or 15 minutes of field based other encounter).
  3. 100% of participants will have had an assessment of medical and psychosocial needs, which determined appropriate resource referrals.
  4. 100% of program participants will have a Plan of Care prioritizing needs and identifying goals to meet those needs.
  5. 70% of unduplicated clients will maintain/achieve their individual care plan objectives as measured over twelve months.
  6. Documentation of assistance provided will be charted in case files for 100% of clients.
  7. 100% of participants will be reassessed at least once during the project year.
  8. Documentation of on-going medical care will be charted in case files for 100% of clients.
  9. CONTRACTOR will document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.
  10. 100% of clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.
  11. 70% of clients receiving case management will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load test or on ART).

EXHIBIT A-3 to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICE: MENTAL HEALTH TREATMENT SERVICES

I. PROJECT DESCRIPTION

- A. **Type of Services:** CONTRACTOR shall provide outpatient mental health services to HIV+ adults, their family members and caregivers who meet the eligibility requirements for the Sacramento Eligible Metropolitan Area (EMA) Ryan White CARE Program. Outpatient mental health services include crisis intervention sessions, individual evaluation and assessment sessions, and individual counseling sessions.
- B. **Goal:** Desired outcome is to maintain adults in the lowest level of mental health care possible while improving their ability to enter into and remain in medical care.
- C. **Population:** Women living with HIV/AIDS in the Sacramento EMA with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s). Family members, significant others and caregivers of women with HIV are also eligible to receive mental health services.
- D. **Length of Treatment:** The length/duration of specialized mental health services shall be determined by the individualized needs of each client in accordance with his/her Plan of Care. There are no minimum/maximum levels or amounts of mental health services required. However, CONTRACTOR shall provide clinically appropriate levels of mental health services in accordance with Title IX of the California Code of Regulations and shall strive to maintain and/or improve the client's well being, stability in the community, and reduce the need for inpatient hospitalization.

II. SERVICES

- A. CONTRACTOR shall establish and implement policies and procedures which:
1. Ensure that referred clients receive timely, effective, and quality mental health services that meet his/her special needs.
  2. Incorporate and ensure compliance of ethical standards as established by all mental health disciplines (e.g. social workers, counselors, psychologists) and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).
- B. CONTRACTOR shall provide individualized therapeutic interventions that address the presenting problem and mental health diagnosis of the referred client as evidenced by client chart documentation and internal utilization review.
- C. CONTRACTOR shall establish and implement clinical oversight and monitoring systems which:
1. Address treatment issues, discharge planning, and scope of practice.
  2. Ensure that client cases and documentation of cases are opened and closed in a timely and appropriate manner.
  3. Include regular internal utilization review meetings by which charts/documentation of referred clients are thoroughly reviewed by agency staff.
- D. CONTRACTOR shall ensure quality care by providing agency staff with on-going training and supervision.
- E. CONTRACTOR shall develop Plans of Care which, as evidenced by client chart documentation and internal utilization review:
1. Meet the individualized needs of the referred client.
  2. Address client's presenting issues and mental health diagnosis

3. Include client involvement.
- F. CONTRACTOR shall provide referral and linkages to other county and community based services when clinically appropriate.
- G. CONTRACTOR shall ensure interagency coordination, communication, and/or collaboration of services with other agencies with which the referred client is involved as evidenced by client chart documentation and internal utilization review.
- H. CONTRACTOR shall provide appropriate referral and linkage for clients who do not meet criteria, are transitioning out of services, or require services beyond the scope of the contracted program.
- I. CONTRACTOR shall demonstrate program effectiveness through performance outcomes.
- J. CONTRACTOR shall provide culturally competent services by:
  1. Seeking staff that provides multi-cultural representation on all levels.
  2. Providing services to referred clients in a manner that is sensitive and responsive to racial, ethnic, linguistic, and cultural differences as evidenced by client chart documentation and internal utilization review.
- K. CONTRACTOR shall provide services at hours that are convenient and acceptable to the referred client.

### III. SERVICE DELIVERY REQUIREMENTS

- A. Service Eligibility: CONTRACTOR shall perform an intake process on each participant seeking Ryan White-funded mental health services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to CONTRACTOR's program. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Client's placed on a waiting list must be provided with referrals to alternate available Ryan White Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff become available, clients placed on the waiting list should be seen in order of need.
- B. Service Eligibility for Non-Infected Clients: Non-infected individuals may be appropriate candidates for CARE Act services in limited situations, but these services must always have at least indirect benefit to a person with HIV. The Sacramento EMA's adopted Mental health Service Standards outline these limited circumstances.
- C. Evaluation and Assessment: During the initial intake process, CONTRACTOR shall perform an assessment of medical and psychosocial needs of the participant using the adopted EMA Case Management Service Standards as a guide to determine appropriate service and/or resource referrals.
- D. CONTRACTOR shall document assessments, client plans, and progress notes, which accurately represent the mental health service provided and client progress.
- E. CONTRACTOR shall meet all Ryan White program-staffing requirements. Staff clinicians who provide the services must meet all licensure and certification requirements as established by the State of California, Board of Behavioral Sciences. Registered interns may provide services if they have appropriate supervision by mental health professionals licensed within the State of California to provide mental health services and are employed directly by the applicant organization. It is understood that clinicians knowledgeable of HIV+ client needs will provide mental health services.
- F. CONTRACTOR will document and track all service provision to clients through the SEMAS web-based database in order to identify clients who may withdraw from care.
- G. CONTRACTOR shall use best efforts to achieve the outcomes described in sections 3, 4, 5, 6, 7 and 8 below and provide the level of service delivery as follows:
  1. Number of Unduplicated Clients: A minimum of 1 adult will receive individual psychological counseling services.

2. Number of Units of Service: A maximum of 909.09 units of service will be provided at the maximum billing rate (1 unit of service = 1 vendor paid dollar for individual psychological counseling session).
3. 100% of participants will have completed a pre-survey prior to or on their first mental health appointment at the agency or if the person is a continuing client they will have completed a pre-survey on their first appointment of the C.A.R.E. Program year commencing March 1, 2007.
4. 100% of participants will have completed a post-survey at the time they complete treatment at the agency or at the end of the C.A.R.E. Program year on February 29, 2008 whichever event comes first.
5. 100% of long-term ongoing clients will have completed a post-survey one-year after they began receiving treatment at the agency and again each year following to track the progress of treatment.
6. 100% of client survey responses will be reported to the Sacramento EMA Ryan White CARE Program.
7. 100% of clients who do not have an identified primary care provider at the time of Intake will receive a referral and access an appropriate physician or clinic during the program year.
8. 60% of HIV+ clients who receive mental health services will report increased functionality within 90 days of start of treatment.



EXHIBIT A-4 to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: SUPPORT SERVICE-TRANSPORTATION

I. PROJECT DESCRIPTION

- A. **Type of Service:** CONTRACTOR will provide Support Services in the form of Transportation to Persons Living with HIV/AIDS (PLWH/A). Many PLWH/A have multiple needs because of the numerous logistical barriers to accessing care and/or staying in care, including, but not limited to: poverty, isolation, trust of government systems, homelessness, mental health (including multiple diagnoses), ability to pay for medical services, and discrimination. Support Services – Transportation shall provide assistance to promote quality of life and remove major barriers that prevent PLWH/A from accessing needed primary medical care.
- B. **Population:** Persons living with HIV/AIDS in the Sacramento Eligible Metropolitan Area (EMA), which encompasses El Dorado, Placer, and Sacramento Counties, with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. **Goal:** Desired outcome is to provide basic Support Services - Transportation to persons living with HIV/AIDS in the Sacramento EMA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

- A. CONTRACTOR will maintain and enhance individual health care by providing Support Services to PLWH/A in the Sacramento EMA. CONTRACTOR shall establish and implement policies and procedures that ensure the referred client receives timely, effective, and quality Support Services - Transportation that meet their individual needs as determined by a Plan of Care developed by a Sacramento EMA case management agency that is Ryan White CARE Program funded. Exceptions: clients receiving volunteer-based Transportation Services, Buddy/Companion Services, Peer/Support Groups and/or Service Outreach/Case Funding, do not require case management participation.
- B. CONTRACTOR shall ensure Support Services – Transportation are designed as coordinated services to facilitate access to primary medical care and to promote continuity of care. It is the intent of these services to improve the quality of life of persons living with HIV/AIDS in the Sacramento EMA.
- C. CONTRACTOR shall perform an intake process for each client meeting eligibility criteria for Transportation Support Services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the Support Services CONTRACTOR provides. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Client's placed on a waiting list must be provided with referrals to alternate available Ryan White Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff become available, clients placed on the waiting list should be seen in order of need.
- D. CONTRACTOR shall make referrals to the most appropriate resources to meet the needs prioritized in the client's Plan of Care, will document referrals and provide follow-up action to ensure that referred services were/are provided.
- E. CONTRACTOR shall provide a minimum level of service delivery as follows:
1. **SS-Transportation:** Conveyance services provided to a client in order to access medical care or HIV-related psychosocial services and transportation to basic local, state, and federal entitlement program facility sites within the EMA only. Conveyance may be provided through joint-agency arrangement for volunteer-based transportation services, routinely or on an emergency basis via bus passes, or as a last resort, and clearly documented as an immediate need, taxicab services through an appropriate vendor.
  2. **Unduplicated Clients:** A minimum of 23 clients will receive transportation assistance during the contract year.

3. Units of Service: A maximum of 1,636.36 units of service will be provided at the maximum billing rate (1 unit of service = 1 vendor paid transportation dollar).

### III. INTENDED OUTCOMES

- A. CONTRACTOR shall strive to achieve the minimum and maximum service deliveries as described in Section II listed above.
- B. CONTRACTOR shall ensure documentation of intake process be charted in case files for 100% of clients.
- C. CONTRACTOR shall ensure that 100% of program participants have a Plan of Care developed by a Sacramento EMA Ryan White CARE Program funded case management agency. Exceptions: clients receiving Volunteer-based Transportation Services, Buddy/Companion Services, and/or Service Outreach/Case Finding, which do not require case management participation.
- D. CONTRACTOR shall offer 100% of participants an array of transportation service options to overcome barriers to accessing primary medical care.
- E. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- F. CONTRACTOR shall ensure documentation of on-going medical care will be charted in case files for 100% of clients.
- G. CONTRACTOR shall document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White CARE Act funds (i.e. payer of last resort).
- H. 70% of Transportation clients will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load or on ART).
- I. 75% of clients showing evidence of need for transportation services will receive transportation for HIV/AIDS related care appointments.

EXHIBIT A-5 to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: ORAL HEALTH CARE

I. PROJECT DESCRIPTION

- A. **Type of Program:** CONTRACTOR will provide Oral Health Care to People Living with HIV/AIDS (PLWH). Under the Oral Health Care Program the CONTRACTOR will provide the following services: diagnostic, prophylactic and therapeutic services rendered by licensed dentists, dental hygienists, dental assistants and other appropriately licensed or certified professional practitioners.
- B. **Length of Treatment:** Length of treatment will be determined based on the diagnostic assessment by a licensed dentist of emergency Oral Health Care required and authorized under the current adopted Ryan White CARE Program Covered Dental Procedures attached as Attachment A.
- C. **Population:** HIV infected persons in the Sacramento EMA with a primary focus on persons who need improvement in dental health.

II. SERVICES

- A. CONTRACTOR will maintain and enhance individual health care by providing Oral Health Care to People Living with HIV/AIDS in the Sacramento EMA.
1. CONTRACTOR shall establish and implement policies and procedures that ensure that referred clients receive timely, effective, and quality Oral Health Care that meets his/her special needs.
  2. CONTRACTOR shall establish and implement policies and procedures that incorporate and ensure compliance of ethical standards as established for all health care providers and legal standards as defined by federal and state governments regulating confidentiality (Civil Codes 38.1, 38.2, 38.3, Evidence Code 1012).
  3. CONTRACTOR will provide access to Oral Health Care for People Living with HIV/AIDS in the Sacramento EMA. Oral Health Care will be limited to the services listed in the Ryan White CARE Program Covered Dental Procedures Units of Services (UOS) Schedule 2007/2008 attached as Attachment B.
  4. CONTRACTOR shall perform an intake process on each client meeting eligibility criteria for Oral Health Care services. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the CONTRACTOR'S SERVICE PROGRAM. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Client's placed on a waiting list must be provided with referrals to alternate available Ryan White Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff become available, clients placed on the waiting list should be seen in order of need.
  5. Documentation of on-going dental care will be charted in case files for 100% of clients.
  6. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
  7. CONTRACTOR shall use best efforts to achieve the outcomes described in sections a. through d. below:

- a. The number of clients who receive actual definitive or emergency treatment will measure the improvement in dental health. Persons who receive diagnostic services, and who do not return for preventative or restorative services, will not be considered as having an improvement in their dental health. Persons who receive any type of definitive therapy, including emergency care for the relief of pain or infection, will have been considered to have benefited or experienced an improvement in their dental health.
  - b. To implement a client satisfaction survey to monitor the perception of quality through the consumer's perspective. This survey will be done once per year according to a schedule determined by the Ryan White CARE program.
  - c. Documentation of on-going dental care will be charted in case files for 100% of clients.
  - d. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- B. CONTRACTOR shall provide the level of service delivery as follows:
1. Number of Unduplicated Clients: A minimum of 1 client and a maximum of 1 client will receive Oral Health Care during the project year.
  2. Number of Units of Service: A minimum of 1 unit of service per client and an overall maximum of 909.09 units of service will be provided at the maximum billing rate (1 unit of service = 1 vendor paid dollar for dental visit).
  3. 70% of dental clients will maintain routine medical care (minimum one primary care visit per year that includes a CD4 count, viral load or on ART).
  4. 100% of dental clients who do not have an identified primary care provider at intake will receive a referral to an appropriate physician or clinic.

### III. COUNTY RESIDENCY

Funding provided under Exhibit A-1 of this Agreement is for services to Sacramento, El Dorado and Placer County residents only. A person is a Sacramento, El Dorado or Placer County resident if he/she is currently staying in one of these counties with the intent to remain and live in one of the specified counties. Any person who comes to Sacramento, El Dorado or Placer County for the express purpose of qualifying to receive services from a COUNTY-funded program, and intends to leave the county after receipt of services, is not considered a resident. Proof of residency can be established by the following:

- A. Any bill or correspondence current to within the previous two weeks showing the individual's name and a Sacramento, El Dorado or Placer County address.
- B. Written statement by homeless shelter staff verifying that the individual has been in shelter residence in Sacramento, El Dorado or Placer County continuously for the previous two weeks.
- C. Current state issued identification card reflecting a Sacramento, El Dorado or Placer County address.
- D. Other reliable evidence that establishes Sacramento, El Dorado or Placer County residency.

EXHIBIT A-6 to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"

SCOPE OF SERVICES: EMERGENCY FINANCIAL ASSISTANCE

I. PROJECT DESCRIPTION

- A. **Type of Service:** CONTRACTOR will provide Emergency Financial Assistance to Persons Living with HIV/AIDS (PLWH/A). Many PLWH/A have multiple needs because of the numerous logistical barriers to accessing care and/or staying in care, including, but not limited to: poverty, isolation, trust of government systems, homelessness, mental health (including multiple diagnoses), ability to pay for medical services, and discrimination. Support Services shall provide assistance to promote quality of life and remove major barriers that prevent PLWH/A from accessing needed primary medical care..
- B. **Population:** Persons living with HIV/AIDS in the Sacramento Eligible Metropolitan Area (EMA), which encompasses El Dorado, Placer, and Sacramento Counties, with a primary focus on those persons who receive and/or enter and remain in primary medical care for their HIV/AIDS related condition(s).
- C. **Goal:** Desired outcome is to provide basic Emergency Financial Assistance to persons living with HIV/AIDS in the Sacramento EMA and to improve their ability to enter into and/or remain in primary medical care.

II. SERVICES

- A. CONTRACTOR will maintain and enhance individual health care by providing Emergency Financial Assistance to PLWH/A in the Sacramento EMA. CONTRACTOR shall establish and implement policies and procedures that ensure the referred client receives timely and effective Emergency Financial Assistance that meets their individual needs as determined by a Plan of Care developed by a Sacramento EMA case management agency that is Ryan White CARE Program funded.
- B. CONTRACTOR shall ensure Emergency Financial Assistance is designed as a coordinated service to facilitate access to primary medical care and to promote continuity of care. It is the intent of these services to improve the quality of life of persons living with HIV/AIDS in the Sacramento EMA.
- C. CONTRACTOR shall perform an intake process for each client meeting eligibility criteria for Emergency Financial Assistance. The intake process will include determining eligibility for Ryan White-funded services, completing the Ryan White Intake Form, and providing the participant with an orientation to the Emergency Financial Assistance CONTRACTOR provides. The Intake process should be conducted within a maximum of 30 days of initial client contact, unless the agency can no longer accept clients as a result of a lack of funding or available staff. Clients placed on a waiting list must be provided with referrals to alternate available Ryan White Case Management agencies, and all waiting lists must be reported to the Ryan White Fiscal Agent. Once funding or staff becomes available, clients placed on the waiting list should be seen in order of need.
- D. CONTRACTOR shall make referrals to the most appropriate resources to meet the needs prioritized in the client's Plan of Care, will document referrals and provide follow-up action to ensure that referred services were/are provided.
- E. CONTRACTOR shall provide a minimum level of service delivery as follows:
1. **Other Critical Needs:** Services developed to meet the needs of clients not listed in other support service categories, such as short-term direct emergency financial assistance for health insurance premiums and other critical needs. Payment on behalf of client shall be made to the provider of said assistance or need directly. Ryan White CARE Program-funded clients shall not receive any direct financial assistance payments.

- a. Unduplicated Clients: A minimum of 2 clients will receive emergency financial assistance for other critical needs during the contract year.
- b. Units of Service: A maximum of 909.09 units of service will be provided at the maximum billing rate (1 unit of service = 1 other critical need dollar).

### III. INTENDED OUTCOMES

- A. CONTRACTOR shall strive to achieve the minimum and maximum service deliveries as described in Section II listed above.
- B. CONTRACTOR shall ensure documentation of intake process be charted in case files for 100% of clients.
- C. CONTRACTOR shall ensure that 100% of program participants have a Plan of Care developed by a Sacramento EMA Ryan White CARE Program funded case management agency.
- D. CONTRACTOR shall offer 100% of participants, emergency financial assistance to overcome barriers to accessing primary medical care.
- E. CONTRACTOR shall document in individualized case file for 100% of clients: Proof of need and payment (e.g. copy of utility/telephone cut-off notice/bill, vendor invoice, etc.); appropriate signed release of information forms; all contact with client; resource referrals; and case notes.
- F. CONTRACTOR shall document all other resources available to client and other private and community resources attempted and/or accessed prior to using Ryan White CARE Act funds (i.e. payor of last resort)
- G. CONTRACTOR shall document and track all service provision to clients through the SEMAS web-based database to identify clients who may withdraw from care.
- H. Documentation of on-going medical care will be charted in case files for 100% of clients.
- I. 70% of clients accessing Emergency Financial Assistance will continue to access routine medical care (Minimum one primary care visit per year that includes a CD4 count, viral load test or on ART).
- J. CONTRACT shall adhere to service standards and directives as determined by the HIV Health Services Planning Council.

**EXHIBIT B to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY",  
and EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"**

**INSURANCE REQUIREMENTS FOR CONTRACTORS**

Each party, at its sole cost and expense, shall carry insurance, or self-insure its activities in connection with this Agreement, and obtain, keep in force and maintain, insurance or equivalent program of self-insurance, for professional liability, general liability, workers compensation and business automobile liability adequate to cover its potential liabilities hereunder.

**EXHIBIT C to Agreement**  
 between the COUNTY OF SACRAMENTO,  
 hereinafter referred to as "COUNTY", and  
 EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
 hereinafter referred to as "CONTRACTOR"

**BUDGET REQUIREMENTS**

**I. MAXIMUM PAYMENT TO CONTRACTOR**

The Total Maximum Payment Amount under this Agreement is: \$53,468.00

B. CONTRACTOR shall be reimbursed in accordance with the Budget set forth below and Exhibit C-1.

**II. BUDGET**

The Budget for this Agreement is outlined below.

**RYAN WHITE DIRECT SERVICES**

A	B	C
Line	Budget Item	Total Expenses per Budget Item Requested from CARE Program
<b>Personnel Expenses</b>		
1	Administrative Services Officer (M.Raines) (10% of \$52,853 Annual Salary)	\$5,285.00
2	Benefits x 12 mos at 30% of Salaries	\$1,586.00
	<b>Total Personnel</b>	<b>\$6,871.00</b>
3	<b>Operating Expenses</b>	
4	Subcontract	\$46,597.00
5	<b>Total Operating Expense</b>	<b>\$46,597.00</b>
6	<b>Total Direct Expenses</b>	<b>\$53,468.00</b>
7	<b>Indirect Expenses</b>	<b>\$0.00</b>
	<b>TOTAL SERVICE CATEGORY BUDGET</b>	<b>\$53,468.00</b>



Exhibit C-1 to Agreement  
 Between the COUNTY OF SACRAMENTO,  
 herein referred to as "COUNTY", and  
 EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT  
 hereinafter referred to as "CONTRACTOR"  
 Service Category: Direct Services

**RYAN WHITE SERVICES BUDGET NARRATIVE**

Line Item	Amount
<b>PERSONNEL</b>	
ADMINISTRATIVE SERVICES OFFICER - (Raines): 10% of FTE @ \$52,853 per year. Reviews and reconciles subcontractor claims for Ryan White Services for submission to Fiscal Agent.	\$5,285.00
FRINGE BENEFITS: Includes insurance benefits, retirement, workman's compensation, parking or bus pass reimbursement, payroll taxes, etc. (30%)	\$1,586.00
<b>TOTAL PERSONNEL EXPENSES</b>	<b>\$6,871.00</b>
<b>OPERATING EXPENSES</b>	
SUBCONTRACT: Subcontract with Sierra Foothills AIDS Foundation to provide Case Management including intake/assessment, ambulatory care, food vouchers and nutritional supplements; mental health, transportation, dental services, prescription medications, alternative/complementary therapy services; housing assistance and other critical need financial assistance.	\$46,597.00
<b>TOTAL OPERATING EXPENSES</b>	<b>\$46,597.00</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$53,468.00</b>
INDIRECT COSTS: Includes but is not limited to, program oversight and administrative support services including, accounting services, maintenance of personnel files and procedures, and legal services associated with personnel and other operations; insurance, payroll services, pension plan administration, other benefits administration, audit and expenses, operating expenses associated with the administrative services. Calculated at 10% of direct costs.	\$0.00
<b>TOTAL ANNUAL BUDGET</b>	<b>\$53,468.00</b>

**EXHIBIT D to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"**

**ADDITIONAL PROVISIONS**

**I. LAWS, STATUTES AND REGULATIONS**

CONTRACTOR shall abide by all applicable State, Federal and County laws, statutes, and regulations including but not limited to the provisions of the Federal Ryan White CARE Act of 1990 (Public Law 101-381), as amended by the Ryan White CARE Act Amendments of 1996 (Public Law 104-146) and the Ryan White CARE Act Amendments of 2000 (Public Law 106-345), attached hereto as Exhibit F, and 45 CFR Part 74 or 45 CFR Part 92, as applicable.

**II. LICENSING, CERTIFICATION AND STAFFING**

- A. CONTRACTOR warrants that it and all its employees have all necessary licenses and/or permits required by the laws of the United States, the State of California, Sacramento County and all other appropriate governmental agencies, and agrees to maintain these licenses and permits in effect for the duration of this Agreement. Failure to maintain all the licenses and permits shall be deemed a breach of this Agreement and constitutes grounds for termination of this Agreement by COUNTY.
- B. CONTRACTOR shall make available to COUNTY, on request of DIRECTOR, a list of the persons who will provide services under this Agreement. The list shall state the name, title, professional degree, licensure, and certification, and work experience of such persons.

**III. OPERATION AND ADMINISTRATION**

- A. Unless expressly identified in the budget set forth in Exhibit "C", CONTRACTOR agrees to furnish at no additional expense to COUNTY all space, facilities, equipment, and supplies necessary for proper provision of services under this Agreement.
- B. CONTRACTOR, if incorporated, shall operate according to the provisions of its Articles of Incorporation and By-Laws. Said documents and any amendments thereto shall be maintained and retained by CONTRACTOR and made available for review or inspection by DIRECTOR at reasonable times during normal business hours.
- C. Upon request, CONTRACTOR shall forward to the DIRECTOR copies of its notices of meetings, minutes and public information which are material to the performance of this Agreement. When issuing statements, press releases, requests for proposals, bid solicitations and other documents funded in whole or in part with Federal money, CONTRACTORS receiving Federal funds shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

**IV. GRIEVANCES**

CONTRACTOR agrees to provide a system through which recipients of service shall have the opportunity to express and have considered their views, grievances, and complaints regarding the delivery of services. Agency grievance policies and procedures must be prominently posted at each agency. Consumers are to be furnished with a copy of said procedures upon request.

**V. CONFIDENTIALITY**

- A. CONTRACTOR is subject to, and agrees to comply and require his or her employees to comply with, the provisions of Sections 5328 and 10850 and 17006 of the Welfare and Institutions Code, Division 19-000 of the State of California Department of Social Services Manual of Policies and Procedures, Code of Federal Regulations Title 42, Chapter I, Part 2, and all other applicable laws and regulations to assure that:

1. All applications and records concerning an individual made or kept by CONTRACTOR, COUNTY, or any public officer or agency in connection with the Welfare and Institutions Code relating to any form of public social services or health services provided under this Agreement shall be confidential and shall not be open to examination for any purpose not directly connected with the administration of such public social or health services.
  2. No person will publish or disclose, or use or cause to be published, disclosed, or used, any confidential information pertaining to an applicant or recipient of services. Applicant and recipient records and information shall not be disclosed by CONTRACTOR to third parties without COUNTY'S consent or the consent of the applicant/recipient.
- B. CONTRACTOR agrees to inform all of his/her employees, agents, subcontractors and partners of the above provision and that knowing and intentional violation of the provisions of said State law is a misdemeanor.

## **VI. QUALITY ASSURANCE AND PROGRAM REVIEW**

- A. CONTRACTOR shall permit, at any reasonable time, personnel designated by DIRECTOR to come on CONTRACTOR's premises for the purpose of making periodic inspections to evaluate the effectiveness of the services rendered pursuant to this Agreement. At reasonable times during normal business hours, COUNTY or DIRECTOR and/or their appropriate audit agency or designee shall have the right to inspect or otherwise evaluate the cost, quality, appropriateness and timeliness of services performed and to audit and inspect any books and records of CONTRACTOR which pertain to services performed and determination of amount payable under this Agreement. CONTRACTOR shall furnish DIRECTOR with such information as may be required to evaluate fiscal and program effectiveness of the services being rendered.
- B. CONTRACTOR shall also use evaluation questionnaires or other tools supplied by the COUNTY for the purpose of evaluation of client satisfaction of services provided.
- C. CONTRACTOR shall integrate service directives and/or service standards adopted by the HIV Health Services Planning Council into existing program models. If applicable, these directives and/or service standards will be furnished to the CONTRACTOR along with this Agreement. The CONTRACTOR may request an exemption from certain provisions of the Council service directives and/or standards. The COUNTY, as Fiscal Agent of the Sacramento Region EMA, retains discretionary authority to approve or deny requests for any exemption. All exemption requests, with narrative justification, must be submitted in writing in advance of anticipated need.

## **VII. RECORDS**

### **A. Client Records:**

1. CONTRACTOR shall maintain adequate client records on each individual client that includes diagnostic studies (when applicable), records of client interviews, progress notes, and records of services provided by the various professional and paraprofessional personnel in sufficient detail to permit an evaluation of services. Such records shall comply with all applicable Federal, State and COUNTY record maintenance requirements.
2. CONTRACTOR will maintain a completed Ryan White Intake Form for all non-anonymous clients in each client case file.
3. CONTRACTOR will track and report needs of clients, including documentation of any needs that are not provided for by funding under Title I/II of the Ryan White CARE Act.
4. CONTRACTOR shall maintain documentation in client case files that funds are not utilized to make payments for any item or service to the extent that payment has been made, with respect to that item or service by any other source of funds. Ryan White Title I and Title II-funded services are considered "Payer of Last Resort".

### **B. Financial Records:**

CONTRACTOR shall maintain complete financial records that clearly reflect the actual cost of and related fees and reimbursements received for each type of service for which payment is claimed. The client eligibility determination and the fees charged to, and collected from clients shall also be reflected therein. Any apportionment of costs shall be made in accordance with generally accepted accounting principles.

## VIII. REPORTS

- A. CONTRACTOR shall provide to COUNTY, to the satisfaction of the DIRECTOR, program budget expenditures, an accompanying budget narrative, the units of service with a description and reference to the appropriate Ryan White Service Code describing such service, and planned number of unduplicated persons to be served. Final negotiated program budgets must be submitted to the COUNTY by no later than 60 days after execution of this Agreement.
- B. CONTRACTOR will comply with all HRSA, State Office of AIDS and Fiscal Agent reporting requirements in a timely manner as specified by the COUNTY, as the Fiscal Agent of the Sacramento EMA. COUNTY shall explain procedures for reporting the required information.

## IX. EQUIPMENT OWNERSHIP

- A. All equipment and products purchased by CONTRACTOR under this Agreement must be American-made.
- B. COUNTY shall have and retain ownership and title to all equipment purchased by CONTRACTOR under this Agreement.
- C. CONTRACTOR shall furnish, and amend as necessary, a list of all equipment purchased under this Agreement together with the bills of sale and any other documents as may be necessary to show clear title and reasonableness of the purchase price. The equipment list shall specify the quantity, name, description, purchase price, and date of purchase of all equipment. CONTRACTOR shall make all equipment available to COUNTY during normal business hours for Sacramento County Identification Number tagging or inventory. CONTRACTOR shall deliver all equipment to COUNTY upon termination of this Agreement.

## X. STAFF TRAINING AND EDUCATION

CONTRACTOR shall provide and document AIDS and cultural competency training to staff and have documentation available for COUNTY inspection upon request. In addition, other specialized and required COUNTY training (i.e., Mandatory Technical Assistance Workshops) will be provided in cooperation with the Ryan White CARE Program.

## XI. GOOD NEIGHBOR POLICY

- A. CONTRACTOR shall comply with the COUNTY's Good Neighbor Policy, a copy of which is attached as Exhibit E.
- B. If COUNTY finds CONTRACTOR has failed to perform, COUNTY shall notify CONTRACTOR in writing that corrective action must be taken by CONTRACTOR within an agreed upon time frame. If CONTRACTOR fails to comply, COUNTY shall take the required corrective action and deduct the actual cost to correct the problem from CONTRACTOR's claim, when appropriate, to ensure compliance with the Good Neighbor Policy.

## XII. AUDIT/REVIEW REQUIREMENTS

- A. The following standards are applicable to the Audits and Reviews required pursuant to this provision.
  1. In the event that CONTRACTOR receives Federal funds, CONTRACTOR shall submit to DIRECTOR, on an annual basis either a financial and compliance audit (Audit) or Review of Documentation Supporting Requests for Reimbursement or limited scope audit (Review) as determined by paragraph B or C of this provision.
  2. An independent auditor must prepare the Audit/Review. Audits shall be conducted in accordance with generally accepted auditing standards and the latest revision of the Government Auditing Standards issued by the Comptroller General of the United States and shall comply with OMB Circular A-133 (States, Local Governments and not-for-profit agencies). Reviews shall be conducted in accordance with either American Institute of Certified Public Accountants' (AICPA) generally accepted auditing standards (GAAS) or generally accepted accounting principles (GAAP). The audit shall reference CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) 93.914 - (HIV EMERGENCY RELIEF PROJECT GRANT).
  3. The Audit/Review shall be performed on the basis of COUNTY's fiscal year; July 1 through June 30, unless CONTRACTOR's fiscal year is different, in which case it may be based on CONTRACTOR's fiscal year. If the Audit/Review is performed on the basis of CONTRACTOR's fiscal year, then the Reconciliation of the Cost Report data shall also be based on CONTRACTOR's fiscal year. If the Agreement is terminated for any reason during the

contract period, the independent Audit/Review shall cover the entire period of the Agreement for which services were provided.

4. CONTRACTOR must submit to Sacramento County Department of Health and Human Services three (3) copies of the Audit/Review, as described in OMB Circular A-133, within the earlier of 30 days after receipt of the auditor's report(s) or no later than six months following the end of the contract year or termination of the Agreement. Should there be any delay anticipated, CONTRACTOR shall immediately inform DIRECTOR of the delay. The Audit/Review shall be sent to the following address:

Sacramento County DHHS, Fiscal Services  
7001-A East Parkway, Suite 1100  
Sacramento, CA 95823

- B. Pursuant to OMB circular A-133 if CONTRACTOR expends less than \$500,000 per year in total Federal funds from all sources (excluding Drug/Medi-Cal), COUNTY shall monitor on an annual basis the CONTRACTOR's activities to ensure that such funds are used for authorized purposes in compliance with laws, regulations, and the provisions of this Agreement and that performance goals are achieved. In addition, COUNTY shall utilize Reviews provided by CONTRACTOR to meet monitoring objectives. Such reviews shall include, but are not limited to; copies of invoices, canceled checks, and time sheets.
- C. Pursuant to OMB Circular A-133, if CONTRACTOR expends \$500,000 or more per year in Federal funds from all sources (excluding Drug/Medi-Cal), CONTRACTOR is required to have an agency-wide single audit, or CONTRACTOR may elect a program specific audit if all Federal funding is utilized for only one program. CONTRACTOR shall forward three (3) copies of the "Reporting Package" and completed "Data Collection Form", as described in OMB Circular A-133, to COUNTY. CONTRACTOR must also simultaneously submit one (1) copy of the "Reporting Package" and one (1) copy of the completed "Data Collection Form", to the Federal Audit Clearinghouse. The address of the Federal Audit Clearinghouse is:

Federal Audit Clearinghouse  
Bureau of the Census  
1201 E. 10<sup>th</sup> Street  
Jacksonville, IN 47132
- D. COUNTY Division of Audits, or designee, shall examine all Audits/Reviews submitted for conformance to these provisions. Should CONTRACTOR have other Federal financial assistance which would require it to have an agency-wide single audit done in conformance with OMB Circular A-133, COUNTY shall be allowed access to all financial and program records as COUNTY deems necessary to determine that the COUNTY program is in compliance with legal and contractual requirements.
- E. Should any deficiencies be noted in the Audit/Review CONTRACTOR must submit an Action Plan with the Audit/Review detailing how the deficiencies will be addressed. CONTRACTOR shall correct all deficiencies within six months of the date that the Audit/Review is received by CONTRACTOR from its independent auditor, as required by Federal regulations.
- F. Should any overpayment of funds be noted in the Audit/Review, CONTRACTOR shall reimburse COUNTY the amount of the overpayment within 30 days of the date of submission of the Audit/Review.
- G. In the event that this Agreement is funded in whole or in part by State funds, the contracting parties shall be subject to examination and audit of the Auditor General for a period of three years after final payment under contract (Government Code, Section 8546.7).

### **XIII. CLAIMS FOR PAYMENT**

- A. During the term of this Agreement, COUNTY shall, except as herein provided, make provisional payments for services rendered during the preceding month upon the receipt of claims submitted by CONTRACTOR. CONTRACTOR shall submit a monthly claim on the forms and in accordance with the procedures prescribed by the COUNTY Ryan White CARE Program. Unless otherwise provided, claims shall be submitted to COUNTY no later than the tenth (10<sup>th</sup>) day of the month following the claim period, and COUNTY shall reimburse CONTRACTOR within 30 days after receipt of an appropriate and correct claim, except that DIRECTOR may withhold a percentage of the final claim until receipt by DIRECTOR of a complete and accurate final cost report.

- B. Format or other changes may be made by COUNTY to claim forms from time to time as needed and furnished to CONTRACTOR for billing purposes. All claims shall clearly reflect and in reasonable detail give information regarding the services for which the claim is being made. CONTRACTOR and COUNTY agree that COUNTY may withhold payment until receipt of billing in the prescribed detail and format.
- C. It is understood that the validity of such monthly claims, in terms of their compliance with Federal and State Title I and Title II regulations, is subject to the review of the Federal, State and COUNTY government and that COUNTY will be making payments on said claims in advance of said review and approval by the Federal government or the State, and in advance of other reimbursement by the Federal or State governments to COUNTY for sums expended thereunder. In the event that COUNTY is not reimbursed by the Federal or State government for any amount it has paid to CONTRACTOR hereunder, CONTRACTOR shall reimburse COUNTY in the amount of such overpayment within thirty (30) days or, at the sole discretion of DIRECTOR, COUNTY may withhold such amounts from any payments due under this Agreement or any successor Agreement.
- D. It is understood that any records of revenues or expenditures under this contract may be subject to compliance with Federal or State regulations, and may be audited by the appropriate Federal, State or COUNTY agency. In the event of audit disallowance of any claimed cost that is subject to compliance with State or Federal regulations, COUNTY shall not be liable for lost revenue resulting therefrom.
- E. If a post-Agreement audit, conducted in accordance with standard accounting procedures, finds that the actual aggregate costs for all services furnished pursuant to this Agreement are lower than the payments made by the COUNTY, or if any payments made by COUNTY are not reimbursable in accordance with the terms of the Ryan White CARE Program reporting system, HRSA regulations regarding the use of Ryan White Title I funds, or the State Office of AIDS regulations regarding the use of Title II funds, the difference shall be repaid by CONTRACTOR forthwith by cash payment or at the sole discretion of DIRECTOR as a credit on future billings. If such post-Agreement audit finds that the actual cost of any services furnished hereunder are higher than the payments made by COUNTY for that service, then the difference will not be paid to CONTRACTOR.
- F. In the event of termination of this Agreement prior to specified duration or in the event of non-renewal of contract services between CONTRACTOR and COUNTY, CONTRACTOR shall, within 30 days of termination of this Agreement, declare to COUNTY any and all accounts receivables and assign to COUNTY billings to all clients and/or payers for services rendered clients for which claims have been or are being made to COUNTY for reimbursement.

#### **XIV. AMENDMENTS**

- A. DIRECTOR may execute an amendment to this Agreement provided that:
  - 1. An increase in the maximum contract amount resulting from the amendment does not exceed the Director's delegated authority under Sacramento County Code Section 2.61.100 (c) or any amount specified by Board of Supervisor's resolution for amending this Agreement, whichever is greater; and
  - 2. Funding for the increased contract obligation is available within the Department's allocated budget for the fiscal year.
- B. The budget attached to this Agreement as Exhibit C is subject to revision by COUNTY upon written notice by COUNTY to CONTRACTOR as provided in this Agreement. Upon notice, CONTRACTOR shall adjust services accordingly and shall within thirty (30) days submit to DIRECTOR a revised budget. Said budget revision shall be in the form and manner prescribed by DIRECTOR and, when approved in writing, shall constitute an amendment to this Agreement.
- C. The budget attached to this Agreement as Exhibit C may be modified by CONTRACTOR making written request to DIRECTOR and written approval of such request by DIRECTOR. Approval of modifications requested by CONTRACTOR is discretionary with DIRECTOR. Said budget modification shall be in the form and manner prescribed by DIRECTOR and, when approved, shall constitute an amendment to this Agreement.

#### **XV. BASIS FOR ADVANCE PAYMENT**

This Agreement allows for advance payment when CONTRACTOR submits a request in writing, and request is approved in writing by DIRECTOR or DIRECTOR'S designee. If DIRECTOR finds that CONTRACTOR requires advance payment in order to perform the services required by this Agreement and advance payment will not create an undue risk that payment could be made for services which are not rendered, the DIRECTOR may authorize a one-time advance in an amount not to

exceed ten percent of the Maximum Payment to Contractor through this Agreement at the time the advance is made. Advanced funds shall be offset against actual reported expenditures throughout the year or by other arrangements as approved by the DIRECTOR. For Agreements of less than a 12-month period, the one time advance amount may not exceed ten percent of a 12-month equivalent of the Maximum Payment to CONTRACTOR through this Agreement at the time the advance is made.

**XVI. ELECTRONIC CAPABILITY**

- A. CONTRACTOR shall establish and maintain the ability to send and receive electronic (e-mail) communications with the COUNTY. CONTRACTOR shall provide the COUNTY with current primary contact information, including e-mail addresses.
- B. CONTRACTOR shall submit computerized monthly invoices processed using one of the following software programs: Word Perfect; Word for Windows; Excel; Access; or Ryan White Careware.

**XVII. CONTINUUM OF CARE RELATIONSHIPS**

- A. CONTRACTOR shall participate in the development of the Continuum of Care, including participation in the development of a Comprehensive Plan for the Eligible Metropolitan Area (EMA). This process will also require establishment and maintenance of cooperative working relationships with Ryan White Title I/II and other service providers within the region's Continuum of Care.
- B. CONTRACTOR shall establish, maintain and document referral relationships with entities in the area served that constitute key points of entry to the health care system for individuals with HIV disease. Within the Sacramento EMA, these key points of entry include, but are not limited to, the Center for AIDS Research, Education and Services (CARES), University of California Davis Medical Center, local hospital emergency rooms, HIV disease counseling and testing sites, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, federally qualified health centers, and public health departments.
- C. CONTRACTOR will conduct outreach efforts to reach low-income HIV+ individuals and inform them of service availability. Special emphasis will be placed on techniques to reach individuals who know their HIV+ status but are not currently in care.

**EXHIBIT E to Agreement**  
**between the COUNTY OF SACRAMENTO,**  
**hereinafter referred to as "COUNTY",**  
**and EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,**  
**hereinafter referred to as "CONTRACTOR"**

**GOOD NEIGHBOR POLICY**

**I. GOOD NEIGHBOR POLICY**

- A. CONTRACTOR shall comply with COUNTY's Good Neighbor Policy. CONTRACTOR shall establish good neighbor practices for its facilities that include, but are not limited to, the following:
1. Provision of parking adequate for the needs of its employees and service population;
  2. Provision of adequate waiting and visiting areas;
  3. Provision of adequate restroom facilities located inside the facility;
  4. Implementation of litter control services;
  5. Removal of graffiti within seventy-two hours;
  6. Provision for control of loitering and management of crowds;
  7. Maintenance of facility grounds, including landscaping, in a manner that is consistent with the neighborhood in which the facility is located;
  8. Participation in area crime prevention and nuisance abatement efforts; and
  9. Undertake such other good neighbor practices as determined appropriate by COUNTY, based on COUNTY's individualized assessment of CONTRACTOR's facility, services and actual impacts on the neighborhood in which such facility is located.
- B. CONTRACTOR shall identify, either by sign or other method as approved by the DIRECTOR, a named representative who shall be responsible for responding to any complaints relating to CONTRACTOR's compliance with the required good neighbor practices specified in this Section. CONTRACTOR shall post the name and telephone number of such contact person on the outside of the facility, unless otherwise advised by DIRECTOR.
- C. CONTRACTOR shall comply with all applicable public nuisance ordinances.
- D. CONTRACTOR shall establish an ongoing relationship with the surrounding businesses, law enforcement and neighborhood groups and shall be an active member of the neighborhood in which CONTRACTOR's site is located.
- E. If COUNTY finds that CONTRACTOR has failed to comply with the Good Neighbor Policy, COUNTY shall notify CONTRACTOR in writing that corrective action must be taken by CONTRACTOR within a specified time frame. If CONTRACTOR fails to take such corrective action, COUNTY shall take such actions as are necessary to implement the necessary corrective action. COUNTY shall deduct any actual costs incurred by COUNTY when implementing such corrective action from any amounts payable to CONTRACTOR under this Agreement.
- F. CONTRACTOR's continued non-compliance with the Good Neighbor Policy shall be grounds for termination of this Agreement and may also result in ineligibility for additional or future contracts with COUNTY.



EXHIBIT G to Agreement  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

CONTRACTOR agrees to comply with 45 CFR Part 76.100 (Code of Federal Regulations), which provides that Federal funds may not be used for any contracted services, if CONTRACTOR is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

I (We) certify to the best of my (our) knowledge and belief, that CONTRACTOR named below and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a 3-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State, or local) terminated for cause or default.
5. Shall notify COUNTY within ten (10) days of receipt of notification that CONTRACTOR is subject to any proposed or pending debarment, suspension, indictments or termination of a public transaction.
6. Shall obtain a certification regarding debarment and suspension from all its subcontractors that will be funded through this Agreement.
7. Hereby agree to terminate immediately, any subcontractor's services that will be/are funded through this Agreement, upon discovery that the subcontractor is ineligible or voluntarily excluded from covered transactions by any Federal Department or agency.

EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT

BY: *Suzanne Anne*

DATE: 6/29/07

## ATTACHMENT A

TITLE I – RYAN WHITE HIV DENTAL PROGRAM  
OPERATIONS MANUALI. CRITERIA FOR DENTAL SERVICES UNDER THE TITLE I RYAN WHITE PROGRAM

This document is a compilation of criteria which apply to dental services. It is designated to provide assistance to dentists treating beneficiaries, in determining service authorization and payment. These criteria are designated to ensure that program funds are spent on services that are medically necessary and are in substantial compliance with the Ryan White HIV Dental Program Policy, and generally accepted standards of dental practice. However, these criteria are but guidelines with which to apply professional judgement in assuring that dental services are appropriate, necessary and of high quality. Professional judgement shall be applied in the determination of benefits and/or payment on the basis of these reliable and valid criteria, evaluation, and interpretation of diagnostic material. Providers and County consultants have established these criteria to standardize the exercise of professional judgement. However, it should be pointed out that this listing does not establish a requirement that consultants must authorize services which meet the criteria listed.

II. REASONABLE AND NECESSARY CONCEPT

- A. Outpatient dental services which are reasonable and necessary for the diagnosis and treatment of dental disease, injury, or defect are covered.
- B. The underlying principle of whether a service is reasonable and necessary is whether or not the requested service or item is in accord with generally accepted standards of dental practice and is indispensable to the oral health of the beneficiary. Treatment shall be granted or reimbursement made only for covered services appropriate to the present adverse condition which has been approved according to program requirements.

III. EMERGENCY DENTAL SERVICES

- A. Within the scope of dental care benefits under the program, emergency dental services may comprise those diverse professional services required in the event of unforeseen medical conditions such as hemorrhage, infection, or trauma. Emergency service shall conform to acceptable standards within our community. Examples of emergency conditions may include, but are not limited to the following:
  - 1. High risk-to life or minimally disabling conditions, *e.g.*, painful oral-dental infections, pulpal exposures, and fractured teeth.
- B. Possible emergency dental treatment may include, but is not limited to: antibiotics administrations; prescriptions of analgesics or antibiotics; temporary or permanent filling; pulpal treatment, where sedative holding measures are not effective; biopsy; denture adjustment; treatment of evulsed teeth; control of post-operative bleeding; treatment for acute periodontitis.

IV. DENTIST PARTICIPATION INFORMATION

The fee payable to providers is at the negotiated rate, as stated in the provider's contracted fee schedule, for covered services.

V. PRIOR AUTHORIZATION

- A. Prior authorization by a County representative may be required for dental services including but not limited to endodontic and periodontic treatment, cast partials, castings, dentures, and referrals to outside dental specialty providers (see covered services for specifics).
- B. The cost of hospitalization is **not** covered. The dental procedures performed during hospitalization will be covered at the same rate specified in the provider's contracted fee schedule. No other hospital related costs are covered.

VI. UNLISTED PROCEDURES (9999)

- A. Complete description of the proposed treatment and the need for service must be documented.
- B. The fee requested must be listed and is subject to review by County representatives.
- C. Non-emergency unlisted procedures require prior authorization.

VII. COVERED PROCEDURES

A. DIAGNOSTIC

- Procedure 0110 Examination, initial episode of treatment only. Radiographs are covered when taken in compliance with state and federal regulations for radiation hygiene, and when they fully depict subject teeth and associated structures by standard illumination, and are appropriate to the symptoms and conditions of the patient.
- Procedure 0120 Periodic oral examination limited to any two examinations (0110, 0120, 0130) per contract year.
- Procedure 0210 Intraoral, complete series when medically necessary and in accepted standards of dental practice. Limited to once in a three (3) year period.
- Procedure 0230 Intraoral periapical, each additional film (maximum ten films).
- Procedure 0240 Intraoral, occlusal film.
- Procedure 0272 Bitewings, two films. Limited to once per contract year.
- Procedure 0274 Bitewings, four films. Limited to once per contract year.
- Procedure 0330 Panographic-type film, single film. Limited to once every three (3) years.
- Procedure 0470 Diagnostic casts.

B. PREVENTIVE – Covered only when in conjunction with restorative procedures and limited to two (2) times per contract year.

- Procedure 1110 Prophylaxis – adult, limited to two (2) times per contract year.
- Procedure 1120 Prophylaxis – child, limited to two (2) times per contract year.
- Procedure 1201 Topical application of fluoride (including prophylaxis) – child.
- Procedure 1203 Topical application of fluoride (prophylaxis not included) – child.
- Procedure 1204 Topical application of fluoride (including prophylaxis) – adult.
- Procedure 1205 Topical application of fluoride (prophylaxis not included) – adult.
- Procedure 1351 Sealant – per tooth, children only.

C. RESTORATIVE DENTISTRY

- 1. The program provides temporary restoration, amalgam, composite, or plastic restorations for treatment of caries. If the tooth can be restored with such material, any crown or jacket is not covered.
- 2. Laboratory processed crowns are benefits for permanent anterior teeth and permanent posterior teeth once in a five (5) year period.

3. When a crown is placed on a posterior molar tooth, porcelain, resin and similar materials are optional. An allowance will be made based on the fee for a full metal crown.
4. Authorization may be granted for the lowest cost item or service that meets the patient's medical needs. When acting upon request for approval for laboratory processed crowns, these regulations as well as the overall condition of the mouth, patient's receptivity toward treatment and willingness to comply with maintaining good oral hygiene, oral health status, arch integrity, and prognosis of remaining teeth shall be considered.
5. Laboratory processed crowns may be granted where longevity is essential and a lesser service will not suffice, when extensive coronal destruction is radiographically demonstrated and treatment is beyond intercoronal restoration.
6. Cast or performed posts are covered for devitalized teeth only.
7. Laboratory process crowns on endodontically treated teeth are covered only after satisfactory completion of the root canal therapy.

Procedure 2110	Amalgam restoration, primary tooth, one surface.
Procedure 2120	Amalgam restoration primary tooth, two surfaces.
Procedure 2130	Amalgam restoration, primary tooth, three surfaces.
Procedure 2131	Amalgam restoration, primary tooth, four or more surfaces.
Procedure 2140	Amalgam restoration, permanent tooth, one surface.
Procedure 2150	Amalgam restoration, permanent tooth, two surfaces.
Procedure 2160	Amalgam restoration, permanent tooth, three surfaces.
Procedure 2161	Amalgam restoration, permanent tooth, four or more surfaces.
Procedure 2330	Composite restoration, one surface – anterior tooth.
Procedure 2331	Composite restoration, two surfaces – anterior tooth.
Procedure 2332	Composite restoration, three surfaces – anterior tooth.
Procedure 2335	Composite restoration, four or more surfaces or involving incisal angle – anterior.
Procedure 2750	Crown, porcelain fused to metal (anterior teeth only).
Procedure 2790	Crown, full case high noble metal.
Procedure 2910	Re-cement inlay, facing, pontic.
Procedure 2920	Re-cement crown.
Procedure 2930	Crown stainless steel, primary.
Procedure 2931	Crown stainless steel, permanent.
Procedure 2950	Core buildup, including any pins.
Procedure 2951	Pin retention (per pin), maximum three pins per tooth.
Procedure 2952	Cast post and core, in addition to crown.

Procedure 2954 Prefabricated post and core, in addition to crown.

Procedure 2970 Temporary crown or stainless steel band.

D. ENDODONTICS – GENERAL POLICIES

1. Includes those procedures when complete root canal filling on permanent teeth:
  - a. Root canal therapy is a covered benefit, if medically necessary – tooth is non-vital. The prognosis of the affected tooth and other remaining teeth will be evaluated in considering root canal therapy.
  - b. Authorization and payment for root canal treatment includes, but is not limited to, any of the following procedures:
    - Any incision and drainage necessary on relation to the root canal therapy.
    - Vitality test.
    - Radiographs required during treatment.
    - Culture.
    - Medicated treatment.
    - Final filling of canals.
    - Final treatment radiographs.
  - c. Necessary retreatment and postoperative care within a 90-day period is included in the reimbursement fee for the root canal therapy.
  - d. Root canal therapy must be completed prior to payment. Date of service on the claim for payment must reflect the final completion date.
2. Emergency root canal treatment may be done when any of the following conditions exist and **documentation substantiates the need:**
  - a. Failure of a palliative treatment to relieve the acute distress of the patient.
  - b. When a tooth has been accidentally evulsed.
  - c. When there has been a fracture of the crown of a tooth exposing the pulpal tissue.
3. The prognosis of the affected tooth, other remaining teeth, and the type of restorations allowable will be evaluated in considering requested root canal therapy.
4. Extraction may be suggested for a tooth with a fractured root, external or internal resorption, or one that is easily replaced by addition to an existing removable dental appliance.

Procedure 3110 Pulp cap – direct (excluding final restoration).

Procedure 3120 Pulp cap – indirect (excluding final restoration).

Procedure 3220 Therapeutic pulpotomy (excluding final restoration).

Procedure 3310 Anterior root canal therapy (excluding final restoration).

Procedure 3320 Bicuspid root canal therapy (excluding final restoration).

Procedure 3330 Molar root canal therapy (excluding final restoration).

Procedure 3410

Apicoectomy (separate surgical procedure) per tooth: This procedure when there is severe apical curvature, blockage of the canal by calcific deposits, dentinal shavings or pulp chamber debris, and when a canal wall has been perforated or "shelved" during canal enlargement.

E. PERIODONTICS

1. PERIODONTICS – GENERAL POLICIES

Accepted dental practice indicates that periodontal treatment should use therapeutic measures on an ordered schedule limited to the direct, least invasive measures necessary to achieve the result.

Procedure 4210

Gingivectomy or gingivoplasty – per quadrant.

Procedure 4211

Gingivectomy or gingivoplasty, treatment per tooth (fewer than six teeth): May be authorized when an isolated pocket has not responded to conservative treatment.

Procedure 4220

Gingival curettage, surgical, per quadrant, by report.

Procedure 4240

Gingival flap procedure, including root planning – per quadrant.

Procedure 4341

Subgingival curettage and root planning, per treatment: Root planing includes the removal of calculus deposits on the tooth and root, the smoothing of the root and surface; subgingival curettage – the removal of granulation tissue and pocket lining epithelium. Treatment is limited to those areas requiring immediate attention.

Procedure 4910

Periodontal maintenance procedures (following active therapy).

F. PROSTHETICS - REMOVABLE

1. Full dentures are covered when medically necessary using standard procedures which exclude precision attachments, implants or other specialized techniques. These services are covered only once in a five year period
  - a. Prevent a significant disability.
  - b. Replace a covered removable dental prosthesis which has been lost or destroyed due to circumstances beyond the beneficiary's control.
2. Request for the extraction of all remaining teeth in preparation for complete immediate dentures and the immediate full dentures following full mouth extractions (both anterior and posterior) is a covered benefit.
3. Construction of new dentures shall not be authorized if conditions including but not limited to the following exist:
  - a. It would be impossible or highly improbable for a beneficiary to adjust to a new prosthetic appliance. This is particularly applicable in those cases where the patient has been without dentures for an extended period of time or where the beneficiary may exhibit a poor adaptability due to psychological and/or motor deficiencies.
  - b. The dental history shows that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable (psychological).
  - c. Repair, relining, or reconstruction of the recipient's present denture will make it serviceable.
  - d. The denture, in the patient's opinion only, is loose or ill-fitting but is recently enough constructed to indicate deficiencies limited to those inherent in all dentures.
  - e. Where the request for the denture(s) is primarily cosmetic, the authorization shall be denied.

- f. The patient has been without dentures for at least five (5) years and is currently functioning without dentures.
4. Immediate dentures may be authorized when conditions including but not limited to the following exist:
    - a. Extensive or rampant caries are exhibited.
    - b. Severe periodontal involvement is indicated.
      - i. When the clinical exam shows excessive mobility and severe gingivitis.
      - ii. When tooth mobility is not grossly evident and when the gingival tissues are not severely involved, consideration should be given to a more conservative treatment and denture request denied.
    - c. Numerous teeth are missing and masticating ability has been diminished.
      - i. Where there is not capability of any posterior occlusion with existing dentition.
      - ii. When a functional, although minimal, occlusion exists, the urgent need for prosthesis should be carefully evaluated.
  5. Requests for replacement dentures shall include adequate supportive documentation and shall be preauthorized. Replacement dentures may be authorized more often than once in a five (5) year period when:
    - a. Catastrophic loss of denture.
    - b. Surgical or traumatic loss of oral-facial anatomic structures.
    - c. Replacement of existing dentures.
      - i. When there has been a complete deterioration of the denture base or teeth.
      - ii. When there has been a complete loss of retentive ability, vertical dimension, or balanced occlusion of existing dentures.
  6. Requests for dentures for the long-standing edentulous patient will be denied.
  7. A removable Partial denture is covered when necessary for the replacement of anterior teeth only.
  8. A covered removable partial denture may be authorized only once in a five (5) year period except to:
    - a. Prevent a significant disability.
    - b. Replace a covered removable dental prosthesis which has been lost or destroyed due to circumstances beyond the beneficiary's control.
- |                |   |
|----------------|---|
| Procedure 5110 | Complete denture - maxillary.   |
| Procedure 5120 | Complete denture - mandibular.  |
| Procedure 5130 | Immediate denture - maxillary.  |
| Procedure 5140 | Immediate denture - mandibular.   |
| Procedure 5211 | Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).  |
| Procedure 5212 | Mandibular partial denture - resin base (including any conventional clasps, rests and teeth). |

Procedure 5213	Maxillary partial denture – predominantly base metal (including any conventional clasps, rests and teeth).
Procedure 5214	Mandibular partial denture – predominantly base metal (including any conventional clasps, rests and teeth).
Procedure 5410	Denture adjustment – maxillary denture.
Procedure 5411	Denture adjustment – mandibular denture.
Procedure 5421	Denture adjustment – maxillary partial.
Procedure 5422	Denture adjustment – mandibular partial.
Procedure 5510	Repair broken denture base only (complete or partial).
Procedure 5520	Replace broken denture teeth only.
Procedure 5610	Repair resin denture base.
Procedure 5620	Repair cast framework.
Procedure 5630	Repair or replace clasp.
Procedure 5640	Replace broken teeth – per tooth
Procedure 5650	Add tooth to partial denture to replace newly extracted natural tooth.
Procedure 5660	Add clasp to existing partial denture.
Procedure 5710	Rebase complete maxillary denture.
Procedure 5711	Rebase complete mandibular denture.
Procedure 5720	Rebase maxillary partial denture.
Procedure 5721	Rebase mandibular partial denture.
Procedure 5730	Reline complete maxillary denture – chairside.
Procedure 5731	Reline complete mandibular denture – chairside.
Procedure 5740	Reline partial maxillary denture – chairside.
Procedure 5741	Reline partial mandibular denture – chairside.
Procedure 5750	Reline complete maxillary denture – lab.
Procedure 5751	Reline complete mandibular denture – lab.
Procedure 5760	Reline partial maxillary denture – lab.
Procedure 5761	Reline partial mandibular denture – lab.
Procedure 5810	Interim complete denture (maxillary).
Procedure 5811	Interim complete denture (mandibular).
Procedure 5820	Interim partial denture (maxillary).



- Procedure 5821 Interim partial denture (mandibular).
- Procedure 5850 Tissue conditioning – maxillary.
- Procedure 5851 Tissue conditioning – mandibular.

G. PROSTHETICS - FIXED

- Procedure 6210 Pontic-cast with high noble metal.
- Procedure 6240 Pontic-porcelain with high noble metal.
- Procedure 6250 Pontic-resin with high noble metal.
- Procedure 6750 Bridge crown-porcelain with high noble metal.
- Procedure 6790 Bridge crown-full case with high noble metal.
- Procedure 6930 Re-cement bridge.
- Procedure 6940 Stress breaker.
- Procedure 6970 Cast post and core in addition to bridge crown (endodontically treated tooth).
- Procedure 6971 Cast post as part of bridge crown.
- Procedure 6972 Prefabricated post and core in addition to bridge crown (endodontically treated tooth).
- Procedure 6980 Repair fixed bridge.
- Procedure 6999 Unspecified fixed prosthodontic procedure, by report.

H. ORAL SURGERY

1. EXTRACTIONS – GENERAL POLICIES

- a. Diagnostic x-rays fully depicting subject tooth (teeth) are usually required for all intraoral surgical procedures. (See specific procedure code for details)
- b. The extraction of asymptomatic teeth is not a benefit.

The following instances may be justified as being symptomatic:

- i. Teeth which are involved with a cyst, tumor, or neoplasm.
- ii. The extraction of all remaining teeth in preparation for a full prosthesis.
- iii. A malaligned tooth that causes intermittent gingival inflammation.
- iv. Perceptible radiologic pathology that fails to elicit symptoms.

- c. By report procedures may be used when the provider has encountered unforeseen complications which are not usually considered normal to the particular procedure listed.

- Procedure 7110 Removal of erupted tooth, uncomplicated, first tooth
- Procedure 7120 Removal of erupted tooth (teeth), uncomplicated, each additional tooth.
- Procedure 7130 Removal of root or root tip.

Procedure 7210	Removal of erupted tooth, surgical.
Procedure 7220	Removal of impacted tooth – soft tissue: Removal of any permanent tooth by the open method which may or may not include removal of bone in those cases where the major portion of all of the crown of the tooth was covered by mucogingival tissue and not alveolar bone.
Procedure 7230	Removal of impacted tooth – partially bony.
Procedure 7240	Removal of impacted tooth – totally bony: Removal of any tooth by the open method where it is necessary to expose any portion of the crown of the tooth by removal of alveolar bone.
Procedure 7250	Surgical removal of residual tooth roots (cutting procedure).
Procedure 7285	Biopsy and pathology reports of oral tissue – hard: Refer to oral surgeon.
Procedure 7286	Biopsy and pathology reports of oral tissue – soft: Refer to oral surgeon.
Procedure 7310	Alveolectomy (Alveoloplasty): Is a collective term for the operation by which the shape and condition of the alveolar process is improved for preservation of the residual bone.
Procedure 7430	Excision of benign tumor – lesion diameter up to 1.25 cm.
Procedure 7431	Excision of benign tumor – lesion diameter greater than 1.25 cm.
Procedure 7440	Excision of malignant tumor – lesion diameter up to 1.25 cm.
Procedure 7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm.
Procedure 7465	Destruction of lesion(s) by physical or chemical methods, by report.
Procedure 7510	Incision and drainage of abscess, intraoral soft tissue.
Procedure 7520	Incision and drainage of abscess, extraoral soft tissue.
Procedure 7550	Sequestrectomy for osteomyelitis or bone abscess, superficial.
Procedure 7970	Excision of hyperplastic tissue, per arch: A benefit when inflammatory hyperplastic tissue interferes with normal use of function of a prosthetic appliance.
Procedure 7971	Excision pericoronal gingiva, operculectomy.

I. ADJUNCTIVE GENERAL SERVICES

Must be pre-authorized. Claim must be accompanied by documentation from primary care physician as to the medical necessity.

1. General anesthesia as used for dental pain control means the elimination of all sensation accompanied by a state of unconsciousness.
2. Office (outpatient) general anesthesia may be payable when the provider indicates local anesthesia is contraindicated.

Procedure 9110	Emergency treatment, palliative, per visit.
Procedure 9220	General anesthesia – first thirty (30) minutes.
Procedure 9221	General anesthesia – each additional 15 minutes.
Procedure 9430	Office visit during regular office hours for treatment and/or observation of teeth and supporting structures.

Procedure 9440	Professional visit after regular office hours or to bedside.
Procedure 9930	Post-operative visit, complications (post surgical <i>e.g.</i> , osteitis).
Procedure 9940	Occlusal guard, by report.
Procedure 9951	Occlusal adjustment – limited.
Procedure 9952	Occlusal adjustment – complete.

J. UNLISTED PROCEDURES

Procedure 9999	Unlisted procedures; requires definition and requires prior authorization by County for non-emergency procedures..
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VIII. NOT COVERED PROCEDURES

The following are not benefits under the program:

A. DIAGNOSTIC and PREVENTIVE

1. Preventive control program, including fissure sealant, prophylactic fillings, oral hygiene instruction, dietary instruction and prophylaxis when not in conjunction with restorative treatment. (Prophy's can be obtained at Sacramento City College Dental Hygiene Department).

B. ORAL SURGERY

1. Experimental procedures.
2. Asymptomatic extractions.
3. Surgical correction of the maxilla and mandible by grafts for denture retention.
4. Surgical treatment of temporomandibular joint disturbances.
5. Surgical treatment of prognathism or retrognathism.
6. Surgical treatment to correct congenital or developmental malformation.

C. PRESCRIBED DRUGS – Reimbursement for prescription drugs is not covered unless there is no other payor source and is limited to only those drugs that are currently prescribed by the dental community for dental related needs.

D. ORTHODONTIC SERVICES

E. RESTORATIVE DENTISTRY

1. Full mouth reconstruction procedure.
2. Cosmetic procedure and restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusion. These include:
  - a. Increasing vertical dimension.
  - b. Replacing or stabilizing tooth structure loss by attrition.
  - c. Realignment of teeth.
  - d. Periodontal splinting.
  - e. Gnathologic recordings.

- f. Equilibration.
  - g. Surgical treatment of disturbances of temporomandibular joint.
  - h. Services for the surgical treatment of prognathism or retrognathism.
3. Treatment of incipient or non-active caries as demonstrated radiographically.

F. PROSTHETICS

The program provides for replacement of missing teeth with full dentures or partials using standard procedures, when "medically necessary" by the dentist. A service is "medically necessary" or is a "medical necessity" when it is reasonable to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

Medically necessary dentures or partials must be preauthorized and are limited to once in a five (5) year period, unless rendered totally unfunctionable and not repairable.

Treatment involving the following is not covered:

- Specialized techniques
- Precious metal for removable appliances
- Overlays, implants and associated appliances
- Personalization or characterization

COUNTY OF SACRAMENTO

COST REIMBURSEMENT AGREEMENT NO. 7275-07/08-709

ATTACHMENT B  
Fee Schedule

CODE	DESCRIPTION	UOS	FEE
00110	Initial oral examination	0.4	\$41.20
00120	Periodic oral examination	0.3	\$30.90
00210	Intraoral-complete series (including bitewings)	0.7	\$72.10
00220	Intraoral-periapical-first film	0.2	\$20.60
00230	Intraoral-periapical-each additional film	0.1	\$10.30
00240	Intraoral-occlusal film	0.3	\$30.90
00270	Bitewing-single film	0.2	\$20.60
00272	Bitewing-two films	0.3	\$30.90
00274	Bitewing-four films	0.4	\$41.20
00330	Panoramic film	0.6	\$61.80
00470	Diagnostic casts	0.6	\$61.80
01110	Prophylaxis-adult	0.5	\$51.50
01120	Prophylaxis-child	0.6	\$61.80
01201	Topical application of fluoride (including prophylaxis)-child	0.6	\$61.80
01203	Topical application of fluoride (prophylaxis not included)-child	0.2	\$20.60
01204	Topical application of fluoride (prophylaxis not included)-adult	0.3	\$30.90
01205	Topical application of fluoride (including prophylaxis)-adult	0.7	\$72.10
01351	Sealant-per tooth	0.3	\$30.90
02110	Amalgam-one surface, primary	0.6	\$61.80
02120	Amalgam-two surfaces, primary	0.7	\$72.10
02130	Amalgam-three surfaces, primary	0.9	\$92.70
02131	Amalgam-four or more surfaces, primary	1.0	\$103.00
02140	Amalgam-one surface, permanent	0.7	\$72.10
02150	Amalgam-two surfaces, permanent	0.9	\$92.70
02160	Amalgam-three surfaces, permanent	1.0	\$103.00
02161	Amalgam-four or more surfaces, permanent	1.2	\$123.60
02330	Resin-one surface, anterior	0.9	\$92.70
02331	Resin-two surfaces, anterior	1.0	\$103.00
02332	Resin-three surfaces, anterior	1.2	\$123.60
02335	Resin-four or more surfaces or involving incisal angle (anterior)	1.7	\$175.10
02750	Crown-porcelain fused to high noble metal	7.8	\$803.40
02751	Crown-porcelain fused to predominantly base metal	6.7	\$690.10
02752	Crown-porcelain fused to noble metal	7.1	\$731.30
02790	Crown-full cast high noble metal	7.0	\$721.00
02791	Crown-full cast predominantly base metal	6.1	\$628.30

02792	Crown-full cast noble metal	7.0	\$721.00
02910	Recement inlay	0.8	\$82.40
02920	Recement crown	0.8	\$82.40
02930	Prefabricated stainless steel crown - primary tooth	1.8	\$185.40
02931	Prefabricated stainless steel crown - permanent tooth	2.1	\$216.30
02950	Core buildup, including any pins	1.3	\$133.90
02951	Pin retention-per tooth, in addition to restoration	0.4	\$41.20
02952	Cast post and core in addition to crown	2.1	\$216.30
02954	Prefabricated post and core in addition to crown	1.9	\$195.70
02970	Temporary crown (fractured tooth)	1.1	\$113.30
02980	Crown repair, by report	2.8	\$288.40
03110	Pulp cap-direct (excluding final restoration)	0.4	\$41.20
03120	Pulp cap-indirect (excluding final restoration)	0.6	\$61.80
03220	Therapeutic pulpotomy (excluding final restoration)	0.8	\$82.40
03310	Anterior root canal (excluding final restoration)	4.1	\$422.30
03320	Bicuspid root canal (excluding final restoration)	4.4	\$453.20
03330	Molar root canal (excluding final restoration)	5.9	\$607.70
03410	Apicoectomy/Periradicular surgery- anterior	3.4	\$350.20
04210	Gingivectomy or gingivoplasty-per quadrant	3.0	\$309.00
04211	Gingivectomy or gingivoplasty-per tooth	0.8	\$82.40
04220	Gingival curettage, surgical, per quadrant, by report	1.5	\$154.50
04240	Gingival flap procedure, including root planing- per quadrant	3.6	\$370.80
04341	Periodontal scaling and root planing per quad	1.4	\$144.20
04910	Periodontal maintenance procedure (following active therapy)	0.8	\$82.40
05110	Complete denture - maxillary	8.1	\$834.30
05120	Complete denture - mandibular	8.1	\$834.30
05130	Immediate denture - maxillary	8.4	\$865.20
05140	Immediate denture - mandibular	8.4	\$865.20
05211	Maxillary partial denture-resin base (including clasps, rests, teeth)	7.1	\$731.30
05212	Mandibular partial denture-resin base (including clasps, rests, teeth)	7.1	\$731.30
05213	Maxillary partial denture-cast metal framework (including clasps, rests, teeth)	9.2	\$947.60
05214	Mandibular partial denture - cast metal framework (including clasps, rests, teeth)	9.8	\$1,009.40
05410	Adjust complete denture - maxillary	0.5	\$51.50
05411	Adjust complete denture - mandibular	0.5	\$51.50
05421	Adjust partial denture - maxillary	0.5	\$51.50
05422	Adjust partial denture - mandibular	0.5	\$51.50
05510	Repair broken complete denture base	1.0	\$103.00
05520	Replace missing or broken teeth-complete denture (each tooth)	0.9	\$92.70
05610	Repair resin denture base	1.0	\$103.00
05620	Repair cast framework	1.5	\$154.50
05630	Repair or replace broken clasp	1.5	\$154.50
05640	Replace broken teeth-per tooth	0.9	\$92.70
05650	Add tooth to existing partial denture	1.4	\$144.20
05660	Add clasp to existing partial denture	1.8	\$185.40

05710	Rebase complete maxillary denture	3.4	\$350.20
05711	Rebase complete mandibular denture	3.4	\$350.20
05720	Rebase maxillary partial denture	3.4	\$350.20
05721	Rebase mandibular partial denture	3.5	\$360.50
05730	Reline complete maxillary denture (chairside)	1.7	\$175.10
05731	Reline complete mandibular denture (chairside)	1.7	\$175.10
05740	Reline maxillary partial denture (chairside)	1.7	\$175.10
05741	Reline mandibular partial denture (chairside)	1.7	\$175.10
05750	Reline complete maxillary denture (laboratory)	2.6	\$267.80
05751	Reline complete mandibular denture (laboratory)	2.5	\$257.50
05760	Reline maxillary partial denture (laboratory)	2.5	\$257.50
05761	Reline mandibular partial denture (laboratory)	2.5	\$257.50
05810	Interim complete denture (maxillary)	4.3	\$442.90
05811	Interim complete denture (mandibular)	4.3	\$442.90
05820	Interim partial denture (maxillary)	3.7	\$381.10
05821	Interim partial denture (mandibular)	3.7	\$381.10
05850	Tissue conditioning (maxillary)	1.0	\$103.00
05851	Tissue conditioning (mandibular)	1.0	\$103.00
06210	Pontic-cast high noble metal	7.0	\$721.00
06211	Pontic-cast predominantly base metal	6.1	\$628.30
06212	Pontic-cast noble metal	6.7	\$690.10
06240	Pontic-porcelain fused to high noble metal	7.9	\$813.70
06241	Pontic-porcelain fused to predominantly base metal	6.7	\$690.10
06242	Pontic-porcelain fused to noble metal	7.0	\$721.00
06750	Crown-porcelain fused to high noble metal	7.9	\$813.70
06751	Crown-porcelain fused to predominantly base metal	6.6	\$679.80
06752	Crown-porcelain fused to noble metal	7.0	\$721.00
06790	Crown-full cast high noble metal	7.1	\$731.30
06791	Crown-full cast predominantly base metal	6.3	\$648.90
06792	Crown-full cast noble metal	7.0	\$721.00
06930	Recement fixed partial denture	1.0	\$103.00
06940	Stress breaker	2.6	\$267.80
06970	Cast post and core in addition to fixed partial denture retainer	2.9	\$298.70
06971	Cast post and core as part of a fixed partial denture retainer	2.9	\$298.70
06972	Prefabricated post and core in addition to fixed partial denture retainer	2.3	\$236.90
06973	Core build up for retainer, including any pins	1.8	\$185.40
06980	Fixed partial denture repair, by report	5.5	\$566.50
07110	Single tooth extraction	0.8	\$82.40
07120	Each additional tooth extraction	0.8	\$82.40
07130	Root removal-exposed roots	1.0	\$103.00
07210	Surgical removal of erupted tooth requiring elevation of flap and/or removal of bone	1.3	\$133.90
07220	Removal of impacted tooth-soft tissue	1.5	\$154.50
07230	Removal of impacted tooth-partial bony	2.0	\$206.00
07240	Removal of impacted tooth-complete bony	3.0	\$309.00

07250	Surgical removal of residual tooth roots (cutting procedure)	1.4	\$144.20
07285	Biopsy of oral tissue-hard	2.0	\$206.00
07286	Biopsy of oral tissue-soft	1.5	\$154.50
07310	Alveoloplasty in conjunction with extractions-per quadrant	1.3	\$133.90
07311	Alveoloplasty not in conjunction with extractions-per quadrant	1.3	\$133.90
07430	Excision of benign tumor-lesion diameter up to 1.25 cm	1.4	\$144.20
07431	Excision of benign tumor-lesion diameter greater than 1.25 cm	2.0	\$206.00
07440	Excision of malignant tumor-lesion diameter up to 1.25 cm	2.9	\$298.70
07441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	4.8	\$494.40
07465	Destruction of lesion(s) by physical or chemical methods, by report	2.3	\$236.90
07510	Incision and drainage of abscess-intraoral soft tissue	0.8	\$82.40
07520	Incision and drainage of abscess-extraoral soft tissue	2.1	\$216.30
07550	Sequestrectomy for osteomyelitis	2.9	\$298.70
07970	Excision of hyperplastic tissue-per arch	2.3	\$236.90
07971	Excision of pericoronal gingiva	0.9	\$92.70
09110	Palliative (emergency) treatment of dental pain-minor procedure	0.7	\$72.10
09430	Office visit for observation (during office hours, no other service performed)	0.4	\$41.20
09440	Office visit after regularly scheduled hours	1.0	\$103.00
09930	Treatment of complication (post surgical) unusual circumstances, by report	0.4	\$41.20
09940	Occlusal guard, by report	3.8	\$391.40
09951	Occlusal adjustment-limited	1.0	\$103.00
09952	Occlusal adjustment-complete	3.8	\$391.40
09999	Unspecified adjunctive procedure, by report		\$0.00



**EXHIBIT F to Agreement**  
between the COUNTY OF SACRAMENTO,  
hereinafter referred to as "COUNTY", and  
EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT,  
hereinafter referred to as "CONTRACTOR"

**THE RYAN WHITE TREATMENT MODERNIZATION ACT:  
A COMPILATION OF  
THE RYAN WHITE TREATMENT MODERNIZATION ACT OF 2006 (Pub. L. 109-415)  
THE RYAN WHITE CARE ACT OF 1990 (Pub. L. 101-381),  
AS AMENDED BY THE RYAN WHITE CARE ACT AMENDMENTS OF 1996 (Pub. L. 104-146)  
AND THE  
RYAN WHITE CARE ACT AMENDMENTS OF 2000 (Pub. L. 106-345)**

RYAN WHITE TREATMENT MODERNIZATION ACT OF 2006

An Act

To amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS. <<NOTE: Dec. 19, 2006 - [H.R. 6143]>>

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, <<NOTE: Ryan White HIV/AIDS Treatment Modernization Act of 2006.>>

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) <<NOTE: 42 USC 201 note.>> Short Title.--This Act may be cited as the ``Ryan White HIV/AIDS Treatment Modernization Act of 2006''.

(b) Table of Contents.--The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I--EMERGENCY RELIEF FOR ELIGIBLE AREAS

- Sec. 101. Establishment of program; general eligibility for grants.
- Sec. 102. Type and distribution of grants; formula grants.
- Sec. 103. Type and distribution of grants; supplemental grants.
- Sec. 104. Timeframe for obligation and expenditure of grant funds.
- Sec. 105. Use of amounts.
- Sec. 106. Additional amendments to part A.
- Sec. 107. New program in part A; transitional grants for certain areas ineligible under section 2601.
- Sec. 108. Authorization of appropriations for part A.

TITLE II--CARE GRANTS

- Sec. 201. General use of grants.
- Sec. 202. AIDS Drug Assistance Program.
- Sec. 203. Distribution of funds.
- Sec. 204. Additional amendments to subpart I of part B.
- Sec. 205. Supplemental grants on basis of demonstrated need.
- Sec. 206. Emerging communities.
- Sec. 207. Timeframe for obligation and expenditure of grant funds.
- Sec. 208. Authorization of appropriations for subpart I of part B.
- Sec. 209. Early diagnosis grant program.
- Sec. 210. Certain partner notification programs; authorization of appropriations.

TITLE III--EARLY INTERVENTION SERVICES

- Sec. 301. Establishment of program; core medical services.
- Sec. 302. Eligible entities; preferences; planning and development grants.
- Sec. 303. Authorization of appropriations.
- Sec. 304. Confidentiality and informed consent.
- Sec. 305. Provision of certain counseling services.
- Sec. 306. General provisions.

TITLE IV--WOMEN, INFANTS, CHILDREN, AND YOUTH

Sec. 401. Women, infants, children, and youth.  
Sec. 402. GAO Report.

TITLE V--GENERAL PROVISIONS

Sec. 501. General provisions.

TITLE VI--DEMONSTRATION AND TRAINING

Sec. 601. Demonstration and training.

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Sec. 602. AIDS education and training centers.  
Sec. 603. Codification of minority AIDS initiative.

TITLE VII--MISCELLANEOUS PROVISIONS

Sec. 701. Hepatitis; use of funds.  
Sec. 702. Certain references.  
Sec. 703. Repeal.

TITLE I--EMERGENCY RELIEF FOR ELIGIBLE AREAS

SEC. 101. ESTABLISHMENT OF PROGRAM; GENERAL ELIGIBILITY FOR GRANTS.

(a) In General.--Section 2601 of the Public Health Service Act (42 U.S.C. 300ff-11) is amended by striking subsections (b) through (d) and inserting the following:

“(b) Continued Status as Eligible Area.--Notwithstanding any other provision of this section, a metropolitan area that is an eligible area for a fiscal year continues to be an eligible area until the metropolitan area fails, for three consecutive fiscal years--

- “(1) to meet the requirements of subsection (a); and
- “(2) to have a cumulative total of 3,000 or more living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) as of December 31 of the most recent calendar year for which such data is available.

“(c) Boundaries.--For purposes of determining eligibility under this part--

- “(1) with respect to a metropolitan area that received funding under this part in fiscal year 2006, the boundaries of such metropolitan area shall be the boundaries that were in effect for such area for fiscal year 1994; or
- “(2) with respect to a metropolitan area that becomes eligible to receive funding under this part in any fiscal year after fiscal year 2006, the boundaries of such metropolitan area shall be the boundaries that are in effect for such area when such area initially receives funding under this part.”.

(b) Technical and Conforming Amendments.--Section 2601(a) of the Public Health Service Act (42 U.S.C. 300ff-11(a)) is amended--

- (1) by striking “through (d)” and inserting “through (c)”;
- (2) by inserting “and confirmed by” after “reported to”.

(c) Definition of Metropolitan Area.--Section 2607(2) of the Public Health Service Act (42 U.S.C. 300ff-17(2)) is amended--

- (1) by striking “area referred” and inserting “area that is referred”;
- (2) by inserting before the period the following: “, and that has a population of 50,000 or more individuals”.

SEC. 102. TYPE AND DISTRIBUTION OF GRANTS; FORMULA GRANTS.

(a) Distribution Percentages.--Section 2603(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-13(a)(2)) is amended--

(1) in the first sentence--

A) by striking "50 percent of the amount appropriated under section 2677" and inserting "66\2/3\ percent of the

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amount made available under section 2610(b) for carrying out this subpart"; and

(B) by striking "paragraph (3)" and inserting "paragraphs (3) and (4)".

(2) by striking the last sentence.

(b) Distribution Based on Living Cases of HIV/AIDS.--Section 2603(a)(3) of the Public Health Service Act (42 U.S.C. 300ff-13(a)(3)) is amended--

(1) in subparagraph (B), by striking "estimated living cases of acquired immune deficiency syndrome" and inserting "living cases of HIV/AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention)"; and

(2) by striking subparagraphs (C) through (E) and inserting the following:

(C) Living cases of hiv/aids.--

(i) Requirement of names-based reporting.-- Except as provided in clause (ii), the number determined under this subparagraph for an eligible area for a fiscal year for purposes of subparagraph (B) is the number of living names-based cases of HIV/AIDS that, as of December 31 of the most recent calendar year for which such data is available, have been reported to and confirmed by the Director of the Centers for Disease Control and Prevention.

(ii) Transition period; exemption regarding non-aids cases.--For each of the fiscal years 2007 through 2009, an eligible area is, subject to clauses (iii) through (v), exempt from the requirement under clause (i) that living names-based non-AIDS cases of HIV be reported unless--

(I) a system was in operation as of December 31, 2005, that provides sufficiently accurate and reliable names-based reporting of such cases throughout the State in which the area is located, subject to clause (viii); or

(II) <<NOTE: Deadline.>> no later than the beginning of fiscal year 2008 or 2009, the Secretary, in consultation with the chief executive of the State in which the area is located, determines that a system has become operational in the State that provides sufficiently accurate and reliable names-based reporting of such cases throughout the State.

(iii)

Requirements <<NOTE: Applicability. Deadline.>> for exemption for fiscal year 2007.--For fiscal year 2007, an exemption under clause (ii) for an eligible area applies only if, by October 1, 2006--

(I)(aa) the State in which the area is located had submitted to the

Secretary a plan for making the transition to sufficiently accurate and reliable names-based reporting of living non-AIDS cases of HIV; or

“(bb) all statutory changes necessary to provide for sufficiently accurate and reliable reporting of such cases had been made; and

“(II) the State had agreed that, by April 1, 2008, the State will begin accurate and reliable names-based reporting of such cases, except that

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such agreement is not required to provide that, as of such date, the system for such reporting be fully sufficient with respect to accuracy and reliability throughout the area.

“(iv)

Requirement <<NOTE: Applicability. Deadline.>> for exemption as of fiscal year 2008.--For each of the fiscal years 2008 through 2010, an exemption under clause (ii) for an eligible area applies only if, as of April 1, 2008, the State in which the area is located is substantially in compliance with the agreement under clause (iii)(II).

“(v) Progress toward names-based reporting.--For fiscal year 2009, the Secretary may terminate an exemption under clause (ii) for an eligible area if the State in which the area is located submitted a plan under clause (iii)(I)(aa) and the Secretary determines that the State is not substantially following the plan.

“(vi) Counting of cases in areas with exemptions.--

“(I) In general.--With respect to an eligible area that is under a reporting system for living non-AIDS cases of HIV that is not names-based (referred to in this subparagraph as ‘code-based reporting’), the Secretary shall, for purposes of this subparagraph, modify the number of such cases reported for the eligible area in order to adjust for duplicative reporting in and among systems that use code-based reporting.

“(II) Adjustment rate.--The adjustment rate under subclause (I) for an eligible area shall be a reduction of 5 percent in the number of living non-AIDS cases of HIV reported for the area.

“(vii)

Multiple <<NOTE: Applicability.>> political jurisdictions.--With respect to living non-AIDS cases of HIV, if an eligible area is not entirely within one political jurisdiction and as a result is subject to more than one reporting system for purposes of this subparagraph:

“(I) Names-based reporting under clause (i) applies in a jurisdictional portion of the area, or an exemption under clause (ii) applies in such portion (subject to applicable

provisions of this subparagraph), according to whether names-based reporting or code-based reporting is used in such portion.

“(II) If under subclause (I) both names-based reporting and code-based reporting apply in the area, the number of code-based cases shall be reduced under clause (vi).

“(viii) List of eligible areas meeting standard regarding December 31, 2005.--

“(I) In general.--If an eligible area or portion thereof is in a State specified in subclause (II), the eligible area or portion shall be considered to meet the standard described in clause (ii)(I). No other eligible area or portion thereof may be considered to meet such standard.

“(II) Relevant states.--For purposes of subclause (I), the States specified in this subclause

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are the following: Alaska, Alabama, Arkansas, Arizona, Colorado, Florida, Indiana, Iowa, Idaho, Kansas, Louisiana, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, New York, Nevada, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, West Virginia, Wyoming, Guam, and the Virgin Islands.

“(ix) Rules of construction regarding acceptance of reports.--

“(I) Cases of aids.--With respect to an eligible area that is subject to the requirement under clause (i) and is not in compliance with the requirement for names-based reporting of living non-AIDS cases of HIV, the Secretary shall, notwithstanding such noncompliance, accept reports of living cases of AIDS that are in accordance with such clause.

“(II) Applicability of exemption requirements.--The provisions of clauses (ii) through (viii) may not be construed as having any legal effect for fiscal year 2010 or any subsequent fiscal year, and accordingly, the status of a State for purposes of such clauses may not be considered after fiscal year 2009.

“(x) Program for detecting inaccurate or fraudulent counting.--The Secretary shall carry out a program to monitor the reporting of names-based cases for purposes of this subparagraph and to detect instances of inaccurate reporting, including fraudulent reporting.”.

(c) Code-Based Areas; Limitation on Increase in Grant.--Section 2603(a)(3) of the Public Health Service Act (42 U.S.C. 300ff-13(a)), as amended by subsection (b)(2) of this section, is amended by adding at the end the following subparagraph:

(D) Code-based areas; limitation on increase in grant .--

(i) In general.--

For <<NOTE: Applicability.>> each of the fiscal years 2007 through 2009, if code-based reporting (within the meaning of subparagraph (C)(vi)) applies in an eligible area or any portion thereof as of the beginning of the fiscal year involved, then notwithstanding any other provision of this paragraph, the amount of the grant pursuant to this paragraph for such area for such fiscal year may not--

(I) for fiscal year 2007, exceed by more than 5 percent the amount of the grant for the area that would have been made pursuant to this paragraph and paragraph (4) for fiscal year 2006 (as such paragraphs were in effect for such fiscal year) if paragraph (2) (as so in effect) had been applied by substituting '66 $\frac{2}{3}$ ' percent' for '50 percent'; and

(II) for each of the fiscal years 2008 and 2009, exceed by more than 5 percent the amount of the grant pursuant to this paragraph and paragraph (4) for the area for the preceding fiscal year.

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(ii) Use of amounts involved.--For each of the fiscal years 2007 through 2009, amounts available as a result of the limitation under clause (i) shall be made available by the Secretary as additional amounts for grants pursuant to subsection (b) for the fiscal year involved, subject to paragraph (4) and section 2610(d)(2).''

(d) Hold Harmless.--Section 2603(a) of the Public Health Service Act (42 U.S.C. 300ff-13(a)) is amended--

(1) in paragraph (3)(A)--

(A) in clause (ii), by striking the period at the end and inserting a semicolon; and

(B) by inserting after and below clause (ii) the following:

'which product shall then, as applicable, be increased under paragraph (4).''

(2) by amending paragraph (4) to read as follows:

(4) Increases in grant.--

(A) In general.--For each eligible area that received a grant pursuant to this subsection for fiscal year 2006, the Secretary shall, for each of the fiscal years 2007 through 2009, increase the amount of the grant made pursuant to paragraph (3) for the area to ensure that the amount of the grant for the fiscal year involved is not less than the following amount, as applicable to such fiscal year:

(i) For fiscal year 2007, an amount equal to 95 percent of the amount of the grant that would have been made pursuant to paragraph (3) and this paragraph for fiscal year 2006 (as such paragraphs were in effect for such fiscal year) if paragraph (2) (as so in effect) had been applied by substituting '66 $\frac{2}{3}$ ' percent' for '50 percent'.

(ii) For each of the fiscal years 2008 and 2009, an amount equal to 100 percent of the amount

of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2007.

(B) Source of funds for increase.--

(i) In general.--From the amounts available for carrying out the single program referred to in section 2609(d)(2)(C) for a fiscal year (relating to supplemental grants), the Secretary shall make available such amounts as may be necessary to comply with subparagraph (A), subject to section 2610(d)(2).

(ii) Pro rata reduction.--If the amounts referred to in clause (i) for a fiscal year are insufficient to fully comply with subparagraph (A) for the year, the Secretary, in order to provide the additional funds necessary for such compliance, shall reduce on a pro rata basis the amount of each grant pursuant to this subsection for the fiscal year, other than grants for eligible areas for which increases under subparagraph (A) apply. A reduction under the preceding sentence may not be made in an amount that would result in the eligible area involved becoming eligible for such an increase.

(C) Limitation.--This paragraph may not be construed as having any applicability after fiscal year 2009."

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SEC. 103. TYPE AND DISTRIBUTION OF GRANTS; SUPPLEMENTAL GRANTS.

Section 2603(b) of the Public Health Service Act (42 U.S.C. 300ff-13(b)) is amended--

(1) in paragraph (1)--

(A) in the matter preceding subparagraph (A), by striking "Not later than" and all that follows through "the Secretary shall" and inserting the following: "Subject to subsection (a)(4)(B)(i) and section 2610(d), the Secretary shall";

(B) in subparagraph (B), by striking "demonstrates the severe need in such area" and inserting "demonstrates the need in such area, on an objective and quantified basis,";

(C) by striking subparagraph (F) and inserting the following:

"(F) demonstrates the inclusiveness of affected communities and individuals with HIV/AIDS;"

(D) in subparagraph (G), by striking the period and inserting "; and"; and

(E) by adding at the end the following:

"(H) demonstrates the ability of the applicant to expend funds efficiently by not having had, for the most recent grant year under subsection (a) for which data is available, more than 2 percent of grant funds under such subsection canceled or covered by any waivers under subsection (c)(3)."; and

(2) in paragraph (2)--

(A) in subparagraph (A), by striking "severe need" and inserting "demonstrated need";

(B) by striking subparagraph (B) and inserting the following:

"(B) Demonstrated need.--The factors considered by the Secretary in determining whether an eligible area has a demonstrated need for purposes of paragraph (1)(B) may include any or all of the following:

(i) The unmet need for such services, as



determined under section 2602(b)(4) or other community input process as defined under section 2609(d)(1)(A).

(ii) An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.

(iii) The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.

(iv) The current prevalence of HIV/AIDS.

(v) Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.

(vi) The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.

(vii) The prevalence of homelessness.

(viii) The prevalence of individuals described under section 2602(b)(2)(M).

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(ix) The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.

(x) The impact of a decline in the amount received pursuant to subsection (a) on services available to all individuals with HIV/AIDS identified and eligible under this title.'; and (C) by striking subparagraphs (C) and (D) and inserting the following:

(C) Priority in making grants.--The Secretary shall provide funds under this subsection to an eligible area to address the decline or disruption of all EMA-provided services related to the decline in the amounts received pursuant to subsection (a) consistent with the grant award for the eligible area for fiscal year 2006, to the extent that the factor under subparagraph (B)(x) (relating to a decline in funding) applies to the eligible area.'.

#### SEC. 104. TIMEFRAME FOR OBLIGATION AND EXPENDITURE OF GRANT FUNDS.

Section 2603 of the Public Health Service Act (42 U.S.C. 300ff-13) is amended--

- (1) by redesignating subsection (c) as subsection (d);
- (2) by inserting after subsection (b) the following:

(c) Timeframe <<NOTE: Effective dates.>> for Obligation and Expenditure of Grant Funds.--

(1) Obligation by end of grant year.--Effective for fiscal year 2007 and subsequent fiscal years, funds from a grant award made pursuant to subsection (a) or (b) for a fiscal year are available for obligation by the eligible area involved through the end of the one-year period beginning on the date in such fiscal year on which funds from the award first become available to the area (referred to in this subsection as the 'grant year for the award'), except as provided in paragraph (3)(A).

(2) Supplemental grants; cancellation of unobligated balance of grant award.--Effective for fiscal year 2007 and subsequent fiscal years, if a grant award made pursuant to subsection (b) for an eligible area for a fiscal year has an unobligated balance as of the end of the grant year for the award--

(A) the Secretary shall cancel that unobligated

balance of the award, and shall require the eligible area to return any amounts from such balance that have been disbursed to the area; and

(B) the funds involved shall be made available by the Secretary as additional amounts for grants pursuant to subsection (b) for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that the balance is required under subparagraph (A) to be canceled, except that the availability of the funds for such grants is subject to subsection (a)(4) and section 2610(d)(2) as applied for such year.

(3) Formula grants; cancellation of unobligated balance of grant award; waiver permitting carryover.--

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(A) In general.--Effective for fiscal year 2007 and subsequent fiscal years, if a grant award made pursuant to subsection (a) for an eligible area for a fiscal year has an unobligated balance as of the end of the grant year for the award, the Secretary shall cancel that unobligated balance of the award, and shall require the eligible area to return any amounts from such balance that have been disbursed to the area, unless--

(i) before the end of the grant year, the chief elected official of the area submits to the Secretary a written application for a waiver of the cancellation, which application includes a description of the purposes for which the area intends to expend the funds involved; and

(ii) the Secretary approves the waiver.

(B) Expenditure by end of carryover year.--With respect to a waiver under subparagraph (A) that is approved for a balance that is unobligated as of the end of a grant year for an award:

(i) The unobligated funds are available for expenditure by the eligible area involved for the one-year period beginning upon the expiration of the grant year (referred to in this subsection as the 'carryover year').

(ii) If the funds are not expended by the end of the carryover year, the Secretary shall cancel that unexpended balance of the award, and shall require the eligible area to return any amounts from such balance that have been disbursed to the area.

(C) Use of cancelled balances.--In the case of any balance of a grant award that is cancelled under subparagraph (A) or (B)(ii), the grant funds involved shall be made available by the Secretary as additional amounts for grants pursuant to subsection (b) for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that the balance is required under such subparagraph to be canceled, except that the availability of the funds for such grants is subject to subsection (a)(4) and section 2610(d)(2) as applied for such year.

(D) Corresponding reduction in future grant.--

(i) In general.--In the case of an eligible area for which a balance from a grant award under subsection (a) is unobligated as of the end of the grant year for the award--

(I) the Secretary shall reduce, by the same amount as such unobligated

balance, the amount of the grant under such subsection for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that such balance was unobligated as of the end of the grant year (which requirement for a reduction applies without regard to whether a waiver under subparagraph (A) has been approved with respect to such balance); and

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“(II) the grant funds involved in such reduction shall be made available by the Secretary as additional funds for grants pursuant to subsection (b) for such first fiscal year, subject to subsection (a)(4) and section 2610(d)(2);

except that this clause does not apply to the eligible area if the amount of the unobligated balance was 2 percent or less.

“(ii) Relation to increases in grant.--A reduction under clause (i) for an eligible area for a fiscal year may not be taken into account in applying subsection (a)(4) with respect to the area for the subsequent fiscal year.”; and

(3) by adding at the end the following:

“(e) Report on the Awarding of Supplemental Funds.--Not later than 45 days after the awarding of supplemental funds under this section, the Secretary shall submit to Congress a report concerning such funds. Such report shall include information detailing--

“(1) the total amount of supplemental funds available under this section for the year involved;

“(2) the amount of supplemental funds used in accordance with the hold harmless provisions of subsection (a)(4);

“(3) the amount of supplemental funds disbursed pursuant to subsection (b)(2)(C);

“(4) the disbursement of the remainder of the supplemental funds after taking into account the uses described in paragraphs (2) and (3); and

“(5) the rationale used for the amount of funds disbursed as described under paragraphs (2), (3), and (4).”.

#### SEC. 105. USE OF AMOUNTS.

Section 2604 of the Public Health Service Act (42 U.S.C. 300ff-14) is amended to read as follows:

#### SEC. 2604. USE OF AMOUNTS.

“(a) Requirements.--The Secretary may not make a grant under section 2601(a) to the chief elected official of an eligible area unless such political subdivision agrees that--

“(1) subject to paragraph (2), the allocation of funds and services within the eligible area will be made in accordance with the priorities established, pursuant to section 2602(b)(4)(C), by the HIV health services planning council that serves such eligible area;

“(2) funds provided under section 2601 will be expended only for--

“(A) core medical services described in subsection (c);

“(B) support services described in subsection (d);  
and  
“(C) administrative expenses described in  
subsection (h); and  
“(3) the use of such funds will comply with the  
requirements of this section.

“(b) Direct Financial Assistance to Appropriate Entities.--  
“(1) In general.--The chief elected official of an eligible  
area shall use amounts from a grant under section 2601 to  
provide direct financial assistance to entities described in  
paragraph (2) for the purpose of providing core medical services  
and support services.

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“(2) Appropriate entities.--Direct financial assistance may  
be provided under paragraph (1) to public or nonprofit private  
entities, or private for-profit entities if such entities are  
the only available provider of quality HIV care in the area.

“(c) Required Funding for Core Medical Services.--

“(1) In general.--With respect to a grant under section  
2601 for an eligible area for a grant year, the chief elected  
official of the area shall, of the portion of the grant  
remaining after reserving amounts for purposes of paragraphs (1)  
and (5)(B)(i) of subsection (h), use not less than 75 percent to  
provide core medical services that are needed in the eligible  
area for individuals with HIV/AIDS who are identified and  
eligible under this title (including services regarding the co-  
occurring conditions of the individuals).

“(2) Waiver.--

“(A) In general.--The Secretary shall waive the  
application of paragraph (1) with respect to a chief  
elected official for a grant year if the Secretary  
determines that, within the eligible area involved--

“(i) there are no waiting lists for AIDS Drug  
Assistance Program services under section 2616;  
and

“(ii) core medical services are available to  
all individuals with HIV/AIDS identified and  
eligible under this title.

“(B) Notification of waiver status.--When informing  
the chief elected official of an eligible area that a  
grant under section 2601 is being made for the area for  
a grant year, the Secretary shall inform the official  
whether a waiver under subparagraph (A) is in effect for  
such year.

“(3) Core medical services.--For purposes of this  
subsection, the term ‘core medical services’, with respect to an  
individual with HIV/AIDS (including the co-occurring conditions  
of the individual), means the following services:

“(A) Outpatient and ambulatory health services.

“(B) AIDS Drug Assistance Program treatments in  
accordance with section 2616.

“(C) AIDS pharmaceutical assistance.

“(D) Oral health care.

“(E) Early intervention services described in  
subsection (e).

“(F) Health insurance premium and cost sharing  
assistance for low-income individuals in accordance with  
section 2615.

“(G) Home health care.

“(H) Medical nutrition therapy.

“(I) Hospice services.

“(J) Home and community-based health services as

defined under section 2614(c).

- (K) Mental health services.
- (L) Substance abuse outpatient care.
- (M) Medical case management, including treatment adherence services.

(d) Support Services.--

(1) In general.--For purposes of this section, the term 'support services' means services, subject to the approval of

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the Secretary, that are needed for individuals with HIV/AIDS to achieve their medical outcomes (such as respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referrals for health care and support services).

(2) Medical outcomes.--In this subsection, the term 'medical outcomes' means those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

(e) Early Intervention Services.--

(1) In general.--For purposes of this section, the term 'early intervention services' means HIV/AIDS early intervention services described in section 2651(e), with follow-up referral provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services. The entities through which such services may be provided under the grant include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV/AIDS counseling and testing sites, health care points of entry specified by eligible areas, federally qualified health centers, and entities described in section 2652(a) that constitute a point of access to services by maintaining referral relationships.

(2) Conditions.--With <<NOTE: Applicability.>> respect to an entity that proposes to provide early intervention services under paragraph (1), such paragraph shall apply only if the entity demonstrates to the satisfaction of the chief elected official for the eligible area involved that--

(A) Federal, State, or local funds are otherwise inadequate for the early intervention services the entity proposes to provide; and

(B) the entity will expend funds pursuant to such paragraph to supplement and not supplant other funds available to the entity for the provision of early intervention services for the fiscal year involved.

(f) Priority for Women, Infants, Children, and Youth.--

(1) In general.--For the purpose of providing health and support services to infants, children, youth, and women with HIV/AIDS, including treatment measures to prevent the perinatal transmission of HIV, the chief elected official of an eligible area, in accordance with the established priorities of the planning council, shall for each of such populations in the eligible area use, from the grants made for the area under section 2601(a) for a fiscal year, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of individuals with HIV/AIDS.

(2) Waiver.--With respect to the population involved, the Secretary may provide to the chief elected official of an eligible area a waiver of the requirement of paragraph (1) if such official demonstrates to the satisfaction of the Secretary

that the population is receiving HIV-related health services through the State medicaid program under title XIX of the Social Security Act, the State children's health insurance program under title XXI of such Act, or other Federal or State programs.

“(g) Requirement of Status as Medicaid Provider.--

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“(1) Provision of service.--Subject to paragraph (2), the Secretary may not make a grant under section 2601(a) for the provision of services under this section in a State unless, in the case of any such service that is available pursuant to the State plan approved under title XIX of the Social Security Act for the State--

“(A) the political subdivision involved will provide the service directly, and the political subdivision has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

“(B) <<NOTE: Contracts.>> the political subdivision will enter into an agreement with a public or nonprofit private entity under which the entity will provide the service, and the entity has entered into such a participation agreement and is qualified to receive such payments.

“(2) Waiver.--

“(A) In general.--In the case of an entity making an agreement pursuant to paragraph (1)(B) regarding the provision of services, the requirement established in such paragraph shall be waived by the HIV health services planning council for the eligible area if the entity does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

“(B) Determination.--A determination by the HIV health services planning council of whether an entity referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the entity accepts voluntary donations for the purpose of providing services to the public.

“(h) Administration.--

“(1) Limitation.--The chief elected official of an eligible area shall not use in excess of 10 percent of amounts received under a grant under this part for administrative expenses.

“(2) Allocations by chief elected official.--In the case of entities and subcontractors to which the chief elected official of an eligible area allocates amounts received by the official under a grant under this part, the official shall ensure that, of the aggregate amount so allocated, the total of the expenditures by such entities for administrative expenses does not exceed 10 percent (without regard to whether particular entities expend more than 10 percent for such expenses).

“(3) Administrative activities.--For purposes of paragraph (1), amounts may be used for administrative activities that include--

“(A) routine grant administration and monitoring activities, including the development of applications for part A funds, the receipt and disbursement of program funds, the development and establishment of reimbursement and accounting systems, the development of a clinical quality management program as described in paragraph (5), the preparation of routine programmatic

and financial reports, and compliance with grant conditions and audit requirements; and  
''(B) all activities associated with the grantee's contract award procedures, including the activities carried out by

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the HIV health services planning council as established under section 2602(b), the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, monitoring of contracts through telephone consultation, written documentation or onsite visits, reporting on contracts, and funding reallocation activities.

''(4) Subcontractor administrative activities.--For the purposes of this subsection, subcontractor administrative activities include--

''(A) usual and recognized overhead activities, including established indirect rates for agencies;

''(B) management oversight of specific programs funded under this title; and

''(C) other types of program support such as quality assurance, quality control, and related activities.

''(5) Clinical quality management.--

''(A) Requirement.--The chief elected official of an eligible area that receives a grant under this part shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

''(B) Use of funds.--

''(i) In general.--From amounts received under a grant awarded under this subpart for a fiscal year, the chief elected official of an eligible area may use for activities associated with the clinical quality management program required in subparagraph (A) not to exceed the lesser of--

''(I) 5 percent of amounts received under the grant; or

''(II) \$3,000,000.

''(ii) Relation to limitation on administrative expenses.--The costs of a clinical quality management program under subparagraph (A) may not be considered administrative expenses for purposes of the limitation established in paragraph (1).

''(i) Construction.--A chief elected official may not use amounts received under a grant awarded under this part to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.''

#### SEC. 106. ADDITIONAL AMENDMENTS TO PART A.

(a) Reporting of Cases.--Section 2601(a) of the Public Health Service Act (42 U.S.C. 300ff-11(a)) is amended by striking "for the most recent period" and inserting "during the most recent period".

(b) Planning Council Representation.--Section 2602(b)(2)(G) of the Public Health Service Act (42 U.S.C. 300ff-12(b)(2)(G)) is amended by

inserting "", members of a Federally

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recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C" after "disease".

(c) Application for Grant.--

(1) Payer of last resort.--Section 2605(a)(6)(A) of the Public Health Service Act (42 U.S.C. 300ff-15(a)(6)(A)) is amended by inserting ""(except for a program administered by or providing the services of the Indian Health Service)"" before the semicolon.

(2) Audits.--Section 2605(a) of the Public Health Service Act (42 U.S.C. 300ff-15(a)) is amended--

(A) in paragraph (8), by striking "and" at the end;

(B) in paragraph (9), by striking the period and inserting "; and"; and

(C) by adding at the end the following:

“(10) that the chief elected official will submit to the lead State agency under section 2617(b)(4), audits, consistent with Office of Management and Budget circular A133, regarding funds expended in accordance with this part every 2 years and shall include necessary client-based data to compile unmet need calculations and Statewide coordinated statements of need process.”.

(3) Coordination.--Section 2605(b) of the Public Health Service Act (42 U.S.C. 300ff-15(b)) is amended--

(A) in paragraph (3), by striking "and" at the end;

(B) in paragraph (4), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

“(5) the manner in which the expected expenditures are related to the planning process for States that receive funding under part B (including the planning process described in section 2617(b)); and

“(6) the expected expenditures and how those expenditures will improve overall client outcomes, as described under the State plan under section 2617(b), and through additional outcomes measures as identified by the HIV health services planning council under section 2602(b).”.

SEC. 107. NEW PROGRAM IN PART A; TRANSITIONAL GRANTS FOR CERTAIN AREAS INELIGIBLE UNDER SECTION 2601.

(a) In General.--Part A of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-11) is amended--

(1) by inserting after the part heading the following:

“Subpart I--General Grant Provisions”; and

(2) by adding at the end the following:

“Subpart II--Transitional Grants

SEC. 2609. <<NOTE: 42 USC 300ff-19.>> ESTABLISHMENT OF PROGRAM.

(a) In General.--The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants for the purpose of providing services described in section 2604 in transitional areas, subject to the same provisions regarding the allocation of grant funds as apply under subsection (c) of such section.

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(b) Transitional Areas.--For purposes of this section, the term 'transitional area' means, subject to subsection (c), a metropolitan area for which there has been reported to and confirmed by the Director of the Centers for Disease Control and Prevention a cumulative total of at least 1,000, but fewer than 2,000, cases of AIDS during the most recent period of 5 calendar years for which such data are available.

(c) Certain Eligibility Rules.--

(1) Fiscal year 2007.--With respect to grants under subsection (a) for fiscal year 2007, a metropolitan area that received funding under subpart I for fiscal year 2006 but does not for fiscal year 2007 qualify under such subpart as an eligible area and does not qualify under subsection (b) as a transitional area shall, notwithstanding subsection (b), be considered a transitional area.

(2) Continued status as transitional area.--

(A) In general.--Notwithstanding subsection (b), a metropolitan area that is a transitional area for a fiscal year continues, except as provided in subparagraph (B), to be a transitional area until the metropolitan area fails, for three consecutive fiscal years--

(i) to qualify under such subsection as a transitional area; and

(ii) to have a cumulative total of 1,500 or more living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) as of December 31 of the most recent calendar year for which such data is available.

(B) Exception regarding status as eligible area.--Subparagraph (A) does not apply for a fiscal year if the metropolitan area involved qualifies under subpart I as an eligible area.

(d) Application of Certain Provisions of Subpart I.--

(1) Administration; planning council.--

(A) In general.--The provisions of section 2602 apply with respect to a grant under subsection (a) for a transitional area to the same extent and in the same manner as such provisions apply with respect to a grant under subpart I for an eligible area, except that, subject to subparagraph (B), the chief elected official of the transitional area may elect not to comply with the provisions of section 2602(b) if the official provides documentation to the Secretary that details the process used to obtain community input (particularly from those with HIV) in the transitional area for formulating the overall plan for priority setting and allocating funds from the grant under subsection (a).

(B) Exception.--For each of the fiscal years 2007 through 2009, the exception described in subparagraph (A) does not apply if the transitional area involved received funding under subpart I for fiscal year 2006.

(2) Type and distribution of grants; timeframe for obligation and expenditure of grant funds.--

(A) Formula grants; supplemental grants.--The provisions of section 2603 apply with respect to grants under subsection (a) to the same extent and in the same

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manner as such provisions apply with respect to grants under subpart I, subject to subparagraphs (B) and (C).

(B) Formula grants; increase in grant.--For purposes of subparagraph (A), section 2603(a)(4) does not apply.

(C) Supplemental grants; single program with subpart I program.--With respect to section 2603(b) as applied for purposes of subparagraph (A):

(i) The Secretary shall combine amounts available pursuant to such subparagraph with amounts available for carrying out section 2603(b) and shall administer the two programs as a single program.

(ii) In the single program, the Secretary has discretion in allocating amounts between eligible areas under subpart I and transitional areas under this section, subject to the eligibility criteria that apply under such section, and subject to section 2603(b)(2)(C) (relating to priority in making grants).

(iii) Pursuant to section 2603(b)(1), amounts for the single program are subject to use under sections 2603(a)(4) and 2610(d)(1).

(3) Application; technical assistance; definitions.--The provisions of sections 2605, 2606, and 2607 apply with respect to grants under subsection (a) to the same extent and in the same manner as such provisions apply with respect to grants under subpart I."

(b) Conforming Amendments.--Subpart I of part A of title XXVI of the Public Health Service Act, as designated by subsection (a)(1) of this section, <<NOTE: 42 USC 300ff-11 et seq.>> is amended by striking "this part" each place such term appears and inserting "this subpart".

#### SEC. 108. AUTHORIZATION OF APPROPRIATIONS FOR PART A.

Part A of title XXVI of the Public Health Service Act, as amended by section 106(a), is amended by adding at the end the following:

Subpart III--General Provisions

#### SEC. 2610. <<NOTE: 42 USC 300ff-20.>> AUTHORIZATION OF APPROPRIATIONS.

(a) In General.--For the purpose of carrying out this part, there are authorized to be appropriated \$604,000,000 for fiscal year 2007, \$626,300,000 for fiscal year 2008, and \$649,500,000 for fiscal year 2009. Amounts appropriated under the preceding sentence for a fiscal year are available for obligation by the Secretary until the end of the second succeeding fiscal year.

(b) Reservation of Amounts.--

(1) Fiscal year 2007.--Of the amount appropriated under subsection (a) for fiscal year 2007, the Secretary shall reserve--

(A) \$458,310,000 for grants under subpart I; and

(B) \$145,690,000 for grants under section 2609.

(2) Subsequent fiscal years.--Of the amount appropriated under subsection (a) for fiscal year 2008 and each subsequent fiscal year--

(A) the Secretary shall reserve an amount for grants under subpart I; and

(B) the Secretary shall reserve an amount for grants under section 2609.

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(c) Transfer of Certain Amounts; Change in Status as Eligible Area or Transitional Area.--Notwithstanding subsection (b):

(1) If a metropolitan area is an eligible area under subpart I for a fiscal year, but for a subsequent fiscal year ceases to be an eligible area by reason of section 2601(b)--

(A)(i) the amount reserved under paragraph (1)(A)

or (2) (A) of subsection (b) of this section for the first such subsequent year of not being an eligible area is deemed to be reduced by an amount equal to the amount of the grant made pursuant to section 2603(a) for the metropolitan area for the preceding fiscal year; and

(ii) (I) if the metropolitan area qualifies for such first subsequent fiscal year as a transitional area under 2609, the amount reserved under paragraph (1) (B) or (2) (B) of subsection (b) for such fiscal year is deemed to be increased by an amount equal to the amount of the reduction under subparagraph (A) for such year; or

(II) if the metropolitan area does not qualify for such first subsequent fiscal year as a transitional area under 2609, an amount equal to the amount of such reduction is, notwithstanding subsection (a), transferred and made available for grants pursuant to section 2618(a) (1), in addition to amounts available for such grants under section 2623; and

(B) if a transfer under subparagraph (A) (ii) (II) is made with respect to the metropolitan area for such first subsequent fiscal year, then--

(i) the amount reserved under paragraph (1) (A) or (2) (A) of subsection (b) of this section for such year is deemed to be reduced by an additional \$500,000; and

(ii) an amount equal to the amount of such additional reduction is, notwithstanding subsection (a), transferred and made available for grants pursuant to section 2618(a) (1), in addition to amounts available for such grants under section 2623.

(2) If a metropolitan area is a transitional area under section 2609 for a fiscal year, but for a subsequent fiscal year ceases to be a transitional area by reason of section 2609(c) (2) (and does not qualify for such subsequent fiscal year as an eligible area under subpart I)--

(A) the amount reserved under subsection (b) (2) (B) of this section for the first such subsequent fiscal year of not being a transitional area is deemed to be reduced by an amount equal to the total of--

(i) the amount of the grant that, pursuant to section 2603(a), was made under section 2609(d) (2) (A) for the metropolitan area for the preceding fiscal year; and

(ii) \$500,000; and

(B) an amount equal to the amount of the reduction under subparagraph (A) for such year is, notwithstanding subsection (a), transferred and made available for grants pursuant to section 2618(a) (1), in addition to amounts available for such grants under section 2623.

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(3) If a metropolitan area is a transitional area under section 2609 for a fiscal year, but for a subsequent fiscal year qualifies as an eligible area under subpart I--

(A) the amount reserved under subsection (b) (2) (B) of this section for the first such subsequent fiscal year of becoming an eligible area is deemed to be reduced by an amount equal to the amount of the grant that, pursuant to section 2603(a), was made under section 2609(d) (2) (A) for the metropolitan area for the preceding fiscal year; and

(B) the amount reserved under subsection (b) (2) (A) for such fiscal year is deemed to be increased by an

amount equal to the amount of the reduction under subparagraph (A) for such year.

d) Certain Transfers; Allocations Between Programs Under Subpart I.--With respect to paragraphs (1)(B)(i) and (2)(A)(ii) of subsection (c), the Secretary shall administer any reductions under such paragraphs for a fiscal year in accordance with the following:

(1) The reductions shall be made from amounts available for the single program referred to in section 2609(d)(2)(C) (relating to supplemental grants).

(2) The reductions shall be made before the amounts referred to in paragraph (1) are used for purposes of section 2603(a)(4).

(3) If the amounts referred to in paragraph (1) are not sufficient for making all the reductions, the reductions shall be reduced until the total amount of the reductions equals the total of the amounts referred to in such paragraph.

(e) Rules <<NOTE: Applicability.>> of Construction Regarding First Subsequent Fiscal Year.--Paragraphs (1) and (2) of subsection (c) apply with respect to each series of fiscal years during which a metropolitan area is an eligible area under subpart I or a transitional area under section 2609 for a fiscal year and then for a subsequent fiscal year ceases to be such an area by reason of section 2601(b) or 2609(c)(2), respectively, rather than applying to a single such series. Paragraph (3) of subsection (c) applies with respect to each series of fiscal years during which a metropolitan area is a transitional area under section 2609 for a fiscal year and then for a subsequent fiscal year becomes an eligible area under subpart I, rather than applying to a single such series.''

## TITLE II--CARE GRANTS

### SEC. 201. GENERAL USE OF GRANTS.

(a) In General.--Section 2612 of the Public Health Service Act (42 U.S.C. 300ff-22) is amended to read as follows:

### SEC. 2612. GENERAL USE OF GRANTS.

(a) In General.--A State may use amounts provided under grants made under section 2611 for--

- (1) core medical services described in subsection (b);
- (2) support services described in subsection (c); and
- (3) administrative expenses described in section 2618(b)(3).

(b) Required Funding for Core Medical Services.--

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(1) In general.--With respect to a grant under section 2611 for a State for a grant year, the State shall, of the portion of the grant remaining after reserving amounts for purposes of subparagraphs (A) and (E)(ii)(I) of section 2618(b)(3), use not less than 75 percent to provide core medical services that are needed in the State for individuals with HIV/AIDS who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

(2) Waiver.--

(A) In general.--The Secretary shall waive the application of paragraph (1) with respect to a State for a grant year if the Secretary determines that, within the State--

(i) there are no waiting lists for AIDS Drug

Assistance Program services under section 2616;  
and

(1) core medical services are available to  
all individuals with HIV/AIDS identified and  
eligible under this title.

(B) Notification of waiver status.--When informing  
a State that a grant under section 2611 is being made to  
the State for a fiscal year, the Secretary shall inform  
the State whether a waiver under subparagraph (A) is in  
effect for the fiscal year.

(3) Core medical services.--For purposes of this  
subsection, the term 'core medical services', with respect to an  
individual infected with HIV/AIDS (including the co-occurring  
conditions of the individual) means the following services:

(A) Outpatient and ambulatory health services.

(B) AIDS Drug Assistance Program treatments in  
accordance with section 2616.

(C) AIDS pharmaceutical assistance.

(D) Oral health care.

(E) Early intervention services described in  
subsection (d).

(F) Health insurance premium and cost sharing  
assistance for low-income individuals in accordance with  
section 2615.

(G) Home health care.

(H) Medical nutrition therapy.

(I) Hospice services.

(J) Home and community-based health services as  
defined under section 2614(c).

(K) Mental health services.

(L) Substance abuse outpatient care.

(M) Medical case management, including treatment  
adherence services.

(c) Support Services.--

(1) In general.--For purposes of this subsection, the term  
'support services' means services, subject to the approval of  
the Secretary, that are needed for individuals with HIV/AIDS to  
achieve their medical outcomes (such as respite care for persons  
caring for individuals with HIV/AIDS, outreach services, medical  
transportation, linguistic services, and referrals for health  
care and support services).

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(2) Definition of medical outcomes.--In this subsection,  
the term 'medical outcomes' means those outcomes affecting the  
HIV-related clinical status of an individual with HIV/AIDS.

(d) Early Intervention Services.--

(1) In general.--For purposes of this section, the term  
'early intervention services' means HIV/AIDS early intervention  
services described in section 2651(e), with follow-up referral  
provided for the purpose of facilitating the access of  
individuals receiving the services to HIV-related health  
services. The entities through which such services may be  
provided under the grant include public health departments,  
emergency rooms, substance abuse and mental health treatment  
programs, detoxification centers, detention facilities, clinics  
regarding sexually transmitted diseases, homeless shelters, HIV/  
AIDS counseling and testing sites, health care points of entry  
specified by States, federally qualified health centers, and  
entities described in section 2652(a) that constitute a point of  
access to services by maintaining referral relationships.

(2) Conditions.--With respect to an entity that proposes  
to provide early intervention services under paragraph (1), such

paragraph shall apply only if the entity demonstrates to the satisfaction of the chief elected official for the State involved that--

(A) Federal, State, or local funds are otherwise inadequate for the early intervention services the entity proposes to provide; and

(B) the entity will expend funds pursuant to such subparagraph to supplement and not supplant other funds available to the entity for the provision of early intervention services for the fiscal year involved.

(e) Priority for Women, Infants, Children, and Youth.--

(1) In general.--For the purpose of providing health and support services to infants, children, youth, and women with HIV/AIDS, including treatment measures to prevent the perinatal transmission of HIV, a State shall for each of such populations in the eligible area use, from the grants made for the area under section 2601(a) for a fiscal year, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of individuals with HIV/AIDS.

(2) Waiver.--With respect to the population involved, the Secretary may provide to a State a waiver of the requirement of paragraph (1) if such State demonstrates to the satisfaction of the Secretary that the population is receiving HIV-related health services through the State medicaid program under title XIX of the Social Security Act, the State children's health insurance program under title XXI of such Act, or other Federal or State programs.

(f) Construction.--A State may not use amounts received under a grant awarded under section 2611 to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services."

(b) HIV Care Consortia.--Section 2613 of the Public Health Service Act (42 U.S.C. 300ff-23) is amended--

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(1) in subsection (a), in the matter preceding paragraph (1)--

(A) by striking "may use" and inserting "may, subject to subsection (f), use"; and

(B) by striking "section 2612(a)(1)" and inserting "section 2612(a)"; and

(2) by adding at the end the following subsection:

(f) Allocation of Funds; Treatment as Support Services.--For purposes of the requirement of section 2612(b)(1), expenditures of grants under section 2611 for or through consortia under this section are deemed to be support services, not core medical services. The preceding sentence may not be construed as having any legal effect on the provisions of subsection (a) that relate to authorized expenditures of the grant."

(c) Technical Amendments.--Part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.) is amended--

(1) in section 2611-- <<NOTE: 42 USC 300ff-21.>>

(A) in subsection (a), by striking the subsection designation and heading; and

(B) by striking subsection (b);

(2) in section 2614-- <<NOTE: 42 USC 300ff-24.>>

(A) in subsection (a), in the matter preceding paragraph (1), by striking "section 2612(a)(2)" and inserting "section 2612(b)(3)(J)"; and

- (B) in subsection (c)(2)(B), by striking "homemaker or";
- (3) in section 2615(a) <<NOTE: 42 USC 300ff-25.>> by striking "section 2612(a)(3)" and inserting "section 2612(b)(3)(F)"; and
- (4) in section <<NOTE: 42 USC 300ff-26.>> 2616(a) by striking "section 2612(a)(5)" and inserting "section 2612(b)(3)(B)".

#### SEC. 202. AIDS DRUG ASSISTANCE PROGRAM.

- (a) Requirement of Minimum Drug List.--Section 2616 of the Public Health Service Act (42 U.S.C. 300ff-26) is amended--
- (1) in subsection (c), by striking paragraph (1) and inserting the following:
- "(1) ensure that the therapeutics included on the list of classes of core antiretroviral therapeutics established by the Secretary under subsection (e) are, at a minimum, the treatments provided by the State pursuant to this section;"
- (2) by redesignating subsection (e) as subsection (f); and
- (3) by inserting after subsection (d) the following:
- "(e) List of Classes of Core Antiretroviral Therapeutics.--For purposes of subsection (c)(1), the Secretary shall develop and maintain a list of classes of core antiretroviral therapeutics, which list shall be based on the therapeutics included in the guidelines of the Secretary known as the Clinical Practice Guidelines for Use of HIV/AIDS Drugs, relating to drugs needed to manage symptoms associated with HIV. The preceding sentence does not affect the authority of the Secretary to modify such Guidelines."
- (b) Drug Rebate Program.--Section 2616 of the Public Health Service Act, as amended by subsection (a)(2) of this section, is amended by adding at the end the following:
- "(g) Drug Rebate Program.--A State shall ensure that any drug rebates received on drugs purchased from funds provided pursuant to this section are applied to activities supported under

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this subpart, with priority given to activities described under this section."

#### SEC. 203. DISTRIBUTION OF FUNDS.

- (a) Distribution Based on Living Cases of HIV/AIDS.--
- (1) State distribution factor.--Section 2618(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)) is amended--
- (A) in subparagraph (B), by striking "estimated number of living cases of acquired immune deficiency syndrome in the eligible area involved" and inserting "number of living cases of HIV/AIDS in the State involved"; and
- (B) by amending subparagraph (D) to read as follows:
- "(D) Living cases of hiv/aids.--
- (i) Requirement of names-based reporting.-- Except as provided in clause (ii), the number determined under this subparagraph for a State for a fiscal year for purposes of subparagraph (B) is the number of living names-based cases of HIV/AIDS in the State that, as of December 31 of the most recent calendar year for which such data is available, have been reported to and confirmed by the Director of the Centers for Disease Control and Prevention.
- (ii) Transition period; exemption regarding

non-aids cases.--For each of the fiscal years 2007 through 2009, a State is, subject to clauses (iii) through (v), exempt from the requirement under clause (i) that living non-AIDS names-based cases of HIV be reported unless--

``(I) a system was in operation as of December 31, 2005, that provides sufficiently accurate and reliable names-based reporting of such cases throughout the State, subject to clause (vii); or

``(II) <<NOTE: Deadline.>> no later than the beginning of fiscal year 2008 or 2009, the Secretary, after consultation with the chief executive of the State, determines that a system has become operational in the State that provides sufficiently accurate and reliable names-based reporting of such cases throughout the State.

``(iii)

Requirements <<NOTE: Applicability. Deadline.>> for exemption for fiscal year 2007.--For fiscal year 2007, an exemption under clause (ii) for a State applies only if, by October 1, 2006--

``(I)(aa) the State had submitted to the Secretary a plan for making the transition to sufficiently accurate and reliable names-based reporting of living non-AIDS cases of HIV; or

``(bb) all statutory changes necessary to provide for sufficiently accurate and reliable reporting of such cases had been made; and

``(II) the State had agreed that, by April 1, 2008, the State will begin accurate and reliable names-based reporting of such cases, except that such agreement is not required to provide that, as of such date, the system for such reporting

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be fully sufficient with respect to accuracy and reliability throughout the area.

``(iv)

Requirement <<NOTE: Applicability. Deadline.>> for exemption as of fiscal year 2008.--For each of the fiscal years 2008 through 2010, an exemption under clause (ii) for a State applies only if, as of April 1, 2008, the State is substantially in compliance with the agreement under clause (iii)(II).

``(v) Progress toward names-based reporting.--For fiscal year 2009, the Secretary may terminate an exemption under clause (ii) for a State if the State submitted a plan under clause (iii)(I)(aa) and the Secretary determines that the State is not substantially following the plan.

``(vi) Counting of cases in areas with exemptions.--

``(I) In general.--With respect to a State that is under a reporting system for living non-AIDS cases of HIV that is



not names-based (referred to in this subparagraph as 'code-based reporting'), the Secretary shall, for purposes of this subparagraph, modify the number of such cases reported for the State in order to adjust for duplicative reporting in and among systems that use code-based reporting.

“(II) Adjustment rate.--The adjustment rate under subclause (I) for a State shall be a reduction of 5 percent in the number of living non-AIDS cases of HIV reported for the State.

“(vii) List of states meeting standard regarding december 31, 2005.--

“(I) In general.--If a State is specified in subclause (II), the State shall be considered to meet the standard described in clause (ii)(I). No other State may be considered to meet such standard.

“(II) Relevant states.--For purposes of subclause (I), the States specified in this subclause are the following: Alaska, Alabama, Arkansas, Arizona, Colorado, Florida, Indiana, Iowa, Idaho, Kansas, Louisiana, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, New York, Nevada, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, West Virginia, Wyoming, Guam, and the Virgin Islands.

“(viii) Rules of construction regarding acceptance of reports.--

“(I) Cases of aids.--With respect to a State that is subject to the requirement under clause (i) and is not in compliance with the requirement for names-based reporting of living non-AIDS cases of HIV, the Secretary shall, notwithstanding such noncompliance, accept reports of living cases of AIDS that are in accordance with such clause.

“(II) Applicability of exemption requirements.--The provisions of clauses (ii) through (vii)

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may not be construed as having any legal effect for fiscal year 2010 or any subsequent fiscal year, and accordingly, the status of a State for purposes of such clauses may not be considered after fiscal year 2009.

“(ix) Program for detecting inaccurate or fraudulent counting.--The Secretary shall carry out a program to monitor the reporting of names-based cases for purposes of this subparagraph and to detect instances of inaccurate reporting, including fraudulent reporting.”.

(2) Non-ema distribution factor.--Section 2618(a)(2)(C) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)(C)) is

amended--

(A) in clause (i), by striking "estimated number of living cases of acquired immune deficiency syndrome" each place such term appears and inserting "number of living cases of HIV/AIDS"; and

(B) in clause (ii), by amending such clause to read as follows:

(ii) a number equal to the sum of--

(I) the total number of living cases of HIV/AIDS that are within areas in such State that are eligible areas under subpart I of part A for the fiscal year involved, which individual number for an area is the number that applies under section 2601 for the area for such fiscal year; and

(II) the total number of such cases that are within areas in such State that are transitional areas under section 2609 for such fiscal year, which individual number for an area is the number that applies under such section for the fiscal year."

(b) Formula Amendments Generally.--Section 2618(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)) is amended--

(1) in subparagraph (A)--

(A) by striking "The amount referred to" in the matter preceding clause (i) and all that follows through the end of clause (i) and inserting the following: "For purposes of paragraph (1), the amount referred to in this paragraph for a State (including a territory) for a fiscal year is, subject to subparagraphs (E) and (F)--

(i) an amount equal to the amount made available under section 2623 for the fiscal year involved for grants pursuant to paragraph (1), subject to subparagraph (G); and"

(B) in clause (ii)--

(i) in subclause (I)--

(I) by striking ".80" and inserting "0.75"; and

(II) by striking "and" at the end;

(ii) in subclause (II)--

(I) by inserting "non-EMA" after "respective"; and

(II) by striking the period and inserting "; and"; and

(iii) by adding at the end the following:

(III) if the State does not for such fiscal year contain any area that is an eligible area under subpart I of part A or any area that is a transitional area under section 2609 (referred to in this subclause as a "no-EMA State"), the product of 0.05 and the ratio of the number of cases that applies for the State under subparagraph (D) to the sum of the respective numbers of cases that so apply for all no-EMA States."

(2) by striking subparagraphs (E) through (H);

(3) by inserting after subparagraph (D) the following subparagraphs:

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(E) Code-based states; limitation on increase in grant.--

(i) In general.--

For <<NOTE: Applicability.>> each of the fiscal years 2007 through 2009, if code-based reporting (within the meaning of subparagraph (D)(vi)) applies in a State as of the beginning of the fiscal year involved, then notwithstanding any other provision of this paragraph, the amount of the grant pursuant to paragraph (1) for the State may not for the fiscal year involved exceed by more than 5 percent the amount of the grant pursuant to this paragraph for the State for the preceding fiscal year, except that the limitation under this clause may not result in a grant pursuant to paragraph (1) for a fiscal year that is less than the minimum amount that applies to the State under such paragraph for such fiscal year.

(ii) Use of amounts involved.--For each of the fiscal years 2007 through 2009, amounts available as a result of the limitation under clause (i) shall be made available by the Secretary as additional amounts for grants pursuant to section 2620, subject to subparagraph (H).''; and

(4) by redesignating subparagraph (I) as subparagraph (F).

(c) Separate ADAP Grants.--Section 2618(a)(2)(G) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)(G)), as redesignated by subsection (b)(4) of this section, is amended--

(1) in clause (i)--

(A) in the matter preceding subclause (I), by striking ``section 2677'' and inserting ``section 2623'';

(B) in subclause (II), by striking the period at the end and inserting a semicolon; and

(C) by adding after and below subclause (II) the following:

``which product shall then, as applicable, be increased under subparagraph (H).'';

(2) in clause (ii)--

(A) by striking subclauses (I) through (III) and inserting the following:

(I) In general.--From amounts made available under subclause (V), the Secretary shall award supplemental grants to States described in subclause (II) to enable such States to purchase and distribute to eligible individuals under section 2616(b) pharmaceutical therapeutics described under subsections (c)(2) and (e) of such section.

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(II) Eligible states.--For purposes of subclause (I), a State shall be an eligible State if the State did not have unobligated funds subject to reallocation under section 2618(d) in the previous fiscal year and, in accordance with criteria established by the Secretary, demonstrates a severe need for a grant under this clause. For purposes of determining severe need, the

Secretary shall consider eligibility standards, formulary composition, the number of eligible individuals to whom a State is unable to provide therapeutics described in section 2616(a), and an unanticipated increase of eligible individuals with HIV/AIDS.

(III) State requirements.--The Secretary may not make a grant to a State under this clause unless the State agrees that the State will make available (directly or through donations of public or private entities) non-Federal contributions toward the activities to be carried out under the grant in an amount equal to \$1 for each \$4 of Federal funds provided in the grant, except that the Secretary may waive this subclause if the State has otherwise fully complied with section 2617(d) with respect to the grant year involved. The provisions of this subclause shall apply to States that are not required to comply with such section 2617(d).''.

(B) in subclause (IV), by moving the subclause two ems to the left;

(C) in subclause (V), by striking ``3 percent'' and inserting ``5 percent''; and

(D) by striking subclause (VI); and

(3) by adding at the end the following clause:

(iii) Code-based states; <<NOTE: Applicability.>> limitation on increase in formula grant.--The limitation under subparagraph (E)(i) applies to grants pursuant to clause (i) of this subparagraph to the same extent and in the same manner as such limitation applies to grants pursuant to paragraph (1), except that the reference to minimum grants does not apply for purposes of this clause. Amounts available as a result of the limitation under the preceding sentence shall be made available by the Secretary as additional amounts for grants under clause (ii) of this subparagraph.''.

(d) Hold Harmless.--Section 2618(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-28(a)(2)), as amended by subsection (b)(4) of this section, is amended by adding at the end the following subparagraph:

(H) Increase in formula grants.--

(i) Assurance of amount.--

(I) General rule.--For fiscal year 2007, the Secretary shall ensure, subject to clauses (ii) through (iv), that the total for a State of the grant pursuant to paragraph (1) and the grant pursuant to subparagraph (G) is not less than 95 percent of such total for the State for fiscal year 2006.

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(II) Rule of <<NOTE: Applicability.>> construction.--With respect to the application of subclause (I), the 95 percent requirement under such subclause shall

apply with respect to each grant awarded under paragraph (1) and with respect to each grant awarded under subparagraph (G).

“(ii) Fiscal year 2007.--For purposes of clause (1) as applied for fiscal year 2007, the references in such clause to subparagraph (G) are deemed to be references to subparagraph (I) as such subparagraph was in effect for fiscal year 2006.

“(iii) Fiscal years 2008 and 2009.--For each of the fiscal years 2008 and 2009, the Secretary shall ensure that the total for a State of the grant pursuant to paragraph (1) and the grant pursuant to subparagraph (G) is not less than 100 percent of such total for the State for fiscal year 2007.

“(iv) Source of funds for increase.--

“(I) In general.--From the amount reserved under section 2623(b)(2) for a fiscal year, and from amounts available for such section pursuant to subsection (d) of this section, the Secretary shall make available such amounts as may be necessary to comply with clause (i).

“(II) Pro rata reduction.--If the amounts referred to in subclause (I) for a fiscal year are insufficient to fully comply with clause (i) for the year, the Secretary, in order to provide the additional funds necessary for such compliance, shall reduce on a pro rata basis the amount of each grant pursuant to paragraph (1) for the fiscal year, other than grants for States for which increases under clause (i) apply and other than States described in paragraph (1)(A)(i)(I). A reduction under the preceding sentence may not be made in an amount that would result in the State involved becoming eligible for such an increase.

“(v) Applicability.--This paragraph may not be construed as having any applicability after fiscal year 2009.”.

(e) Administrative Expenses; Clinical Quality Management.--Section 2618(b) of the Public Health Service Act (42 U.S.C. 300ff-28(b)) is amended--

(1) by redesignating paragraphs (2) through (7) as paragraphs (1) through (6);

(2) in paragraph (2) (as so redesignated)--

(A) by striking “paragraph (5)” and inserting “paragraph (4)”;

(B) by striking “paragraph (6)” and inserting “paragraph (5)”;

(3) in paragraph (3) (as so redesignated)--

(A) by amending subparagraph (A) to read as follows:

“(A) In general.--Subject to paragraph (4), and except as provided in paragraph (5), a State may not use more than 10 percent of amounts received under a grant awarded under section 2611 for administration.”;

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(B) by redesignating subparagraphs (B) and (C) as

subparagraphs (C) and (D), respectively;

(C) by inserting after subparagraph (A) the following:

“(B) Allocations.--In the case of entities and subcontractors to which a State allocates amounts received by the State under a grant under section 2611, the State shall ensure that, of the aggregate amount so allocated, the total of the expenditures by such entities for administrative expenses does not exceed 10 percent (without regard to whether particular entities expend more than 10 percent for such expenses).”;

(D) in subparagraph (C) (as so redesignated), by inserting before the period the following: “, including a clinical quality management program under subparagraph (E)”;

(E) by adding at the end the following:

“(E) Clinical quality management.--

“(i) Requirement.--Each State that receives a grant under section 2611 shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

“(ii) Use of funds.--

“(I) In general.--From amounts received under a grant awarded under section 2611 for a fiscal year, a State may use for activities associated with the clinical quality management program required in clause (i) not to exceed the lesser of--

“(aa) 5 percent of amounts received under the grant; or

“(bb) \$3,000,000.

“(II) Relation to limitation on administrative expenses.--The costs of a clinical quality management program under clause (i) may not be considered administrative expenses for purposes of the limitation established in subparagraph (A).”;

(4) in paragraph (4) (as so redesignated)--

(A) by striking “paragraph (6)” and inserting “paragraph (5)”;

(B) by striking “paragraphs (3) and (4)” and inserting “paragraphs (2) and (3)”;

(5) in paragraph (5) (as so redesignated), by striking “paragraphs (3)” and all that follows through “(5),” and inserting the following: “paragraphs (2) and (3), may, notwithstanding paragraphs (2) through (4),”.

(f) Reallocation for Supplemental Grants.--Section 2618(d) of the Public Health Service Act (42 U.S.C. 300ff-28(d)) is amended to read as follows:

(d) Reallocation.--Any portion of a grant made to a State under section 2611 for a fiscal year that has not been obligated

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as described in subsection (c) ceases to be available to the State and

shall be made available by the Secretary for grants under section 2620, in addition to amounts made available for such grants under section 2623 b) (2).''.

(q) Definitions; Other Technical Amendments.--Section 2618(a) of the Public Health Service Act (42 U.S.C. 300ff-28(a)) is amended--

(1) in paragraph (1), in the matter preceding subparagraph (A), by striking ``section 2677'' and inserting ``section 2623'';

(2) in paragraph (1)(A)--

(A) in the matter preceding clause (i), by striking ``each of the several States and the District of Columbia'' and inserting ``each of the 50 States, the District of Columbia, Guam, and the Virgin Islands (referred to in this paragraph as a `covered State')''; and

(B) in clause (i)--

(i) in subclause (I), by striking ``State or District'' and inserting ``covered State''; and

(ii) in subclause (II)--

(I) by striking ``State or District'' and inserting ``covered State''; and

(II) by inserting ``and'' after the semicolon; and

(3) in paragraph (1)(B), by striking ``each territory of the United States, as defined in paragraph (3),'' and inserting ``each territory other than Guam and the Virgin Islands'';

(4) in paragraph (2)(C)(i), by striking ``or territory'';

and

(5) by striking paragraph (3).

#### SEC. 204. ADDITIONAL AMENDMENTS TO SUBPART I OF PART B.

(a) References to Part B.--Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.) is amended by striking ``this part'' each place such term appears and inserting ``section 2611''.

(b) Hepatitis.--Section 2614(a)(3) of the Public Health Service Act (42 U.S.C. 300ff-24(a)(3)) is amended by inserting ``, including specialty care and vaccinations for hepatitis co-infection,'' after ``health services''.

(c) Application for Grant.--

(1) Coordination.--Section 2617(b) of the Public Health Service Act (42 U.S.C. 300ff-27(b)) is amended--

(A) by redesignating paragraphs (4) through (6) as paragraphs (5) through (7), respectively;

(B) by inserting after paragraph (3), the following:

``(4) the designation of a lead State agency that shall--

``(A) administer all assistance received under this part;

``(B) conduct the needs assessment and prepare the State plan under paragraph (3);

``(C) prepare all applications for assistance under this part;

``(D) receive notices with respect to programs under this title;

``(E) <<NOTE: Deadline. Audits.>> every 2 years, collect and submit to the Secretary all audits, consistent with Office of Management and Budget circular A133, from grantees within the State, including audits regarding funds expended in accordance with this part; and

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``(F) carry out any other duties determined

appropriate by the Secretary to facilitate the coordination of programs under this title.'';

(C) in paragraph (5) (as so redesignated)--

(i) in subparagraph (E), by striking "and" at the end; and

(ii) by inserting after subparagraph (F) the following:

"(G) includes key outcomes to be measured by all entities in the State receiving assistance under this title; and"; and

(D) in paragraph (7) (as so redesignated), in subparagraph (A)--

(i) by striking "paragraph (5)" and inserting "paragraph (6)"; and

(ii) by striking "paragraph (4)" and inserting "paragraph (5)".

(2) Native American representation.--Section 2617(b)(6) of the Public Health Service Act, as redesignated by paragraph (1)(A) of this subsection, is amended by inserting before "representatives of grantees" the following: "members of a Federally recognized Indian tribe as represented in the State,".

(3) Payer of last resort.--Section 2617(b)(7)(F)(ii) of the Public Health Service Act, as redesignated by paragraph (1)(A) of this subsection, is amended by inserting before the semicolon the following: "(except for a program administered by or providing the services of the Indian Health Service)".

(d) Matching Funds; Applicability of Requirement.--Section 2617(d)(3) of the Public Health Service Act (42 U.S.C. 300ff-27(d)(3)) is amended--

(1) in subparagraph (A), by striking "acquired immune deficiency syndrome" and inserting "HIV/AIDS"; and

(2) in subparagraph (C), by striking "acquired immune deficiency syndrome" and inserting "HIV/AIDS".

#### SEC. 205. SUPPLEMENTAL GRANTS ON BASIS OF DEMONSTRATED NEED.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.) is amended--

(1) by redesignating section <<NOTE: 42 USC 300ff-30.>> 2620 as section 2621; and

(2) by inserting after section 2619 the following:

#### "SEC. 2620. SUPPLEMENTAL <<NOTE: 42 USC 300ff-29a.>> GRANTS.

"(a) In General.--For the purpose of providing services described in section 2612(a), the Secretary shall make grants to States--

"(1) whose applications under section 2617 have demonstrated the need in the State, on an objective and quantified basis, for supplemental financial assistance to provide such services; and

"(2) that did not, for the most recent grant year pursuant to section 2618(a)(1) or 2618(a)(2)(G)(i) for which data is available, have more than 2 percent of grant funds under such sections canceled or covered by any waivers under section 2622(c).

"(b) Demonstrated Need.--The factors considered by the Secretary in determining whether an eligible area has a demonstrated

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need for purposes of subsection (a)(1) may include any or all of the following:

"(1) The unmet need for such services, as determined under



section 2617(b).

(2) An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.

(3) The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.

(4) The current prevalence of HIV/AIDS.

(5) Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.

(6) The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.

(7) The prevalence of homelessness.

(8) The prevalence of individuals described under section 2602(b)(2)(M).

(9) The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers.

(10) The impact of a decline in the amount received pursuant to section 2618 on services available to all individuals with HIV/AIDS identified and eligible under this title.

(c) Priority in Making Grants.--The Secretary shall provide funds under this section to a State to address the decline in services related to the decline in the amounts received pursuant to section 2618 consistent with the grant award to the State for fiscal year 2006, to the extent that the factor under subsection (b)(10) (relating to a decline in funding) applies to the State.

(d) Report on the Awarding of Supplemental Funds.--Not later than 45 days after the awarding of supplemental funds under this section, the Secretary shall submit to Congress a report concerning such funds. Such report shall include information detailing--

(1) the total amount of supplemental funds available under this section for the year involved;

(2) the amount of supplemental funds used in accordance with the hold harmless provisions of section 2618(a)(2);

(3) the amount of supplemental funds disbursed pursuant to subsection (c);

(4) the disbursement of the remainder of the supplemental funds after taking into account the uses described in paragraphs (2) and (3); and

(5) the rationale used for the amount of funds disbursed as described under paragraphs (2), (3), and (4).

(e) Core Medical Services.--The provisions of section 2612(b) apply with respect to a grant under this section to the same extent and in the same manner as such provisions apply with respect to a grant made pursuant to section 2618(a)(1).

(f) Applicability of Grant Authority.--The authority to make grants under this section applies beginning with the first fiscal year for which amounts are made available for such grants under section 2623(b)(1).''

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#### SEC. 206. EMERGING COMMUNITIES.

Section 2621 of the Public Health Service Act, as redesignated by section 205(1) of this Act, is amended--

(1) in the heading for the section, by striking "supplemental grants" and inserting "emerging communities";

(2) in subsection (b)--

(A) in paragraph (2), by striking "and" at the end;

(B) by redesignating paragraph (3) as paragraph (4);

and

(C) by inserting after paragraph (2) the following:  
“(3) agree that the grant will be used to provide funds directly to emerging communities in the State, separately from other funds under this title that are provided by the State to such communities; and”.

(3) by striking subsections (d) and (e) and inserting the following:

(d) Definitions of Emerging Community.--For purposes of this section, the term 'emerging community' means a metropolitan area (as defined in section 2607) for which there has been reported to and confirmed by the Director of the Centers for Disease Control and Prevention a cumulative total of at least 500, but fewer than 1,000, cases of AIDS during the most recent period of 5 calendar years for which such data are available.

(e) Continued Status as Emerging Community.--Notwithstanding any other provision of this section, a metropolitan area that is an emerging community for a fiscal year continues to be an emerging community until the metropolitan area fails, for three consecutive fiscal years--

(1) to meet the requirements of subsection (d); and  
(2) to have a cumulative total of 750 or more living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) as of December 31 of the most recent calendar year for which such data is available.

(f) Distribution.--The amount of a grant under subsection (a) for a State for a fiscal year shall be an amount equal to the product of--

(1) the amount available under section 2623(b)(1) for the fiscal year; and

(2) a percentage equal to the ratio constituted by the number of living cases of HIV/AIDS in emerging communities in the State to the sum of the respective numbers of such cases in such communities for all States.”.

#### SEC. 207. TIMEFRAME FOR OBLIGATION AND EXPENDITURE OF GRANT FUNDS.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.), as amended by section 205, is further amended by adding at the end the following:

#### SEC. 2622. <<NOTE: Effective date. 42 USC 300ff-31a.>> TIMEFRAME FOR OBLIGATION AND EXPENDITURE OF GRANT FUNDS.

(a) Obligation by end of Grant Year.--Effective for fiscal year 2007 and subsequent fiscal years, funds from a grant award made to a State for a fiscal year pursuant to section 2618(a)(1) or 2618(a)(2)(G), or under section 2620 or 2621, are available for obligation by the State through the end of the one-year period

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beginning on the date in such fiscal year on which funds from the award first become available to the State (referred to in this section as the 'grant year for the award'), except as provided in subsection (c)(1).

(b) Supplemental Grants; Cancellation of Unobligated Balance of Grant Award.--Effective for fiscal year 2007 and subsequent fiscal years, if a grant award made to a State for a fiscal year pursuant to section 2618(a)(2)(G)(ii), or under section 2620 or 2621, has an unobligated balance as of the end of the grant year for the award--

(1) the Secretary shall cancel that unobligated balance of the award, and shall require the State to return any amounts from such balance that have been disbursed to the State; and

(2) the funds involved shall be made available by the Secretary as additional amounts for grants pursuant to section 2620 for the first fiscal year beginning after the fiscal year

in which the Secretary obtains the information necessary for determining that the balance is required under paragraph (1) to be canceled, except that the availability of the funds for such grants is subject to section 2618(a)(2)(H) as applied for such year.

(c) Formula Grants; Cancellation of Unobligated Balance of Grant Award; Waiver Permitting Carryover.--

(1) In general.--Effective for fiscal year 2007 and subsequent fiscal years, if a grant award made to a State for a fiscal year pursuant to section 2618(a)(1) or 2618(a)(2)(G)(i) has an unobligated balance as of the end of the grant year for the award, the Secretary shall cancel that unobligated balance of the award, and shall require the State to return any amounts from such balance that have been disbursed to the State, unless--

(A) before the end of the grant year, the State submits to the Secretary a written application for a waiver of the cancellation, which application includes a description of the purposes for which the State intends to expend the funds involved; and

(B) the Secretary approves the waiver.

(2) Expenditure by end of carryover year.--With respect to a waiver under paragraph (1) that is approved for a balance that is unobligated as of the end of a grant year for an award:

(A) The unobligated funds are available for expenditure by the State involved for the one-year period beginning upon the expiration of the grant year (referred to in this section as the 'carryover year').

(B) If the funds are not expended by the end of the carryover year, the Secretary shall cancel that unexpended balance of the award, and shall require the State to return any amounts from such balance that have been disbursed to the State.

(3) Use of cancelled balances.--In the case of any balance of a grant award that is cancelled under paragraph (1) or (2)(B), the grant funds involved shall be made available by the Secretary as additional amounts for grants under section 2620 for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that the balance is required under such paragraph

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to be canceled, except that the availability of the funds for such grants is subject to section 2618(a)(2)(H) as applied for such year.

(4) Corresponding reduction in future grant.--

(A) In general.--In the case of a State for which a balance from a grant award made pursuant to section 2618(a)(1) or 2618(a)(2)(G)(i) is unobligated as of the end of the grant year for the award--

(i) the Secretary shall reduce, by the same amount as such unobligated balance, the amount of the grant under such section for the first fiscal year beginning after the fiscal year in which the Secretary obtains the information necessary for determining that such balance was unobligated as of the end of the grant year (which requirement for a reduction applies without regard to whether a waiver under paragraph (1) has been approved with respect to such balance); and

(ii) the grant funds involved in such reduction shall be made available by the Secretary as additional funds for grants under section 2620 for such first fiscal year, subject to section

2618(a)(2)(H);  
except that this subparagraph does not apply to the State if the amount of the unobligated balance was 2 percent or less.

(B) Relation to increases in grant.--A reduction under subparagraph (A) for a State for a fiscal year may not be taken into account in applying section 2618(a)(2)(H) with respect to the State for the subsequent fiscal year.

(d) Treatment of Drug Rebates.--For purposes of this section, funds that are drug rebates referred to in section 2616(g) may not be considered part of any grant award referred to in subsection (a).''.

#### SEC. 208. AUTHORIZATION OF APPROPRIATIONS FOR SUBPART I OF PART B.

Subpart I of part B of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-21 et seq.), as amended by section 207, is further amended by adding at the end the following:

#### SEC. 2623. <<NOTE: 42 USC 300ff-31b.>> AUTHORIZATION OF APPROPRIATIONS.

(a) In General.--For the purpose of carrying out this subpart, there are authorized to be appropriated \$1,195,500,000 for fiscal year 2007, \$1,239,500,000 for fiscal year 2008, and \$1,285,200,000 for fiscal year 2009. Amounts appropriated under the preceding sentence for a fiscal year are available for obligation by the Secretary until the end of the second succeeding fiscal year.

(b) Reservation of Amounts.--

(1) Emerging communities.--Of the amount appropriated under subsection (a) for a fiscal year, the Secretary shall reserve \$5,000,000 for grants under section 2621.

(2) Supplemental grants.--

(A) In general.--Of the amount appropriated under subsection (a) for a fiscal year in excess of the 2006 adjusted amount, the Secretary shall reserve  $\frac{1}{3}$  for grants under section 2620, except that the availability of the reserved funds for such grants is subject to section 2618(a)(2)(H) as applied for such year, and except that any amount appropriated exclusively for carrying out section 2616 (and,

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accordingly, distributed under section 2618(a)(2)(G)) is not subject to this subparagraph.

(B) 2006 adjusted amount.--For purposes of subparagraph (A), the term '2006 adjusted amount' means the amount appropriated for fiscal year 2006 under section 2677(b) (as such section was in effect for such fiscal year), excluding any amount appropriated for such year exclusively for carrying out section 2616 (and, accordingly, distributed under section 2618(a)(2)(I), as so in effect).''.

#### SEC. 209. EARLY DIAGNOSIS GRANT PROGRAM.

Section 2625 of the Public Health Service Act (42 U.S.C. 300ff-33) is amended to read as follows:

#### SEC. 2625. EARLY DIAGNOSIS GRANT PROGRAM.

(a) In General.--In the case of States whose laws or regulations are in accordance with subsection (b), the Secretary, acting through the Centers for Disease Control and Prevention, shall make grants to such

States for the purposes described in subsection (c).

(b) Description of Compliant States.--For purposes of subsection (a), the laws or regulations of a State are in accordance with this subsection if, under such laws or regulations (including programs carried out pursuant to the discretion of State officials), both of the policies described in paragraph (1) are in effect, or both of the policies described in paragraph (2) are in effect, as follows:

- (1) (A) Voluntary opt-out testing of pregnant women.
- (B) Universal testing of newborns.
- (2) (A) Voluntary opt-out testing of clients at sexually transmitted disease clinics.
- (B) Voluntary opt-out testing of clients at substance abuse treatment centers.

The Secretary shall periodically ensure that the applicable policies are being carried out and recertify compliance.

(c) Use of Funds.--A State may use funds provided under subsection

(a) for HIV/AIDS testing (including rapid testing), prevention counseling, treatment of newborns exposed to HIV/AIDS, treatment of mothers infected with HIV/AIDS, and costs associated with linking those diagnosed with HIV/AIDS to care and treatment for HIV/AIDS.

(d) Application.--A State that is eligible for the grant under subsection (a) shall submit an application to the Secretary, in such form, in such manner, and containing such information as the Secretary may require.

(e) Limitation on Amount of Grant.--A grant under subsection (a) to a State for a fiscal year may not be made in an amount exceeding \$10,000,000.

(f) Rule of Construction.--Nothing in this section shall be construed to pre-empt State laws regarding HIV/AIDS counseling and testing.

(g) Definitions.--In this section:

(1) The term 'voluntary opt-out testing' means HIV/AIDS testing--

(A) that is administered to an individual seeking other health care services; and

(B) in which--

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(i) pre-test counseling is not required but the individual is informed that the individual will receive an HIV/AIDS test and the individual may opt out of such testing; and

(ii) for those individuals with a positive test result, post-test counseling (including referrals for care) is provided and confidentiality is protected.

(2) The term 'universal testing of newborns' means HIV/AIDS testing that is administered within 48 hours of delivery to--

(A) all infants born in the State; or

(B) all infants born in the State whose mother's HIV/AIDS status is unknown at the time of delivery.

(h) Authorization of Appropriations.--Of the funds appropriated annually to the Centers for Disease Control and Prevention for HIV/AIDS prevention activities, \$30,000,000 shall be made available for each of the fiscal years 2007 through 2009 for grants under subsection (a), of which \$20,000,000 shall be made available for grants to States with the policies described in subsection (b)(1), and \$10,000,000 shall be made available for grants to States with the policies described in subsection (b)(2). Funds provided under this section are available until expended.''

APPROPRIATIONS.

Section 2631(d) of the Public Health Service Act (42 U.S.C. 300ff-38(d)) is amended by striking "there are" and all that follows and inserting the following: "there is authorized to be appropriated \$10,000,000 for each of the fiscal years 2007 through 2009."

TITLE III--EARLY INTERVENTION SERVICES

SEC. 301. ESTABLISHMENT OF PROGRAM; CORE MEDICAL SERVICES.

(a) In General.--Section 2651 of the Public Health Service Act (42 U.S.C. 300ff-51) is amended to read as follows:

SEC. 2651. ESTABLISHMENT OF A PROGRAM.

(a) In General.--For the purposes described in subsection (b), the Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to public and nonprofit private entities specified in section 2652(a).

(b) Requirements.--

(1) In general.--The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to expend the grant only for--

(A) core medical services described in subsection

(c);

(B) support services described in subsection (d);

and

(C) administrative expenses as described in section 2664(g)(3).

(2) Early intervention services.--An applicant for a grant under subsection (a) shall expend not less than 50 percent of the amount received under the grant for the services described in subparagraphs (B) through (E) of subsection (e)(1) for individuals with HIV/AIDS.

(c) Required Funding for Core Medical Services.--

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(1) In general.--With respect to a grant under subsection (a) to an applicant for a fiscal year, the applicant shall, of the portion of the grant remaining after reserving amounts for purposes of paragraphs (3) and (5) of section 2664(g), use not less than 75 percent to provide core medical services that are needed in the area involved for individuals with HIV/AIDS who are identified and eligible under this title (including services regarding the co-occurring conditions of the individuals).

(2) Waiver.--

(A) The Secretary shall waive the application of paragraph (1) with respect to an applicant for a grant if the Secretary determines that, within the service area of the applicant--

(i) there are no waiting lists for AIDS Drug Assistance Program services under section 2616; and

(ii) core medical services are available to all individuals with HIV/AIDS identified and eligible under this title.

(B) Notification of waiver status.--When informing an applicant that a grant under subsection (a) is being made for a fiscal year, the Secretary shall inform the applicant whether a waiver under subparagraph (A) is in effect for the fiscal year.

(3) Core medical services.--For purposes of this subsection, the term "core medical services", with respect to an

individual with HIV/AIDS (including the co-occurring conditions of the individual) means the following services:

- “(A) Outpatient and ambulatory health services.
- “(B) AIDS Drug Assistance Program treatments under section 2616.
- “(C) AIDS pharmaceutical assistance.
- “(D) Oral health care.
- “(E) Early intervention services described in subsection (e).
- “(F) Health insurance premium and cost sharing assistance for low-income individuals in accordance with section 2615.
- “(G) Home health care.
- “(H) Medical nutrition therapy.
- “(I) Hospice services.
- “(J) Home and community-based health services as defined under section 2614(c).
- “(K) Mental health services.
- “(L) Substance abuse outpatient care.
- “(M) Medical case management, including treatment adherence services.

“(d) Support Services.--

“(1) In general.--For purposes of this section, the term ‘support services’ means services, subject to the approval of the Secretary, that are needed for individuals with HIV/AIDS to achieve their medical outcomes (such as respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referrals for health care and support services).

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“(2) Definition of medical outcomes.--In this section, the term ‘medical outcomes’ means those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

“(e) Specification of Early Intervention Services.--

“(1) In general.--The early intervention services referred to in this section are--

- “(A) counseling individuals with respect to HIV/AIDS in accordance with section 2662;
- “(B) testing individuals with respect to HIV/AIDS, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV/AIDS;
- “(C) referrals described in paragraph (2);
- “(D) other clinical and diagnostic services regarding HIV/AIDS, and periodic medical evaluations of individuals with HIV/AIDS; and
- “(E) providing the therapeutic measures described in subparagraph (B).

“(2) Referrals.--The services referred to in paragraph (1)(C) are referrals of individuals with HIV/AIDS to appropriate providers of health and support services, including, as appropriate--

- “(A) to entities receiving amounts under part A or B for the provision of such services;
- “(B) to biomedical research facilities of institutions of higher education that offer experimental treatment for such disease, or to community-based organizations or other entities that provide such

treatment; or

(C) to grantees under section 2671, in the case of a pregnant woman.

(3) Requirement of availability of all early intervention services through each grantee.--

(A) In general.--The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that each of the early intervention services specified in paragraph (2) will be available through the grantee. With respect to compliance with such agreement, such a grantee may expend the grant to provide the early intervention services directly, and may expend the grant to enter into agreements with public or nonprofit private entities, or private for-profit entities if such entities are the only available provider of quality HIV care in the area, under which the entities provide the services.

(B) Other requirements.--Grantees described in--

(i) subparagraphs (A), (D), (E), and (F) of section 2652(a)(1) shall use not less than 50 percent of the amount of such a grant to provide the services described in subparagraphs (A), (B), (D), and (E) of paragraph (1) directly and on-site or at sites where other primary care services are rendered; and

(ii) subparagraphs (B) and (C) of section 2652(a)(1) shall ensure the availability of early intervention services through a system of linkages to

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community-based primary care providers, and to establish mechanisms for the referrals described in paragraph (1)(C), and for follow-up concerning such referrals.''

(b) Administrative Expenses; Clinical Quality Management Program.--Section 2664(g) of the Public Health Service Act (42 U.S.C. 300ff-64(g)) is amended--

(1) in paragraph (3), by amending the paragraph to read as follows:

(3) the applicant will not expend more than 10 percent of the grant for administrative expenses with respect to the grant, including planning and evaluation, except that the costs of a clinical quality management program under paragraph (5) may not be considered administrative expenses for purposes of such limitation;''; and

(2) in paragraph (5), by inserting ''clinical'' before ''quality management''.

#### SEC. 302. ELIGIBLE ENTITIES; PREFERENCES; PLANNING AND DEVELOPMENT GRANTS.

(a) Minimum Qualification of Grantees.--Section 2652(a) of the Public Health Service Act (42 U.S.C. 300ff-52(a)) is amended to read as follows:

(a) Eligible Entities.--

(1) In general.--The entities referred to in section 2651(a) are public entities and nonprofit private entities that are--

(A) federally-qualified health centers under section 1905(1)(2)(B) of the Social Security Act;

(B) grantees under section 1001 (regarding family planning) other than States;

(C) comprehensive hemophilia diagnostic and



treatment centers;

(D) rural health clinics;

(E) health facilities operated by or pursuant to a contract with the Indian Health Service;

(F) community-based organizations, clinics, hospitals and other health facilities that provide early intervention services to those persons infected with HIV/AIDS through intravenous drug use; or

(G) nonprofit private entities that provide comprehensive primary care services to populations at risk of HIV/AIDS, including faith-based and community-based organizations.

(2) Underserved populations.--Entities described in paragraph (1) shall serve underserved populations which may include minority populations and Native American populations, ex-offenders, individuals with comorbidities including hepatitis B or C, mental illness, or substance abuse, low-income populations, inner city populations, and rural populations.''

(b) Preferences in Making Grants.--Section 2653 of the Public Health Service Act (42 U.S.C. 300ff-53) is amended--

(1) in subsection (b)(1)--

(A) in subparagraph (A), by striking ``acquired immune deficiency syndrome'' and inserting ``HIV/AIDS''; and

(B) in subparagraph (D), by inserting before the semicolon the following: ``and the number of cases of individuals co-infected with HIV/AIDS and hepatitis B or C''; and

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(2) in subsection (d)(2), by striking ``special consideration'' and inserting ``preference''.

(c) Planning and Development Grants.--Section 2654(c) of the Public Health Service Act (42 U.S.C. 300ff-54(c)) is amended--

(1) in paragraph (1)--

(A) in subparagraph (A), by striking ``HIV''; and

(B) in subparagraph (B), by striking ``HIV'' and inserting ``HIV/AIDS''; and

(2) in paragraph (3), by striking ``or underserved communities'' and inserting ``areas or to underserved populations''.

### SEC. 303. AUTHORIZATION OF APPROPRIATIONS.

Section 2655 of the Public Health Service Act (42 U.S.C. 300ff-55) is amended by striking ``such sums'' and all that follows through ``2005'' and inserting ``, \$218,600,000 for fiscal year 2007, \$226,700,000 for fiscal year 2008, and \$235,100,000 for fiscal year 2009''.

### SEC. 304. CONFIDENTIALITY AND INFORMED CONSENT.

Section 2661 of the Public Health Service Act (42 U.S.C. 300ff-61) is amended to read as follows:

#### ``SEC. 2661. CONFIDENTIALITY AND INFORMED CONSENT.

``(a) Confidentiality.--The Secretary may not make a grant under this part unless, in the case of any entity applying for a grant under section 2651, the entity agrees to ensure that information regarding the receipt of early intervention services pursuant to the grant is maintained confidentially in a manner not inconsistent with applicable law.

“(b) Informed Consent.--The Secretary may not make a grant under this part unless the applicant for the grant agrees that, in testing an individual for HIV/AIDS, the applicant will test an individual only after the individual confirms that the decision of the individual with respect to undergoing such testing is voluntarily made.”.

SEC. 305. PROVISION OF CERTAIN COUNSELING SERVICES.

Section 2662 of the Public Health Service Act (42 U.S.C. 300ff-62) is amended to read as follows:

SEC. 2662. PROVISION OF CERTAIN COUNSELING SERVICES.

“(a) Counseling of Individuals With Negative Test Results.--The Secretary may not make a grant under this part unless the applicant for the grant agrees that, if the results of testing conducted for HIV/AIDS indicate that an individual does not have such condition, the applicant will provide the individual information, including--

- “(1) measures for prevention of, exposure to, and transmission of HIV/AIDS, hepatitis B, hepatitis C, and other sexually transmitted diseases;
- “(2) the accuracy and reliability of results of testing for HIV/AIDS, hepatitis B, and hepatitis C;
- “(3) the significance of the results of such testing, including the potential for developing AIDS, hepatitis B, or hepatitis C;
- “(4) the appropriateness of further counseling, testing, and education of the individual regarding HIV/AIDS and other sexually transmitted diseases;

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- “(5) if diagnosed with chronic hepatitis B or hepatitis C co-infection, the potential of developing hepatitis-related liver disease and its impact on HIV/AIDS; and
- “(6) information regarding the availability of hepatitis B vaccine and information about hepatitis treatments.

“(b) Counseling of Individuals With Positive Test Results.--The Secretary may not make a grant under this part unless the applicant for the grant agrees that, if the results of testing for HIV/AIDS indicate that the individual has such condition, the applicant will provide to the individual appropriate counseling regarding the condition, including--

- “(1) information regarding--
  - “(A) measures for prevention of, exposure to, and transmission of HIV/AIDS, hepatitis B, and hepatitis C;
  - “(B) the accuracy and reliability of results of testing for HIV/AIDS, hepatitis B, and hepatitis C; and
  - “(C) the significance of the results of such testing, including the potential for developing AIDS, hepatitis B, or hepatitis C;
- “(2) reviewing the appropriateness of further counseling, testing, and education of the individual regarding HIV/AIDS and other sexually transmitted diseases; and
- “(3) providing counseling--
  - “(A) on the availability, through the applicant, of early intervention services;
  - “(B) on the availability in the geographic area of appropriate health care, mental health care, and social and support services, including providing referrals for such services, as appropriate;
  - “(C) (i) that explains the benefits of locating and counseling any individual by whom the infected individual may have been exposed to HIV/AIDS, hepatitis B, or hepatitis C and any individual whom the infected

individual may have exposed to HIV/AIDS, hepatitis B, or hepatitis C; and

(11) that emphasizes it is the duty of infected individuals to disclose their infected status to their sexual partners and their partners in the sharing of hypodermic needles; that provides advice to infected individuals on the manner in which such disclosures can be made; and that emphasizes that it is the continuing duty of the individuals to avoid any behaviors that will expose others to HIV/AIDS, hepatitis B, or hepatitis C; and

(D) on the availability of the services of public health authorities with respect to locating and counseling any individual described in subparagraph (C);

(4) if diagnosed with chronic hepatitis B or hepatitis C co-infection, the potential of developing hepatitis-related liver disease and its impact on HIV/AIDS; and

(5) information regarding the availability of hepatitis B vaccine.

(c) Additional Requirements Regarding Appropriate Counseling.--The Secretary may not make a grant under this part unless the applicant for the grant agrees that, in counseling individuals with respect to HIV/AIDS, the applicant will ensure that the counseling is provided under conditions appropriate to the needs of the individuals.

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(d) Counseling of Emergency Response Employees.--The Secretary may not make a grant under this part to a State unless the State agrees that, in counseling individuals with respect to HIV/AIDS, the State will ensure that, in the case of emergency response employees, the counseling is provided to such employees under conditions appropriate to the needs of the employees regarding the counseling.

(e) Rule of Construction Regarding Counseling Without Testing.--Agreements made pursuant to this section may not be construed to prohibit any grantee under this part from expending the grant for the purpose of providing counseling services described in this section to an individual who does not undergo testing for HIV/AIDS as a result of the grantee or the individual determining that such testing of the individual is not appropriate."

#### SEC. 306. GENERAL PROVISIONS.

(a) Applicability of Certain Requirements.--Section 2663 of the Public Health Service Act (42 U.S.C. 300ff-63) is amended by striking "will, without" and all that follows through "be carried" and inserting "with funds appropriated through this Act will be carried".

(b) Additional Required Agreements.--Section 2664(a) of the Public Health Service Act (42 U.S.C. 300ff-64(a)) is amended--

(1) in paragraph (1)--

(A) in subparagraph (A), by striking "and" at the end;

(B) in subparagraph (B), by striking "and" at the end; and

(C) by adding at the end the following:

(C) information regarding how the expected expenditures of the grant are related to the planning process for localities funded under part A (including the planning process described in section 2602) and for States funded under part B (including the planning process described in section 2617(b)); and

(D) a specification of the expected expenditures and how those expenditures will improve overall client outcomes, as described in the State plan under section 2617(b);";

(2) in paragraph (2), by striking the period and inserting a semicolon; and

(3) by adding at the end the following:

"(3) the applicant agrees to provide additional documentation to the Secretary regarding the process used to obtain community input into the design and implementation of activities related to such grant; and

"(4) the applicant agrees to submit, every 2 years, to the lead State agency under section 2617(b)(4) audits, consistent with Office of Management and Budget circular A133, regarding funds expended in accordance with this title and shall include necessary client level data to complete unmet need calculations and Statewide coordinated statements of need process.'".

(c) Payer of Last Resort.--Section 2664(f)(1)(A) of the Public Health Service Act (42 U.S.C. 300ff-64(f)(1)(A)) is amended by inserting "(except for a program administered by or providing the services of the Indian Health Service)" before the semicolon.

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#### TITLE IV--WOMEN, INFANTS, CHILDREN, AND YOUTH

#### SEC. 401. WOMEN, INFANTS, CHILDREN, AND YOUTH.

Part D of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-71 et seq.) is amended to read as follows:

#### "PART D--WOMEN, INFANTS, CHILDREN, AND YOUTH

#### "SEC. 2671. <<NOTE: 42 USC 300ff-71.>> GRANTS FOR COORDINATED SERVICES AND ACCESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN, AND YOUTH.

"(a) In General.--The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall award grants to public and nonprofit private entities (including a health facility operated by or pursuant to a contract with the Indian Health Service) for the purpose of providing family-centered care involving outpatient or ambulatory care (directly or through contracts) for women, infants, children, and youth with HIV/AIDS.

"(b) Additional Services for Patients and Families.--Funds provided under grants awarded under subsection (a) may be used for the following support services:

"(1) Family-centered care including case management.

"(2) Referrals for additional services including--

"(A) referrals for inpatient hospital services, treatment for substance abuse, and mental health services; and

"(B) referrals for other social and support services, as appropriate.

"(3) Additional services necessary to enable the patient and the family to participate in the program established by the applicant pursuant to such subsection including services designed to recruit and retain youth with HIV.

"(4) The provision of information and education on opportunities to participate in HIV/AIDS-related clinical research.

"(c) Coordination With Other Entities.--A grant awarded under subsection (a) may be made only if the applicant provides an agreement that includes the following:

"(1) The applicant will coordinate activities under the grant with other providers of health care services under this Act, and under title V of the Social Security Act, including programs promoting the reduction and elimination of risk of HIV/

AIDS for youth.

(2) The applicant will participate in the statewide coordinated statement of need under part B (where it has been initiated by the public health agency responsible for administering grants under part B) and in revisions of such statement.

(3) <<NOTE: Deadline. Audits.>> The applicant will every 2 years submit to the lead State agency under section 2617(b)(4) audits regarding funds expended in accordance with this title and shall include necessary client-level data to complete unmet need calculations and Statewide coordinated statements of need process.

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(d) Administration; Application.--A grant may only be awarded to an entity under subsection (a) if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section. Such application shall include the following:

(1) Information regarding how the expected expenditures of the grant are related to the planning process for localities funded under part A (including the planning process outlined in section 2602) and for States funded under part B (including the planning process outlined in section 2617(b)).

(2) A specification of the expected expenditures and how those expenditures will improve overall patient outcomes, as outlined as part of the State plan (under section 2617(b)) or through additional outcome measures.

(e) Annual Review of Programs; Evaluations.--

(1) Review regarding access to and participation in programs.--With <<NOTE: Deadline.>> respect to a grant under subsection (a) for an entity for a fiscal year, the Secretary shall, not later than 180 days after the end of the fiscal year, provide for the conduct and completion of a review of the operation during the year of the program carried out under such subsection by the entity. The purpose of such review shall be the development of recommendations, as appropriate, for improvements in the following:

(A) Procedures used by the entity to allocate opportunities and services under subsection (a) among patients of the entity who are women, infants, children, or youth.

(B) Other procedures or policies of the entity regarding the participation of such individuals in such program.

(2) Evaluations.----The <<NOTE: Contracts.>> Secretary shall, directly or through contracts with public and private entities, provide for evaluations of programs carried out pursuant to subsection (a).

(f) Administrative Expenses.--

(1) Limitation.--A grantee may not use more than 10 percent of amounts received under a grant awarded under this section for administrative expenses.

(2) Clinical quality management program.--A grantee under this section shall implement a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

(g) Training and Technical Assistance.--From the amounts appropriated under subsection (i) for a fiscal year, the Secretary may use not more than 5 percent to provide, directly or through contracts with public and private entities (which may include grantees under subsection (a)), training and technical assistance to assist applicants and grantees under subsection (a) in complying with the requirements of this section.

(h) Definitions.--In this section:

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(1) Administrative expenses.--The term 'administrative expenses' means funds that are to be used by grantees for grant management and monitoring activities, including costs related to any staff or activity unrelated to services or indirect costs.

(2) Indirect costs.--The term 'indirect costs' means costs included in a Federally negotiated indirect rate.

(3) Services.--The term 'services' means--

(A) services that are provided to clients to meet the goals and objectives of the program under this section, including the provision of professional, diagnostic, and therapeutic services by a primary care provider or a referral to and provision of specialty care; and

(B) services that sustain program activity and contribute to or help improve services under subparagraph (A).

(i) Authorization of Appropriations.--For the purpose of carrying out this section, there are authorized to be appropriated, \$71,800,000 for each of the fiscal years 2007 through 2009.''

#### SEC. 402. GAO REPORT.

Not later than 24 months after the date of enactment of this Act, the Comptroller General of the Government Accountability Office shall conduct an evaluation, and submit to Congress a report, concerning the funding provided for under part D of title XXVI of the Public Health Service Act to determine--

(1) how funds are used to provide the administrative expenses, indirect costs, and services, as defined in section 2671(h) of such title, for individuals with HIV/AIDS;

(2) how funds are used to provide the administrative expenses, indirect costs, and services, as defined in section 2671(h) of such title, to family members of women, infants, children, and youth infected with HIV/AIDS;

(3) how funds are used to provide family-centered care involving outpatient or ambulatory care authorized under section 2671(a) of such title;

(4) how funds are used to provide additional services authorized under section 2671(b) of such title; and

(5) how funds are used to help identify HIV-positive pregnant women and their children who are exposed to HIV and connect them with care that can improve their health and prevent perinatal transmission.

#### TITLE V--GENERAL PROVISIONS

#### SEC. 501. GENERAL PROVISIONS.

Part E of title XXVI of the Public Health Service Act (42 U.S.C. 300if-80 et seq.) is amended to read as follows:

#### PART E--GENERAL PROVISIONS

SEC. 2681. <<NOTE: 42 USC 300ff-81.>> COORDINATION.

(a) Requirement.--The Secretary shall ensure that the Health Resources and Services Administration, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Centers for Medicare & Medicaid

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Services coordinate the planning, funding, and implementation of Federal HIV programs (including all minority AIDS initiatives of the Public Health Service, including under section 2693) to enhance the continuity of care and prevention services for individuals with HIV/AIDS or those at risk of such disease. The Secretary shall consult with other Federal agencies, including the Department of Veterans Affairs, as needed and utilize planning information submitted to such agencies by the States and entities eligible for assistance under this title.

(b) Report.--The Secretary shall biennially prepare and submit to the appropriate committees of the Congress a report concerning the coordination efforts at the Federal, State, and local levels described in this section, including a description of Federal barriers to HIV program integration and a strategy for eliminating such barriers and enhancing the continuity of care and prevention services for individuals with HIV/AIDS or those at risk of such disease.

(c) Integration by State.--As a condition of receipt of funds under this title, a State shall provide assurances to the Secretary that health support services funded under this title will be integrated with other such services, that programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV/AIDS is enhanced.

(d) Integration by Local or Private Entities.--As a condition of receipt of funds under this title, a local government or private nonprofit entity shall provide assurances to the Secretary that services funded under this title will be integrated with other such services, that programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

SEC. 2682. <<NOTE: 42 USC 300ff-82.>> AUDITS.

(a) In General.--For <<NOTE: Effective date.>> fiscal year 2009, and each subsequent fiscal year, the Secretary may reduce the amounts of grants under this title to a State or political subdivision of a State for a fiscal year if, with respect to such grants for the second preceding fiscal year, the State or subdivision fails to prepare audits in accordance with the procedures of section 7502 of title 31, United States Code. The Secretary shall annually select representative samples of such audits, prepare summaries of the selected audits, and submit the summaries to the Congress.

(b) Posting on the Internet.--All audits that the Secretary receives from the State lead agency under section 2617(b)(4) shall be posted, in their entirety, on the Internet website of the Health Resources and Services Administration.

SEC. 2683. PUBLIC <<NOTE: 42 USC 300ff-83.>> HEALTH EMERGENCY.

(a) In General.--In an emergency area and during an emergency period, the Secretary shall have the authority to waive such requirements of this title to improve the health and safety of those receiving care under this title and the general public, except that the Secretary may not expend more than 5 percent of the funds allocated under this title for sections 2620 and section 2603(b).

(b) Emergency Area and Emergency Period.--In this section:

(1) Emergency area.--The term 'emergency area' means a geographic area in which there exists--

(A) an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act; or

(B) a public health emergency declared by the Secretary pursuant to section 319.

(2) Emergency period.--The term 'emergency period' means the period in which there exists--

(A) an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Robert T. Stafford Disaster Relief and Emergency Assistance Act; or

(B) a public health emergency declared by the Secretary pursuant to section 319.

(c) Unobligated Funds.--If funds under a grant under this section are not expended for an emergency in the fiscal year in which the emergency is declared, such funds shall be returned to the Secretary for reallocation under sections 2603(b) and 2620.

SEC. 2684. <<NOTE: 42 USC 300ff-84.>> PROHIBITION ON PROMOTION OF CERTAIN ACTIVITIES.

None of the funds appropriated under this title shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual. Funds authorized under this title may be used to provide medical treatment and support services for individuals with HIV.

SEC. 2685. <<NOTE: 42 USC 300ff-85.>> PRIVACY PROTECTIONS.

(a) In General.--The Secretary shall ensure that any information submitted to, or collected by, the Secretary under this title excludes any personally identifiable information.

(b) Definition.--In this section, the term 'personally identifiable information' has the meaning given such term under the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

SEC. 2686. <<NOTE: 42 USC 300ff-86.>> GAO REPORT.

The Comptroller General of the Government Accountability Office shall biennially submit to the appropriate committees of Congress a report that includes a description of Federal, State, and local barriers to HIV program integration, particularly for racial and ethnic minorities, including activities carried out under subpart III of part F, and recommendations for enhancing the continuity of care and the provision of prevention services for individuals with HIV/AIDS or those at risk for such disease. Such report shall include a demonstration of the manner in which funds under this subpart are being expended and to what extent the services provided with such funds increase access to prevention and care services for individuals with HIV/AIDS and build stronger community linkages to address HIV prevention and care for racial and ethnic minority communities.

SEC. 2687. <<NOTE: 42 USC 300ff-87.>> SEVERITY OF NEED INDEX.

(a) Development <<NOTE: Deadline.>> of Index.--Not later than September 30, 2008, the Secretary shall develop and submit to the appropriate committees of Congress a severity of need index in accordance with subsection (c).



“(b) Definition of Severity of Need Index.--In this section, the term ‘severity of need index’ means the index of the relative needs of individuals within a State or area, as identified by a number of different factors, and is a factor or set of factors that is multiplied by the number of living HIV/AIDS cases in a State or area, providing different weights to those cases based on needs. Such factors or set of factors may be different for different components of the provisions under this title.

“(c) Requirements for Secretarial Submission.--When the Secretary submits to the appropriate committees of Congress the severity of need index under subsection (a), the Secretary shall provide the following:

“(1) Methodology for and rationale behind developing the severity of need index, including information related to the field testing of the severity of need index.

“(2) An independent contractor analysis of activities carried out under paragraph (1).

“(3) Information regarding the process by which the Secretary received community input regarding the application and development of the severity of need index.

“(d) Annual Reports.--If the Secretary fails to submit the severity of need index under subsection (a) in either of fiscal years 2007 or 2008, the Secretary shall prepare and submit to the appropriate committees of Congress a report for such fiscal year--

“(1) that updates progress toward having client level data;

“(2) that updates the progress toward having a severity of need index, including information related to the methodology and process for obtaining community input; and

“(3) that, as applicable, states whether the Secretary could develop a severity of need index before fiscal year 2009.

“SEC. 2688. <<NOTE: 42 USC 300ff-88.>> DEFINITIONS.

“For purposes of this title:

“(1) AIDS.--The term ‘AIDS’ means acquired immune deficiency syndrome.

“(2) Co-occurring conditions.--The term ‘co-occurring conditions’ means one or more adverse health conditions in an individual with HIV/AIDS, without regard to whether the individual has AIDS and without regard to whether the conditions arise from HIV.

“(3) Counseling.--The term ‘counseling’ means such counseling provided by an individual trained to provide such counseling.

“(4) Family-centered care.--The term ‘family-centered care’ means the system of services described in this title that is targeted specifically to the special needs of infants, children, women and families. Family-centered care shall be based on a partnership between parents, professionals, and the community designed to ensure an integrated, coordinated, culturally sensitive, and community-based continuum of care for children, women, and families with HIV/AIDS.

“(5) Families with hiv/aids.--The term ‘families with HIV/AIDS’ means families in which one or more members have HIV/AIDS.

“(6) HIV.--The term ‘HIV’ means infection with the human immunodeficiency virus.

“(7) HIV/AIDS.--

“(A) In general.--The term ‘HIV/AIDS’ means HIV, and includes AIDS and any condition arising from AIDS.

“(B) Counting of cases.--The term ‘living cases of HIV/AIDS’, with respect to the counting of cases in a

geographic area during a period of time, means the sum of--

“(i) the number of living non-AIDS cases of HIV in the area; and

“(ii) the number of living cases of AIDS in the area.

“(C) Non-aids cases.--The term ‘non-AIDS’, with respect to a case of HIV, means that the individual involved has HIV but does not have AIDS.

“(8) Human immunodeficiency virus.--The term ‘human immunodeficiency virus’ means the etiologic agent for AIDS.

“(9) Official poverty line.--The term ‘official poverty line’ means the poverty line established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

“(10) Person.--The term ‘person’ includes one or more individuals, governments (including the Federal Government and the governments of the States), governmental agencies, political subdivisions, labor unions, partnerships, associations, corporations, legal representatives, mutual companies, joint-stock companies, trusts, unincorporated organizations, receivers, trustees, and trustees in cases under title 11, United States Code.

“(11) State.--

“(A) In general.--The term ‘State’ means each of the 50 States, the District of Columbia, and each of the territories.

“(B) Territories.--The term ‘territory’ means each of American Samoa, Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and Palau.

“(12) Youth with hiv.--The term ‘youth with HIV’ means individuals who are 13 through 24 years old and who have HIV/AIDS.”.

## TITLE VI--DEMONSTRATION AND TRAINING

### SEC. 601. DEMONSTRATION AND TRAINING.

Subpart I of part F of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-101 et seq.) is amended to read as follows:

“Subpart I--Special Projects of National Significance

“SEC. 2691. <<NOTE: 42 USC 300ff-101.>> SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE.

“(a) In General.--Of the amount appropriated under each of parts A, B, C, and D for each fiscal year, the Secretary shall use the greater of \$20,000,000 or an amount equal to 3 percent

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of such amount appropriated under each such part, but not to exceed \$25,000,000, to administer special projects of national significance to--

“(1) quickly respond to emerging needs of individuals receiving assistance under this title; and

“(2) to fund special programs to develop a standard electronic client information data system to improve the ability of grantees under this title to report client-level data to the Secretary.

“(b) Grants.--The Secretary shall award grants under subsection (a)

to entities eligible for funding under parts A, B, C, and D based on--  
" (1) whether the funding will promote obtaining client level data as it relates to the creation of a severity of need index, including funds to facilitate the purchase and enhance the utilization of qualified health information technology systems;

- " (2) demonstrated ability to create and maintain a qualified health information technology system;
- " (3) the potential replicability of the proposed activity in other similar localities or nationally;
- " (4) the demonstrated reliability of the proposed qualified health information technology system across a variety of providers, geographic regions, and clients; and
- " (5) the demonstrated ability to maintain a safe and secure qualified health information system; or
- " (6) newly emerging needs of individuals receiving assistance under this title.

" (c) Coordination.--The Secretary may not make a grant under this section unless the applicant submits evidence that the proposed program is consistent with the statewide coordinated statement of need, and the applicant agrees to participate in the ongoing revision process of such statement of need.

" (d) Privacy Protection.--The Secretary may not make a grant under this section for the development of a qualified health information technology system unless the applicant provides assurances to the Secretary that the system will, at a minimum, comply with the privacy regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

" (e) Replication.--The Secretary shall make information concerning successful models or programs developed under this part available to grantees under this title for the purpose of coordination, replication, and integration. To facilitate efforts under this subsection, the Secretary may provide for peer-based technical assistance for grantees funded under this part."

SEC. 602. AIDS EDUCATION AND TRAINING CENTERS.

(a) Amendments Regarding Schools and Centers.--Section 2692(a)(2) of the Public Health Service Act (42 U.S.C. 300ff-111(a)(2)) is amended--

- (1) in subparagraph (A)--
  - (A) by inserting "and Native Americans" after "minority individuals"; and
  - (B) by striking "and" at the end;
- (2) in subparagraph (B), by striking the period and inserting "; and"; and
- (3) by adding at the end the following:

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" (C) train or result in the training of health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals."

(b) Authorizations of Appropriations for Schools, Centers, and Dental Programs.--Section 2692(c) of the Public Health Service Act (42 U.S.C. 300ff-111(c)) is amended to read as follows:

- " (c) Authorization of Appropriations.--
  - " (1) Schools; centers.--For the purpose of awarding grants under subsection (a), there is authorized to be appropriated \$34,700,000 for each of the fiscal years 2007 through 2009.
  - " (2) Dental schools.--For the purpose of awarding grants under subsection (b), there is authorized to be appropriated \$13,000,000 for each of the fiscal years 2007 through 2009."

SEC. 603. CODIFICATION OF MINORITY AIDS INITIATIVE.

Part F of title XXVI of the Public Health Service Act (42 U.S.C. 300ff-101 et seq.) is amended by adding at the end the following:

Subpart III--Minority AIDS Initiative

SEC. 2693. <<NOTE: 42 USC 300ff-121.>> MINORITY AIDS INITIATIVE.

(a) In General.--For the purpose of carrying out activities under this section to evaluate and address the disproportionate impact of HIV/AIDS on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders), there are authorized to be appropriated \$131,200,000 for fiscal year 2007, \$135,100,000 for fiscal year 2008, and \$139,100,000 for fiscal year 2009.

(b) Certain Activities.--

(1) In general.--In carrying out the purpose described in subsection (a), the Secretary shall provide for--  
(A) emergency assistance under part A;  
(B) care grants under part B;  
(C) early intervention services under part C;  
(D) services through projects for HIV-related care under part D; and  
(E) activities through education and training centers under section 2692.

(2) Allocations among activities.--Activities under paragraph (1) shall be carried out by the Secretary in accordance with the following:

(A) For competitive, supplemental grants to improve HIV-related health outcomes to reduce existing racial and ethnic health disparities, the Secretary shall, of the amount appropriated under subsection (a) for a fiscal year, reserve the following, as applicable:  
(i) For fiscal year 2007, \$43,800,000.  
(ii) For fiscal year 2008, \$45,400,000.  
(iii) For fiscal year 2009, \$47,100,000.  
(B) For competitive grants used for supplemental support education and outreach services to increase the number of eligible racial and ethnic minorities who have access to treatment through the program under section

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2616 for therapeutics, the Secretary shall, of the amount appropriated for a fiscal year under subsection (a), reserve the following, as applicable:  
(i) For fiscal year 2007, \$7,000,000.  
(ii) For fiscal year 2008, \$7,300,000.  
(iii) For fiscal year 2009, \$7,500,000.  
(C) For planning grants, capacity-building grants, and services grants to health care providers who have a history of providing culturally and linguistically appropriate care and services to racial and ethnic minorities, the Secretary shall, of the amount appropriated for a fiscal year under subsection (a), reserve the following, as applicable:  
(i) For fiscal year 2007, \$53,400,000.  
(ii) For fiscal year 2008, \$55,400,000.  
(iii) For fiscal year 2009, \$57,400,000.  
(D) For eliminating racial and ethnic disparities in the delivery of comprehensive, culturally and linguistically appropriate care services for HIV disease for women, infants, children, and youth, the Secretary shall, of the amount appropriated under subsection (a),

reserve \$18,500,000 for each of the fiscal years 2007 through 2009.

(E) For increasing the training capacity of centers to expand the number of health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV disease-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV disease, the Secretary shall, of the amount appropriated under subsection (a), reserve \$8,500,000 for each of the fiscal years 2007 through 2009.

(c) Consistency With Prior Program.--With respect to the purpose described in subsection (a), the Secretary shall carry out this section consistent with the activities carried out under this title by the Secretary pursuant to the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002 (Public Law 107-116).''.

#### TITLE VII--MISCELLANEOUS PROVISIONS

##### SEC. 701. HEPATITIS; USE OF FUNDS.

Section 2667 of the Public Health Service Act (42 U.S.C. 300ff-67) is amended--

- (1) in paragraph (2), by striking ``and'' at the end;
- (2) in paragraph (3), by striking the period and inserting ``; and''; and
- (3) by adding at the end the following:
  - (4) shall provide information on the transmission and prevention of hepatitis A, B, and C, including education about the availability of hepatitis A and B vaccines and assisting patients in identifying vaccination sites.''

##### SEC. 702. CERTAIN REFERENCES.

Title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) is amended--

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- (1) by <<NOTE: 42 USC 300ff-11, 300ff-28.>> striking ``acquired immune deficiency syndrome'' each place such term appears, other than in section 2687(1) (as added by section 501 of this Act), and inserting ``AIDS'';
- (2) by striking ``such syndrome'' and inserting ``AIDS''; and
- (3) by <<NOTE: 42 USC 300ff-12 et seq.>> striking ``HIV disease'' each place such term appears and inserting ``HIV/AIDS''.

##### SEC. 703. <<NOTE: 42 USC 300ff-11 et seq.>> REPEAL.

Effective <<NOTE: Effective date.>> on October 1, 2009, title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.) is repealed.

Approved December 19, 2006.

LEGISLATIVE HISTORY--H.R. 6143:

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HOUSE REPORTS: No. 109-695 (Comm. on Energy and Commerce).  
CONGRESSIONAL RECORD, Vol. 152 (2006):  
Sept. 28, considered and passed House.  
Dec. 6, considered and passed Senate, amended.  
Dec. 8, House concurred in Senate amendment.

<all>